Agenda Trust Board – Open Session

Date	27/01/2022
Time	9:00 – 12:00
Location	Microsoft Teams
Chair	Peter Hollins
Observing	Emma Northover, Deputy Director of Midwifery (shadowing Gail Byrne)

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

Staff 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
9:15

Minutes of Previous Meeting held on 30 November 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
9:25

Briefing from the Chair of the Audit and Risk Committee (Oral)

Keith Evans, Chair

5.2
9:30

Briefing from the Chair of the Finance and Investment Committee (Oral)

Jane Bailey, Chair

5.3
9:35

Briefing from the Chair of the Quality Committee (Oral)

Tim Peachey, Chair

5.4
9:40

Chief Executive Officer's Update and Executive Briefing (Oral)

Sponsor: David French, Chief Executive Officer

5.5
10:10

Integrated Performance Report for Month 9

To review the Trust's performance as reported in the Integrated Performance Report.
Sponsor: David French, Chief Executive Officer
Attendee: Andrew Asquith, Director of Planning, Performance & Productivity

5.6   **Finance Report for Month 9**

10:50   Sponsor: Ian Howard, Interim Chief Financial Officer

5.7   **Learning from Deaths 2021/22 Quarter 2 Report**

11:00   Sponsor: Paul Grundy, Chief Medical Officer
Attendees: Ellis Banfield, Associate Director of Patient Experience/
Debbie Watson, Head of Patient and Family Relations

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

6.1   **Feedback from the Council of Governors' meeting on 26 January 2022**

11:15   **(Oral)**
Sponsor: Peter Hollins, Trust Chair

6.2   **Register of Seals and Chair's Actions Report**

11:20   In compliance with the Trust Standing Orders, Financial Instructions and the
Scheme of Reservation and Delegation.
Sponsor: Peter Hollins, Trust Chair

6.3   **Audit and Risk Committee Terms of Reference**

11:25   Sponsor: Peter Hollins, Trust Chair
Attendee: Karen Flaherty, Associate Director of Corporate Affairs and
Company Secretary

6.4   **Board Operating Group Terms of Reference**

11:30   Sponsor: Peter Hollins, Trust Chair
Attendee: Karen Flaherty, Associate Director of Corporate Affairs and
Company Secretary

7   **Any Other Business**

11:35   To raise any relevant or urgent matters that are not on the agenda

8   **To note the date of the next meeting: 31 March 2022**

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

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

10   **Follow-up discussion with governors**

11:40

Minutes Trust Board – Open Session

Date	30/11/2021
Time	9:00 - 12:10
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
	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
	Peter Hollins (PH), Trust Chair
	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 & Productivity (for items 5.4 and 6.1)
	Julie Brooks (JBr), Head of Infection Prevention Unit (for item 5.9)
	Rosemary Chable (RC), Head of Nursing for Education, Practice and Staffing (for item 5.8)
	Ceri Connor (CeC), Director of OD and Inclusion (for item 5.7)
	Karen Flaherty (KF), Associate Director or Corporate Affairs and Company Secretary
	Sandra Hodgkyns (SHo), Head of Emergency Planning Response and Resilience/Security – LSMS (for item 5.10)
	Nitin Mahobia (NM), Deputy Director of Infection Prevention and Control (for item 5.9)
	Christine Mbabazi (CM), Equality & Inclusion Adviser/Freedom to Speak Up Guardian (for items 2 and 5.6)
	Tracy Whale, Interim Divisional Head of Nursing and Professions, Division B (observing, shadowing GB)
	Four governors (observing)
	Eight members of staff (one for item 2 and seven observing)
	One member of public
Apologies	Cyrus Cooper (CC), NED

1 Chair's Welcome, Apologies and Declarations of Interest

The Chair welcomed all those attending the meeting and the apologies set out above were noted. PH had written to CC on behalf of the Board expressing condolences on the death of his wife.

There were no other apologies or new declarations of interest.

2   **Staff Story**

A senior specialist midwife at the Trust, who had been a Freedom to Speak Up (**FTSU**) champion since 2018 shared the story of the first case they had dealt with as a FTSU champion. Christine Mbabazi, the Trust's FTSU guardian, also joined the meeting for this item.

An allied health professional member of staff in a shortage occupation role had raised the concern during a period on secondment to a management role, although she did not wish to apply for the substantive position. The individual raising the concern was a longstanding member of staff who was on the verge of leaving the Trust due to the stress of the situation and the lack of support being provided. They did not feel they could raise the concern within their own line management as they were already directly involved in the situation and a response from human resources had not fully addressed their concerns. As a result the individual had contacted the FTSU champion.

Once the concern had been raised with them, the FTSU champion contacted the FTSU guardian, who, in turn, contacted the senior leadership in the relevant division. The management team offered an apology and worked to resolve the concerns the same day as the concern was raised with them. As a result the member of staff decided to stay working for the Trust.

The Board welcomed the story, which illustrated the striking impact of the FTSU process in action, even when this involved addressing concerns involving staff in more senior leadership roles. It was important that staff concerns were acknowledged and they received an apology.

3   **Minutes of Previous Meeting held on 30 September 2021**

The minutes of the meeting held on 30 September 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 575, 576 and 577 had been completed and could be closed.

Action: The spotlight section in the integrated performance report presented to the Board at its meeting in December 2021 would include staff retention.

5   **QUALITY, PERFORMANCE and FINANCE**

5.1   **Briefing from the Chair of the Finance and Investment Committee**

JB updated the Board on the meeting of the Finance and Investment Committee (**F&IC**) held the previous day. The following areas were highlighted:
- an update on estates projects and compliance, the reporting of which continued to improve;
- the likely financial pressures during the second half of 2021/22 and 2022/23 due to additional funding linked to elective activity not supporting the Trust in delivery of current levels of elective activity, the capacity for which was being impacted by non-elective demand and emergency activity;
- the delivery of the capital programme, including feedback from the Quality Committee of the impact of this on the quality of services;

- an update on the business case for the construction of new sterile services facilities at Adanac Park, in particular the increase in overall costs associated the cost of materials and an increase in the size of the building to accommodate additional mechanical and electrical plant equipment, which would be considered in detail later in the meeting; and
- the review of the performance and effectiveness of the committee, which had not highlighted any significant issues.

5.2   Briefing from the Chair of the Quality Committee

TP provided an update on the meeting of the Quality Committee held the previous day. This included consideration of the following:
- the five never events reported in the previous six months, including a detailed review of two of those never events, which had not resulted in any harm to the patients involved;
- issues with capturing venous thromboembolism (VTE) assessments in the new maternity IT system that had led to a drop in reported performance;
- the pressure on waiting times in the emergency department (**ED**) due to the increase in attendances and the number of patients medically optimised for discharge (**MOFD**) in the hospital reducing available capacity;
- staffing shortages in critical care, theatres and anaesthetics, which were also having an impact on elective recovery;
- the reduction in theatre capacity to support nursing requirements in critical care due to an increase in the number of patients with COVID-19;
- the review of potential harm to patients on the waiting list for cardiac services following an increase in the number of cancellations;
- an update on end of life care in the hospital, including the need for more psychological support for patients approaching the end of life and for their family members and staff;
- updates on patient safety and patient experience, particularly the increase in the number of inquests and staff being requested to attend despite there being no corresponding increase in the number of deaths in the hospitals; and
- the review of the committee's performance and effectiveness and its terms of reference.

The Board discussed the themes identified from the review of never events, which included a lack of consistency in the use of checklists and how human factors affected the way staff followed these checklists. There had been an increase in the number never events across the south-east region and nationally linked to pressure and fatigue of staff responding to the COVID-19 pandemic.

5.3   Chief Executive Officer's Update and Executive Briefing

The chief executive officer and the executive directors provided an update covering the following areas:
- the introduction of national requirements for front-line healthcare staff to be vaccinated against COVID-19, with the Trust now being consulted on the implementation of the policy having adopted a similar approach earlier in 2021;

- the Trust welcomed the announcement of the reintroduction of mandatory face masks in shops and on public transport;
- there were 65 patients in the hospitals with COVID-19, however, there had been no patients with the new Omicron variant yet, although this was likely to occur given time;
- preparation for the implementation of integrated care partnerships and integrated care boards (**ICBs**) from 1 April 2022 continued;
- Maggie MacIsaac had been appointed as chief executive designate of the Hampshire and Isle of Wight integrated care board, which would be provide continuity in the transfer of responsibilities of the local clinical commissioning group;
- Sue Harriman would be leaving her role as chief executive of Solent NHS Trust to take up the role of chief executive designate of NHS Bath and North East Somerset, Swindon and Wiltshire integrated care board;
- the Trust continued to contribute to discussions on the arrangements to transfer some specialised commissioning to ICBs as this represented 50% of clinical budgets in the Trust and this change presented a risk to the ongoing funding for the patients receiving those services;
- Andy Webb would be leaving the role of Divisional Clinical Director for Division A, although he would be continuing in his clinical role at the Trust, and Roger Lightfoot (currently Care Group Clinical Lead for Neurosciences) has been appointed as the new Divisional Clinical Director;
- scheduled care group transformation sessions had taken place where possible given the current operational challenges;
- there had been delays with the external audit of the Trust's subsidiaries' accounts, although they continued to work towards the 31 December 2021 filing deadline;
- the theatres management project with UHS Estates Limited had been approved by NHS England and NHS Improvement (**NHSE/I**) and the required Board certification of the risks associated with the transaction would be sought at its meeting in December 2021, however, it was possible that the date of the implementation could slip from February to April 2022;
- new funding from NHSE/I's targeted investment fund (TIF) and from NHS Digital had been announced recently and would support the creation of additional capacity to reduce waiting lists;
- work was progressing to develop the proposal for an elective hub serving the Hampshire and Isle of Wight integrated care system (**HIOW ICS**) at the Royal Hampshire County Hospital site in Winchester;
- a revised staff appraisal process would be launched in January 2022 to increase the number of appraisals completed by supporting a good quality conversation while recognising the time constraints staff were operating under;
- the national NHS staff survey had now closed for responses and the response rate for the Trust had increased from 50% to 53%;
- staff sickness absence had increased and this was mainly attributable to COVID-19 and other viruses;
- there had been increased investment in recruitment to support more proactive activity and improve the speed of recruitment processes;
- the main areas of focus for current recruitment and retention activity were retention of healthcare assistant staff and campaigns for staff in ophthalmology and critical care;

- wellbeing support for staff continued to be promoted so staff were aware of the support available;
- COVID-19 booster vaccinations were being offered to all staff;
- good infection control practice and the COVID ZERO campaign ('wash, walk, wear' measures) continued to be promoted to maintain vigilance and reduce the risk of transmission of the virus in the hospitals;
- information was being provided to staff about changes to travel restrictions and the importance of having the booster vaccination given the current variant of concern;
- listening events had been held with staff in intensive care areas and it had been difficult but important to hear about the challenges faced by staff in these areas and understand what help and support the Trust could offer;
- the transformation team were supporting quality improvement work to eliminate delays and improve patient flow through the hospital in the run-up to Christmas and there had been positive engagement from staff notwithstanding current operational pressures and early indications that there were areas within the Trust that could be improved;
- the internal work was being supported by a HIOW ICS plan to create more capacity outside the hospital over winter;
- surgery had been cancelled for a number of patients requiring intensive care support due to a lack of critical care capacity, including cardiac and cancer surgeries;
- theatre staff had been moved to support the intensive care units and additional higher care capacity had been secured at the Spire Hospital Southampton to allow cardiac surgery to take place there;
- discussions were taking place with University Hospitals Sussex NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust to support the Trust with its cardiac surgery waiting list, as this was the largest in the south east region, by taking cases that would otherwise be referred to the Trust from other hospitals; and
- the creation of a local urology network was progressing supported by a unified vision encompassing all aspects of the service including training and research.

The Board discussed the elective hub and striking a balance between delivering this additional capacity within a short timescale and at a reasonable cost whilst maximising initial capacity and options for future expansion.

The Board acknowledged the senior management team for working so productively across a broad range of areas.

5.4   **Integrated Performance Report for Month 7**
Andrew Asquith joined the meeting for this item.

The integrated performance report (**IPR**) was noted. The addition of a method of benchmarking performance to both the peer teaching hospital and south east region comparator groups had been piloted using the metric for the percentage of patients waiting over six weeks for diagnostics (UT33-N) and feedback was invited.

The Board discussed the work being done to monitor and reduce referral to treatment waiting times, included in the spotlight section of the IPR. The NHSE/I operational planning guidance for the second half of 2021/22

requested that no patient should be waiting more than 104 weeks by the end of March 2022 (unless they chose to) and that the number of patients waiting more than 52 weeks did not exceed the level in September 2021 (2,284 patients). The Board considered potential options to reduce the number of patients who had been waiting longest for treatment including assistance from other trusts, which had fewer patients waiting, and identifying additional capacity in the independent sector.

The Board also considered the spotlight section of the IPR addressing patient falls. While the Trust was currently reporting a modest improvement in the number of falls, one patient death associated with a fall was being investigated. The learning from falls resulting in moderate or more severe harm included:
- opportunities to improve the consistency of care for patients following a fall;
- an upward trend in falls occurring among patients who were MOFD;
- a greater risk of falls among patients with COVID-19 who had hypoxia; and
- the increased risk of falls among frail, elderly patients who had previously fallen linked to deconditioning while an inpatient.

The Board also reviewed the spotlight section relating to ambulance handovers, as the clinical risk for patients had recently been highlighted in a letter to all trusts from NHSE/I. The Trust's performance was among the best in the country for ambulance handover times and as compared to other trusts locally. Trust policy was to ensure that patients were transferred to ED from ambulances quickly and ambulances were available to attend other calls. The Board discussed the importance of reducing the clinical risk to patients in the ambulances and waiting for ambulances while also managing the risk in ED due to the high number of patients at times. It also considered how the root causes for the differences in performance locally could be addressed given the impact on the Trust of an increase the number of ambulance conveyances because of delays elsewhere.

5.5   **Finance Report for Month 7**

The finance report was noted. The following areas were highlighted:
- the Trust had been successful in securing £12 million to support elective recovery in the second half of 20221/22, which had reduced the Trust's expected deficit to £1.5 million;
- the Trust's income from the elective recovery fund (**ERF**) was expected to be lower than in the first half of 2021/22 and this was contributing to income volatility for the Trust;
- there was also additional expenditure associated with the Trust's winter plan and increases in gas prices; and
- the underlying financial position for 2022/23 was currently very unclear.

The F&IC had recognised the work of the finance team to manage the impact of the income volatility resulting from changes to the ERF, however, this did present significant challenges for the Trust, in common with many other trusts. The Board noted that the Trust had a combined heat and power plant on site, forward purchase arrangements in place for gas and a programme of investment to reduce the Trust's energy usage. However, the need to heat the hospitals while maintaining adequate ventilation during the COVID-19 pandemic was unhelpful in this context.

Action: The F&IC would carry out a broader review of energy costs and usage.

The meeting was adjourned for a short break.

5.6   **Freedom to Speak Up Report**
Christine Mbabazi joined the meeting for this item. She noted the support provided by CC as the lead NED for FTSU.

The Board noted the report, in particular the increase in the number of cases compared to the corresponding period in 2020/21. This was due to the number of calls regarding the impact of redeployment of staff due to vaccination status, from staff who felt unsafe working with staff and concerns about isolation from staff who were unvaccinated. The Trust had responded by providing information and expert advice and wellbeing support to individual staff who had not been vaccinated, including peer group support.

The FTSU guardian continued to provide a confidential and supportive advocacy service to staff raising concerns. The human resources team was also dealing with concerns regarding bullying and harassment individually using a range of formal and informal methods to achieve resolution. The cases involving perceived bullying and harassment were becoming more widespread in terms of areas of the Trust and the reasons for this were not yet clear. These could be attributable to a very tired workforce having less patience with colleagues. The Trust had been following up more broadly with a 'reminder to be kinder' as well as working with those involved to promote better understanding and communication.

There were now 40 FTSU champions in the Trust, up from eleven following the appointment of the latest cohort. There had been a large number of applicants and the Trust now had a diverse and enthusiastic group of champions.

5.7   **Equality, Diversity and Inclusivity (EDI) Update including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Reports 2021 and Action Plans 2021/22**
Ceri Connor joined the meeting for this item and offered apologies on behalf of Gemma Genco, the Head of Equality, Diversity and Inclusivity, who was unable to attend.

The Board noted the annual reports for 2021 and the action plans for 2021/22. The reports illustrated that despite the implementation of a number of credible and valid initiatives the Trust was not seeing an impact in terms of the improvement in staff representation at more senior levels of the Trust.

The immediate actions identified in the paper had been based on the data, research evidence and best practice available and were designed to achieve the systemic changes necessary to make belonging and inclusion an integral part of the organisation. The actions to continue to strengthen the recruitment and selection process to eliminate bias and to ensure greater transparency in terms of talent management and opportunities for development and progression were welcomed. The Board suggested improving the intersectionality of data to understand the overall picture relating to inclusivity, including gender and sexual orientation, supported by the staff networks.

5.8   **Annual Ward Staffing Nursing Establishment Review**

Rosemary Chable joined the meeting for this item.

The Board noted the report providing details of the most recent ward staffing review. Overall the staffing establishment remained appropriate and within recommended guidelines, subject to some key exceptions where acuity and dependency levels and growing demand continued to outpace the nursing ratios. The following areas were discussed in greater detail:
- the management of staffing on a day-to-day basis through the staffing hub;
- the increased frequency of staffing reviews as wards adapted to the changes required during the COVID-19 pandemic;
- assurance around the alignment of staff establishment and budget through the budget-setting process in tandem with the flexibility to increase staff to ensure safety in advance of this;
- the increasing need to respond to additional enhanced care needs (previously known as 'specialing'); and
- the current vacancy levels, the ongoing risks and challenges associated with these and actions being taken to recruit and retain staff.

The Board acknowledged the way in which ward leaders had responded so impressively to the changes to wards and staffing during the COVID-19 pandemic.

5.9   **Infection Prevention 2021-22 Q1-Q2 Report**

Nitin Mahobia and Julie Brooks joined the meeting for this item.

The Board noted the update on progress and performance in relation to reducing the risk of healthcare associated infection during the first half of 2021/22. The report highlighted that:
- there had been no cases of MRSA attributable to the Trust;
- there had been 39 cases of Clostridium difficile infection against the Trust's limit of 30 cases for the first half of the year;
- the number of cases of E coli bacteraemia had slightly exceeded the limit for the Trust; and
- the strategies to reduce the risk of COVID-19 nosocomial outbreaks had continued to be reviewed and had identified waning immunity in those who were vaccinated over six months previously.

The reasons for the higher number of cases of Clostridium difficile were multifactorial and the Trust had recently implemented more changes to try to address this. Other trusts were experiencing similar increases.

The Trust Board thanked the infection prevention team for their leadership through the COVID-19 pandemic and achieving such good performance in difficult circumstances. The team acknowledged the support provided by estates and facilities, pharmacy and cleaning staff.

5.10   **Annual Assurance Process and Self-assessment against the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)**

Sandra Hodgkyns joined the meeting for this item.

The Board considered the report and the progress made in 2021. This included reviewing business continuity plans across the Trust and improving the Trust's overall readiness to respond to incidents, as well as its performance against the NHSE/I standards. The Trust's relationship with Hampshire Constabulary continued to develop with the arrangements for Operation Cavell, which would enable closer working to prevent violence, abuse and aggression towards Trust staff.

Decision: The Board approved the annual assurance report relating to compliance with NHS England Core Standards for Emergency Preparedness, Resilience and Response including the action plan.

6 STRATEGY and BUSINESS PLANNING

6.1 Corporate Objectives 2021-22 Quarter 2 Review

Andrew Asquith joined the meeting for this item.

The Board reviewed the update on the achievement of the Trust's corporate objectives for 2021/22. The Trust had made progress towards delivering its objectives despite the operational pressures, particularly in relation to those actions which were wholly within its control. However, there were a number of milestones for the second quarter of 2021/22 that had not been fully achieved. It was noted that it was important to maintain the Trust's strategic direction during a period of volatility resulting from operational demands and the latest wave of the COVID-19 pandemic.

Action: It was requested that the report included a more specific timescale for prospective actions where these had been delayed so that the implications of the delays and the impact on the delivery of the Trust's ambitions and overall strategy could be more easily assessed by the Board.

7 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

7.1 Register of Seals and Chair's Actions for ratification

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

7.2 Finance and Investment Committee Terms of Reference

Minor updates were proposed to the F&IC's terms of reference in relation to the committee attendees and responsibilities of the committee.

Decision: The Board approved the terms of reference for the Finance and Investment Committee.

7.3 Quality Committee Terms of Reference

The Quality Committee had requested some further changes following its review of the terms of reference at its meeting earlier that week.

Action: The terms of reference incorporating the changes requested by the Quality Committee would be presented to the Board at its meeting in December 2021.

7.4   **Remuneration and Appointment Committee Terms of Reference**

Following its review of the terms of reference at its meeting earlier that day, the Remuneration and Appointment Committee was considering its role in recommending and monitoring the level and structure of remuneration for senior management beyond the executive director members of the Board. This may require additional changes to the terms of reference, which would be presented to the Board at a later date if necessary.

Decision: The Board approved the terms of reference for the Remuneration and Appointment Committee.

8   **Any other business**

There was no other business.

9   **To note the date of the next meeting: 27 January 2022**

10   **Items circulated to the Board for reading**

10.1   **CRN: Wessex 2021-22 Q2 Performance Report**

The report, circulated for information, was noted.

11   **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.

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 30/11/2021 4 Matters Arising and Summary of Agreed Actions				
613.	IPR - Staff retention	🟢 Asquith, Andrew 🟢 French, David	21/12/2021	🟩 Completed
	Explanation action item The spotlight section in the integrated performance report presented to the Board at its meeting in December 2021 would include staff retention.			
Trust Board – Open Session 30/11/2021 5.5 Finance Report for Month 7				
618.	Energy costs	🟡 Bailey, Jane 🟡 Teape Joe	21/02/2022	🟨 Pending
	Explanation action item The F&IC would carry out a broader review of energy costs and usage.			
Trust Board – Open Session 30/11/2021 6.1 Corporate Objectives 2021-22 Quarter 2 Review				
619.	Specific timescale	🟡 French, David	24/02/2022	🟨 Pending
	Explanation action item It was requested that the report included a more specific timescale for prospective actions where these had been delayed so that the implications of the delays and the impact on the delivery of the Trust's ambitions and overall strategy could be more easily assessed by the Board. Update: The next update on progress against the Trust's corporate objectives for 2021/22 would be presented to the Board at its meeting in February.			

Agenda item	Assigned to	Deadline	Status
Trust Board – Open Session 30/11/2021 7.3 Quality Committee Terms of Reference			
620. Amended terms of reference	● Flaherty, Karen ● Hollins, Peter	21/12/2021	🟩 Completed
Explanation action item The terms of reference incorporating the changes requested by the Quality Committee would be presented to the Board at its meeting in December 2021. Update: The terms of reference were approved by Trust Board on 21/12/21.			

NHS
University Hospital Southampton
NHS Foundation Trust
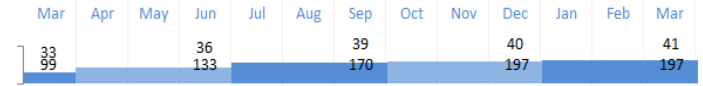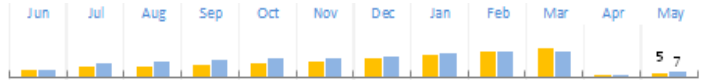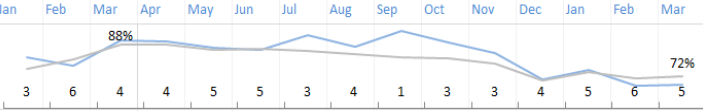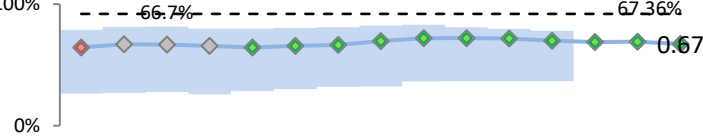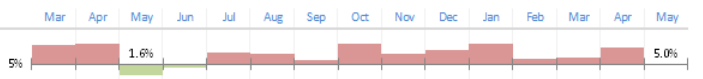
Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2021/22 Month 9**			
Agenda item:	**5.5**			
Sponsor:	**David French, Chief Executive Officer**			
Date:	**27 January 2022**			
Purpose	**Assurance or reassurance** **Y**	**Approval**	**Ratification**	**Information**
Issue 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

December 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

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

This month the appendix has been updated to:

• Introduce a new measure, FN3 - Patients choosing digital correspondence, within the Foundations for the Future section of the appendix. As envisaged within our strategy, a system is now in place to offer patients the opportunity to receive digital correspondence rather than receive paper letters in the post. At present the measure reports the total number of patients who have chosen to receive digital correspondence; further information will be included in subsequent developments.

• Introduce new measures, WR11-13 – These compare staff recommending UHS as a place to work (using an average recommendation score) by the ethnicity, disability, and sexuality of the staff members, sourced from the National Quarterly Pulse Survey data. These have been added to the World Class People section.

• Amend data from previous months in the existing measures, UT23 - % Patients with a disability/additional needs reporting those needs/adjustments were met and UT22 - % Patients reporting being involved in decisions about care and treatment. Additional survey feedback has been added to the record since monthly performance was first reported; a process will be established to update performance in all previous months routinely.

University Hospital Southampton **NHS**
NHS Foundation Trust

Summary

This month the 'Spotlight' section features:

Referral to treatment (RTT) waiting list and waiting times

• This is a scheduled review of the RTT waiting list and waiting times.

• The rate of growth in the total waiting list size has been reducing, and the total at the end of December remains similar to that in October and November 2021.

• The number of patients waiting over 52 weeks has been relatively stable in recent months but increased in December by 57 (2.5%) to 2,299.

• The number of patients waiting over 104 weeks has continued to increase, although the increase in December was reduced to four resulting in a total of 171 patients waiting over 104 weeks at the end of the month.

• NHS England and NHS Improvement planning guidance issued on 30 September set an expectation that trusts would stabilise waiting lists around the September 2021 level, and that by the end of March 2022 no patient would wait longer than two years.

• NHS England and NHS Improvement planning guidance issued on 24 December asks that trusts maintain the position of no patient waiting more than 104 weeks throughout 2022/23, reduce waits of over 78 weeks, and support an overall reduction in 52 week waits where possible during 2022/23.

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

1. The number of hospital inpatients that were medically optimised for discharge increased further, to an average of 162 during December. This compares to a target for this number not to exceed 80.

2. UHS staff sickness absence increased to an average of 5.0% in December, including a significant impact from COVID-19 related absences. This level of sickness absence significantly exceeds our target of 3.4% and the average for 2021 calendar year of 4.1%.

3. Both medical and non-medical staff appraisal levels were significantly reduced this month, more so than during the same period in 2020.

4. The number of clinical 'outcome measures developed' reduced this quarter from 406 to 383. This was the result of existing measures being reviewed to check whether their content continued to be relevant and appropriate for our services. The number of specialties reporting outcome measures to the UHS system continues to be 63 (an increase of 7 since December 2020).

Spotlight

University Hospital Southampton NHS
NHS Foundation Trust

Spotlight Subject - Referral to treatment (RTT) waiting times

The following information is based on the validated November 2021 submission (December data was not available at time of preparation).

In November 2021 the waiting list size reduced by 205 patients as a result of increased activity and improved validation leading to 'clock stops'. This was the first reduction seen in the waiting list size since November 2020. The total RTT waiting list now stands at 44,544 patients. The impact of the pandemic in reducing elective activity volumes has been profound; the waiting list is 26% larger compared to the previous year (November 20), and 30% larger than the position prior to the pandemic (January 2020).

We expect an increase in the December and January waiting lists due to lower activity over the holiday period, and then (assuming broadly stable referrals), improvements in the waiting list through 2022.
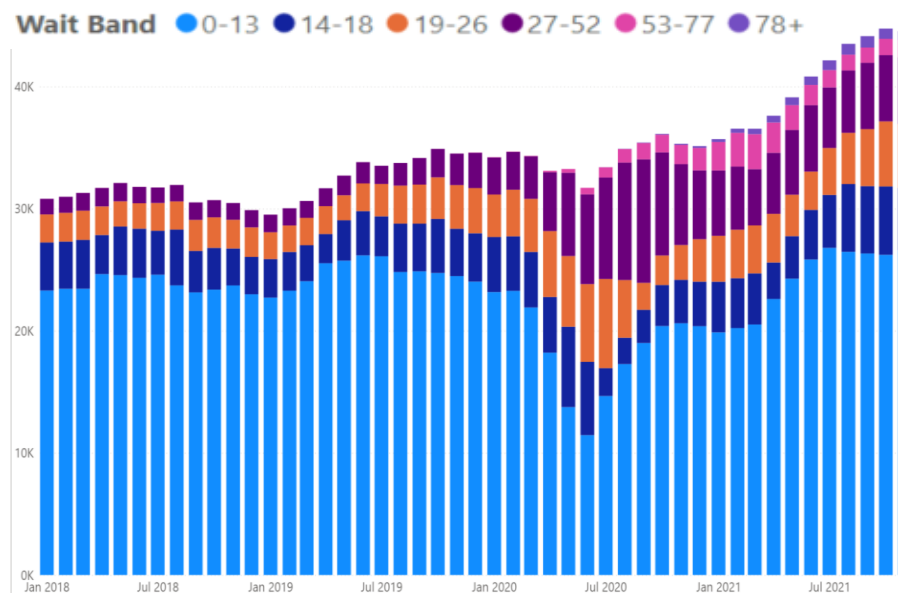
Referral volumes are now broadly aligned with pre-pandemic levels. The number of patients waiting 0-18 weeks (light and dark blue bars in the chart above) is broadly in line with numbers seen in late 2019. In addition, the numbers have remained relatively stable through the latter part of 2021. Although now less relevant due to the pandemic impacts, 69% of patients are currently waiting <=18 weeks (against the national target of 92%), in line with comparable teaching hospitals.

Spotlight

University Hospital Southampton NHS
NHS Foundation Trust

The number of patients waiting for admission ('current waiters') has grown through the pandemic and is now approximately 10,200. Whilst the absolute number of patients has increased, the proportion this represents of the total RTT waiting list (23%) remains similar to that before the pandemic (20-22%). While constraints on our operating capacity due to staffing and patient flow remain, we are unlikely to see significant reductions in the total number of current waiters.

At the upper end of the waiting list, there has been good progress made in stopping the growth in 52+ week waiters (seen below left); the number has reduced through 2021 and stabilised at 2,242. We expect this to be maintained, and improved, through 2022 assuming no significant pandemic impacts. Unlike the majority of our waiting list, 75% of the 52+ week patients are waiting for admission, with only 25% currently within outpatient care.
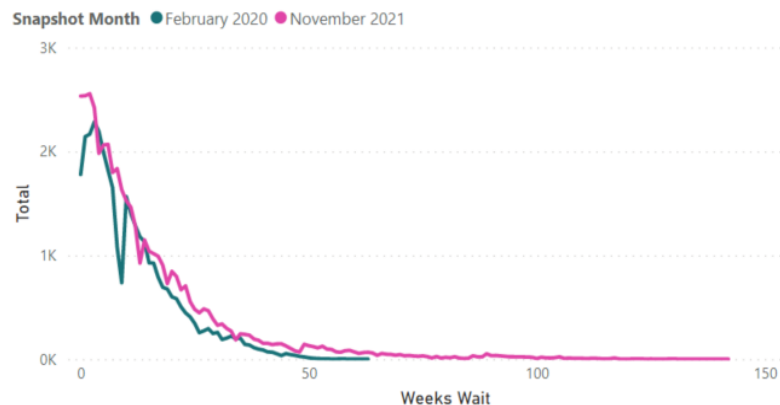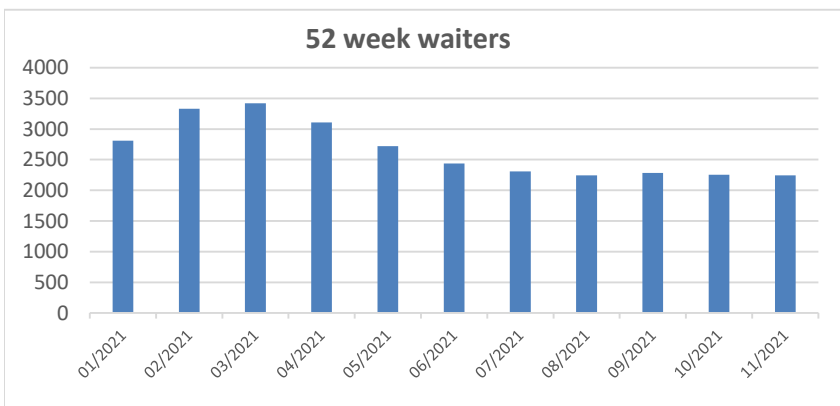
The overall 'shape' of the patient treatment list (PTL) in November 2021 (seen above right) is broadly in line with the February 2020 distribution, albeit with a higher total number of patients and longer waiters. This further demonstrates that the PTL is returning to a more 'normal' state.

The biggest challenge for UHS remains treating the patients who are waiting >104 weeks, of which there were 167 at the end of November. This number will continue to grow in December and January as some of the remedial actions will not impact until late January/early February. Of the patients waiting >104 weeks, almost all are waiting for admission in Orthopaedics, ENT or Oral Surgery. There continues to be significant challenges in getting these patients listed for surgery:

104 week waiters
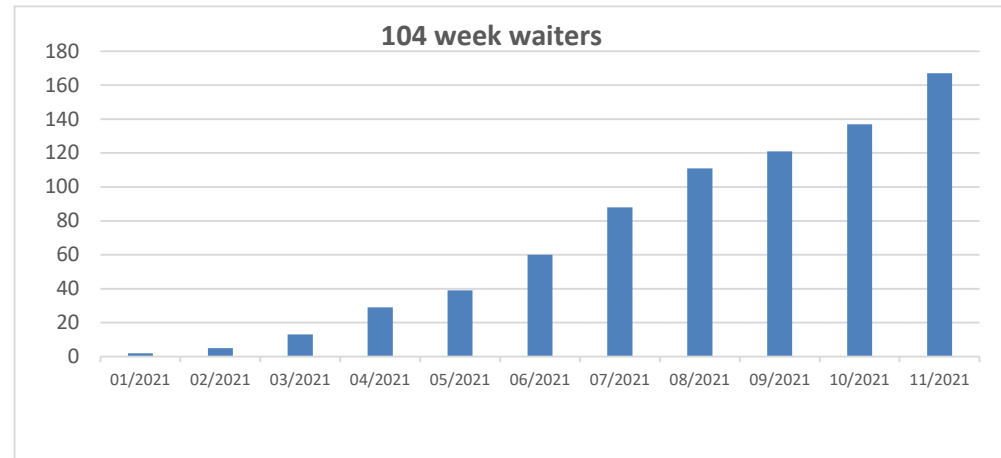
1) Patients of lower clinical urgency whose operations have been cancelled, or not scheduled, given the pressures on operating capacity
2) Complex patients that require HDU or ICU beds after surgery but do not have conditions with high clinical urgency, and are not therefore being listed given the pressure on high care and critical care capacity
3) Patients who do not wish to have surgery at present. 20% of the patients waiting >104 weeks currently state that they are not ready for surgery (P6 patient prioritisation) for a variety of reasons, including concerns regarding COVID-19, holidays, study, etc.

We continue to regularly engage with our longest waiting patients and to attempt to schedule their treatment, we are working with the Integrated Care System to utilise other local capacity, and, where appropriate, clinicians are reviewing with patients whether surgical treatment continues to be the most appropriate treatment plan for their needs.

The expectation from NHS England continues to be that by the end of March 2022 there will be zero patients waiting >104 weeks, except for those patients choosing to wait longer. Achievement of this milestone remains a significant risk at UHS.

Spotlight

University Hospital Southampton NHS
NHS Foundation Trust

The following tables provide analysis of the current RTT waiting list, for the ten largest specialties in descending waiting list size order. Each table is divided between those patients currently within outpatient care and those waiting for admission. There have been no significant changes to the order of the specialties over recent months.

All patients on the RTT waiting list

Specialty	Referral and Still on Pathway	Waiting for Admission	Grand Total
130 - OPHTHALMOLOGY	4773	626	5399
502 - GYNAECOLOGY	2284	1062	3346
400 - NEUROLOGY	3052	31	3083
110 - TRAUMA AND ORTHOPAEDIC	975	1923	2898
330 - DERMATOLOGY	1451	678	2129
101 - UROLOGY	1358	717	2075
104 - COLORECTAL SURGERY	1431	373	1804
214 - Paediatric Orthopaedics	1395	355	1750
140 - ORAL SURGERY	1205	337	1542
120 - EAR NOSE & THROAT	794	627	1421

Patients waiting >78 weeks on the RTT waiting list

Specialty	Referral and Still on Pathway	Waiting for Admission	Grand Total
110 - TRAUMA AND ORTHOPAEDIC	7	266	273
120 - EAR NOSE & THROAT	39	148	187
502 - GYNAECOLOGY	1	45	46
140 - ORAL SURGERY		43	43
104 - COLORECTAL SURGERY	2	32	34
100 - GENERAL SURGERY		19	19
101 - UROLOGY	3	14	17
105 - HEPATOBILARY & PANCREATIC SUR	1	14	15
171 - PAEDIATRIC SURGERY		14	14
172 - CARDIAC SURGERY	1	12	13

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
- o Start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- o 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
- o All patients should receive high-quality care without any unnecessary delay
- o 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

NHS Constitution

University Hospital Southampton
NHS Foundation Trust

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly target	YTD
UT28-N	% Patients on an open 18 week pathway (within 18 weeks) **UHSFT** **Teaching hospital average (& rank of 20)** **South East average (& rank of 17)**																≥92%	
CN1-N	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks																≥93%	
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) **UHSFT** **Teaching hospital average (& rank of 19)** **South East average (& rank of 17)**																≥85%	-
UT25-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) Rank of 8->																≥95%	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics **UHSFT** **Teaching Hospital average (& rank of 20)** **South East Average (& rank of 18)**																≤1%	-

UT28-N chart (axis 75% to 55%):
South East average values: 11, 12, 12, 10, 10, 8, 7, 8, 9, 9, 9, 10, 10, 10
UHSFT: 66.7% ... 67.4%
Teaching hospital average values: 10, 10, 10, 9, 9, 8, 7, 8, 8, 8, 7, 9, 9, 8

CN1-N chart (axis 100% to 75%): 95.0% ... 76.8%

UT34-N chart (axis 100% to 50%):
South East average: 14, 13, 14, 6, 7, 6, 3, 11, 13, 15, 16, 13, 12, 14
UHSFT: 72.7% ... 69.5%
Teaching hospital average: 9, 10, 9, 3, 4, 2, 1, 4, 6, 8, 7, 2, 4, 5

UT25-N chart (axis 92%, 84%, 75%): 91.1% ... 70.1%
Rank of 8: 2, 1, 1, 1, 2, 3, 3, 3, 3, 3, 3, 1, 3, 2, 2

UT33-N chart (axis 50% to 0%):
Teaching Hospital average: 14, 11, 12, 9, 10, 10, 10, 9, 7, 6, 7, 7, 7, 7
UHSFT: 29.1% ... 22.1%
South East Average: 17, 17, 17, 16, 16, 17, 16, 15, 14, 12, 13, 14, 14, 13

Outcomes		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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 Specialties with Outcome Measures Developed																+1		
UT5	Developed Outcomes RAG ratings																-		

UT1-N (HSMR chart): 83 to 73; 78.6, 78.1 (left); 78.7, 77.8 (right)

UT2: 3.1% to 2.5%; 2.9%, 2.6%

UT3: 15% to 10%; 12.17%, 11.51%

UT4-L: 56 / 305, 57 / 332, 61 / 396, 63 / 406, 63 / 383

UT5: 100% to 50%; 77%, 76%, 80%, 78%, 77%

Safety		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile **This year** vs. **last year**				5455	6057	7063	5 7	11 16	15 21	18 25	3233	3939	4344	5049	52 56	5	56	≤45
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	8	0	10	39	2	5	0	0	0	3	0	7	6	11	8	-	35	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	7	2	6	59	2	2	1	0	0	0	4	3	9	11	6	-	34	-
UT9	Pressure ulcers category 2 per 1000 bed days				0.52											0.24	-	-	-
UT10	Pressure ulcers category 3 and above per 1000 bed days				0.35											0.27	-	-	-
UT11-N	Medication Errors (severe/Moderate)				1											3	≤3	14	≤27

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly target	YTD	YTD target
UT12	Antibiotic usage per 1000 admissions This year vs. last year																-	-	-
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)																-	56	-
UT14	Serious Incidents Requiring Investigation - Maternity																-	-	-
UT15	Number of high harm falls per 1000 bed days																-	-	-
UT16	% patients with a nutrition plan in place																-	-	-
UT17	Red Flag staffing incidents																-	-	-

Patient Experience		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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)																-	-	-

UT18-N FFT Negative Score - Inpatients: 0.3% ... 0.3%, 5%

UT19-N FFT Negative Score - Maternity: 5% ... 10.5% ... 9.7%

UT20 Total UHS women booked onto a continuity of carer pathway: 100%, 47.0%, 39.3%, 0%

UT21 Total BAME women booked onto a continuity of carer pathway: 100%, 84.9%, 40.0%, 0%

UT22 % Patients reporting being involved in decisions about care and treatment: 100%, 87.0%, 90.0%, 50%

UT23 % Patients with a disability/ additional needs: 100%, 90.0%, 92.0%, 70%
174 181 240 77 65 111 292 254 280 341 200 156 163 159

UT24 Overnight ward moves: 100, 64.13, 36, 33.33, 2.53, 0, 18

Access Standards		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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->																≥95%	-	-
UT26	Average (Mean) time in Dept - non-admitted patients																-	-	-
UT27	Average (Mean) time in Dept - admitted patients																-	-	-
UT28-N	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥92%		
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)																-	-	-
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																-	-	-

UT25-N chart values: 92%, 84%, 75% reference lines; 91.1%, 70.1% labelled. Rank of 8: 2 1 1 1 2 3 3 3 3 3 3 1 3 2 2

UT26 chart: 05:00, 01:00 axis; 02:23, 03:21 labelled.

UT27 chart: 06:00, 01:00 axis; 03:34, 05:02 labelled.

UT28-N chart: 75%, 55% axis; 66.7%, 67.4% labelled.
UHSFT ranks: 11 12 12 10 10 8 7 8 9 9 9 10 10 10
Teaching hospital ranks: 10 10 10 9 9 8 7 8 8 8 7 9 9 8

UT29 chart: 47,500, 34,000 axis; 35,126, 44,737 labelled.

UT30 chart: 8,000, 0 axis; 2,092, 2,299 labelled.
Teaching hospital ranks: 9 6 6 6 5 4 4 4 6 7 7 7 7 7
South East ranks: 13 12 12 13 13 13 13 13 13 14 14 14 14 14

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		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly target	YTD	YTD target
UT31	Patients on an open 18 week pathway (waiting 104 weeks+) **UHSFT** Teaching hospital average (& rank of 20) South East average (& rank of 17)							12 / 16	12 / 16	12 / 16	12 / 16	11 / 16	8 / 17	8 / 16	8 / 8 / 16 / 171		-	-	-
UT32	Patients waiting for diagnostics	9,605														10,056	-	-	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics **UHSFT** Teaching hospital average (& rank of 20) South East average (& rank of 18)	14 / 17	11 / 29.1% / 17	12 / 17	9 / 16	10 / 16	10 / 17	10 / 16	9 / 15	7 / 14	6 / 12	7 / 13	7 / 14	7 / 14	7 / 22.1% / 13		≤1%	-	-
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) **UHSFT** Teaching hospital average (& rank of 19) South East average (& rank of 17)	14 / 9	13 / 72.7% / 10	14 / 9	6 / 3	7 / 4	6 / 2	3 / 1	11 / 4	13 / 6	15 / 8	16 / 7	13 / 2	12 / 4	14 / 69.5% / 5		≥85%	-	-
UT35-N	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) **UHSFT** Teaching hospital average (& rank of 19) South East average (& rank of 17)	11 / 6	17 / 93.9% / 16	16 / 15	10 / 5	8 / 3	7 / 3	11 / 4	9 / 4	17 / 8	13 / 6	16 / 12	18 / 14	9 / 3	9 / 96.6% / 3		≥96%	-	-
UT36-N	31 day cancer wait performance - Subsequent Treatments of Cancer (Most recently externally reported data, unless stated otherwise below) **UHSFT** Teaching hospital average (& rank of 19) South East average (& rank of 17)	7 / 9	1 / 91.0% / 15	15 / 15	19 / 14	14 / 11	11 / 8	16 / 11	14 / 12	15 / 12	17 / 13	13 / 9	18 / 16	14 / 12	16 / 14 / 86.8%		≥95.2%	-	-

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted			9			10			10	9	10	9	9	9	8	Top 10		
PN2-L	Comparative CRN Recruitment Performance - weighted			7			8			5	3	4	3	3	3	3	Top 5		
PN3-L	Comparative CRN Recruitment - contract commercial			7			2			12	11	4	4	3	7	7	Top 10		
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %									46.0%	152.0%	143.0%		334.0%	29.0%		≥5%		

PN4-L chart values: 350%, -50% (y-axis); Monthly income increase %: 46.0%, -22.0%, 152.0%, 45.0%, 143.0%, -5.0%, 334.0%, 0.0%, 29.0%; YTD income increase % 80.0%

Workforce Capacity

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

WR1-L — Substantive Staff - Turnover
-R12M turnover %
-Leavers in month (FTE)

12.4% ... 13.4% ; 99 ... 94

Monthly target: R12M <=12.0%

WR2-L — Staff Vacancies
-Nursing Vacancies (registered nurses only in clinical wards)
-All Staff vacancies

15.3% ... 13.5% ; 5.9% ... 7.7%

WR3-L — Workforce Numbers (FTE) - Variation compared to end March 2021
-Plan (budgeted posts) to achieve by end March 2022
-Actual
-Including - Doctors in training.
-Excluding - Chilworth laboratory, Additional hours (medical staff)

567.7 ; 224.1 ; -319.7

WR4-L — Staff - Sickness absence
-R12M sickness %
-Sickness in month %

3.9% ... 4.1% ; 3.4% ... 5.0%

Monthly target: R12M <=3.4%

Enjoy Working Here

WR5-L — Non-medical appraisals completed
-R12M appraisal %
-Appraisals in month

76.3% ... 74.5% ; 576 ... 359

Monthly target: R12M >=92.0%

WR6-L — Medical staff appraisals completed - Rolling 12-months

80.0% ... 64.8%

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly target	YTD	YTD target
WR7-L	% of staff recommend UHS as a place to work: **National Quarterly Pulse Survey (NQPS)** **National NHS Staff Survey**		77.0%						75.5%		National Staff Survey results released Feb22		NQPS released Feb22.				>=76%		
WR8-L	Staff survey engagement score **National Quarterly Pulse Survey (NQPS)** **National NHS Staff Survey**		7						7		National Staff Survey results released Feb22		NQPS released Feb22.						

WR8-L - Maximum score = 10, Average of "Acute and Acute&Community", group is 7

Compassion and Inclusion

					Monthly target		
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic	9.8%		10.3%	15% by 2023		
WR10	% of Band 7+ Staff who have declared a disability or long term health condition	13.6%		13.4%	-		
WR11	Staff recommending UHS as a place to work: White British staff compared with all other ethnic groups combined **-White British** **-All other ethnic groups combined**						
WR12	Staff recommending UHS as a place to work: Non disabled /prefer not to answer compared with Disabled **-Non disabled /prefer not to answer** **-Disabled**						
WR13	Staff recommending UHS as a place to work: Sexuality = Heterosexual compared with all other groups combined **-Sexuality = Heterosexual** **-all other groups combined**						

WR11, WR12,WR13: Average recommendation score of 10 = Highly recommend to 0 = Strongly not recommended, results from National Quarterly Pulse Survey

Local Integration		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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 all outpatient consultations This year vs. last year																-	-	-

Foundations for the Future

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

Our Role in the Community

| FN6 | Percentage of staff living locally (inside the Southampton City boundaries) | | | | | | | | | | | | | | | | | | |
| FN7 | Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation) | | | | | | | | | | | | | | | | - | | |

FN1: 52,513 ... 97,894 (max 100,000)

FN2: 10,568 ... 21,614 (max 40,000)

FN3: 9,310 (max 15000)

FN6: 51.2% ... 51.9% (51.0% to 52.0%)

FN7: 23.3% (0.0% to 50.0%)

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.

Throughout COVID-19, a growing number of our clinical areas started to move and change specialty and size to respond to the changing situation (e.g. G5-G9, Critical Care and C5). With the evolving COVID-19 position since April 2021 these wards had in the main returned to their normal size and purpose. From September through to December 2021 COVID-19 numbers have started to rise and wards and departments have again been required to change focus and form to respond to changing circumstances. These decisions are sometimes swift in nature and the data in some cases therefore may not be fully reflective of all of these changes. These rising numbers and swift ward/department changes are expected to continue into January and beyond.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CC Neuro Intensive Care Unit	Day	6428	4267	947	681	66.4%	72.0%	28.4	4.5	32.9	Beds flexed to match staffing; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas; theatres staff doing teams nursing model x 2 per shift approx.
CC Neuro Intensive Care Unit	Night	5518	4363	746	679	79.1%	91.0%				Beds flexed to match staffing; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas; theatres staff doing teams nursing model x 2 per shift approx.
CC - Surgical HDU	Day	2525	1759	765	482	69.6%	63.0%	16.9	4.6	21.5	Beds flexed to match staffing; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas; theatres staff doing teams nursing model x 2 per shift approx.
CC - Surgical HDU	Night	2137	1647	699	457	77.1%	65.4%				Beds flexed to match staffing; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas; theatres staff doing teams nursing model x 2 per shift approx.
CC General Intensive Care	Day	13241	10845	2176	1375	81.9%	63.2%	28.0	3.7	31.7	Beds flexed to match staffing; Additional beds open in the month; Increase in acuity/dependency of patients in the month; theatres staff doing teams nursing model x 2 per shift approx.
CC General Intensive Care	Night	10717	10468	1776	1457	97.7%	82.0%				Beds flexed to match staffing; Additional beds open in the month; Increase in acuity/dependency of patients in the month; theatres staff doing teams nursing model x 2 per shift approx.
CC Cardiac Intensive Care	Day	6485	4104	1712	875	63.3%	51.1%	30.3	5.1	35.4	Beds flexed to match staffing; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas; theatres staff doing teams nursing model x 2 per shift approx.
CC Cardiac Intensive Care	Night	5994	4414	873	563	73.6%	64.5%				Beds flexed to match staffing; Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas; theatres staff doing teams nursing model x 2 per shift approx.
SUR E5 Lower GI	Day	1521	1128	735	1109	74.1%	150.8%	3.4	3.4	6.7	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Lower GI	Night	714	690	357	713	96.6%	200.0%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Day	1449	1214	798	792	83.8%	99.2%	3.9	2.7	6.6	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Night	714	727	357	577	101.8%	161.5%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.

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SUR E8 Ward	Day	2270	2610	1557	1322	115.0%	84.9%	5.6	3.1	8.7	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E8 Ward	Night	1466	1630	1149	1036	111.2%	90.2%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F11 IF	Day	1926	1517	798	597	78.8%	74.8%	4.4	2.5	6.9	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F11 IF	Night	702	738	713	668	105.1%	93.7%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Day	1489	1092	738	597	73.4%	80.8%	9.5	3.6	13.1	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Night	713	883	713	151	123.8%	21.1%				Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Admissions	Day	2236	1745	819	1098	78.0%	134.1%	3.5	2.5	6.0	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Admissions	Night	1070	1036	1070	914	96.9%	85.4%				Band 4 staff working to support registered nurse numbers.
SUR F5 Ward	Day	1935	1718	1088	958	88.8%	88.0%	4.0	2.3	6.3	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F5 Ward	Night	1167	1134	713	667	97.2%	93.5%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
OPH Eye Short Stay Unit	Day	1019	959	869	784	94.1%	90.2%	12.6	10.9	23.5	Safe staffing levels maintained.
OPH Eye Short Stay Unit	Night	341	342	341	341	100.1%	100.0%				Safe staffing levels maintained.
THR F10 Surgical Day Unit	Day	1370	1487	2814	1704	108.6%	60.5%	6.0	6.5	12.4	Day unit utilised as inpatient beds to support the continued COVID-19 and capacity challenges. Beds flexed to match staffing.
THR F10 Surgical Day Unit	Night	308	468	275	410	151.9%	148.9%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
CAN Acute Onc Services	Day	1403	1057	686	539	75.3%	78.6%	12.0	7.5	19.5	Increase in acuity/dependency of patients in the month.
CAN Acute Onc Services	Night	357	621	357	506	174.1%	142.0%				Increased night staffing to support raised acuity; Capacity increased at beginning of pandemic.
CAN C4 Solent Ward Clinical Oncology	Day	1393	1432	1030	1170	102.8%	113.6%	3.9	3.6	7.5	Increase in acuity/dependency of patients in the month.
CAN C4 Solent Ward Clinical Oncology	Night	1070	944	702	1001	88.3%	142.7%				Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Day	2787	2458	120	307	88.2%	256.2%	7.1	0.6	7.7	Beds flexed to match staffing.
CAN C6 Leukaemia/BMT Unit	Night	2037	1960	0	79	96.2%	Shift N/A				Staffing appropriate for number of patients.

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CAN C6 TYA Unit	Day	804	789	348	80	98.1%	22.8%	8.4	0.5	8.8	Safe staffing levels maintained.
CAN C6 TYA Unit	Night	661	686	0	0	103.8%	Shift N/A				Additional staff used for enhanced care - Support workers.
CAN C2 Haematology	Day	2320	2370	1160	1017	102.2%	87.7%	5.7	2.8	8.5	Increase in acuity/dependency of patients in the month.
CAN C2 Haematology	Night	1726	1865	1068	1035	108.1%	96.9%				Increase in acuity/dependency of patients in the month.
CAN D3 Ward	Day	1788	1605	690	1102	89.8%	159.8%	4.5	3.1	7.5	Safe staffing levels maintained.
CAN D3 Ward	Night	1040	1057	700	724	101.7%	103.4%				Safe staffing levels maintained.
ECM Acute Medical Unit	Day	4060	3993	4023	3021	98.4%	75.1%	5.8	4.3	10.1	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource; Figures still contain additional point-of-care activity - this should be rectified for next report.
ECM Acute Medical Unit	Night	4056	4218	3565	3106	104.0%	87.1%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource; Figures still contain additional point-of-care activity - this should be rectified for next report.
MED D5 Ward	Day	1216	1568	1703	1429	128.9%	83.9%	3.2	3.1	6.3	Skill mix swaps undertaken to support safe staffing across the Unit.
MED D5 Ward	Night	1070	1070	946	1170	100.0%	123.7%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
MED D6 Ward	Day	1094	1244	1583	1271	113.7%	80.3%	3.1	3.4	6.4	Increased night staffing to support raised acuity; Safe staffing levels maintained by sharing staff resource.
MED D6 Ward	Night	989	955	947	1125	96.5%	118.7%				Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
MED D7 Ward	Day	684	906	1184	1088	132.4%	91.8%	3.3	3.6	6.9	Safe staffing levels maintained; Staff moved to support other wards.
MED D7 Ward	Night	715	662	368	609	92.5%	165.7%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
MED D8 Ward	Day	1092	1149	1528	1166	105.2%	76.3%	3.1	3.1	6.2	Safe staffing levels maintained; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty.
MED D8 Ward	Night	851	1024	1302	1044	120.3%	80.1%				Safe staffing levels maintained.
MED D9 Ward	Day	1214	1614	1790	1233	133.0%	68.9%	3.2	2.3	5.4	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
MED D9 Ward	Night	1058	1038	953	666	98.1%	69.8%				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
MED E7 Ward	Day	1021	1475	1337	1246	144.4%	93.2%	3.2	3.6	6.8	Staff moved to support other wards; Safe staffing levels maintained.
MED E7 Ward	Night	702	945	1087	1519	134.7%	139.7%				Safe staffing levels maintained; Staff moved to support other wards.

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MED F7 Ward	Day	1080	1061	1213	1512	98.2%	124.6%	2.9	3.7	6.6	Safe staffing levels maintained; Staff moved to support other wards.
MED F7 Ward	Night	713	725	713	736	101.6%	103.2%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month.
MED Respiratory HDU	Day	2409	1481	515	356	61.5%	69.0%	15.9	3.4	19.3	Staffing appropriate for number of patients; Safe staffing levels maintained.
MED Respiratory HDU	Night	2142	1528	357	287	71.3%	80.5%				Staffing appropriate for number of patients; Safe staffing levels maintained.
MED C5 Isolation Ward	Day	1118	1522	1153	518	136.1%	44.9%	11.0	4.5	15.4	Increase in acuity/dependency of patients in the month; Staffing appropriate for number of patients.
MED C5 Isolation Ward	Night	1070	1252	357	613	117.0%	171.8%				Increase in acuity/dependency of patients in the month; Band 4 staff working to support registered nurse numbers.
MED D10 Isolation Unit	Day	1106	959	1333	1029	86.8%	77.2%	3.2	3.6	6.8	Staff moved to support other wards.
MED D10 Isolation Unit	Night	713	741	725	876	103.9%	120.8%				Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
MED G5 Ward	Day	1484	1219	1409	1799	82.1%	127.7%	2.7	3.1	5.8	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
MED G5 Ward	Night	1070	1058	713	816	98.9%	114.5%				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
MED G6 Ward	Day	1529	959	1472	1303	62.7%	88.5%	3.0	3.5	6.5	Beds flexed to match staffing; Staff moved to support other wards; Staffing appropriate for number of patients; covid ward - not normal function .
MED G6 Ward	Night	1035	703	702	610	67.9%	86.9%				Beds flexed to match staffing; Staff moved to support other wards; Staffing appropriate for number of patients; covid ward - not normal function .
MED G7 Ward	Day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Ward flexed down during the month to provide Covid capacity if needed and staff dispersed to other wards to support.
MED G7 Ward	Night	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Ward flexed down during the month to provide Covid capacity if needed and staff dispersed to other wards to support.
MED G8 Ward	Day	1433	1592	1465	1376	111.1%	93.9%	4.2	3.1	7.3	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; covid ward - not normal function .
MED G8 Ward	Night	1070	1357	713	771	126.9%	108.1%				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Covid ward - not normal function .
MED G9 Ward	Day	1426	1675	1417	1469	117.5%	103.7%	4.5	3.3	7.7	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Covid ward - not normal function .
MED G9 Ward	Night	1081	1415	713	782	130.9%	109.7%				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; Covid ward - not normal function .
MED Bassett Ward	Day	1362	1092	2515	2118	80.2%	84.2%	2.7	4.2	6.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
MED Bassett Ward	Night	1058	1024	1070	1162	96.7%	108.6%				Safe staffing levels maintained.

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CHI High Dependency Unit	Day	1573	1087	0	209	69.1%	Shift N/A	14.3	1.4	15.6	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI High Dependency Unit	Night	1070	1097	0	0	102.5%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1885	2009	743	717	106.5%	96.5%	10.0	4.2	14.2	Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Paed Medical Unit	Night	1710	1542	671	760	90.2%	113.3%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Paediatric Intensive Care	Day	6503	5501	936	382	84.6%	40.8%	26.1	2.5	28.6	Additional beds open in the month; Beds flexed to match staffing; Safe staffing levels maintained; Recruitment drive unregistered staff.
CHI Paediatric Intensive Care	Night	5707	5087	713	633	89.1%	88.7%				Additional staff used for enhanced care - RNs; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3898	2288	123	467	58.7%	380.8%	13.2	2.5	15.7	Non-ward based staff supporting areas; Beds flexed to match staffing; Skill mix swaps undertaken to support safe staffing across the Unit.
CHI Piam Brown Unit	Night	1409	980	0	162	69.5%	Shift N/A				Beds flexed to match staffing; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Day	2175	1615	636	703	74.2%	110.4%	7.7	2.6	10.3	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1444	1387	357	334	96.1%	93.7%				Safe staffing levels maintained.
CHI Bursledon House	Day	507	333	288	372	65.7%	129.0%	4.3	4.7	9.0	Beds flexed to match staffing.
CHI Bursledon House	Night	110	110	110	110	100.0%	100.0%				Beds flexed to match staffing; Recruitment drive for unregistered staff.
CHI Ward G2 Neuro	Day	785	632	0	0	80.5%	Shift N/A	11.0	0.0	11.0	Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Ward G2 Neuro	Night	742	682	0	0	91.9%	Shift N/A				Safe staffing levels maintained.
CHI Ward G3	Day	2373	2332	1728	844	98.3%	48.8%	9.3	3.4	12.6	Safe staffing levels maintained; Recruitment drive for unregistered staff.
CHI Ward G3	Night	1683	1948	1023	705	115.7%	68.9%				Safe staffing levels maintained; Recritment drive for unregistered staff.
CHI Ward G4 Surgery	Day	2452	2396	1291	570	97.7%	44.2%	9.7	2.1	11.8	Safe staffing levels maintained; Recruitment drive for unregistered staff.
CHI Ward G4 Surgery	Night	1650	1743	682	321	105.6%	47.1%				Safe staffing levels maintained; Recruitment drive for unregistered staff.
W&N Bramshaw Womens Unit	Day	1182	897	709	538	75.9%	75.9%	5.6	3.0	8.6	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Beds flexed to match staffing.
W&N Bramshaw Womens Unit	Night	713	713	667	322	100.0%	48.2%				Beds flexed to match staffing; Safe staffing levels maintained; Recruitment drive for unregistered staff.

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W&N Neonatal Unit	Day	6925	4685	1798	1003	67.6%	55.8%	10.0	2.1	12.0	Safe staffing levels maintained.
W&N Neonatal Unit	Night	5460	3849	1375	759	70.5%	55.2%				Safe staffing levels maintained..
W&N PAH Maternity Service combined	Day	8689	7445	4467	3009	85.7%	67.4%	6.6	2.6	9.2	Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
W&N PAH Maternity Service combined	Night	5429	4538	2026	1728	83.6%	85.3%				Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
CAR CHDU	Day	5164	4443	1829	1187	86.0%	64.9%	16.7	4.2	20.9	Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients; 2 beds flexed down for infection control mitigation.
CAR CHDU	Night	4105	3716	1045	881	90.5%	84.3%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Coronary Care Unit	Day	2758	2887	1037	883	104.7%	85.2%	10.4	3.4	13.8	Safe staffing levels maintained; Staff moved to support other wards.
CAR Coronary Care Unit	Night	2367	2381	857	817	100.6%	95.4%				Safe staffing levels maintained.
CAR Ward D4 Vascular	Day	2036	1707	1171	864	83.8%	73.8%	4.2	2.9	7.1	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward D4 Vascular	Night	819	932	1013	998	113.7%	98.5%				Increased night staffing to support raised acuity; Safe staffing levels maintained.
CAR Ward E2 YACU	Day	1606	1420	896	838	88.4%	93.6%	4.5	3.2	7.7	Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients.
CAR Ward E2 YACU	Night	726	709	341	682	97.6%	200.0%				Safe staffing levels maintained; Staffing appropriate for number of patients; Night increased to 2 HCSW signed off at staffing review awaiting template change.
CAR Ward E3 Green	Day	1565	1553	1504	934	99.2%	62.1%	3.6	2.7	6.3	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E3 Green	Night	729	710	795	780	97.4%	98.1%				Safe staffing levels maintained.
CAR Ward E3 Blue	Day	1171	1364	1170	770	116.5%	65.8%	4.0	3.0	7.0	Safe staffing levels maintained; Staff moved to support other wards.
CAR Ward E3 Blue	Night	705	653	682	738	92.6%	108.2%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Ward E4 Thoracics	Day	1661	1714	1363	884	103.2%	64.9%	5.1	3.0	8.1	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E4 Thoracics	Night	1045	996	440	737	95.3%	167.5%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1359	1182	750	809	87.0%	107.8%	4.3	3.6	7.8	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Night	705	663	682	726	94.0%	106.4%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.

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NEU Acute Stroke Unit	Day	1465	1718	2714	2562	117.2%	94.4%	3.2	5.0	8.1	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Acute Stroke Unit	Night	1023	1010	1705	1692	98.7%	99.2%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Regional Transfer Unit	Day	1237	790	419	293	63.8%	70.0%	8.7	5.0	13.7	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 Regional Transfer Unit	Night	682	495	682	442	72.6%	64.7%				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 ward E Neuro	Day	1915	1547	1111	1418	80.8%	127.6%	3.6	3.5	7.1	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	1353	1221	1023	1276	90.2%	124.8%				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.
NEU HASU	Day	1596	1384	415	409	86.7%	98.4%	7.5	1.9	9.5	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	1259	341	276	92.3%	80.8%				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.
NEU Ward D Neuro	Day	1907	1809	1934	1352	94.8%	69.9%	4.7	4.1	8.8	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	1353	1365	1716	1397	100.8%	81.4%				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	1530	1745	1154	1137	114.0%	98.5%	4.5	3.3	7.8	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	Night	1023	1210	1012	1023	118.4%	101.1%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
T&O Ward Brooke	Day	1044	1287	1165	520	123.3%	44.6%	4.4	2.8	7.2	Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward Brooke	Night	713	713	1058	771	100.0%	72.8%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Trauma Admissions Unit	Day	917	637	755	623	69.4%	82.6%	12.8	12.6	25.4	Staff moved to support other wards; Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Trauma Admissions Unit	Night	682	517	682	510	75.8%	74.7%				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	2395	2479	1973	1902	103.5%	96.4%	4.8	4.4	9.2	Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F1 Major Trauma Unit	Night	1783	1859	1783	2135	104.3%	119.8%				Increase in acuity/dependency of patients in the month; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F2 Trauma	Day	1678	1340	1918	1919	79.9%	100.1%	2.9	4.5	7.4	Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Staff moved to support other wards.
T&O Ward F2 Trauma	Night	1023	870	1364	1474	85.0%	108.0%				Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F3 Trauma	Day	1589	1670	2049	1443	105.1%	70.4%	4.3	4.6	8.9	Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F3 Trauma	Night	1023	1012	1363	1374	98.9%	100.8%				Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Day	1459	1261	764	818	86.4%	107.1%	3.9	2.9	6.7	Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F4 Elective	Night	682	738	672	660	108.1%	98.3%				Patient requiring 24 hour 1:1 nursing in the month; Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.

Report to the Trust Board of Directors

Title:	**Finance Report 2021-22 Month 9**
Agenda item:	**5.6**
Sponsor:	**Ian Howard – Interim Chief Financial Officer**
Author:	**Philip Bunting – Interim Deputy Director of Finance**
Date:	**27 January 2022**

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:	UHS reported an in-month surplus position of £1.1m with YTD performance now breakeven. UHS has also improved its forecast outturn position both for H2 and for 2021/22 to break-even, an improvement of £3.4m. This follows an increase in reported elective recovery income following the award of further funds as detailed below. **Elective Recovery Framework (ERF):** • UHS continues to report £2m per month relating to the block ERF funding agreed to be paid up-front to support investments in additional elective and outpatient activity. • Further to this UHS has confirmation of an additional £2.25m agreed for H2, of which 50% relating to Q3 has been reported in-month. • The national funding for H1 ERF has been confirmed following publication of final activity data. This has generated additional funding for the ICS, of which £0.8m has been confirmed for UHS. • Due to overall monthly system performance, there was not enough new system funding to pay UHS 100% of activity earned. UHS received a total of £17.9m, 96% of actual H1 activity. • Despite operational pressures, ED demand and Covid-19 inpatient volumes all impacting delivery of planned activity levels, by measurement on the new RTT metric UHS would have earnt £3.9m of ERF to date in H2. This is now covered by the block funding outlined above. **In Month Performance** • December was particularly challenging due to covid related sickness absence significantly impacting the capacity of the organisation. At the end of December covid related absence peaked at over 400 wte. This has suppressed elective activity particularly, which reduced to 81% of planned achievement following an average of 90% in the last 5 months. • For this reason, clinical supplies costs reduced by £1m from the previous month with reduced elective operating particularly in cardiac surgery.

	• The underlying financial position excluding ERF remains at c£4m deficit per month. **Capital:** • Internal capital expenditure is £32.8m YTD representing 66% of planned expenditure with all major projects on track to deliver. • It should however be noted that spend of c£5.7m per month on internally funded projects is required for the plan to be achieved. • External capital funding awards in recent months have generated £8.7m in additional funding for UHS in addition to £3.9m initially planned and approved. • Teams remain confident that funding allocated to them will be fully utilised by the end of the financial year. **ICS finance position:** • HIOW ICS has received confirmation of further funding in H2 relating to Elective Recovery Funding (£8.6m) and the Hospital Discharge Programme (£4.3m) in addition to an upside on H1 Elective Recovery Funding achievement (£2.8m) • This has meant the system has been able to close its deficit plan of £15.5m forecast for H2 and is now reporting a breakeven forecast. • Further discussions within the system, and the redistribution of some elements of funding, has meant that all provider and commissioner organisations are now able to report a breakeven position for 2021/22. **Other financial issues:** • The underlying financial position remains the most significant financial risk as the H2 efficiency challenge is unlikely to be met without non-recurrent support. This creates a run rate entry risk for 2022/23. • 2022/23 planning guidance has now been published together with system financial envelopes. This indicates a best-case 'flat cash' scenario whereby efficiencies are required to offset the impact of inflationary pressures and growth. • System capital envelopes have also been announced and a process is now being worked through with HIOW ICS to agree prioritisation of schemes. There are also bidding processes underway for a variety of funding streams including for elective recovery and community diagnostics centres.
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 22/23 funding arrangements and ability to support long term decision making. • Cash risk linked to income 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

University Hospital Southampton NHS Foundation Trust

2021/22 Finance Report - Month 9

Report to:	Board of Directors and Finance & Investment Committee January 2022
Title:	Finance Report for Period ending 31/01/2022
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 December 2021, the Trust reported a surplus position of £1.1m. For Half 2 (H2) YTD the Trust is now reporting a breakeven position which is favourable to the H2 plan. This is driven by additional income now received relating to elective recovery funding totalling £3m. The forecast has also been revised to breakeven.

2. In month the position was significantly impacted by operational challenges due to increased covid related sickness (peaking at over 400 wte) and a sustained volume of covid patients. This meant elective activity reduced particularly that requiring theatres or critical care such as cardiac surgery.

3. In month, £4.3m (£3.4m pay and £0.9m non pay) was incurred on additional expenditure relating to Covid-19. This was an increase of £0.7m from November mainly due to increased covid related staff sickness backfill costs and higher ICU costs due to increased covid inpatient activity.

4. The main income and activity themes seen in M9 were:
   - Elective activity in December represents 81% of planned income levels, down from 86% in November.
   - Non Elective activity levels in December was at 101% of planned income levels, down from 105% in November.
   - Outpatient activity in December was at 108% of planned income levels, down from 121% in November.
   - The underlying financial position remains consistent at £4m deficit in month before ERF and one offs.

University Hospital Southampton **NHS**
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Finance: I&E Summary (H2)

The financial position for M9 was a surplus of £1.1m and is now breakeven YTD. This is ahead of plan as the organisation is in receipt of an additional £3m of elective recovery income in H2 helping close out the deficit plan.

In month, clinical supplies were significantly down on plan and £1m down on run rate as activity was supressed as a result of staffing and capacity challenges limiting elective activity and therefore cost. Due to staffing challenges four theatres were closed to support ICU with over 400 staff off due to covid related absence in late December. In addition independent provider partners largely closed for two weeks over the Christmas period for elective surgery reducing spend.

Block drugs remain a concern with spend £0.8m over plan in month. They are forecast to be £3.7m over the H2 plan.

		Current Month			M7 - 12 Actuals			M7 - 12		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	67.5	68.6	(1.0)	202.5	205.2	(2.6)	405.1	410.4	(5.3)
	Pass-through Drugs & Devices	11.1	10.6	0.5	33.2	33.9	(0.8)	66.4	68.9	(2.5)
Other income	Other Income excl. PSF	17.4	15.3	2.1	52.3	49.1	3.2	106.2	102.7	3.5
	Top Up Income	1.3	1.4	(0.1)	3.8	3.7	0.1	7.6	7.3	0.3
Total income		**97.2**	**95.8**	**1.5**	**291.8**	**291.9**	**(0.1)**	**585.3**	**589.3**	**(4.0)**
Costs	Pay-Substantive	47.7	46.8	(0.9)	143.0	140.0	(3.0)	285.2	281.1	(4.1)
	Pay-Bank	3.7	4.4	0.7	11.1	12.9	1.8	22.3	24.8	2.5
	Pay-Agency	1.2	1.1	(0.1)	3.5	3.9	0.4	7.1	7.9	0.8
	Drugs	4.3	5.1	0.8	13.0	14.8	1.8	26.0	29.7	3.7
	Pass-through Drugs & Devices	11.1	10.6	(0.5)	33.2	33.9	0.8	66.4	68.9	2.5
	Clinical supplies	10.9	8.5	(2.4)	33.0	28.5	(4.5)	67.9	60.0	(7.9)
	Other non pay	15.8	15.1	(0.6)	47.2	48.6	1.4	95.0	97.1	2.1
Total expenditure		**94.7**	**91.5**	**(3.1)**	**284.1**	**282.7**	**(1.4)**	**569.8**	**569.3**	**(0.5)**
EBITDA		**2.6**	**4.3**	**(1.7)**	**7.7**	**9.2**	**(1.5)**	**15.5**	**20.0**	**(4.5)**
EBITDA %		2.7%	4.5%	(1.8%)	2.7%	3.2%	(0.5%)	2.6%	3.4%	(0.7%)
	Depreciation / Non Operating Expenditure	3.2	3.0	(0.2)	9.6	9.1	(0.4)	19.1	18.3	(0.9)
Surplus / (Deficit)		**(0.6)**	**1.2**	**(1.8)**	**(1.8)**	**0.1**	**(1.9)**	**(3.6)**	**1.7**	**(5.3)**
Less	Donated income	0.1	0.2	(0.2)	0.2	0.5	(0.3)	0.3	2.5	(2.1)
Add Back	Donated depreciation	0.1	0.1	0.0	0.3	0.4	0.1	0.6	0.8	(0.2)
Net Surplus / (Deficit)		**(0.6)**	**1.1**	**(1.7)**	**(1.7)**	**0.0**	**(1.7)**	**(3.4)**	**0.0**	**(3.4)**

University Hospital Southampton **NHS**
NHS Foundation Trust

Finance: I&E Summary (FY)

The financial position for the full year to date combines both H1 and H2.

The H1 outturn was reported as breakeven as per plan. H2 is now forecast at breakeven which is favourable against the originally agreed £3.4m deficit plan.

The most significant cost pressures in year relate to energy costs and drug costs (in excess of block funding). There is some offsetting between other income underperformance and clinical supplies favourable variances related to the Chilworth project.

		M1 - 9 Actuals			Full Year Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	620.0	612.7	7.3	822.5	817.9	4.6
	Pass-through Drugs & Devices	84.1	100.0	(15.9)	117.3	134.9	(17.6)
Other income	Other Income excl. PSF	143.8	127.2	16.6	197.8	180.8	17.0
	Top Up Income	8.5	11.3	(2.8)	12.3	14.9	(2.6)
Total income		**856.4**	**851.2**	**5.2**	**1,149.9**	**1,148.6**	**1.3**
Costs	Pay-Substantive	427.2	418.8	(8.5)	569.4	559.8	(9.6)
	Pay-Bank	33.2	34.4	1.1	44.4	46.3	1.9
	Pay-Agency	11.0	10.7	(0.3)	14.6	14.6	0.0
	Drugs	39.0	44.5	5.4	52.0	59.3	7.3
	Pass-through Drugs & Devices	84.1	100.0	15.9	117.3	134.9	17.6
	Clinical supplies	100.8	76.7	(24.1)	135.6	108.1	(27.5)
	Other non pay	133.8	138.9	5.1	181.6	187.4	5.8
Total expenditure		**829.2**	**823.8**	**(5.4)**	**1,114.9**	**1,110.5**	**(4.4)**
EBITDA		**27.2**	**27.3**	**(0.1)**	**35.0**	**38.1**	**(3.1)**
EBITDA %		3.2%	3.2%	(0.0%)	3.0%	3.3%	(0.0)
	Depreciation / Non Operating Expenditure	28.8	28.8	(0.0)	38.4	37.9	(0.4)
Surplus / (Deficit)		**(1.6)**	**(1.4)**	**(0.2)**	**(3.4)**	**0.2**	**(3.6)**
Less	Donated income	1.1	0.8	0.2	1.2	2.8	1.6
	Profit on disposals	-	0.5	(0.5)	-	0.5	0.5
Add Back	Donated depreciation	0.9	1.3	0.3	1.2	1.7	0.4
	Disposals of DH Donated Equipment	-	1.5	1.5	-	1.5	1.5
Net Surplus / (Deficit)		**(1.7)**	**0.0**	**(1.7)**	**(3.4)**	**0.0**	**(3.4)**

University Hospital Southampton NHS
NHS Foundation Trust

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 which has deteriorated from £2m per month deficit in months 1-6 to an average of £4m deficit in months 6-9. This is driven by the change in funding regime for H2 in addition to increased energy costs.

The underlying run rate for H2 was expected to be £4m deficit per month so the month 9 position is marginally better than expected however this is driven by supressed activity and therefore reduced clinical supplies costs due to operational pressures. These costs are likely to increase in Q4 where capacity allows.

Monthly Underlying Position

Legend:
- 2020/21 & 2021/22 Budget
- 2019/20 Underlying Actuals
- 2020/21 & 2021/22 Underlying Actuals

Clinical Income

University Hospital Southampton **NHS** NHS Foundation Trust
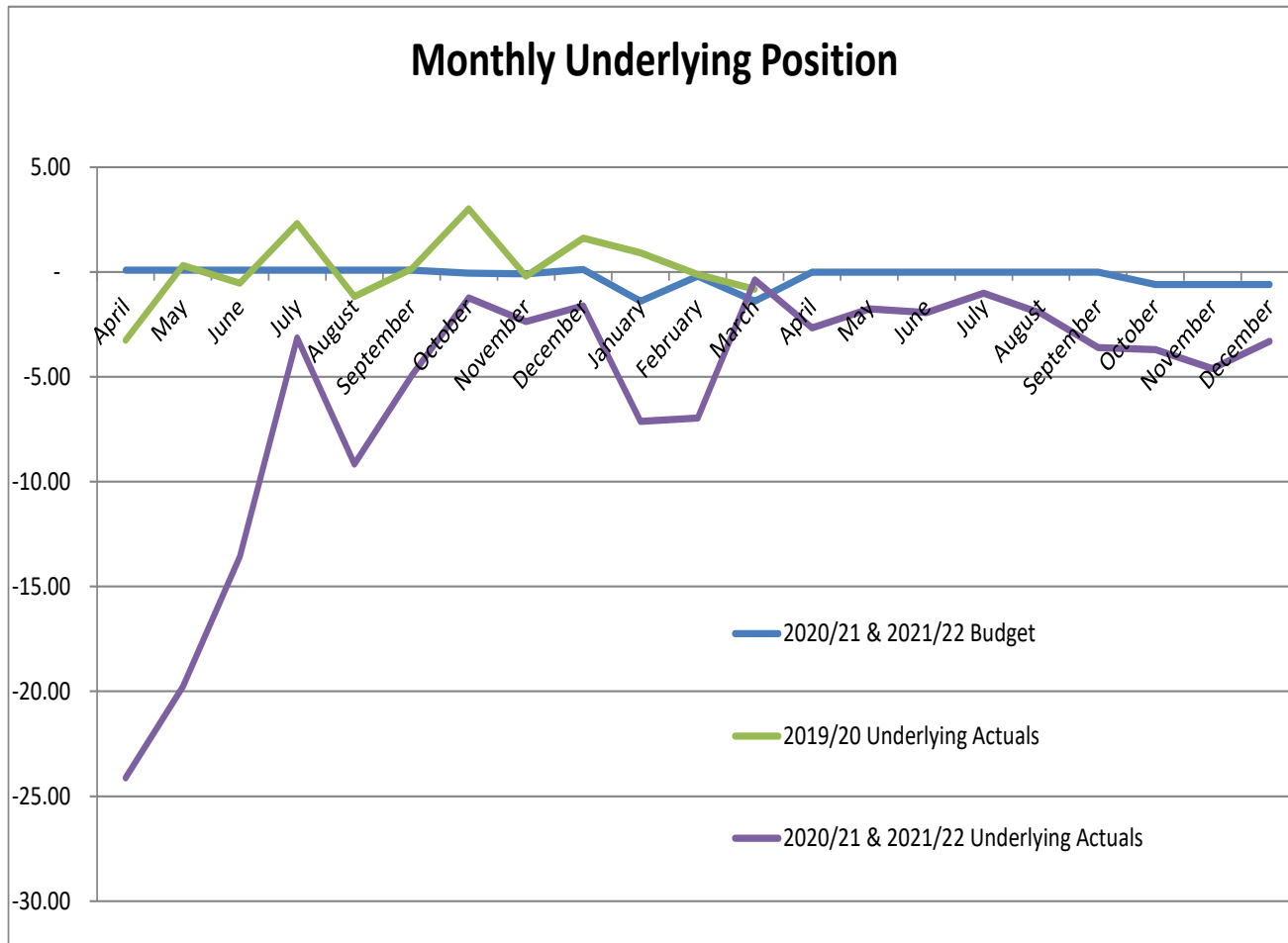
(Fav Variance) / Adv Variance

Clinical income for the month of December was £0.5m favourable to plan and including Non NHS income was £0.4m favourable to plan. Most of the Trust's income remains fixed with confirmed block contract funding in place for the remainder of the financial year.

December has seen a reduction in activity from November. 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 81% of planned levels, down from 86% in November. Non Elective income remained high in December at 101% of planned levels. A&E attendances reduced to below pre-Covid levels for the first time since April. Outpatient income reduced to 108% of plan, down from 121% in November.

The graphs overleaf show trends over the last 21 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas..

POD GROUP	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	2019/20 YTD Actuals £000s
NHS Clinical Income							
Elective Inpatients	£12,783	£10,391	£2,392	£114,322	£103,673	£10,649	£106,591
Non-Elective Inpatients	£19,837	£20,097	(£260)	£173,830	£177,941	(£4,111)	£159,078
Outpatients	£7,498	£8,114	(£615)	£67,057	£74,678	(£7,621)	£62,249
Other Activity	£11,947	£11,527	£420	£105,220	£102,747	£2,473	£97,350
Blocks & Financial Adjustments	£1,609	£175	£1,434	£44,083	£3,829	£40,254	£9,749
Other Exclusions	£7,176	£7,903	(£726)	£65,581	£73,213	(£7,632)	£37,918
Pass-through Exclusions	£11,059	£10,560	£499	£84,084	£99,982	(£15,898)	£84,164
Subtotal NHS Clinical Income	*£71,911*	*£68,766*	*£3,144*	*£654,177*	*£636,063*	*£18,114*	*£557,099*
Additional funding	£5,848	£9,123	(£3,275)	£52,632	£79,016	(£26,384)	
Covid block adjustments	£813	£1,228	(£414)	(£2,744)	(£2,394)	(£350)	
Total NHS Clinical Income	**£78,572**	**£79,117**	**(£545)**	**£704,064**	**£712,684**	**(£8,620)**	**£557,099**
Non NHS Clinical Income							
Private Patients	£428	£340	£88	£3,688	£4,160	(£473)	£3,541
CRU	£208	£149	£59	£1,875	£1,581	£294	£1,904
Overseas Chargeable Patients	£66	£78	(£12)	£593	£595	(£2)	£1,206
Total Non NHS Clinical Income	**£702**	**£567**	**£134**	**£6,156**	**£6,336**	**(£180)**	**£6,651**
Grand Total	**£79,274**	**£79,685**	**(£411)**	**£710,220**	**£719,020**	**(£8,800)**	**£563,750**

NHS Clinical Income

University Hospital Southampton **NHS**
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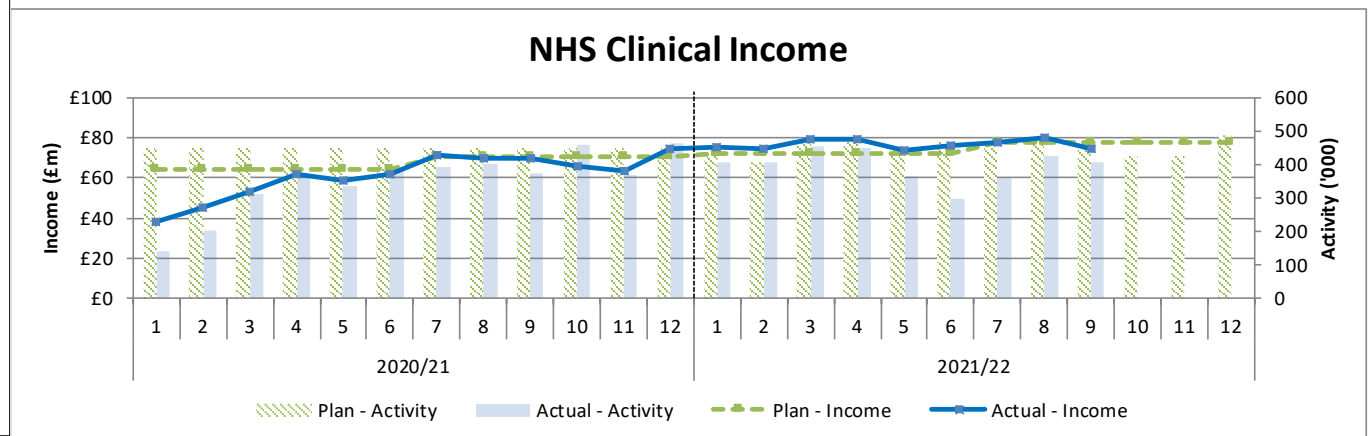
Clinical Income

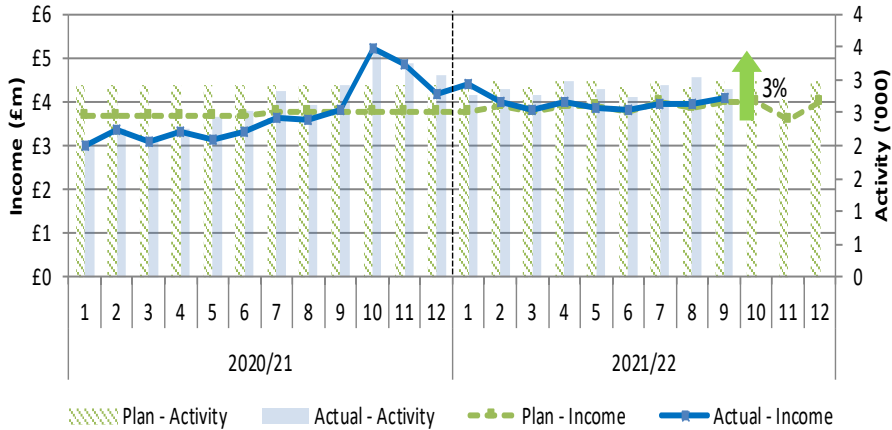**Elective spells**
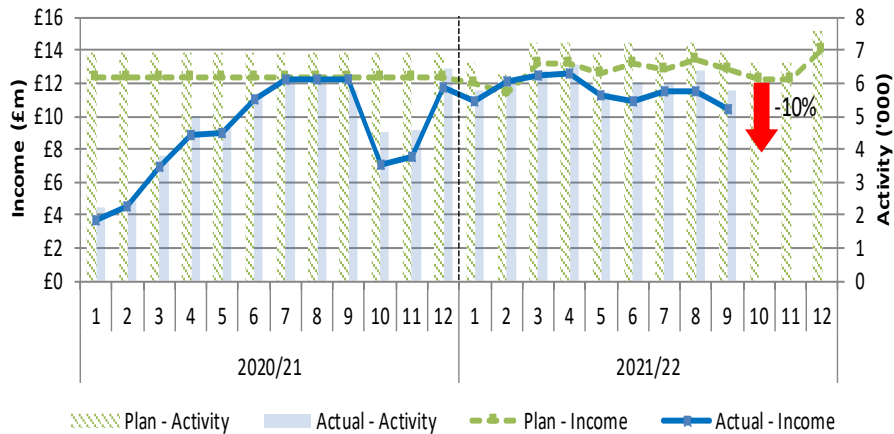
Non elective spells

Outpatients

Main ED

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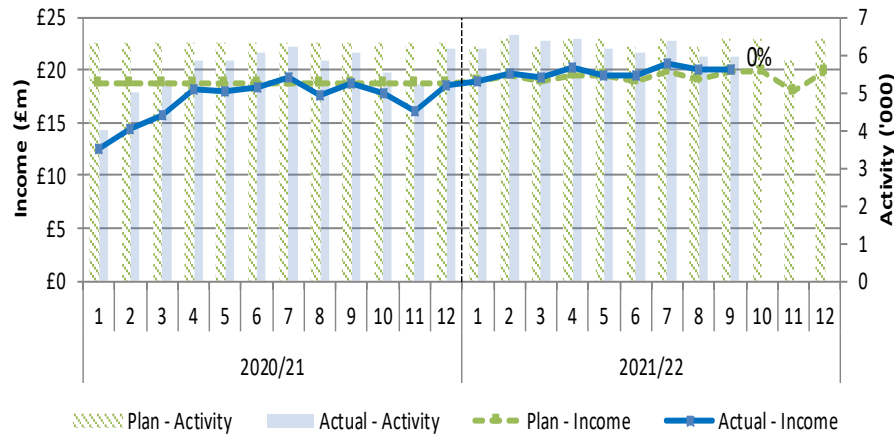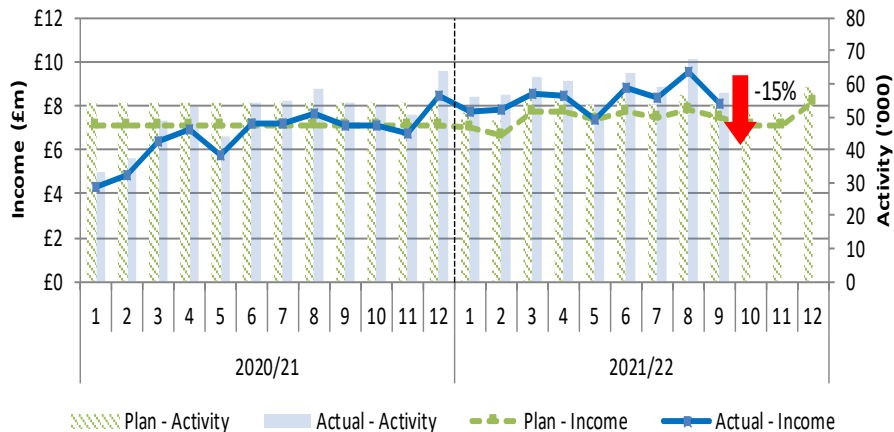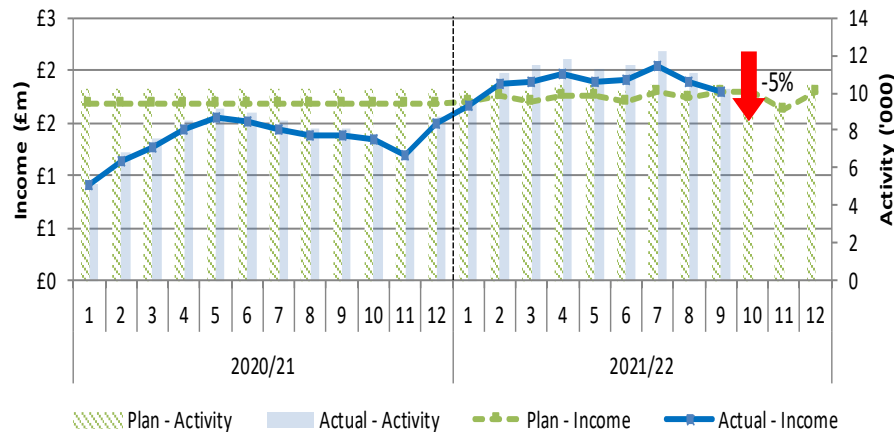
Clinical Income

Adult critical care

3%

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

Neonatal & paediatric critical care

-4%

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

Tariff excluded drugs

-14%

Plan - Activity   Actual - Activity   Plan - Income   Actual - Income
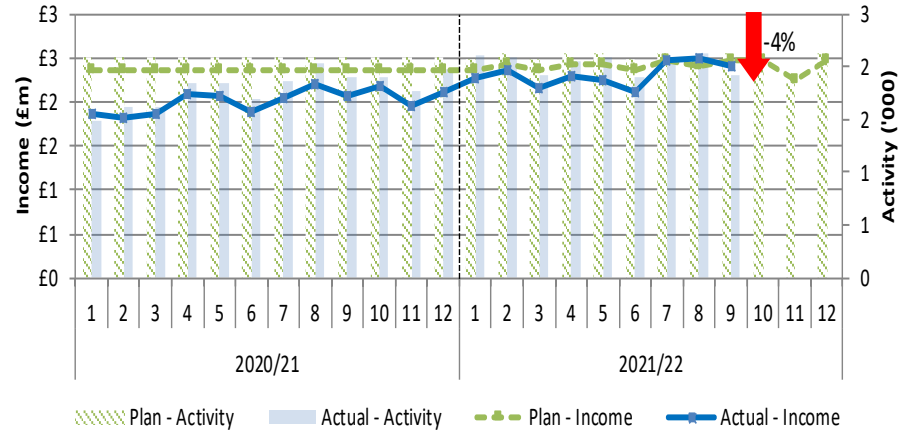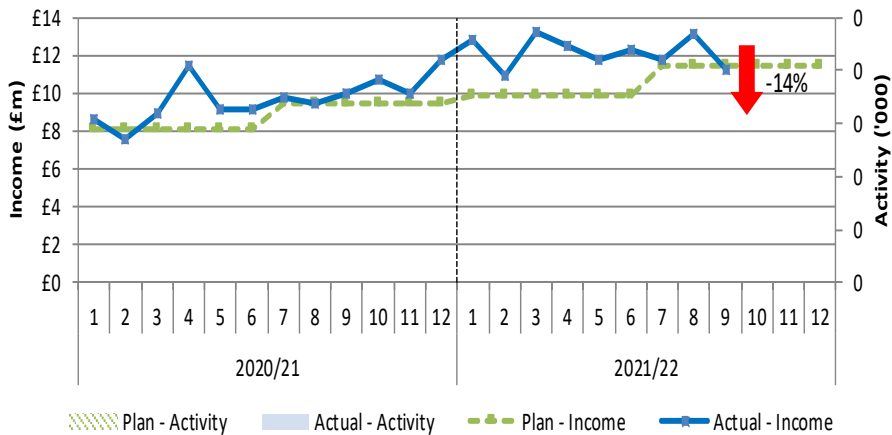
Tariff excluded devices

4%

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

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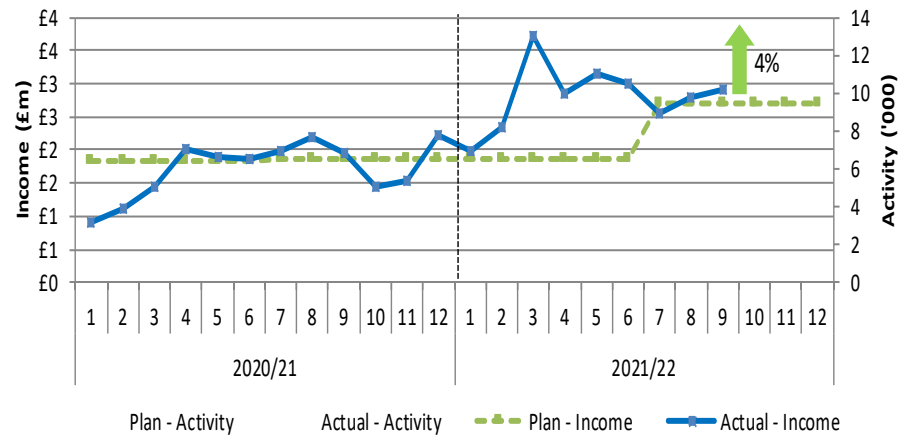
Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across the last 6 months 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 December represents 81% of planned income levels, down from 86% in November. This has been supressed as a result of significant operational challenges particularly related to covid related staff absence. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in December was at 101% of planned income levels, down from 105% in November.

Actual in month activity is shown in the final column to enable comparative analysis of %'s.

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Elective Activity as % of Plan

Division	Care Group	Activity as % of Plan 2021/22 4	5	6	7	8	9	Income as % of Plan 2021/22 4	5	6	7	8	9	In month actual activity for scale
DIVISION A	OPHTHALMOLOGY	110%	99%	96%	101%	103%	89%	112%	97%	93%	99%	105%	92%	501
	SURGERY	85%	81%	87%	99%	108%	96%	95%	84%	82%	94%	94%	86%	886
DIVISION A Total		94%	88%	90%	100%	106%	93%	99%	87%	84%	95%	96%	87%	1,387
DIVISION B	CANCER CARE	71%	73%	65%	74%	73%	80%	74%	70%	64%	69%	74%	88%	656
	SPECIALIST MEDICINE	90%	72%	73%	78%	78%	71%	103%	78%	79%	85%	86%	79%	1,264
DIVISION B Total		84%	73%	71%	77%	78%	74%	92%	75%	73%	79%	81%	82%	1,920
DIVISION C	CHILD HEALTH	101%	96%	97%	100%	103%	100%	90%	107%	85%	109%	89%	104%	857
	WOMEN'S HEALTH	97%	82%	90%	79%	83%	84%	93%	83%	90%	98%	87%	97%	252
DIVISION C Total		100%	92%	95%	94%	98%	96%	91%	101%	86%	106%	88%	103%	1,109
DIVISION D	CARDIOVASCULAR & THORACIC	104%	104%	91%	96%	92%	79%	100%	101%	82%	90%	82%	65%	367
	NEUROSCIENCES	93%	97%	101%	98%	92%	101%	86%	101%	94%	93%	89%	86%	424
	RADIOLOGY	72%	61%	63%	61%	79%	66%	75%	63%	70%	65%	78%	68%	248
	TRAUMA & ORTHOPAEDICS	89%	73%	89%	80%	74%	75%	103%	78%	87%	77%	78%	76%	245
DIVISION D Total		90%	86%	87%	85%	85%	81%	95%	93%	84%	86%	82%	71%	1,284
Total		90%	82%	83%	87%	88%	84%	95%	91%	83%	90%	86%	81%	

Non Elective Activity as % of Plan

Division	Care Group	Activity as % of Plan 2021/22 4	5	6	7	8	9	Income as % of Plan 2021/22 4	5	6	7	8	9	In month actual activity for scale
DIVISION A	OPHTHALMOLOGY	83%	87%	79%	66%	75%	79%	97%	98%	86%	72%	73%	86%	39
	SURGERY	95%	83%	88%	96%	87%	78%	106%	91%	92%	111%	93%	93%	640
DIVISION A Total		94%	83%	87%	94%	87%	78%	105%	91%	92%	110%	92%	93%	679
DIVISION B	ACUTE MEDICINE	108%	113%	108%	114%	117%	119%	109%	116%	113%	118%	119%	122%	1,335
	CANCER CARE	119%	112%	117%	112%	111%	110%	106%	98%	109%	102%	98%	97%	356
	EMERGENCY MEDICINE	93%	76%	73%	72%	73%	71%	91%	78%	81%	73%	84%	74%	1,061
	SPECIALIST MEDICINE	108%	76%	127%	141%	82%	94%	109%	65%	125%	145%	98%	79%	26
DIVISION B Total		102%	94%	92%	93%	94%	93%	104%	103%	104%	105%	107%	106%	2,778
DIVISION C	CHILD HEALTH	120%	124%	151%	147%	147%	125%	120%	111%	133%	127%	118%	93%	559
	WOMEN'S HEALTH	91%	95%	91%	100%	88%	85%	99%	106%	99%	103%	104%	98%	858
DIVISION C Total		99%	104%	110%	115%	108%	97%	106%	108%	111%	112%	109%	97%	1,417
DIVISION D	CARDIOVASCULAR & THORACIC	96%	86%	102%	93%	87%	98%	104%	85%	102%	90%	91%	97%	432
	NEUROSCIENCES	96%	108%	97%	97%	100%	92%	103%	114%	101%	99%	111%	95%	221
	RADIOLOGY	106%	84%	101%	98%	96%	99%	111%	83%	95%	92%	93%	108%	81
	TRAUMA & ORTHOPAEDICS	107%	102%	102%	103%	99%	86%	106%	106%	106%	119%	128%	113%	254
DIVISION D Total		100%	96%	101%	97%	94%	93%	105%	97%	102%	98%	104%	100%	988
Total		100%	95%	97%	99%	95%	92%	105%	100%	103%	104%	105%	101%	

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Income and Activity

Outpatient activity in December was at 108% of planned income levels, down from 121% in November.

Actual in month activity is shown in the final column to enable comparative analysis of %'s.

Outpatient Activity as % of Plan		Activity as % of Plan						Income as % of Plan						In month actual activity for scale
		2021/22						2021/22						
Division	Care Group	4	5	6	7	8	9	4	5	6	7	8	9	
⊟ DIVISION A	OPHTHALMOLOGY	98%	92%	103%	106%	104%	90%	104%	98%	108%	113%	109%	95%	6,998
	SURGERY	96%	85%	97%	94%	104%	94%	97%	87%	98%	96%	105%	95%	6,259
DIVISION A Total		**97%**	**89%**	**100%**	**101%**	**104%**	**92%**	**101%**	**92%**	**103%**	**105%**	**107%**	**95%**	**13,257**
⊟ DIVISION B	ACUTE MEDICINE	97%	99%	104%	97%	110%	100%	98%	95%	101%	93%	105%	103%	115
	CANCER CARE	141%	135%	144%	141%	158%	144%	130%	122%	136%	132%	147%	134%	8,951
	EMERGENCY MEDICINE	167%	128%	184%	111%	125%	83%	175%	132%	185%	109%	122%	86%	794
	SPECIALIST MEDICINE	114%	110%	119%	112%	126%	110%	111%	108%	116%	110%	123%	107%	9,661
DIVISION B Total		**125%**	**120%**	**130%**	**124%**	**139%**	**124%**	**120%**	**114%**	**125%**	**119%**	**133%**	**118%**	**18,806**
⊟ DIVISION C	CHILD HEALTH	106%	92%	114%	118%	122%	108%	104%	91%	114%	116%	121%	105%	5,623
	SUPPORT SERVICES	80%	81%	85%	85%	94%	83%	77%	76%	81%	80%	90%	79%	2,806
	WOMEN'S HEALTH	102%	91%	107%	105%	113%	108%	99%	90%	102%	105%	113%	109%	3,901
DIVISION C Total		**98%**	**89%**	**104%**	**105%**	**112%**	**101%**	**99%**	**89%**	**106%**	**108%**	**115%**	**103%**	**12,330**
⊟ DIVISION D	CARDIOVASCULAR & THORACIC	119%	115%	125%	124%	131%	122%	120%	117%	125%	125%	131%	124%	5,347
	NEUROSCIENCES	102%	78%	108%	99%	122%	101%	100%	76%	105%	96%	121%	99%	3,493
	RADIOLOGY	172%	187%	200%	158%	208%	186%	208%	227%	246%	186%	249%	232%	221
	TRAUMA & ORTHOPAEDICS	97%	90%	107%	95%	107%	95%	116%	111%	132%	116%	126%	116%	3,052
DIVISION D Total		**108%**	**97%**	**115%**	**108%**	**122%**	**108%**	**112%**	**99%**	**119%**	**112%**	**126%**	**113%**	**12,114**
Total		**108%**	**100%**	**113%**	**110%**	**120%**	**107%**	**109%**	**100%**	**114%**	**112%**	**121%**	**108%**	

Elective Recovery Fund 21/22

The Elective Recovery Fund was launched as part of the 21/22 planning guidance as a mechanism for distributing £1bn of national recovery funds for Elective and Outpatient activity in the first half of the year (H1).

Providers were targeted with achieving threshold equivalent PbR income levels set at a % of pre-Covid income levels (Price x Activity).

The graph shows the trends through 20/21 and performance for the first half of 21/22 which has now been fully validated with NHSI. This illustrates achievement of £18.7m excluding the 20% top-up element. UHS achieved the target in all of the 6 months with the lowest reported achievement 98% of baseline.

This is £1.6m higher than originally estimated following the submission of final data which has now been fully coded. UHS will receive £17.9m of the £18.6m (96%) due to measurement based on monthly system performance.

Elective Recovery Framework Performance 20/21-21/22

Legend: Actual Activity (OP & EL); Threshold for 100% payment
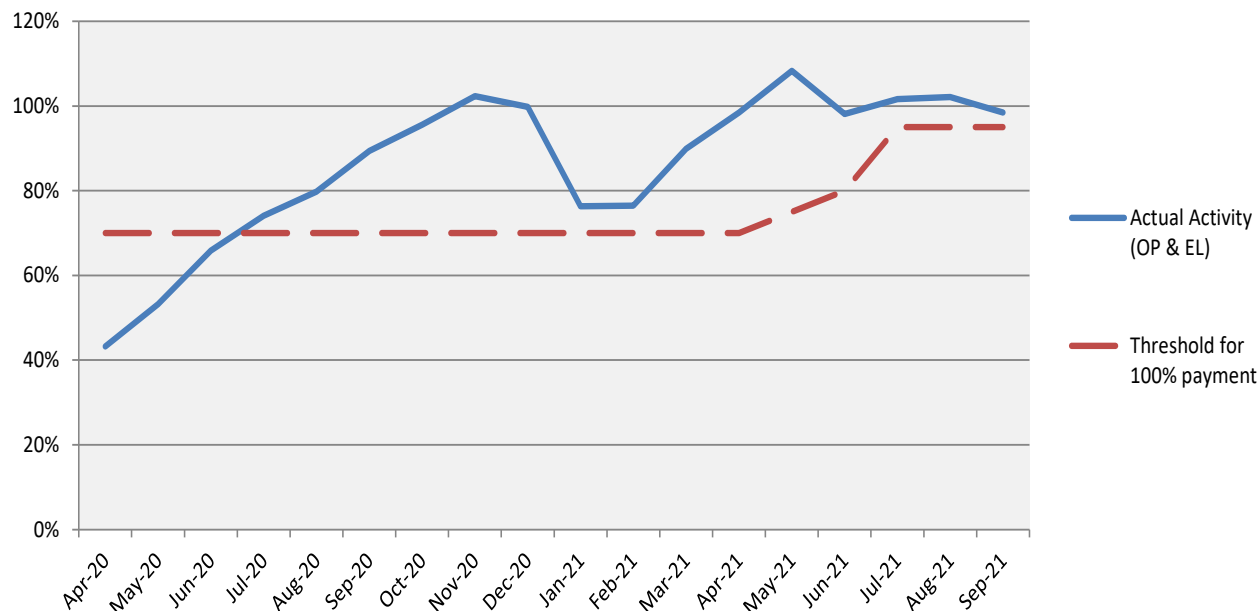
H1 ERF Achievement	Activity based - Elective/Daycase/Outpatients (£'000)				ERF Top-up		
Month	**Baseline**	**Actuals**	**Variance**	**%**	**100% Top Up**	**20% Top Up**	**Total**
Apr-21	£ 18,771	£ 18,481	-£ 290	98%	£ 5,342	£ 505	£ 5,847
May-21	£ 18,276	£ 19,796	£ 1,520	108%	£ 6,089	£ 852	£ 6,942
Jun-21	£ 21,464	£ 21,059	-£ 405	98%	£ 3,888	£ 563	£ 4,451
Jul-21	£ 20,780	£ 21,118	£ 338	102%	£ 1,377	£ 68	£ 1,445
Aug-21	£ 18,340	£ 18,729	£ 389	102%	£ 1,307	£ 77	£ 1,384
Sep-21	£ 20,089	£ 19,783	-£ 306	98%	£ 699	£ -	£ 699
H1 Total	£ 117,719	£ 118,966	£ 1,247	101%	£ 18,702	£ 2,066	£ 20,767

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Elective Recovery Fund 21/22

For the second half of 21/22 the Elective Recovery Framework rules changed to be based on RTT performance.

In order to give confidence to invest, bids for pump-priming funding investment up-front were requested. UHS schemes totalling £12m were originally accepted and funded. A further £2.25m has also now been agreed so H2 ERF funding totals £14.25m.

RTT performance is still being monitored for completeness. Performance for October and November are based on submitted data. December performance is provisional and subject to further validation prior to submission. YTD it is estimated that £3.9m would be achieved via this mechanism however it would also be dependent on system achievement. This is £3.2m below the £7.1m payment that the trust has received via the agreed ERF block for H2.

Elective Recovery Fund H2 2021/22

| | RTT target |
| | RTT performance |
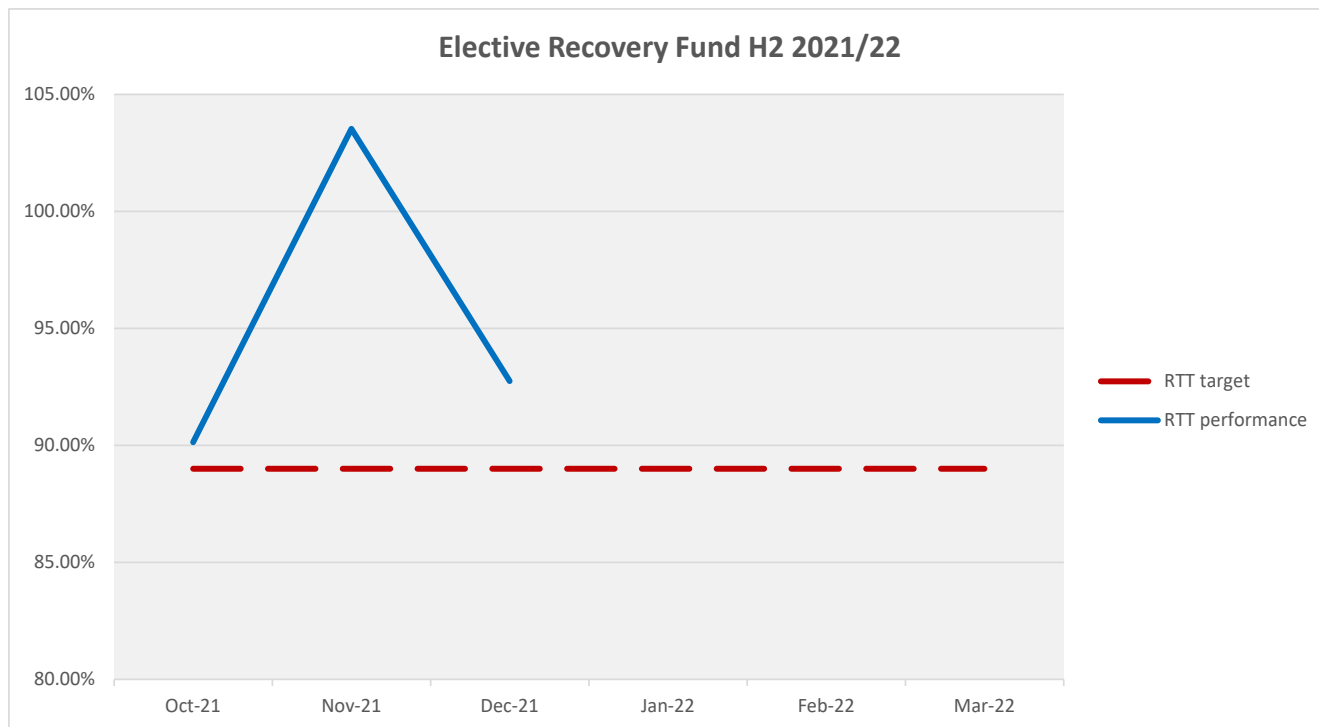
H2 ERF Achievement	RTT based - Elective/Daycase/Outpatients				ERF Top-up		
Month	**Baseline**	**RTT target**	**RTT performance**	**Performance**	**100% Top Up**	**20% Top Up**	**Total**
Oct-21	£ 19,791	89.00%	90.14%	*1.14%*	£ 225	£ -	£ 225
Nov-21	£ 20,531	89.00%	103.53%	*14.53%*	£ 2,984	£ 391	£ 3,375
Dec-21	£ 19,350	89.00%	92.75%	*3.75%*	£ 726	£ -	£ 726
Jan-22	£ 18,580			*0.00%*	£ -	£ -	£ -
Feb-22	£ 19,436			*0.00%*	£ -	£ -	£ -
Mar-22	£ 22,571			*0.00%*	£ -	£ -	£ -
H2 Total	£ 120,260				£ 3,935	£ 391	£ 4,326

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Substantive Pay Costs

Total pay expenditure in December was £52.3m. This was £0.9m lower than November. This was mainly driven by a decrease in agency costs (£0.5m) in addition to reductions as a result of reduced extra sessions over the Christmas period. Covid related pay costs increased due to inpatient covid activity increasing across both ICU and wards. Total pay spend was marginally favourable to budget overall (£0.3m favourable).

Pay costs remain in excess of that seen last year prior to the second covid wave as the organisation continues to drive recovery and support an increased number of covid patients. 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. Substantive recruitment challenges may supress this however.

Total Pay

Substantive Pay

Substantive Pay

12

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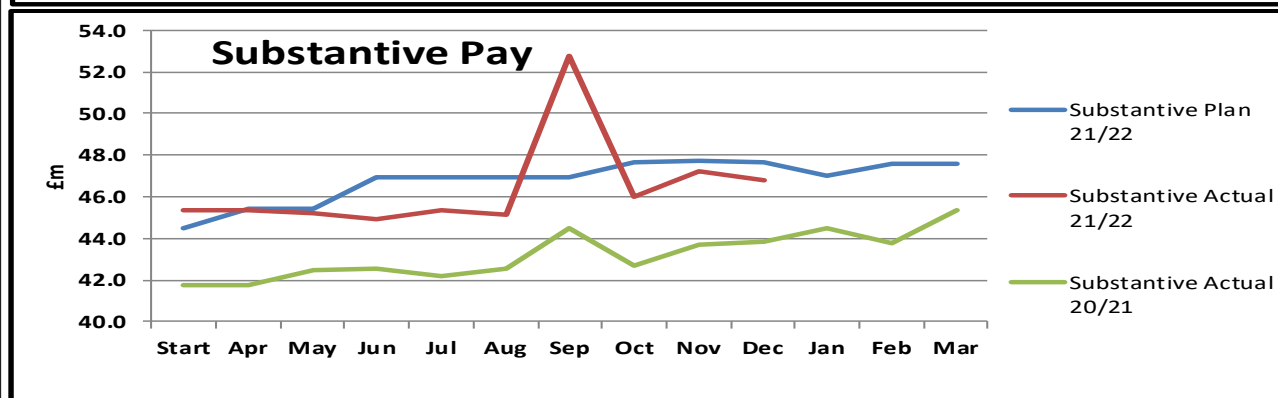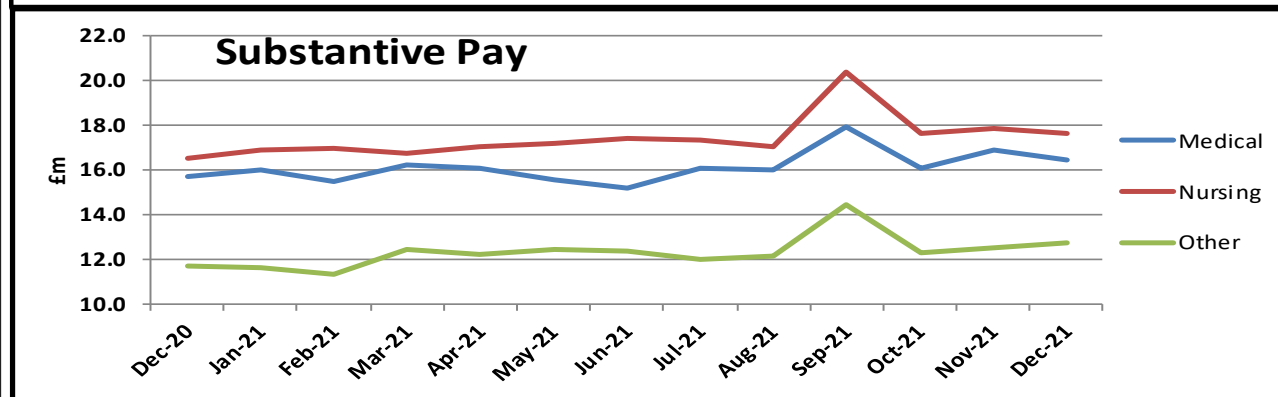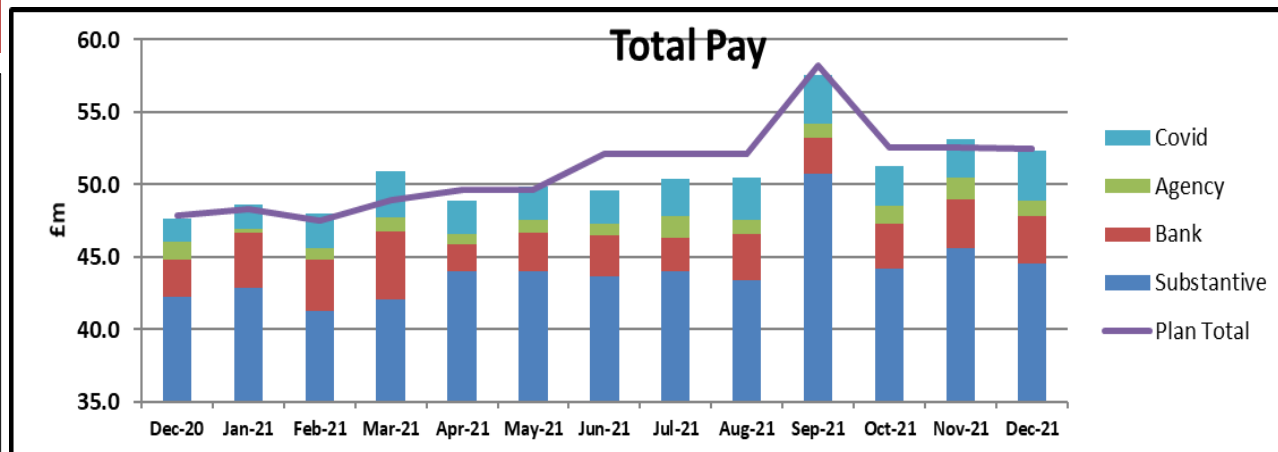
Temporary Staff Costs

Agency spend has decreased month on month by £0.5m. The decrease in nursing staff costs (£0.4m) was driven by the challenge of booking agency nurses over the Christmas period and a decrease in agency spend in the vaccine hub (£120k down on M8). Other staff groups were flat month on month.

Expenditure on bank staff has increased slightly month on month (£0.1m) but within this registered nursing spend decreased by £155k month on month but spend on admin and estates bank staff increased by £143k with smaller increases month on month in the other staff groups. Admin and estates spend increased across all areas of the Trust with £45k of the increase being in the Vaccination Hub.

2021/22 Agency Total Spend

2021/22 Bank Total Spend
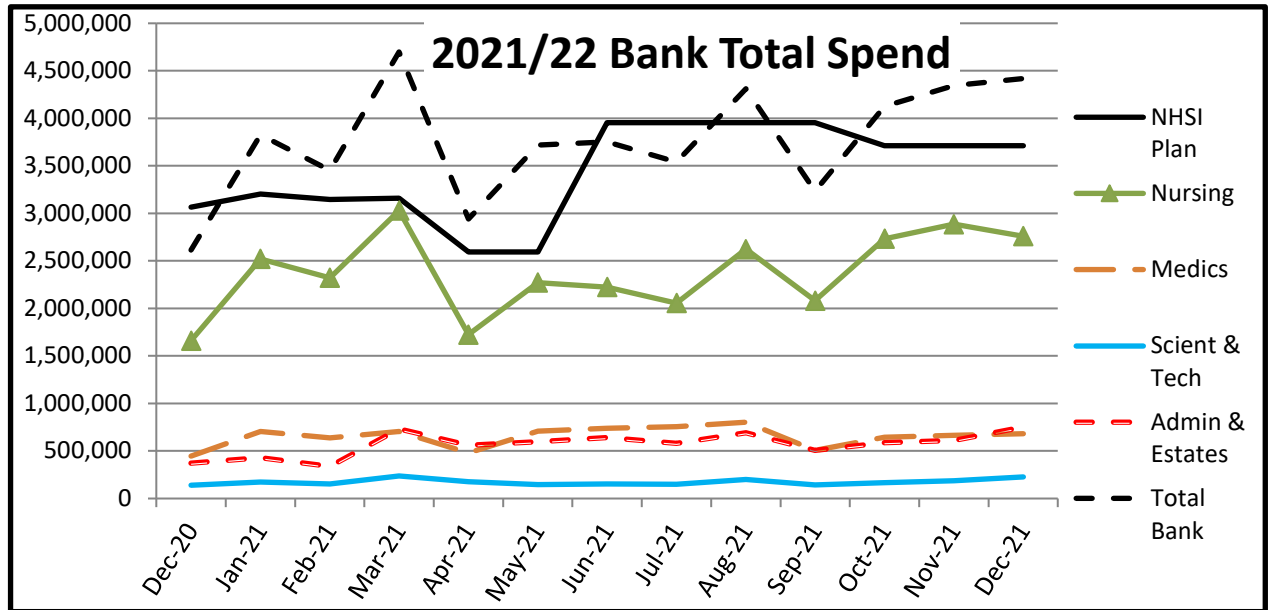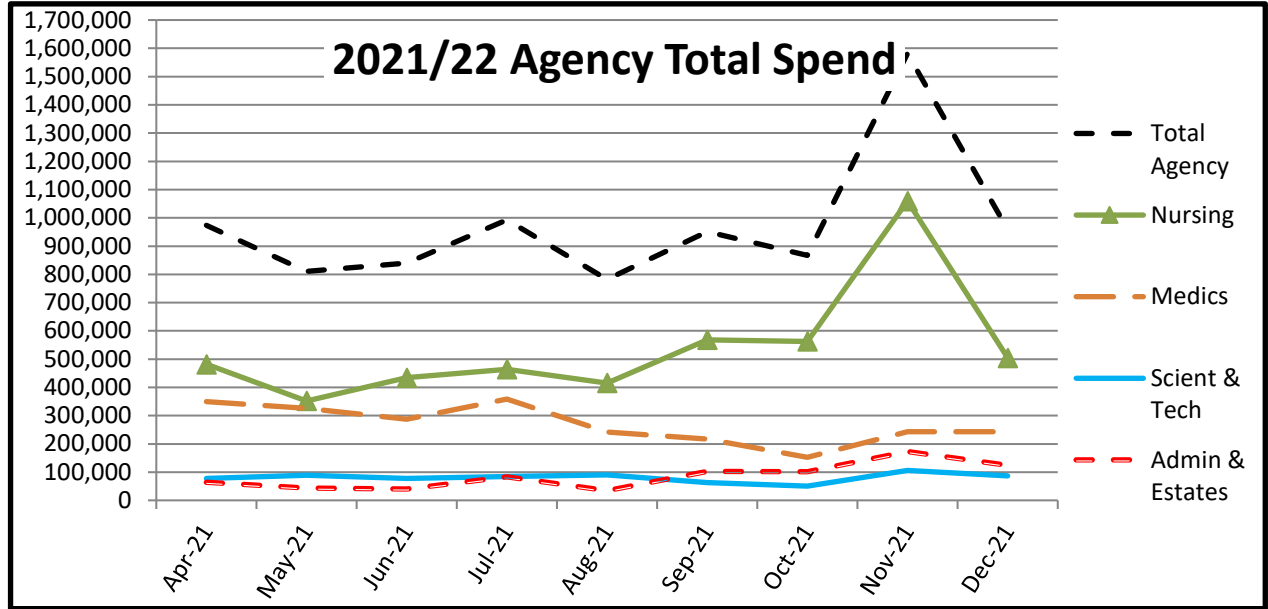
Cash

The cash balance increased in December to £134.5m mainly due to an increase in receivables and a reduction in payables analysed in the movements on the Statement of Financial Position.

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. Additionally the timing of external capital funding is likely to create volatility in Q4.

A gradual reduction is expected over the next two years as capital expenditure plans exceed depreciation. A slow downward trajectory is therefore forecast.

Cash Position

Legend: Actual — Minimum Cash Holding

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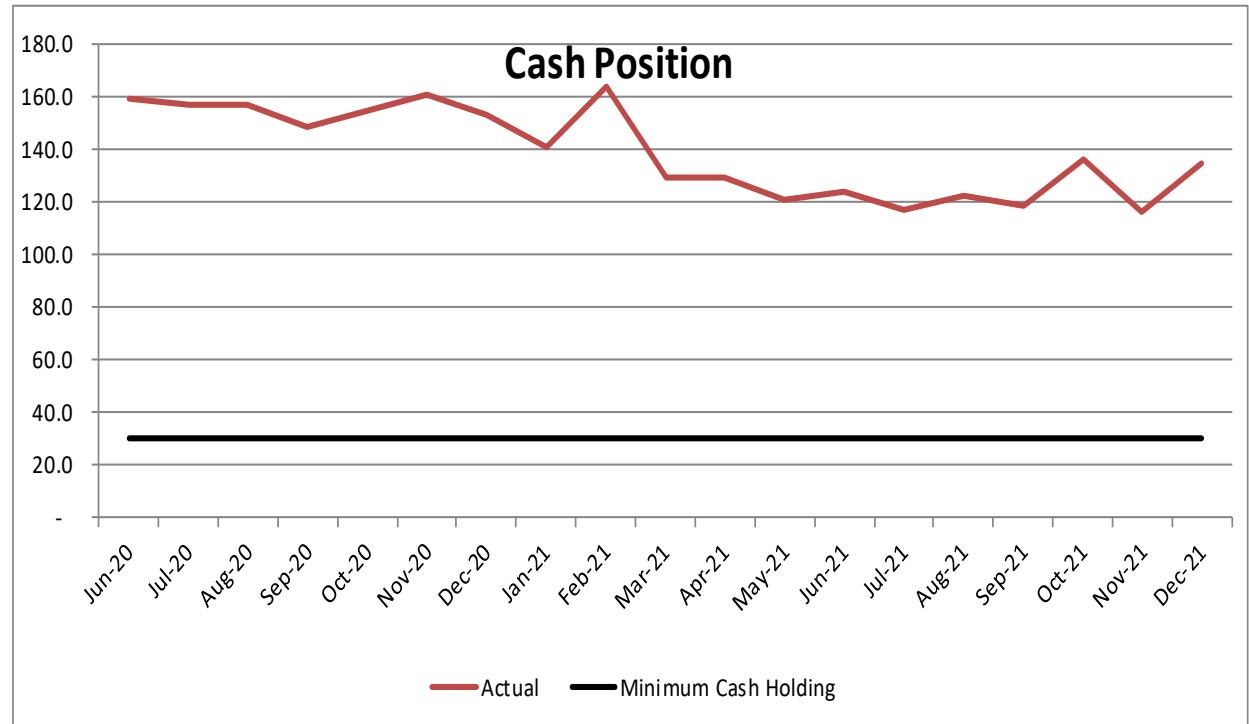
Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on internally funded capital schemes is £32.8m YTD against a budget of £36.2m, £3.4m below plan.

Total expenditure in M9 was £2.9m, with notable spends in Strategic Maintenance (£0.8m), the Information Technology Programme (£0.8m) and Equipment Leases (£0.4m). Low spend was forecast due to the Christmas break for many contractors impacting estates activity.

In order to deliver the annual plan spend of £5.7m per month is required. Monitoring of progress is being increased in the final quarter to make sure all risks are understood and any mitigations explored.

Internally Funded Schemes	Month Plan £000's	Month Actual £000's	Month Var £000's	Year to Date Plan £000's	Year to Date Actual £000's	Year to Date Var £000's	Full Year (Forecast) Plan £000's	Full Year (Forecast) Actual £000's	Full Year (Forecast) Var £000's
Fit out of E level. Vertical Extension - Theatres	0	61	(61)	11,941	10,135	1,806	11,941	10,520	1,421
Strategic Maintenance	773	774	(1)	3,865	2,327	1,538	6,183	6,067	116
ED Expansion and Refurbishment	0	244	(244)	5,791	6,098	(307)	5,791	6,192	(401)
Information Technology Programme	500	769	(269)	3,000	3,143	(143)	5,000	5,000	0
Wards	600	9	591	1,800	29	1,771	4,000	16	3,984
Ophthalmology OPD	0	1	(1)	3,303	2,919	384	3,303	2,942	361
Maternity Induction Suite	233	0	233	699	6	693	2,000	26	1,974
Pathology Digitisation	117	25	92	705	266	439	1,171	1,055	116
Medical Equipment	125	16	109	625	1,088	(463)	1,000	2,016	(1,016)
NICU Pendants	0	0	0	896	4	892	896	337	559
Oncology Ward	0	2	(2)	861	598	263	861	691	170
Decorative / Environment Improvements	63	0	63	315	0	315	500	50	450
Side Rooms	0	(0)	0	490	525	(35)	490	551	(61)
IMRI	100	0	100	100	0	100	0	2,115	(2,115)
Other Projects / Donated Equipment	193	638	(445)	1,990	3,069	(1,079)	3,060	3,214	(154)
Slippage	(316)	0	(316)	(4,084)	0	(4,084)	(5,035)	0	(5,035)
Total Trust Funded Capital excl Finance Leases	**2,388**	**2,539**	**(151)**	**32,297**	**30,208**	**2,089**	**41,161**	**40,792**	**369**
Finance Leases - IISS	100	0	100	1,530	374	1,156	5,230	2,074	3,156
Finance Leases - MEP	275	67	208	1,375	672	703	2,200	1,183	1,017
Finance Leases - Equipment	491	474	17	2,048	2,482	(434)	3,141	4,674	(1,533)
Finance Leases - Adanac Park	0	0	0	0	0	0	0	3,500	(3,500)
Donated Income	(246)	(219)	(27)	(1,066)	(822)	(244)	(1,921)	(2,315)	394
Total Trust Funded Capital Expenditure	**3,008**	**2,861**	**147**	**36,184**	**32,914**	**3,270**	**49,811**	**49,908**	**(97)**
Profit on Disposal	0	0	0	0	(97)	97	0	(97)	97
Total Including Technical Adjustments	**3,008**	**2,861**	**147**	**36,184**	**32,817**	**3,367**	**49,811**	**49,811**	**0**

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Capital Expenditure

(Fav Variance) / Adv Variance

The trust has secured £12.6m of external funding to add to the internal budget of £49.8m. The trust is forecasting to spend all of this funding this financial year.

In total therefore a further £27.1m of expenditure is required across Q4, mostly in the areas of Strategic Maintenance, Information Technology and Equipment, with plans in place to achieve this.

Externally Funded Schemes	Month			Year to Date			Full Year (Forecast)		
	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
Accelerator Funded Equipment	0	29	(29)	0	282	(282)	0	460	(460)
Fit out of E level. Vertical Extension - Theatres	0	0	0	700	700	0	700	700	0
Maternity Care System (Wave 3 STP)	192	23	169	1,152	1,275	(123)	1,917	1,917	0
Digital Outpatients (Wave 3 STP)	81	21	60	489	146	343	814	814	0
LIMS Digital Enhancement	38	126	(88)	342	126	216	455	923	(468)
RAAC Planking	0	0	0	0	25	(25)	0	25	(25)
Community Diagnostic Hub	0	0	0	0	0	0	0	1,578	(1,578)
Radiology Home Reporting	0	0	0	0	0	0	0	480	(480)
Pathology Digitisation	0	0	0	0	0	0	0	809	(809)
Cardiology Outpatients	0	0	0	0	0	0	0	620	(620)
Critical Care Equipment	0	0	0	0	0	0	0	310	(310)
Information Technology Programme	0	0	0	0	0	0	0	1,980	(1,980)
Surface Guided Radiotherapy	0	0	0	0	0	0	0	1,130	(1,130)
TRE Research Project	0	0	0	0	0	0	0	499	(499)
Cyber Security	0	0	0	0	0	0	0	60	(60)
Diagnostic Academy	0	0	0	0	0	0	0	322	(322)
Total CDEL Expenditure	**311**	**200**	**111**	**2,683**	**2,555**	**128**	**3,886**	**12,627**	**(8,741)**
Total CDEL Expenditure	**3,319**	**3,060**	**259**	**38,867**	**35,372**	**3,495**	**53,697**	**62,438**	**(8,741)**

University Hospital Southampton **NHS**

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Statement of Financial Position

(Fav Variance) / Adv Variance

The December statement of financial position illustrates net assets of £440.9m, with the main movements in the position explained below.

The £2.8m decrease in receivables is driven by a reduction in Chilworth outstanding amounts.

The £18.7m increase in payables in driven by a £6m increase in NHSP accruals and increases of in £1m Serco, £1m Veolia and £1m Service Charge Framework payables due to energy costs increasing rapidly plus a £3m increase in drug accruals. £7m of income was also deferred in regard to Rapid Diagnostic Testing (£1m) and Vaccination study income (£6m). This income will be released in Q4.

The increase in cash of £18.7m can be correlated to the movements in receivables and payables.

Statement of Financial Position	2020/21 YE Actuals £m	2021/22 M8 Act £m	2021/22 M9 Act £m	MoM Movement £m
Fixed Assets	419.4	433.2	434.9	1.7
Inventories	14.7	18.2	19.5	1.2
Receivables	67.4	74.6	71.8	(2.8)
Cash	129.0	115.8	134.5	18.7
Payables	(171.6)	(190.4)	(209.1)	(18.7)
Current Loan	(2.7)	(2.0)	(2.0)	0.0
Current PFI and Leases	(9.0)	(8.8)	(8.7)	0.0
Net Assets	**447.2**	**440.7**	**440.9**	**0.1**
Non Current Liabilities	(18.3)	(18.0)	(17.8)	0.1
Non Current Loan	(8.5)	(7.2)	(7.0)	0.3
Non Current PFI and Leases	(36.3)	(32.9)	(32.2)	0.7
Total Assets Employed	**384.0**	**382.6**	**383.9**	**1.2**
Public Dividend Capital	246.0	247.4	247.4	0.0
Retained Earnings	114.0	111.3	112.5	1.2
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**	**382.6**	**383.9**	**1.2**

Value for Money

Prior to a request for an additional efficiency of £5.5m as part of the 21/22 H2 plan, UHS had identified sufficient CIP schemes to achieve the agreed target of £5.5m.

At M9, UHS is on track to deliver a full year value between £5.5m and £6.5m.

To the end of M9, £3.8m of benefit has been transacted (£1.8m of which are recurrent) compared to £2.9m in M8.

The PMO continues to work with corporate teams to identify further opportunities for delivery in 21/22:
- In Commercial services, where there may be income opportunities above the current plan value in relation to 2021/22 private patient activity
- In Procurement, where there may be opportunities not yet identified on CIP schedules that may enable further cost reductions to be achieved.

CIP Delivery vs Identification M9
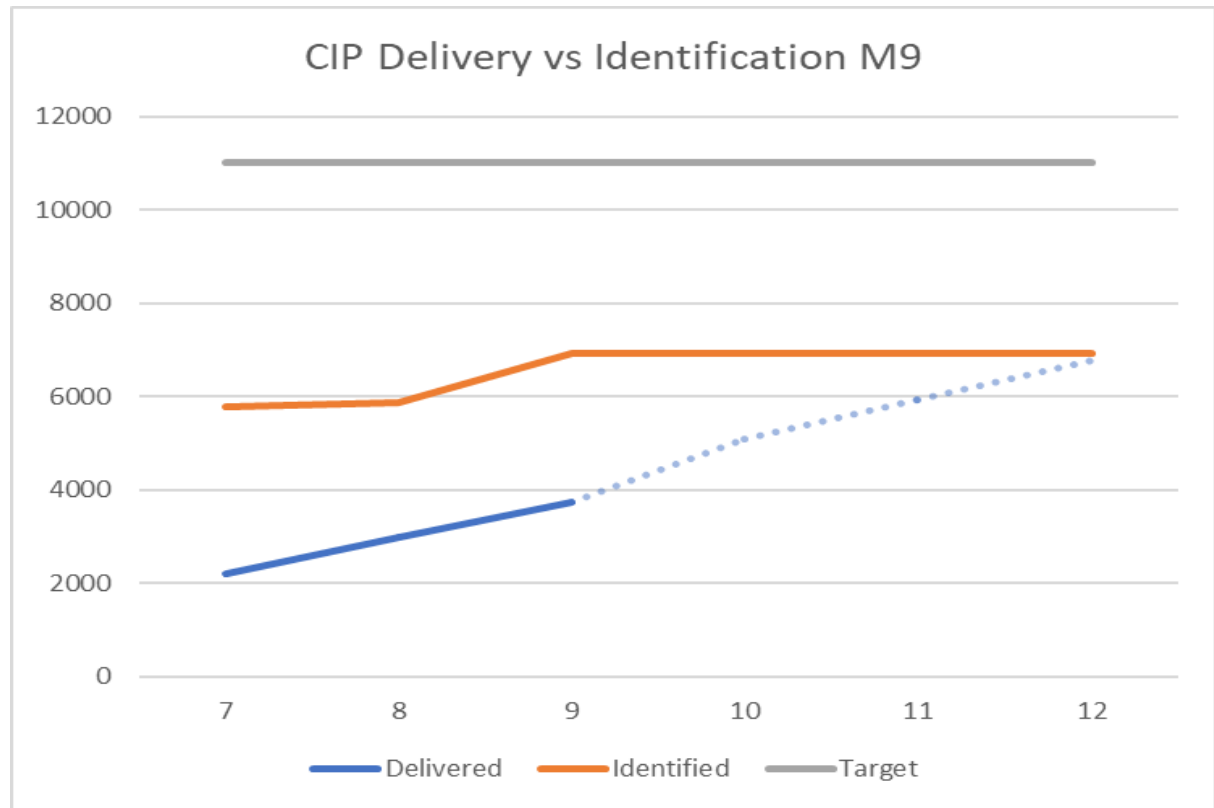
Key: dotted blue line indicates forecast of delivery for M9-12, based on current identified schemes and planned delivery by start date.

Report to the Trust Board of Directors

Title:	**Learning from Deaths 2021/22 Quarter 2 Report**
Agenda item:	**5.7**
Sponsor:	**Paul Grundy, Chief Medical Officer**
Authors:	**Ellis Banfield, Associate Director of Patient Experience; Debbie Watson, Head of Patient & Family Relations**
Date:	**27 January 2022**

Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information**
	x	**x**		

Issue to be addressed:	This report ensures that mortality reporting in relation to deaths, reviews, investigations, and learning is regularly provided to the board. The report also provides an update on the development and effectiveness of the medical examiner service.
Response to the issue:	**Activity** • Q2 deaths have increased from Q1 and compared to year-on-year figures • The trust currently runs a low hospital standardised mortality ratio, suggesting a low level of avoidable deaths. **Reviews** • Just over 50 deaths were referred by the medical examiner service for further mortality review. • 99.9% of deaths reviewed were found to be 'definitely not avoidable' • Staff absences have impacted capacity to undertake LeDeR reviews and the patient safety team are working on reviewing backlogged cases. **Challenges** • As identified in previous reports, it has proved challenging to coordinate and analyse findings from all the mortality review groups across the trust. A proposal is identified in this paper to improve governance around learning from deaths. • Operational pressures have meant that achieving the 3-day target of MCCD to Registrar has been challenging. **Medical examiners** • Progress is underway in expanding the service to cover community deaths. 5 new medical examiner officers have been recruited as well as increasing the number of consultant medical examiners to 15 – the biggest group the service has had. • The service has begun scrutiny of hospice deaths and plan to begin deaths from community NHS services in Q4.

	Governance
	• Coordination of Trust mortality review groups has proven challenging with no dedicated resource available to ensure appropriate sharing and escalating of learning, nor capacity to undertake thorough data analysis and reporting.
	• Resource has been made available for a mortality data analyst and coordinator post to improve the collection and analysis of mortality data and ensure improved connection between the different groups.
	• In section 4 of this report, an outline proposal for an amended governance and reporting structure is proposed, providing clear routes of escalation, discussion, and shared learning between mortality reviews. The new learning from deaths steering group will directly shape the information provided in this report and enable greater analysis and assurance to be provided.
	• The board is asked to support this plan
Implications:	The National Guidance on Learning from Deaths sets out expectations that: *Boards must ensure robust systems are in place for recognising, reporting, reviewing, or investigating deaths and learning from avoidable deaths that are contributed to by lapses in care. Providers should ensure such activities are adequately resourced.* This paper sets out a plan to meet these requirements more fully.
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 assurance and approval.

1. Introduction

IMEG was started in the trust in September 2014 and scrutinised all inpatient deaths. Since then, the service has transitioned into the Medical Examiner Service, working to national guidelines, requirements, and expectations. 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 a clinical 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. If any further questions arise from the scrutiny or a potential issue is picked up the case will then be sent for an 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.

2. Analysis and Discussion

2.1 Total Deaths

Having seen a lower number of Q1 deaths compared to the previous two years, Q2 deaths have increased year-on-year as the table below illustrates:

Quarter	2021-2022	2020-2021	2019-2020
Q1	504	564	606
Q2	567	511	541
Q3		529	589
Q4		634	620
Total		2,234	2,356

2.2 Mortality Reviews

In addition to medical examiner scrutiny other additional or more detailed levels of scrutiny may be applied. Some review processes are subject to national guidelines and directives such as the reviews for learning disability, paediatric and neonatal deaths. 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.

The table below lists the total number of case referrals from the medical examiner service into the additional and more detailed scrutiny groups:

Quarter	M&M	TMRG	Scoping	Paediatric	Neonates	LeDeR
Q1	28	16	9	10	5	2
Q2	28	15	5	-	-	3
Q3	25	10	4	-	-	4
Q4						
Total						

As the table makes clear, in addition to Medical Examiner scrutiny, Q2 saw:

- 28 were sent to sub-speciality Morbidity and Mortality groups (M&M) for further clarification / questions
- 15 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
- 5 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
- At time of writing we did not have the number of paediatric and neonatal referrals

The reviewing medical examiner also deferred questions over potential hospital acquired Covid-19 deaths to the infection control team.

Most 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 to assess quality and avoidability.

The table below outlines outcomes from TMQG:

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			2
6. Definitely not avoidable	472	490			472
Quality of care					
1. Very Poor					
2. Poor care					
3. Adequate Care		2			
4. Good Care	474	491			474
5. Excellent Care		2			
Not yet reviewed yet	15				15

Deaths are also reviewed through 53 different subspecialty Morbidity and Mortality (M&M) meetings currently known of at the Trust. One currently concern is that there is limited communication of learning from M&M meetings shared within and across the Trust. A proposed new learning from deaths governance structure is outlined in section 4 below.

2.3 Learning disability deaths

There has been challenges over the past 6 months in arranging LeDeR reviews to identify areas of potential learning and improvement in cases of learning disability deaths. The Head of Patient Safety is currently working with a new lead reviewer to work through the existing backlog of cases thoroughly.

2.4 Paediatric and neonatal mortality review

Paediatric and Neonatal deaths receive established rigorous scrutiny through other nationally mandated mortality review processes.

Q2 has seen 5 Paediatric deaths, all of these have been scored 4 or 5 on our six-point scale, suggesting either appropriate care or that there were minor areas where care delivery could have been improved through changes in systems or processes but that 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.

The table below details outcomes from child death and deterioration group mortality review:

	Q1	Q2	Q3	Q4	Total
Paediatric Deaths	10	5			15
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	1			3
5. Appropriate / adequate care provided	5	4			9
6. Better than adequate (good/excellent) care provided	3				3
Unscored					

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 Trust continues to perform strongly as evidenced by the graph below. The trust currently runs a low hospital standardised

mortality ratio, suggesting a low level of avoidable deaths. This has progressively fallen over the last seven years.

The graph below shows hospital standardised mortality ratio up to October 2021:

Diagnoses | Mortality (in-hospital) | History (Apr 2017 to most recent) | Trend (rolling 12 months)
Period: Rolling 12 months
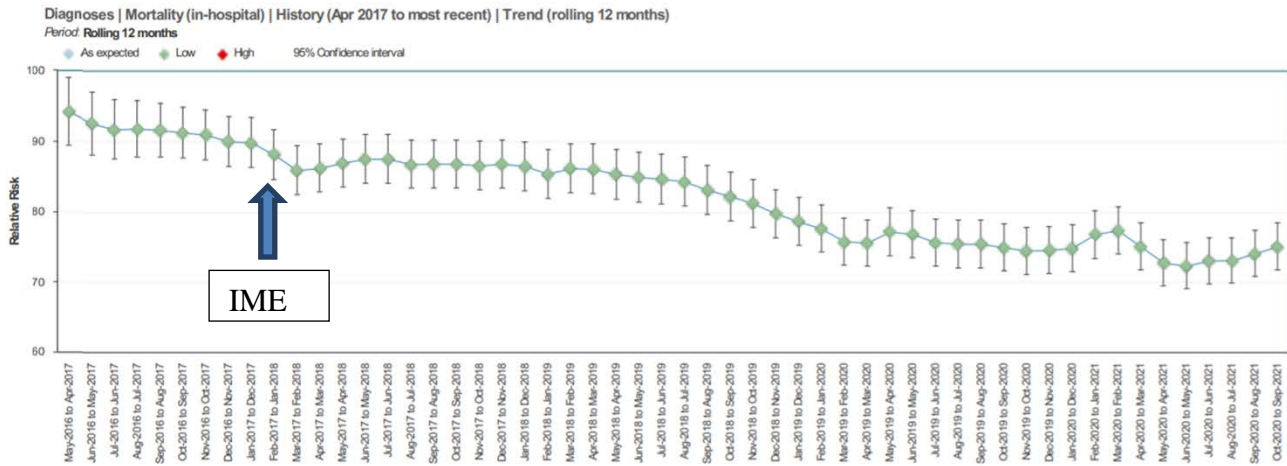
3. Medical Examiner Service Update

3.1   The Medical Examiner Service has expanded to include 15 consultant-level medical examiners covering a 1.9wte time allocation, 5 medical examiner officers, and one administrator. This staffing increase is part of the service expansion to include scrutiny of all non-coronial deaths in Southampton and the surrounding region. Scrutiny of hospice deaths has already begun.

3.2   From April 2022, the service will start reviewing deaths referred in from community NHS organisations and pilot a referral process for primary care. Once the medical examiner service is established on a statutory basis, all primary care networks will be required to refer non-coronial deaths into the medical examiner service. This will more than double the number of deaths the service scrutinises, with 5500 deaths forecasted to be reviewed each year.

3.3   The Medical Examiners Service is directly accountable to the National Medical Examiner, with UHS acting as the host organisation responsible for ensuring the service develops in line with national guidance and regulations. Since the last quarterly report operational responsibility for the service has been moved to the Trust's Experience of Care Team.

3.4   The team are currently developing an eQUEST referral process to ensure timely and effective scrutiny of deaths. Discussions are being had with local NHS partners to establish effective referral processes across all organisations.

3.5   The service is currently seeing an increase in referrals to the coroner and the associated administration involved due to a change in expectation related to the reporting of falls. Additionally, the team is struggling to achieve a 3-day target of MCCDs to the Registrar due to the increased operational pressure on clinical teams.

3.6   The service has been selected to pilot the new national medical examiner system, with more details to be available in 2022.

4. Proposed new Learning from Deaths governance structure

4.1   As identified in the previous learning from deaths report, the coordination and integration of the different mortality review processes within the Trust is challenging and opportunities for wider learning and dissemination are not maximised.

4.2   A key component of this challenge is improving data collection from the different mortality review processes and making broader links between reviews to enable proper learning to be identified.

4.3   The Associate Director of Patient Experience and Head of Patient Safety have identified opportunities to improve the integration of the different groups and processes to both share and escalate learning and deliver improvements to this report.

4.4   Resource has been provided to recruit to a mortality data analyst & coordinator post that will both function as a primary mortality analyst across the processes and coordinate mortality review meetings. The post will sit within the medical examiners service.

4.5   Departures from and absences within the medical examiner service have highlighted dependencies on key individuals in the delivery of functions such as the trust mortality review group (TMRG) and LeDeR reviews. It is proposed to replace TMRG with an integrated learning from deaths steering group that will both fulfil TMRG's structured judgment review function and bring together shared learning from other mortality review processes. The diagram below shows the proposed structure:
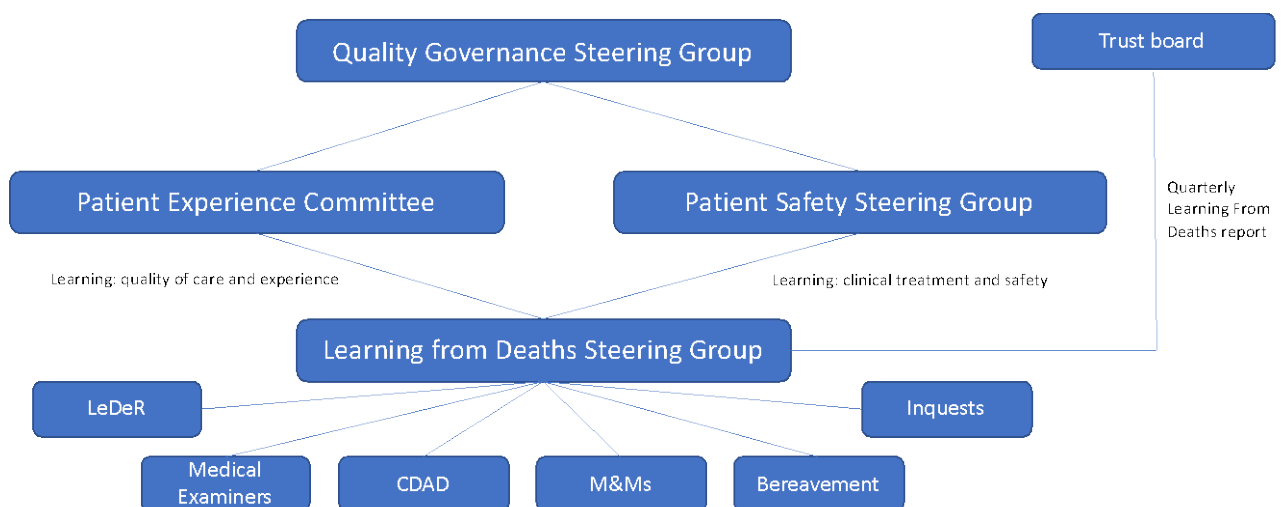
5. Conclusion

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

5.2   Medical examiner service expansion continues to make progress with more medical examiners and medical examiner officers recruited.

5.3   This paper contains a recommendation for an improved governance structure to ensure opportunities for learning, sharing, and escalation are maximised.

6. Recommendation

The Board is asked to note current position, be assured of the continued development of the medical examiners service and support the proposals to improve learning from deaths.

Report to the Trust Board of Directors

Title:	Register of Seals and Chair's Actions
Agenda item:	6.2
Sponsor:	Peter Hollins, Trust Chair
Date:	27 January 2022

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 action has 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 action.

1   Signing and Sealing

1.1 **Agreement** executed as a deed between University Hospital Southampton NHS Foundation Trust and BAM Construction Limited relating to the emergency department extension consisting of refurbishment of existing majors and a new auxiliary space under the NHS ProCure22 construction procurement framework. The business case for these expansion works was previously approved by the Board. Seal number 240 on 17 December 2021.

2   Chair's Actions

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

2.1 **Single Tender Action for additional MRI capacity** to Alliance Medical Ltd from November 2021 to March 2022 at a cost of £500,000 excluding VAT. This consists of a mobile unit at Southampton General Hospital and a modular unit at Royal South Hants Hospital. This additional external capacity is required to continue 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. A business case to replace and expand the Trust's current MRI capacity was approved by the Board in September 2021. Approved by the Chair on 20 December 2021.

3   Recommendation

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

Report to the **Trust Board of Directors**			
Title:	**Audit and Risk Committee Terms of Reference**		
Agenda item:	6.3		
Sponsor:	**Peter Hollins, Trust Chair**		
Author:	**Karen Flaherty, Associate Director of Corporate Affairs and Company Secretary**		
Date:	**27 January 2022**		
Purpose	**Assurance or reassurance**	**Approval** **X**	**Ratification**	**Information**
Issue to be addressed:	The terms of reference for all Board committees should be reviewed regularly, and at least once annually, to ensure that these reflect the purpose and activities of each committee. The NHS Foundation Trust Code of Governance also requires that the Council of Governors is consulted on the terms of reference for the Audit and Risk Committee, which will take place at the Council of Governors' meeting on 26 January 2022.		
Response to the issue:	Only minor changes of a typographical nature are proposed to the terms of reference as shown in the attached version. The terms of reference have been reviewed by the Audit and Risk Committee.		
Implications: (Clinical, Organisational, Governance, Legal?)	The terms of reference ensure that the purpose and activities of the Audit and Risk Committee are clear and support transparency and accountability in the performance of its role and comply with The NHS Foundation Trust Code of Governance.		
Risks: (Top 3) of carrying out the change / or not:	1. Non-compliance with the National Health Service Act 2006, The NHS Foundation Trust Code of Governance and the Trust's constitution relating to the composition of Board committees. 2. Non-compliance with the Trust's standing financial instructions and policies relating to the specific responsibilities of the Audit and Risk Committee. 3. The Board of Directors and the Audit and Risk Committee may not function as effectively without terms of reference in place.		
Summary: Conclusion and/or recommendation	The Board of Directors is asked to approve the revised terms of reference. The terms of reference have been reviewed by the Audit and Risk Committee and these are recommended for approval.		

University Hospital Southampton NHS Foundation Trust

Audit and Risk Committee Terms of Reference	**Version:**	34
Date Issued:	2827 January 20212022	
Review Date:	January 20222023	
Document Type:	Committee Terms of Reference	

Document Status
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

1. Role and Purpose

1.1 The Audit and Risk Committee (the **Committee**) is responsible for overseeing, monitoring and reviewing corporate reporting, the adequacy and effectiveness of the governance, risk management and internal control framework and systems and areas of legal and regulatory compliance at University Hospital Southampton NHS Foundation Trust (**UHS** or the **Trust**) and the external and internal audit functions.

1.2 The Committee provides the board of directors of the Trust (the **Board**) with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities both generally and in support of the annual governance statement.

1.3 The duties and responsibilities of the Committee are more fully described in paragraph 7 below.

2. Constitution

2.1 The Committee has been established by the Board. The Committee has no executive powers other than those set out in these terms of reference. It is supported in its work by other committees established by the Board as shown in Appendix A.

2.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to cooperate with any request made by the Committee.

2.3 In carrying out its role the Committee will primarily utilise the work of internal audit, external audit and other assurance functions. It is also authorised to seek reports and assurance from executive directors and managers and will maintain effective relationships with the chairs of other Board committees to understand their processes of assurance and links with the work of the Committee.

2.4 The Committee is authorised to obtain external legal or other independent professional advice if it considers this necessary, taking into consideration any issues of confidentiality and the Trust's standing financial instructions.

3. Membership

3.1 The members of the Committee will be appointed by the Board and will be independent non-executive directors of the Trust (other than the chair of the Board). The Committee will consist of not less than three members, at least one of whom will have recent and relevant financial experience, ideally with a qualification from one of the professional accountancy bodies.

3.2 The Board will appoint the chair of the Committee from among its members (the **Committee Chair**). The Committee Chair will not be the senior independent director or deputy chair of the Board. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present will elect one of themselves to chair the meeting.

3.3 Only members of the Committee have the right to attend and vote at Committee meetings. However, the following will be invited to attend meetings of the Committee on a regular basis:

3.3.1 representative(s) from the external auditor;

3.3.2 representative(s) from the internal auditor;

3.3.3 representative(s) from the local counter fraud service;

3.3.4   Chief Financial Officer;

3.3.5   Chief Nursing Officer; and

3.3.6   Associate Director of Corporate Affairs/Company Secretary.

3.4   The Chief Executive Officer will be invited to attend meetings of the Committee, at least annually, to discuss with the Committee the process for assurance that supports the annual governance statement.

3.5   Other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary, particularly when the Committee is considering areas of risk or operation that are the responsibility of a particular executive director or manager.

3.6   Governors may be invited to attend meetings of the Committee.

4.   Attendance and Quorum

4.1   Members should aim to attend every meeting and should attend a minimum of 75% of meetings held in each financial year. Where a member is unable to attend a meeting they should notify the Committee Chair or Company Secretary in advance.

4.2   The quorum for a meeting will be two members. A duly convened meeting of the Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

4.3   When an executive director or manager is unable to attend a meeting they should appoint a deputy to attend on their behalf.

5.   Frequency of Meetings

5.1   The Committee will meet at least four times each year and otherwise as required.

5.2   At least once each financial year the Committee will meet with representatives of the external and internal auditors without management being present to discuss their remit and any issues arising from their audits.

5.3   Outside of the formal meeting programme, the Committee Chair will maintain a dialogue with key individuals involved in the Trust's governance, including the chair of the Board, the Chief Executive Officer, the Chief Financial Officer, the Chief Nursing Officer, the external audit lead partner and the head of internal audit.

6.   Conduct and Administration of Meetings

6.1   Meetings of the Committee will be convened by the secretary of the Committee at the request of the Committee Chair or any of its members, or at the request of external or internal auditors if they consider it necessary.

6.2   The agenda of items to be discussed at the meeting will be agreed by the Committee Chair with support from the Chief Financial Officer and the Company Secretary. The agenda and supporting papers will be distributed to each member of the Committee and the regular attendees no later than five working days before the date of the meeting. Distribution of any papers after this deadline will require the agreement of the Committee Chair.

6.3   The secretary of the Committee will minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance and any declarations of interest.

6.4   Draft minutes of Committee meetings and a separate record of the actions to be taken forward will be circulated promptly to all members of the Committee. Once approved by

the Committee, minutes will be circulated to all other members of the Board unless it would be inappropriate to do so in the opinion of the Committee Chair.

7. Duties and Responsibilities

The Committee will carry out the duties below for the Trust.

7.1 *Integrated Governance, Risk Management and Internal Control*

7.1.1 The Committee will review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities (clinical and non-clinical), that supports the achievement of the Trust's objectives. In particular, the Committee will review the adequacy and effectiveness of:

7.1.1.1 all risk and control related disclosure statements (in particular the annual governance statement), together with the head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the Board;

7.1.1.2 the underlying assurance processes that indicate the degree of achievement of the Trust's objectives, the effectiveness of the management of principal risks and the appropriateness of annual disclosure statements; and

7.1.1.3 the policies and arrangements for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reviews, reporting and self-certifications, including the NHS Constitution, the Trust's NHS provider licence, registration with the Care Quality Commission and the Trust's constitution, standing orders and standing financial instructions and management of conflicts of interest.

7.2 *Internal Audit*

7.2.1 The Committee will ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Accounting Officer and Board. This will be achieved by:

7.2.1.1 considering the provision of the internal audit service and the costs involved;

7.2.1.2 reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the Trust as identified in any risk assessment;

7.2.1.3 considering the major findings of internal audit work (and the appropriateness and implementation of management responses) and ensuring coordination between the internal and external auditors to optimise audit resources;

7.2.1.4 ensuring the internal audit function is adequately resourced and has appropriate standing within the Trust; and

7.2.1.5 monitoring the effectiveness of internal audit and carrying out an annual review.

7.3 *External Audit*

7.3.1 The Committee will review and monitor the external auditors' integrity, independence and objectivity and the effectiveness of the external audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's response to their work. This will be achieved by:

7.3.1.1 considering the appointment and performance of the external auditors, including providing information and recommendations to the council of governors in connection with the appointment, reappointment and removal of the external auditors in line with criteria agreed by the council of governors and the Committee;

7.3.1.2 discussing and agreeing with the external auditors, before the external audit commences, the nature and scope of the audit as set out in the annual external audit plan;

7.3.1.3 discussing with the external auditors their evaluation of audit risks and assessment of the Trust and the impact on the audit fee;

7.3.1.4 reviewing all external audit reports, including reports addressed to the Board and the council of governors, and any work undertaken outside the annual external audit plan, together with any significant findings and the appropriateness and implementation of management responses; and

7.3.1.5 ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services taking into account relevant ethical guidance.

7.4 *Financial Reporting*

7.4.1 The Committee will monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

7.4.2 The Committee will ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided to the Board.

7.4.3 The Committee will review the annual report and financial statements before these are presented to the Board in order to determine their completeness, objectivity, integrity and accuracy and the letter of representation addressed to the external auditors from the Board. This review will cover but is not limited to:

7.4.3.1 the annual governance statement and other disclosures relevant to the work of the Committee;

7.4.3.2 areas where judgment has been exercised;

7.4.3.3 appropriateness and adherence to accounting policies and practices;

7.4.3.4 explanation of estimates or provisions having material effect and significant variances;

7.4.3.5 the schedule of losses and special payments, which will also be reported on separately during the financial year;

7.4.3.6 any significant adjustments resulting from the audit and unadjusted audit differences; and

7.4.3.7 any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved.

7.5 *Counter Fraud*

7.5.1 The Committee will review the effectiveness of arrangements in place for counter fraud, anti-bribery and corruption to ensure that these meet the NHS Counter Fraud Authority's standards and the outcomes of work in these areas, including reports and updates on the investigation of cases from the local counter fraud service.

7.6 *Raising Concerns/Freedom to Speak Up*

7.6.1 The Committee will review the effectiveness of the arrangements in place for allowing staff and contractors to raise (in confidence) concerns and possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently with appropriate follow-up action and safeguards in place for those who raise concerns.

7.6.2 The Committee will ensure that the Trust's policy reflects the minimum standards for raising concerns set out by NHS Improvement and that the arrangements in place are regularly audited.

8. Accountability and Reporting

8.1 The ~~Chair of the~~ Committee Chair will report to the Board following each meeting, drawing the Board's attention to any matters of significance or where actions or improvements are needed.

8.2 The Committee will report to the Board at least annually on its work in support of the annual governance statement, specifically commenting on:

8.2.1 the fitness for purpose of the board assurance framework;

8.2.2 the completeness and maturity of risk management in the Trust;

8.2.3 the integration of governance arrangements;

8.2.4 the appropriateness of the self-assessment of the effectiveness of the system of internal control and the disclosure of any significant internal control issues in the annual governance statement.

8.3 The Trust's annual report will include a section describing the work of the Committee in discharging its responsibilities including:

8.3.1 the significant issues that the Committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;

8.3.2 an explanation of how the Committee has assessed the effectiveness of the external audit process and the approach taken to the appointment or reappointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and

8.3.3 if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.

9. Review of Terms of Reference and Performance and Effectiveness

9.1 At least once a year the Committee will review its collective performance and its terms of reference. Any proposed changes to the terms of reference will be recommended to the Board for approval in consultation with the council of governors.

10. References

10.1 National Health Service Act 2006

10.2 NHS Foundation Trust Code of Governance

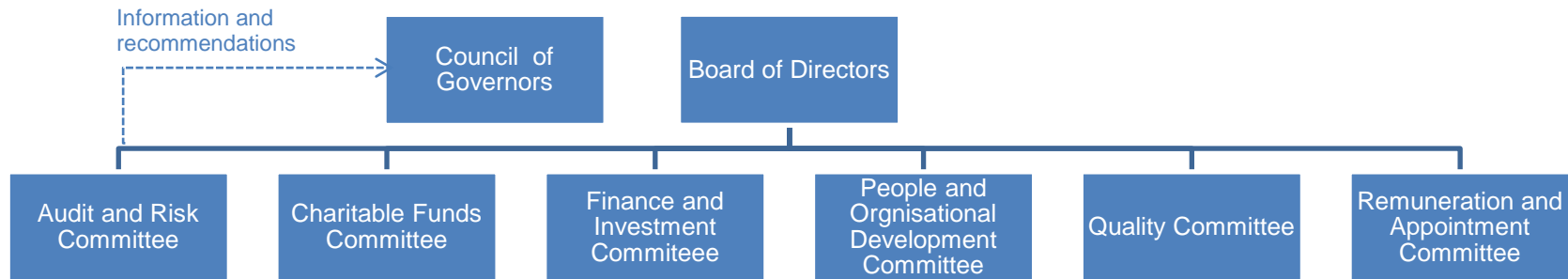10.3 NHS Foundation Trust Annual Reporting Manual

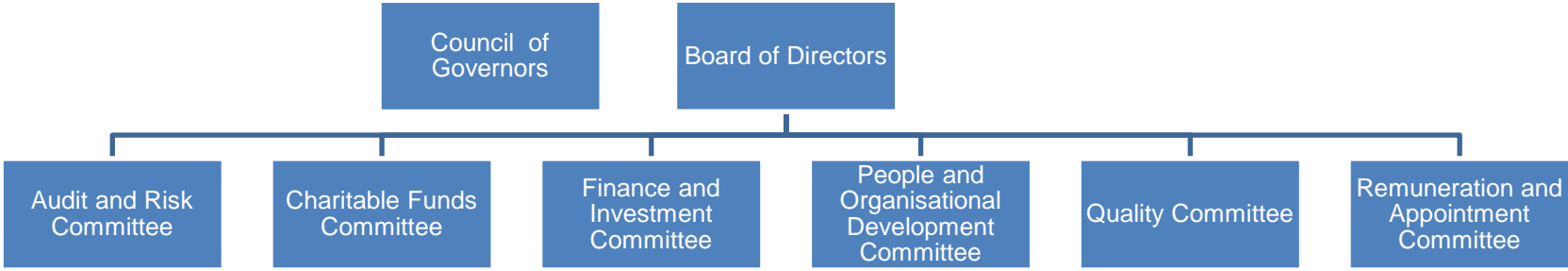10.4 National Audit Office Code of Audit Practice

10.5 Public Sector Internal Audit Standards

10.6 NHS Counter Fraud Authority's counter fraud standards

10.7 NHS Improvement guidance on Freedom to Speak Up

Appendix A

Information and recommendations

Council of Governors

Board of Directors

Audit and Risk Committee

Charitable Funds Committee

Finance and Investment Commiteee

People and Orgnisational Development Committee

Quality Committee

Remuneration and Appointment Committee

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                    │ Governors   │   │                  │
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│   Committee   │ │   Committee    │ │  Investment   │ │ Organisational│ │               │ │  Appointment  │
│               │ │                │ │   Committee   │ │  Development  │ │               │ │   Committee   │
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Document Monitoring Information	
Approval Committee:	Board of Directors
Date of Approval:	~~28~~27 January ~~2021~~2022
Responsible Committee:	Audit and Risk Committee
Monitoring (Section 9) for Completion and Presentation to Approval Committee:	January ~~2022~~2023
Target audience:	Board of Directors, Audit and Risk Committee, NHS Regulators, Staff and Public
Key words:	Audit, Risk, Committee, Board, Terms of Reference
Main areas affected:	Trust-wide
Summary of most recent changes if applicable:	~~Reformatting, attendees~~Minor changes of a typographical nature.
Consultation:	Council of Governors, Internal Audit, External Audit, Counter Fraud
Number of pages:	8
Type of document:	Committee Terms of Reference
Does this document replace or revise an existing document?	Yes
Should this document be made available on the public website?	Yes
Is this document to be published in any other format?	No

Report to the Trust Board of Directors

Title:	**Board Operating Group Terms of Reference**
Agenda item:	**6.4**
Sponsor:	**Peter Hollins, Trust Chair**
Author:	**Karen Flaherty, Associate Director of Corporate Affairs and Company Secretary**
Date:	**27 January 2022**

Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information**
		X		

Issue to be addressed:	The terms of reference for all Board committees should be reviewed regularly, and at least once annually, to ensure that these reflect the purpose and activities of each committee. The terms of reference are approved by the Board of Directors.
Response to the issue:	The review of the terms of reference identified a small number of updates, the most significant of which was to provide an additional description of the non-executive director membership of the Board Operating Group. A draft of the terms of reference showing these changes is attached and has been reviewed by the Board Operating Group.
Implications:	The terms of reference ensure that the purpose and activities of the Board Operating Group are clear and support transparency and accountability in the performance of its role.
Risks:	1. Non-compliance with the Trust's constitution and standing orders of the Board of Directors relating to the governance and composition of Board committees. 2. Absence of robust governance and support arrangements to enable the Board of Directors to respond in a timely fashion during the fast-moving situation of the COVID-19 pandemic. 3. The Board of Directors and the Board Operating Group may not function as effectively or receive the required information and assurance without terms of reference in place.
Summary:	The Board of Directors is asked to approve the revised terms of reference. The terms of reference have been reviewed by the Board Operating Group and these are recommended for approval.

University Hospital Southampton NHS
NHS Foundation Trust

Board Operating Group Terms of Reference		Version:	0.12
Date Issued:	28 27 January 20212022		
Review Date:	March 2021January 2023		
Document Type:	Committee Terms of Reference		

1. Role and Purpose

1.1 The Board Operating Group (the **Group**) has been established to provide a means for the Board of Directors (the **Board**) of University Hospital Southampton NHS Foundation Trust (**UHS** or the **Trust**) to ensure that decisions are made in a timely way with appropriate support for management during the period of the ~~coronavirus~~ COVID-19 pandemic.

1.2 The duties and responsibilities of the Group are more fully described in paragraph 7 below.

2. Constitution

2.1 The Group has been established by the Board. The Group has no executive powers other than those set out in these terms of reference. The Group is expected to operate during the period of the pandemic or successive waves of the pandemic.

2.2 The Group is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to cooperate with any request made by the Group.

2.3 In carrying out its role the Group is authorised to seek reports and assurance from executive directors and managers.

2.4 The Group is authorised to obtain external legal or other independent professional advice if it considers this necessary, taking into consideration any issues of confidentiality and the Trust's standing financial instructions.

3. Membership

3.1 The members of the Group will be appointed by the Board and will be:

3.1.1 the Trust Chair;

3.1.2 three independent non-executive directors of the Trust, preferably the chairs of the Finance and Investment Committee, People and Organisational Development Committee and the Quality Committee of the Board; and

3.1.3 the Chief Executive Officer.

3.2 The Trust Chair will chair the Group (the **Group Chair**). In the absence of the Group Chair and/or an appointed deputy, the remaining members present will elect one of the other non-executive directors to chair the meeting.

3.3 Only members of the Group have the right to attend and vote at Group meetings. However, executive directors will be invited to attend the meeting to present on relevant items within their portfolios.

3.4 Other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary, particularly when the Group is considering areas of risk or operation that are the responsibility of a particular executive director or manager.

4. Attendance and Quorum

4.1 Members should aim to attend every meeting. Where a member is unable to attend a meeting they should notify the Group Chair or Company Secretary in advance.

4.2 The quorum for a meeting will be two non-executive director members and one executive director member. A duly convened meeting of the Group at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Group.

4.3 When an executive director or manager is unable to attend a meeting they should appoint a deputy to attend on their behalf.

5. Frequency of Meetings

5.1 The Group will meet ~~weekly~~ fortnightly and otherwise as required.

6. Conduct and Administration of Meetings

6.1 Meetings of the Group will be convened by the Company Secretary at the request of the Group Chair or any of its members.

6.2 The agenda of items to be discussed at the meeting will be agreed by the Group Chair with support from the Chief Executive Officer and the Company Secretary. The agenda and supporting papers will be distributed to each member of the Group and the regular attendees, no later than two working days before the date of the meeting. Distribution of any papers after this deadline will require the agreement of the Group Chair.

6.3 The Company Secretary will minute the proceedings of all meetings of the Group, including recording the names of those present and in attendance and any declarations of interest.

6.4 Draft minutes of Group meetings and a separate record of the actions to be taken forward will be circulated promptly to all members of the Group. Once approved by the Group, minutes will be circulated to all other members of the Board unless it would be inappropriate to do so in the opinion of the Group Chair.

7. Duties and Responsibilities

7.1 The Group will carry out the duties below for the Trust:

7.1.1 receive updates on key developments within the Trust, including the impact of the pandemic on staff;

7.1.2 discuss, adapt and, where appropriate, adopt policies, processes and procedures for the management of the ~~Covid~~COVID-19 response and demonstrate that these are consistent with sound governance;

7.1.3 give advice and support to the Chief Executive Officer;

7.1.4 consider the information provided by the Chief Executive Officer;

7.1.5 where necessary, seek clarification of the reasons for which relevant individual decisions have been taken or are proposed;

7.1.6 where appropriate request review of such decisions;

7.1.7 confirm and record its support for management decisions where relevant;

7.1.8 consider pending decisions which would normally have been considered by the Board and where they cannot reasonably await the next scheduled Board meeting, the Group will make the decision with delegated authority from the Board to do so;

7.1.9 where decisions are taken report these to the Board without delay;

7.1.10 where decisions can be postponed until the next Board meeting without detriment to patients or staff, act accordingly;

7.1.11 consider the risks associated with any decision or proposed course of action and any plans to mitigate these risk;

7.1.12 ensure that the management team is making adequate preparations for the post pandemic recovery phase; and

7.1.13 consider whether any further actions are required ~~either~~ in respect of staff, or ~~whether to~~ enhance~~d~~ communication to patient groups or otherwise externally.

8. Accountability and Reporting

8.1 The Group Chair will report to the Board at each Board meeting, drawing the Board's attention to any matters of significance or where actions or improvements are needed.

9. Review of Terms of Reference and Performance and Effectiveness

9.1 The Group will periodically review its collective performance and its terms of reference to ensure that its membership and these terms of reference remain appropriate. Any proposed changes to the terms of reference will be recommended to the Board for approval.

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