University Hospital Southampton
NHS Foundation Trust

Agenda Trust Board – Open Session

Date	31/03/2022
Time	9:00 - 12:25
Location	Microsoft Teams
Chair	Peter Hollins
Observing	Laura Cross, CQC Inspector; Jo Ward, CQC Inspector; Serena Gaukroger-Woods, Head of Clinical Quality Assurance; Puja Patel, Associate Director of Healthcare Scientists (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		**Patient Story** The patient or staff story provides an opportunity for the Board to reflect on the experiences of patients and staff within the Trust and understand what the Trust could do better.
3	9:15	**Minutes of Previous Meeting held on 27 January 2022**
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 People and Organisational Development Committee (Oral)** Jane Harwood, Chair
5.4	9:40	**Briefing from the Chair of the Quality Committee (Oral)** Tim Peachey, Chair
5.5	9:45	**Chief Executive Officer's Report** Sponsor: David French, Chief Executive Officer

5.6 **Integrated Performance Report for Month 11**

10:00 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

5.7 **Infection Prevention and Control Board Assurance Framework**

10:30 Sponsor: Gail Byrne, Chief Nursing Officer
Attendees: Julie Brooks, Head of Infection Prevention Unit/Nitin Mahobia, Deputy Director of Infection Prevention and Control

5.8 **Implementation of the Morecombe Bay Investigation Report and**

10:45 **Ockenden Review of Maternity Services and Maternity Services Workforce Plans**
Sponsor: Gail Byrne, Chief Nursing Officer
Attendee: Suzanne Cunningham, Director of Midwifery

5.9 **Finance Report for Month 11**

11:00 Sponsor: Ian Howard, Chief Financial Officer

5.10 **UHS Staff Survey Results 2021 Report**

11:10 Sponsor: Steve Harris, Chief People Officer
Attendees: Ceri Connor, Director of OD and Inclusion/Sophie Limb, HR Project Manager

6 **STRATEGY and BUSINESS PLANNING**

6.1 **UHS 5-year People Strategy**

11:25 Sponsor: Steve Harris, Chief People Officer
Attendees: Ceri Connor, Director of Organisational Development and Inclusion/Brenda Carter, Assistant Director of People

6.2 **Trust's Green Plan**

11:40 Sponsor: Paul Grundy, Chief Medical Officer
Attendees: David Jones, Director of Estates, Facilities & Capital Development/Jason Light, Head of Sustainability and Energy

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

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

11:55 In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Reservation and Delegation.
Sponsor: Peter Hollins, Trust Chair

7.2 **Schedule of Decisions Reserved to the Board and the Scheme of**

12:00 **Delegation**
Sponsor: Peter Hollins, Trust Chair
Attendee: Karen Flaherty, Associate Director of Corporate Affairs and Company Secretary

8 **Any other business**

12:05 To raise any relevant or urgent matters that are not on the agenda

9 **To note the date of the next meeting: 26 May 2022**

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

Sponsor: Peter Hollins, Chair

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

11 **Follow-up discussion with governors**

12:10

University Hospital Southampton
NHS Foundation Trust

Minutes Trust Board – Open Session

Date	27/01/2022
Time	9:00 - 11:25
Location	Microsoft Teams
Chair	Peter Hollins (PH), Trust Chair
Present	Jane Bailey (JB), Non-Executive Director (**NED**) and Senior Independent Director/Deputy Chair Dave Bennett (DB), NED Gail Byrne (GB), Chief Nursing Officer Cyrus Cooper (CC), NED Keith Evans (KE), NED David French (DAF), Chief Executive Officer Paul Grundy (PG), Chief Medical Officer Steve Harris (SH), Chief People Officer Jane Harwood (JH), NED 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 and Productivity (for item 5.5) Ellis Banfield (EB), Associate Director of Patient Experience (for item 5.7) Karen Flaherty (KF), Associate Director or Corporate Affairs and Company Secretary Femi Macaulay (FM), Associate NED Debbie Watson (DW), Head of Patient and Family Relations (for item 5.7) Emma Northover, Deputy Director of Midwifery (observing, shadowing GB) 6 governors (observing) 1 member of staff for item 2 and 3 members of staff observing 2 members of public

1 Chair's Welcome, Apologies and Declarations of Interest

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

2 Staff Story

The Head of the Infection Prevention Unit at the Trust shared their story and the infection prevention team's experiences through the course of the COVID-19 pandemic beginning with the World Health Organisation's declaration of a public health emergency on 30 January 2020.

The infection prevention team had started its pre-pandemic planning for COVID-19 following this announcement, building on existing pandemic planning and having to respond to frequently changing guidance from the outset. The first phase of the pandemic had been the most difficult as no one knew what to expect and staff needed both information and reassurance. Personal protective equipment was one of most difficult areas, ensuring staff

knew how to take this off safely and reduce the risk of contamination. Subsequent waves of the pandemic had their own challenges due to the number of patients admitted to the hospitals who had tested positive for COVID-19 and responding to outbreaks when these occurred.

The support provided to the team through the leadership of the Trust's Infection Prevention and Control gold command and from within the infection prevention team had a significant impact on the team's resilience and approach. This had empowered decision-making in the best interests of patients and staff when interpreting national guidance, including the use of FFP3 masks and PeRSo hoods by staff, staff vaccination and the COVID ZERO campaign. The decisions had often involved careful balancing of the positive and negative impacts of these on both patients and staff.

From a personal perspective, this individual had been propelled into a role that they had never anticipated leading a team through a pandemic, however, they had developed professionally and as a leader as a result of the experience. The team were keen to take the learning form the pandemic forward in terms of maintaining the disciplines and behaviours developed and the delivery of successful infection prevention campaigns.

The Board expressed its thanks for the work and leadership of the infection prevention team throughout the pandemic, recognising that guidance in this area continued to change as the national response transitioned to a position of living with COVID-19. The Trust's performance during the pandemic in terms of nosocomial infection was a testament to the work and professionalism of the infection prevention team.

3 Minutes of Previous Meeting held on 30 November 2021

The minutes of the meeting held on 30 November 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 613 and 620 had been completed and could be closed. The remaining actions were due to be completed in February 2022.

5 QUALITY, PERFORMANCE and FINANCE

5.1 Briefing from the Chair of the Audit and Risk Committee

KE highlighted the key items considered at the meeting of the Audit and Risk Committee (**ARC**) the previous week. These included:

- the progress in developing the board assurance framework, which was now focused on the major risks and action plans to address these, identifying those outside the Trust's control and the impact on its ability to mitigate those risks;
- responding to the delays in the delivery of the external audit of the Trust's subsidiaries and Southampton Hospital by the external auditor following a successful first year as external auditor for the Trust;
- the report relating to the internal audit of risk management, which had provided significant assurance with minor improvement opportunities, principally relating to the inclusion of the Trust's subsidiaries within the scope of its risk management processes; and

- the review of compliance with The NHS Foundation Trust Code of Governance, leading to a request from the ARC to address two minor areas of non-compliance by the end of the current financial year, where the Trust currently had alternative arrangements in place.

5.2 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 earlier that week. A number of the items considered by the F&IC were due to be considered by the Board later in the meeting.

The Trust was in a much better financial position than previously expected in terms of achieving its forecast to breakeven by the end of the current financial year. However, the Trust's underlying deficit position would need to be addressed and would require improvements to be identified that would reduce costs and increase efficiency.

Capital expenditure was on track although there was still a significant amount of capital due to be spent by the end of the financial year. The F&IC would continue to monitor the progress of relevant projects. The Hampshire and Isle of Wight (**HIoW**) integrated care system (**ICS**) was working together to secure external funding to expand capacity locally.

5.3 Briefing from the Chair of the Quality Committee

TP provided an update on the meeting of the Quality Committee held earlier that week. FM and two governors had joined committee members and regular attendees at this meeting.

The following areas were covered at the meeting:

- the review of the five never events that had occurred in 2021 to identify key themes and actions to reduce the risk of reoccurrence, while noting that no patient had come to harm as a result of these events;
- the diverse nature of the never events, although communication within teams and following checklists in full had been identified as common themes to be addressed;
- the change in the process for VTE (Venous Thromboembolism) risk assessment after the Trust was unable resolve the issue with recording assessments in the current IT system used in the HIoW ICS;
- the risks escalated from the Quality Governance Steering Group, including staffing challenges and the response to reduce the backlog of patients awaiting treatment for age-related macular degeneration (AMD) albeit that the risk of serious harm was low;
- the consistently high number of patients who were medically optimised for discharge (**MOFD**) remaining in hospital due to a shortage of community and domiciliary care and care home capacity and the impact of this on hospital capacity for elective activity;
- the increase in the target response time for complaints to 55 days to ease the burden on clinical services, although there had been no increase in the proportion of complainants dissatisfied with the response to complaints;
- the historically low number of agreed job plans in place for consultant and career grade doctors due to operational pressures, however, no risk to clinical capacity had been identified resulting from this; and
- the maternity safety report for the third quarter of 2021/22, which had shown a reduction in the number and severity of adverse incidents and

the number of significant incidents requiring investigation as well as early signs of improvement in the friends and family test scores for post-natal care.

The committee had agreed that the outcome of the harm reviews being carried out by individual specialties in response to the delays in seeing and treating patients should be reported on collectively to the Board by summer 2022.

TP and GB, the Board's maternity safety champions, had held a focus group with midwives since the committee meeting.

5.4 Chief Executive Officer's Update and Executive Briefing

The chief executive officer and the executive directors provided an update covering the following areas:

- there were 40 patients who had tested positive for COVID-19 in the hospitals, two of whom were in intensive care, and the majority of the former had been admitted with COVID-19 rather than because of it;
- both the number of patients admitted and the severity of illness was significantly lower than in previous waves of the pandemic;
- the challenge of moving from a pandemic response to COVID-19 to the situation in which it was endemic, allowing staff to focus on the recovery of elective activity and to recover at a personal level;
- the continued focus on staff wellbeing and enabling staff to identify and access the support available more easily;
- the national and international recruitment campaigns to fill nursing vacancies, particularly in critical care;
- the increase in elective activity as capacity had become available, including critical care capacity as the number of patients in intensive care with COVID-19 reduced;
- the bids to increase theatre and bed capacity for the Trust as additional national funding became available supported by the HIoW ICS, including a business case for an elective hub at Winchester Hospital to be used by all three acute trusts in Hampshire, which was to be considered by the Board later in the meeting;
- the significant number of patients MOFD in the hospitals, in excess of 200 at times, which needed to be addressed in order to allow the Trust to deliver its full programme of elective activity;
- the major incident at Portsmouth Hospitals University NHS Trust's Queen Alexandra Hospital on 7 January 2022, with both trusts responding admirably as the Trust's already full emergency department received an additional 19 patients by ambulance (over 50% of the total number of patients diverted)[1] and to resolve the incident on the same day;
- the report from the European Blood and Marrow Transplant Organisation, which identified that patients undergoing donor stem cell or bone marrow transplants at the Trust had the best outcomes in Europe;
- the commencement of the operational planning process for 2022/23 and future years setting out a 15% productivity challenge in the context of increasing costs and reduced activity;
- the review of the Trust's 'roadmap' to easing the restrictions currently in place to reduce the risk of COVID-19 transmission in response to

[1] Exact figures confirmed following the meeting.

changes in national guidance, prioritising visiting patients in hospital and staff training, as part of a stepped approach;

- the introduction of a consistent approach for ward huddles to ensure a focus on safe staffing and staff wellbeing;
- work with staff to develop a new distinctive employer brand to support recruitment, which would be used across radio, digital and physical media;
- current staff recruitment campaigns focussing on critical care, theatres and ophthalmology, with the critical care campaign being particularly successful;
- prioritising staff retention, particularly for healthcare assistants, where induction and development had been identified as two key areas in improving retention;
- the implementation of legislation requiring mandatory vaccination of staff who have direct, face-to-face contact with patients having effect from 6 January 2022, with the final phase involving 150 staff who had not been vaccinated and were currently redeployed and continuing to support staff through the process with compassionate conversations;
- the delivery of new antibody and antiviral treatments to people with COVID-19 who were at highest risk of becoming seriously ill, which had reviewed 500 patients since established at the end of 2021, and could prove effective in preventing patients being admitted to hospital; and
- the Trust's participation in the national personalised outpatient programme as one of four pilot sites to deliver a significant reduction in follow up appointments.

The Board discussed:

- how the combination of work on retention of staff, staff wellbeing, prioritising training and development and to support equality, diversion and inclusion would add to the sense of belonging felt by Trust staff; and
- alternative models to increase domiciliary and community care and care home capacity to ensure patients could be discharged from hospital more quickly once MOFD, including increasing the numbers of staff in domiciliary care and care home capacity.

The Board congratulated Kim Orchard, consultant haematologist, and the transplant team on the outcomes achieved for donor stem cell and bone marrow transplant patients.

5.5 Integrated Performance Report for Month 9

Andrew Asquith joined the meeting for this item.

The integrated performance report (**IPR**) was noted. The Board reviewed the detailed information on referral to treatment (**RTT**) waiting times in the context of expectations for the remainder of 2021/22 and 2022/23 set out in NHS England and NHS Improvement (**NHSE/I**) operational guidance. The Board discussed whether any groups had been disproportionally affected by having to wait for treatment following the initial analysis of RTT waiting times based on age, ethnicity and deprivation reported to the Board at its meeting in October 2021. Further analysis of this data was being carried out with the assistance of the University of Southampton in light of the initial findings, particularly exploring the potential links between deprivation and ethnicity highlighted in the Board's discussion of that data.

The biggest challenge for the Trust remained treating the patients waiting more than 104 weeks by 31 March 2022. This required planning week on week in the context of pressures on operating capacity and critical care beds. There were currently 279 patients without a date booked for treatment and 30 patients who had elected not to be treated at present. The Trust continued to manage the waiting list conservatively in terms of the inclusion of patients on the waiting list and ensuring that those choosing to delay treatment had their previous waiting time taken into account when they chose to return. The Trust's plan continued to be achievable, however, the Trust was meeting with NHSE/I the following day to discuss the risks to the Trust achieving NHSE/I's expectation of having no patients waiting more than 104 weeks by 31 March 2022.

The ability to use capacity in the independent sector beyond the current selective cardiac and colorectal patient cohorts was limited as the capacity was being used by patients paying for treatment. The national provision to make use of capacity in the independent sector only applied in a 'super surge' situation. One of the NEDs had received feedback that the Trust was one of the few providers to have made effective use of independent sector capacity at a locally negotiated level.

The Board also considered the percentage of virtual appointments as a proportion of outpatient consultations and the ability to sustain the levels achieved during the pandemic. The Trust was maintaining a stable ratio above 30%, compared to a national expectation of 25%, which although lower than at stages during the pandemic evidenced that this had been adopted widely across the Trust. The Trust was continuing to work on delivering sustained change and reviewing what had worked and what had not in terms of ensuring that virtual appointments delivered the best service for patients.

The number of patient accounts in My Medical Record was increasing and was a key part of the Trust's outpatient transformation programme. Business cases for future development of My Medical Record were being considered for investment, including responding to patient feedback on the user experience. This would also be an important part of the pathway in supporting shared decision-making by allowing patients to share data.

The Board discussed current recruitment levels, which appeared to be in decline, as well as below the target for the current year. The recent decline reflected that December was generally a slower month for recruitment but also the impact of competition from other sectors in some areas, particularly the recruitment of healthcare assistants. The Trust's overall headcount had increased by 550 since December 2020.

Research income was 80% above the budget/baseline level year to date, predominantly due to the significant number of COVID studies in which the Trust was involved.

For the first time, the IPR included a breakdown of staff recommending the Trust as a place to work by protected characteristics using national quarterly pulse surveys. This showed lower scores based on disability but not based on sexuality.

5.6 Finance Report for Month 9

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 2021/22, which had reduced the Trust's expected deficit to £1.5 million;
- the Trust had improved its forecast outturn position for the second half and 2021/22 overall to breakeven, an improvement of £3.4 million following an increase in elective recovery fund income;
- the HIoW ICS and each trust in it were also now forecasting a breakeven position following confirmation of further funding in the second half of 2021/22; and
- it was important to communicate clearly with staff about the financial challenges ahead as a result of the Trust's underlying deficit position despite the funding being received in the current year.

The F&IC had noted that the underlying block funding for the HIoW ICS was reducing substantially as a result of the reduction in additional funding for COVID-19 and the withdrawal of funding under the hospital discharge programme. This would put financial pressure on every organisation within the HIoW ICS.

5.7 Learning from Deaths 2021/22 Quarter 2 Report

Ellis Banfield and Debbie Watson joined the meeting for this item.

The Board noted the report relating to learning from deaths for the second quarter of 2021/22, in particular:

- the ongoing challenge to capture and share the learning from the sub-specialty morbidity and mortality meetings across all areas of the Trust;
- discussions with the coroner to understand the increase in referrals; and
- the expansion of the medical examiner service to encompass all non-coronial deaths in Southampton and the surrounding area including deaths in hospices, community NHS organisations and primary care.

In response to a question from a NED as to how the Trust compared to other trusts in terms of reviewing and learning from deaths, the Hospital Standardised Mortality Ratio (**HSMR**) and Summary Hospital-level Mortality Indicator (**SHMI**) were cited as these provided a comparison with peers on a risk adjusted basis. The Trust's HSMR and SHMI compared very favourably with other trusts and were robust measures of clinical effectiveness and outcomes. The importance of an open and transparent culture was emphasised in order to ensure that incidents were reported and used to facilitate learning and improvement.

Another NED cautioned on achieving a balance between providing a quick resolution for the family when a relative had died and ensuring that the detailed learning from deaths was captured and communicated. This included learning from deaths that were not avoidable as well as from avoidable deaths.

The Board also challenged the medical examiner service to consider how to incorporate other protected characteristics into the review process in addition to learning disabilities.

The meeting was adjourned for a short break.

6 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

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

The Chair summarised the areas considered by the Council of Governors (**CoG**) at its meeting the previous afternoon. Four new governors had joined the CoG since the previous meeting.

DAF had presented the performance report and updated the CoG on the current hospital status. Proposed changes to the composition of the CoG to address a slight imbalance in the number of governors between two areas of the public constituency based on patient numbers and to include a student representative as a permanent member of the CoG had received the CoG's support.

The agenda had also included:

- the approval of the appraisal process for the Chair and NEDs;
- a review of attendance at CoG meetings;
- consultation on the terms of reference for the ARC;
- an update on changes to NEDs' other commitments;
- the report commissioned by NHSE/I reviewing the external audit of the Trust's annual accounts for the year ended 31 March 2020 as part of its regular quality review of audits; and
- an update on the recruitment process for the chair role, which had been presented by JH, who was chairing the Governors' Nomination Committee through this process.

6.2 Register of Seals and Chair's Actions Report

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

6.3 Audit and Risk Committee Terms of Reference

Following review of the minor changes proposed to the terms of reference by the ARC, the CoG had been consulted on the changes at its meeting on 26 January 2022 and had not raised any concerns.

Decision: The Board approved the terms of reference for the ARC.

6.4 Board Operating Group Terms of Reference

The Chair confirmed that the Board Operating Group had met twice during the latest wave of the pandemic, however, it had been agreed that it would not be necessary for it to meet again unless circumstances changed significantly.

Decision: The Board approved the terms of reference for the Board Operating Group.

7 Any Other Business

There was no other business.

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

9 Resolution regarding the Press, Public and Others

Decision: The Board resolved that, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing

Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.

The meeting was adjourned.

University Hospital Southampton
NHS Foundation Trust

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 30/11/2021 5.5 Finance Report for Month 7				
618.	Energy costs	• Bailey, Jane • Teape, Joe	21/02/2022	Completed
	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	Completed
	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.			

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Chief Executive Officer's Report**			
Agenda item:	**5.5**			
Sponsor:	**David French, Chief Executive Officer**			
Date:	**31 March 2022**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	My report this month covers updates on the following items: • Operational update • Vaccination provision at UHS • Ukraine • Vaccination as a condition of deployment (VCOD) • NIHR Southampton Clinical Research Facility Award • COVID-19 inquiry terms of reference • New iMRI scanner at Southampton Children's Hospital			
Response to the issue:	The response to each of these issues is covered in the report.			
Implications: (Clinical, Organisational, Governance, Legal?)	Any implications of these issues are covered in the report.			
Summary: Conclusion and/or recommendation	The Board is asked to note the report.			

Operational update

At the time of writing, the Trust is under significant pressure operationally with 95 patients who have tested positive COVID-19 in the hospital and five wards dedicated to the care of patients with COVID-19. (C5, G9, G8, G7 and G6). Overall operational status is at the highest escalation level of OPEL 4. OPEL stands for Operational Pressures Escalation Level and level 4 relates to our (diminished) ability to deliver comprehensive care, whilst level 3 is 'major pressures'. As well as these dedicated wards set aside for COVID-19, we are also experiencing a significant challenge managing COVID contacts with various other wards and bays closed across the site resulting in further lost beds. Meanwhile our emergency pressures continue to be very high with average daily attendances to the main emergency department almost 380 for March 2022. These pressures have been further compounded by a peak in staff absence during March, up to 400 staff on some days during the month.

With all this in mind, I want to record my thanks to all staff across the Trust who have maintained our services throughout this period and have continued to make good progress addressing our most challenging elective backlogs, including substantially reducing the number of patients waiting more than two years for treatment and delivering our full intensive care operating programme on most days. Looking forward, our teams continue to focus on recovery and we reopened all of our operating theatres in March 2022, despite losing some lists on some days due to staff absence. We are also now up and running with our improvement programmes for the year ahead across inpatient flow, outpatients and operating theatres.

Vaccination provision at UHS

As the drive to administer boosters to the population has reduced, the Trust has correspondingly reduced its vaccination capacity. The vaccination hub has retained limited clinic capacity to deliver its specialist regional service for complex allergy cases. It has also supported the vaccination of vulnerable children (5+) under the Trust's care and identifying patients eligible for the spring booster campaign. Future large-scale population level COVID-19 vaccination programmes have not yet been nationally defined but under the leadership of James Allen (UHS Chief Pharmacist), the capability developed over the last year can be used again should further national booster vaccination programmes be required. Since it opened on 29 December 2020, the vaccination hub has administered over 75,000 vaccine doses to UHS staff, our system partners, patients and public.

Ukraine

Following the Russian invasion of Ukraine on 24 February 2022, the UHS family has turned its attention to support that can be provided to those affected by the conflict. With a workforce from over 100 different nationalities, the Trust quickly set up wellbeing support sessions for those staff affected by the conflict. The Trust has also sought to provide practical support to the region through the collection and distribution of much needed medical supplies following NHS England and NHS Improvement guidance. A clinical team from Southampton Children's Hospital also played a major role in a mission to the Polish border to evacuate 21 Ukrainian children with cancer and fly them to the UK for treatment.

The Trust has amended the provisions of its special leave policy to provide up to two days' paid leave for members of staff who are providing housing to refugees as part of the national government programme. This change is permanent and will be available to staff who provide support in any future international humanitarian crisis.

The Trust will continue to look for opportunities to provide support as the situation evolves in the region.

Vaccination as a condition of deployment (VCOD)

Following Board approval in June 2021, the Trust launched its own local VCOD policy. This required patient-facing staff to be vaccinated against COVID-19 and, as a result, 152 staff were redeployed into alternative roles with pay protection. The rationale at the time was based on the rapid increase of the Delta variant and the evidence of transmission reduction after two doses of the vaccine. This was an important part of our collective strategy to avoid nosocomial infection through our COVID ZERO campaign. In November 2021, the government announced it would be making vaccination mandatory for all in scope (patient-facing) NHS staff and the regulations to implement this were enacted in early January 2022. In light of emerging evidence in relation to the Omicron variant of the virus, the Secretary of State for Health and Social Care launched a consultation in February 2022 to revoke the VCOD regulations for health and social care. The outcome of the consultation was that the VCOD regulations were to be revoked.

The Trust, working collaboratively with our staff side partners, has initiated a process to return all redeployed staff to their substantive roles by 1 April 2022. Local infection control procedures will remain in place to minimise risk to staff and patients. 99% of UHS staff have now received at least two doses of the vaccine and 91% have received the booster.

NIHR Southampton Clinical Research Facility Award

Further to our application, the National Institute for Health Research (**NIHR**) Southampton Clinical Research Facility (**CRF**) has been awarded five year core funding of £10.5 million for the period between September 2022 and August 2027. One of 28, our NIHR CRF will deliver complex/early phase trials prioritised according to:

- National priorities set by NIHR and the Department of Health and Social Care aligning with the Government Life Sciences Vision (neurodegeneration, dementia, cancer, vaccines, cardiovascular disease, respiratory disease, aging and mental health), the strategy for the Future of UK Clinical Research Delivery, and NIHR operational priorities outlined in “Best Research for Best Health: the next chapter”.
- Local and regional health research priorities set with local Wessex Health Partners.
- As part of “One NIHR” support the delivery of the research themes of the NIHR funded Southampton infrastructure.
- Advanced Therapy studies delivered through the Southampton Centre for Emerging Therapies and Technologies (SETT)

.
In executing the research, the CRF will:

- Through the Southampton Centre for Research Engagement and Impact (SCREI), ensure inclusion of patient voices in research and create an inclusive, diverse and equitable culture for staff and participants.
- Facilitate the provision of linked data and clinical samples for research using the UHS investment in the Trusted Research Environment and the CRF managed Southampton Research Biorepository.
- Facilitate industry-academic collaborations and charity funded programmes across our research infrastructure and Wessex Health Partners to grow existing collaborations and portfolios.

Whilst the government significantly increased funding outside of London, Oxford and Cambridge, including awards to five new CRFs, the allocation to Southampton has not increased comparative to previous years. In the highly competitive environment we have done extremely well to secure the funding. Over the next five years we will need to focus both on delivery and our strategy for growth.

The CRFs role in leading the national Cov-Boost study has secured an uplift in our annual NIHR Research Capability funding of £1m in 2022/23, the highest allocation to any NHS Trust in England.

COVID-19 inquiry terms of reference

Earlier in March, the government published draft terms of reference for the public inquiry into the COVID-19 pandemic. The inquiry will cover both preparedness and the response to the pandemic in the UK up until the date that the inquiry is formally set up.

The draft terms of reference split the aims of the inquiry into two categories:

- an examination of the response and impact of the pandemic with a view to producing a factual narrative account; and
- identification of the lessons learned from the review to inform preparations for future pandemics and other civil emergencies.

The first category includes central, devolved and local public health decision-making in relation to a broad range of matters, including preparedness and resilience, how decisions were made, communicated and implemented and the availability and use of data and evidence. It also includes the response of the health and care sector across the UK, with key themes to include:

- preparedness, capacity and resilience;
- pandemic management in hospitals and care homes;
- the procurement and distribution of key equipment and supplies;
- the development and delivery of therapeutics and vaccines;
- the consequences of the pandemic on provision for non-COVID-19 related conditions and needs; and
- provisions for those experiencing long Covid.

The second, prospective line of inquiry will take into account the experiences of bereaved families and other who have suffered hardship and loss as a result of the pandemic and also consider the experiences of and impact on health and social care staff and other key workers. Disparities in the impact of the pandemic and response on those relating to protected characteristics will also be incorporated into the inquiry.

The draft terms of reference are drafted in very broad terms, giving the inquiry considerable scope to look into a wide range of topics, organisations, decisions and their consequences. At this stage it is difficult to determine the likely impact of the inquiry on individual NHS trusts in terms of participation and the information requested.

The terms of reference are open for public engagement and consultation until 7 April 2022. The exact timing and duration of the inquiry is still not known although one of the inquiry's objectives in the draft terms of reference is to produce its reports and any recommendations in a timely manner.

New iMRI scanner at Southampton Children's Hospital

A new intra-operative MRI (iMRI) scanner suite will be installed at the Southampton Children's Hospital in early summer, following a major fundraising campaign led by The Murray Parish Trust, working in partnership with Southampton Children's Hospital.

Southampton Children's Hospital will be one of only a small number of specialist children's hospitals in the UK with this state-of-the-art equipment, cementing its position as a centre of excellence for paediatric neurosurgery. The iMRI enables surgeons to get real-time images of their patients' brains during surgery, giving them a greater chance of successfully removing tumours in a single operation; currently nearly half of all children need between two and four operations. This also gives more children the chance of survival.

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2021/22 Month 11**			
Agenda item:	**5.6**			
Sponsor:	**Chief Executive Officer**			
Date:	**31 March 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

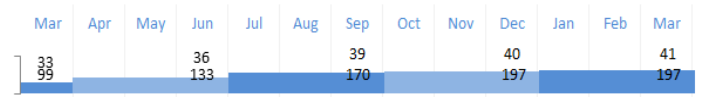
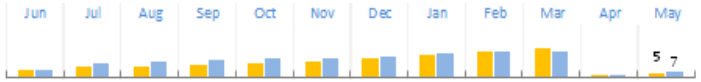
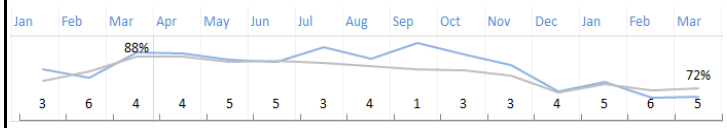
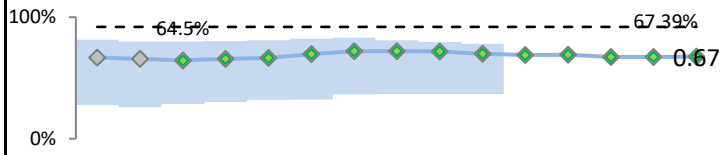
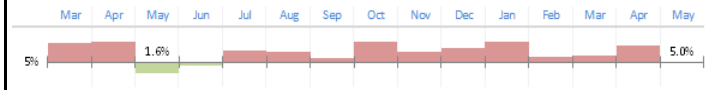
covering up to

February 2022

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:

- Add comparative performance information (Teaching hospitals and South East region) to CN1 – The percentage of patients following a GP referral for suspected cancer seen by a specialist within two weeks.

Summary

This month the 'Spotlight' section features:

1. Diagnostic waiting time target

17.8% of patients are currently waiting longer than the national 6-week target for diagnostics, compared to 1 to 2% of such patients prior to the pandemic. Performance trends at UHS are similar to those at peer teaching hospitals, and other hospitals in the South East region. An increase in waiting list sizes and waiting time durations has persisted despite an increase in diagnostic activity volumes to 17.5% above the equivalent months in 19/20. The spotlight report discusses current performance and plans to support further improvement, in the context of national requirements to increase system diagnostic activity to at least 120% of 19/20 and to reduce the percentage of patients waiting longer than 6 weeks to 5% by March 2025.

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

1. Emergency Department four-hour performance deteriorated further in February to 66% compared to the national target of 95%, and the average time in the department for patients who required admission increased to 5 hours 36 minutes. Challenges include both the exceptionally high growth in type 1 ED attendances to UHS, and exceptionally high levels of patients who are medically optimised for discharge yet remain in acute hospital inpatient beds. UHS four-hour performance continues to be good in comparison with our major trauma centre peer group (3rd of 8 – illustrated in appendix), our teaching hospital peer group (4th of 16) and UHS is 10th of the 15 acute trusts reporting type 1 performance in the South East region.

2. Elevated levels of COVID-19 infection in the community, and increased numbers of hospital inpatients with COVID-19, continued to impact performance in February. The numbers of healthcare acquired and probable hospital associated COVID infection reduced compared to the previous month, to 14 and 11 respectively, and this continues to be an area of focus. Staff sickness levels continued to be significantly elevated at 4.9% in February, though this was a reduction compared to 5.7% in January. Whilst there was some recovery in the numbers of non-medical appraisals undertaken during the month (422 compared to 600 in February 2021), the reduction in the number of appraisals seen during the most recent wave of COVID-19 has largely continued.

3. The total Referral to Treatment waiting list size increased by 3% in the month, whilst the number of patients waiting over 52 weeks reduced by 139, and those waiting over 104 weeks reduced by 25. There were a total of 125 patients waiting more than 104 weeks at the end of February and by the end of March we expect that to reduce to 65 patients approximately (10 patients that we are seeking to treat now, plus a further 55 patients who are choosing to wait longer). We are confident that we will reduce the number of patients waiting more than 104 days, other than any who might choose to wait longer, to zero by the end of July as required in the 2022/23 NHSE/I planning guidance.

Spotlight Subject - Diagnostic performance

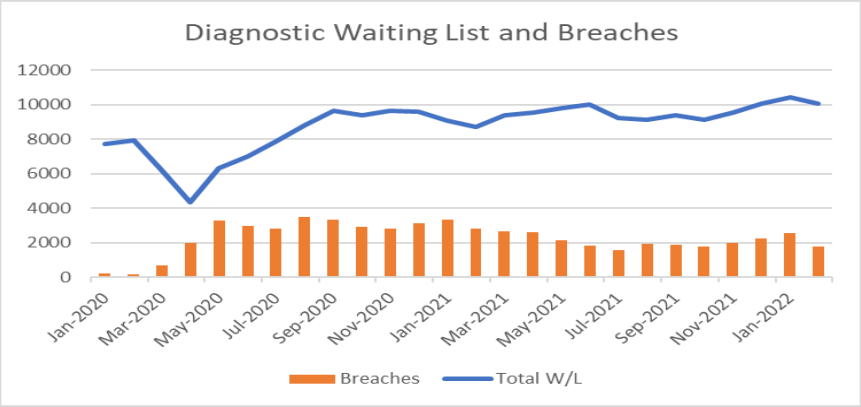
The following information is based on the validated February 2022 submission.

Background
The current national target for diagnostic performance is for at least 99% of patients waiting for an elective diagnostic test to have waited less than six weeks. However, the latest Elective Care guidance from NHS England and Improvement (NHSE/I) states that the "*ambition is that 95% of patients needing a diagnostic test receive it within six weeks by March 2025*".

The target applies to 15 different diagnostic tests, although UHS performance is measured at a Trust level. These tests are broadly divided into three groups:
• endoscopy (e.g. gastroscopy, cystoscopy);
• imaging (e.g. CT, MRI, barium enema); and
• physiological measurement (e.g. echocardiogram, sleep studies).

The COVID-19 pandemic has caused significant disruption to diagnostic activity, and there continues to be some impact on our performance. Non-urgent diagnostics were cancelled, with staff reassigned to other critical areas of the hospitals. Where diagnostics did take place, additional safety measures (distancing, cleaning, etc.) reduced capacity. Services recovered between September and December 2020, however the second wave of the pandemic further impacted service levels. A similar pattern was seen in 2021 with improvements made through the Summer 2021, before again being impacted through December 2021 and January 2022 as the Trust responded to another wave of the pandemic. However, we have seen good levels of recovery in February 2022.

Waiting list and breaches
There has been an increased volume of diagnostic referrals from GPs growing from around 1,700 referrals per week in Q1 and Q2 in 2021/22, to 1,900 in Q3 and approximately 2,000 in Q4. This has caused the diagnostic waiting list to grow by approximately 25% from approximately 8,000 patients pre-pandemic, despite an increase in UHS diagnostic activity. The waiting list has broadly stabilised at around 10,000 patients in recent months, and this appears to be more of a "new normal".



Alongside providing urgent diagnostics, for example for patients with cancer, services have looked to reduce the number of breaches relating to longer waiting diagnostic patients. Breaches have roughly halved from 3,500 in August 2021 to 1,700 today.

There remains a small number of long waiting patients (some due to patient choice), with approximately 4% of the waiting list having waited more than 12 weeks for their diagnostic procedure. The majority of these breaches sit within sleep studies and neurophysiology - both of which have, and continue to require, higher levels of infection prevention controls.

Diagnostic prioritisation

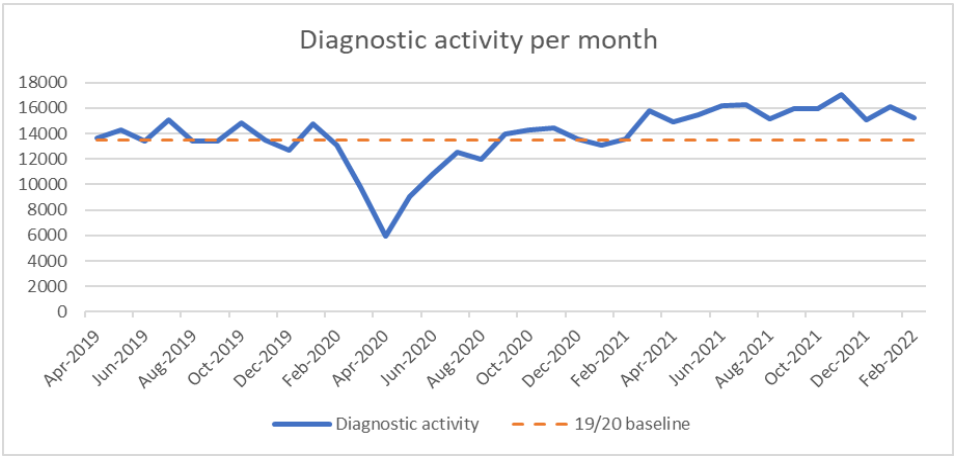
Diagnostic procedures are prioritised according to urgency, with 17% of the waiting list identified as urgent patients and 83% as routine. This proportion has remained broadly consistent. We ensure that urgent patients are treated as promptly as possible - and there are fewer breaches among the urgent patients: less than 8% of urgent patients have breached (and some of these will be due to patient choice), compared to around 20% of routine diagnostic patients.

Diagnostic activity

As the impact of COVID-19 has eased, we have been able to ease some of the infection prevention measures, and also return staff back to their "home" teams. This has increased overall diagnostic activity, without which we would have seen a further, more significant increase, in the size of the waiting list and the number of breaches.

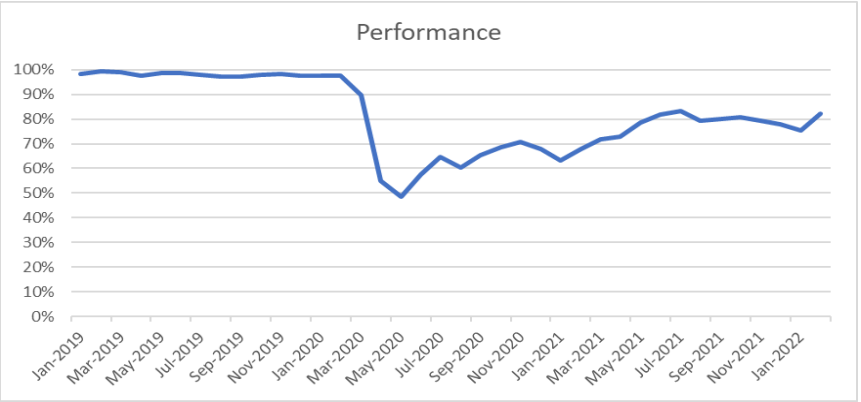
Since May 2021, we have delivered a strong level of diagnostic activity - including a record month of 17,000 procedures in November 21. Despite this, we have not seen a corresponding reduction in the waiting list; this is indicative of overall higher demand.

The overall activity level is significantly higher than the levels of diagnostic activity in 2019/20. Between May 2021 and Feb 2022, our average monthly diagnostic activity was 15,800; this was 17.5% higher than the 2019/20 baseline of 13,500. The NHSE/I Elective Recovery guidance asks trusts to achieve 120% of 2019/20 baseline in 2022/23 (although the actual calculation is likely to be based on income rather than activity). There are other plans in place to further increase diagnostic activity such the Community ECG and EEG capacity from early 2022/23, iMRI from summer 2022/23, and a bid being submitted with partners to expand the community diagnostic centre capacity in Southampton and South West Hampshire.



Overall, despite the increased activity, stabilised waiting list, and reducing volumes of breaches, performance is still behind pre-pandemic performance at 82% in February 2022.

There is an opportunity to further increase activity as we review infection prevention controls, however, the increased demand for diagnostic services is continuing to apply a downward pressure on some of our key performance metrics. We are reviewing our recovery trajectory across all diagnostic modalities, and will present this to the next UHS Board Quality Committee.



Modality detail

Endoscopy performance has been in the range of 75-80%**.** Demand has remained high, and despite the opening of the seventh endoscopy room the waiting list has remained in the range of 1,000 to 1,100 patients. However, breaches have reduced by two-thirds. Paediatric endoscopy performance continues to be challenging due to the need for these to be performed under general anaesthetic, and the ongoing pressure on theatre capacity, but the service has reduced the total numbers waiting by a third.

Imaging performance has been around 85%. Improvements in the waiting list had been seen through Q3 2021/22, but there has been an increased demand both for cancer related diagnostics and also ultrasound services in Q4 2021/22. Recruitment continues to be a challenge for these diagnostic services, and the care group has been working to balance the CT and MRI capacity by moving radiographers between the services as required to meet demand. Within non-obstetric ultrasound, staff leaving caused a decrease in capacity, however this has been addressed with three new sonographers starting in March 2022.

Physiological measurements waiting lists have slightly increased, due to the services taking on additional paediatric audiology referrals, but breaches within the modality have halved predominantly driven by improvements in the neurophysiology service. Overall, this modality continues to maintain a higher level of infection prevention measures, for example in neurophysiology and sleep studies, which means that capacity has still not returned back to pre-pandemic levels. The services continue to review these measures with the infection prevention team.

NHS Constitution - Standards for Access to services within waiting times

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

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

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

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

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

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

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

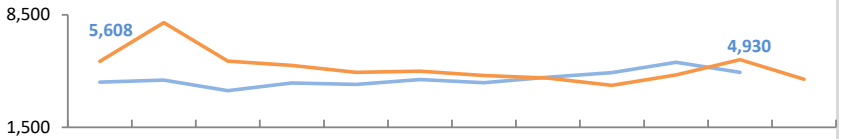
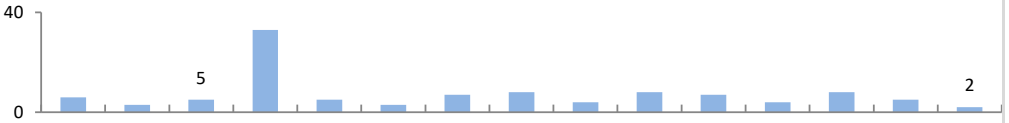
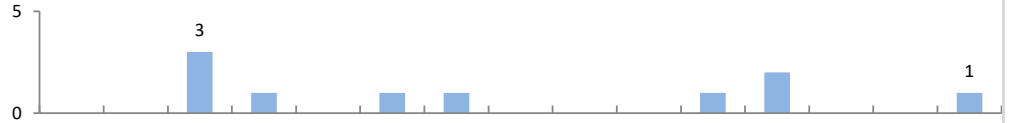
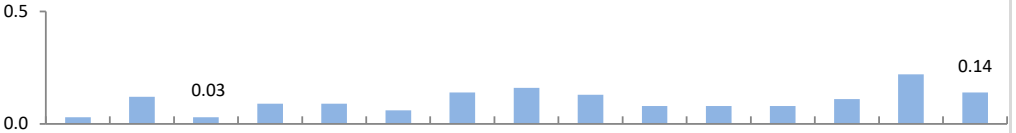
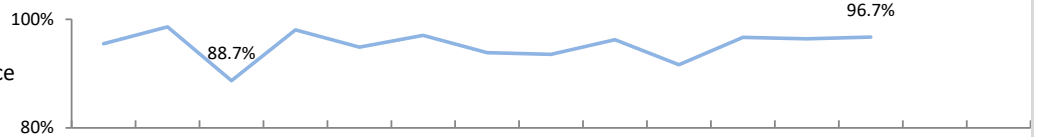
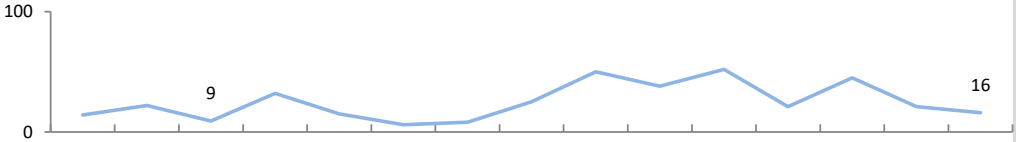
* https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

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

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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)	12	10	10	8	7	8	9	9	9	10	10	10	9	8	67.4%	≥92%	
		10	9	64.5%	9	8	7	8	8	8	7	9	9	8	8	8		
CN1-N	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	4	96.0%	7	12	13	16	15	16	16	17	17	14	16	12	80.4%	≥93%	
		4	2	3	9	5	13	11	13	14	14	14	9	10	7			
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	80.5%	7	6	3	11	13	15	16	13	12	14	13	13	66.3%	≥85%	-
		9	6	4	2	1	4	6	8	7	2	4	5	3	4			
UT25-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) Rank of 8->	88.6%													65.8%		≥95%	-
		1	1	2	3	3	3	3	3	3	1	3	2	2	3	3		
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	12	9	32.2%	10	10	9	7	6	7	7	7	7	6	7	17.8%	≤1%	-
		17	16	10	16	17	16	15	14	12	13	14	14	13	12	13		

Outcomes		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
UT1-N	HSMR - **UHS** HSMR - **SGH**	79.7 79.2											82.2 81.1				≤100		
UT2	HSMR - Crude Mortality Rate	2.9%											2.7%				-		
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital	14.7%											11.7%				-		
UT4-L	**Cumulative Specialties** with Outcome Measures Developed	56 305			57 332			61 396			63 406		63 383				+1		
UT5	Developed Outcomes RAG ratings	77%			76%			80%			78%		77%				-		

Safety		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**				7063	5 7	11 16	15 21	18 25	3233	3939	4344	5049	52 56	55 64	57 71	6	71	≤57
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	10	38	2	5	0	0	0	3	0	7	6	11	22	20	14	-	83	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	6	59	2	2	1	0	0	0	4	3	9	11	14	18	11	-	71	-
UT9	Pressure ulcers category 2 per 1000 bed days		0.58													0.42	-	-	-
UT10	Pressure ulcers category 3 and above per 1000 bed days		0.65													0.45	-	-	-
UT11-N	Medication Errors (severe/Moderate)		3													3	≤3	21	≤33

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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)																-	61	-
UT14	Serious Incidents Requiring Investigation - Maternity																-	-	-
UT15	Number of high harm falls per 1000 bed days																-	-	-
UT16	% patients with a nutrition plan in place																-	-	-
UT16 - monthly audit has been paused due to pressure on all ward areas, a re-start date is currently being considered.																			
UT17	Red Flag staffing incidents																-	-	-

Patient Experience		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients			0.3%												0.8%	≤5%	-	-
UT19-N	FFT Negative Score - Maternity (postnatal ward)			1.3%												0.0%	≤5%	-	-
UT19-N	Note that the number of patients providing feedback regarding the maternity service (postnatal ward) has reduced recently and was only 28 in the month of February (compared to 78 in October for example), the Maternity service are taking actions to encourage and facilitate additional feedback.																		
UT20	Total UHS women booked onto a continuity of carer pathway			41.7%												45.0%	-	-	-
UT21	Total BAME women booked onto a continuity of carer pathway			63.5%												86.0%	-	-	-
UT22	% Patients reporting being involved in decisions about care and treatment			87.0%												89.1%	≥90%	-	-
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)			90.0%												86.0%	≥90%	-	-
				240	77	65	111	292	254	280	341	197	153	163	155	129	91		
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)			63.52		21										13	-	-	-
				29.50															
				-4.52															

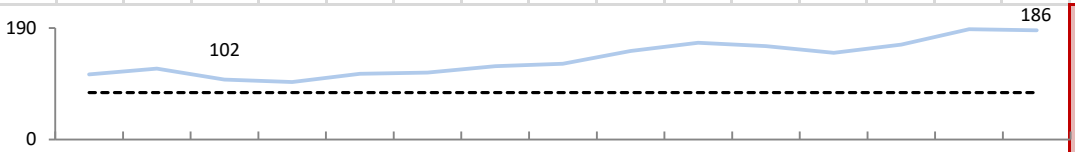
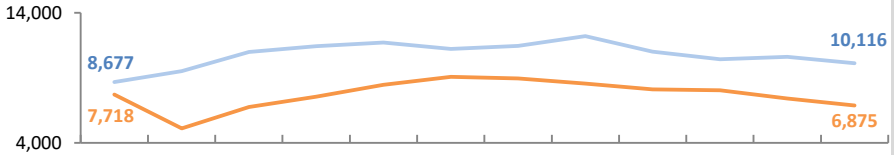
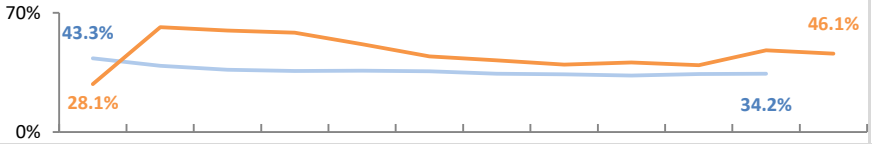
Access Standards		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
UT25-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) Rank of 8->	92%	88.6%	83%	74%	65.8%											≥95%	-	-
		1	1	2	3	3	3	3	3	3	1	3	2	2	3	3			
UT26	Average (Mean) time in Dept - non-admitted patients	05:00	02:33													03:29	-	-	-
		01:00																	
UT27	Average (Mean) time in Dept - admitted patients	06:00	03:45													05:36	-	-	-
		01:00																	
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)	75%	12	10	10	8	7	8	9	9	9	10	10	10	9	8	≥92%		
			10	9	9	8	7	8	8	8	7	9	9	8	8	8			
		55%			64.5%											67.4%			
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)	47,500	36,554													45,857	-	-	-
		34,000																	
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	8,000	6	6	5	4	4	4	6	7	7	7	7	7	7	7	-	-	-
			12	13	13	13	13	13	13	14	14	14	14	14	13	13			
		0			3,331											2,032			

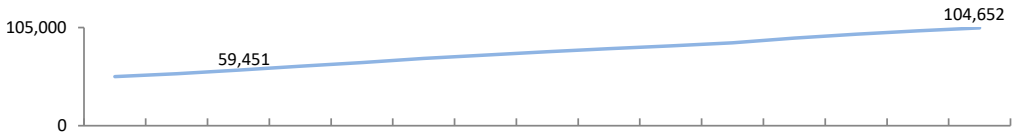
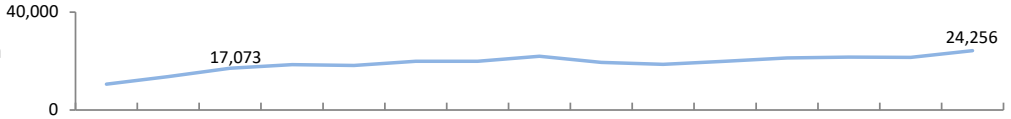
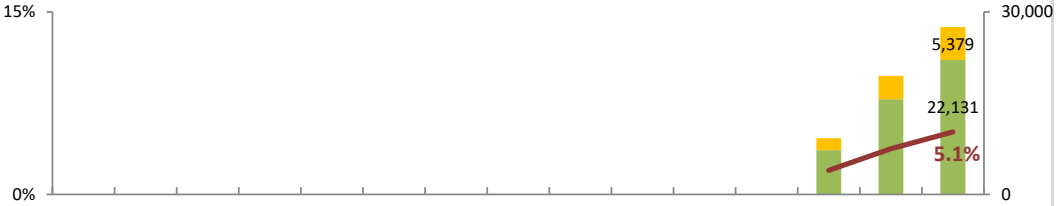
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
UT31	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	600 0 16	16	16	16	16	17	13	13	12	9	8	8	8	8	125	-	-	-
UT32	Patients waiting for diagnostics	12,000 5,000 8,703														10,065	-	-	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	50% 0% 12 17	9 16	32.2% 16	10 17	10 16	9 15	7 14	6 12	7 13	7 14	7 14	7 13	6 12	7 13	17.8%	≤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)	100% 45% 14 9	6 80.5% 3	7 4	6 2	3 1	11 4	13 6	15 8	16 7	13 2	12 4	14 5	13 3	13 4	66.3%	≥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)	100% 80% 16 15	10 96.5% 5	8 3	7 3	11 4	9 4	17 8	13 6	16 12	18 14	9 3	9 3	11 2	12 5	91.7%	≥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)	100% 85% 15 15	19 91.2% 14	14 11	11 8	16 11	14 12	15 12	17 13	13 9	18 16	14 12	16 14	15 15	11 7	91.2%	≥95.4%		

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted	9			10			10	9	10	9	9	9	8	9	8	Top 10		
PN2-L	Comparative CRN Recruitment Performance - weighted	7			8			5	3	4	3	3	3	3	4	4	Top 5		
PN3-L	Comparative CRN Recruitment - contract commercial	7			2			12	11	4	4	3	7	7	8	9	Top 10		
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	350% -300%				46.0%	-22.0%	152.0%	45.0%	143.0%	-5.0%	334.0%	0.0%	29.0%	-234.0%	143.0% 57.0%	≥5%		
PN4-L	Note – Monthly and YTD Income are affected by a permanent change in accounting treatment implemented in M10 (Jan) 2021/22 in order to improve accuracy. Prior to M10, R+D open and ongoing studies/ grants in credit had anticipated future costs accrued. From M10 onwards, income received is deferred where costs have not yet been incurred/ invoiced. This change results in an adjustment of -£5m to monthly and YTD income which has been applied in M10. (An equivalent adjustment to the costs accounted for means that the balance of income and expenditure is not affected).																		

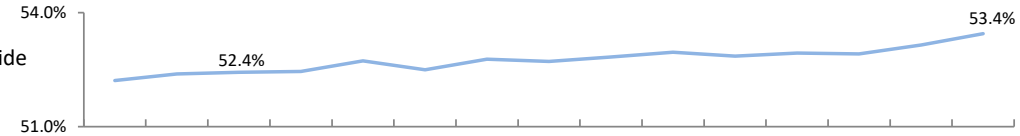
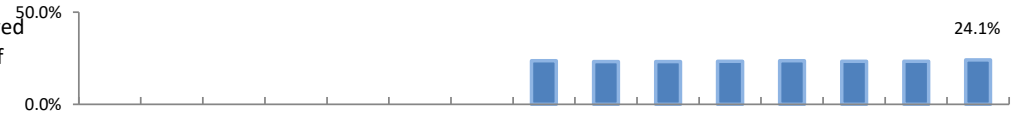
Workforce Capacity		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
WR1-L	Substantive Staff - Turnover **-R12M turnover %** **-Leavers in month (FTE)**	14%		12.4%												13.7%	R12M <=12.0%		
		10%		91												96			
																200			
																100			
																0			
WR2-L	Staff Vacancies **-Nursing Vacancies** (registered nurses only in clinical wards) **-All Staff vacancies**	20%		12.7%												13.4%			
				4.7%												7.0%			
		0%																	
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)	650														567.7			
																468.2			
				-152.6															
		-600																	
WR4-L	Staff - Sickness absence **-R12M sickness %** **-Sickness in month %**	7%		4.0%												4.9%	R12M <=3.4%		
				3.7%												4.2%			
		0%																	
Enjoy Working Here																			
WR5-L	Non-medical appraisals completed **-R12M appraisal %** **-Appraisals in month**	100%		76.5%												72.6%	R12M >=92.0%		
		50%		600												422			
																725			
																325			
WR6-L	Medical staff appraisals completed - Rolling 12-months	100%		92.0%												63.8%			
		50%																	

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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**	80%				7						7				8 7	>=76% (Q4 2020)		
WR7-L - Metric has changed from The Friends and Family Test (%, Q4 2020) to the Pulse Survey (out of 10).																			
WR8-L	Staff survey engagement score National Quarterly Pulse Survey (NQPS) **National NHS Staff Survey**	8 0				7						7							
WR8-L - Maximum score = 10, Average of "Acute and Acute&Community", group is 7																			
Compassion and Inclusion																			
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic	11% 7%				10.1%										10.4%	15% by 2023		
WR10	% of Band 7+ Staff who have declared a disability or long term health condition	14% 12%				13.6%										13.3%	-		
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**	7.5 6.5																	
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**	7.5 6.5																	
WR13	Staff recommending UHS as a place to work: Sexuality = Heterosexual compared with all other groups combined **-Sexuality = Heterosexual** **-all other groups combined**	7.5 6.5																	
WR11, WR12,WR13: Average recommendation score of 10 = Highly recommend to 0 = Strongly not recommended, results from National Quarterly Pulse Survey																			

Local Integration		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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																-	-	-

Digital		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-		
FN2	My Medical Record - UHS patient logins (number of logins made within each month)																-		
FN3	Patients choosing digital correspondence (cumulative) - Total choosing paperless - Total offered but not yet choosing paperless - % of total My Medical Record service users choosing paperless																-		
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)																-		

Changes and Corrections

Section	KPI	KPI Name	Type	Detail
Outstanding Patient Safety	UT9, UT10	Pressure Ulcers category 2 per 1000 bed days, Pressure Ulcers category 3 and above per 1000 bed days	Correction	Additional events have been added to the record for previous months, some reporting had been delayed as a result of Covid related absence within the tissue viability team. The main impact has been on the reported rate for category 3 and above in January 2022. An additional data completeness check will be added to the process.
Outstanding Patient Safety	UT11-N	Medication Errors (severe/moderate)	Update	The January 2022 figure has reduced from 4 to 3 due to amendment of the original harm category for the event following investigation.
Foundations for the Future	FN3	Patients choosing digital correspondence (cumulative)	Change	Presentation amended to provide additional information, calculation amended to show only the patient's most recent choice regarding correspondence (patients can update their choice at any time)

Report notes - Nursing and midwifery staffing hours - February 2022

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. Over the last few months COVID-19 numbers have remained high so wards and departments have again been required to change focus and form to respond to changing circumstances. Our numbers are again reducing and we are therefore making constant decisions around ward configuration. These decisions are sometimes swift in nature and happen in-month so the data in some cases may not be fully reflective of all of these changes.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CC Neuro Intensive Care Unit	Day	5630	3753	786	572	66.7%	72.7%	29.7	4.0	33.7	Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing in place x 1 per shift until 28/02/2022.
CC Neuro Intensive Care Unit	Night	4825	4079	642	495	84.5%	77.0%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; teams nursing in place x 1 per shift until 28/02/2022.
CC - Surgical HDU	Day	2284	1709	719	374	74.8%	52.0%	17.7	4.5	22.2	Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing in place x 1 per shift until 28/02/2022.
CC - Surgical HDU	Night	1928	1679	635	482	87.1%	76.0%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; teams nursing in place x 1 per shift until 28/02/2022.
CC General Intensive Care	Day	11649	9470	1998	1245	81.3%	62.3%	28.3	3.9	32.1	Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing in place x 1 per shift until 28/02/2022.
CC General Intensive Care	Night	9395	9163	1602	1299	97.5%	81.1%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; teams nursing in place x 1 per shift until 28/02/2022.
CC Cardiac Intensive Care	Day	5936	4221	1496	827	71.1%	55.3%	30.0	4.7	34.7	Beds flexed to match staffing; Non-ward based staff supporting areas; teams nursing in place x 1 per shift until 28/02/2022.
CC Cardiac Intensive Care	Night	5391	4608	780	554	85.5%	71.0%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; teams nursing in place x 1 per shift until 28/02/2022.
SUR E5 Lower GI	Day	1337	1144	681	675	85.6%	99.0%	3.8	2.8	6.6	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Lower GI	Night	644	633	322	610	98.2%	189.3%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Day	1334	1147	903	660	86.0%	73.1%	3.8	2.3	6.2	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E5 Upper GI	Night	645	656	322	449	101.8%	139.3%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E8 Ward	Day	2263	2012	1372	1041	88.9%	75.8%	4.7	2.9	7.6	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR E8 Ward	Night	1555	1145	1116	944	73.6%	84.5%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F11 IF	Day	1765	1318	692	614	74.6%	88.7%	4.2	2.7	6.9	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F11 IF	Night	644	644	644	658	100.0%	102.1%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Day	1331	1040	644	620	78.2%	96.3%	7.5	3.7	11.2	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Unit	Night	656	734	644	242	111.9%	37.5%				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
SUR Acute Surgical Admissions	Day	1976	1675	775	929	84.7%	119.8%	3.6	2.7	6.3	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR Acute Surgical Admissions	Night	959	945	955	1007	98.6%	105.5%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F5 Ward	Day	1766	1518	961	826	85.9%	86.0%	3.7	2.0	5.7	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F5 Ward	Night	1059	984	633	542	92.9%	85.6%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
OPH Eye Short Stay Unit	Day	923	951	774	637	103.1%	82.2%	18.5	13.9	32.4	Safe staffing levels maintained.
OPH Eye Short Stay Unit	Night	297	309	308	308	104.0%	100.0%				Safe staffing levels maintained.
THR F10 Surgical Day Unit	Day	1215	1523	2406	2285	125.4%	95.0%	5.2	7.5	12.7	Additional beds open in the month; inpatients between 12 and 24 per shift.
THR F10 Surgical Day Unit	Night	264	387	264	459	146.4%	174.0%				Additional beds open in the month; inpatients between 12 and 24 per shift.
CAN Acute Onc Services	Day	944	956	446	562	101.3%	126.1%	12.1	8.0	20.1	Staff moved to support other wards; Increase in acuity/dependency of patients in the month.
CAN Acute Onc Services	Night	310	606	322	472	195.4%	146.4%				Increase in acuity/dependency of patients in the month; Staff moved to support other wards.
CAN C4 Solent Ward Clinical Oncology	Day	1226	1275	952	975	104.0%	102.5%	3.8	3.4	7.1	Safe staffing levels maintained.
CAN C4 Solent Ward Clinical Oncology	Night	955	842	633	909	88.2%	143.7%				Band 4 staff working to support registered nurse numbers; Increase in acuity/dependency of patients in the month.
CAN C6 Leukaemia/BMT Unit	Day	2528	2425	221	308	95.9%	139.3%	7.7	0.8	8.5	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAN C6 Leukaemia/BMT Unit	Night	1852	1914	0	144	103.4%	Shift N/A				Safe staffing levels maintained.
CAN C6 TYA Unit	Day	928	801	371	68	86.3%	18.2%	8.7	0.4	9.1	Safe staffing levels maintained by sharing staff resource.
CAN C6 TYA Unit	Night	618	641	0	0	103.7%	Shift N/A				Safe staffing levels maintained.
CAN C2 Haematology	Day	2113	2260	1013	880	107.0%	86.9%	5.8	2.5	7.0	Safe staffing levels maintained by sharing staff resource.
CAN C2 Haematology	Night	1598	1911	966	955	119.6%	98.8%				Safe staffing levels maintained.
CAN D3 Ward	Day	1617	1508	655	1205	93.3%	184.0%	4.3	3.3	7.6	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
CAN D3 Ward	Night	944	989	638	725	104.7%	113.6%				Safe staffing levels maintained.
ECM Acute Medical Unit	Day	3626	3816	3602	2861	105.3%	79.4%	6.3	4.8	11.0	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
ECM Acute Medical Unit	Night	3691	3947	3219	3073	106.9%	95.4%				Safe staffing levels maintained.
MED D5 Ward	Day	1129	1360	1537	1076	120.5%	70.0%	3.0	2.4	5.4	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month; Running on tipping point.
MED D5 Ward	Night	966	944	854	738	97.7%	86.4%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Running on tipping point.
MED D6 Ward	Day	966	1023	1385	1143	105.9%	82.5%	3.0	2.9	6.0	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained; Running on tipping point.
MED D6 Ward	Night	966	969	856	768	100.3%	89.7%				Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained by sharing staff resource; Running on tipping point.
MED D7 Ward	Day	657	670	1051	931	102.0%	88.5%	2.9	3.1	6.0	Safe staffing levels maintained; Staffing appropriate for number of patients.
MED D7 Ward	Night	645	600	356	449	92.9%	126.2%				Safe staffing levels maintained; Increased night staffing to support raised acuity.

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
MED D8 Ward	Day	959	1062	1378	1177	110.7%	85.4%	3.1	2.8	5.9	Increase in acuity/dependency of patients in the month; Staff moved to support other wards
MED D8 Ward	Night	967	934	981	671	96.5%	68.4%				Safe staffing levels maintained
MED D9 Ward	Day	1108	1328	1581	1159	119.9%	73.3%	3.0	2.4	5.4	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained
MED D9 Ward	Night	956	911	845	689	95.3%	81.5%				Safe staffing levels maintained
MED E7 Ward	Day	944	1284	1209	958	136.0%	79.2%	3.1	2.7	5.8	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. Staffing additional non-commissioned beds.
MED E7 Ward	Night	644	923	881	921	143.3%	104.6%				Increase in acuity/dependency of patients in the month; Safe staffing levels maintained. Staffing additional non-commissioned beds.
MED F7 Ward	Day	964	966	1152	981	100.2%	85.2%	2.8	2.9	5.7	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Winter pressures ward .
MED F7 Ward	Night	644	610	644	610	94.6%	94.8%				Safe staffing levels maintained.
MED Respiratory HDU	Day	2199	1248	469	273	56.8%	58.2%	14.5	3.3	17.9	Beds flexed to match staffing; Staff moved to support other wards; Safe staffing levels maintained.
MED Respiratory HDU	Night	1939	1237	322	298	63.8%	92.5%				Beds flexed to match staffing; Staff moved to support other wards; Safe staffing levels maintained.
MED C5 Isolation Ward	Day	1015	1169	992	223	115.2%	22.5%	8.1	2.2	10.3	Increase in acuity/dependency of patients in the month; Safe staffing levels maintained; non-commissioned L2 (HDU) beds .
MED C5 Isolation Ward	Night	945	899	299	344	95.1%	114.9%				Safe staffing levels maintained; Staff moved to support other wards; non-commissioned L2 (HDU) beds .
MED D10 Isolation Unit	Day	997	1041	1180	921	104.4%	78.0%	4.1	3.2	7.3	Safe staffing levels maintained; Increase in acuity/dependency of patients in the month; High Mental health requirment.
MED D10 Isolation Unit	Night	644	942	644	656	146.3%	101.9%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month; High Mental health requirment.
MED G5 Ward	Day	1371	1006	1252	1605	73.4%	128.2%	2.6	3.2	5.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED G5 Ward	Night	966	953	644	747	98.6%	116.0%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Day	1362	1163	1276	1319	85.4%	103.4%	3.2	3.3	6.5	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Night	955	887	633	771	92.9%	121.8%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
MED G7 Ward	Day	661	670	1071	766	101.4%	71.5%	3.7	3.1	6.9	Safe staffing levels maintained; Staff moved to support other wards.
MED G7 Ward	Night	644	656	322	352	101.8%	109.4%				Safe staffing levels maintained.
MED G8 Ward	Day	1396	931	1361	933	66.7%	68.6%	3.2	2.9	6.1	Safe staffing levels maintained; Beds flexed to match staffing.
MED G8 Ward	Night	943	748	644	606	79.3%	94.0%				Safe staffing levels maintained; Beds flexed to match staffing.
MED G9 Ward	Day	1154	1234	1299	1132	106.9%	87.2%	4.3	3.3	7.5	Safe staffing levels maintained; Increase in acuity/dependency of patients in the month
MED G9 Ward	Night	966	1106	644	679	114.5%	105.4%				Safe staffing levels maintained; Increase in acuity/dependency of patients in the month
MED Bassett Ward	Day	1199	922	2252	1875	76.9%	83.3%	2.8	4.0	6.8	Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
MED Bassett Ward	Night	966	1048	955	943	108.5%	98.8%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.

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
CHI High Dependency Unit	Day	1422	977	0	162	68.7%	Shift N/A	13.6	1.6	15.2	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI High Dependency Unit	Night	956	903	0	57	94.5%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1711	1500	725	664	87.7%	91.5%	8.2	4.2	12.4	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Paed Medical Unit	Night	1536	1243	616	720	80.9%	116.8%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Day	5918	4837	1070	457	81.7%	42.7%	26.2	3.0	29.2	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5152	4425	748	610	85.9%	81.5%				Beds flexed to match staffing; Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3491	2159	988	301	61.8%	30.5%	15.1	2.8	17.9	Non-ward based staff supporting areas; Support workers used to maintain staffing numbers; Beds flexed to match staffing; safe staffing levels maintained.
CHI Piam Brown Unit	Night	1287	923	644	265	71.8%	41.1%				Beds flexed to match staffing; Support workers used to maintain staffing numbers; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Day	1900	1607	570	589	84.6%	103.3%	7.8	2.5	10.3	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1289	1349	299	380	104.6%	126.9%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Bursledon House	Day	791	536	570	508	67.7%	89.0%	4.2	4.0	8.2	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Bursledon House	Night	176	176	176	176	100.0%	100.0%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	707	640	837	180	90.6%	21.4%	7.8	1.1	8.9	Safe staffing levels maintained; No requirement for Support workers.
CHI Ward G2 Neuro	Night	670	635	672	0	94.8%	0.0%				Safe staffing levels maintained.
CHI Ward G3	Day	2177	2045	1607	922	93.9%	57.4%	8.4	3.1	11.5	Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Ward G3	Night	1541	1774	925	511	115.1%	55.2%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Ward G4 Surgery	Day	2218	1873	1123	834	84.5%	74.3%	8.0	3.1	11.1	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Ward G4 Surgery	Night	1542	1367	616	437	88.6%	70.9%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Day	1033	877	677	363	84.9%	53.7%	5.5	2.8	8.2	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; Beds flexed.
W&N Bramshaw Womens Unit	Night	633	644	598	404	101.8%	67.5%				Safe staffing levels maintained.
W&N Neonatal Unit	Day	6197	4657	1526	869	75.2%	56.9%	16.4	2.9	19.2	Safe staffing levels maintained..
W&N Neonatal Unit	Night	4864	3781	1232	617	77.7%	50.1%				Safe staffing levels maintained..
W&N PAH Maternity Service combined	Day	9637	7827	3860	2523	81.2%	65.4%	10.8	3.4	14.2	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	6127	4900	1848	1436	80.0%	77.7%				Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services..

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
CAR CHDU	Day	4738	4013	1634	1062	84.7%	65.0%	16.2	3.9	20.0	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; beds reduced x 2 to 18 due to COVID mitigation.
CAR CHDU	Night	3741	3580	957	749	95.7%	78.2%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Coronary Care Unit	Day	2369	2564	915	837	108.2%	91.5%	9.6	3.5	13.1	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
CAR Coronary Care Unit	Night	2029	2138	825	869	105.4%	105.3%				Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
CAR Ward D4 Vascular	Day	1766	1536	964	771	87.0%	80.0%	4.3	2.8	7.1	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained; staffing moved to support day unit over night .
CAR Ward D4 Vascular	Night	903	873	924	771	96.7%	83.4%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E2 YACU	Day	1423	1278	770	812	89.8%	105.5%	4.4	3.5	7.9	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
CAR Ward E2 YACU	Night	638	660	616	737	103.4%	119.6%				Safe staffing levels maintained; Staffing appropriate for number of patients
CAR Ward E3 Green	Day	1468	1328	1347	862	90.4%	64.0%	3.5	2.8	6.3	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E3 Green	Night	642	655	715	713	102.1%	99.7%				Safe staffing levels maintained; Safe staffing levels maintained.
CAR Ward E3 Blue	Day	1264	1188	1025	710	94.0%	69.2%	3.8	3.0	6.8	Safe staffing levels maintained; Staff moved to support other wards.
CAR Ward E3 Blue	Night	638	608	617	727	95.3%	117.8%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
CAR Ward E4 Thoracics	Day	1524	1432	1187	811	94.0%	68.4%	4.5	2.8	7.3	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
CAR Ward E4 Thoracics	Night	943	927	418	667	98.3%	159.5%				Safe staffing levels maintained by sharing staff resource; Additional staff used for enhanced care - Support workers.
CAR Ward D2 Cardiology	Day	1232	1001	690	613	81.3%	88.8%	4.1	3.1	7.3	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
CAR Ward D2 Cardiology	Night	641	642	616	627	100.2%	101.8%				Safe staffing levels maintained; Safe staffing levels maintained.
NEU Acute Stroke Unit	Day	1338	1484	2407	2036	110.9%	84.6%	3.1	4.4	7.5	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	915	917	1540	1386	100.2%	90.0%				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	1087	797	370	224	73.3%	60.4%	8.0	4.1	12.2	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU Regional Transfer Unit	Night	616	473	616	429	76.8%	69.6%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU ward E Neuro	Day	1716	1479	1028	952	86.2%	92.6%	3.8	3.3	7.1	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU ward E Neuro	Night	1233	1025	924	1216	83.1%	131.6%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU HASU	Day	1382	1227	372	374	88.8%	100.4%	6.8	2.8	9.5	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU HASU	Night	1221	932	308	508	76.3%	164.8%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU Ward D Neuro	Day	1729	1621	1749	1459	93.8%	83.4%	3.9	4.0	7.9	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Night	1233	1169	1529	1346	94.9%	88.0%				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
SPI Ward F4 Spinal	Day	1389	1538	1064	1067	110.7%	100.3%	4.3	3.6	7.8	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.
SPI Ward F4 Spinal	Night	924	991	923	1044	107.3%	113.2%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
T&O Ward Brooke	Day	943	1001	987	543	106.1%	55.0%	3.4	2.8	6.2	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward Brooke	Night	644	633	966	793	98.2%	82.0%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
T&O Trauma Admissions Unit	Day	837	581	689	529	69.4%	76.8%	13.5	12.9	26.4	Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
T&O Trauma Admissions Unit	Night	617	529	616	528	85.7%	85.7%				Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F1 Major Trauma Unit	Day	2138	2047	1676	1738	95.8%	103.7%	4.3	4.1	8.4	Safe staffing levels maintained; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F1 Major Trauma Unit	Night	1610	1571	1610	1700	97.6%	105.6%				Safe staffing levels maintained; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Day	1508	1174	1717	1876	77.9%	109.3%	3.0	4.7	7.8	Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Night	924	898	1232	1361	97.2%	110.5%				Safe staffing levels maintained; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F3 Trauma	Day	1422	1523	1786	1373	107.1%	76.9%	3.7	4.4	8.2	Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F3 Trauma	Night	924	836	1232	1419	90.5%	115.1%				Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F4 Elective	Day	1280	1102	709	748	86.1%	105.4%	3.8	2.9	6.7	Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F4 Elective	Night	616	673	606	629	109.1%	103.9%				Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month.

Report to the Trust Board of Directors				
Title:	**Revised Infection Prevention and Control Board Assurance Framework**			
Agenda item:	**5.7**			
Sponsor:	**Gail Byrne, Director of Infection Prevention & Control (DIPC)**			
Author:	**Julie Brooks, Head of Infection Prevention**			
Date:	**31 March 2022**			
Purpose	**Assurance or reassurance** Yes	**Approval**	**Ratification**	**Information**
Issue to be addressed:	Trust compliance with UKHAS COVID-19 related infection prevention and control guidance.			
Response to the issue:	Self-assessment of compliance with UKHSA prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021-2022 and other related infection prevention and control guidance to identify risks associated with COVID-19 and other respiratory viral infections to identify risks, gaps in assurance and actions to mitigate/control risks.			
Implications: (Clinical, Organisational, Governance, Legal?)	Legal duty to protect service users and staff from avoidable harm in a healthcare setting: 'Code of Practice on the prevention and control of infection'/ Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) and the legal duty to ensure the health and safety of all employees whilst at work and of any persons affected by the Trust's activities, as per the Health & Safety at Work etc Act (1974).			
Risks: (Top 3) of carrying out the change / or not:	Risk of hospital acquired COVID-19. Risk of harm to staff and patients.			
Summary: Conclusion and/or recommendation	Board members should note that there is good evidence and overall assurance of compliance with IPC national guidance for COVID19 and other seasonal respiratory viruses. Key areas for future assurance relate to: • Infection Prevention and other related audit programmes to be reinstated • Ongoing arrangements for monitoring of IPC practices.			

Infection Prevention and Control Board Assurance Framework (February 2022)

Background & introduction.

Effective infection prevention and control is fundamental to our efforts. NHS England and NHS Improvement have further developed this board assurance framework (published December 2021 v1.8) to support all healthcare providers to effectively self-assess their compliance with UKHSA prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021-2022 and other related infection prevention and control guidance to identify risks associated with COVID-19 and other respiratory viral infections. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards. Using the framework is not compulsory, however its use as a source of internal assurance will help support organisations maintain quality standards.

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users may pose to them			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
a respiratory season/winter plan is in place: o that includes point of care testing (POCT) methods for seasonal respiratory viruses to support patient triage/placement and safe management according to local needs, prevalence, and care services o to enable appropriate segregation of cases depending on the pathogen. o plan for and manage increasing case numbers where they occur. o a multidisciplinary team approach is adopted with hospital leadership, estates & facilities, IPC Teams and clinical staff	Detailed UHS Operational plan (May 2021-April 2022) which outlines plans/responses for winter including surge plans in event of increasing case numbers. Infection Prevention & Control guidelines updated in November 2021 to include other seasonal respiratory viruses along with COVID-19– covers testing,	None	

to assess and plan for creation of adequate isolation rooms/units as part of the Trusts winter plan.	triage/placement and patient management. UHS has continued to adopt the use of COVID-19 care pathways to support the ongoing delivery of service provision during winter 2021-22 to ensure the safety of patients, staff and visitors. POCT testing is available in AMU (also used where required by Emergency Dept) and MAOS. Rapid in lab testing available/accessible to all other admission areas and for inpatients who develop respiratory symptoms. MDT approach in place in relation to estates capacity planning (not specific to winter plan) which includes consideration to creating additional single room/isolation capacity. Additional single isolation rooms created over last 2 years (GICU new build, C2, G8, E8, Children's Hospital.		
health and care settings continue to apply COVID-19 secure workplace requirements as far as practicable, and that any workplace risk(s) are mitigated for everyone.	COVID secure measures remain in place in all clinical and non-clinical spaces within the hospital buildings. Measures include physical distancing, hand hygiene, universal mask use,	None	

	cleaning of equipment/the environment, enhancing ventilation, maximum room occupancy requirements, working from home, restriction on activities as per UHS roadmap, testing and screening.		
Organisational /employers risk assessments in the context of managing seasonal respiratory infectious agents are: o based on the measures as prioritised in the hierarchy of controls. including evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new variants of concern in the local area. o applied in order and include elimination; substitution, engineering, administration and PPE/RPE. o communicated to staff.	UHS guidance for managing seasonal respiratory infection takes into account the hierarchy of controls, appraisal of national IPC guidance, evidence on modes of transmission, assessment of the ongoing pandemic situation locally, within the UK and globally, including the potential risks presented by COVID-19 variants of concern (VOC),	None.	
safe systems of working; including managing the risk associated with infectious agents through the completion of risk assessments have been approved through local governance procedures, for example Integrated Care Systems.	A multidisciplinary approach to risk assessment/decision making anis undertaken involving specialists such as Infection Prevention Team, Microbiologists, Virologists, Health & Safety, Occupational Health. All IP&C guidance and recommendations are approved by the IP&C Gold command committee, chaired by the Chief		

	Nurse (DIPC). Additional oversight, assurance and governance is undertaken by the executive team where required. Local COVID secure risk assessments undertaken for non-clinical spaces. Risk assessment for inpatient and outpatient areas have been undertaken using NHSE Every action counts risk assessment tools. Local ICB lead and regional IPC lead have been appraised and informed of all practices/variations to national guidance.		
if the organisation has adopted practices that differ from those recommended/stated in the national guidance a risk assessment has been completed and it has been approved through local governance procedures, for example Integrated Care Systems.	UHS has continued to adopt two key practices that differ from those recommended in the national guidance for winter 2021-22: PPE guidance: UHS continues to adopt a higher level of PPE for staff than that recommended in the national guidance- PPE guidance originally	None	

	reviewed and amended in December 2020, to reflect the increased transmission risk of new variants with guidance in recommending the use of either FFP3 or PERSO respirator in high-risk pathways and for all AGPs, regardless of the pathway. This went above and beyond national IPC guidance and continues to do so. <u>COVID-19 pathways</u> Following an appraisal of the updated IPC guidance, evidence on modes of transmission for COVID-19, assessment of the ongoing pandemic situation locally, within the UK and globally, including the potential risks presented by COVID-19 variants of concern (VOC), UHS has continued to adopt the use of care pathways and robust infection prevention measures to support the ongoing delivery of service provision during winter 2021-22 to ensure the safety of patients, staff and visitors. All IP&C guidance and recommendations are approved		

	by the IP&C Gold command committee, chaired by the Chief Nurse (DIPC). Additional oversight, assurance and governance is undertaken by the executive team where required. Local ICB lead and regional IPC lead have been appraised and informed of all practices/variations to national guidance.		
risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents.	A multidisciplinary approach to risk assessment/decision making is undertaken involving specialists such as Infection Prevention Team, Microbiologists, Virologists, Health & Safety, Occupational Health. All IP&C guidance and recommendations are approved by the IP&C Gold command committee, chaired by the Chief Nurse (DIPC). Additional oversight, assurance and governance is undertaken by the executive team where required.	None	
if an unacceptable risk of transmission remains following the risk assessment, the extended use of Respiratory Protective Equipment (RPE) for patient care in specific situations should be considered.	UHS PPE guidance was reviewed and amended in December 2020, to reflect the increased transmission risk of new variants with guidance in recommending	None	

	the use of either FFP3 or PERSO respirator in high-risk pathways and for all AGPs, regardless of the pathway. This went above and beyond national IPC guidance and continues to do so.		
ensure that patients are not transferred unnecessarily between care areas unless, there is a change in their infectious status, clinical need, or availability of services	Process in place for proactive bed planning and management focusing on forward planning to ensure sufficient bed capacity in COVID and non-COVID areas - involving collaborative input from the Head of Site, DHNs, Infection Prevention Lead and Deputy COO.	As a consequence of significant operational pressures impacting on capacity, additional patient moves have occurred.	Ongoing review of bed management and planning. Key IP&C principles for outlying developed to minimise infection transmission risk. Measures in place in all clinical areas to reduce risk of transmission of infection including regular inpatient testing, physical distancing, universal use of masks, IP&C precautions.
the Trust Chief Executive, the Medical Director or the Chief Nurse has oversight of daily sitrep.in relation to COVID-19, other seasonal respiratory infections, and hospital onset cases	Nosocomial SITREP managed by informatics team with sign off by Head of Site Operations before submission. The Chief nurse is in receipt of data. Data submitted is reported to the Trust board. A robust surveillance system is in place to enable the Infection prevention Team to identify hospital-onset cases of COVID19	None	

	and outbreaks/clusters of infection amongst patients and/or staff. Incident/outbreak management plan activated where required - includes the involvement of Chief Nurse/DIPC. Reporting of new cases of hospital-onset infection or outbreaks/clusters of infection at daily trust COVID incident meeting. CEO kept informed of case numbers, COVID healthcare-associated infection and outbreaks.		
there are check and challenge opportunities by the executive/senior leadership teams of IPC practice in both clinical and non-clinical areas	Regular walkabouts by the executive and senior leadership teams. Talk to David (CEO) sessions for all bands of staff Staff behaviour is acknowledged and addressed with individuals when non-compliance is identified. Proactive reinforcement of good practice. Escalation processes are in place.	None	

resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors).	Policies and guidelines in place with supporting resources outlining expected standards of IPC practice. Updates to guidance are widely disseminated via a range of avenues. Ongoing promotion of expected IPC practice via a range of routes. Ongoing monitoring and spotchecks of IPC practices in clinical and non-clinical spaces (including mask use, PPE use, physical distancing, hand hygiene, cleaning) via: • local IPC champions/link staff • Ward leader/Matron walkabouts & spotchecks • Infection Prevention Team daily reviews of high-risk areas. • Infection Prevention Team #dontgoviral walkabouts/reviews in clinical areas.	Infection Prevention Audit Programme suspended in October 2021 due to significant operational/clinical pressures	Ongoing monitoring and spotchecks. Infection Prevention Audit programme to re-start in April 2022.
the application of IPC practices within this guidance is monitored, eg: o hand hygiene. o PPE donning and doffing training. o cleaning and decontamination			

	• COVID secure walkabouts (H&S and IPT) in non-clinical areas. • COVID risk assessment checklist review in non-clinical spaces. • EMT cleanliness audits Infection Prevention Audit Programme		
the IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board.	The framework has been presented, reviewed and discussed at: • Covid Integrated Assurance Executive Group May 2020 • Quality Committee & Trust board Nov 2020 and June 2021. This updated version to be presented at Quality Committee and Trust Board in March 2022. Chief Nurse/DIPC ongoing updates/assurance to Trust Board.	None	
the Trust Board has oversight of ongoing outbreaks and action plans.	DIPC/Chief Nurse (Director of Infection Prevention & Control) has oversight of all ongoing outbreaks and action plans, supported by the Chief Medical officer.	None	

	DIPC provides updates to Trust Board including learning and actions. Learning from outbreaks presented to Trust Quality Committee and included IP&C reports to Trust Executive Committee and Trust Board.		
the Trust is not reliant on a particular mask type and ensure that a range of predominantly UK Make FFP3 masks are available to users as required.	Masks obtained from national PPE hub. 14 different FFP3 masks types are now available	None	
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
the Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level.	National Cleaning Standards are embedded into the specification of the cleaning contract and are reported formally to the Infection Prevention Committee, which reports to TEC and Trust board.	None	
the organisation has systems and processes in place to identify and communicate changes in the functionality of areas/rooms	There is a formal monitoring process for the use of rooms, with a formal variation process	Occasionally wards/departments do not always	Monthly contract overview meetings include various stakeholders from the projects team to clinical

	with the domestic services should a change in functionality be required. This is validated through monthly review meetings with the domestic contractor.	communicate the change of use in a room.	representation and report of changes as an agenda item. Monthly finance/variation review meetings explore changes to ensure appropriate specification is delivered and funded. Robust internal EFCD discussions and engagement with the facilities contract manager reduce the risk of missing changes. Fortnightly operational meetings with clinical staff and the environmental monitoring team may catch further anomalies.
cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment.	Regular audits in line with the national cleaning standard requirements are conducted. In excess of 300 audits per month. Each audit is followed with an outcome report, exceptions list and action plan circulated to the relevant clinical leadership, estates representative and facilities team, to ensure that a clean environment is maintained. Additional monitoring through patient satisfaction reports, cleaning specific questions, and monthly PLACE assessments undertaken and reported.	Occasional individual failures may occur.	Regular auditing of NCS Monthly PLACE assessments Management walkabouts to monitor standards. Robust and well articulated escalation protocol. Fortnightly operational cleaning engagement meetings

	Enhanced touchpoint cleaning is also in place		
increased frequency of cleaning should be incorporated into the environmental decontamination schedules for patient isolation rooms and cohort areas.	Trust-wide enhanced touchpoint cleaning (2xdaily) in place in all clinical areas and public areas in addition to routine scheduled cleaning.	None	
Where patients with respiratory infections are cared for : cleaning and decontamination are carried out with neutral detergent or a combined solution followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance.	Cleaning of the environment undertaken with Sochlor (1000ppm available chlorine combined detergent and disinfectant) Cleaning of equipment undertaken with Actichlor Plus or Sochlor (1000ppm available chlorine combined detergent and disinfectant) or Clinell universal sanitising wipes (assessed by the IPT as effective against enveloped viruses/COVID19)	None	
if an alternative disinfectant is used, the local infection prevention and control team (IPCT) are consulted on this to ensure that this is effective against enveloped viruses.	The use of Clinell universal sanitising wipes has been assessed by the IPT as effective against enveloped viruses/COVID19.	None	
manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products	Products are used in line with manufacturers' guidance, including dilutions, contact times and requirements for both	None	

	products to air dry to be effective.		
a minimum of twice daily cleaning of: o patient isolation rooms. o cohort areas. o Donning & doffing areas o 'Frequently touched' surfaces eg, door/toilet handles, patient call bells, over bed tables and bed rails. o where there may be higher environmental contamination rates, including: o toilets/commodes particularly if patients have diarrhoea.	Patient isolation rooms, cohort areas & donning/doffing areas cleaned at least twice/three times daily as per agreed cleaning SLA for the area Trust-wide enhanced touchpoint cleaning (2xdaily) in place in all clinical areas and public areas in addition to routine scheduled cleaning. Items contaminated with secretions, excretions or body fluids cleaned by clinical staff in clinical areas. Serco in public areas	Ongoing assurance required that twice-daily touch point cleaning undertaken includes all frequently touched' surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails and is carried out consistently.	Monitoring/spotchecks to ensure that the agreed SOP is being followed plus confirmation of expected standards from ward leaders. Ongoing communication reminder to clinical staff of the need to clean frequently touched items/contaminated items/surfaces and monitoring/spotchecks of compliance.
A terminal/deep clean of inpatient rooms is carried out: o following resolutions of symptoms and removal of precautions. o when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens);	Terminal cleaning (including curtain change) of isolation rooms, bed spaces, cohort areas (following the movement of a patient with suspected/confirmed infection, resolution of symptoms or following discharge/transfer) using combined detergent/1000ppm available	Need assurance that rooms are left for the required length of time prior to cleaning after AGPs	Monitoring/spotchecks to be undertaken in areas that frequently carry out AGPs.

o following an AGP if room vacated (clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room).	chlorine. Record of terminal clean requests/completion held by Serco domestic services team.		
reusable non-invasive care equipment is decontaminated: o between each use. o after blood and/or body fluid contamination o at regular predefined intervals as part of an equipment cleaning protocol o before inspection, servicing, or repair equipment.	Guidance in place regarding decontamination of re-usable equipment between patient use plus daily/weekly. Cleaning roles & responsibilities daily/weekly checklist in place to document assurance. Use of 'I am clean' labels.	Further assurance/evidence that reusable equipment is cleaned between patient use Audits by EMT highlight that a small number of areas are not meeting expected standards.	Observations of practice/spotchecks to be undertaken. Assurance/confirmation of regular review of cleaning checklists by ward/dept leader and matron as per agreed trust standards and expectations for clinical cleaning assurance Launch of updated cleaning roles and responsibilities framework.
Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment.	Regular audits in line with the national cleaning standard requirements are conducted, which includes cleaning of patient care equipment. Spotchecks of cleaning of patient care equipment included in IPT reviews e.g. infection surveillance, #dontgoviral walkabouts.	None	

As part of the Hierarchy of controls assessment: ventilation systems, particularly in, patient care areas (natural or mechanical) meet national recommendations for minimum air changes refer to country specific guidance. In patient Care Health Building Note 04-01: Adult in-patient facilities	Site-wide survey of ventilation in clinical /non-clinical areas undertaken by estates team in 2020/21. Some patient care areas do not have mechanical ventilation. Some areas have mechanical ventilation but performance is lower than expected standards. A number of patient areas do not meet national recommendations for minimum air changes.	Assurance is required on progress and timelines for actions to improve ventilation following site-wide survey. Ventilation is identified as one of the estates highest priorities for addressing. Included in the backlog maintenance replacement programme to be addressed when funds are available	Additional purchase of HEPA-filtration units has been undertaken to support air dilution in clinical areas. Process in place for prioritisation of areas for placement of HEPA-filtration units.
the assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer.	Site wide assessment of ventilation undertaken by estates team. Authorised engineer in place to provide specialist advice. The Ventilation Safety group meets regularly. Collaborative working between estates team and IPT.	None	
a systematic review of ventilation and risk assessment is undertaken to support location of patient care areas for respiratory pathways	Ventilation is assessed/reviewed when determining the location of patient care areas allocated for the respiratory/high-risk COVID 19 pathway. Where standards do not meet national recommendations, HEPA	None	

	filtration units have been deployed to increase air dilution. L2 and 3 COVID positive areas meet recommended standards. L1 COVID positive areas: G-level west wing meets recommended standards. Maternity and Children's hospital have HEPA filtration units deployed. HEPA filtration units deployed in other high-risk areas e.g. admission areas/pathways.		
where possible air is diluted by natural ventilation by opening windows and doors where appropriate	Promotion of the need to open windows in all spaces (where able) to promote airflow via staff briefings and communications.	Awareness and compliance by staff with the practice of opening of windows.	Ongoing promotion of the need to regularly open windows in all areas messaging via communications, walkabouts/reviews & spotchecks.
where a clinical space has very low air changes and it is not possible to increase dilution effectively, alternative technologies are considered with Estates/ventilation group.	Significant investment has been made in air purifying/HEPA-filtration units to support air dilution in clinical areas. Process in place to prioritise and deploy HEPA-filtration units by IPT in collaboration with estates team. Units deployed to high-risk areas e.g. admission units and deployed where concerns with the transmission of COVID19 have been identified.	No documented standard operating procedure and agreed governance process in place for use of alternative technologies. Estates/IPT report instances where HEPA filtration units have been turned off by ward staff or patients.	A process is in place to prioritise and deploy HEPA-filtration units by IPT in collaboration with the estates team. Walkabouts/communications to areas to remind of the need to ensure that HEPA filtration units remain switched on at all times. Standard operating procedure in development.

when considering screens/partitions in reception/ waiting areas, consult with estates/facilities teams, to ensure that air flow is not affected, and cleaning schedules are in place.	Each request is followed through with a Covid secure risk assessment, this was updated following an HSE review in Summer 2021. Any screens installed are not full height and allow air still to circulate. Ongoing spotchecks/monitoring in place.	None	
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure:			
arrangements for antimicrobial stewardship are maintained	Comprehensive Trust antimicrobial treatment guidelines are regularly updated Regular antimicrobial stewardship ward rounds Regular Trust and Paediatric Antimicrobial Stewardship Team meetings	The activity of the Antimicrobial Pharmacy Team diverted to COVID vaccination and treatment, meaning AMS and guideline updating, antimicrobial	Recruitment to the additional antimicrobial pharmacist and clinical microbiology posts required Reduction in COVID-related commitments of Antimicrobial Pharmacist team required
previous antimicrobial history is considered	Regular antimicrobial stewardship ward rounds in which previous antimicrobial history is reviewed		

	Previous antimicrobial therapy is always considered when advice on antimicrobials is given by clinical microbiology/ID and antimicrobial pharmacists	usage audits have been delayed Lack of formal AMS input into Adult General Surgery, General and Specialist Medicine, ENT, Urology, O&G Lack of formal antimicrobial pharmacy or clinical microbiology support for paediatric AMS/OPAT	
the use of antimicrobials is managed and monitored: o to reduce inappropriate prescribing. o to ensure patients with infections are treated promptly with correct antibiotic.	Comprehensive Trust antimicrobial treatment guidelines are regularly updated Regular antimicrobial stewardship ward rounds Regular Trust and Paediatric AST meetings where antimicrobial consumption data is reviewed Retrospective reviews of all hospital-onset *C. difficile* cases to highlight problem prescribing/learning opportunities Regular audits of antimicrobial prescribing		
risk assessments and mitigations are in place to avoid unintended consequences from other pathogens	Regular antimicrobial stewardship ward rounds		

	Retrospective reviews of all hospital onset *C. difficile* cases to highlight problem prescribing/learning opportunities Regular audits of antimicrobial prescribing		
mandatory reporting requirements are adhered to, and boards continue to maintain oversight.	Antimicrobial usage reports generated monthly; regular reports to TEC and Trust Board of antimicrobial usage	None	
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
visits from patient's relatives and/or carers (formal/informal) should be encouraged and supported whilst maintaining the safety and wellbeing of patients, staff and visitors	Trust visiting guidance, taking into consideration national guidance on visiting, is in place and kept under ongoing review. Visiting continues to be facilitated in a risk-managed/COVID secure way whilst the prevalence of COVID-19 remains at high levels in the community and whilst IPC	Need assurance of compliance with visitor policy. Some inconsistencies between clinical areas in the interpretation of restrictions.	Revised visitor guidance launched 28th February 2022. Further review is scheduled for the end March 2022. Ongoing reminders/briefings to be circulated to staff. Matrons actively discuss visiting with their nursing teams on a daily basis.
national guidance on visiting patients in a care setting is implemented.			
restrictive visiting may be considered appropriate during outbreaks within inpatient areas This is an organisational decision following a risk assessment.			

	requirements remain within hospital settings. Limits on visiting remain including numbers visiting, duration of visiting and a visitor approval process. Options for virtual visiting still in place. Designated door staff remain in place on some entrances and undertake checks /allow access to approved visitors only. Visiting fully restricted (unless exceptional circumstances) in inpatient areas where outbreaks are occurring as advised by the IPT.		Escalation of issues by door staff to Matrons for areas.
there is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, wearing of facemask/face covering and physical distancing.	#dontgoviral campaign (WASH, WALK, WEAR) – signage across hospital sites including in entrances, on hand gel stations, lifts, restaurants/cafes, lifts, corridors. Information is available on the Trust's public website and regular	None	

	information shared on Trust social media platforms. Patient information leaflet developed and available to clinical areas to promote wash, walk wear. Screensavers are used to promote and remind staff.		
if visitors are attending a care area with infectious patients, they should be made aware of any infection risks and offered appropriate PPE. This would routinely be an FRSM.	All visitors are required to wear a surgical face mask throughout hospital buildings, unless exempt. Visitor guidance outlines the need for staff to outline risks at the point of booking visiting. PPE requirements for visitors outlined in Visitor policy.	Assurance that visitors are informed of infection risks and offered additional PPE where required.	Spotchecks to be undertaken.
visitors with respiratory symptoms should not be permitted to enter a care area. However, if the visit is considered essential for compassionate (end of life) or other care reasons (eg, parent/child) a risk assessment may be undertaken, and mitigations put in place to support visiting wherever possible.	Visitor guidance outlines the need for staff to ensure that visitors' are aware that they should not visit if they have respiratory symptoms. Designated door staff remain in place on some entrances and undertake screening checks. Where visiting is considered essential a risk assessment is undertaken, often with	None	

	involvement of the IPT, and agreed mitigation measures put in place.		
visitors are not present during AGPs on infectious patients unless they are considered essential following a risk assessment eg, carer/parent/guardian.	Where visiting is considered essential a risk assessment is undertaken by the clinical team	None	
Implementation of the Supporting excellence in infection prevention and control behaviours Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	Internal UHS strategies and campaigns successfully developed and implemented to support Infection prevention practice and behaviours in place of the national toolkit: COVIDZero & #dontgoviral. These have been used in place of the national toolkit.	None	
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
signage is displayed prior to and on entry to all health and care settings instructing patients with respiratory symptoms to inform receiving reception staff, immediately on their arrival.	Signage in place promoting #dontgoviral principles. Good pre-hospital communication in place - appointment letters and reminder texts include advice on	No specific signage in place with information instructing patients with respiratory symptoms.	Appointment letters and reminder texts include advice on what to do if patients have symptoms. Designated door staff remain in place on some entrances and undertake screening checks. Process

	what to do if patients have symptoms. Information on trust website regarding to not to attend or to contact relevant dept if displaying symptoms.		in place in the event that an individual reports symptoms. Screening questions asked in outpatient depts. Triage checklist used in all admission pathways. Further review of signage at entrances.
infection status of the patient is communicated to the receiving organization, department or transferring services, when a possible or confirmed seasonal respiratory infection needs to be transferred.	evidence of documented infection status on discharge summaries/transfer documents	Lack of assurance on degree of compliance that infection status is always communicated.	Documentation checks to be undertaken.
staff are aware of agreed template for screening questions to ask.	Triage checklist developed for use by clinical/dept teams – updated November 2022 to include cover seasonal winter respiratory viruses and gastroenteritis as well as COVID19 screening questions. Evidence from IPT #dontg viral observations/reviews that staff are aware of the screening questions. Screening questions are asked to patients/visitors entering the	Ongoing assurance that staff are aware of and using the triage checklist	Further Spotchecks to be undertaken to monitor compliance.

	building via door staff on manned entrances.		
screening for COVID-19 is undertaken prior to attendance wherever possible to enable early recognition and to clinically assess patients prior to any patient attending a healthcare environment.	Policy in place for all patients to be triaged and screened on admission or pre-admission.	Evidence of documentation of triage screening in patient's notes.	Ongoing reminders/briefings to be circulated to staff to complete documentation. Spot audit of documentation to be undertaken to monitor compliance.
front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19/ other respiratory infection symptoms and segregation of cases to minimise the risk of cross-infection as per national guidance.	Triaging arrangements in place in ED and placement in a designated respiratory assessment area. Triage and segregation in place in other admission areas e.g.AMU, AOS, ASU, TAU. Respiratory virus flow chart for adult admission pathways developed and disseminated. Direct transfer to COVID positive ward for confirmed positive COVID19 cases. Isolation of other confirmed respiratory viral pathogens. The three COVID19 pathways have remained in place for winter 2021-22.	None	
triage is undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible.	Triage checklist in place. Triage undertaken by train nursing/medical staff/AHP staff on admission/pre-admission and patients allocated to appropriate pathway accordingly.	Ongoing assurance that staff are aware of and using the triage checklist	Further Spot checks to be undertaken to monitor compliance

there is evidence of compliance with routine patient testing protocols in line with trust approved hierarchies of control risk assessment and approved	Admission & inpatient testing requirements in place: All emergency admissions are tested on admission. Patients who develop symptoms of COVID-19 after admission are retested at the point symptoms arise. Routine inpatient testing in place for the duration admission – 3xweekly patients in Divisions B&D, twice weekly in Divisions A&C. No patient will go longer than 3 days without being retested. Patients being discharged to a care home are tested 48 hours prior to discharge Elective patients tested with PCR within 3 days prior to admission or Lateral flow test on the day of admission. A review of screening data demonstrates overall good compliance with testing protocols.	Evidence from the investigation of hospital-onset cases/outbreaks of COVID-19 that on a small number of occasions inpatients have missed testing opportunities. Evidence that on a small number of occasions patients elective patients requiring a PCR test prior to admission have not had one which has led to delays in surgery/theatre lists.	Review of elective pathways and testing requirements underway.
patients with suspected or confirmed respiratory infection are provided with a surgical facemask (Type II or Type IIR) to be worn in multi-bedded bays and communal areas if this can be tolerated.	Face masks are available, provided for all patients in all pathways regardless of symptoms.	Evidence that not all patients are wearing masks even if able to do so.	Ongoing communications and awareness to staff to promote mask use amongst patients.

	Patients are encouraged to wear masks and written information is also available.		
patients with respiratory symptoms are assessed in a segregated area, ideally a single room, and away from other patients pending their test result patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting testing.	Patients with respiratory symptoms are placed in identified locations (bays or siderooms) within admission areas.	None	
patients at risk of severe outcomes of respiratory infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare eg, priority for single room isolation and risk for their families and carers accompanying them for treatments/procedures must be considered.	Trust isolation policy and protective isolation policy includes requirements for patients (patient placements and IPC precautions) who are severely immunocompromised and at increased risk from infection	None	
where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes.	A clinical risk assessment is undertaken on a case by case basis by clinical teams.	Lack of clear guidance on the timing of surgery post COVId19 infection leads to some variation in practices.	Guidance for Elective Procedures Post COVID-19 Infection developed and shared (Feb 2022) to facilitate clinician decision making for patients undergoing elective surgery post-COVID-19 infection.
face masks/coverings are worn by staff and patients in all health and care facilities.	All staff, patients and visitors are required to wear a surgical face mask throughout hospital buildings, unless exempt.	Evidence that not all patients are wearing masks even if able to do so.	Ongoing communications and awareness to staff to promote mask use amongst patients.

	Guidance, resources and promotional materials in place.	Observations on a small number of occasions that staff are not always wearing masks correctly.	Ongoing communications and awareness to staff to promote correct mask use.
where infectious respiratory patients are cared for physical distancing remains at 2 metres distance.	2m spacing of beds achieved where operational capacity allows. A risk assessment approach is in place supported by the IPT. Where 2m cannot be achieved, means of physical separation of patients are put in place plus additional IP&C measures e.g. • concept of bed, chair locker is implemented. • Use privacy curtains or screens between bed-spaces to physically separate patients from each other and minimise opportunities for close contact (risk assess to ensure that this does not compromise patient safety). • Improving ventilation opening windows, use of air purifiers • Promotion of wearing of masks by patients	Assurance of that additional means of separation are being maintained e.g. concept of bed/chair/locker. Use of privacy curtains.	Monitoring/spotchecks of compliance • Ward leader/Matron walkabouts & spotchecks • Infection Prevention Team #dontgoviralwlakabouts walkabouts/reviews in clinical areas. • Spot-checks undertaken as part of walkabouts and Infection Prevention Team visits to clinical areas • Spot-checks by senior nurses and infection prevention link staff in some areas.

	• Individual patients are advised to socially distance from other patients in the bay e.g. not sit on each other's beds etc		
patients, visitors, and staff can maintain 1 metre or greater social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, eg, to protect reception staff.	2m social and physical distancing requirements have remained in place within clinical and non-clinical areas in UHS. Screens in place in the majority of reception areas/desks. A risk assessment is undertaken regarding social/physical distancing in OPDs and radiology and minimum agreed Trust requirement reduced to 1m+ in July 2020 providing the required safety measures can be met. OPD/Radiology assurance checklists were introduced to facilitate a safe 1 metre plus socially distanced environment. Emergency dept also risk assessed to move to 1m+ in 2021.	Ongoing assurance that required safety measures are in place to support 1m+ requirements in radiology & OPDs.	Update and review of assurance checklists undertaken by all relevant depts.
patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly.	Guidance in place for management and re-testing of patients who go on to develop symptoms. Patients are tested (using a rapid test) at the point	None	

	they develop symptoms. Bay closed until results were known and contacts identified. Patients who test negative but remain high suspicion COVID isolated in a single room.		
isolation, testing and instigation of contact tracing is achieved for all patients with new-onset symptoms, until proven negative.	Guidance in place - inpatients with new onset symptoms are tested (using a rapid test) at the point they develop symptoms. Bay closed until results are known and contacts identified.	None	
patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately.	Procedures in place for patients who attend appointments. Good pre-hospital communication in place. Screening questions are undertaken at the hospital or departmental entrances and actions in place to safely manage patients who answer yes to these questions.	None	
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure:			
appropriate infection prevention education is provided for staff, patients, and visitors.	Staff receive infection prevention and health and safety training on induction and as part of ongoing mandatory training requirements. PPE training delivered as part of trust COVID response, including refresher training to key areas. Fit testing is undertaken on all staff required to wear an FFP3 mask. Patients and visitors are provided with information and instructions on expected IPC requirements via the use of promotional materials, signage, patient information factsheets, communication from staff, messaging on social media channels, trust website, information on appointment letters.	None	
training in IPC measures is provided to all staff, including: the correct use of PPE including an initial face fit test/and fit check each time when wearing a filtering face piece (FFP3) respirator and the correct technique for putting on and removing (donning/doffing) PPE safely.	Staff receive infection prevention on induction and as part of ongoing mandatory training requirements. PPE for use & selection for IP&C included in induction/mandatory training	Evidence that on occasions staff are not wearing the correct level of PPE for the clinical situation. Assurance that all current staff have	Spotchecks /audit of PPE practice in different settings (high, medium & low risk pathways). Ward/Dept leads to complete review/checks to include checks on assurance that correct PPE is being worn and safe donning /doffing.
all staff providing patient care and working within the clinical environment are trained in the selection and use of PPE			

appropriate for the clinical situation and on how to safely put it on and remove it;	PPE donning and doffing training delivered as part of trust COVID response, including refresher training to key areas. Fit testing is undertaken on all staff required to wear an FFP3 mask, including training on requirements for undertaking a fit check. PPE guidance for high, medium and low risk pathway in place. Specific UHS summary guidance issued plus reminders. Dedicated COVID PPE page on staffnet detailing PPE requirements, donning and doffing instructional posters and videos.	received trained in the selection of and putting on and taking off PPE.	IPT reviews of clinical area include PPE checks and additional on the spot education/training.
adherence to national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk.	Annual IP&C audit programme includes PPE audits (audits undertaken in Q2 2021-22) Informal monitoring within individual areas and by Infection Prevention Team on ward visits Spot-checks undertaken as part of walkabouts and Infection	Evidence that on occasions staff are not wearing the correct level of PPE for the clinical situation. Ongoing assurance is needed on consistent adherence to PPE guidance.	Implementation local of local champions on every shift in clinical areas to promote and monitor the correct and safe use of PPE. Ward leaders to complete review/checks on PPE compliance. IP&C audit programme to re-start in April 2022.

	Prevention Team visits to clinical areas, including #dontgoviral observations. Spot-checks by senior nurses and link staff in some areas.	IP&C audit programme suspended in October 2021.	IPT reviews of clinical areas include PPE checks and additional on the spot education/training.
gloves are worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP's and TBP's.	PPE guidance includes the use of gloves when the risk of exposure to blood and body fluids and as part of transmission based precautions.	Some overuse of gloves is evidenced amongst clinical and non-clinical teams.	Ongoing promotion and awareness on the correct use of gloves. Glove awareness campaign to be undertaken in 2022/23.
the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance.	No hand air dryers are located in clinical areas. All clinical areas have hand towels	None.	
staff maintaining physical and social distancing of 1 metre or greater wherever possible in the workplace	2m social and physical distancing requirements have remained in place within clinical and non-clinical areas in UHS. (1m+ in OPDs and radiology). COVID secure measures in place to facilitate physical distancing in non-clinical spaces e.g. arrangement of furniture, maximum room occupancy.	Some evidence that physical distancing requirements are not always maintained/followed by staff.	Ongoing promotion and awareness of requirements. Review of UHS roadmap to easing of restrictions on activities undertaken in February 2022 with decision to reduce physical distancing in non-clinical spaces to 1m+.
staff understand the requirements for uniform laundering where this is not provided for onsite.	Guidance issued re laundering of uniforms and ongoing communication to re-enforce.	None	

all staff understand the symptoms of COVID-19 and take appropriate action if they or a member of their household display any of the symptoms (even if experiencing mild symptoms) in line with national guidance.	Evidenced via staff screening programme (including household members).	A very small number of incidents where staff have worked with mild symptoms.	Ongoing enforcement and reminder. Escalation if staff found to be continuing to work with symptoms.
to monitor compliance and reporting for asymptomatic staff testing	Systems in place for monitoring and reporting of compliance with asymptomatic testing (saliva testing and LFT)	None	
there is a rapid and continued response to ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals).	Robust surveillance system in place to facilitate identification of hospital-onset cases, early warnings of increased rates of infection to identify both outbreaks and clusters (detection of unexpected, potentially linked cases) of infection amongst patients and staff. Close liaison between the Infection prevention Team, Occupational health & clinical/non-clinical teams is in place to support identification, investigation and management individual cases or increased incidence of infection.	None	

	Good links with Southampton City council (UHS participates in Health Protection Board) and regular review of local infection data. Reports received and reviewed from local health protection team on local outbreaks and clusters		
positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported.	Process in place where all cases confirmed positive on/after day 8 of admission trigger an incident meeting, investigation and RCA. Two or more cases linked to time and place (patient and/or staff) are investigated and reported as an outbreak internally and externally	None	
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
that clear advice is provided, and monitoring is carried out of inpatients compliance with wearing face masks (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not detrimental to their (physical or mental) care needs.	Face masks are available, provided for all patients		Ongoing communications and awareness to staff to promote mask use amongst patients.

	Patients are encouraged to wear masks and written information is also available. Monitoring/spotchecks of compliance in place: • Ward leader/Matron walkabouts & spotchecks • Infection Prevention Team #dontgoviral walkabouts/reviews in clinical areas. • Spot-checks undertaken as part of walkabouts and Infection Prevention Team visits to clinical areas Spot-checks by senior nurses and infection prevention link staff in some areas.	Observations and learning from incidents/outbreaks evidence that not all patients are wearing masks even if able to do so.	
separation in space and/or time is maintained between patients with and without suspected respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid mixing of infectious and non-infectious patients.	OPD/Radiology assurance checklists in place to facilitate a safe 1 metre plus socially distanced environment. Updated (Nov 2021) COVID19 and respiratory viruses guidance in place for outpatients depts including guidance on booking,	None	

	waiting areas, assessments and IPC precautions.		
patients who are known or suspected to be positive with a respiratory pathogen including COVID-19 where their treatment cannot be deferred, their care is provided from services able to operate in a way which minimise the risk of spread of the virus to other patients/individuals.	Triaging arrangements in place in ED and placement in a designated respiratory assessment area. Triage and segregation in place in other admission areas e.g.AMU, AOS, ASU, TAU. Respiratory virus flow chart for adult admission pathways developed and disseminated. Direct transfer to COVID positive ward for confirmed positive COVID19 cases. Isolation of other confirmed respiratory viral pathogens. The three COVID19 pathways have remained in place for winter 2021-22.	None	
patients are appropriately placed ie, infectious patients in isolation or cohorts.			
ongoing regular assessments of physical distancing and bed spacing, considering potential increases in staff to patient ratios and equipment needs (dependent on clinical care requirements).	2m spacing of beds achieved where operational capacity allows. Risk assessment approach in place supported by the IPT. Where 2m cannot be achieved, means of physical separation of patients are put in place plus additional IP&C measures e.g. • concept of bed, chair locker is implemented. • Use privacy curtains or screens between bed-	None	

	spaces to physically separate patients from each other and minimise opportunities for close contact (risk assess to ensure that this does not compromise patient safety). • Improving ventilation opening windows, use of air purifiers • Promotion of wearing of masks by patients Individual patients are advised to socially distance themselves from other patients in the bay e.g. not sit on each other's beds etc		
standard infection control precautions (SIPC's) are used at point of care for patients who have been screened, triaged, and tested and have a negative result	PPE guidance for low-risk pathway (tested negative) adopts the use of SIPCs	None.	
the principles of SICPs and TBPs continued to be applied when caring for the deceased	Guidance in place – IPC precautions for the care of the deceased are the same as for patients who are not deceased.	None	
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure:			

testing is undertaken by competent and trained individuals	Guidance in place to support staff in the correct procedure for taking COVID 19 and other respiratory samples. Training resources including video available on staffnet.	None	
patient testing for all respiratory viruses testing is undertaken promptly and in line with national guidance;	All emergency admissions are tested on admission. Patients who develop symptoms of COVID-19 after admission are retested at the point symptoms arise. Routine inpatient asymptomatic testing in place for the duration admission – no patient will go longer than 3 days without being retested. Patients being discharged to a care home are tested 48 hours prior to discharge Elective patients tested with PCR within 3 days prior to admission or Lateral flow test on the day of admission.	Evidence from investigation of hospital onset cases/outbreaks of COVID-19 that on a small number of occasions inpatients have missed testing opportunities. Evidence that on a small number of occasions patients elective patients requiring a PCR test prior to admission have not had one which has led to delays in surgery/theatre lists	Review of elective pathways and testing requirements underway
staff testing protocols are in place	Process for staff testing (staff with symptoms or symptomatic household members) in place.	Assurance regarding compliance with asymptomatic staff testing	Ongoing going rollout and promotion of saliva testing programme.

	Asymptomatic staff testing using a range of methods – Saliva and LFT.		
there is regular monitoring and reporting of the testing turnaround times, with focus on the time taken from the patient to time result is available.	In lab, Turnaround times are monitored and reported (from the point that sample is booked into the lab to point that result is released)	Currently, no system in place to measure and report turnaround times from the point that the sample was taken from the patient.	Explore potential digital solutions to accurately monitor testing turnaround times (patient to result).
there is regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data).	All patients (symptomatic and asymptomatic) are tested on admission and throughout their stay. Good compliance with patient testing based on a review of admission v lab data. Positive cases reported via daily Sitrep and UKHSA reporting platform. Tests undertaken on validated platforms (laboratory and point of care) and reporting accordingly. Results available for clinical teams on equest.	None	
screening for other potential infections takes place.	Screening for other infections undertaken e.g. other respiratory viruses, diarrhoeal pathogens e.g.	None	

	C.difficile/Norovirus, MRSA screening.		
that all emergency patients are tested for COVID-19 and other respiratory infections as appropriate on admission.	All emergency patients tested on admission. Use of rapid testing available for all admission areas - point of care tests (AMU/AOS) and rapid in lab tests.	None	
that those inpatients who go on to develop symptoms of respiratory infection/COVID-19 after admission are retested at the point symptoms arise.	Inpatients with new onset symptoms are tested (using a rapid test) at the point they develop symptoms. Bay closed until results known and contacts identified.	None	
that all emergency admissions who test negative on admission are retested for COVID-19 on day 3 of admission, and again between 5-7 days post admission.	UHS inpatient routine testing programme in place: Patients in Divisions B&D tested 3xper week, patients in Divisions A&C tested twice per week. No patients goes more than 3 days without being tested.	None	
that sites with high nosocomial rates should consider testing COVID-19 negative patients daily.	Dailly testing of patients instigated in advice of IPT where increased incidence or outbreaks of COVID19 are identified. January 2021 in response to high nosocomial rates.	None	

that those being discharged to a care home are tested for COVID-19, 48 hours prior to discharge (unless they have tested positive within the previous 90 days), and result is communicated to receiving organisation prior to discharge.	Patients being discharged to a care home are tested 48 hours prior to discharge	None	
those patients being discharged to a care facility within their 14-day isolation period are discharged to a designated care setting, where they should complete their remaining isolation as per national guidance	National guidance on discharge to a care facility, including nursing homes, residential homes and designated settings is followed, with the involvement of the discharge team.	None	
there is an assessment of the need for a negative PCR and 3 days self-isolation before certain elective procedures on selected low risk patients who are fully vaccinated, asymptomatic, and not a contact of case suspected/confirmed case of COVID-19 within the last 10 days. Instead, these patients can take a lateral flow test (LFT) on the day of the procedure as per national guidance.	Guidance on Pre-procedure COVID-19 Testing for Planned/ Elective Procedures in place with identified areas/procedures adopting use of LFT in place of PCR.		Further review and assessment of additional low-risk patients that can move to LFT testing.
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that:			

the application of IPC practices are monitored and that resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors).	Policies and guidelines in place with supporting resources outlining expected standards of IPC practice. Updates to guidance are widely disseminated via a range of avenues. Ongoing promotion of expected IPC practice via a range of routes. Ongoing monitoring and spotchecks of IPC practices in clinical and non-clinical spaces (including mask use, PPE use, physical distancing, hand hygiene, cleaning) via: • local IPC champions/link staff • Ward leader/Matron walkabouts & spotchecks • Infection Prevention Team daily reviews of high risk areas. • Infection Prevention Team #dontgoviral walkabouts/reviews in clinical areas.	Infection Prevention Audit Programme suspended in October 2021 due to significant operational/clinical pressures	Ongoing monitoring and spotchecks. Infection Prevention Audit programme to re-start in April 2022

	• COVID secure walkabouts (H&S and IPT) in non-clinical areas. • COVID risk assessment checklist review in non-clinical spaces. • EMT cleanliness audits Infection Prevention Audit Programme		
staff are supported in adhering to all IPC policies, including those for other alert organisms.	Policies and guidelines in place with supporting resources outlining expected standards of IPC practice. Updates to guidance widely disseminated via a range of avenues. IPT provide provision of support and education via clinical advisory service, alert organism reporting and surveillance, ward visits/ward rounds. Ongoing promotion of expected IPC practice via a range of routes.	None	
safe spaces for staff break areas/changing facilities are provided.	Spaces for staff to take breaks are available and additional areas	Feedback from staff has identified that the number of safe	Planning programme in place for provision/development of staff

	identified throughout the pandemic. There are wing based changing facilities, and some more local to wards/depts.	spaces/break areas is not sufficient to meet the needs of all staff. There is insufficient changing facility for the entire trust to change on arrival at work. Further review is required.	wellbeing, rest, and changing spaces.
robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak.	Robust surveillance system in place to facilitate identification of hospital onset cases, early warnings of increased rates of infection to identify both outbreaks and clusters (detection of unexpected, potentially linked cases) of infection amongst patients and staff. Close liaison between the Infection prevention Team, Occupational health & clinical/non-clinical teams is in place to support identification, investigation and management individual cases or increased incidence of infection. Outbreak investigation and management process instigated where required including	None	

	outbreak/incident meetings and national reporting as required. Outbreak of infection policy in place.		
all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance.	Included in IP&C action card and correct bins in all areas to ensure appropriate segregation. Standard precautions audit (including waste) including in IPC audit programme for 2021-22. Waste audits undertake by waste management team.	Confirmation is required from the waste team that waste is being appropriately segregated.	Confirmation from the waste team that waste is being appropriately segregated.
PPE stock is appropriately stored and accessible to staff who require it.	PPE stock stored in local hubs and distributed to clinical areas. Escalation process in place.	None	
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure:			

staff seek advice when required from their IPCT/occupational health department/GP or employer as per their local policy.	Process/systems in place for staff and/or managers to access advise from Occupational Health, IPT via telephone or email. Close collaboration in place between OH and IPT to ensure staff are provided with appropriate advice and guidance.	None	
bank, agency, and locum staff follow the same deployment advice as permanent staff.	Requirements for third party staff are aligned with current UHS guidance	Thornbury declined to align with UHS advice	Thornbury nurses are requested to show evidence of vaccination status on commencement of shift
staff who are fully vaccinated against COVID-19 and are a close contact of a case of COVID-19 are enabled to return to work without the need to self-isolate (see Staff isolation: approach following updated government guidance)	Guidance in place (in line with national guidance for healthcare staff) to facilitate staff returning to work following a negative PCR, with requirement for daily lateral flow tests and IP&C precautions.	None.	
staff understand and are adequately trained in safe systems of working, including donning, and doffing of PPE.	PPE use & selection included in induction/mandatory training. PPE selection/use and donning & doffing included as part of COVID PPE training/refresher training throughout the pandemic. Daily ward reviews by IPT include check on compliance with PPE use and donning/doffing and education/awareness on correct practice.	Ongoing assurance that all staff are selecting PPE appropriately for the setting they are working in and are safely donning and doffing. Ongoing assurance that all current staff have received training in putting on and taking off PPE.	Spotchecks of PPE practice in different settings Ward/Dept leads to undertake review/checks to include assurance that correct PPE is being worn and safe donning /doffing. Records of training to be evidenced and shared Ongoing refresher training on PPE donning and doffing to be promoted to staff.

	IPT #dontgoviral walkabouts/observations include PPE use and donning/doffing practice.		Resources and guides are available on the staffnet.
a fit testing programme is in place for those who may need to wear respiratory protection.	Fit testing carried out by ward/dept in-house trained fit testers or external, contracted fit testers who support the Trust's central fit testing service.	None	
where there has been a breach in infection control procedures staff are reviewed by occupational health. Who will: o lead on the implementation of systems to monitor for illness and absence. o facilitate access of staff to antiviral treatment where necessary and implement a vaccination programme for the healthcare workforce o lead on the implementation of systems to monitor staff illness, absence and vaccination against seasonal influenza and COVID-19 o encourage staff vaccine uptake.	The Trust and Occupational Health have a comprehensive staff immunisation programme including COVID-19 and Influenza vaccination. Occupational Health has procedures in place to investigate and follow staff illnesses including COVID-19 infection and contact tracing. Occupational Health have taken steps continues to encourage COVID and Flu vaccines uptake. More than 97% of staff are now fully vaccinated for COVID-19.	None	

	System in place to monitor and report absence related to COVID-19 and influenza. Regular absence reports are shared via workforce systems.		
staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in national guidance.	Guidance in place (in line with national guidance for healthcare staff) on Infection Prevention and Control measures including the use of PPE. Ongoing monitoring in place in relation to correct use of PPE and adherence to COVID secure measures.	None	
a risk assessment is carried for health and social care staff including pregnant and specific ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza and severe illness from COVID-19. o A discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups; o that advice is available to all health and social care staff, including specific advice to those at risk from complications. o Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff.	The Trust introduced a COVID-risk matrix using a combination of COVID-age tool (individual risk factors) and patient pathways (workplace risks) to manage and mitigate the risk of COVID. The risk matrix takes into account a range of factors including pregnancy, ethnicity and health conditions. It is based on scientific evidence and Govt guidelines. It is published on Staffnet and always kept under review. The risk matrix and related processes are equally applicable to agency, locum, contractor and temporary staff.	None	

	Managers review the risk regularly and consult employees.		
vaccination and testing policies are in place as advised by occupational health/public health.	Guidance is available on Staffnet for both staff and managers and is aligned to infection control protocols.	None	
staff required to wear FFP3 reusable respirators undergo training that is compliant with HSE guidance and a record of this training is maintained and held centrally/ESR records.	Fit testing is performed on all staff needing to wear an FFP3 re-usable respirator. Training recorded on a central database. Fit testers are located in all Divisions and options are available to escalate to a central service if required.	None	
staff who carry out fit test training are trained and competent to do so.	Comprehensive training programme, including competency requirements in place for fit testers. Accredited training provider, RPA, used to deliver training courses	None	
all staff required to wear an FFP3 respirator have been fit tested for the model being used and this should be repeated each time a different model is used.	Staff fit tested for models that are available. System in place to identify staff who have been fit tested on a mask that is no longer available and require re-fit testing.	None	14 different FFP3 masks types are now available

all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks	Staff have option to use the PeRSo 3.0 respirator as well as the range of FFP3 masks currently available. Recommendation to staff to be fitted tested to 2 different masks or use the PeRSo respirator.	None	
a record of the fit test and result is given to and kept by the trainee and centrally within the organisation.	Staff are encouraged to keep a personal record of the masks they have been successfully tested on by taking a photograph of the fit test record sheet and of the mask itself (as well as being photographed with the mask on). Central record held on trust fit testing database with link to staff electronic record (HealthRoster/VLE), so staff have access to their records if needed	None	Further developments underway to use VLE for recording fit testing records. National resilience strategy looking at using ESR across NHS for fit testing records.
those who fail a fit test, there is a record given to and held by employee and centrally within the organisation of repeated testing on alternative respirators and hoods.	Central records held on trust fit testing database with links to staff electronic record (HealthRoster).	None	
that where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be	A range of alternative options are available for staff who fail to fit to a disposable FFP3 masks, e.g.	None	

decontaminated and maintained according to the manufacturer's instructions.	PeRSo 3.0 respirator and reusable FFP3 masks. Comprehensive training and safe systems of work, cleaning and decontamination are in place for the use of the PeRSo 3.0 respirator		
members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm.	A range of alternative options are available for staff who fail to fit an FFP3 mask, i.e. PeRSo 3.0 respirator In the unusual event that these are not suitable discussions would be undertaken with employee regarding options for re-deployment in the event that it is required.	None	
a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health.	In the unusual event that alternatives options are not suitable discussions would be undertaken with the employee regarding job role, options for re-deployment in the event that it is required. This would be documented in their personal record.	None	

boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board.	Central system in place to monitor compliance with fit testing requirements. Fit testing process and compliance/issues reviewed, discussed and escalated at Trust health and safety committee, COVID incident meetings, infection Prevention Gold Command Committee. DIPC keeps executive team and board appraised of fit testing processes, compliance and concerns.	None	
consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance.	Care groups/departments endeavour to allocate consistent staff to specific areas/pathways and reduce staff movement wherever possible, taking into account the balance of risk related to IP&C, safety, clinical risk and ward/ departmental footprint.	Increased COVID related and other sickness absence over winter 2021/22 has resulted in an increased need to move staff to ensure that patient safety/care is maintained.	Staffing hub in place to manage nurse staff allocation. Ongoing focus on IP&C measures and staff testing to reduce risk.
health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone	COVID secure measures remain in place in all clinical and non-clinical spaces within the hospital buildings. Measures include:	Occasional observations that COVID secure measures are not being followed.	Ongoing promotion of COVID secure requirements via a range of communication channels e.g staffnet, staffbriefings, video briefings, screen savers, promotional signage, workplace.

	-physical distancing, hand hygiene, universal mask use, cleaning of equipment/the environment, enhancing ventilation. -ongoing promotion of working from home where role allows. -Risk assessments and checklists in place for non-clinical spaces. -Agreed maximum occupancy for offices and non-clinical spaces e.g. meeting rooms, teaching spaces, lifts. -restriction on activities as per UHS roadmap with phased re-introduction. -testing and screening programmes.		Ongoing monitoring at ward and dept level. Walkabouts/spotchecks by IPT and Health and Safety Team. #dontgoviral walkabouts/observations by IPT.

staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing.	Monitored at ward, care group/divisional and Trust level. Staff able to access testing via self-referral process.	None	
staff who test positive have adequate information and support to aid their recovery and return to work.	Staff testing positive are provided with advice and guidance from Occupational Health, and support from their line managers	None	

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Report to the Trust Board of Directors				
Title:	**Implementation of the Morecambe Bay Investigation Report and Ockenden Review of Maternity Services and Maternity Services Workforce Plans**			
Agenda item:	**5.8**			
Sponsor:	**Sponsor: Gail Byrne, Chief Nursing Officer** **Attendees: Suzanne Cunningham, Director of Midwifery/ Emma Northover, Deputy Director of Midwifery**			
Author:	**Marie Cann Quality Assurance and Safety Matron**			
Date:	**31 March 2022**			
Purpose	**Assurance or reassurance** ✓	**Approval**	**Ratification**	**Information**
Issue to be addressed:	This report to the University Hospital Southampton (UHS) Trust Board open session provides information in relation to the below topics to ensure appropriate continued oversight of UHS Maternity Services and includes, **1.** Ockenden Report external review findings one year on. **2.** Morcombe Bay review. **3.** Maternity Workforce overview.			
Response to the issue:	**1. Ockenden Report findings (Appendix 1 and 1a)** In December 2021 the UHS Maternity Service received favourable externally approved feedback from the National Ockenden evidence assessment team (Appendix 1). The UHS Maternity Service provided evidence for all areas required of the 7 Immediate and Essential Actions (IEA). Following the assessment 2 areas required more evidence and these include the following, • IEA section 5 (Question 30). '*All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional*'. This area was in relation to intended place of birth being risk assessed at every visit. • IEA section 5 (Question 33). '*A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to*			

assess PCSP compliance'. This area was in relation to ensuring that audits were regularly undertaken around intended place of birth risk assessment at every visit.

The UHS Maternity Service are exploring the 2 areas and have an improvement plan in place, which can be seen in Appendix 1a. The improvement plan will be monitored through the Maternity Risk and Patient Safety Group and at Trust level.

1. The Kirkup Report - Morecambe Bay (Appendix 2 & 2a)

The Kirkup Report related to the findings of an independent investigation of the management, delivery and outcomes of care provided by the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) from January 2004 to June 2013.

In 2015 the UHS Maternity Service commissioned a multi professional Morecambe Bay steering group covering both the Maternity and Neonatal Services to review and consider the findings and recommendations of the report. The Morecambe Bay steering group provided assurance to the UHS Trust Board that the UHS Maternity Service did not have the same fundamental concerns related to safety.

The UHS Maternity and Neonatal Services shared the review findings with the Trust and externally, demonstrating that care provided is safe, effective and responsive and that there would be ongoing monitoring of any improvement plans. There were no identified areas of immediate concern, however there were 6 areas where improvements had been started and 2 areas where minor actions are required to gain full assurance.

In view of the continued National scrutiny of all Maternity Services the UHS Maternity and Neonatal Service held a further Morecambe Bay steering group review to assess the current compliance with the Kirkup Report (Appendix 2), with further recommendations being developed to strengthen safety improvements and these are in Appendix 2a. The improvement plan will be monitored through the Maternity Risk and Patient Safety Group and at Trust level.

3. Midwifery and Neonatal Workforce

3.1 Midwifery Workforce

Staffing levels across UHS Maternity Services have remained challenged with the reasons for absence being both COVID-19 and non-COVID-19 related. The biggest cause for staff sickness remains anxiety

	and depression with absence rates across the workforce currently at 9% for registered staff and 13% for unregistered staff. There has however, been a welcome fall in sickness absence rates of 18% & 22% respectively over the last few months. In respect of the ongoing impact of the pandemic, the omicron variant has presented additional challenges for the management of the maternity workforce in terms of maintaining consistent and balanced safe staffing levels. The fluctuations in available workforce have been mainly caused by an increased requirement for COVID-19 screening for staff and thereafter the related isolation periods. The UHS Maternity Service have escalation directions in place that detail procedures around contingency staffing and therefore safety has always been maintained. The chronic effects of working through the pandemic are evident across the workforce with levels of resilience and staff burnout being obvious. As such, staff wellbeing remains a top priority for the leadership team and support for employees continues with additional helpful areas including Occupational Health, Professional Midwifery Advocates (PMA) and other staff support networks. The UHS Maternity workforce has been required to adopt a flexible approach to providing care, facilitated by the deployment of staff across the service, to ensure safety for families. Despite this, the service has been delighted to welcome a cohort of new starters to the Trust during this period which has included both newly qualified and experienced staff members. There has also been a successful appointment of a recruitment and retention midwife to provide front line support to preceptors and new starters to the Trust Current improvements for the Maternity workforce include, • A continual recruitment to ensure an active approach across the Maternity workforce as they arise. This has been set-up to work on a quarterly basis in conjunction with the Midwifery Practice Education team, so new staff feel well supported in their roles. • Project work both locally and across the region in respect of maternity workforce, including ongoing plans for developments for recruitment and retention for the next 5 years. A review of Maternity staffing is carried out every 6 months unless stimulated by internal or external reasons. This review assesses the retrospective acuity and activity data. This is considered with the use of the BirthRate Plus tool using a ratio of 1 midwife to every 24 users of the service (1:24) to assess the recruitment and training needs. Following a fall in births during the pandemic data has shown that births seem to be returning to pre-pandemic levels however, the Maternity Service has the flexibility to recruit to the 1:24 ratio as and when activity increases.

To support recruitment the UHS Maternity Service received a financial funding opportunity from Ockenden Report team and a bid for 9 Whole Time Equivalents (WTE) Midwives was made. The UHS Maternity Service was awarded 2.9 WTE funded Midwives. The Division has additionally provided 6.1 WTE Midwives funding. The WTE will be used to support 'safety' education and training within the Maternity Service.

3.2 Obstetric workforce

The Obstetric Consultant Leads and Maternity Senior Management team acknowledge and are committed to incorporating the principles outlined in the Royal College of Obstetricians and Gynaecologists (RCOG) workforce document: '*Roles and Responsibilities of the Consultant Providing Acute Care in Obstetrics and Gynaecology*'. In addition to the midwifery funding provided by the Ockenden team, the Obstetric workforce received 0.8 WTE funding and this has been appointed to within the service.

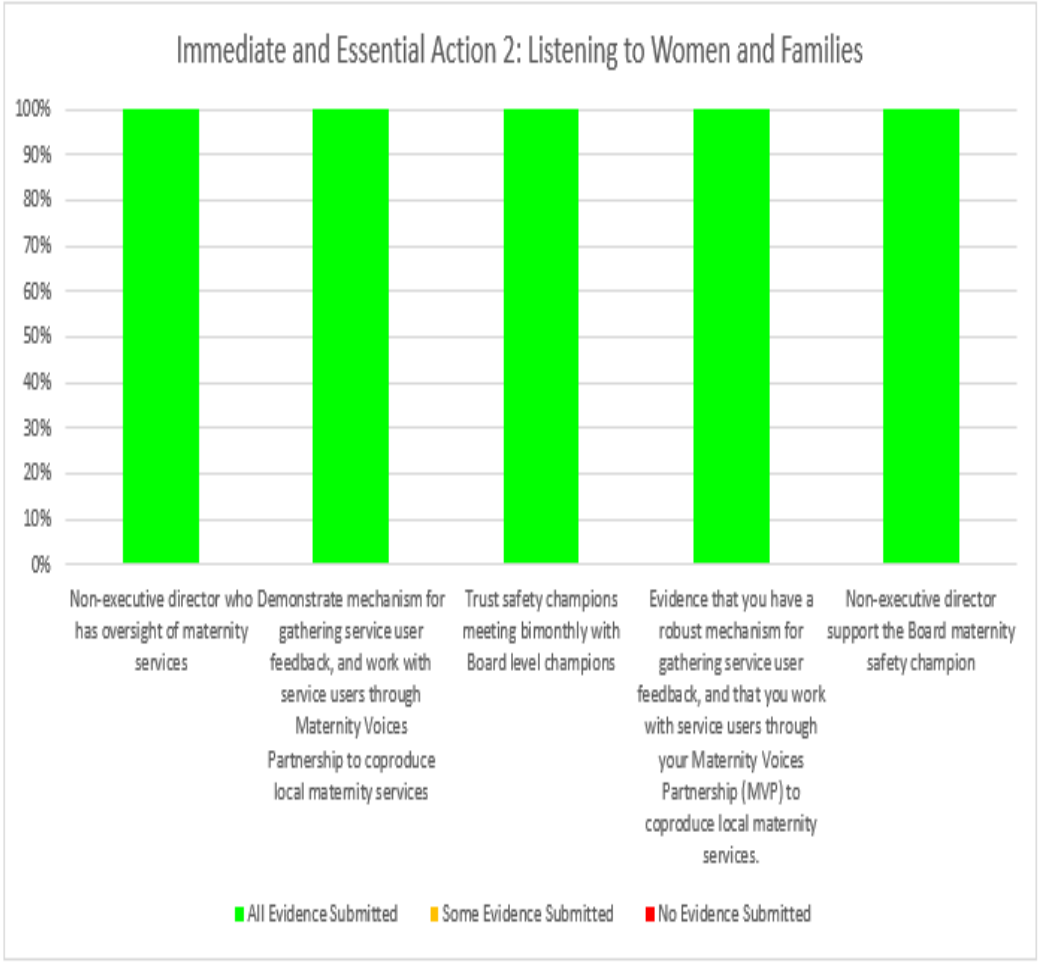
3.3 Neonatal Nursing

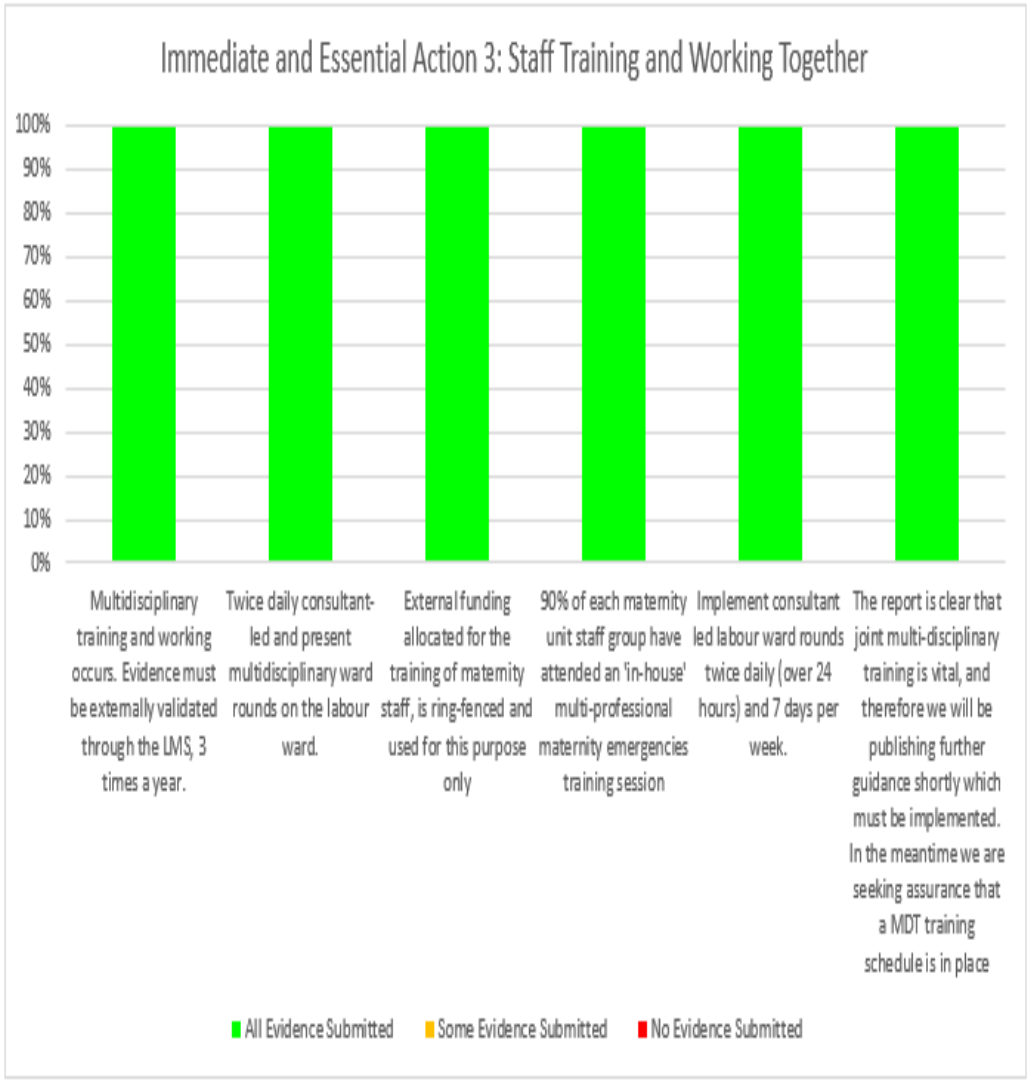
The UHS Neonatal Unit continue to recruit to their workforce in accordance with the recommendations from the British Association of Perinatal Medicine (BAPM) standards and an improvement plan is in place to ensure the standards are met including,

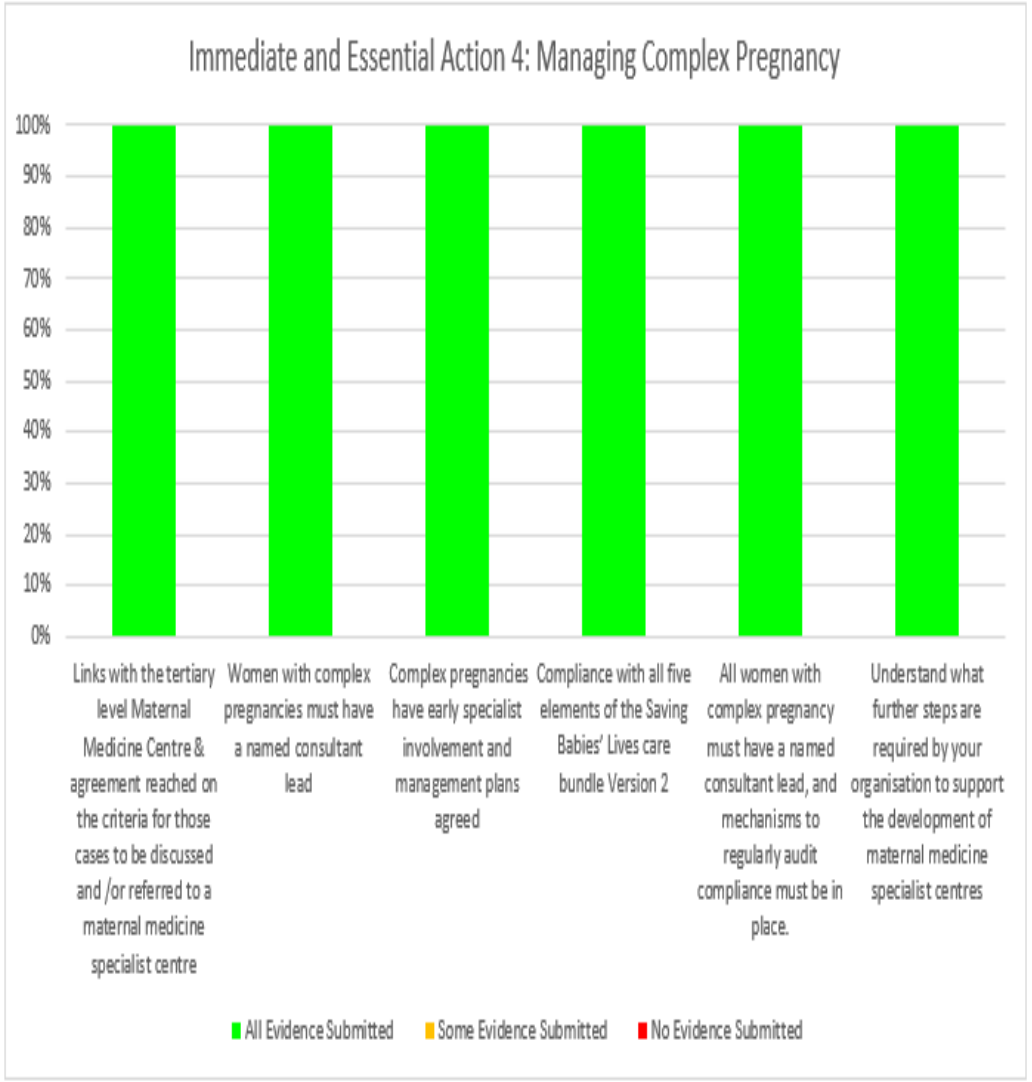
- A rolling Nurse advert to continually recruit new staff; this is aimed to recruit staff who are newly qualified, new to the neonatal speciality and international Nurses with previous Neonatal experience
- Continued recruitment of band 5 staff.
- There is a targeted band 5 and 6 Neonatal Qualified in Specialty (QIS) staff with Education and Training commissioned by Health Education England
- A recruitment incentive to attract experienced Neonatal Unit staff at band 6.
- The international recruitment team are attempting to attract overseas Nurses with neonatal experience to support between non-QIS and QIS trained staff, with a view to putting them all onto the QIS programme.
- Seven staff successfully completed the QIS course in 2021. There are 8 staff on the current QIS course and plan to increase this to 10 on the next course at the end of 2022.
- Continue to utilise NHS Professional bank staff to supplement current vacancies.

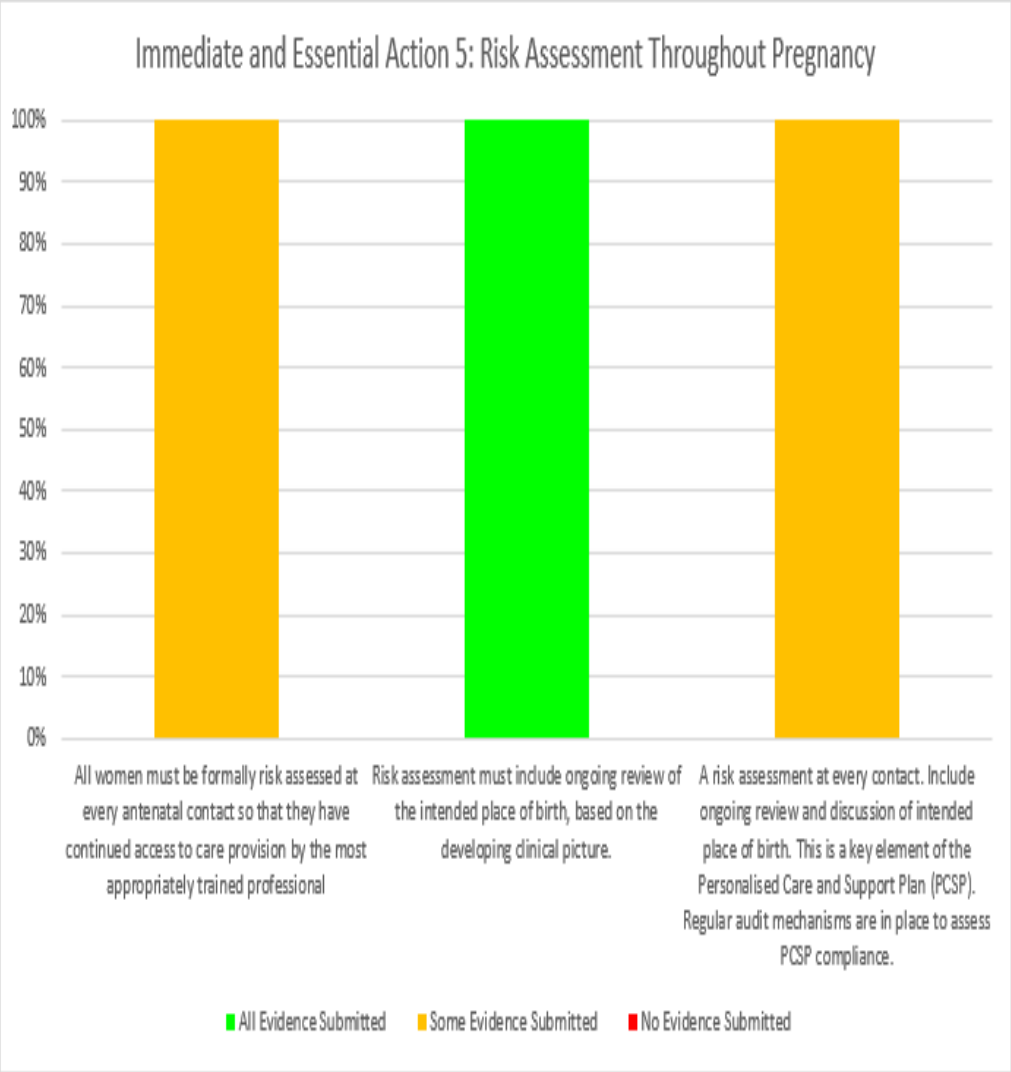
Implications: (Clinical, Organisational, Governance, Legal?)	The National safety focus on all maternity services at all levels continues to drive significant safety improvements. Consequences for not meeting safety recommendations and actions clearly have cultural and leadership implications and less positive impact on outcomes for families. There are well established Governance frameworks within the Maternity Service, Trust and the Local Maternity and Neonatal System (LMNS) however, gaps in systems and processes may lead to significant financial ramifications and reputational implications if patient safety recommendations are not a high focus within the Trust and across the LMNS.
Risks: (Top 3) of carrying out the change / or not:	The risk implications for the UHS Trust and Maternity Services sit within several frameworks including: • **Reputational** – Safety concerns can be raised by the public to both NHS Resolution and the CQC. The CQC can undertake reviews of services who they believe have safety concerns. • **Financial** – Compliance with NHS Resolution Maternity Safety Actions to meet all ten is an expectation for many maternity safety requirements. • **Governance** – Safety concerns can be escalated to the Care Quality Commission for their consideration, and to NHS England, the NHS Improvement Regional Director, the Deputy Chief Midwifery Officer, the Regional Chief Midwife and DHSC for information. • **Safety** - Non-compliance with requirements or recommendations would have a detrimental impact on the women and their families leading to increased poor outcomes and staff wellbeing.
Summary: Conclusion and/or recommendation	The Maternity and Neonatal Service can confirm that the information provided in this report on the Ockenden Report findings, Kirup Report Morcombe Bay findings and Maternity Workforce provide an overview of the safe practices within the service. Maternity and Neonatal services have provided information on the recent reviews and where appropriate the improvement plans are in place to close the gaps in information or evidence. The Maternity and Neonatal services continue to drive robust Governance processes and frameworks and is prepared to reassess the service and any benchmarking to provide assurance that any gaps in the delivery of safety or quality care are reduced. There will be on going monitoring and review of action plans and updates on these reported to the Trust and externally as required. Oversight will additionally be provided to the Maternity & Neonatal Safety Champions.

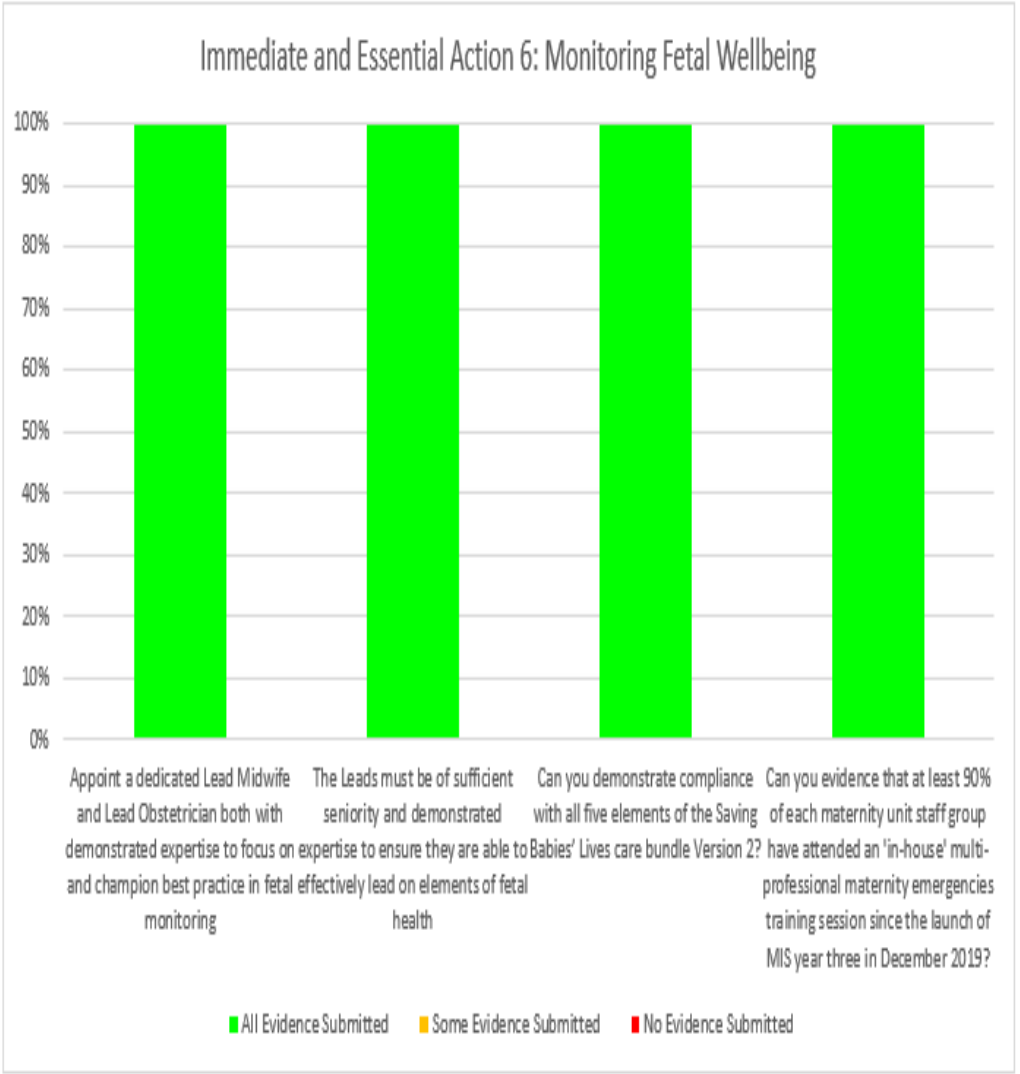
Appendix 1 – Ockenden Report Final Assessment Findings Dec 2021

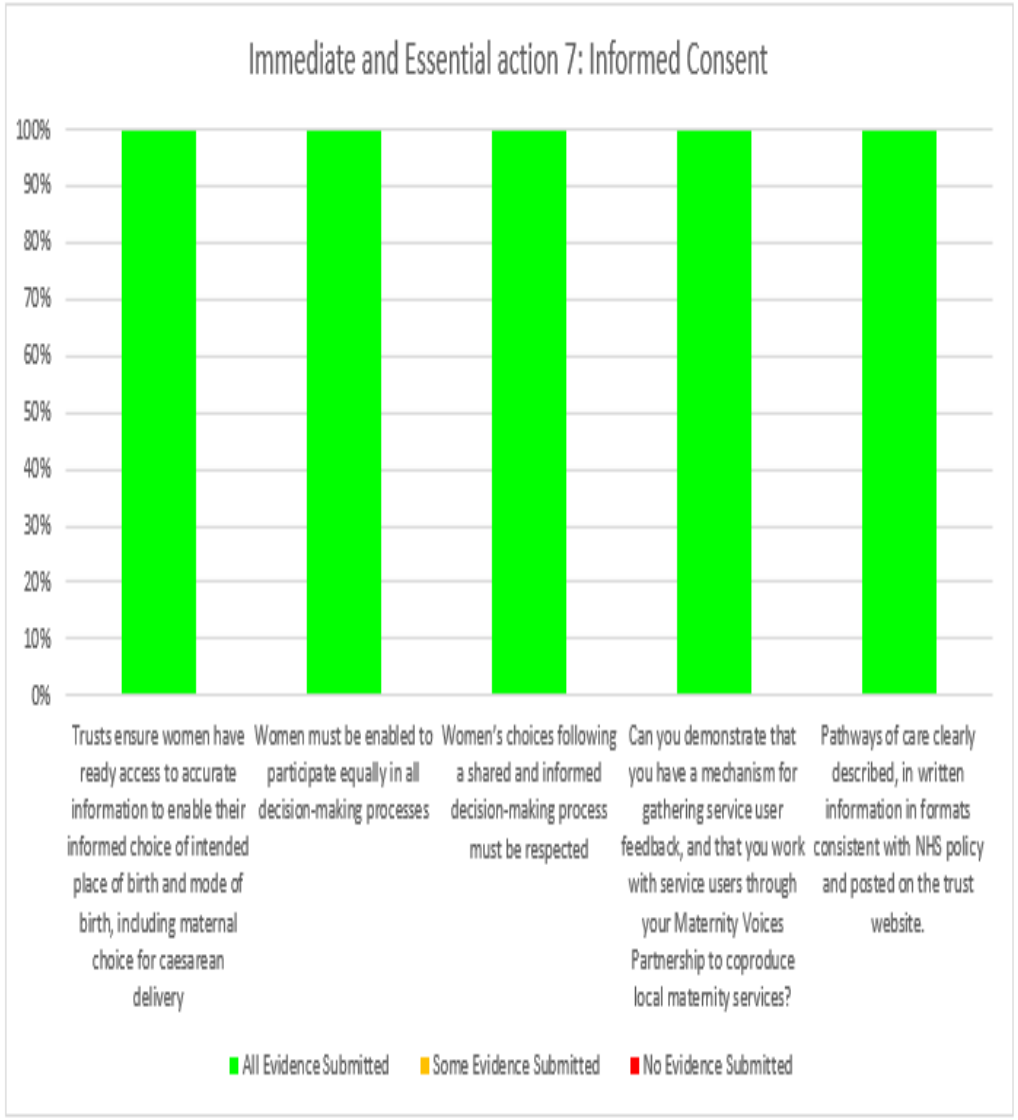


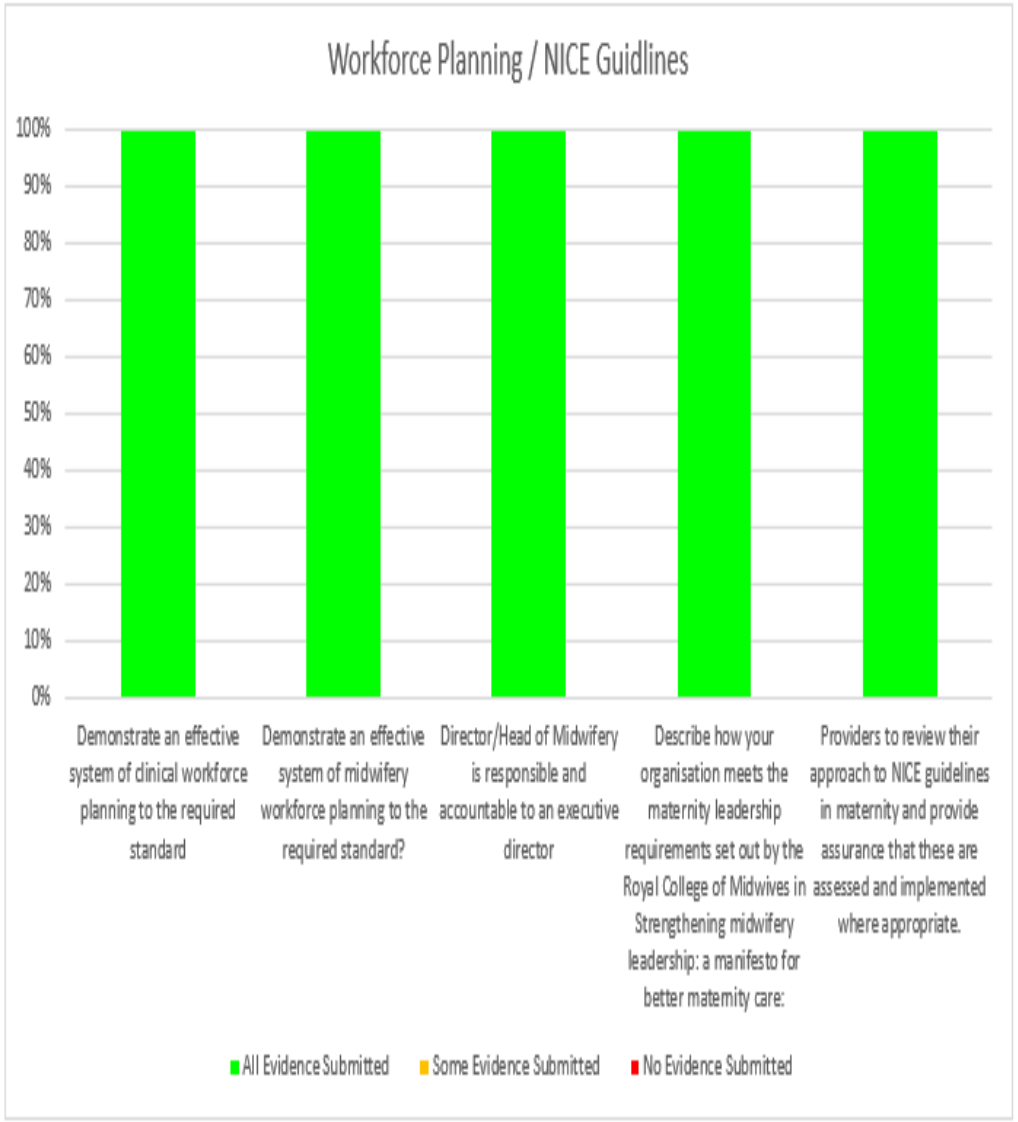

Immediate and Essential Action 3: Staff Training and Working Together
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.
Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.
External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only
90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.
The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place
All Evidence Submitted
Some Evidence Submitted
No Evidence Submitted


Immediate and Essential Action 4: Managing Complex Pregnancy
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre
Women with complex pregnancies must have a named consultant lead
Complex pregnancies have early specialist involvement and management plans agreed
Compliance with all five elements of the Saving Babies' Lives care bundle Version 2
All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres
All Evidence Submitted
Some Evidence Submitted
No Evidence Submitted


Immediate and Essential Action 5: Risk Assessment Throughout Pregnancy
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional
Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.
A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.
All Evidence Submitted
Some Evidence Submitted
No Evidence Submitted


Immediate and Essential Action 6: Monitoring Fetal Wellbeing
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring
The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health
Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?
Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?
All Evidence Submitted
Some Evidence Submitted
No Evidence Submitted


Immediate and Essential action 7: Informed Consent
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery
Women must be enabled to participate equally in all decision-making processes
Women's choices following a shared and informed decision-making process must be respected
Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?
Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.
All Evidence Submitted
Some Evidence Submitted
No Evidence Submitted


Workforce Planning / NICE Guidlines
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Demonstrate an effective system of clinical workforce planning to the required standard
Demonstrate an effective system of midwifery workforce planning to the required standard?
Director/Head of Midwifery is responsible and accountable to an executive director
Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:
Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.
All Evidence Submitted
Some Evidence Submitted
No Evidence Submitted

Appendix 1a - Action Plan for the Ockenden Report Findings December 2021

Recommendation complete	
Recommendation within timescale	
Recommendation outside of timescales	
Recommendation has additional actions to complete	

Recommendation	Assurance	Action point	Actions to address	Action owner	Review Date	Status
IEA5 (Q30) – All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional.	There are criteria for the birthing environments to ensure women who arrive in labour are birthing in the appropriate place. There are escalation systems and process in place for women who are risk assessment changes once in a birthing environment to ensure good communication between the intrapartum environments.	To ensure that the intended place of birth is risk assessed at every visit to the maternity service.	To discuss options for recording risk assessments within the BadgerNet system.	Consultant midwives and Digital team	30th April 2022	
IEA5 (Q33) – A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	As above	That there are regular audits in place ensure that the intended place of birth is risk assessed at every visit to the maternity service.	Audits to be undertaken regularly by the audit midwife and on the audit plan.	Audit Midwife	30th April 2022	

Appendix 2 – Kirup Report - Morecambe Bay Review February 2022

Advisory notes:

- The template is to support you to benchmark where maternity services are now regarding the Morecambe Bay recommendations in the Kirkup Report 2015.
- If the evidence is within your Ockenden report 2020 action plans you could choose to embed and reference where it is in the document.
- Please amend the examples of evidence column to meet compliance for UHS maternity services.
- The wording of the recommendations is not the same as in the actual report. This is because the recommendations were extremely lengthy, and we have summarised what the ask was.

Recommendations for the University Hospitals of Morecambe Bay NHS Foundation Trust for other Trusts to benchmark against.	**Linked to further reviews/regulation**	**Examples of evidence (not limited to)**	**Embedded Compliance Red none Amber partially Green fully**	**Actions to be embed compliance fully** **See Appendix 2a for action plan**
1. Is an apology given to those affected, for the avoidable damage caused and any previous failures to act.	Duty of Candour legislation regulation 20 CQC Safe Domain	Duty of Candour Policy Meeting timeframes Exception reports and escalation	G	No further action required
2. Review the skills, knowledge, competencies, and professional duties of care of all obstetric, paediatric, midwifery and neonatal staff, and agency, locums caring for the critically ill in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies.	MIS SA8 Ockenden IEA 3 CQC Effective Domain	Mandatory Training Compliance is 90% for all groups HDU level 2 training Induction guidelines for all staff Role specific Training Needs Analysis for Midwives Trainees have Wessex ARCP or equivalent	G	MIS and Ockenden requirements met. At time of submission all aspects of MIS Safety Action 8 were in place.
3. Identify opportunities to broaden staff experience in other units, including by secondment and by supernumerary practice.	MIS SA8 CQC Well Led Domain Ockenden IEA 3	Preceptorship Programme Number of staff currently on secondment Induction Programme Individual action plans in line with HR policy Maternity Academy Director of Midwifery /Heads of Midwifery	G	MIS and Ockenden requirements met. No further action required. .

		programmes Secondment opportunities		
4. Continuing professional development of staff and link this explicitly with professional requirements including revalidation.	MIS SA 8 Ockenden IEA 3 CQC Safe Domain	All staff met revalidation requirements Appraisals Training Needs Analysis Professional Midwifery Advocate support Revalidation processes and systems Trainees have Wessex ARCP or equivalent	A	MIS and Ockenden requirements met. Further actions - Action plan Appendix 2a
5. Promote effective Multi-Disciplinary Team working, joint training sessions.	MIS SA 8 Ockenden IEA 3 CQC Effective Domain	Multi-Disciplinary Team Mandatory Training CTG training Live Skills & Drills training	G	MIS and Ockenden requirements met. No further action required.
6. Protocol for risk assessment in maternity services, setting out clearly: who should be offered the option of high or low risk care.	Ockenden IEA 5 CQC Safe Domain	Clinical risk assessment guidelines in date Audits Self-Referral system for women Wessex Antenatal Pathways Labour Line Triage The regional MDT faculty for Human factors via maternity academy	G	MIS and Ockenden requirements met. No further action required. See Ockenden Appendix 1 & 1a
7. Audit the operation of maternity and paediatric services, to ensure that they follow risk assessment protocols.	MIS SA 6 Ockenden IEA 5 CQC Effective Domain	Clinical risk assessment guidelines in date Audit of case notes	G	MIS and Ockenden requirements met. No further action required.
8. Identify a recruitment and retention strategy achieving a balanced and sustainable workforce with the requisite skills and experience.	MIS SA 4 & 5 Ockenden IEA Workforce CQC Safe Domain	Internal policy Regional task and finish groups Birth Rate Plus assessments and evidence to agree funding Board reviews 6 monthly of midwifery and clinical work force	G	MIS and Ockenden requirements met.

		Ongoing workforce challenges HR report including return to work policy and procedure		
9. Joint working between its main hospital sites, including the development and operation of common policies, systems and standards.	MIS SA 9 Ockenden IEA 1 & NICE CQC Effective Domain	Joint Local Maternity & Neonatal System (LMNS) policies/guidelines/projects Perinatal Quality Surveillance Framework embedded June 2021 Evidence of cross site governance processes and procedures where applicable Wessex antenatal pathways Labour Line Governance frameworks BadgerNet IT systems across the Trust	G	MIS and Ockenden requirements met. No further action required. Joint LMNS sharing in place.
10. Forge links with a partner Trust, to benefit from opportunities for learning, mentoring, secondment, staff development and sharing.	MIS SA 8 Ockenden IEA 1 & 4 CQC Well Led Domain	Regional Practice Development forum Regional PMA forum Lead midwife educator meetings LMNS buddy SOP External review of Serious Incidents' (SI) and Perinatal Mortality Review Tool (PMRT) MatNeoSIP SHIP LMS Perinatal Quality & Safety Forum Wessex Maternal & Neonatal Safety Network Maternity Academy Child Death review group Wessex Practice Education Group Wessex Intrapartum group Labour Line	G	MIS and Ockenden requirements met. Further actions - Action plan Appendix 2a
11. Staff awareness of incident reporting, review its policy of openness and	MIS SA 8 Ockenden IEA 2 & 9	Mandatory training, Ward to board round (Non-Executive	A	MIS and Ockenden requirements met.

honesty. Duty of Candour compliance.	CQC Safe Domain	Director Safety Champion) Safety Champions meetings ward to Board rounds Co-production notice boards MQuEST meetings Newsletters Theme of the week		Further actions - Action plan Appendix 2a
12. Review the structures, processes and staff involved in investigating incidents, Root Cause Analysis, learning, training. Include arrangements for staff debriefing and support following a serious incident.	MIS SA 3 Ockenden IEA 1 CQC Safe Domain	Maternity Risk Management strategy in date Psychological support for staff – debriefs sessions PMA support RCA training After Action Reviews Psychological first aid and de-briefs Lessons learnt shared at handovers, newsletter, notice boards, email, closed media forums	G	MIS and Ockenden requirements met. No further action required.
13. Review the structures, processes and staff involved in responding to complaints, and learning are the public involved.	MIS SA 1 & 7 Ockenden IEA 2 CQC Effective Domain	Complaint's policy in date PALS Birth reflections service You said we did responses Maternity Voices Partnership (MVP) involvement *All PMRT cases, SI's and Healthcare Safety Investigation Branch (HSIB) reports reflect the family's voice/feedback*	G	MIS and Ockenden requirements met. No further action required.
14. Review arrangements for clinical leadership in obstetrics, paediatrics and midwifery, to ensure that the right people are in place with appropriate skills and support.	MIS SA 8 Ockenden IEA 3 & Workforce CQC Safe Domain	Mandatory Training compliance 90% Workforce Board Papers midwifery and clinical staff RCM leadership requirements RCOG workforce issues/role-responsibilities guidance	G	MIS and Ockenden requirements met. No further action required.

		Evidence of Leadership development programme and succession planning for Clinicians New starter skills assessment Confirmation of training compliance Development opportunities Consultant Midwife training Advanced clinical practice		
15. Review of governance systems clinical governance, so that the Board has adequate assurance of the quality of safe care.	Ockenden IEA 1 CQC Well Led Domain MIS 10 SA	Maternity Risk Management strategy in date Local & National Maternity Dashboard Risk Register in place with reporting Governance structure HoM/DoM presents directly to Board not sub-committees Highlight Reports Training programmes and compliance is validated locally and via the LMNS	G	MIS and Ockenden requirements met. No further action required.
16. Ensure middle managers, senior managers and non-executives have the requisite clarity over roles and responsibilities in relation to quality, and provide appropriate guidance and training.	MISSA 4,5 & 8 Ockenden IEA Workforce CQC Well Led Domain	Training Needs Analysis Appraisals Job Description include roles and responsibilities Non-Executive Director walk rounds engagement Senior Leadership Team visibility Safety Champions walk rounds engagement	G	MIS and Ockenden requirements met. No further action required.
17. Review access to theatres, and ability to observe and respond to all women in labour and ensuite facilities; arrangements for post-operative care of women.	MIS SA 9 Ockenden IEA 4 & 5 CQC Safe Domain	Access to 2nd theatre Recovery staff are trained, and competency assessed in line with national guidance Staff providing level 2 HDU care are trained, and competency assessed in line with national guidance	A	MIS and Ockenden requirements met. Further actions - Action plan Appendix 2a

		LW coordinators supernumerary 1-1 care given in established labour Are there en-suite facilities On W&N Risk Register		
18. All above should involve CCG, and where necessary, the CQC and Monitor.	CCG assurance visits CQC regulation visits	Outcomes of visits CQC ratings Action plans Actions plans monitored governance floor to Board Feedback to staff	G	

Appendix 2a Action Plan for the Kirup Report - Morecambe Bay February 2022 Review

Recommendation complete	
Recommendation within timescale	
Recommendation outside of timescales	
Recommendation has additional actions to complete	

Recommendation	Action point	Actions to address	Action owner	Review Date	2016 Status	2022 Status
4. Continuing professional development of staff and link this explicitly with professional requirements including revalidation.	Workforce strategy to be further developed to ensure individualised education and training programmes.	Further development of the Workforce strategy	Emma Northover and the Practice Education team	30th April 2022	G	
11. Staff awareness of incident reporting, review its policy of openness and honesty. Duty of Candour compliance.	To improve ward level awareness of incidents, claims and complaints and ensure these are addressed and information available to users of the service.	Improve information ward boards in clinical areas.	Maternity and Neonatal Matron team and ward leads	30th April 2022	G	
17. Review access to theatres, and ability to observe and respond to all women in labour and have en-suite facilities; arrangements for post-operative care of women.	Continued review of the availability of a second theatre.	For regular review or audit and continue the action plan as recorded on the Risk Register entry. Review of incidents reported through Adverse Event reporting.	Fiona Lawson Care Group Manager Sarah Walker Care Group Clinical lead Emma Northover	30th April 2022	G	

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2021-22 Month 11**			
Agenda item:	**5.9**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Interim Deputy Director of Finance**			
Date:	**31 March 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 a breakeven position in month and continues to forecast breakeven for 2021/22. This is £3.4m better than the H2 plan which was set prior to the full agreement on elective recovery funding. **Elective Recovery Framework (ERF):** • UHS continues to report £2.4m per month relating to the block ERF plus funding agreed to be paid up-front to support investments in additional elective and outpatient activity. • Despite operational pressures, ED demand increasing and Covid-19 inpatient volumes, UHS is estimated to have earned £6.8m of indicative ERF to date in H2, by measurement on the new RTT metric. This is not expected to be transacted but is indicative of performance. **In Month Performance** • February continued to be challenging operationally due to covid related sickness absence significantly impacting the capacity of the organisation. This has reduced from January but is still averaging 265 WTE throughout February. • Encouragingly elective activity increased to 100% of planned levels (by value) with the Cardiovascular and Thoracic care group seeing noticeable recovery. Under the new ERF metric proposed for 2022/23 it is estimated that after including outpatient new activity performance would have been also at 100% of the 104% target. This is a significant month on month improvement and gives some assurance of the ability to achieve 104% in 2022/23. • The underlying financial position excluding ERF remains at c£4m deficit per month once ERF income is excluded. Other one-off income has helped support breakeven delivery in month. **Capital:** • Internal capital expenditure is £42.6m YTD representing 85% of 21/22 planned expenditure with all major projects on track to deliver.			

	• This does however leave £7.2m of internal capital expenditure to be delivered in March which mainly pertains to equipment, informatics, and strategic maintenance projects. • External capital funding awards in recent months have generated £11.4m in additional funding for UHS in addition to £3.9m initially planned. Spend of £9.3m is required in March for delivery. • Teams remain confident that funding allocated to them will be fully utilised by the end of the financial year and this is being closely monitored to ensure delivery. **ICS finance position:** • All organisations within HIOW ICS remain on-track to deliver a breakeven position following receipt of additional ERF funding. This is an improvement on the deficit plan of £15.5m submitted for H2. **Other financial issues:** • The underlying financial position remains the most significant financial risk heading into 2022/23. • The trust has submitted its draft financial plan for 2022/23 indicating a £24.7m deficit. A separate paper provides more detail on the content of this. **Spotlight:** A spotlight section has been included for Finance & investment Committee as an appended report on future energy purchasing arrangements.
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

2021/22 Finance Report - Month 11

Report to:	**Board of Directors and Finance & Investment Committee** **February 2022**
Title:	**Finance Report for Period ending 28/02/2022**
Author:	**Philip Bunting, Interim Deputy Director of Finance**
Sponsoring Director:	**Ian Howard, Chief Financial Officer**
Purpose:	**Standing Item**
	The Board is asked to note the report

Executive Summary:

In Month and Year to date Highlights:

1. In February 2022, the Trust reported a breakeven position. For Half 2 (H2) YTD the Trust is also 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, £4.1m (3.2m pay and £0.9m non pay) was incurred on additional expenditure relating to Covid-19. This was an decrease of £0.7m from January mainly due to decreased covid related staff sickness backfill costs, decreased vaccination hub activity and decreased covid inpatient activity.

3. The main income and activity themes seen in M11 were:
   - Elective activity in February represents 100% of planned income levels, up from 87% in January. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.
   - Non Elective activity levels in February was at 97% of planned income levels, down from 99% in January.
   - Outpatient activity in February was at 118% of planned income levels, down from 124% in January
   - The underlying financial position remains consistent at £4m deficit in month before ERF and one offs.

Finance: I&E Summary (H2)

The financial position for M11 was breakeven and remains breakeven YTD. This is better than plan as the organisation is in receipt of an additional £3m of elective recovery income in H2 helping close out the deficit plan.

Pay costs were over plan by £0.6m in month due to staff sickness backfill costs together with increased agency staff costs. However the overspend to plan is decreasing month on month.

Block drugs remain a concern as at M11 spend is £469k over plan (£6.3m ytd). Clinical supplies costs continue to be slightly below plan as a result of reduced elective activity however this has increased from previous month. Surge income of £5m has been received from NHSE and is reported within clinical income but is fully offset by costs within other non pay.

		Current Month			M7 - 11 Actuals			M7 - 12 Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	67.5	74.0	(6.5)	337.6	359.7	(22.2)	405.1	428.8	(23.7)
	Pass-through Drugs & Devices	11.1	11.6	(0.6)	55.3	45.6	9.7	66.4	57.2	9.1
Other income	Other Income excl. PSF	17.4	19.0	(1.6)	88.3	76.5	11.8	106.2	95.5	10.7
	Top Up Income	1.3	0.9	0.4	6.3	5.6	0.8	7.6	6.4	1.2
Total income		**97.2**	**105.5**	**(8.3)**	**487.5**	**487.4**	**0.1**	**585.3**	**587.9**	**(2.7)**
Costs	Pay-Substantive	47.7	47.7	(0.1)	237.6	235.4	(2.2)	285.2	283.1	(2.1)
	Pay-Bank	3.7	4.1	0.4	18.6	21.6	3.1	22.3	25.8	3.5
	Pay-Agency	1.2	1.5	0.3	5.9	6.6	0.6	7.1	8.1	1.0
	Drugs	4.3	4.6	0.3	21.7	32.5	10.9	26.0	37.2	11.2
	Pass-through Drugs & Devices	11.1	11.6	0.6	55.3	45.6	(9.7)	66.4	57.2	(9.1)
	Clinical supplies	10.9	9.1	(1.8)	56.5	46.6	(9.8)	67.9	55.8	(12.1)
	Other non pay	15.8	23.3	7.5	79.1	83.0	3.9	95.0	101.3	6.3
Total expenditure		**94.7**	**102.0**	7.3	**474.6**	**471.3**	**(3.3)**	**569.8**	**568.3**	**(1.5)**
EBITDA		**2.6**	**3.6**	(1.0)	**12.9**	**16.1**	(3.2)	**15.5**	**19.6**	(4.1)
EBITDA %		2.7%	3.4%	(0.7%)	2.6%	3.3%	(0.6%)	2.6%	3.3%	(0.7%)
	Depreciation / Non Operating Expenditure	3.2	3.1	(0.1)	16.0	15.2	(0.8)	19.1	18.3	(0.9)
Surplus / (Deficit)		**(0.6)**	**0.5**	**(1.1)**	**(3.0)**	**0.9**	**(3.9)**	**(3.6)**	**1.3**	**(5.0)**
Less	Donated income	0.1	0.6	(0.6)	0.3	1.5	(1.2)	0.3	2.1	(1.8)
	Profit on disposals	-	(0.1)	0.1	-	0.0	(0.0)	-	0.0	(0.0)
Add Back	Donated depreciation	0.1	0.1	0.0	0.5	0.7	0.2	0.6	0.8	0.2
Net Surplus / (Deficit)		**(0.6)**	**0.0**	**(0.6)**	**(2.8)**	**0.0**	**(2.8)**	**(3.4)**	**0.0**	**(3.4)**

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 - 11 Actuals			Full Year Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	755.0	767.3	(12.3)	822.5	836.3	(13.8)
	Pass-through Drugs & Devices	106.2	111.6	(5.4)	117.3	123.3	(6.0)
Other income	Other Income excl. PSF	179.9	154.6	25.3	197.8	173.6	24.2
	Top Up Income	11.0	13.2	(2.2)	12.3	14.1	(1.8)
Total income		**1,052.1**	**1,046.7**	**5.4**	**1,149.9**	**1,147.2**	2.6
Costs	Pay-Substantive	521.8	514.2	(7.6)	569.4	561.8	(7.6)
	Pay-Bank	40.7	43.1	2.4	44.4	47.3	2.9
	Pay-Agency	13.4	13.3	(0.1)	14.6	14.8	0.2
	Drugs	47.7	62.2	14.5	52.0	66.8	14.8
	Pass-through Drugs & Devices	106.2	111.6	5.4	117.3	123.3	6.0
	Clinical supplies	124.3	94.8	(29.4)	135.6	103.9	(31.7)
	Other non pay	165.7	173.3	7.6	181.6	191.6	10.0
Total expenditure		**1,019.8**	**1,012.5**	**(7.3)**	**1,114.9**	**1,109.5**	(5.4)
EBITDA		**32.4**	**34.2**	(1.8)	**35.0**	**37.8**	(2.8)
EBITDA %		3.1%	3.3%	(0.2%)	3.0%	3.3%	(0.0)
	Depreciation / Non Operating Expenditure	35.2	34.8	(0.3)	38.4	37.9	(0.4)
Surplus / (Deficit)		**(2.8)**	**(0.7)**	**(2.1)**	**(3.4)**	**(0.2)**	**(3.2)**
Less	Donated income	1.2	1.8	0.6	1.2	2.4	1.2
	Profit on disposals	-	0.5	0.5	-	0.5	0.5
Add Back	Donated depreciation	1.1	1.5	0.4	1.2	1.7	0.4
	Disposals of DH Donated Equipment	-	1.5	1.5	-	1.5	1.5
Net Surplus / (Deficit)		**(2.8)**	**0.0**	**(2.9)**	**(3.4)**	**0.0**	**(3.4)**

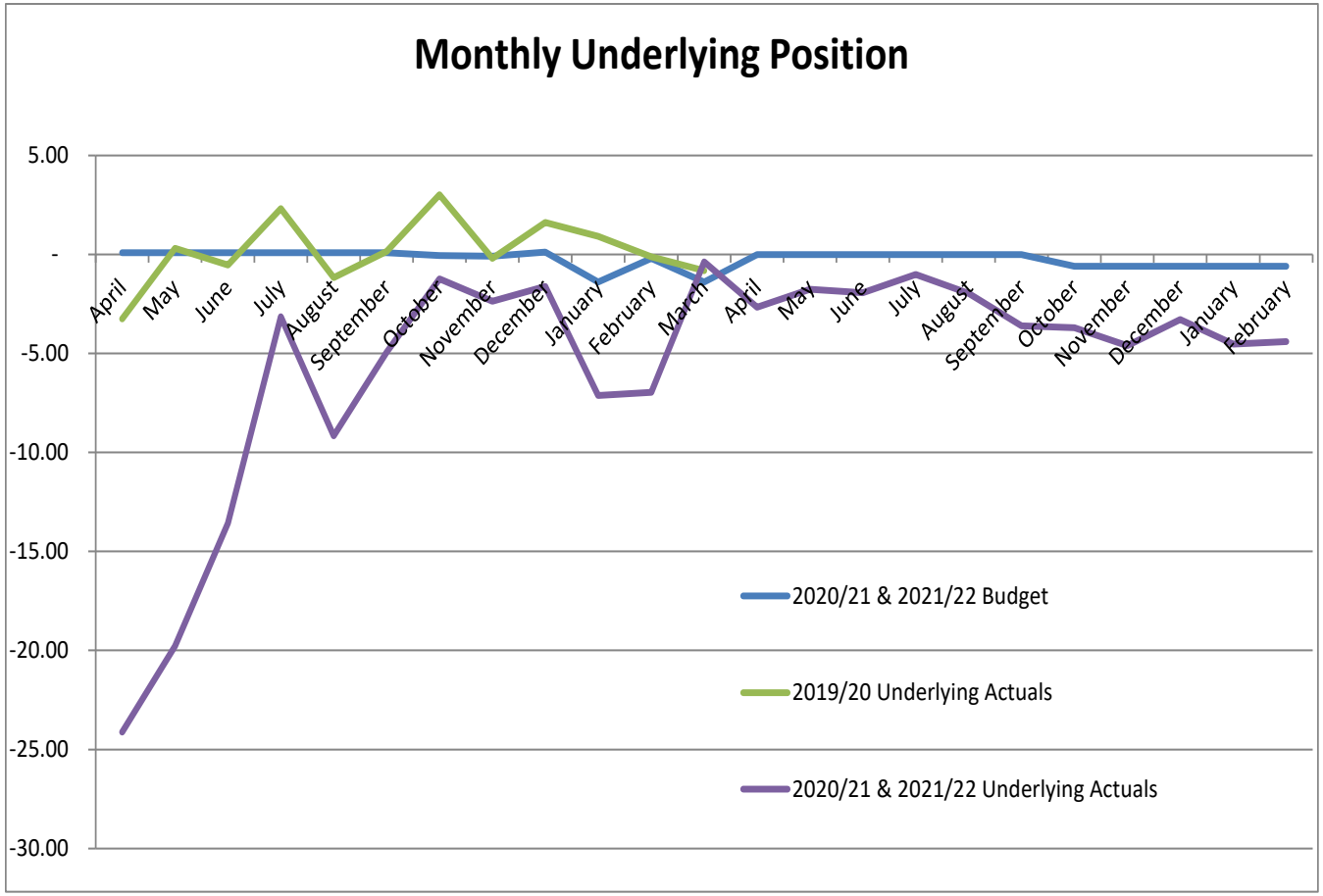
University Hospital Southampton NHS
NHS Foundation Trust

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 a £2m per month deficit in months 1-6 to an average of £4m deficit in months 6-11. This is driven by the change in funding regime for H2 in addition to increased energy costs.

February's position is consistent with this trend.



University Hospital Southampton NHS
NHS Foundation Trust

Clinical Income

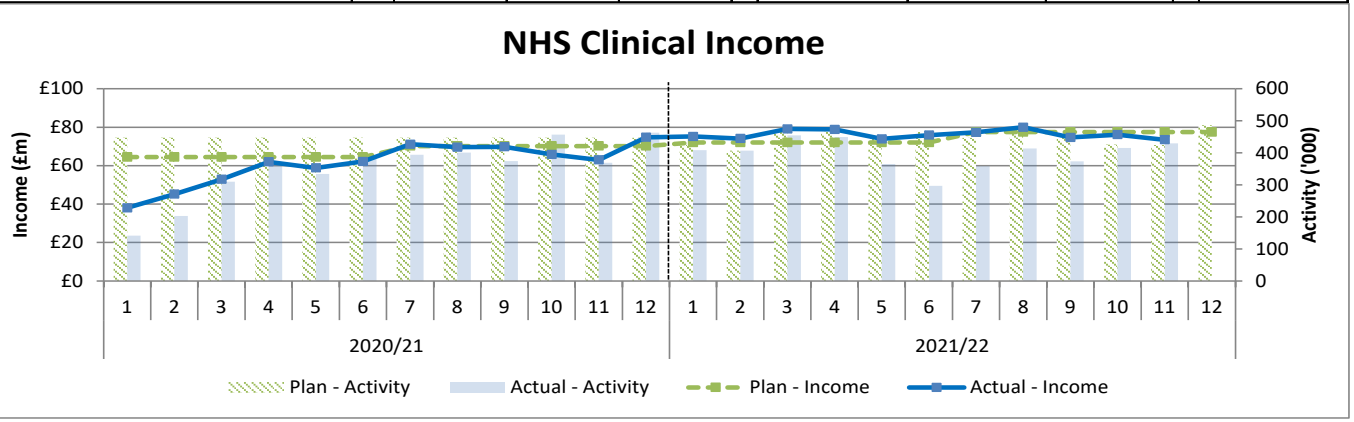
(Fav Variance) / Adv Variance

Clinical income for the month of February was £7.1m favourable to plan. Clinical income in February includes a non-recurrent £5m surge funding payment. This has been offset by expenditure. Most of the Trust's income remains fixed with confirmed block contract funding in place for the remainder of the financial year.

Plans for 21/22 have been phased to account for the variation in calendar and working days in relevant POD Groups. Elective income increased to 100% of planned levels, up from 87% in January. Non Elective income remained high in February at 97% of planned levels. A&E attendances remained at pre-Covid levels. Outpatient income remains above plan but reduced slightly to 118%, down from 124% in January.

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

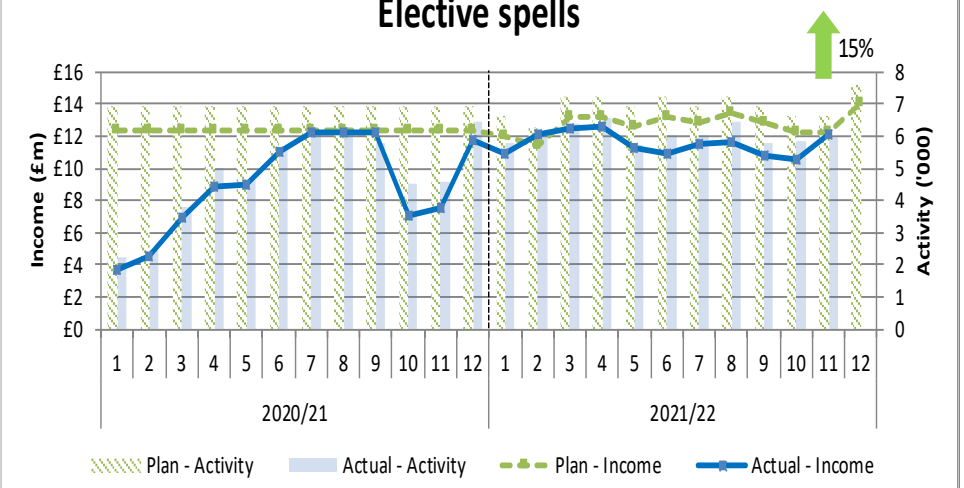
	2021/22						2019/20
POD GROUP	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	YTD Actuals £000s
NHS Clinical Income							
Elective Inpatients	£12,174	£12,094	£80	£138,670	£126,875	£11,796	£130,230
Non-Elective Inpatients	£17,918	£17,470	£448	£211,585	£214,866	(£3,282)	£194,411
Outpatients	£7,141	£8,433	(£1,292)	£81,339	£91,902	(£10,563)	£76,990
Other Activity	£10,924	£10,698	£226	£127,963	£124,772	£3,191	£118,767
Blocks & Financial Adjustments	£1,609	£414	£1,195	£47,301	£5,816	£41,485	£9,719
Other Exclusions	£6,980	£7,319	(£340)	£79,540	£99,916	(£20,375)	£46,112
Pass-through Exclusions	£11,059	£11,644	(£585)	£106,202	£111,626	(£5,424)	£103,710
Subtotal NHS Clinical Income	*£67,805*	*£68,073*	*(£268)*	*£792,601*	*£775,774*	*£16,827*	*£679,940*
Additional funding	£5,848	£14,655	(£8,807)	£64,328	£103,156	(£38,828)	
Covid block adjustments	£4,919	£2,946	£1,973	£4,279	(£40)	£4,319	
Total NHS Clinical Income	**£78,572**	**£85,674**	**(£7,102)**	**£861,208**	**£878,890**	**(£17,681)**	**£679,940**
Non NHS Clinical Income							
Private Patients	£495	£528	(£32)	£4,614	£4,823	(£208)	£4,751
CRU	£208	£230	(£22)	£2,292	£2,037	£255	£2,586
Overseas Chargeable Patients	£66	£2	£64	£725	£612	£112	£1,364
Total Non NHS Clinical Income	**£769**	**£760**	**£9**	**£7,631**	**£7,472**	**£159**	**£8,700**
Grand Total	**£79,341**	**£86,434**	**(£7,093)**	**£868,839**	**£886,362**	**(£17,523)**	**£688,640**



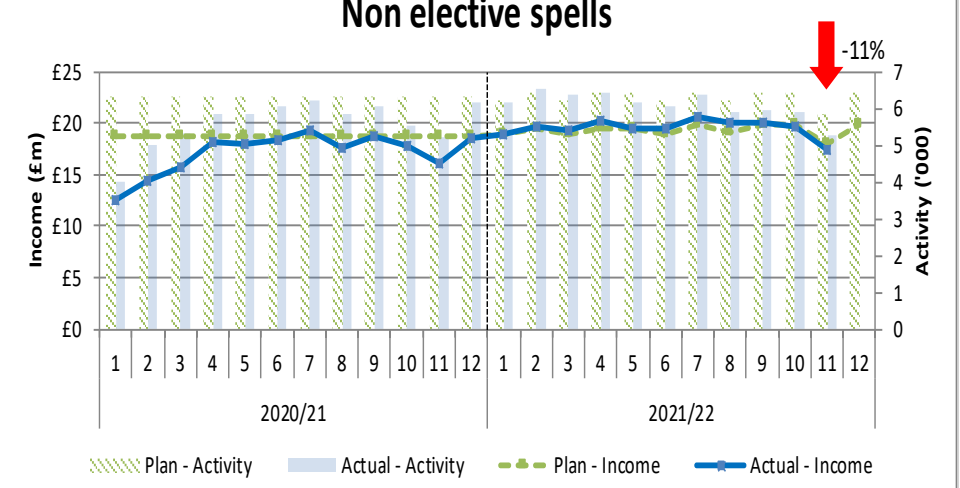
University Hospital Southampton NHS
NHS Foundation Trust

Clinical Income

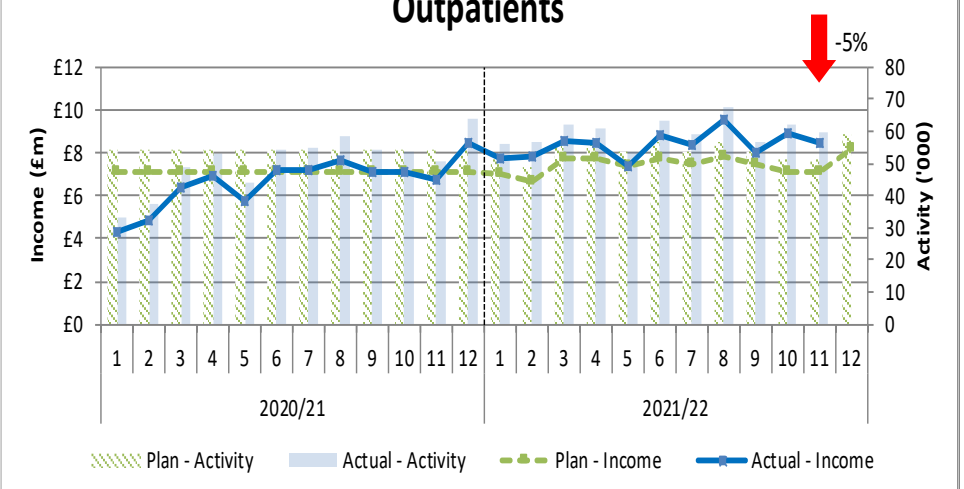
Elective spells



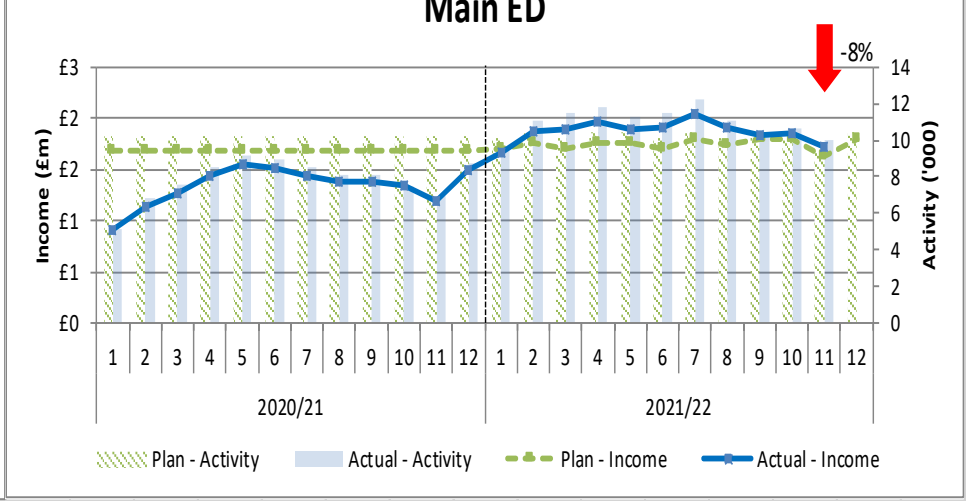
Non elective spells



Outpatients



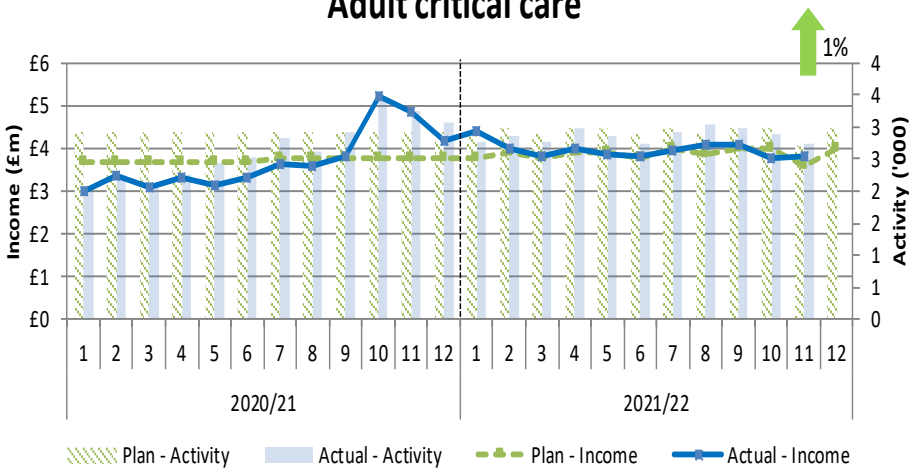
Main ED



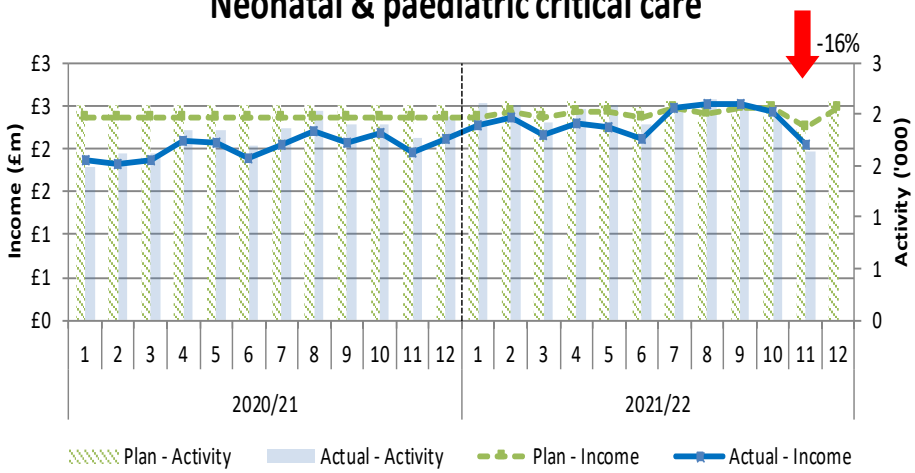
University Hospital Southampton NHS
NHS Foundation Trust

Clinical Income

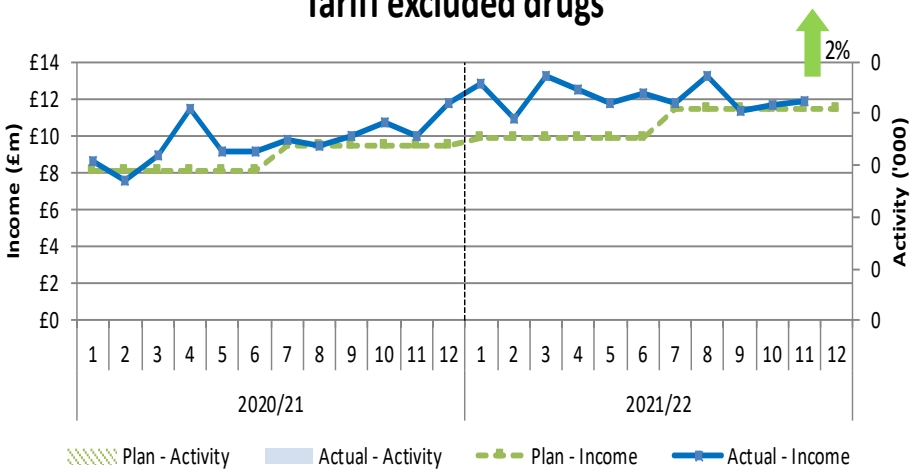
Adult critical care



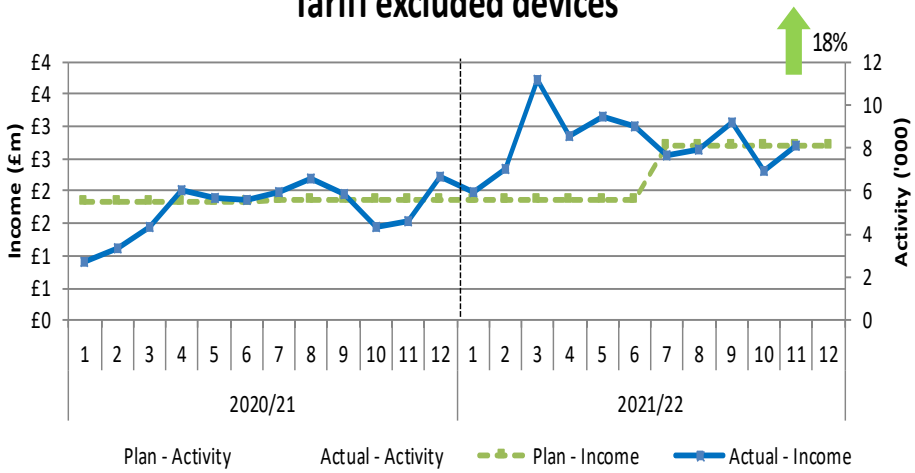
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



University Hospital Southampton NHS
NHS Foundation Trust

Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across the 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 February represents 100% of planned income levels, up from 87% in January. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in February was at 97% of planned income levels, down from 99% in January.

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

Elective Activity as % of Plan		Activity as % of Plan 2021/22						Income as % of Plan 2021/22						In month actual activity for scale
Division	Care Group	6	7	8	9	10	11	6	7	8	9	10	11	
DIVISION A	OPHTHALMOLOGY	96%	101%	103%	89%	97%	95%	93%	99%	105%	92%	99%	98%	509
	SURGERY	87%	99%	108%	97%	104%	96%	82%	94%	94%	86%	94%	103%	847
DIVISION A Total		90%	100%	106%	94%	101%	96%	84%	95%	97%	87%	95%	102%	1,356
DIVISION B	CANCER CARE	65%	74%	72%	76%	77%	78%	64%	69%	73%	82%	75%	78%	603
	SPECIALIST MEDICINE	73%	78%	77%	71%	78%	90%	79%	85%	86%	78%	89%	100%	1,521
DIVISION B Total		71%	77%	76%	72%	77%	86%	73%	79%	81%	79%	84%	92%	2,124
DIVISION C	CHILD HEALTH	97%	100%	103%	100%	108%	105%	85%	109%	89%	108%	104%	109%	855
	WOMEN'S HEALTH	90%	79%	84%	86%	80%	70%	90%	98%	88%	98%	93%	89%	201
DIVISION C Total		95%	94%	98%	97%	101%	96%	86%	106%	88%	106%	101%	104%	1,056
DIVISION D	CARDIOVASCULAR & THORACIC	91%	96%	93%	80%	91%	99%	82%	90%	85%	70%	78%	107%	439
	NEUROSCIENCES	101%	98%	93%	103%	94%	96%	94%	93%	90%	92%	83%	99%	384
	RADIOLOGY	63%	61%	79%	68%	90%	73%	70%	65%	79%	70%	91%	78%	263
	TRAUMA & ORTHOPAEDICS	89%	80%	76%	75%	67%	84%	87%	77%	80%	76%	74%	93%	263
DIVISION D Total		87%	85%	86%	82%	87%	89%	84%	86%	84%	75%	79%	100%	1,349
Total		83%	87%	89%	83%	89%	91%	83%	90%	87%	84%	87%	100%	

Non Elective Activity as % of Plan		Activity as % of Plan 2021/22						Income as % of Plan 2021/22						In month actual activity for scale
Division	Care Group	6	7	8	9	10	11	6	7	8	9	10	11	
DIVISION A	OPHTHALMOLOGY	79%	66%	75%	79%	62%	56%	86%	72%	73%	86%	68%	65%	25
	SURGERY	88%	96%	87%	78%	88%	88%	92%	111%	93%	91%	92%	99%	652
DIVISION A Total		87%	94%	86%	78%	86%	86%	92%	110%	92%	90%	91%	98%	677
DIVISION B	ACUTE MEDICINE	108%	114%	116%	118%	107%	100%	113%	118%	119%	121%	109%	103%	1,011
	CANCER CARE	117%	112%	111%	109%	109%	113%	109%	102%	98%	97%	85%	103%	332
	EMERGENCY MEDICINE	73%	72%	72%	70%	73%	78%	81%	73%	83%	74%	73%	86%	1,052
	SPECIALIST MEDICINE	127%	141%	78%	90%	104%	100%	125%	145%	96%	86%	124%	131%	25
DIVISION B Total		92%	93%	93%	93%	90%	90%	104%	105%	106%	105%	97%	99%	2,420
DIVISION C	CHILD HEALTH	151%	147%	145%	125%	123%	128%	133%	127%	117%	101%	113%	125%	519
	WOMEN'S HEALTH	91%	100%	87%	84%	83%	76%	99%	103%	104%	98%	95%	90%	697
DIVISION C Total		110%	115%	105%	97%	95%	92%	111%	112%	108%	99%	102%	103%	1,216
DIVISION D	CARDIOVASCULAR & THORACIC	102%	93%	86%	99%	92%	93%	102%	90%	90%	96%	92%	84%	369
	NEUROSCIENCES	97%	97%	98%	97%	89%	92%	101%	99%	111%	97%	96%	93%	201
	RADIOLOGY	101%	98%	98%	94%	104%	91%	95%	92%	97%	104%	95%	96%	67
	TRAUMA & ORTHOPAEDICS	102%	103%	98%	94%	99%	94%	106%	119%	127%	99%	131%	117%	251
DIVISION D Total		101%	97%	93%	97%	94%	93%	102%	98%	104%	97%	101%	94%	888
Total		97%	99%	95%	92%	91%	91%	103%	104%	104%	100%	99%	97%	

Income and Activity

Outpatient activity in February was at 118% of planned income levels, down from 124% in January.

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 2021/22						Income as % of Plan 2021/22						In month actual activity for scale
Division	Care Group	6	7	8	9	10	11	6	7	8	9	10	11	
DIVISION A	OPHTHALMOLOGY	103%	106%	107%	90%	90%	111%	108%	113%	113%	95%	106%	111%	8,229
	SURGERY	97%	94%	103%	91%	116%	97%	98%	96%	104%	93%	105%	100%	6,136
DIVISION A Total		100%	101%	106%	90%	102%	104%	103%	105%	108%	94%	105%	106%	14,365
DIVISION B	ACUTE MEDICINE	104%	97%	107%	100%	210%	110%	101%	93%	102%	103%	118%	108%	120
	CANCER CARE	144%	141%	156%	148%	174%	151%	136%	132%	144%	135%	156%	141%	8,906
	EMERGENCY MEDICINE	184%	111%	126%	82%	123%	92%	185%	109%	123%	84%	98%	88%	82
	SPECIALIST MEDICINE	119%	112%	125%	108%	117%	127%	116%	110%	122%	106%	123%	124%	10,617
DIVISION B Total		130%	124%	137%	124%	141%	137%	125%	119%	131%	118%	137%	131%	19,725
DIVISION C	CHILD HEALTH	114%	118%	121%	107%	121%	117%	114%	116%	119%	104%	122%	115%	5,773
	SUPPORT SERVICES	85%	85%	95%	82%	89%	83%	81%	80%	91%	79%	84%	79%	2,677
	WOMEN'S HEALTH	107%	105%	114%	108%	118%	109%	102%	105%	114%	109%	119%	108%	3,749
DIVISION C Total		104%	105%	112%	101%	111%	105%	106%	108%	114%	103%	117%	109%	12,199
DIVISION D	CARDIOVASCULAR & THORACIC	125%	124%	136%	119%	144%	135%	125%	125%	135%	118%	143%	135%	5,630
	NEUROSCIENCES	108%	99%	122%	101%	131%	110%	105%	96%	121%	100%	126%	113%	3,637
	RADIOLOGY	200%	158%	201%	147%	283%	226%	246%	186%	245%	180%	220%	274%	256
	TRAUMA & ORTHOPAEDICS	107%	95%	107%	95%	103%	100%	132%	116%	126%	116%	126%	120%	3,042
DIVISION D Total		115%	108%	124%	107%	130%	118%	119%	112%	128%	110%	133%	124%	12,565
Total		113%	110%	120%	106%	121%	117%	114%	112%	121%	107%	124%	118%	

Elective Recovery Fund 21/22

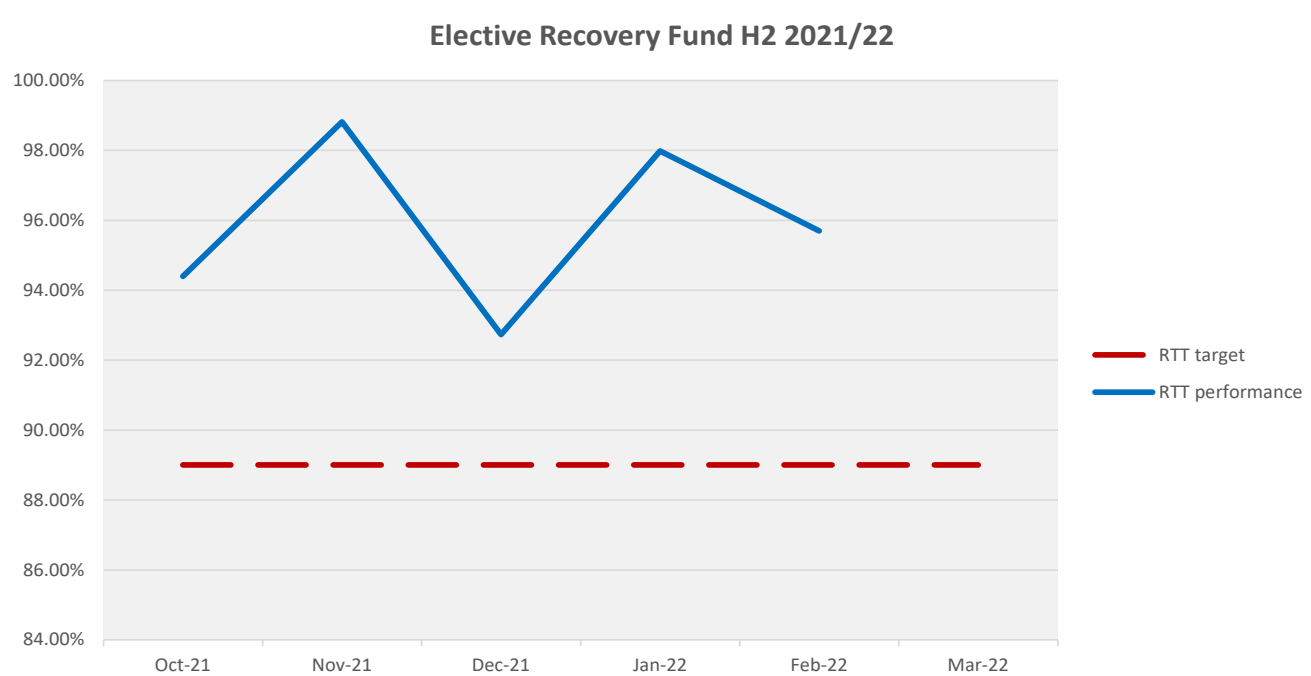
The graph shows the ERF performance for the second half of 21/22. This is an early estimate of this data and has dependencies on the performance of others from within the ICS.

For the second half of 21/22, ERF is based on RTT performance. However, NHSE/I have allocated funding for specific schemes up-front, with UHS allocated £14.25m.

RTT performance for October to February is based on submitted data.

This illustrates UHS would have achieved an estimated £6.8m in ERF income for October 21 to February 2022.

In 22/23, the measurement will change to exclude follow-up outpatients.



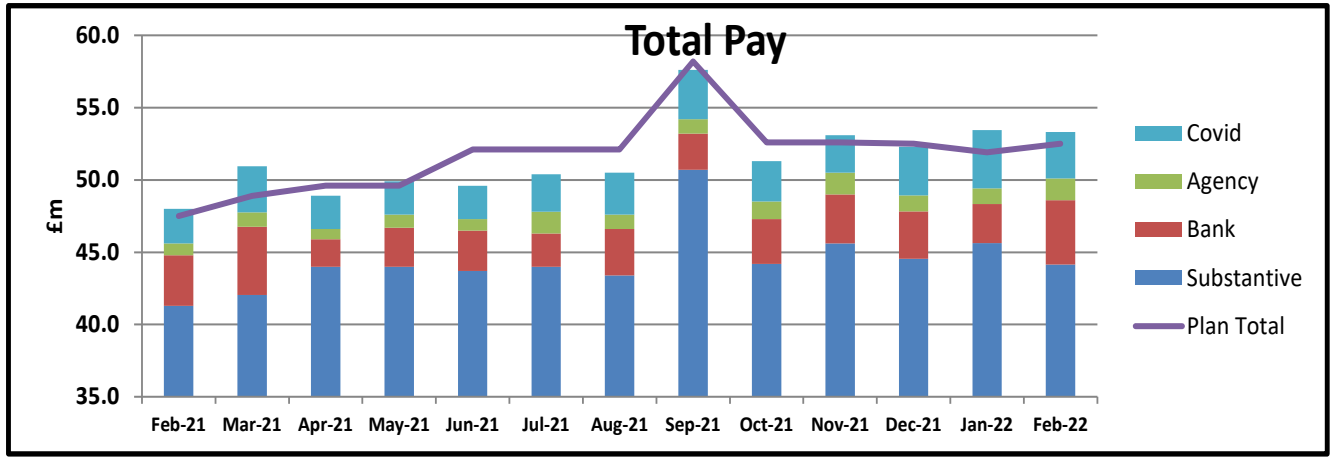
H2 ERF Achievement	RTT based - Elective/Daycase/Outpatients				ERF Top-up		
Month	Baseline	RTT target	RTT performance	Performance	100% Top Up	20% Top Up	Total
Oct-21	£ 19,791	89.00%	94.39%	*5.39%*	£ 1,068	£ -	£ 1,068
Nov-21	£ 20,531	89.00%	98.82%	*9.82%*	£ 2,016	£ 157	£ 2,173
Dec-21	£ 19,350	89.00%	92.73%	*3.73%*	£ 723	£ -	£ 723
Jan-22	£ 18,580	89.00%	97.99%	*8.99%*	£ 1,669	£ 111	£ 1,780
Feb-22	£ 19,436	89.00%	95.70%	*6.70%*	£ 1,302	£ 27	£ 1,330
Mar-22	£ 22,571	89.00%		*0.00%*	£ -	£ -	£ -
H2 Total	**£ 120,260**				**£ 6,778**	**£ 295**	**£ 7,073**

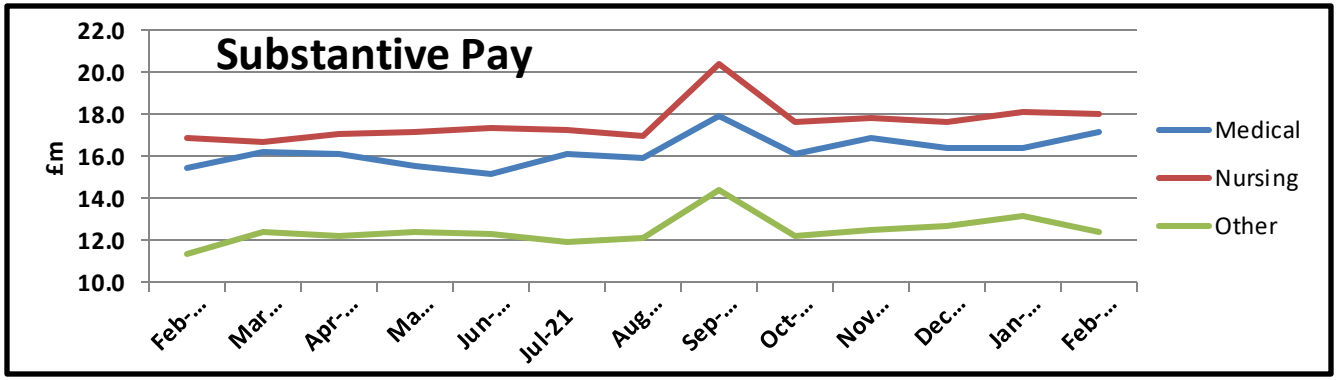
Substantive Pay Costs

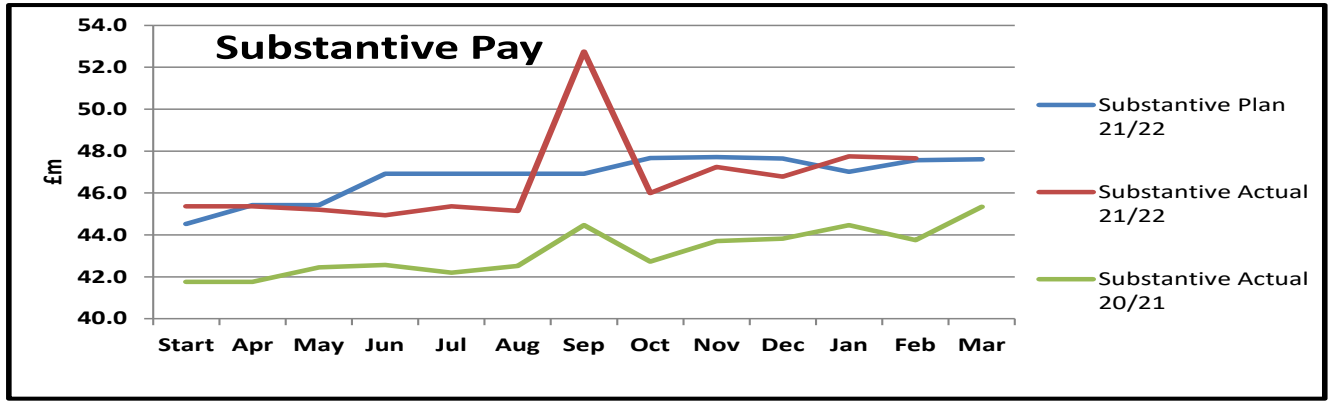
Total pay expenditure in February was £53.3m. This was a £0.2m decrease on January. This was mainly driven by higher costs paid in January such as payment of the bank holiday enhancements worked over the Christmas period.

Covid related pay costs decreased due to lower Vaccination Programme activity in February. Total pay spend was marginally higher than budget overall.

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 covid patients. Substantive recruitment has been challenging however with workforce numbers remaining broadly flat over the early part of 2021. Moderate growth has been observed since October 2021.



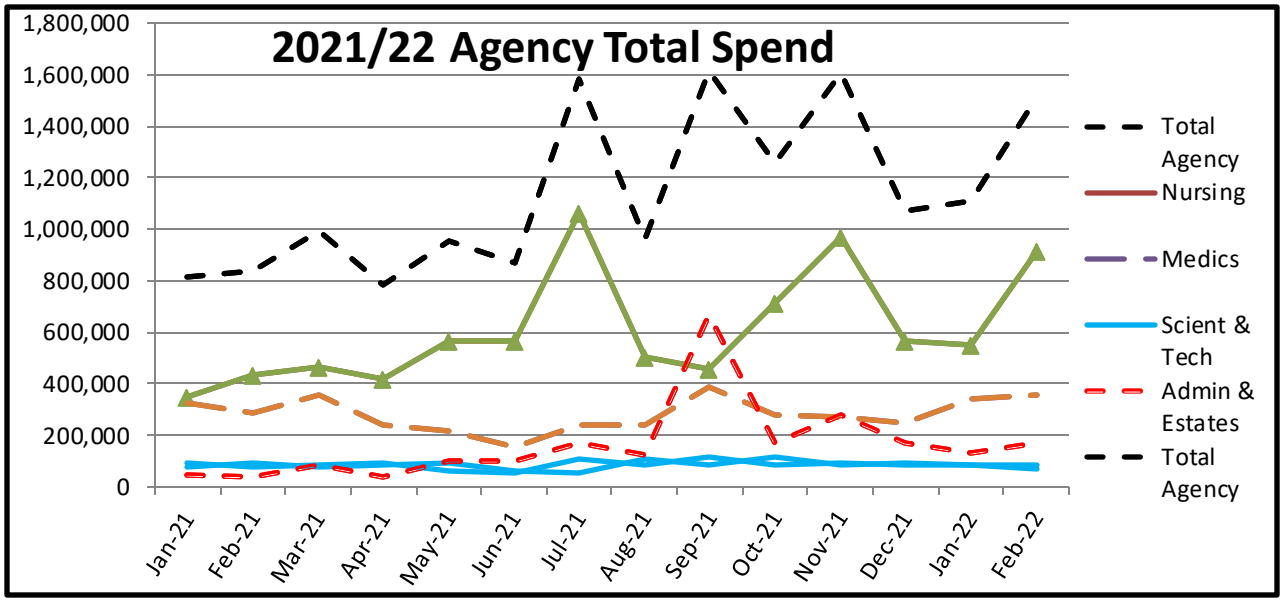


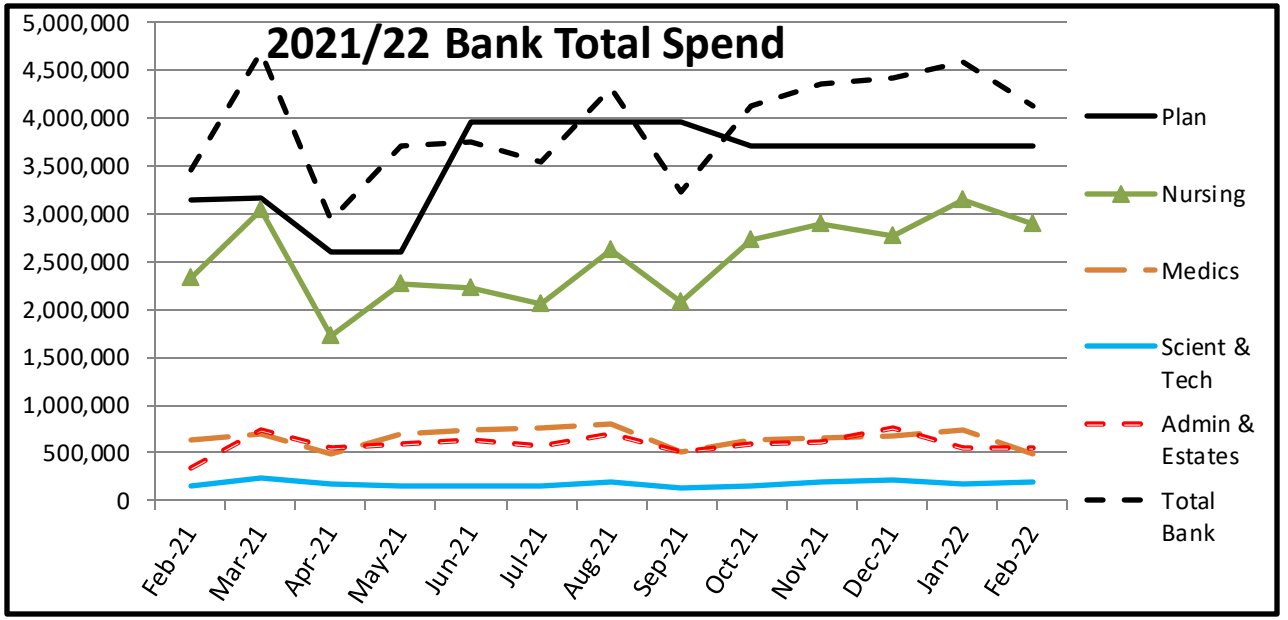


Temporary Staff Costs

Agency spend has increased month on month (£0.4m)mainly driven by nursing staff spend.

Expenditure on bank staff has decreased month on month (£0.5m) with the decrease equally split between medics and nursing staff. Nursing and medic bank spend primarily reduced due to the lower Vaccination Programme activity (down £75k nursing and £65k medics) and a reduction in nursing bank spend in Division B. Bank staff spend above plan continues to reflect higher staff sickness levels due to Covid absences.





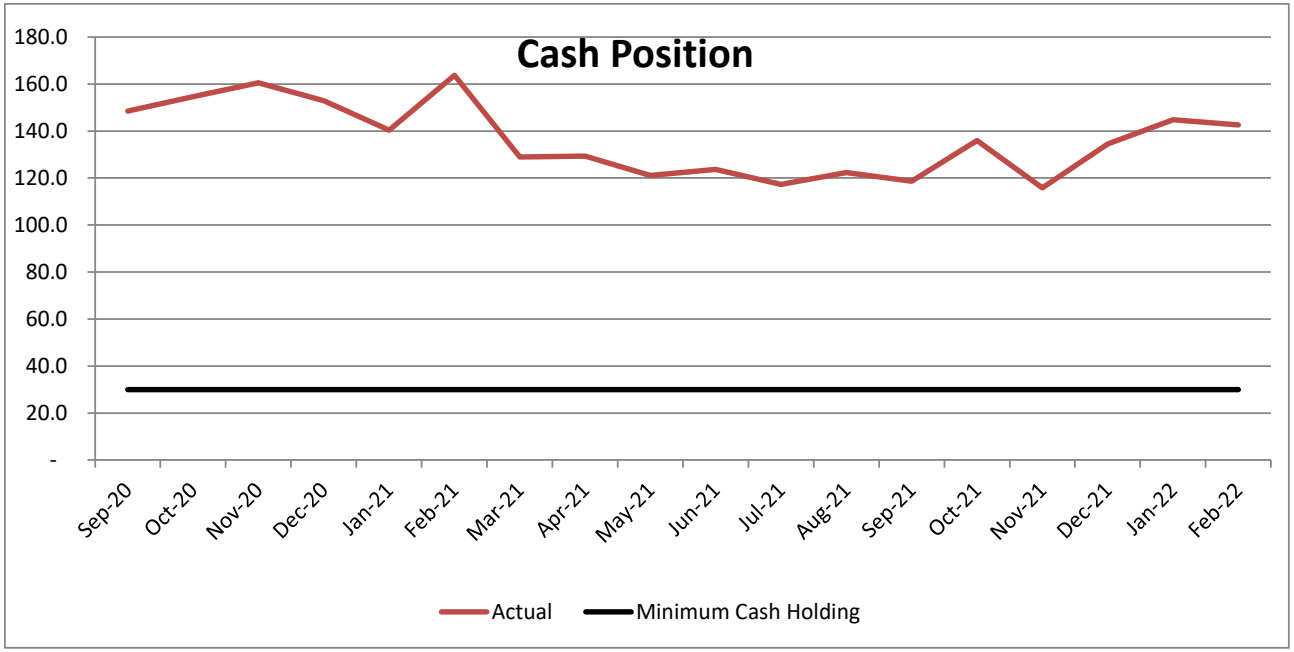
Cash

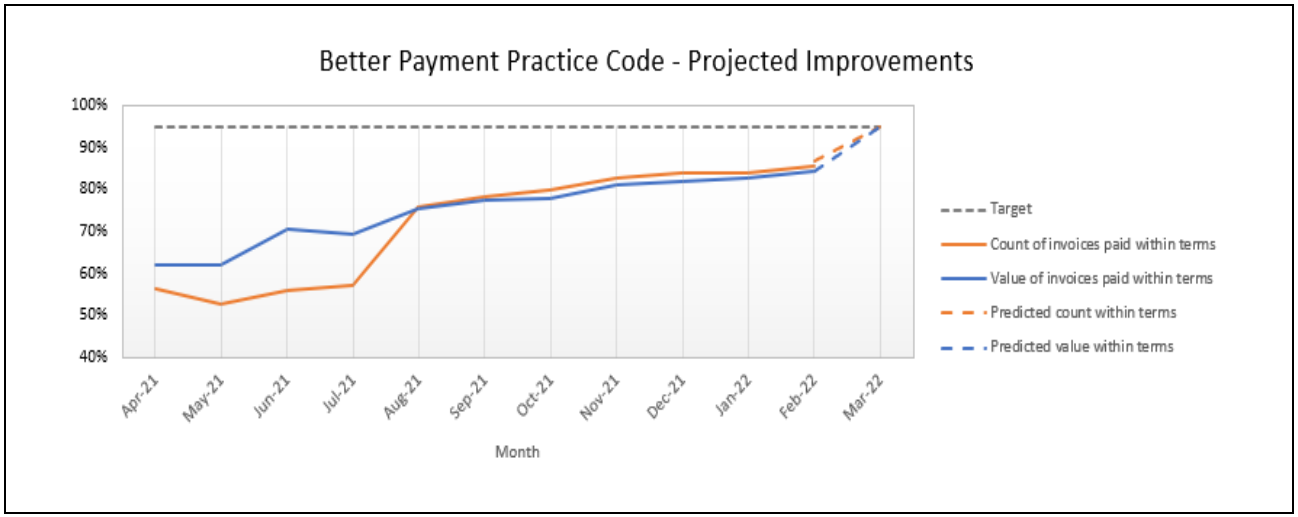
The cash balance decreased slightly in February to £142.6m and is analysed in the movements on the Statement of Financial Position.

Some in-month volatility is expected moving forward as the working capital position stabilises. Additionally the timing of external capital funding is likely to create volatility in month 12.

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

The latest position on our Better Payment Practice Code road map to compliance project is also on this slide. Compliance continues to improve and is on track to comply by March 2022 once the change to the loan kit process is implemented.





Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on capital schemes is £48.6m in the year to month 11. Total expenditure in M11 was £8.4m; well above the previous monthly average of £4m. This was driven by high expenditure on the strategic maintenance programme (£1.6m), IT schemes (£2.3m across all schemes) and medical equipment.

	Month			Year to Date			Full Year (Forecast)		
Scheme	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Internally Funded Schemes									
Fit out of E level. Vertical Extension - Theatres	0	0	(0)	11,941	9,492	2,449	11,941	9,492	2,449
Strategic Maintenance	773	1,602	(829)	5,411	4,873	538	6,183	6,511	(328)
ED Expansion and Refurbishment	0	184	(184)	5,791	6,356	(565)	5,791	6,356	(565)
Information Technology Programme	500	784	(284)	4,000	5,000	(1,000)	5,000	5,000	0
Wards	733	0	733	3,266	29	3,237	4,000	29	3,971
Ophthalmology OPD	0	0	(0)	3,303	2,967	336	3,303	2,967	336
Maternity Induction Suite	433	0	433	1,565	6	1,559	2,000	20	1,980
Pathology Digitisation	176	460	(284)	998	1,171	(173)	1,171	1,171	0
Medical Equipment	125	37	88	875	1,642	(767)	1,000	2,016	(1,016)
NICU Pendants	0	0	0	896	4	892	896	337	559
Oncology Ward	0	(0)	0	861	598	263	861	691	170
Decorative / Environment Improvements	63	2	61	441	2	439	500	90	410
Side Rooms	0	0	(0)	490	524	(34)	490	538	(48)
IMRI	100	0	100	300	0	300	0	565	(565)
Other Projects	223	1,798	(1,575)	2,436	5,530	(3,094)	3,060	6,014	(2,954)
Slippage	(516)	0	(516)	(4,916)	0	(4,916)	(5,035)	0	(5,035)
Total Trust Funded Capital excl Finance Leases	**2,610**	**4,868**	**(2,258)**	**37,658**	**38,195**	**(537)**	**41,161**	**41,797**	**(636)**
Finance Leases - IISS	1,500	980	520	4,230	1,359	2,871	5,230	2,242	2,988
Finance Leases - MEP	275	328	(53)	1,925	1,015	910	2,200	1,036	1,164
Finance Leases - Other Equipment	300	201	99	2,841	3,994	(1,153)	3,141	4,111	(970)
Finance Leases - Adanac Park	0	0	0	0	0	0	0	3,500	(3,500)
Donated Income	(305)	(866)	561	(1,617)	(1,800)	183	(1,921)	(2,700)	779
Total Trust Funded Capital Expenditure	**4,380**	**5,511**	**(1,131)**	**45,037**	**42,762**	**2,275**	**49,811**	**49,986**	**(175)**
Disposals	0	(78)	78	0	(175)	175	0	(175)	175
Total Including Technical Adjustments	**4,380**	**5,433**	**(1,053)**	**45,037**	**42,587**	**2,450**	**49,811**	**49,811**	**(0)**

University Hospital Southampton NHS
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Capital Expenditure

(Fav Variance) / Adv Variance

UHS has now bid for, been awarded and received an additional £15.3m of public dividend capital, in addition to the original CDEL funding of £49.8m. The Trust is forecasting to spend all of this funding (£65.1m) within the 21-22 financial year.

In order to achieve this, £16.5m of expenditure is required in month 12. Actions have been taken and orders placed to help ensure that we spend to this level in month 12 despite some risks around equipment delivery.

Scheme	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
Externally Funded Schemes									
Accelerator Funded Equipment	0	27	(27)	0	311	(311)	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)	287	61	226	1,631	1,465	166	1,917	1,917	0
Digital Outpatients (Wave 3 STP)	122	22	100	692	182	510	814	814	0
LIMS Digital Enhancement	38	396	(358)	418	523	(105)	455	931	(476)
Community Diagnostic Hub	0	460	(460)	0	460	(460)	0	1,577	(1,577)
Radiology Home Reporting	0	0	0	0	312	(312)	0	480	(480)
Pathology Digitisation	0	382	(382)	0	382	(382)	0	809	(809)
Cardiology Outpatients	0	0	0	0	0	0	0	620	(620)
Critical Care Equipment	0	0	0	0	50	(50)	0	310	(310)
Information Technology Programme (TIF)	0	941	(941)	0	941	(941)	0	1,980	(1,980)
Elective Recovery TIF Tech Funding	0	0	0	0	0	0	0	196	(196)
Unified Tech Fund (Frontline Digitisation)	0	502	(502)	0	502	(502)	0	1,446	(1,446)
UTF Digital Maternity Solutions	0	0	0	0	0	0	0	108	(108)
Surface Guided Radiotherapy	0	84	(84)	0	84	(84)	0	1,130	(1,130)
TRE Research Project	0	98	(98)	0	98	(98)	0	499	(499)
Cyber Security	0	12	(12)	0	12	(12)	0	250	(250)
Diagnostic Academy	0	0	0	0	0	0	0	322	(322)
Endoscopy Academy	0	0	0	0	0	0	0	96	(96)
Digital Pathology Whole Slide Scanners	0	0	0	0	0	0	0	500	(500)
Phlebotomy Blood Collection System	0	0	0	0	0	0	0	125	(125)
Simulator Upgrade	0	0	0	0	0	0	0	18	(18)
Total Externally Funded Capital Expenditure	**447**	**2,984**	**(2,537)**	**3,441**	**6,021**	**(2,580)**	**3,886**	**15,288**	**(11,402)**
Total CDEL Expenditure	**4,827**	**8,417**	**(3,590)**	**48,478**	**48,608**	**(130)**	**53,697**	**65,099**	**(11,402)**

Statement of Financial Position

(Fav Variance) / Adv Variance

The February statement of financial position illustrates net assets of £443.1m, with the main movements in the position explained below.

The £13.2m decrease in receivables is primarily driven by Chilworth reductions.

The £8.1m decrease in payables is driven by the settlement of NHS Professional invoices in M11 and a reduction in Covid Boost R&D income deferral following payment to outsourced suppliers.

The cash movement reflects the impact of working capital movements explained above.

Statement of Financial Position	2020/21 YE Actuals £m	2021/22 M10 Act £m	2021/22 M11 Act £m	2021/22 MoM Movement £m
Fixed Assets	419.4	437.6	445.2	7.7
Inventories	14.7	18.7	19.0	0.2
Receivables	67.4	69.5	56.3	(13.2)
Cash	129.0	144.8	142.6	(2.1)
Payables	(171.6)	(217.5)	(209.4)	8.1
Current Loan	(2.7)	(2.0)	(2.0)	0.0
Current PFI and Leases	(9.0)	(8.7)	(8.6)	0.1
Net Assets	**447.2**	**442.4**	**443.1**	**0.7**
Non Current Liabilities	(18.3)	(18.1)	(18.4)	(0.3)
Non Current Loan	(8.5)	(6.7)	(6.5)	0.3
Non Current PFI and Leases	(36.3)	(33.5)	(33.0)	0.6
Total Assets Employed	**384.0**	**384.1**	**385.3**	**1.2**
Public Dividend Capital	246.0	247.4	248.2	0.8
Retained Earnings	114.0	112.7	113.2	0.4
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**	**384.1**	**385.3**	**1.2**

2021/22 Finance Report - Month 11

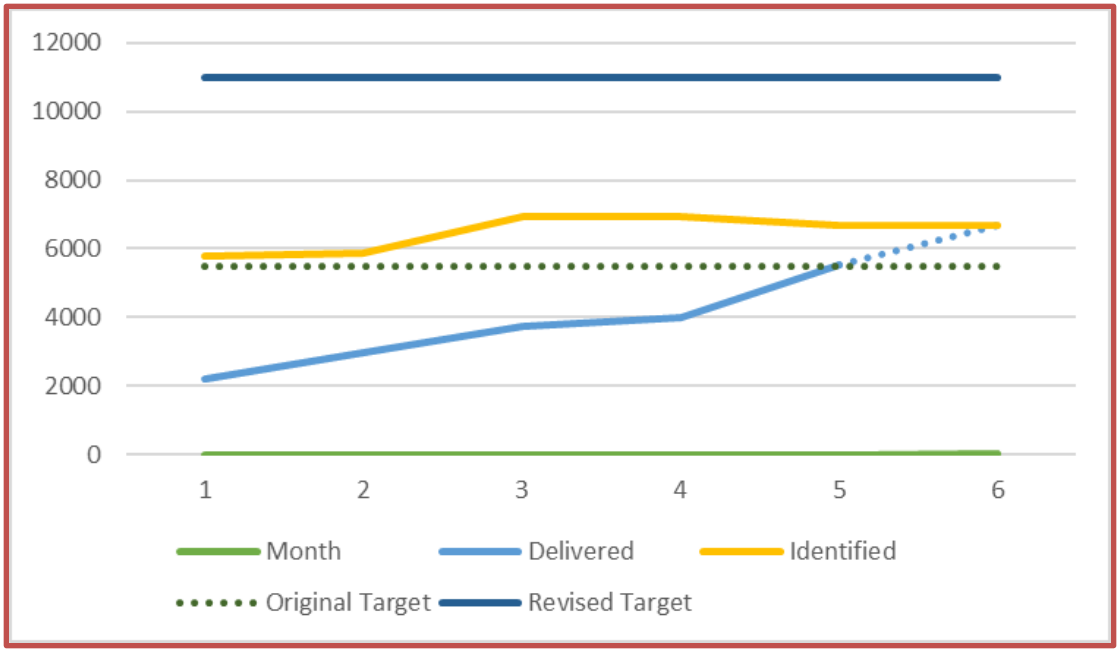
Value for Money

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

At M11, £5.2m of benefit has been transacted (£2m of which is recurrent) compared to £4m in M10 and we are on target to exceed the £5.5m target in M12.

VfM Divisional Review meetings re-commenced this month as part of the annual planning process for 22/23, having been stood down since November due to operational pressures.

VFM Target versus Delivery M11



Key: dotted blue line indicates forecast of delivery for M12, based on current identified schemes and planned delivery by start date.

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University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**UHS Staff Survey Results 2021**			
Agenda item:	**5.10**			
Sponsor:	**Steve Harris, Chief People Officer**			
Author:	**Ceri Connor, Director of Organisational Development and Inclusion** **Sophie Limb, HR Project Manager**			
Date:	**31 March 2022**			
Purpose	**Assurance or reassurance**	**Approval** **x**	**Ratification**	**Information** **x**
Issue to be addressed:	The priorities in our draft People Strategy 2022-26 were created using insights and feedback of our UHS people via a variety of interventions and feedback mechanisms including the annual staff survey. The NHS annual staff survey remains a leading indicator of staff engagement, morale and satisfaction, and is the only vehicle which gathers information and feedback from over 50% of the UHS family. Whilst we focus on UHS results it is also important to benchmark to other Trusts in our benchmark group. It was widely anticipated that results across the NHS would worsen due to the Covid Pandemic, and the prolonged nature of pressure across our systems at the time the 2021 survey was taken. The Staff Survey opened in September 2021 and closed in November 2021. UHS results have now been received both Trust wide and divisional data down to Care Group level. Indicative benchmark ratings received so far show where UHS have scored against the “average”, the “best” and “worst”, year on year since 2017 (where comparable data is available) in our benchmark group. For the first time in 2021 the Staff Survey results have been aligned to the NHS National People Promise, and include a specific set of questions relating to staff experience during the Covid 19 pandemic. Nationwide results for all NHS Trusts are due to be published on the 30 March 2022. UHS results remain embargoed until this point. This report provides a summary of the 2021 results, including key areas of success and concern, and describes the framework for Trust wide and Divisional action to address challenges, share successes, and take action to improve. Overall UHS has sustained or improved in most areas, and where decline has occurred this has not been at the same rate of decline as other Trusts in our benchmark group.			
Response to the issue:	**Results summary:** UHS had a participation rate of 56.2%. This is 6,985 staff out of an eligible number of 12,428. This is an increase of 6% from 2020, an additional 1238 staff members. Participation is a key indicator of staff engagement, 56% is the highest UHS has achieved since the survey began, the median response rate in our benchmark group is 46%. UHS score above benchmark average in all seven themes, also above benchmark average for Staff Engagement and Morale scores.			

	UHS rated on or above benchmark average for 106 out of 112 questions. Staff engagement scores across the NHS have fallen, the UHS score has declined from 7.3 to 7.2, however the rate of deterioration at UHS has been less than other trusts. Advocacy scores have slightly declined but remain well above benchmark average: • 85.7% of staff agree that the care of patients/service users is the organisation's top priority. • 83.1% of staff said that they would be happy with the standard of care provided by this organisation if a friend or relative needed treatment. • 77%?? of staff would recommend UHS as a place to work. The most declined score related to staffing capacity. Only 28.2% staff agreed or strongly agreed there was enough staff to enable them to do their job properly at the time of the survey. This is a UHS decline of 9.8% from 2020 against an average benchmark decline of 10% in our benchmark group. For context, the "best" trust declined by 14.6% on this question. Other areas of decline were related to whether people feel valued in their work, attending work whilst feeling unwell, looking forward to coming to work, and recommending the organisation as a place to work – all declining by 5% respectively from 2020. The staff survey results contribute significantly to the annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) indicators. Early indications show an improving picture, there is still work to do in terms of comparable experiences between people from white backgrounds to those from black or ethnic minority backgrounds. **Our response** The actions that will be implemented across the trust to continually improve our Staff Survey results have been summarised in this report under the three key areas of focus in the new UHS People Strategy: Thrive, Excel and Belong. Trust Executive Committee have approved a programme of work commencing 1 April 2022 to communicate the 2021 survey results with a series of actions to celebrate success and provide a framework for divisions to consider their local results. Divisions and directorates will be asked as teams consider the three areas of focus, agree actions and present back to David French, CEO and members of the Executive team as part of a showcase event. Mechanisms for monitoring progress against actions will form part of existing performance and governance methods. An important part of the staff survey engagement programme across the organisation is to ensure agreed actions and improvements are directly linked to the feedback staff have given. This will ensure development of confidence and trust, that feedback is acted on, and will encourage increased participation rates in future surveys. Varied and continual feedback in real time is also important to complement the annual staff survey. The quarterly pulse surveys act as a continued temperature check against the engagement scores and advocacy metrics.
Implications: (Clinical, Organisational, Governance, Legal?)	The following implications should be noted: • **Culture:** Actions to continually improve UHS survey results align to the three elements of the People Strategy; *Thrive, Excel and Belong* and is a central part of the UHS 5 Year Strategy. Feedback relating to staff experience, sentiment and advocacy forms a critical part of delivery plans to strengthen organisational culture. • **CQC:** The annual staff survey and specifically the engagement score is a leading indicator of staff satisfaction and engagement with the CQC and will be used as evidence in terms of the Well Led domain. Organisations who are rated Outstanding have evidenced continual

	improvements in staff survey results and are rated “the best” in their benchmark groups. • **Organisational:** The staff survey actions are aligned to the programmes of work underpinning the UHS People Strategy and underpin the NHS People Strategy. The staff survey results are indicators of how successful our People programmes are in terms of retention of our people and what it feels like to work in UHS.
Risks: (Top 3) of carrying out the change / or not:	Business Assurance Framework Risks: 3 (a) We fail to increase the UHS workforce to meet current and planned service requirements through recruitment to vacancies and maintaining annual staff turnover below 12%. We fail to develop a longer-term workforce plan to link to 3 (b) We fail to develop a diverse, compassionate, and inclusive workforce providing a more positive experience for all staff. 3(c) We fail to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust’s longer-term workforce plan.
Summary: Conclusion and/or recommendation	UHS has managed to sustain or improve in many areas of the staff survey during a very challenging time. We have remained above average across all themes, which should be celebrated given the context of the working environment across the NHS at the time of the survey. There are some clear areas to focus our improvements, we need to further develop robust strategies and plans to address these areas, both Trust wide and via local innovation and involvement. Our aim is to continue to improve, strive to increase our scores where all scores are above average in 2022, and aim for being the “best” scoring wherever possible thereafter. Trust Board are asked to note the results and support the following recommendations made at Trust Executive Committee on 16 March 2022: • Communication of our results, celebrating areas of success and describing how we respond to staff feedback. • Support the continued implementation of corporate actions included in the new UHS people strategy with progress monitored through People and OD committee. Recognition of developments already agreed across other action plans at UHS. • Ensuring divisions and directorates consider how they can make local improvements by reviewing results and developing local action plans, monitor progress, and provide feedback.

1. Introduction and Purpose

1.1 On an annual basis, all NHS Trusts are required to participate in the National NHS Staff Survey.

1.2 The survey opens in September and closes at the end of November every year. The results are sent to each organisation under embargo from January to March, and the embargo is lifted during March (date is nationally determined).

1.3 UHS is benchmarked in the Acute and Acute Community Trusts category, there are 126 organisations in the group.

1.4 The UHS survey provider is Picker. Picker provides the online and paper surveys, receives all our survey returns, and returns our raw data results. Teams with less than 11 people are aggregated up to the next level of the hierarchy provided to Picker by UHS. All surveys are anonymous, the only identifier is the bar code on each survey which contains the

demographic of the survey respondent, which division and team the survey has been assigned to.

1.5 New for 2021, the NHS Staff Survey 2021 results have been aligned to the themes that make up the national People Promise (see themes below, figure 1). The seven themes in the People Promise have been developed from NHS staff sharing what matters the most to them at work, and how their working experiences could be most improved. Additional scores identifying levels of Staff Engagement and Staff Morale are included, derived by a set of indicators based on motivation, involvement, advocacy, thinking about leaving, work pressure and stressors.

Figure 1 – the Themes of the People Promise

1.6 Survey results from all NHS Trusts will be published nationally by the NHS Staff Survey Co-ordination Centre on 30 March 2021. These results are embargoed from external publication until this point.

2. Context within the Covid 19 Pandemic

2.1 There was national anticipation that NHS staff survey results would decline due to the impact of the prolonged Covid-19 pandemic. The impact on staff both personally and professionally was expected to show in the survey results, lower participation was expected, and a decline in staff engagement and morale was also expected. The national benchmark results are not available at the time of writing this report however they will be made public on 30 March 2021.

2.2 Given this context, UHS should remain proud of our survey results, we have been able to sustain and improve on the majority of the indicators, and whilst there is work to do, all the areas for improvement link to the key priorities in the draft UHS People Strategy 22-26, which is due for Trust Board approval in March. A key indicator is our participation rate which has increased to our highest ever at 56%, which was above our internal target of 55%.

3. Summary of 2021 results

The full benchmark report can be found in appendix A of this report.

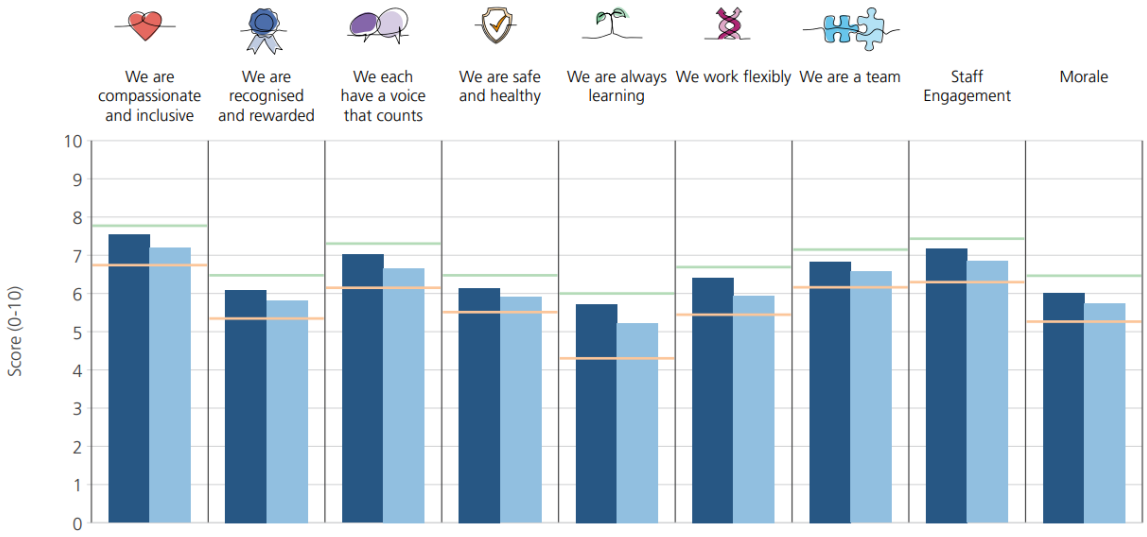
Participation Rates:

UHS had a response rate of 56.2% (6,985 staff) out of an eligible staff number of 12428. This is an increase of 6% participation from 2020, an additional 1238 staff members.

Many Trusts experienced a decline in participation rates and the overall rate of NHS participation stagnated at 46.4%. In this context it is pleasing to see the so many of the UHS family responded.

3.1 UHS scored **above average** on all seven themes plus the Staff Engagement and Morale score in our benchmark group (See Figure 2).

Figure 2 – 2021 UHS Staff Survey Results (Themes)



Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.5	6.1	7.0	6.1	5.7	6.4	6.8	7.2	6.0
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	6,747	6,897	6,658	6,738	6,450	6,863	6,786	6,908	6,890

3.2 Advocacy scores

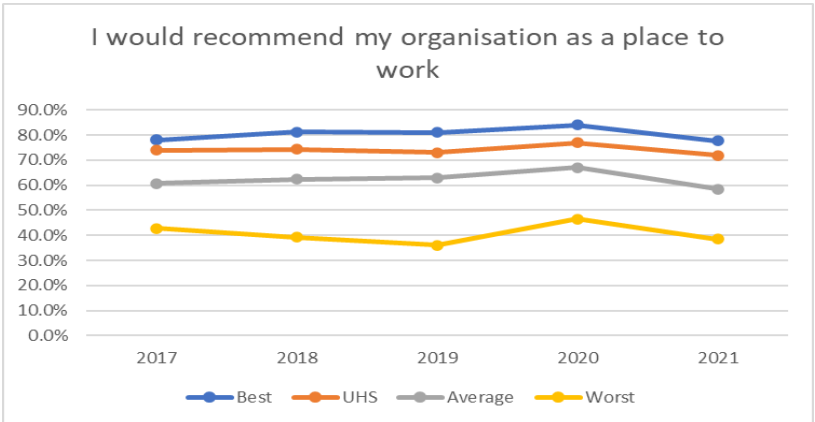
3.2.1 Advocacy scores make up an element of the Staff Engagement score, it is also a useful indicator in isolation as a measure of how staff feel connected and proud of the organisation.

	Would be happy with the standard of care provided at UHS if a friend or relative needed treatment			Would recommend UHS as a place to work			Care of patients/service users is my organisation'		
	2020	**2021**	**Acute Average 2021**	**2020**	**2021**	**Acute Average 2021**	**2021**	**2020**	**Acute Average 2021**
UHS overall	86.7%	83.1%	66.9%	77%	71.9%	58.4%	87.2%	85.7%	75.5%

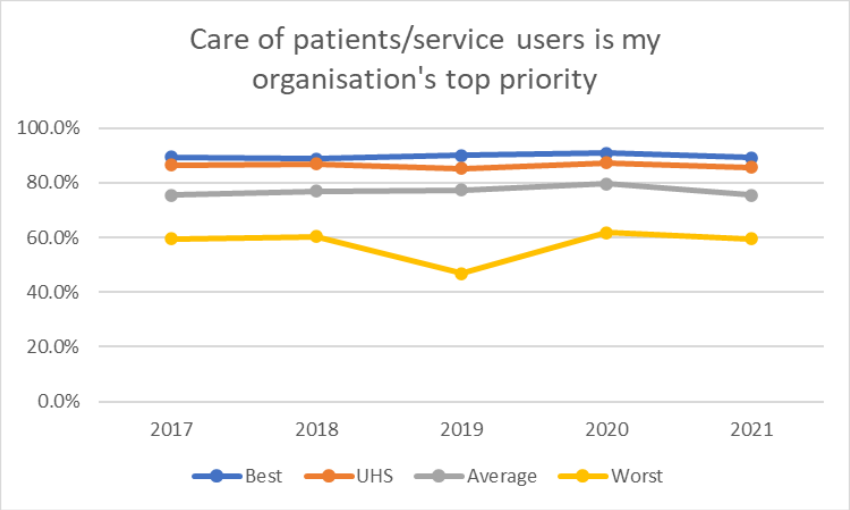
3.3 Benchmark scores

UHS have scored **above average or average** for 106 out of the 112 questions compared to other Trusts in the Acute and Community group. Highlights include:

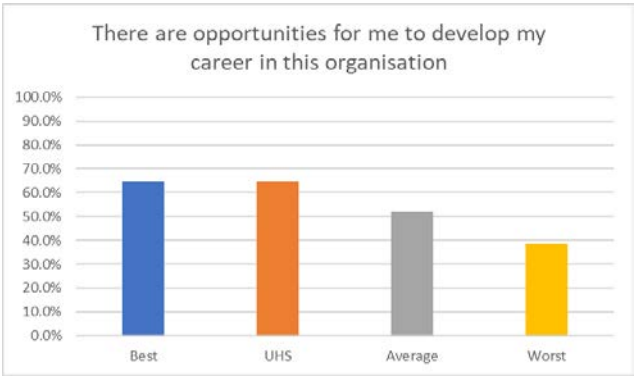
- 71.9% would recommend UHS as a place to work. Whilst we remain high above the national average for this indicator, we have declined 5.1% points from 2020. The national average has fallen, and the best scoring Trust fell from 84% to 76%.



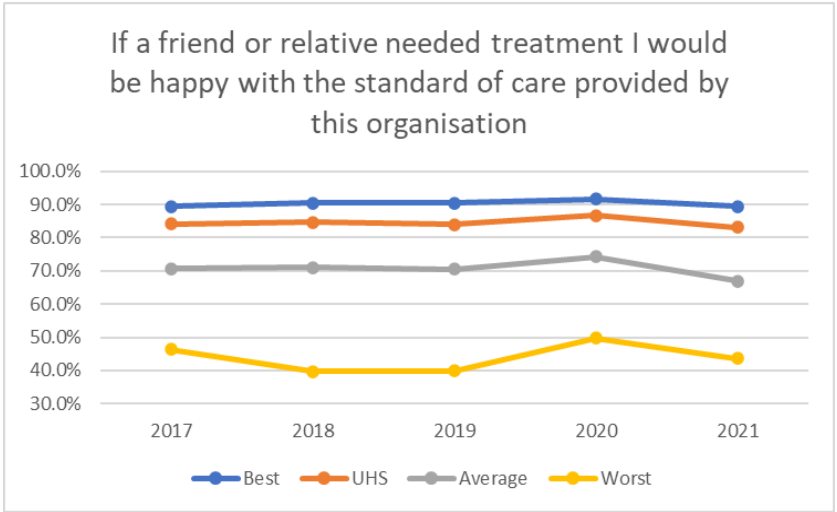
- 85.7% of staff agree that the care of patients/service users is the organisation's top priority, compared to an Acute Trust average of 75.5%. This is a slight decline of 1.5% from 2020.



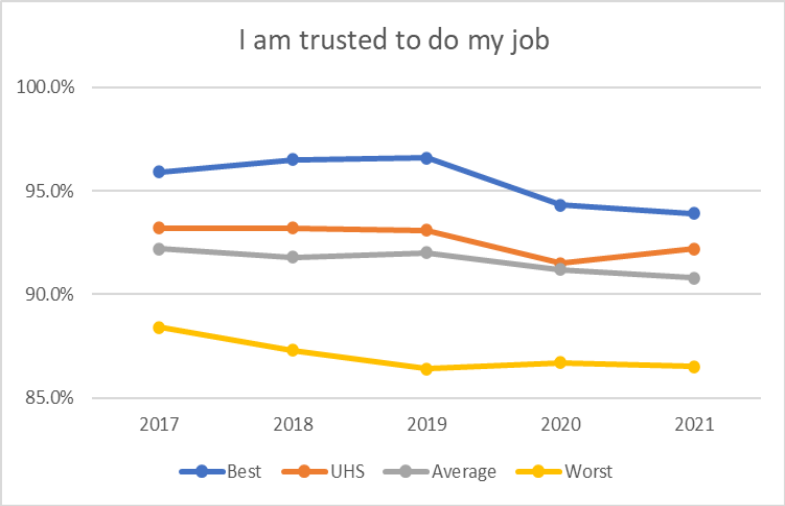
- UHS achieved the **best score** across all Acute Trusts for offering staff challenging work (75.6%), and staff reporting there are opportunities for career development (64.6%).



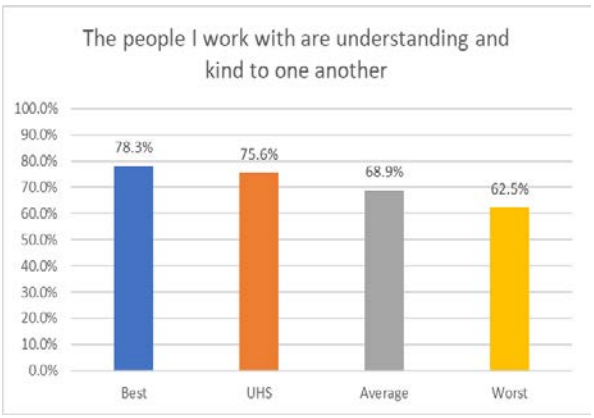
- 83.1% of staff said that they would be happy with the standard of care provided by this organisation if a friend or relative needed treatment, in comparison to an Acute Trust average of 66.9%. UHS has declined less than the Acute Trust average from 2020.

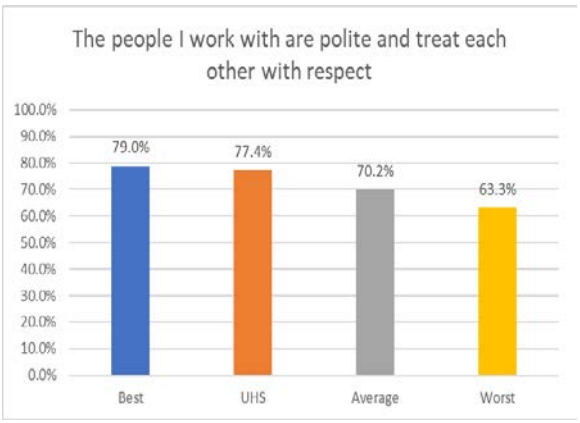


- 92.2% of UHS staff said that they felt trusted to do their job, an increase of 0.7% on 2020, with an Acute Trust average of 90.8%.

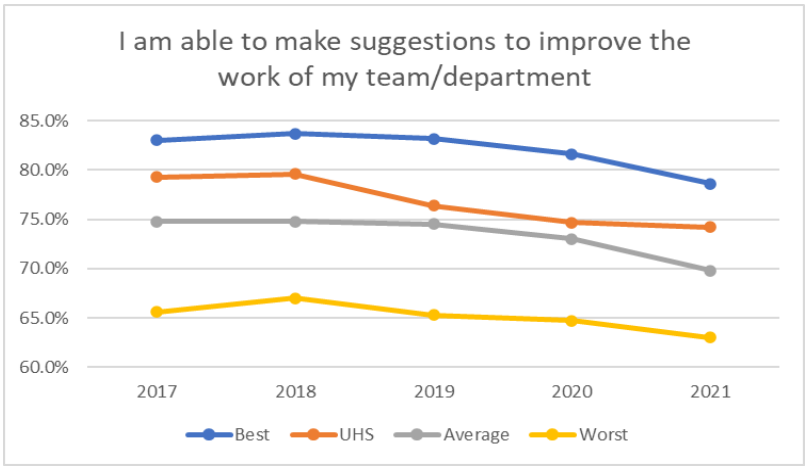


- 75.6% of our staff say the people they work with are kind to one another, against an average of 68.9%. 77.4% say the people they work with are polite and treat each other with respect, against an average of 70.2%.

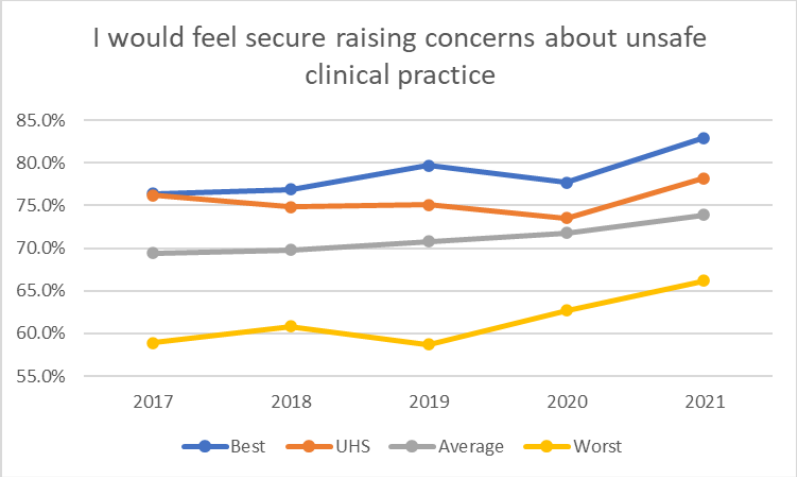




- 74.2% of staff say they are able to make suggestions to improve the work of their team/department, against an average of 69.8%. The benchmark average dropped from 73% in 2020 to 69.8% in 2020, whereas UHS managed to sustain this score unchanged.

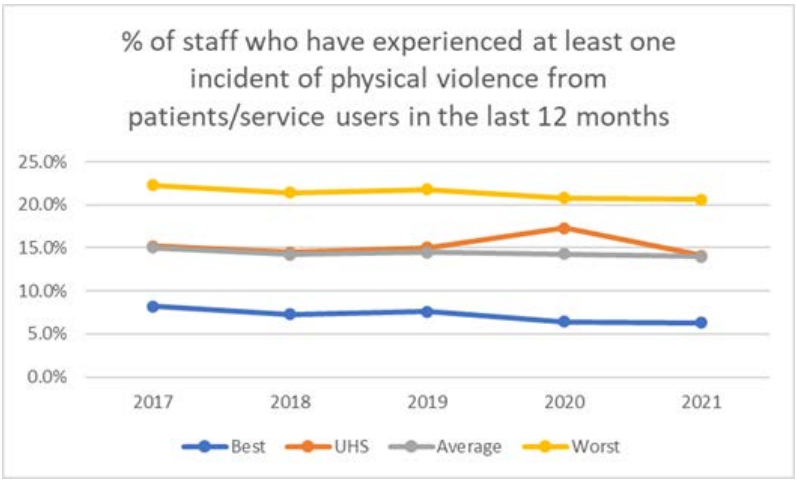


- 78.2% of staff said that they would feel secure raising concerns about unsafe clinical practice, a 4.7% increase on 2020. This score is 4.3% above the Acute Trust average.



- The number of staff experiencing physical violence at work from patients/service users, has reduced from 17.3% in 2020 to 14.1% in 2021. This is a positive improvement, and demonstrates the actions taken on Violence and Aggression have been successful.

  Although this is now equal to the Acute Trust average of 14% this is still a significant improvement and testament to the work of the V&A steering group.

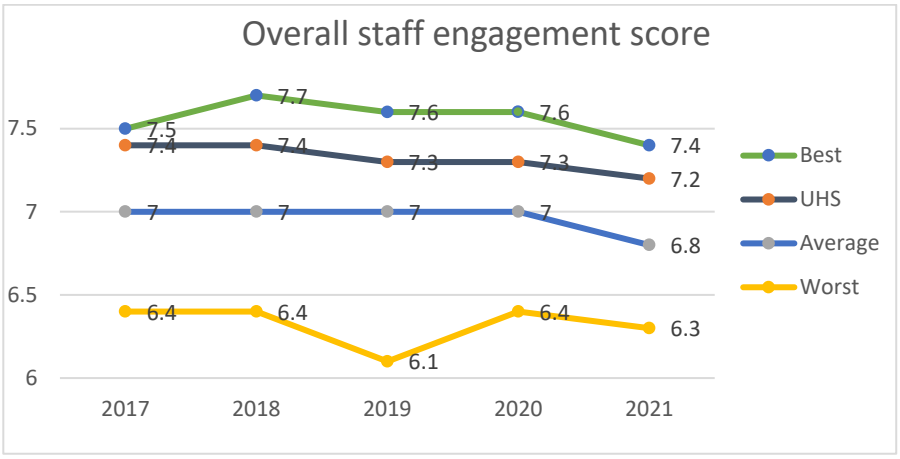


3.3.1 UHS scored below average for 6 out of the 112 questions compared to other Trusts in the Acute and Community:

- The percentage of staff that were satisfied with their level of pay was 31.7%, which is 0.2% lower than Acute Trust average and lower than the UHS score of 35.7% in 2020.
- UHS is also slightly above average for the number of staff experiencing physical violence at work from managers with a result of 0.7% and an Acute Trust average of 0.6%. This is a slight improvement from 2020 where the result was 0.8%.
- The number of teams meeting often to discuss the team's effectiveness was below the Acute Trust average of 55.6%, with a result of 54.8%. This is a decline from 2020 where the score was 56.1%.
- UHS has less staff working part-time (17.4%) than the Acute Trust average (19.7%). This number has dropped from 2020 by 1.3%.

3.4 Staff Engagement and Morale Scores

3.4.1 The Staff Engagement score is 7.2 compared to an Acute Trust average of 6.8. 3.4.2Staff engagement across the whole of the NHS has fallen. The rate of deterioration has been lower however in UHS.



Engagement scores are determined by the average of the sub score questions related to Motivation, Involvement and Advocacy. The table below shows divisional Engagement Scores against the Trust average.

	2021	2020
UHS Overall (NHS average 6.8)	7.2	7.3
Div A	6.9	7.1
Div B	7.2	7.2
Div C	7.2	7.2
Div D	7.2	7.4
THQ	7.4	7.3
Hosted Services	7.4	7.7

3.4.2 The Morale score is 6.0 compared to an Acute Trust average of 5.7.

Morale Scores are determined by the average of the sub score questions related to Thinking about leaving, Work pressure, and Stressors (see appendix B for questions related to these scores). The table below shows divisional Morale scores against the UHS Trust average.

	2021	***2020***
UHS Overall (NHS average 5.7)	*6.0*	*6.4*
Div A	*5.8*	*6.1*
Div B	*5.9*	*6.3*
Div C	*5.8*	*6.4*
Div D	*6.1*	*6.6*
THQ	*6.4*	*6.5*
Hosted Services	*6.4*	*7.0*

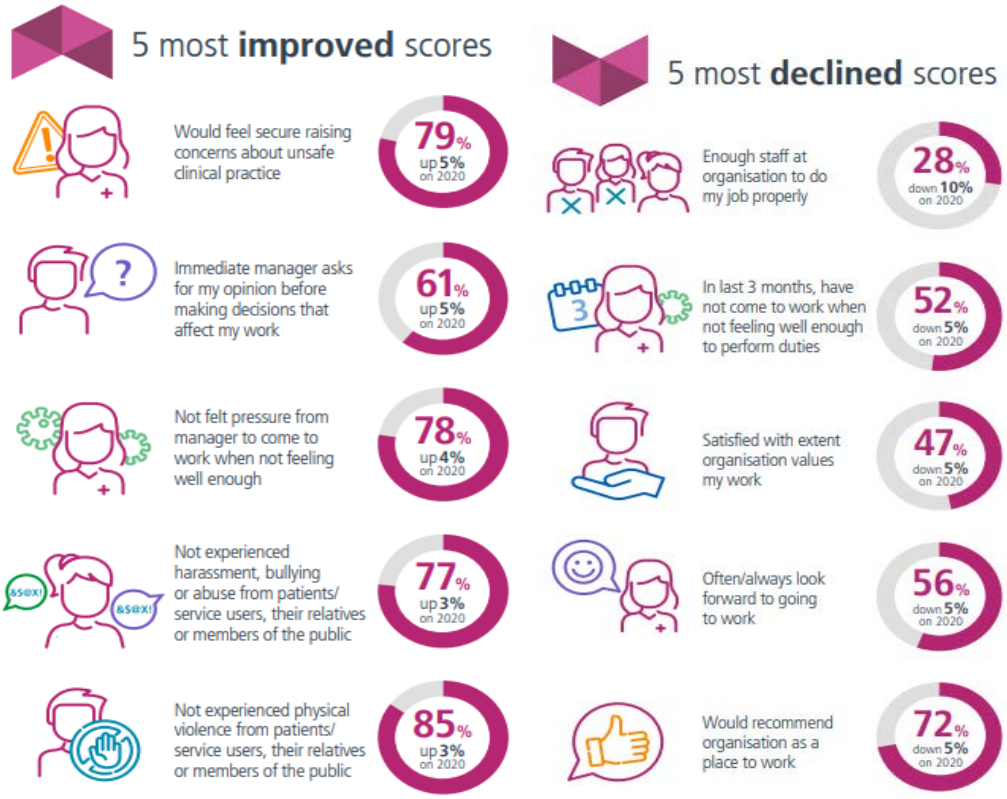
3.5 Areas to continue our improvement actions

- **Staffing levels** are the top concern among staff, with only 28.2% of staff saying there are enough staff to do their job properly, a 9.8% decrease from 2020. This was the most declined score in the entirety of the survey results. The Acute Trust average for this question was 26.0%.
- The focus on **appraisals** was reduced during the pandemic. Whilst 81.9% of staff who completed the survey said they had received an appraisal in the 12 months prior (Acute Trust average of 80.1%), only 22.3% of UHS staff said appraisal had helped them to improve how they do their job (with an Acute Trust average of 19.8%), and 35.2% said their appraisal left them feeling that their work was valued by the organisation (with an Acute Trust average

of 29.3%). With 34.3% saying the appraisal helped them to agree clear objectives for their work (compared to an Acute Trust average of 30.2%).

- Staff **looking forward to going to work** has dropped from 61.4% in 2020 to 56.35% in 2021, higher than the Acute Trust average of 52.0%.
- Whilst there have been improvements in areas of **inclusion**, this still remains a critical priority for the Trust and a major theme of the new People Strategy under the belong pillar.
- The rate of staff **experiencing physical violence at work** from patients/service users, their relatives or other members of the public (14.1%) has dropped from 2020 (17.3%) but still remains slightly higher than the Acute Trust average (14.0%). Recognising we have made improvements in this area, it continues to be a priority area of focus going forward
- **Burnout** is an area of concern with 46.8% of staff stating that they often or always feel worn out at the end of their working day or shift, 0.4% lower than the Acute Trust average. Burn out is understandably a critical area of concern for the whole NHS.

3.6 Most Improved and Most Declined scores, at a glance



4. Our focus on Inclusion and belonging - Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

4.1 The NHS Staff Survey data is a major contributor to the annual national WRES and WDES data submission required annually in September. Our WRES and WDES scores have made an improvement on 2020 results.

Rating	White	BAME	With Long term disability or illness
% staff experiencing harassment, bullying and abuse from staff	21.3 (2020) – 18.2 (2021) ↓3.1%	28.5% (2020) – 22.7% (2021) ↓ 5.8%	26.7% (2020) to 21.6% (2021) ↓5.1%
% staff experiencing discrimination from managers/team leaders	5.5% (2020) – 5.9% (2021) ↑0.4%	16.0% (2020) – 14.7% (2021) ↓1.3%	13.7% (2020) – 11.9% (2021) ↓1.8%
% staff experiencing harassment, bullying and abuse from patients/public	25.2% (2020) – 21.8% (2021) ↓ 3.4%	30.5% (2020) – 25.1% (2021) ↓5.4%	30% (2020) – 26.7% (2021) ↓3.3%
% staff believing organisations provides equal opportunities with regard career progression	66.0% (2020) – 64.6% (2021) ↓1.4%	51.4% (2020) – 53.7% (2021) ↑ 2.3%	58% (2020) – 60% (2021) ↑ 2%

4.2 Overall, it is positive to see some improvements in reporting for a number of inclusions scores. It was also positive to see that that UHS ranks well above average on staff reporting they feel respected for their individual differences at 76%. This is however behind the best Trust at 83%.

4.3 Whilst there are pleasing results the overall level of those reporting fair access to career progression has fallen in line with the NHS. Worryingly the NHS average scores continue to fall. Where people felt discrimination did occur, people reported higher than average scores for reasons of race of sexual orientation.

4.4 Whilst there are improvements in WRES and WDES scores, and these scores are above the NHS average in a number of areas, experience remains below that of white and non-disabled colleagues.

4.5 This makes our focus on inclusion of continuing critical importance. It justifies the significant focus placed in the people strategy 'Belong' pillar.

5. Responding to what the UHS family have told us.

5.1 The NHS staff survey is the only mechanism that provides us valid and robust data on the experiences and views from over half of our UHS family. We continue to compliment the annual survey with quarterly pulse surveys and continue to find innovative methods for gathering real time insight.

5.2 We will aim to increase our staff survey participation every year with a goal to be **the best** in our benchmark group.

5.3 The challenge with the annual survey is the small window to make significant progress between the release of results from the previous year to the survey opening again. Therefore, action needs to be sustained, long term, and continuous, to move to being close to, or **the best** in our category.

5.4 Evidence and experience have demonstrated sustained improvements to the staff survey are seen when actions to improve are incorporated into existing programmes of work, rather than stand alone action plans, unconnected to the Trust wide strategies.

5.5 In addition, team or locally level initiatives to improve a small set of locally identified priorities is likely to achieve greater success than several action plans derived and delivered from the "top down".

5.6 A combination of Trust wide programmes, and local level work is recommended to make continued improvements to staff experience and the staff survey indicators.

5.7 A communications and engagement plan has been developed which commences on 1 April, to communicate the results at trust wide and divisional level, and to engage people in the potential solutions.

6. The UHS People Strategy 2022-26

The results of the 2021 staff survey and the Trust wide actions have been aligned to the insight already gained in the development of the UHS People Strategy 2022-26. The actions that will be implemented across the trust to continually improve our Staff Survey results have been summarised under the three key areas of focus in the UHS People Strategy: Thrive, Excel and Belong.

Objectives of year 1 of the People Strategy will be presented to TEC in April which will cover the specific work programmes for the year. Below is a summary of areas of focus.

6.1 Thrive

THRIVE by looking to the future to plan, attract and retain great people and to ensure every area is resourced to meet demand. Working with our education partners, we will invest in opportunities for people to nurture and grow their skills, as well as work with them to grow our future workforce. We will offer flexible careers and make the best use of technology to ensure we plan and deploy our people to provide safe, high quality care.

6.1.1 28% of staff said that there were enough staff at the organisation to allow them to do their job properly. In 2021/22 the UHS workforce has grown by over 400 WTE with successful recruitment campaigns in areas such as critical care. In spring 2022 A long term workforce plan will be developed in line with our Clinical, Digital and Always Improving Strategies to develop roles for the future, aligned to transformation and emerging clinical practice. Workforce capacity, growth and sustainability now and for the future will be a key focus.

6.1.2 We have already launched our new UHS employer brand 'leading the way' We will continue to develop a comprehensive inclusive talent attraction plan which will expand our overseas recruitment. We will increase our apprenticeships with an ambition to grow our own and offer career pathways and progression routes. We will ensure succession plans for all leadership roles and critical/hard to recruit roles. Work with people in local communities will be strengthened to attract future talent into UHS and the wider NHS.

6.1.3 We will develop talent processes to ensure a diverse and representative UHS leadership and workforce community and focus on a flexible employment offering to meet diverse needs.

6.2 Excel

EXCEL within an organisation where forward-thinking people practices are delivered at the right time and where team structures, culture and environment are all designed to support wellbeing and develop potential. We will deliver progressive opportunities for individuals to develop their knowledge and skills to become their best selves. We will recognise and reward our people for the great work they do in well designed roles that provide the freedom to innovate and improve.

6.2.1 The appraisal framework will be revitalised by implementing an approach based on a coaching and supportive conversation. We will ensure the appraisal and feedback framework is fit for purpose, aligned to best practice, is meaningful and focussed on individuals and their part within UHS. It will be an experience where people feel valued, and it helps people in their personal growth and performance. It will offer support and development and will incorporate career development and talent management. The appraisal approach will be offered in conjunction with a "UHS Career promise" for those who want it. We will aim to ensure our leaders in the Trust are appraised during the first quarter of 2022/23.

6.2.2 To further help our UHS staff to thrive and feel that their work is valued, we will strengthen the reward and recognition offering, increasing value and appreciation of the work our staff do every day. We will help to mitigate the cost of living through driving increased usage of the discounts available through our employee benefits platform.

6.2.3 During the Covid 19 pandemic there has been a Trust wide focus on staff wellbeing and development of the UHS Wellbeing offer. However, our survey results show that our staff are at high risk of burnout. There is no "single solution" approach to ensuring our staff are not overworked or overwhelmed: ensuring our staff get regular rest and recuperation, taking annual leave, taking breaks, have access to training enrichment, supervision, reflection and time to take up wellbeing interventions.

6.2.4 To support our staff to have the tools they need for their job, support their wellbeing and strengthen our advocacy rating related to "great place to work", we will develop our physical estate to improve the working, learning and rest environments for our people, including meeting diverse needs. The Banksy project will enhance our staff experience, and we will continue to build our wellbeing offerings.

6.2.5 Occupational health are re-launching a range of offers to support physical health including health screening, support on diet, smoking cessation, and increasing focus on MSK.

6.3 Belong

BELONG in a compassionate, inclusive and welcoming environment that values and supports every individual, both personally and professionally. We will ensure that every person feels free and comfortable to bring their whole selves to work, safe in the knowledge that they are welcomed, respected and represented.

6.3.1 To respond to the work on violence and aggression from the 2020 actions to continue to reduce incidences of aggression towards our staff. We will further embed our Violence and Aggression Policy, introduce Actionable Allyship for all staff as part of the mandatory training suite. We will improve the reporting on hate crime and provide bespoke training for ED and AMU on managing hate crime and incidents. Further strengthen our actions in relation to reporting (red/yellow cards issued) and prosecutions, continue with the #NoExcuseforAbuse campaign.

6.3.2 We will tackle inequality in the workforce driven through a progressive and bold Diversity and Inclusion Strategy and EDI work programme, and we will not tolerate bullying, harassment and discrimination towards our people. The development of the EDI strategy

commences in March with both patients and staff with themes and a draft to be presented at the EDI committee in April 2022.

6.3.3 To ensure our staff can experience a culture where they are involved, included, supported, we will undertake engagement on the behaviours that really underpin our values.

6.3.4 Increasing our focus on gender through publication of the Gender Equality Metric and creation of female leaders network.

7. Our Always Improving and Patient Safety programmes

7.1 A commitment has been made within the 2022/23 Quality Promise to improve the scores in the staff survey which directly relate to staff's ability to make improvements to the work of their team/department (3d), to be involved in the changes that are made to work area or team (3e), and that staff are able to make improvements happen in their areas of work (3f). Always Improving advocate training continues to be rolled out across the UHS family.

7.2 The wider actions in the Always Improving Strategy, patient safety, local change and transformation programmes will aim to respond to the themes relating to Always Learning, We are a Team, Voice that Counts, and Compassionate and Inclusive.

Our patient safety strategy 2020-203 sets out our vision that all staff are able to speak up and make changes where there are safety concerns, with a focus on civility and kindness underpinning our patient safety culture. We will work to improve the scores in the staff survey that directly relate to staff being able to raise concerns about unsafe clinical practice (Q17 a) and building trust in the organisational response to concerns raised by staff and patients (17b, Q 21b, 21e, f). We will also work to promote civility and kindness across the organisation as measured in Q8b and c.

7.3 We will continue to develop our culture of civility where people can confidently speak up, learn from errors and improve services. We will train more people in appreciative inquiry techniques so we can identify what works well and replicate success.

8. Conclusion

8.1 UHS has managed to sustain or improve in many areas of the staff survey during a very challenging time. We have remained above average in all themes and theme scores, which should be celebrated given the NHS environment at the time of the survey.

8.2 There are some clear areas to focus our improvements, we need to further develop robust strategies and plans to address these areas, both Trust wide and via local innovation and involvement.

8.3 Our aim is to continue to improve, strive to increase our scores where all scores are above average in 2022, and aim for being the "best" scoring wherever possible thereafter.

9. Recommendation and Next Steps

9.1 A Trust wide engagement and communication programme is planned from 30 March to communicate the results of the Trust wide data over three themes: Summary form, Areas to be proud of, and Areas to improve further.

9.2 A plan for engagement and cascade across all divisions is due to start from 1 April 2022.

9.3 It was agreed at Trust Executive Committee (16.03.22) that Divisional leaders will cascade the divisional, care group and local team results, and that local teams develop and agree their "top 3 priorities". Teams will be provided with resources to locally display their agreed priorities to ensure visibility and commitment to listen and act on feedback.

9.4 Divisions will review their survey results, devise their local priorities, and show case these to David French and Steve Harris at an agreed date (prior to the end of June).

9.5 Monitoring the progress of staff survey priorities and gathering feedback on success is via the Divisional Boards.

9.6 A mechanism for feedback via the HR Business Partners/HR/OD will be important to show the actions that have been carried out for inclusion in future Trust wide communications and evidencing our improvements.

9.7 UHS Trust Board are asked to:

- Note the results and the alignment of corporate objectives of the new People Strategy.
- Support the continued improvement of our staff survey results through our People work programmes trust wide and through priority work identified at divisional and care group level.

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey

Benchmark Report

Contents

About this report

This benchmark report for University Hospital Southampton NHS Foundation Trust contains results for the 2021 NHS Staff Survey, and historical results back to 2017 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: Results for q1, q10a, q22d, q23a-c, q24-q28a, and q29a-q31 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions.

Survey Coordination Centre

People Promise elements, themes and sub-scores

NHS

Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15*, Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	**Sub-scores**	**Question**
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

The structure of this report

Introduction

This section provides a brief introduction to the report, including features of the graphs used throughout. The '**Organisation details**' page contains key information about the organisation's survey and its benchmarking group.

People Promise element and theme results

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by results for each of the **sub-scores** that feed into these measures. **Trend data** are shown for the themes of Staff Engagement and Morale. Results for the People Promise elements and themes are also presented split by staff experience during the **Covid-19 pandemic**.

In the **Detailed information section**, question level results have been divided into sections based on the sub-score and People Promise element or theme they contribute to. These are presented as line charts, or as bar charts where no trend data is available.

Questions not linked to a People Promise element or theme

Results for the small number of questions that do not contribute to the result for any People Promise element or theme are included in this section.

About your respondents

This section provides details of the staff responding to the survey, including the results of questions relating to their experience during the **Covid-19 pandemic** and **demographic and other classification questions**.

Workforce Equality Standards

This section shows the data required for the NHS Staff Survey indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

Appendices

Here you will find:

- Response rate trends
- Significance testing of the theme results for 2020 vs 2021
- Tips on action planning and interpreting results
- Details of the other reporting outputs available

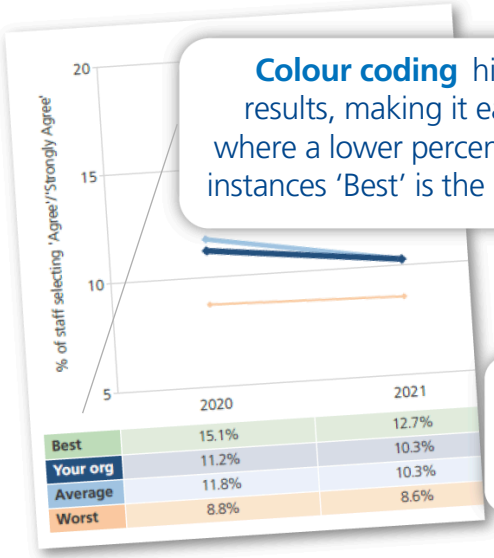
Using the report

Key features

Question number and text (or summary measure) specified at the top of each slide

Slide headers are **hyperlinked** throughout the document. '2021 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text can be used to navigate to sections and sub-sections

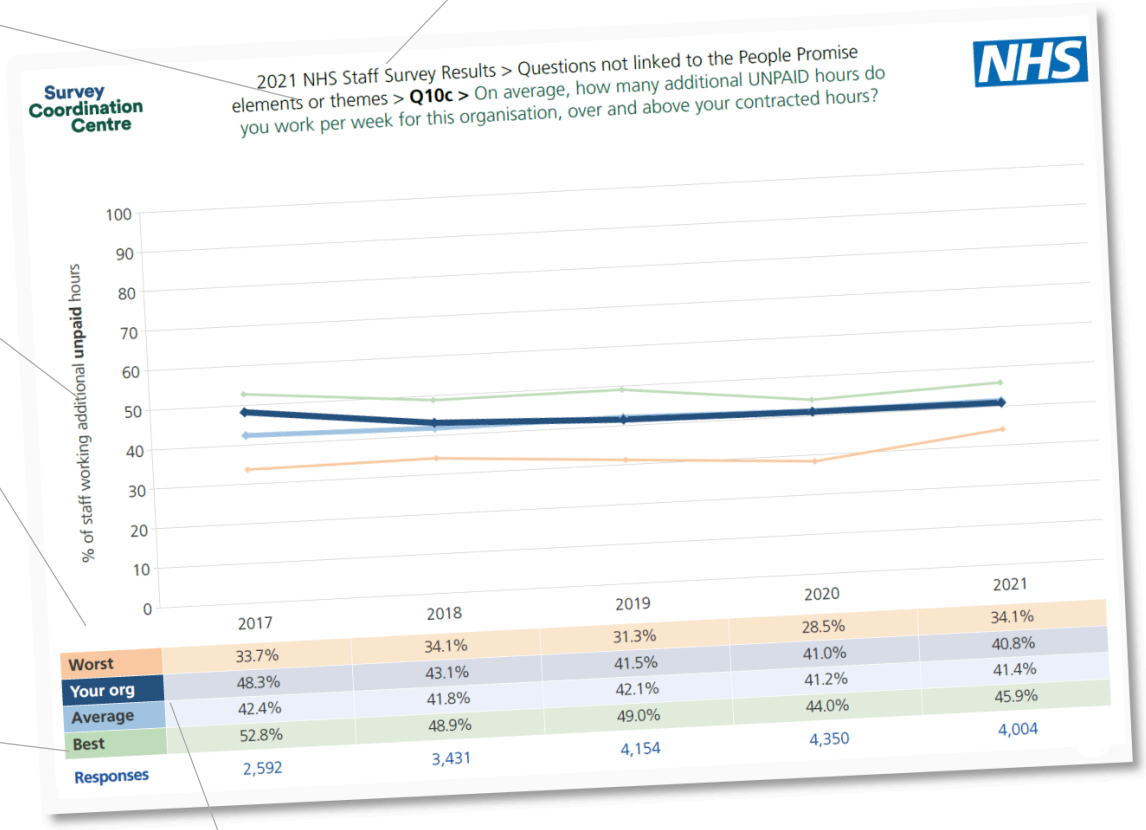
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable



	2020	2021
Best	15.1%	12.7%
Your org	11.2%	10.3%
Average	11.8%	10.3%
Worst	8.8%	8.6%

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!



	2017	2018	2019	2020	2021
Worst	33.7%	34.1%	31.3%	28.5%	34.1%
Your org	48.3%	43.1%	41.5%	41.0%	40.8%
Average	42.4%	41.8%	42.1%	41.2%	41.4%
Best	52.8%	48.9%	49.0%	44.0%	45.9%
Responses	2,592	3,431	4,154	4,350	4,004

Number of responses for the organisation for the given question

'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Tips on how to read, interpret and use the data are included in the Appendices

Organisation details

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey

Organisation details

Completed questionnaires **6,985**

2021 response rate **56%**

See response rate trend for the last 5 years

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Acute and Acute & Community Trusts

2021 benchmarking group details

Organisations in group: **126**

Median response rate: **46%**

No. of completed questionnaires: **444,326**

Survey Coordination Centre

NHS

People Promise element and theme results

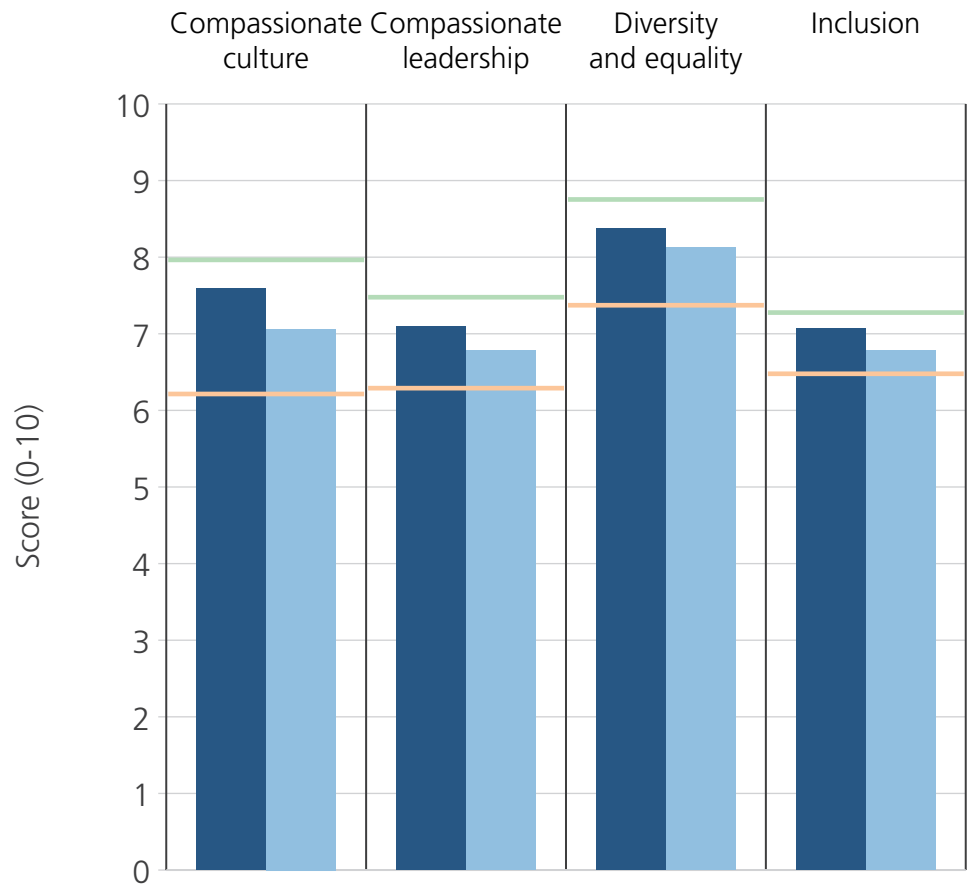
For more details please see the technical document.

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

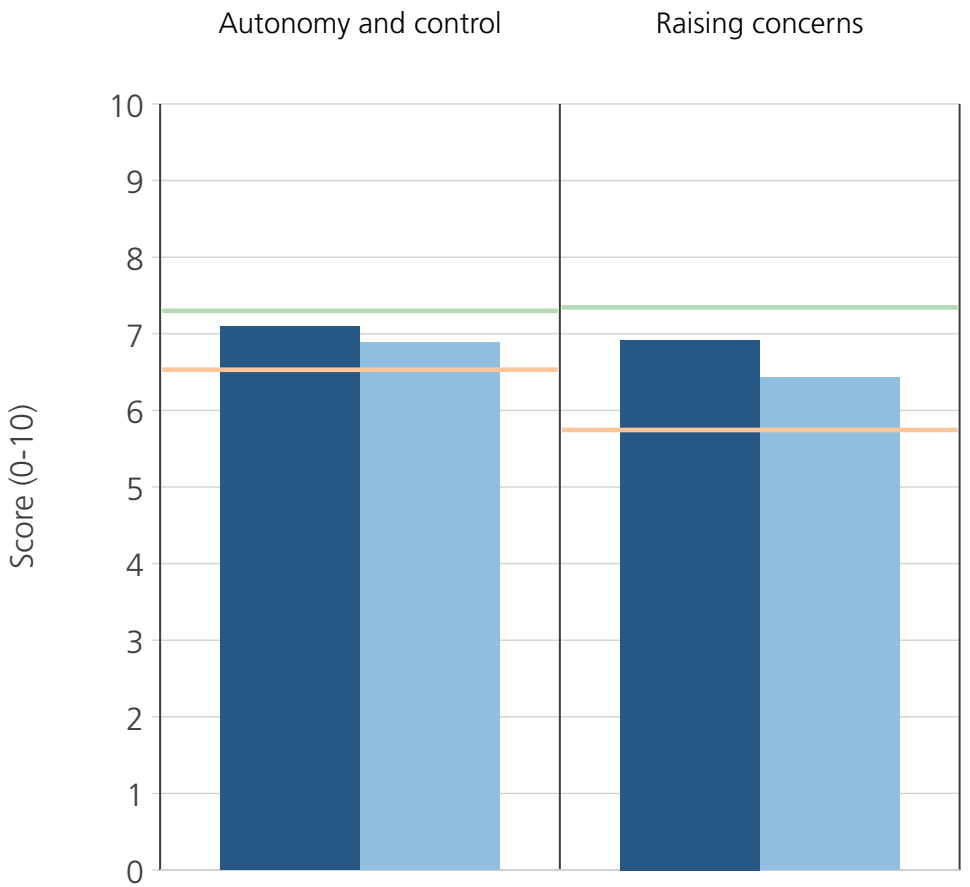
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	7.5	6.1	7.0	6.1	5.7	6.4	6.8	7.2	6.0
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	6,747	6,897	6,658	6,738	6,450	6,863	6,786	6,908	6,890

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Best	8.0	7.5	8.8	7.3
Your org	7.6	7.1	8.4	7.1
Average	7.1	6.8	8.1	6.8
Worst	6.2	6.3	7.4	6.5
Responses	6,678	6,790	6,745	6,820

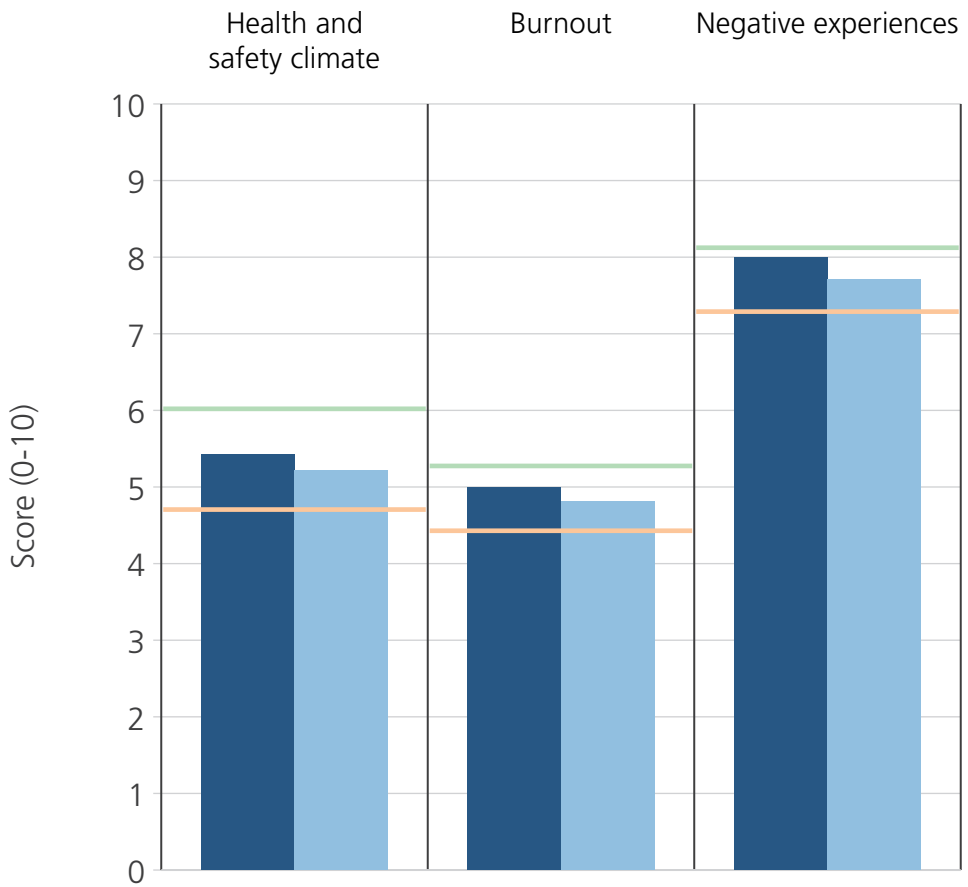
Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Best	7.3	7.3
Your org	7.1	6.9
Average	6.9	6.4
Worst	6.5	5.7
Responses	6,909	6,661

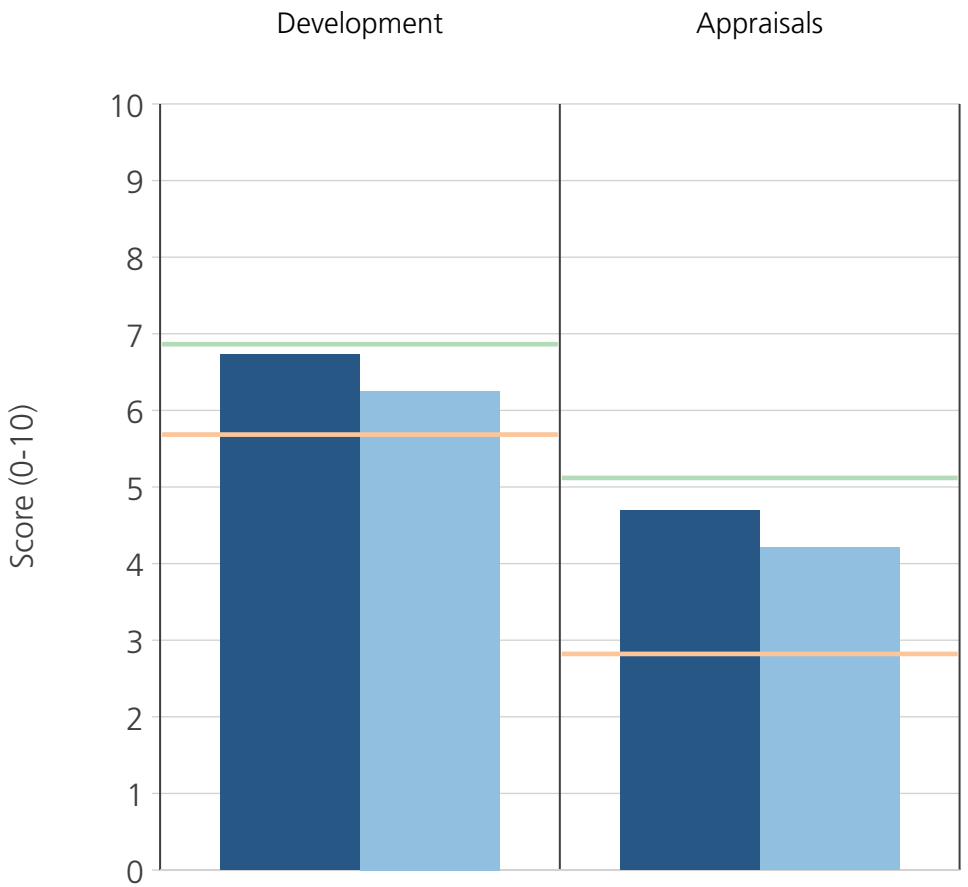
* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

Promise element 4: We are safe and healthy



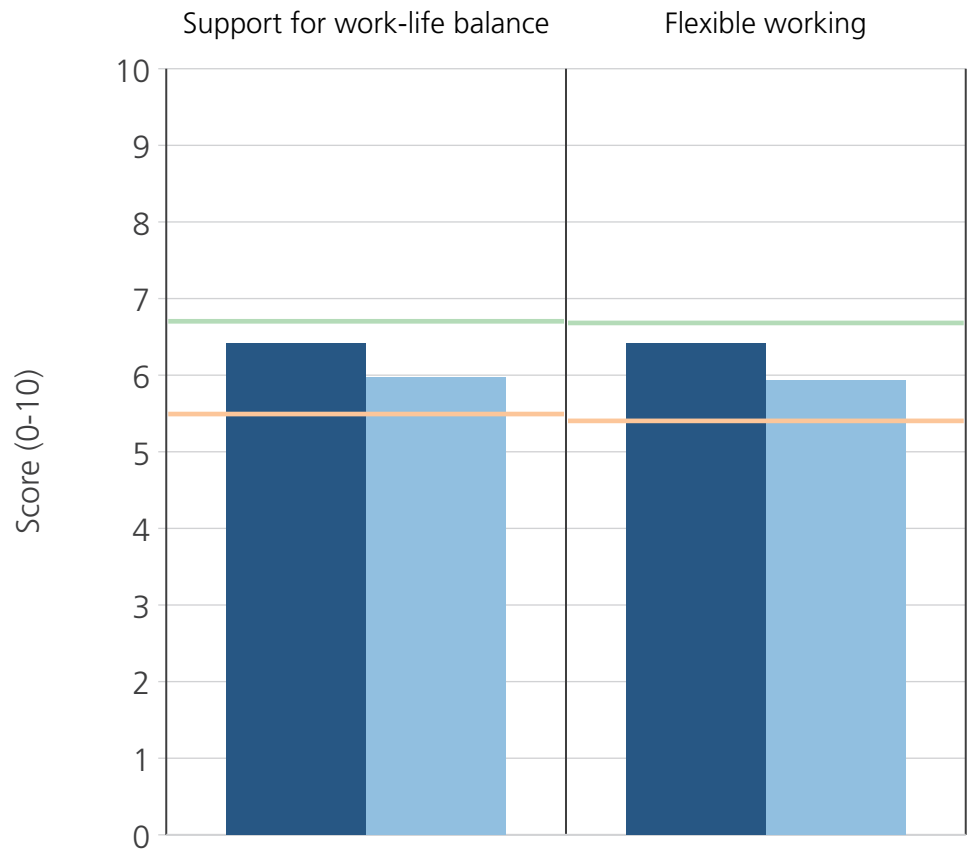
	Health and safety climate	Burnout	Negative experiences
Best	6.0	5.3	8.1
Your org	5.4	5.0	8.0
Average	5.2	4.8	7.7
Worst	4.7	4.4	7.3
Responses	6,912	6,770	6,742

Promise element 5: We are always learning



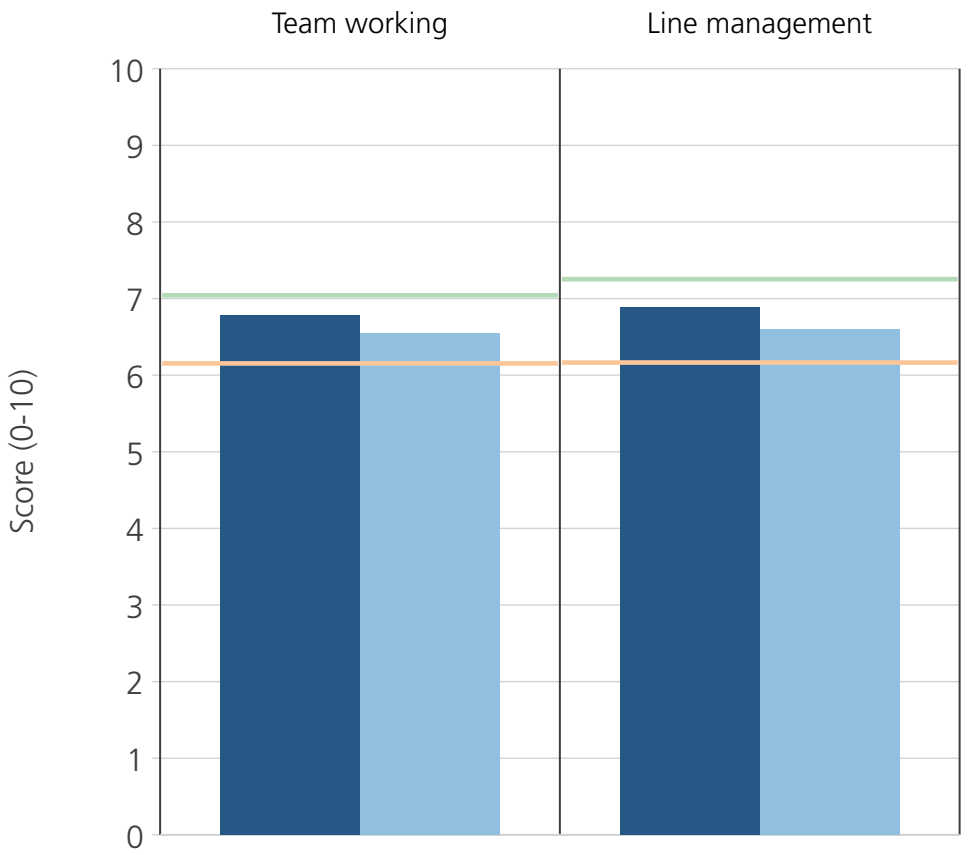
	Development	Appraisals
Best	6.9	5.1
Your org	6.7	4.7
Average	6.3	4.2
Worst	5.7	2.8
Responses	6,709	6,477

Promise element 6: We work flexibly



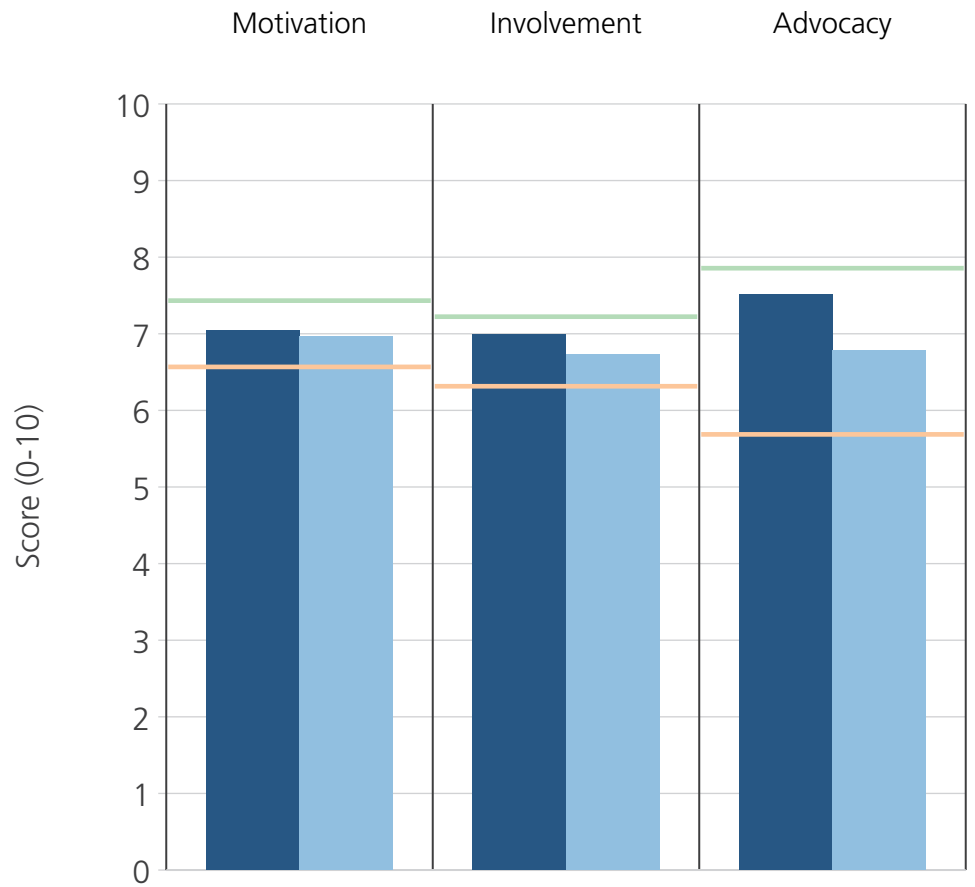
	Support for work-life balance	Flexible working
Best	6.7	6.7
Your org	6.4	6.4
Average	6.0	5.9
Worst	5.5	5.4
Responses	6,870	6,897

Promise element 7: We are a team



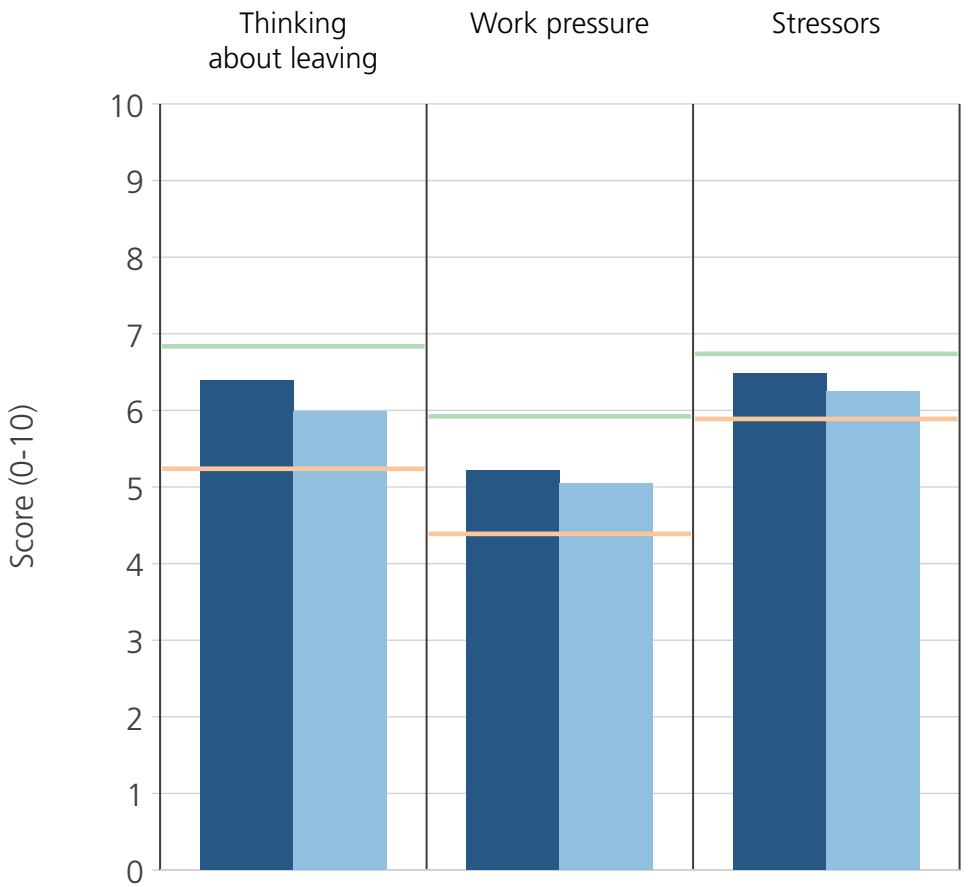
	Team working	Line management
Best	7.0	7.3
Your org	6.8	6.9
Average	6.5	6.6
Worst	6.2	6.2
Responses	6,833	6,788

Staff Engagement



	Motivation	Involvement	Advocacy
Best	7.4	7.2	7.9
Your org	7.0	7.0	7.5
Average	7.0	6.7	6.8
Worst	6.6	6.3	5.7
Responses	6,919	6,910	6,676

Morale



	Thinking about leaving	Work pressure	Stressors
Best	6.8	5.9	6.7
Your org	6.4	5.2	6.5
Average	6.0	5.0	6.2
Worst	5.2	4.4	5.9
Responses	6,647	6,912	6,878

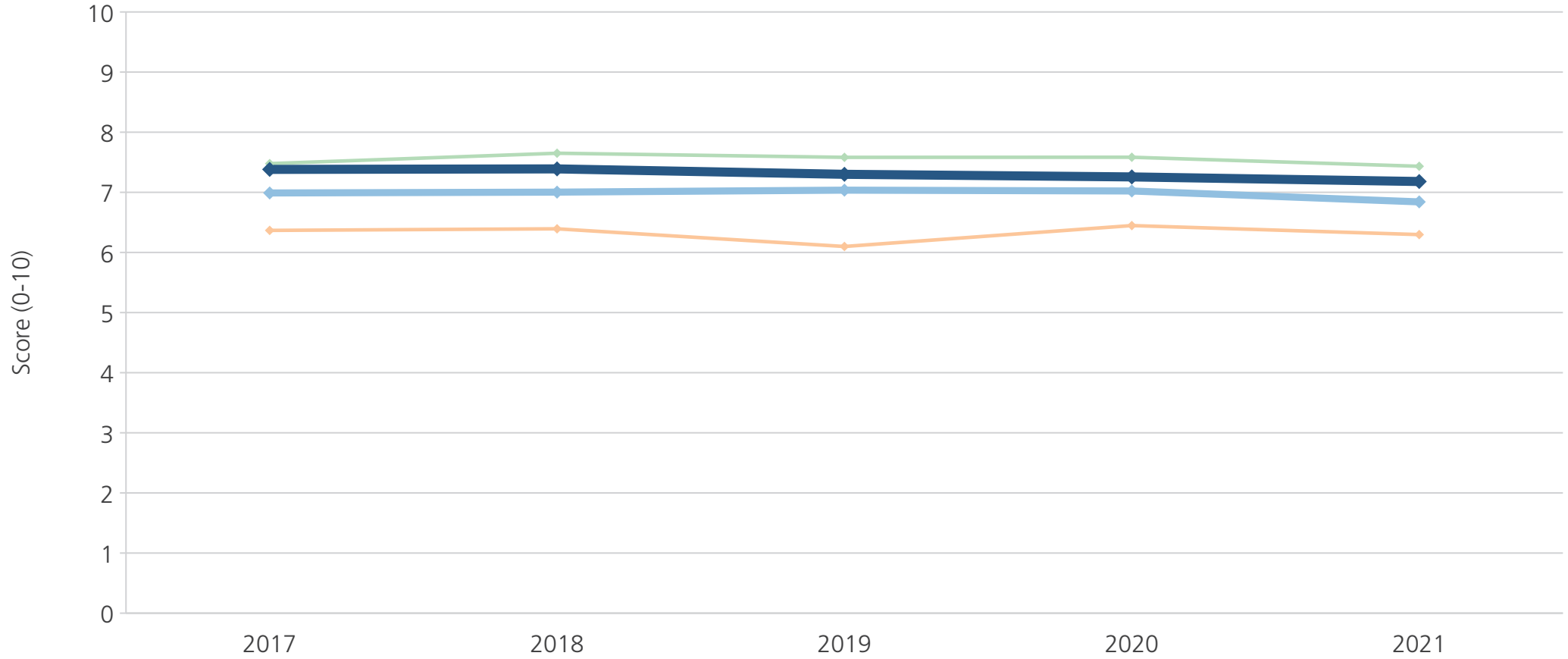
Survey Coordination Centre

NHS

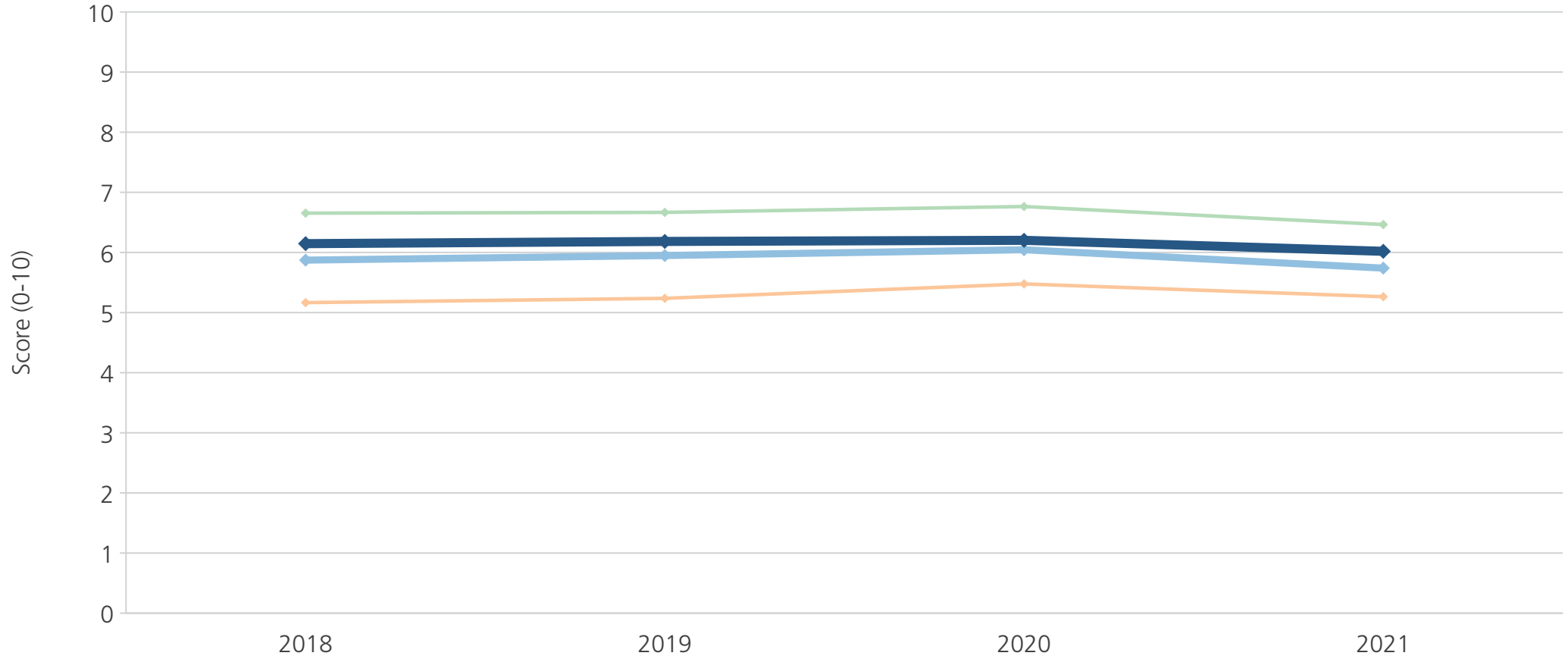
Staff Engagement and Morale – Trends

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
Best	7.5	7.7	7.6	7.6	7.4
Your org	7.4	7.4	7.3	7.3	7.2
Average	7.0	7.0	7.0	7.0	6.8
Worst	6.4	6.4	6.1	6.4	6.3
Responses	4,711	4,622	5,810	5,814	6,908



	2018	2019	2020	2021
Best	6.7	6.7	6.8	6.5
Your org	6.1	6.2	6.2	6.0
Average	5.9	5.9	6.0	5.7
Worst	5.2	5.2	5.5	5.3
Responses	4,571	5,767	5,780	6,890

Survey Coordination Centre

NHS

People Promise element and theme results – Covid-19 classification breakdowns

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

Covid-19 classification breakdowns

Covid-19 questions

In the 2021 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

a.	Have you worked on a Covid-19 specific ward or area at any time?	☐ Yes ☐ No
b.	Have you been redeployed due to the Covid-19 pandemic at any time?	☐ Yes ☐ No
c.	Have you been required to work remotely/from home due to the Covid-19 pandemic?	☐ Yes ☐ No

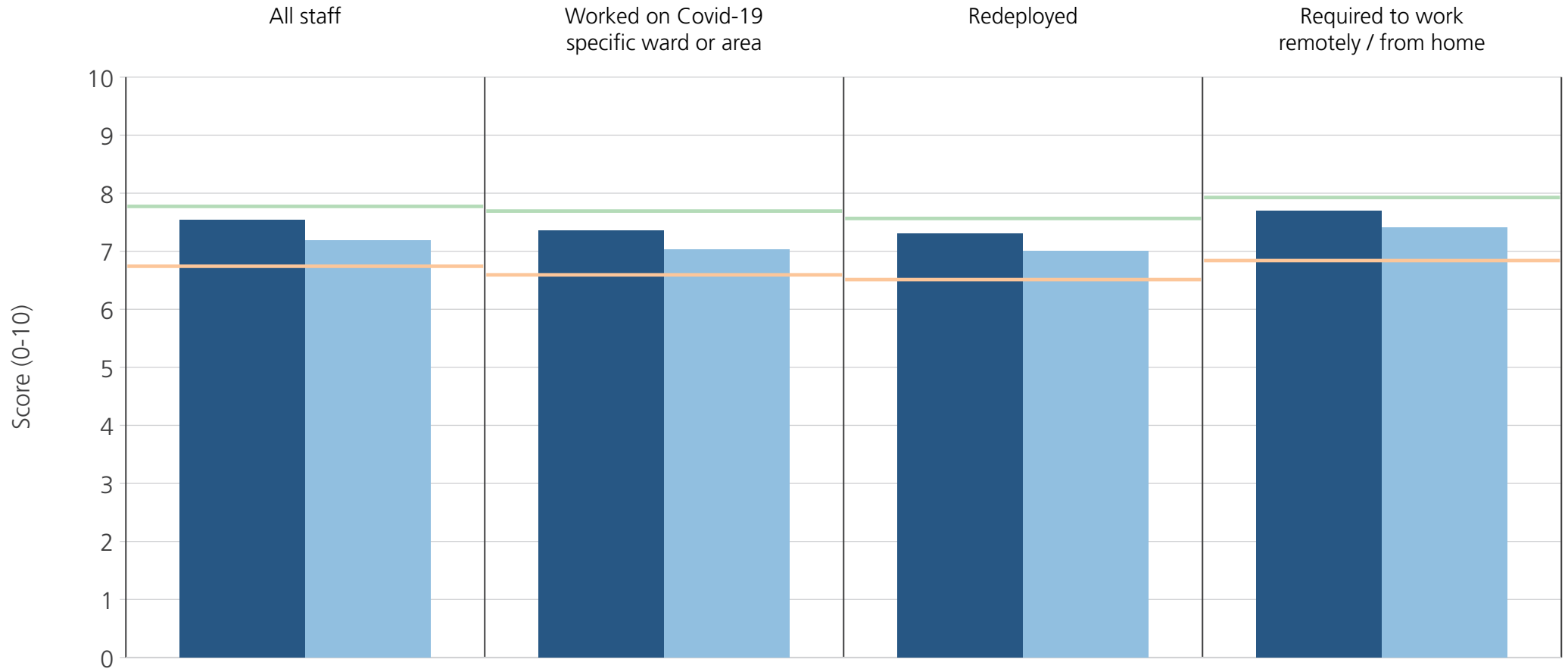
The charts on the following pages show the breakdown of People Promise element scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

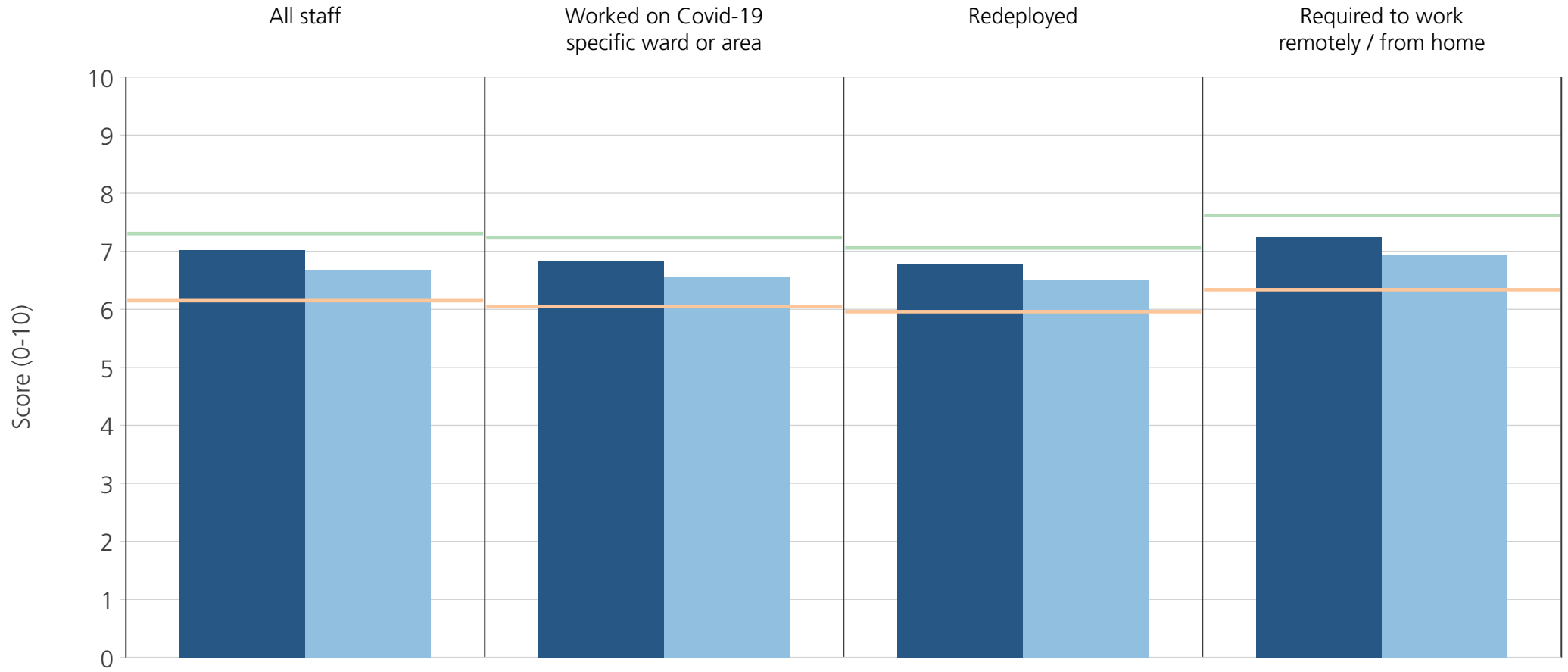
Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

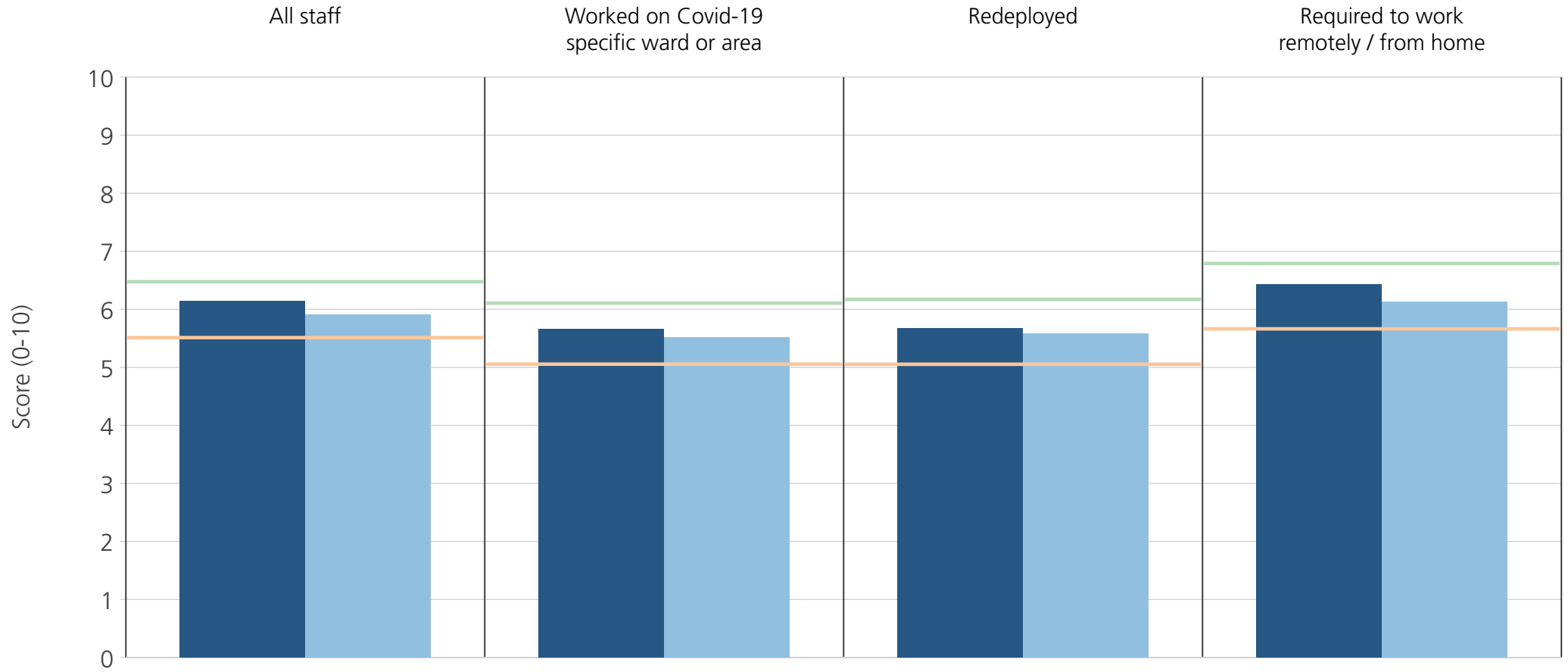


	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.8	7.7	7.6	7.9
Your org	7.5	7.3	7.3	7.7
Average	7.2	7.0	7.0	7.4
Lowest	6.7	6.6	6.5	6.8
Responses	6,747	2,673	1,576	2,466

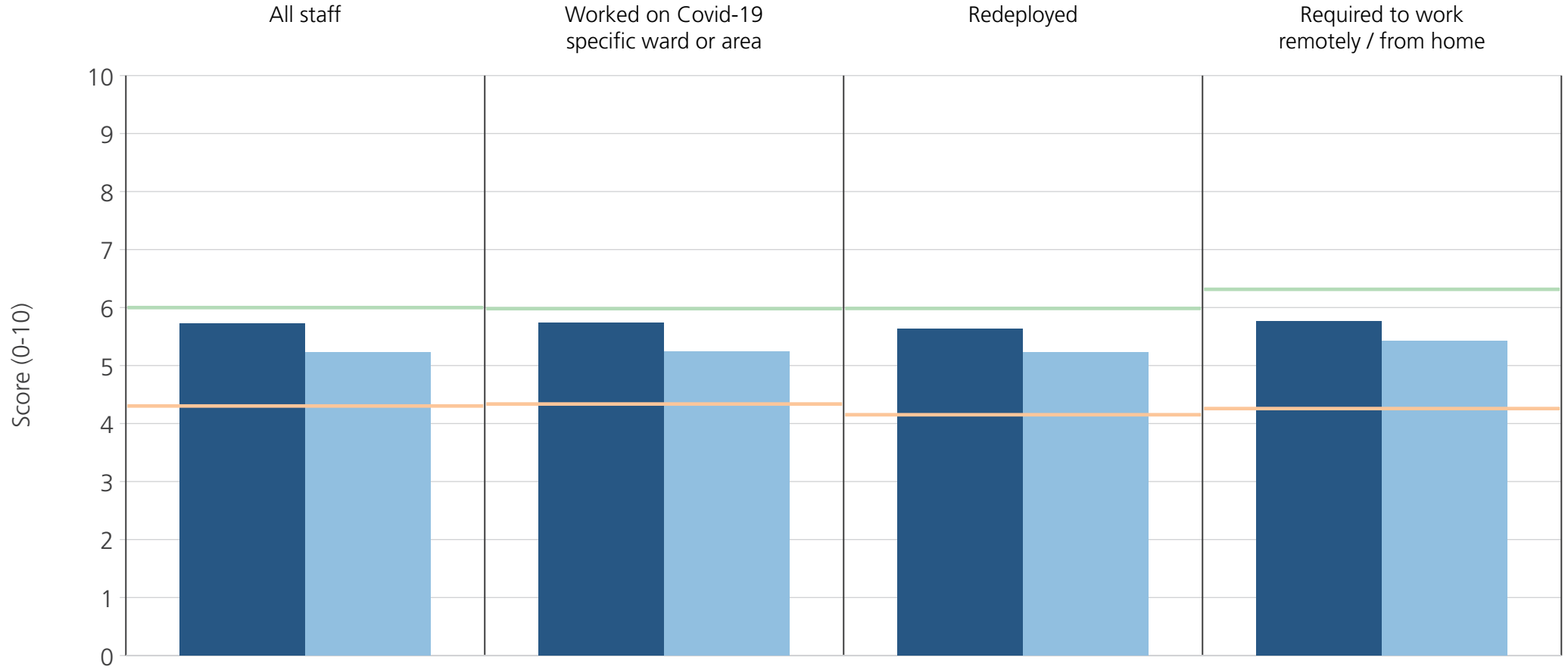
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.3	6.2	6.7
Your org	6.1	5.8	5.8	6.4
Average	5.8	5.5	5.6	6.2
Lowest	5.3	4.9	5.0	5.7
Responses	6,897	2,676	1,578	2,465



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.3	7.2	7.1	7.6
Your org	7.0	6.8	6.8	7.2
Average	6.7	6.5	6.5	6.9
Lowest	6.1	6.0	6.0	6.3
Responses	6,658	2,668	1,569	2,456

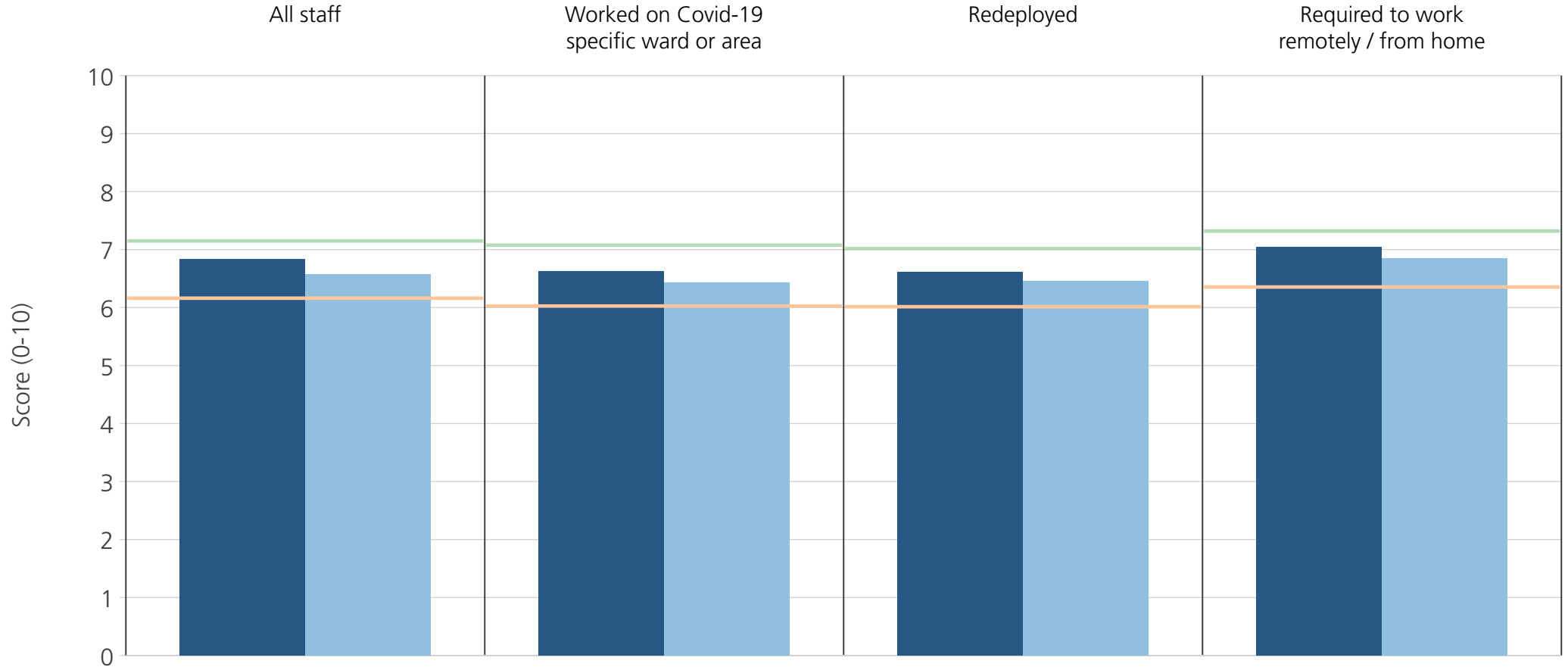


	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.1	6.2	6.8
Your org	6.1	5.7	5.7	6.4
Average	5.9	5.5	5.6	6.1
Lowest	5.5	5.1	5.1	5.7
Responses	6,738	2,665	1,565	2,465

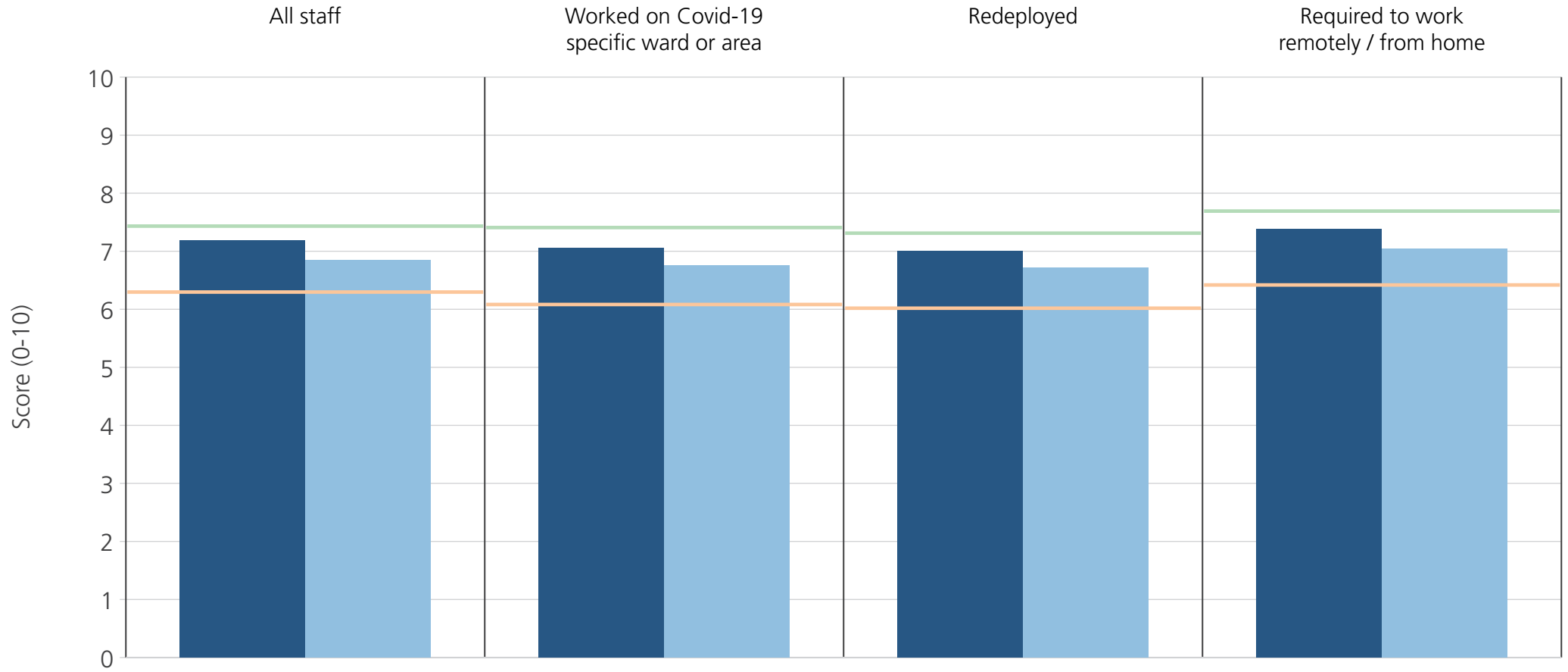


	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.0	6.0	6.0	6.3
Your org	5.7	5.7	5.6	5.8
Average	5.2	5.2	5.2	5.4
Lowest	4.3	4.3	4.2	4.3
Responses	6,450	2,563	1,513	2,415

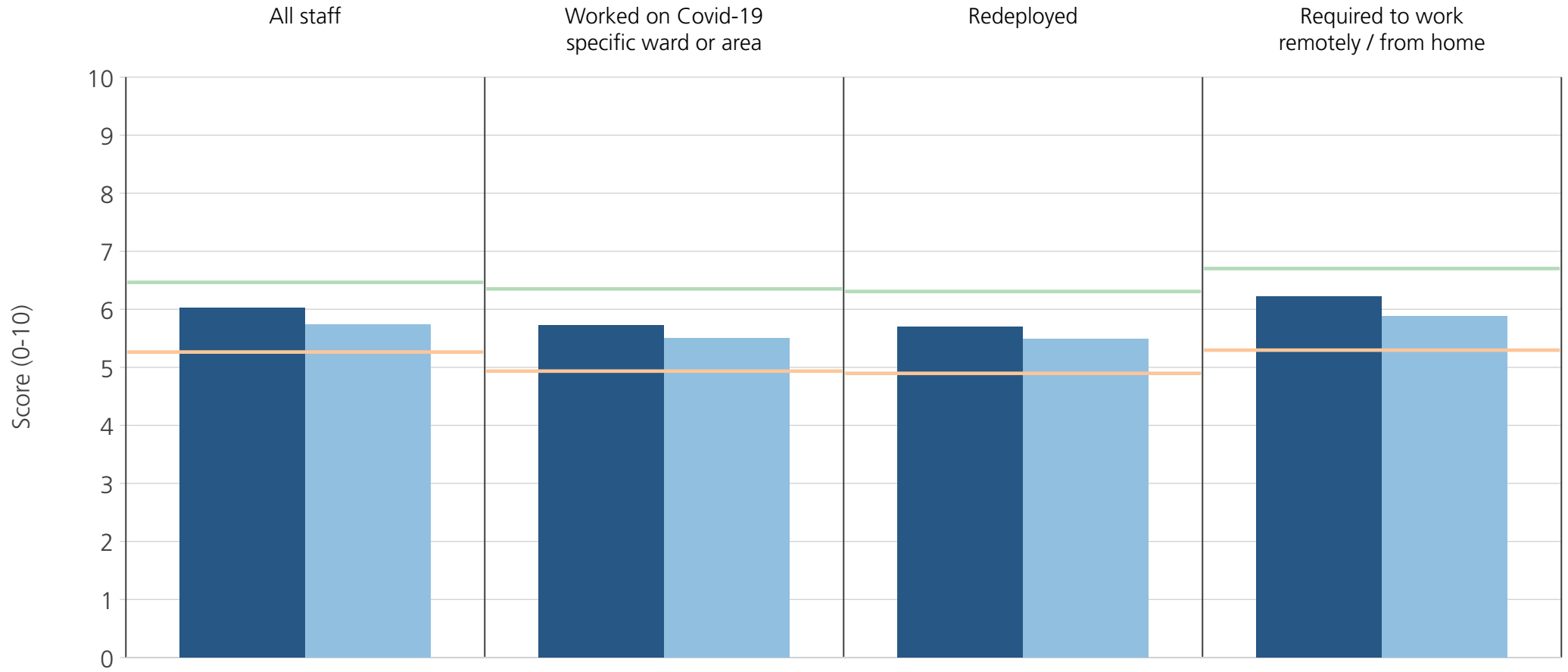
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.7	6.4	6.4	7.1
Your org	6.4	6.0	6.0	6.9
Average	5.9	5.6	5.7	6.5
Lowest	5.4	4.9	5.0	6.0
Responses	6,863	2,674	1,576	2,463



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.1	7.1	7.0	7.3
Your org	6.8	6.6	6.6	7.0
Average	6.6	6.4	6.5	6.8
Lowest	6.2	6.0	6.0	6.4
Responses	6,786	2,672	1,574	2,464



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	7.4	7.4	7.3	7.7
Your org	7.2	7.1	7.0	7.4
Average	6.8	6.8	6.7	7.0
Lowest	6.3	6.1	6.0	6.4
Responses	6,908	2,676	1,578	2,466



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home
Highest	6.5	6.4	6.3	6.7
Your org	6.0	5.7	5.7	6.2
Average	5.7	5.5	5.5	5.9
Lowest	5.3	4.9	4.9	5.3
Responses	6,890	2,676	1,578	2,466

Survey Coordination Centre

NHS

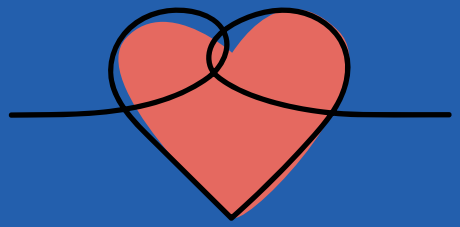
People Promise element and theme results – Detailed information

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

Survey Coordination Centre

NHS



People Promise element detailed information – We are compassionate and inclusive

Questions:

Q6a, Q21a, Q21b, Q21c, Q21d
Q9f, Q9g, Q9h, Q9i
Q15, Q16a, Q16b, Q18
Q7h, Q7i, Q8b, Q8c

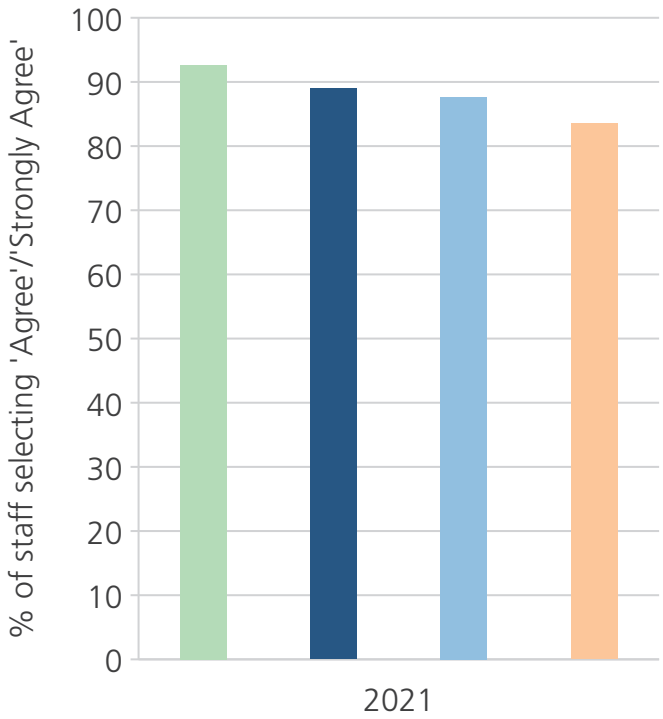
University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

Q6a

I feel that my role makes a difference to patients / service users

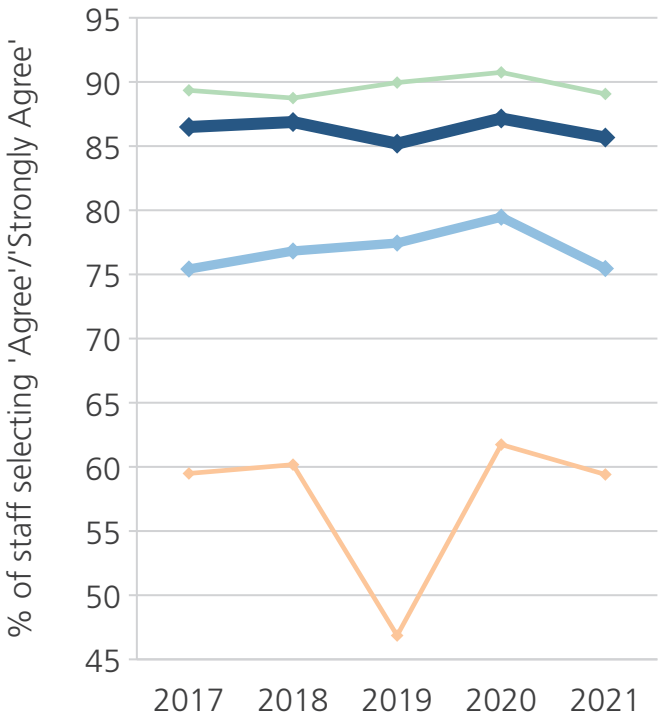
Due to changes in this year's survey it is not possible to display trend data for this question



Best	92.6%
Your org	89.0%
Average	87.7%
Worst	83.5%
Responses	6,729

Q21a

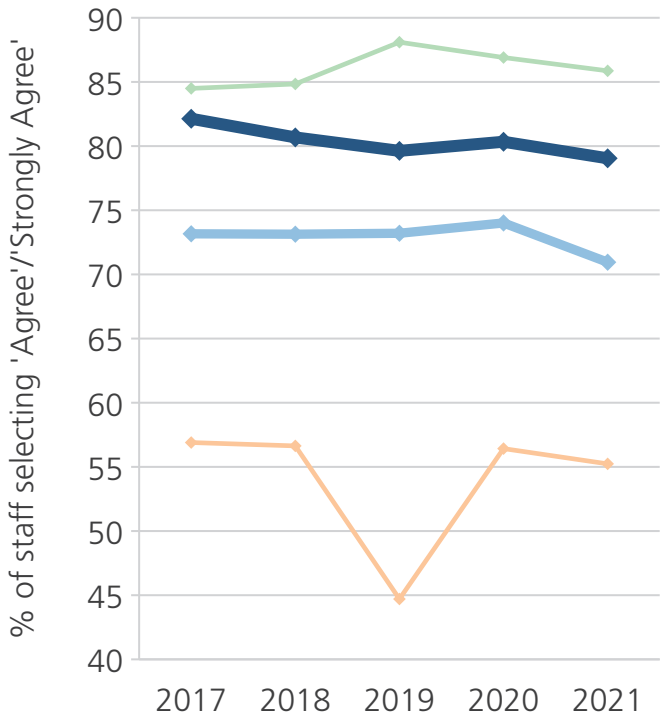
Care of patients / service users is my organisation's top priority



	2017	2018	2019	2020	2021
Best	89.3%	88.7%	90.0%	90.7%	89.1%
Your org	86.5%	86.9%	85.2%	87.2%	85.7%
Average	75.4%	76.8%	77.4%	79.5%	75.5%
Worst	59.5%	60.2%	46.9%	61.7%	59.4%
Responses	4,499	4,388	5,623	5,645	6,670

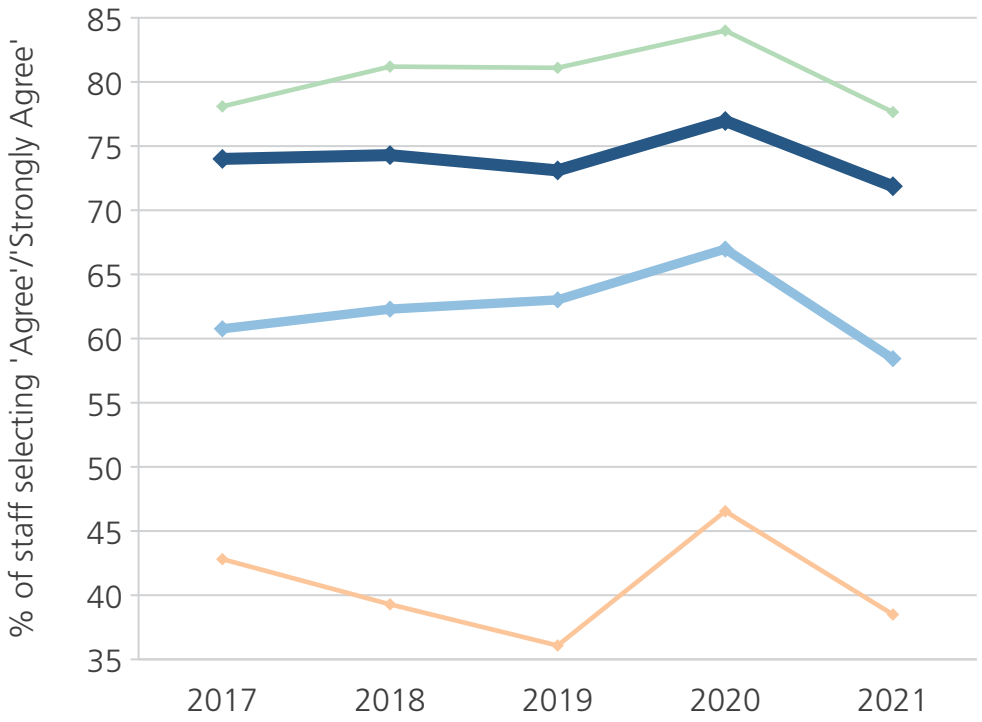
Q21b

My organisation acts on concerns raised by patients / service users



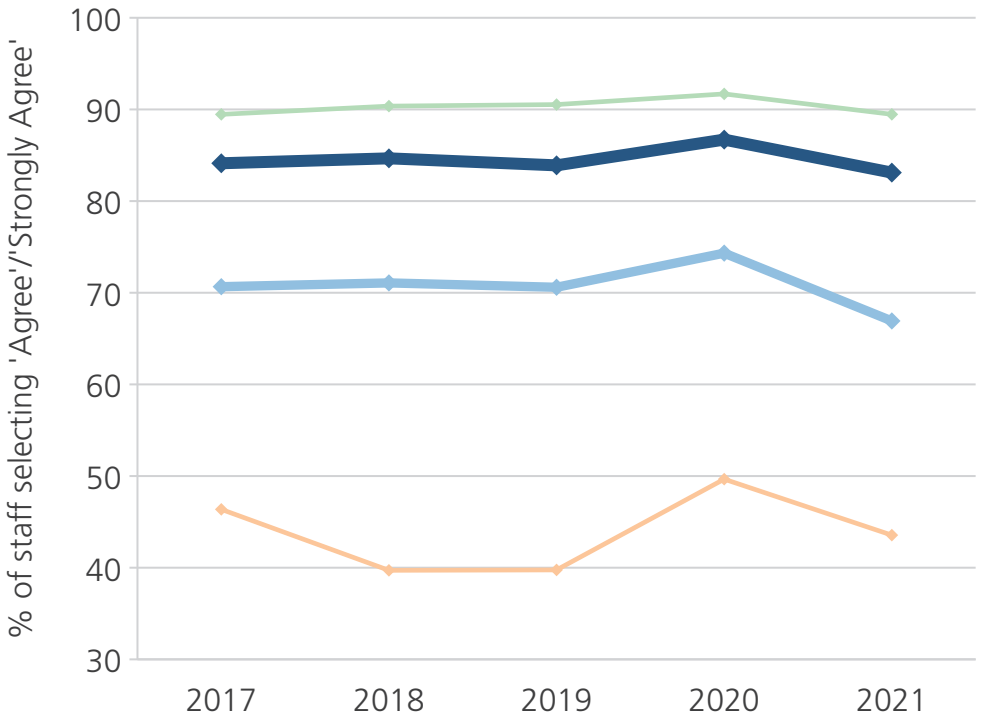
	2017	2018	2019	2020	2021
Best	84.5%	84.8%	88.1%	86.9%	85.9%
Your org	82.1%	80.7%	79.6%	80.3%	79.0%
Average	73.2%	73.1%	73.2%	74.0%	71.0%
Worst	56.9%	56.6%	44.7%	56.4%	55.2%
Responses	4,496	4,386	5,613	5,643	6,669

Q21c
I would recommend my organisation as a place to work



	2017	2018	2019	2020	2021
Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	74.0%	74.3%	73.1%	77.0%	71.9%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%
Responses	4,491	4,384	5,618	5,646	6,674

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

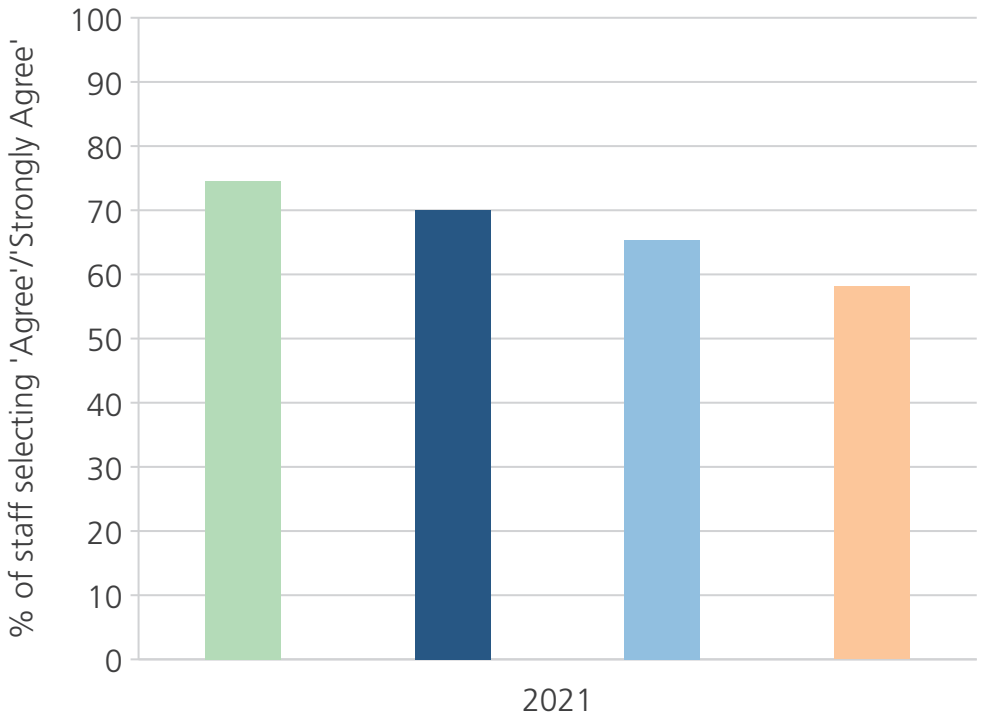


	2017	2018	2019	2020	2021
Best	89.5%	90.4%	90.5%	91.7%	89.5%
Your org	84.1%	84.7%	83.9%	86.7%	83.1%
Average	70.7%	71.1%	70.6%	74.3%	66.9%
Worst	46.4%	39.7%	39.8%	49.7%	43.6%
Responses	4,483	4,377	5,621	5,651	6,669

Q9f

My immediate manager works together with me to come to an understanding of problems

No trend data are shown as this is a new question

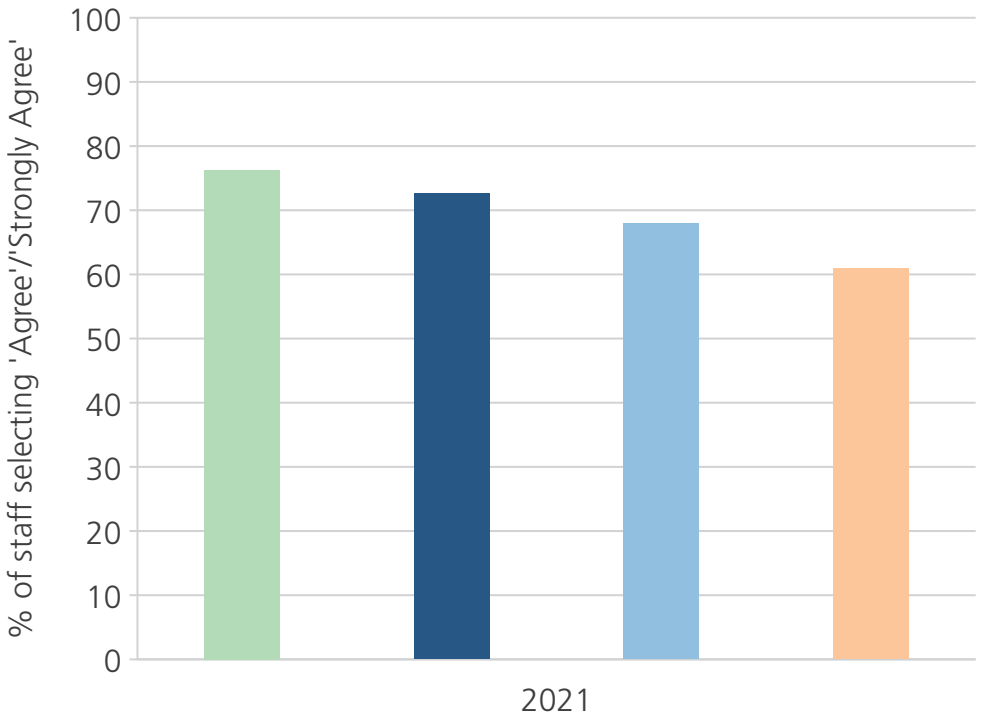


Best	74.6%
Your org	70.1%
Average	65.4%
Worst	58.1%
Responses	6,780

Q9g

My immediate manager is interested in listening to me when I describe challenges I face

No trend data are shown as this is a new question

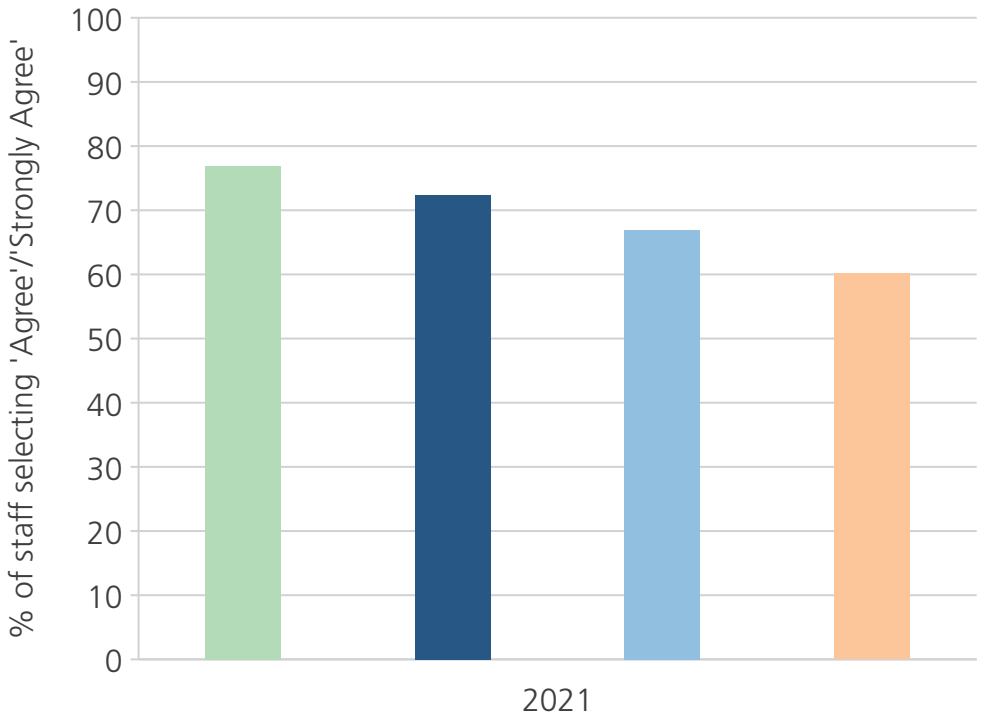


Best	76.3%
Your org	72.6%
Average	67.9%
Worst	60.9%
Responses	6,786

Q9h

My immediate manager cares about my concerns

No trend data are shown as this is a new question

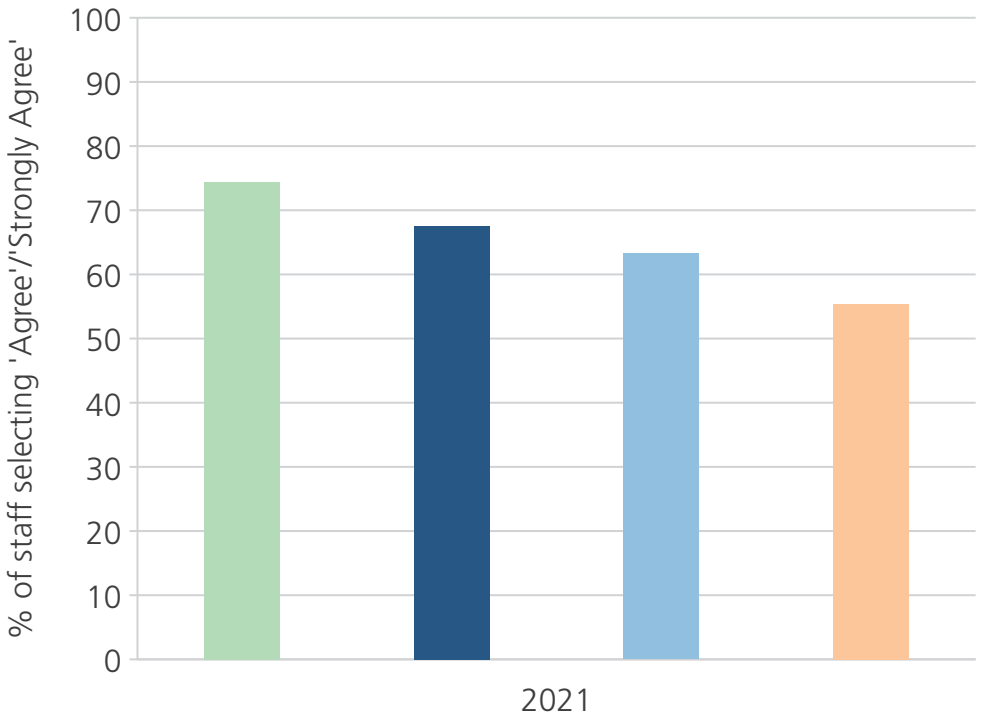


Best	76.9%
Your org	72.4%
Average	66.9%
Worst	60.1%
Responses	6,784

Q9i

My immediate line manager takes effective action to help me with any problems I face

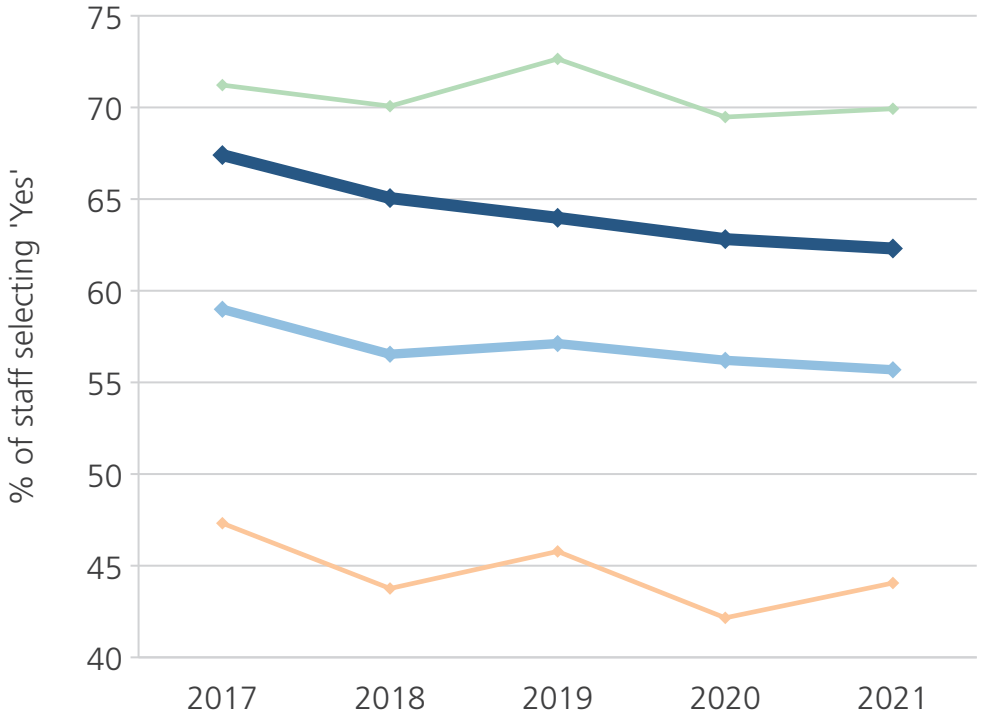
No trend data are shown as this is a new question



Best	74.4%
Your org	67.6%
Average	63.3%
Worst	55.3%
Responses	6,779

Q15

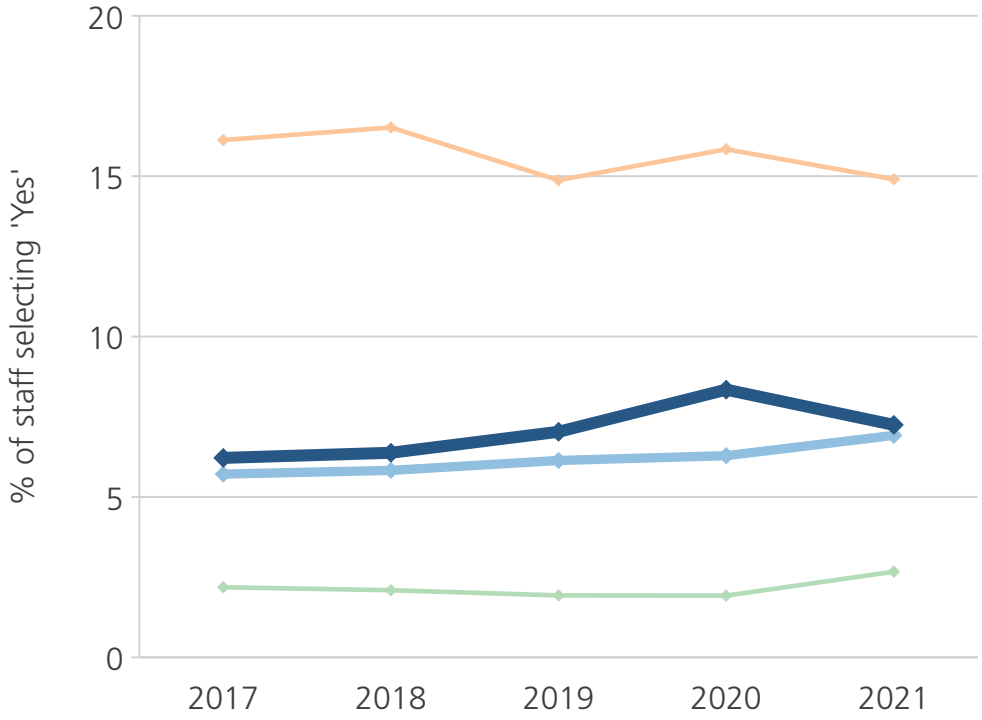
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2017	2018	2019	2020	2021
Best	71.2%	70.1%	72.6%	69.5%	69.9%
Your org	67.4%	65.1%	64.0%	62.8%	62.3%
Average	59.0%	56.5%	57.1%	56.2%	55.7%
Worst	47.3%	43.8%	45.8%	42.2%	44.1%
Responses	4,499	4,431	5,666	5,666	6,684

Q16a

In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

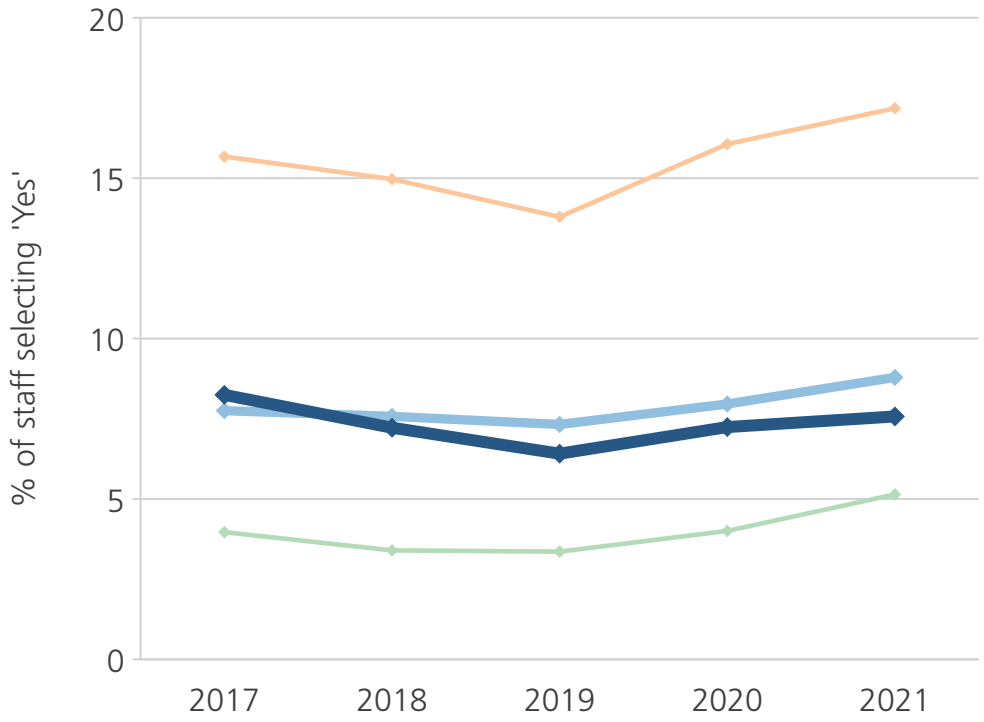


	2017	2018	2019	2020	2021
Worst	16.1%	16.5%	14.9%	15.8%	14.9%
Your org	6.2%	6.4%	7.0%	8.3%	7.2%
Average	5.7%	5.8%	6.1%	6.3%	6.9%
Best	2.2%	2.1%	1.9%	1.9%	2.7%
Responses	4,520	4,448	5,691	5,693	6,733

Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

Q16b

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

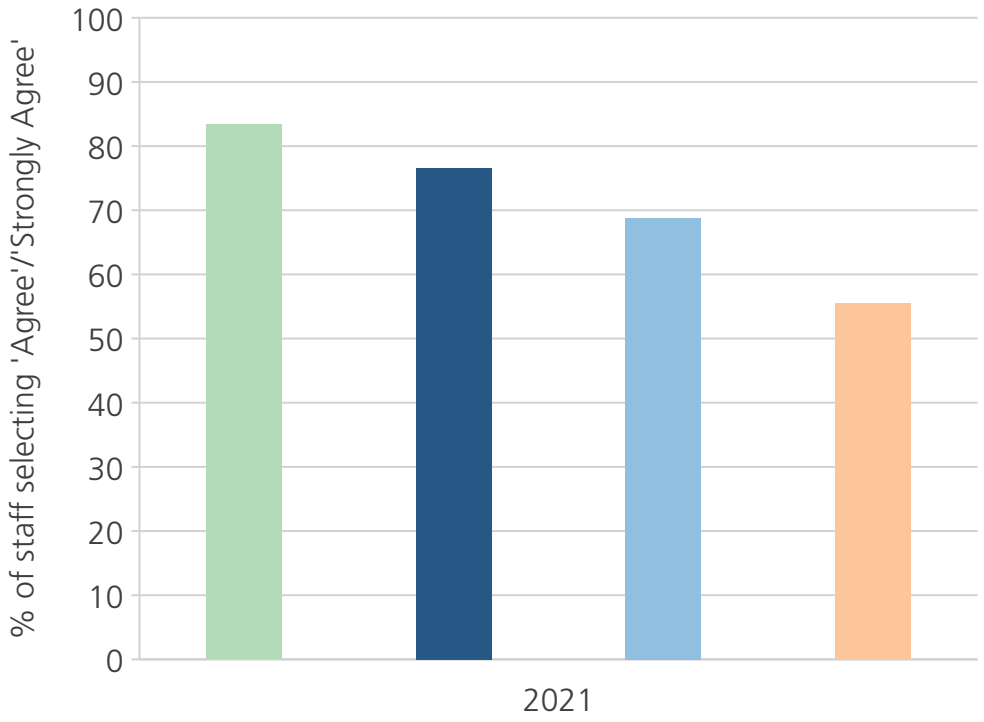


	2017	2018	2019	2020	2021
Worst	15.7%	15.0%	13.8%	16.1%	17.2%
Your org	8.2%	7.2%	6.4%	7.2%	7.6%
Average	7.8%	7.6%	7.3%	8.0%	8.8%
Best	4.0%	3.4%	3.4%	4.0%	5.1%
Responses	4,527	4,450	5,666	5,692	6,720

Q18

I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

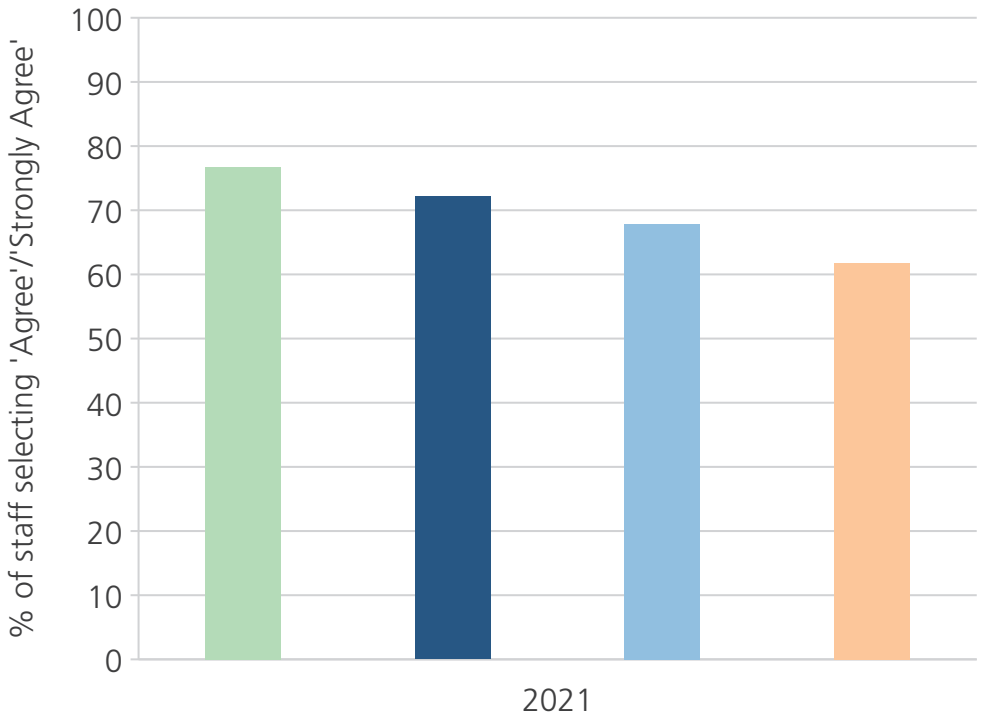
No trend data are shown as this is a new question



	2021
Best	83.4%
Your org	76.6%
Average	68.8%
Worst	55.5%
Responses	6,726

Q7h
I feel valued by my team

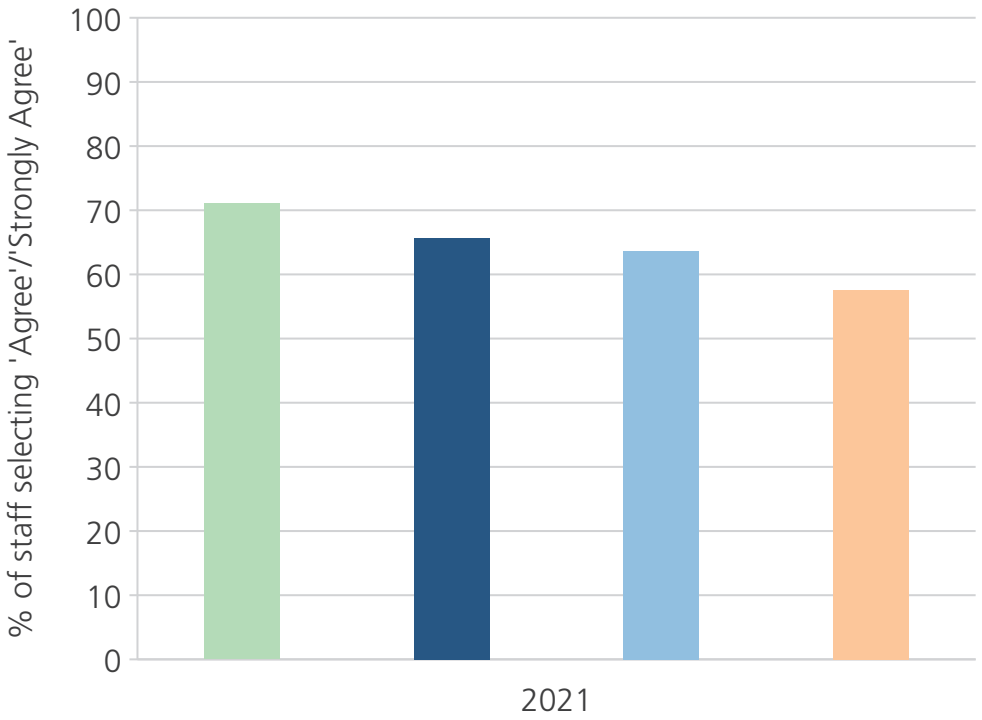
No trend data are shown as this is a new question



Best	76.8%
Your org	72.1%
Average	67.9%
Worst	61.8%
Responses	6,827

Q7i
I feel a strong personal attachment to my team

No trend data are shown as this is a new question

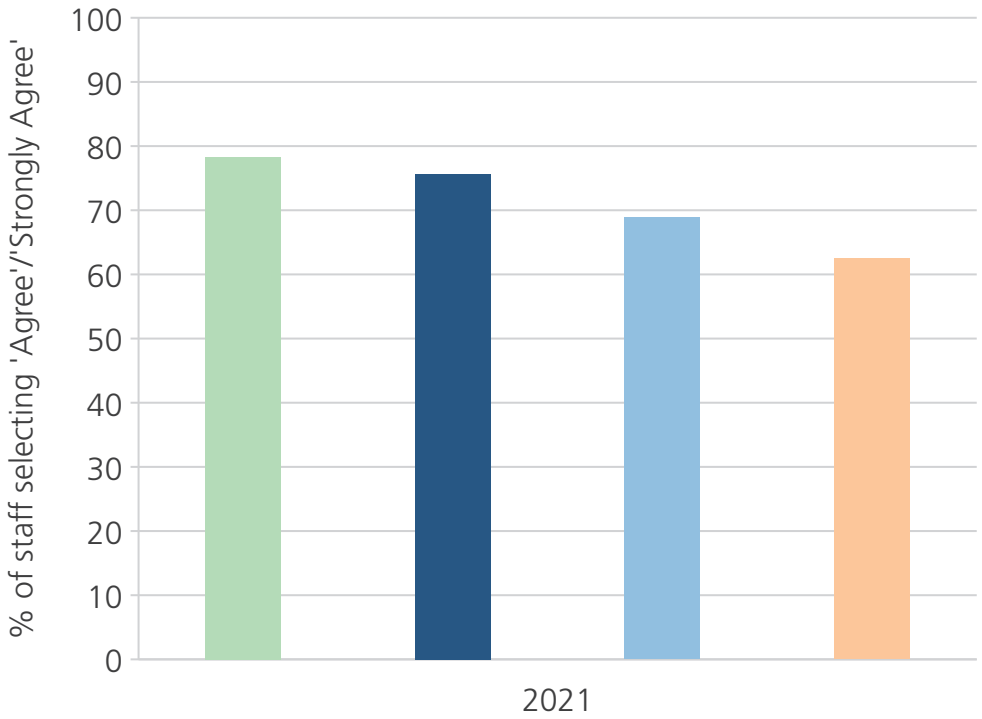


Best	71.1%
Your org	65.7%
Average	63.6%
Worst	57.6%
Responses	6,826

Q8b

The people I work with are understanding and kind to one another

No trend data are shown as this is a new question

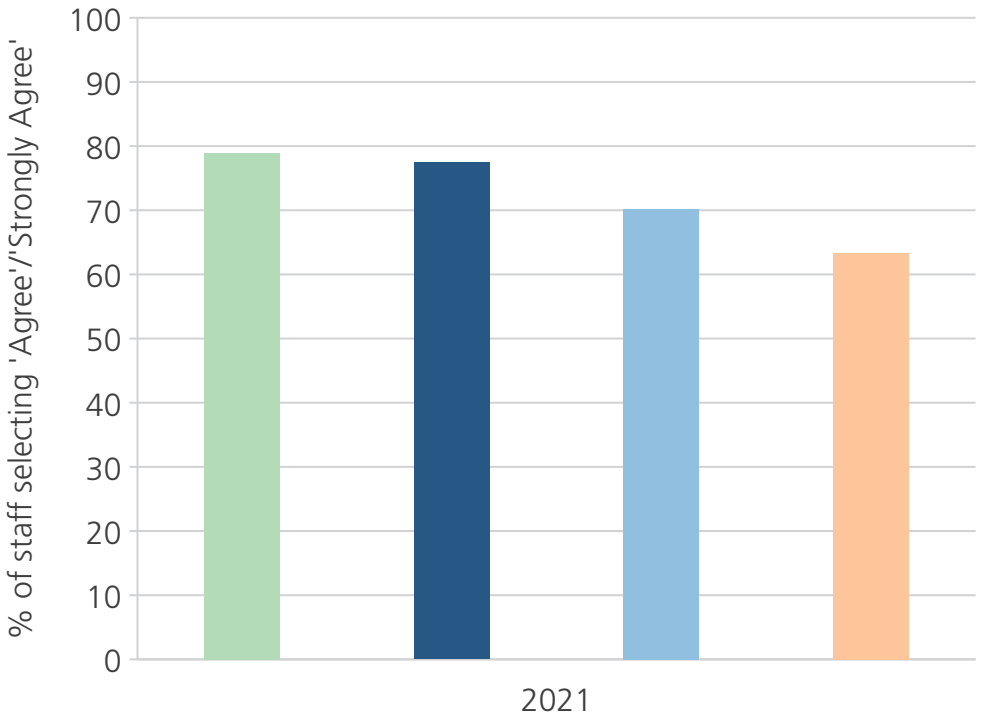


Best	78.3%
Your org	75.6%
Average	68.9%
Worst	62.5%
Responses	6,814

Q8c

The people I work with are polite and treat each other with respect

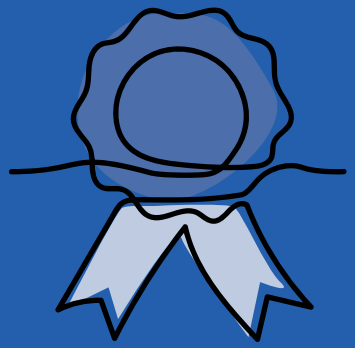
No trend data are shown as this is a new question



Best	79.0%
Your org	77.4%
Average	70.2%
Worst	63.3%
Responses	6,814

Survey Coordination Centre

NHS



People Promise element detailed information – We are recognised and rewarded

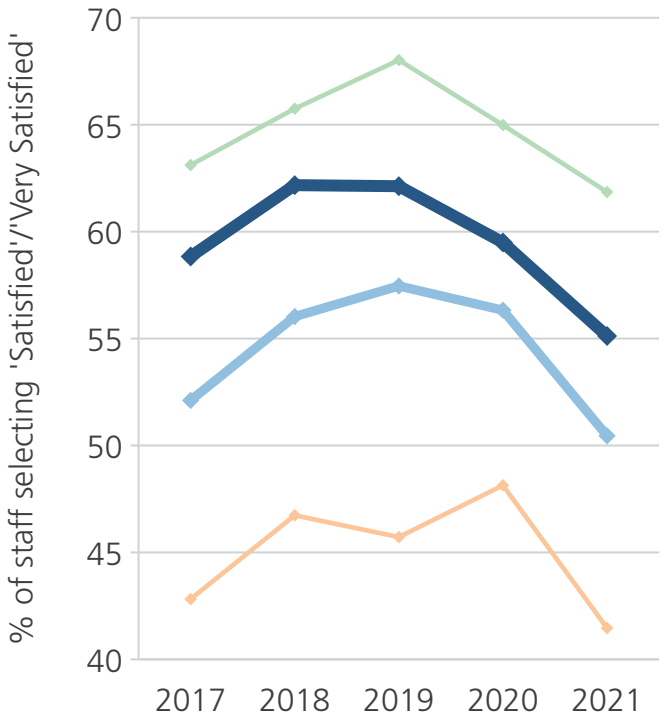
Questions:

Q4a, Q4b, Q4c, Q8d, Q9e

University Hospital Southampton NHS Foundation Trust

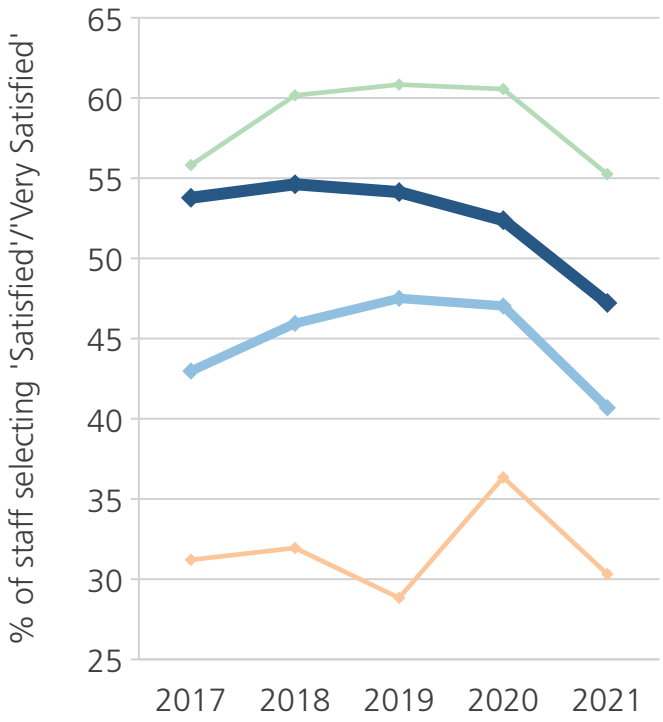
2021 NHS Staff Survey Results

Q4a
The recognition I get for good work



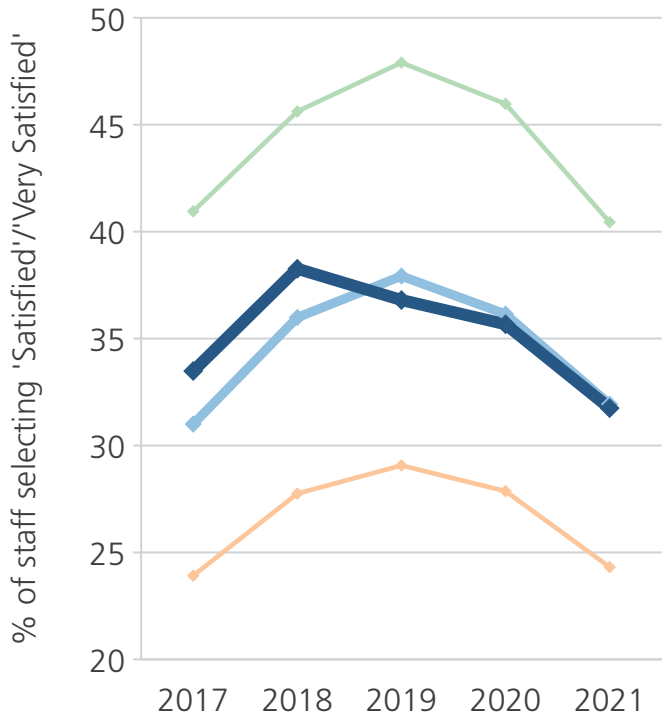
	2017	2018	2019	2020	2021
Best	63.1%	65.8%	68.0%	65.0%	61.9%
Your org	58.8%	62.2%	62.1%	59.5%	55.1%
Average	52.1%	56.0%	57.5%	56.3%	50.5%
Worst	42.8%	46.7%	45.7%	48.1%	41.5%
Responses	4,667	4,562	5,765	5,771	6,884

Q4b
The extent to which my organisation values my work



	2017	2018	2019	2020	2021
Best	55.8%	60.2%	60.8%	60.6%	55.2%
Your org	53.8%	54.6%	54.1%	52.4%	47.2%
Average	43.0%	45.9%	47.5%	47.0%	40.7%
Worst	31.2%	31.9%	28.8%	36.3%	30.3%
Responses	4,655	4,548	5,751	5,768	6,880

Q4c
My level of pay

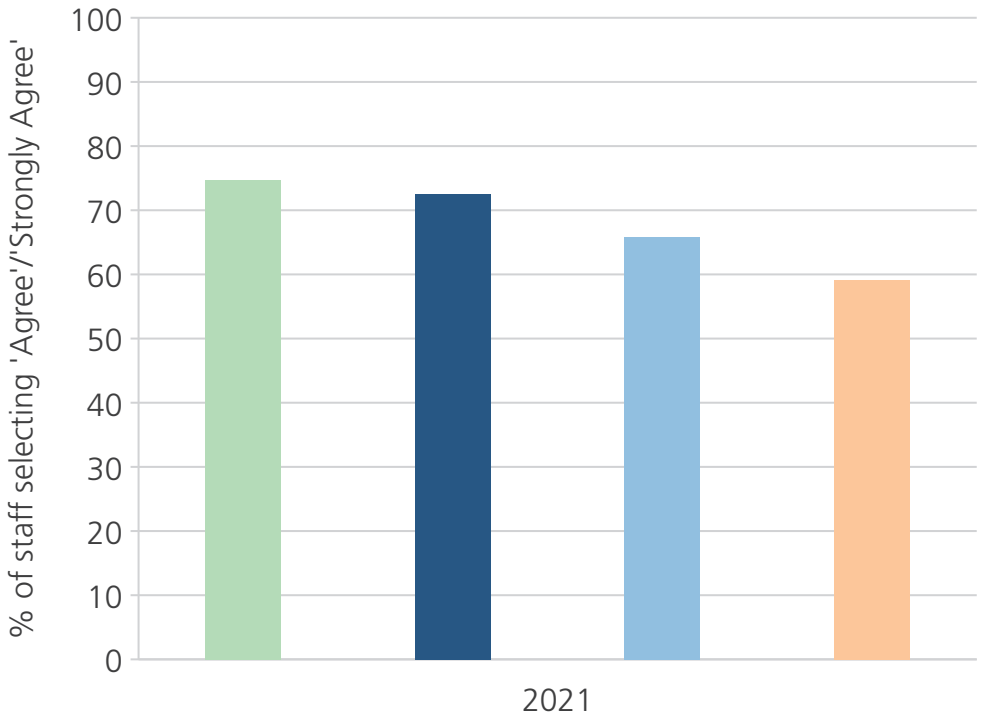


	2017	2018	2019	2020	2021
Best	40.9%	45.6%	47.9%	46.0%	40.4%
Your org	33.5%	38.3%	36.8%	35.7%	31.7%
Average	31.0%	36.0%	37.9%	36.1%	31.9%
Worst	23.9%	27.8%	29.1%	27.9%	24.3%
Responses	4,664	4,558	5,750	5,766	6,893

Q8d

The people I work with show appreciation to one another

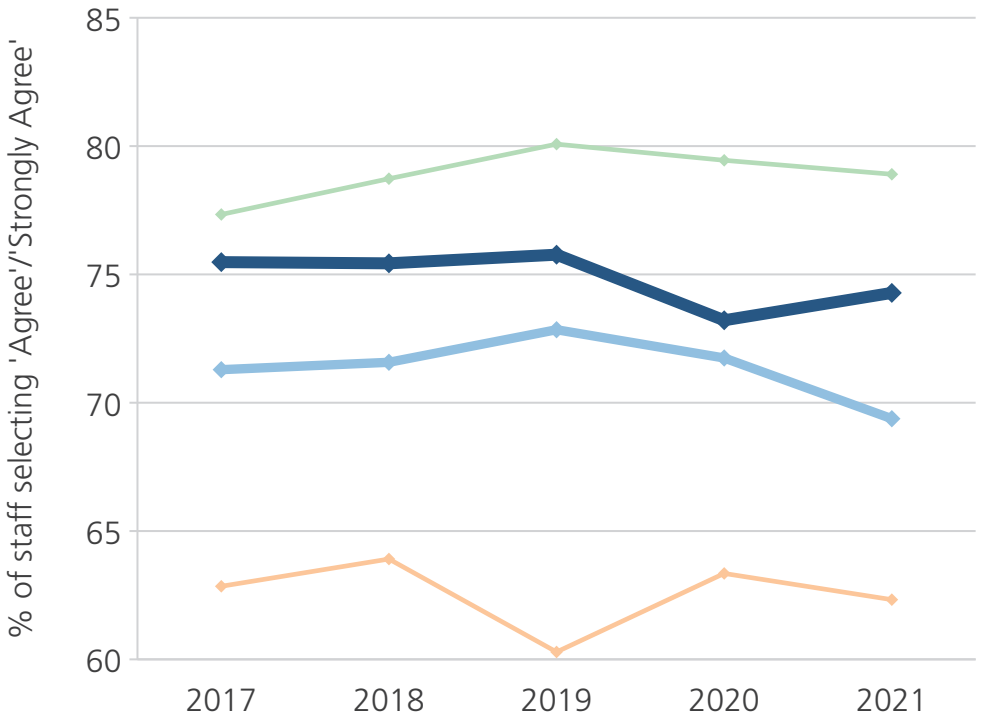
No trend data are shown as this is a new question



Best	74.7%
Your org	72.5%
Average	65.8%
Worst	59.1%
Responses	6,810

Q9e

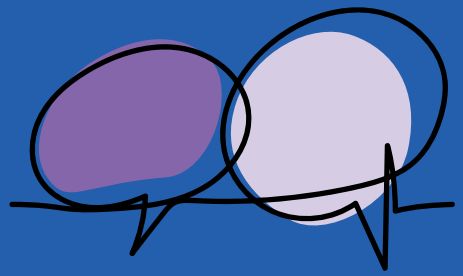
My immediate manager values my work



	2017	2018	2019	2020	2021
Best	77.3%	78.7%	80.1%	79.4%	78.9%
Your org	75.5%	75.4%	75.8%	73.2%	74.3%
Average	71.3%	71.6%	72.8%	71.7%	69.4%
Worst	62.8%	63.9%	60.3%	63.3%	62.3%
Responses	4,555	4,498	5,709	5,724	6,780

Survey Coordination Centre

NHS



People Promise element detailed information – We each have a voice that counts

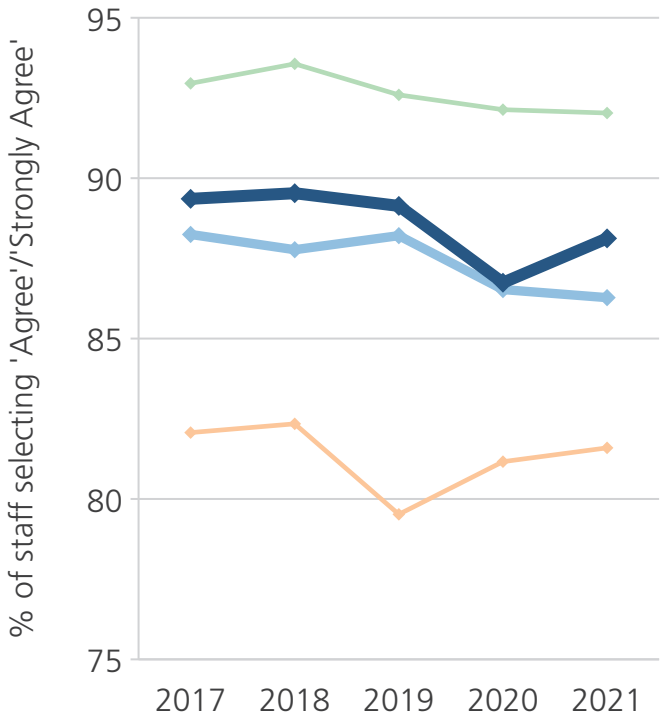
Questions:

Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
Q17a, Q17b, Q21e, Q21f

University Hospital Southampton NHS Foundation Trust

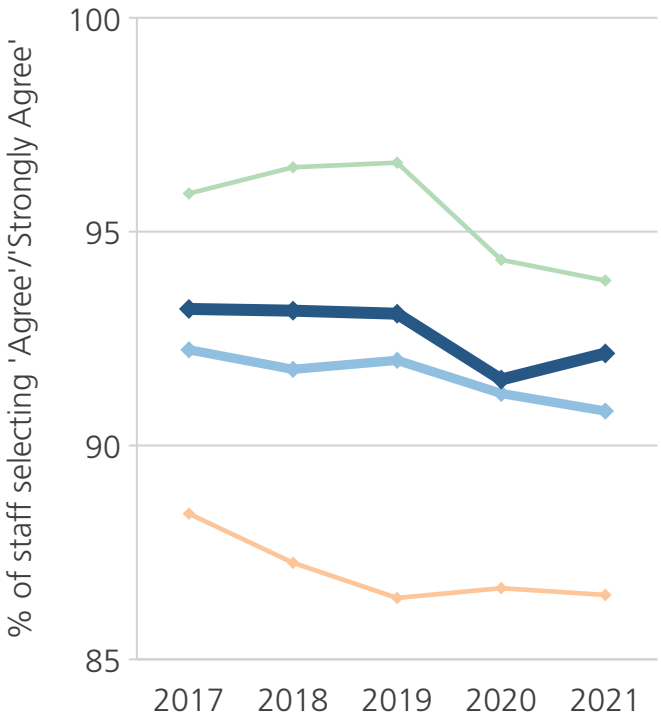
2021 NHS Staff Survey Results

Q3a
I always know what my work responsibilities are



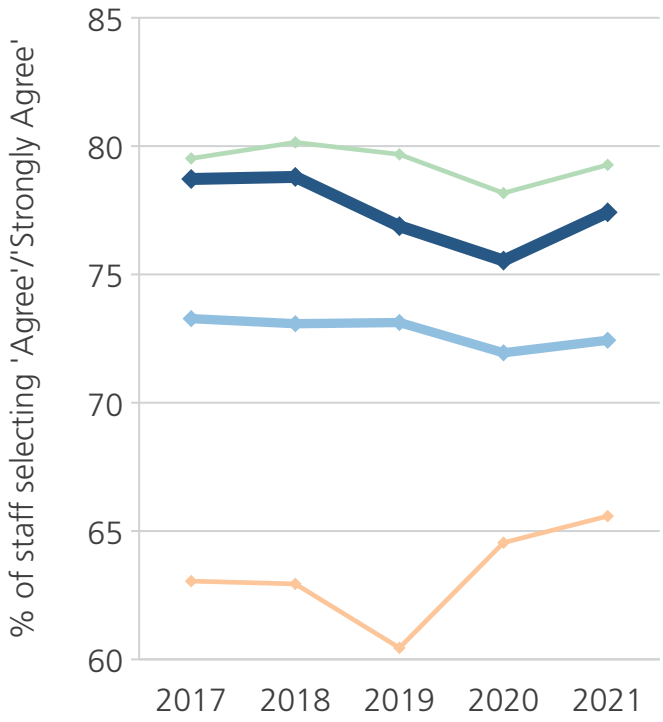
	2017	2018	2019	2020	2021
Best	93.0%	93.6%	92.6%	92.1%	92.0%
Your org	89.4%	89.5%	89.1%	86.7%	88.1%
Average	88.2%	87.8%	88.2%	86.5%	86.3%
Worst	82.1%	82.3%	79.5%	81.2%	81.6%
Responses	4,706	4,625	5,804	5,876	6,882

Q3b
I am trusted to do my job



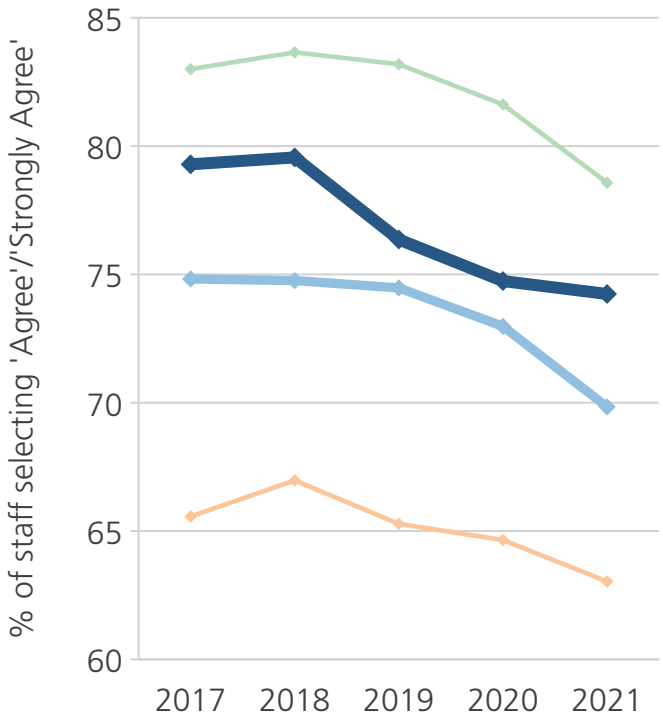
	2017	2018	2019	2020	2021
Best	95.9%	96.5%	96.6%	94.3%	93.9%
Your org	93.2%	93.2%	93.1%	91.5%	92.2%
Average	92.2%	91.8%	92.0%	91.2%	90.8%
Worst	88.4%	87.3%	86.4%	86.7%	86.5%
Responses	4,682	4,609	5,792	5,863	6,906

Q3c
There are frequent opportunities for me to show initiative in my role



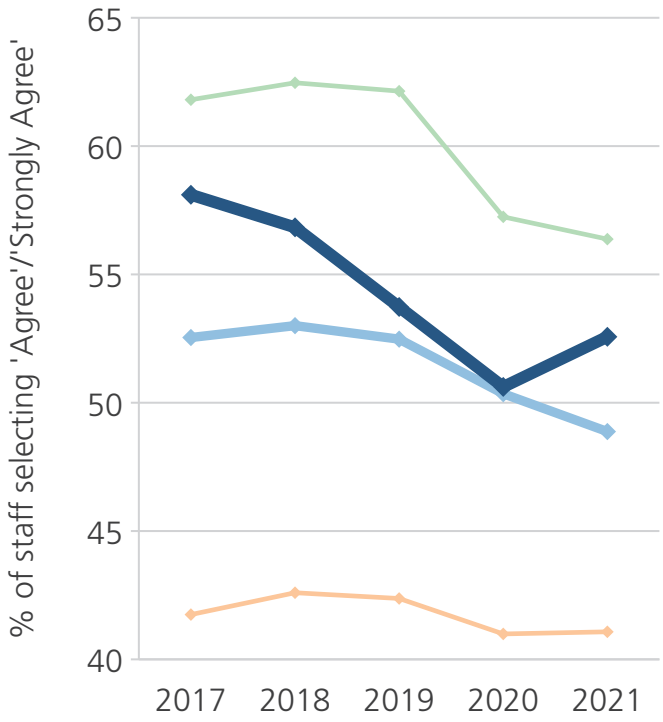
	2017	2018	2019	2020	2021
Best	79.5%	80.1%	79.7%	78.2%	79.3%
Your org	78.7%	78.8%	76.9%	75.5%	77.4%
Average	73.3%	73.1%	73.1%	71.9%	72.4%
Worst	63.0%	62.9%	60.4%	64.5%	65.6%
Responses	4,705	4,619	5,812	5,809	6,902

Q3d
I am able to make suggestions to improve the work of my team / department



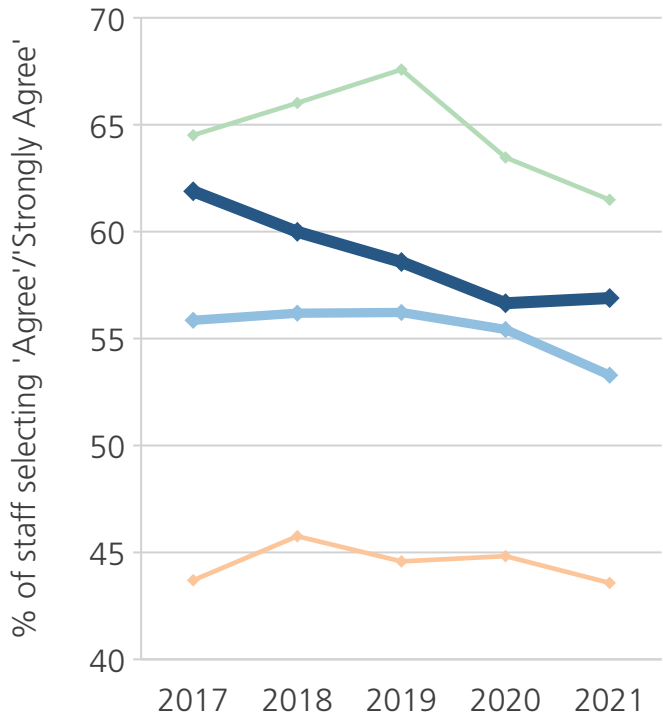
	2017	2018	2019	2020	2021
Best	83.0%	83.7%	83.2%	81.6%	78.6%
Your org	79.3%	79.6%	76.4%	74.7%	74.2%
Average	74.8%	74.8%	74.5%	73.0%	69.8%
Worst	65.6%	67.0%	65.3%	64.7%	63.0%
Responses	4,705	4,618	5,810	5,813	6,907

Q3e
I am involved in deciding on changes introduced that affect my work area / team / department



	2017	2018	2019	2020	2021
Best	61.8%	62.5%	62.1%	57.2%	56.4%
Your org	58.1%	56.8%	53.7%	50.6%	52.6%
Average	52.5%	53.0%	52.5%	50.4%	48.9%
Worst	41.7%	42.6%	42.4%	41.0%	41.1%
Responses	4,700	4,614	5,807	5,812	6,904

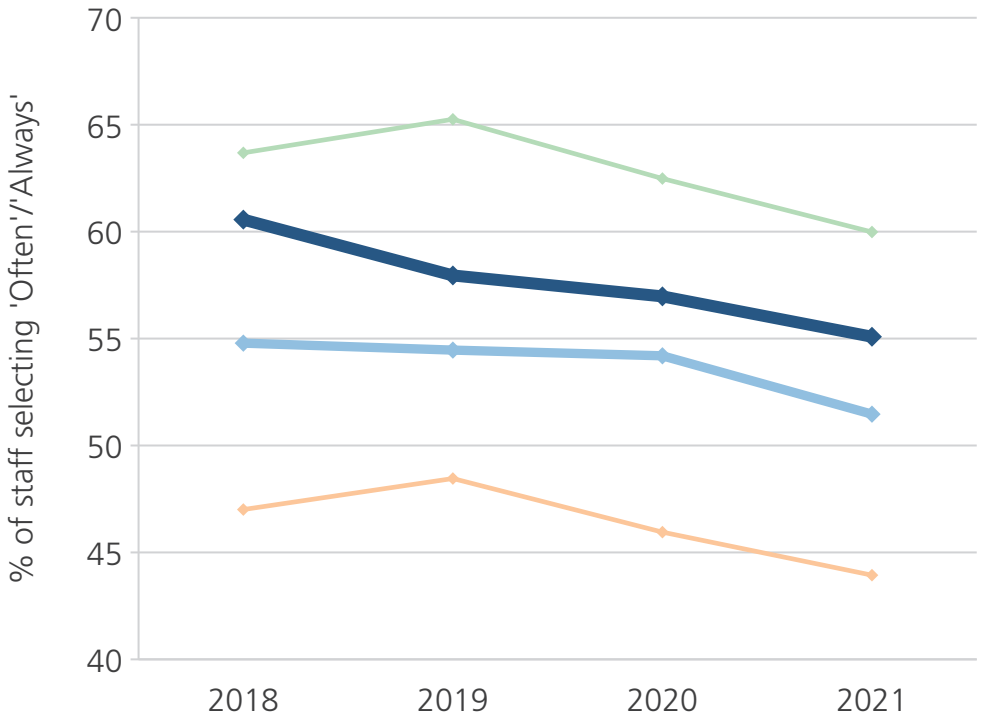
Q3f
I am able to make improvements happen in my area of work



	2017	2018	2019	2020	2021
Best	64.5%	66.0%	67.6%	63.5%	61.5%
Your org	61.9%	60.0%	58.6%	56.7%	56.9%
Average	55.9%	56.2%	56.2%	55.4%	53.3%
Worst	43.7%	45.8%	44.6%	44.8%	43.6%
Responses	4,692	4,606	5,800	5,800	6,895

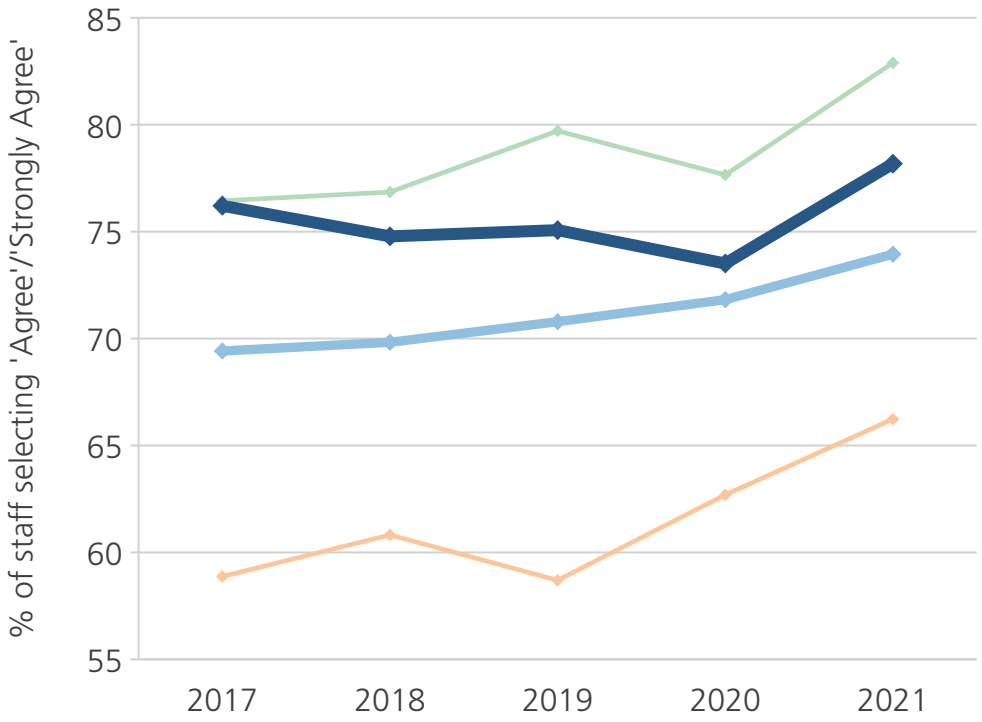
Q5b

I have a choice in deciding how to do my work



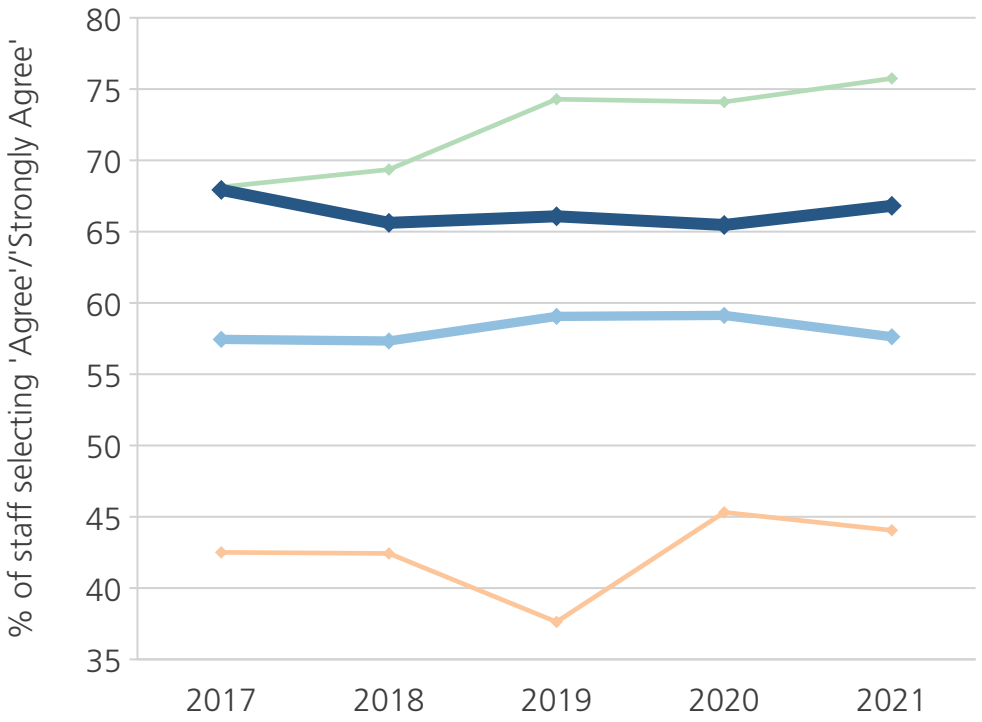
	2018	2019	2020	2021
Best	63.7%	65.3%	62.5%	60.0%
Your org	60.6%	58.0%	57.0%	55.1%
Average	54.8%	54.5%	54.2%	51.5%
Worst	47.0%	48.5%	45.9%	43.9%
Responses	4,559	5,747	5,776	6,866

Q17a
I would feel secure raising concerns about unsafe clinical practice



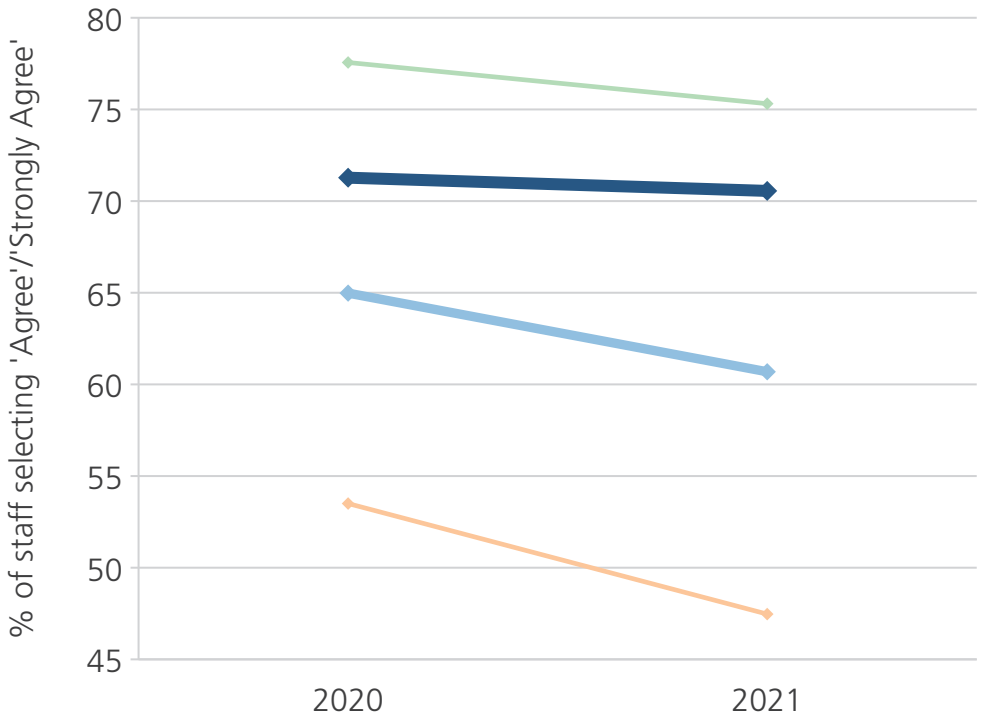
	2017	2018	2019	2020	2021
Best	76.4%	76.9%	79.7%	77.7%	82.9%
Your org	76.2%	74.8%	75.1%	73.5%	78.2%
Average	69.4%	69.8%	70.8%	71.8%	73.9%
Worst	58.9%	60.8%	58.7%	62.7%	66.2%
Responses	4,536	4,427	5,667	5,651	6,722

Q17b
I am confident that my organisation would address my concern



	2017	2018	2019	2020	2021
Best	68.1%	69.4%	74.3%	74.1%	75.7%
Your org	67.9%	65.6%	66.1%	65.5%	66.8%
Average	57.4%	57.3%	59.1%	59.1%	57.6%
Worst	42.5%	42.4%	37.6%	45.3%	44.1%
Responses	4,534	4,415	5,667	5,653	6,724

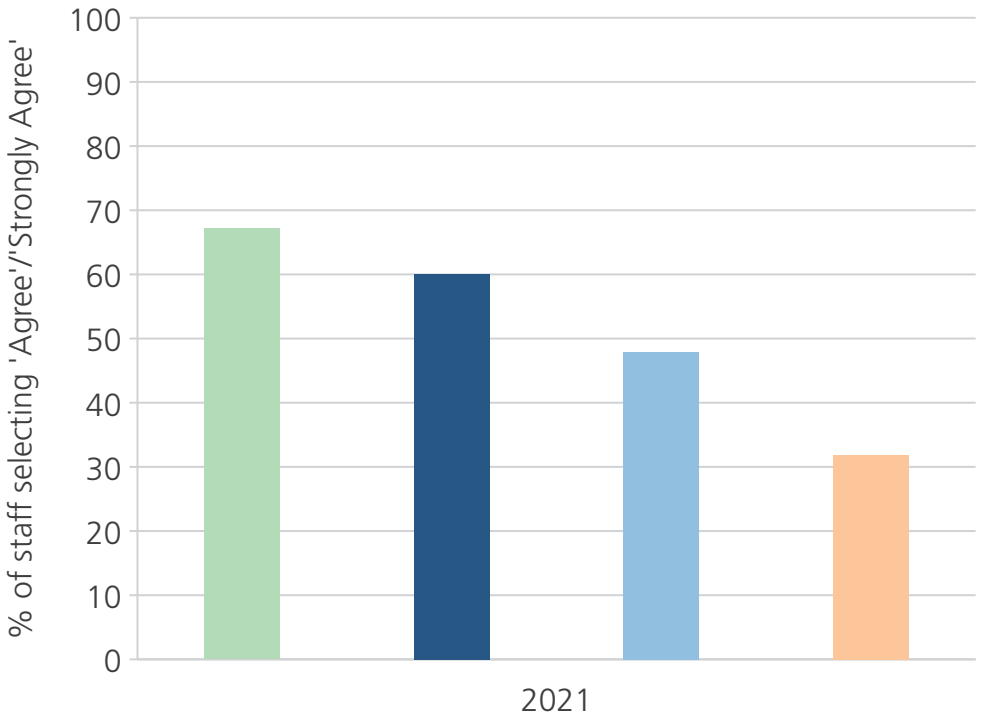
Q21e
I feel safe to speak up about anything that concerns me in this organisation



	2020	2021
Best	77.6%	75.3%
Your org	71.3%	70.6%
Average	65.0%	60.7%
Worst	53.5%	47.5%
Responses	5,643	6,670

Q21f
If I spoke up about something that concerned me I am confident my organisation would address my concern

No trend data are shown as this is a new question



	2021
Best	67.2%
Your org	60.1%
Average	47.9%
Worst	31.9%
Responses	6,673

Survey Coordination Centre

NHS

People Promise element detailed information – We are safe and healthy

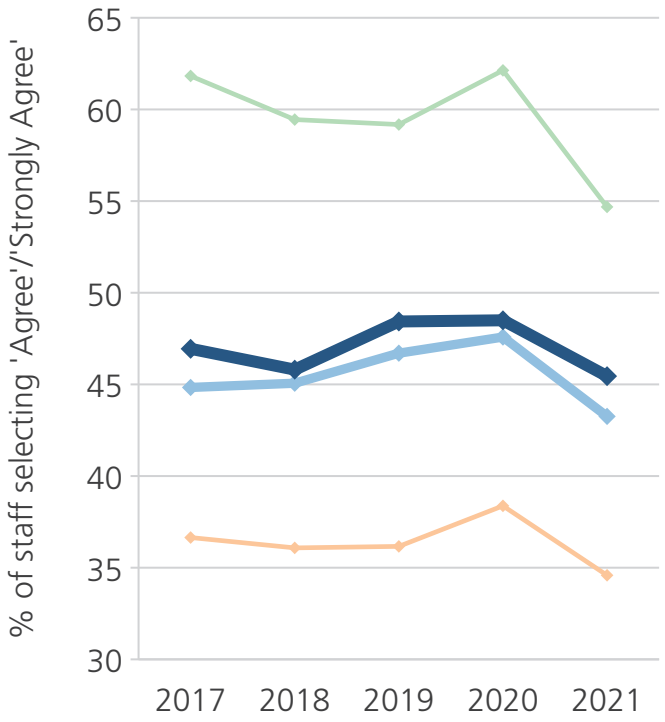
Questions:

Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

University Hospital Southampton NHS Foundation Trust

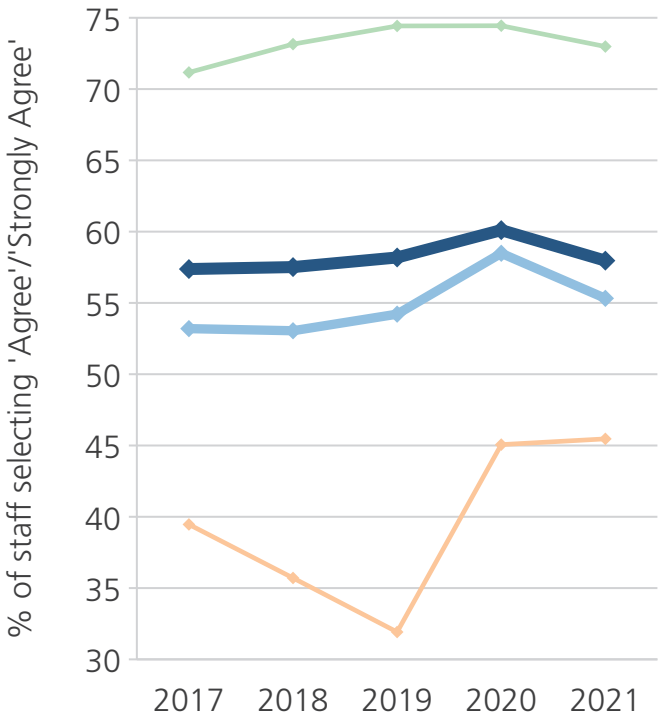
2021 NHS Staff Survey Results

Q3g
I am able to meet all the conflicting demands on my time at work



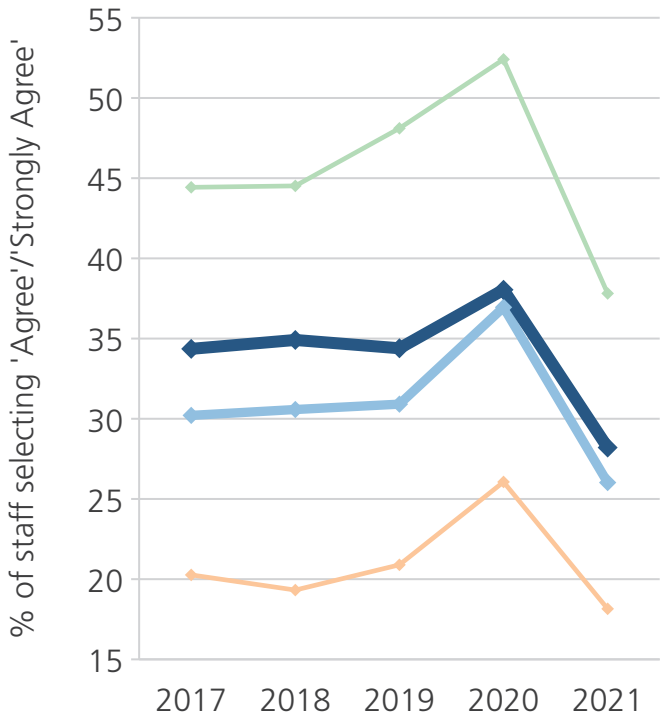
	2017	2018	2019	2020	2021
Best	61.8%	59.4%	59.2%	62.1%	54.7%
Your org	46.9%	45.8%	48.4%	48.5%	45.4%
Average	44.8%	45.1%	46.7%	47.6%	43.3%
Worst	36.6%	36.1%	36.2%	38.4%	34.6%
Responses	4,687	4,601	5,780	5,780	6,889

Q3h
I have adequate materials, supplies and equipment to do my work



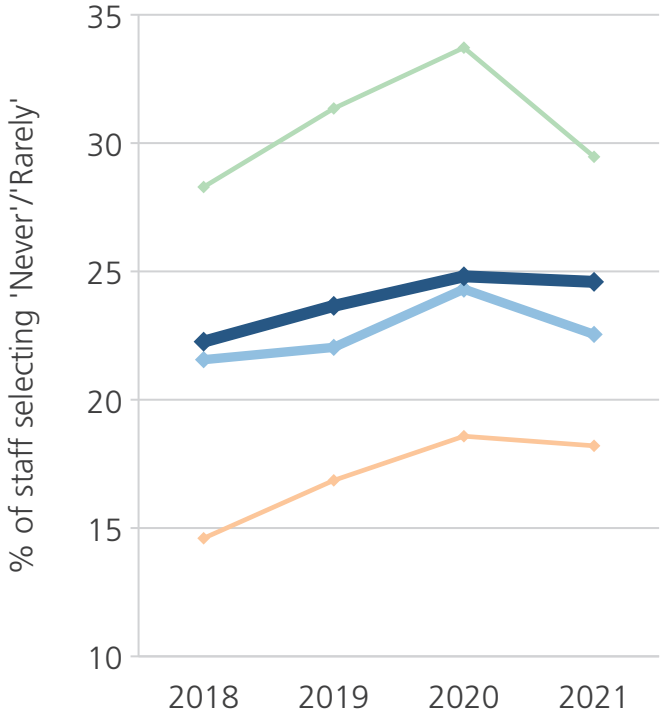
	2017	2018	2019	2020	2021
Best	71.2%	73.2%	74.4%	74.4%	73.0%
Your org	57.4%	57.5%	58.2%	60.1%	58.0%
Average	53.2%	53.0%	54.2%	58.5%	55.3%
Worst	39.5%	35.7%	31.9%	45.1%	45.5%
Responses	4,688	4,600	5,791	5,795	6,905

Q3i
There are enough staff at this organisation for me to do my job properly



	2017	2018	2019	2020	2021
Best	44.4%	44.5%	48.1%	52.4%	37.8%
Your org	34.4%	34.9%	34.4%	38.0%	28.2%
Average	30.2%	30.6%	30.9%	36.9%	26.0%
Worst	20.3%	19.3%	20.9%	26.1%	18.2%
Responses	4,688	4,601	5,796	5,796	6,905

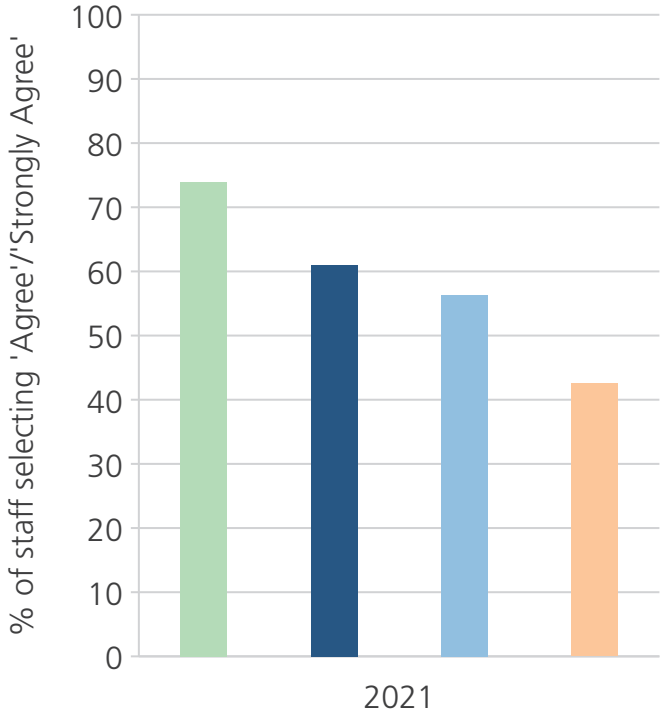
Q5a
I have unrealistic time pressures



	2018	2019	2020	2021
Best	28.3%	31.3%	33.7%	29.5%
Your org	22.3%	23.7%	24.8%	24.6%
Average	21.6%	22.0%	24.3%	22.5%
Worst	14.6%	16.9%	18.6%	18.2%
Responses	4,561	5,751	5,772	6,861

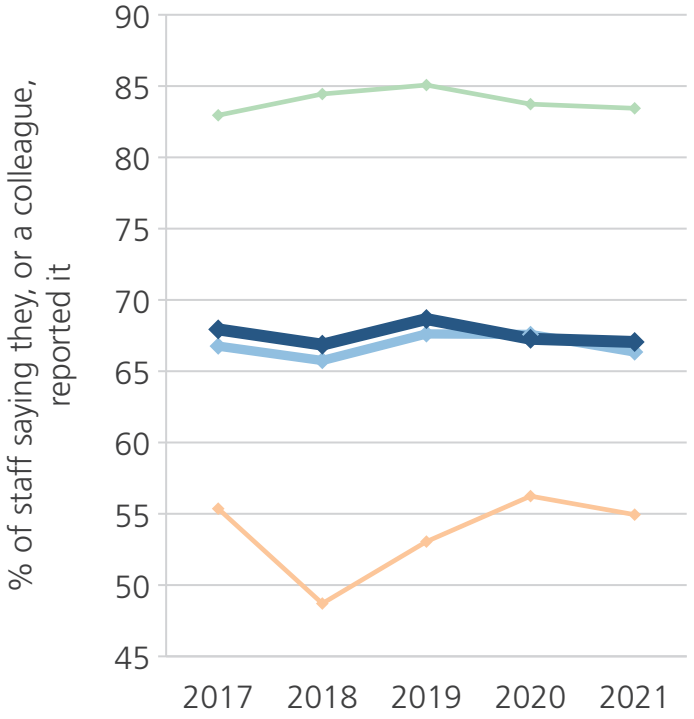
Q11a
My organisation takes positive action on health and well-being

No trend data are shown as this is a new question



	2021
Best	74.0%
Your org	61.0%
Average	56.4%
Worst	42.5%
Responses	6,685

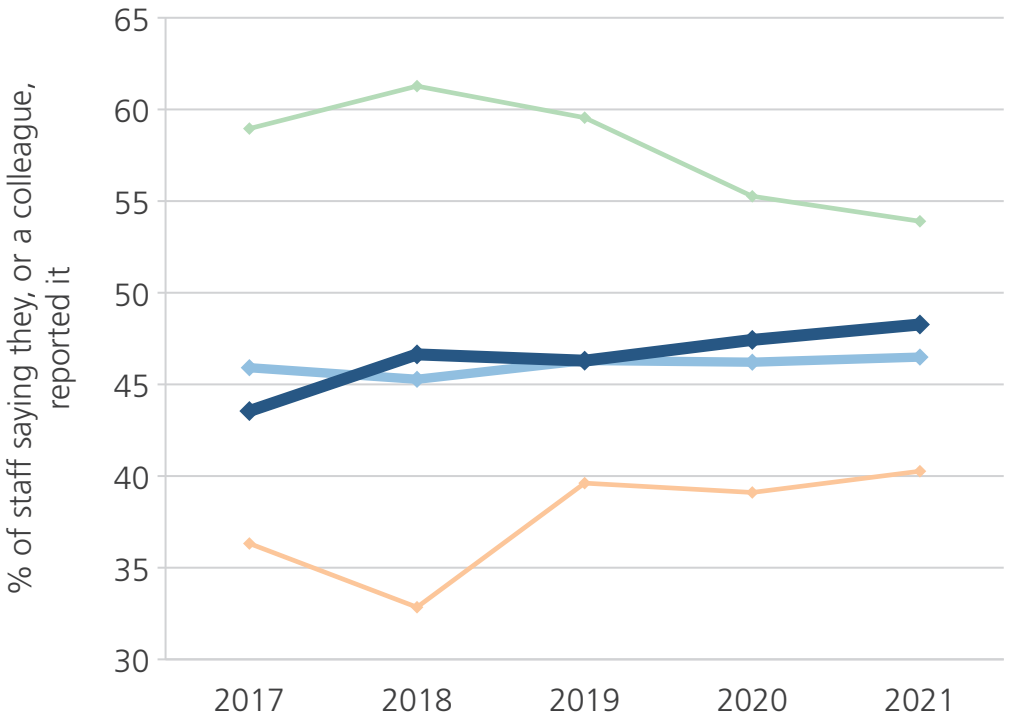
Q13d
The last time you experienced physical violence at work, did you or a colleague report it?



	2017	2018	2019	2020	2021
Best	83.0%	84.4%	85.1%	83.7%	83.4%
Your org	67.9%	66.9%	68.7%	67.3%	67.0%
Average	66.8%	65.7%	67.6%	67.6%	66.3%
Worst	55.4%	48.7%	53.0%	56.2%	54.9%
Responses	606	549	755	844	851

Q14d

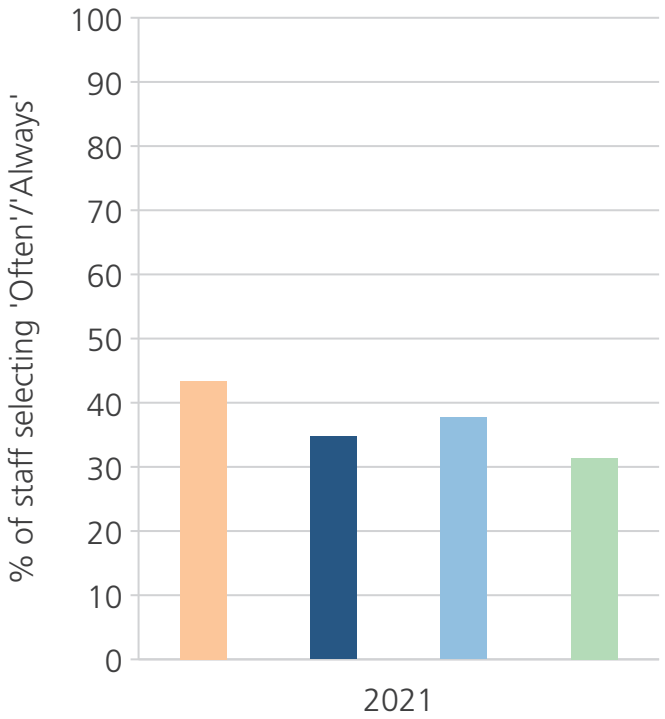
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2017	2018	2019	2020	2021
Best	59.0%	61.3%	59.5%	55.3%	53.9%
Your org	43.5%	46.6%	46.3%	47.4%	48.3%
Average	45.9%	45.3%	46.3%	46.2%	46.5%
Worst	36.3%	32.8%	39.6%	39.1%	40.3%
Responses	1,411	1,407	1,879	1,898	1,947

Q12a
How often, if at all, do you find your work emotionally exhausting?

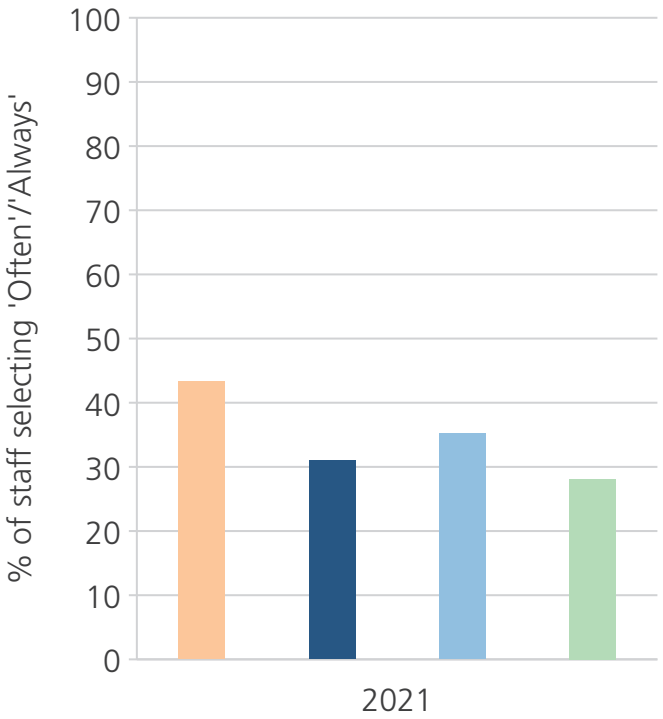
No trend data are shown as this is a new question



Worst	43.4%
Your org	34.7%
Average	37.7%
Best	31.4%
Responses	6,765

Q12b
How often, if at all, do you feel burnt out because of your work?

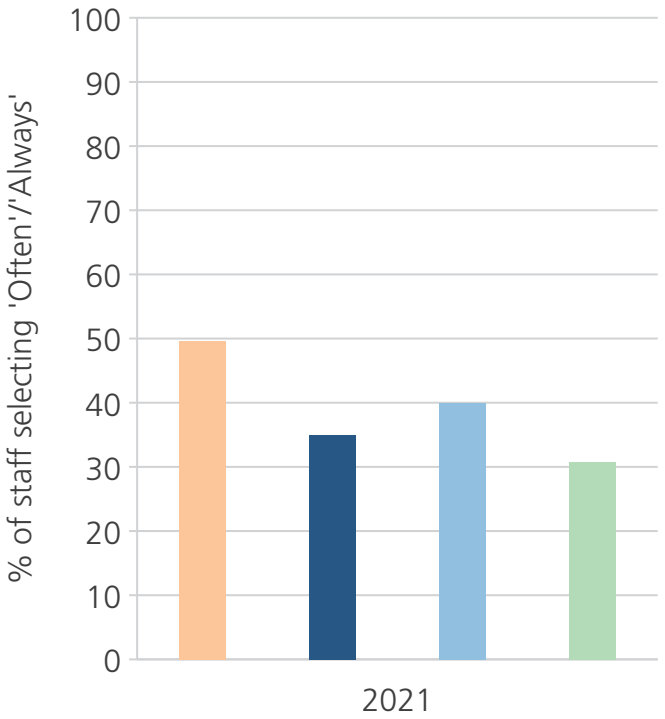
No trend data are shown as this is a new question



Worst	43.3%
Your org	31.0%
Average	35.2%
Best	28.1%
Responses	6,759

Q12c
How often, if at all, does your work frustrate you?

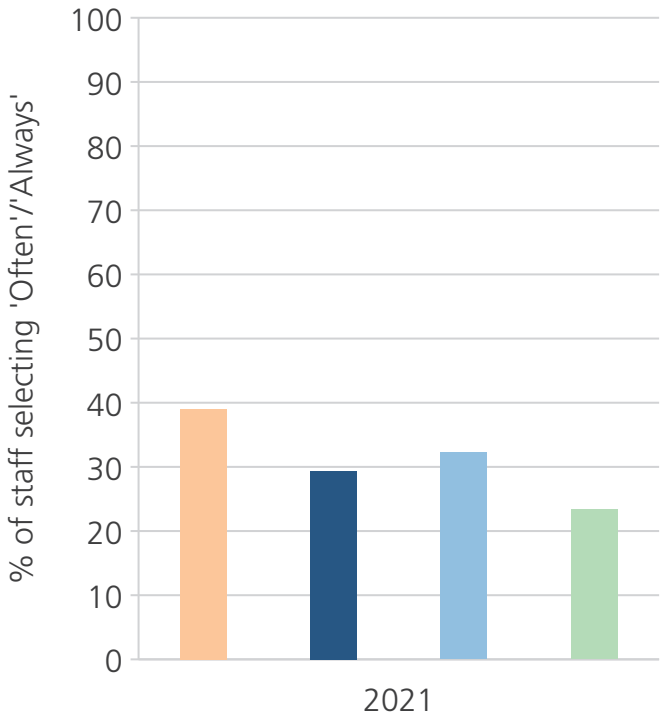
No trend data are shown as this is a new question



Worst	49.7%
Your org	34.9%
Average	39.9%
Best	30.8%
Responses	6,760

Q12d
How often, if at all, are you exhausted at the thought of another day/shift at work?

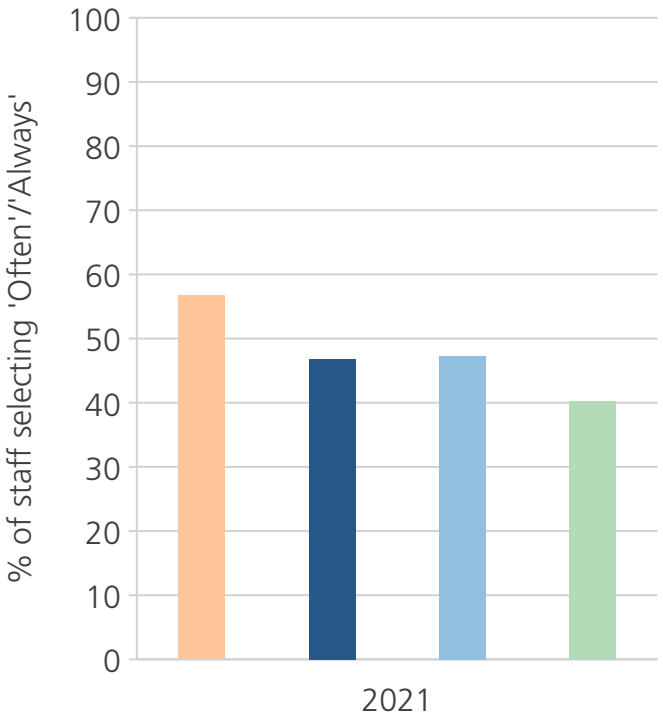
No trend data are shown as this is a new question



Worst	39.0%
Your org	29.4%
Average	32.2%
Best	23.4%
Responses	6,761

Q12e
How often, if at all, do you feel worn out at the end of your working day/shift?

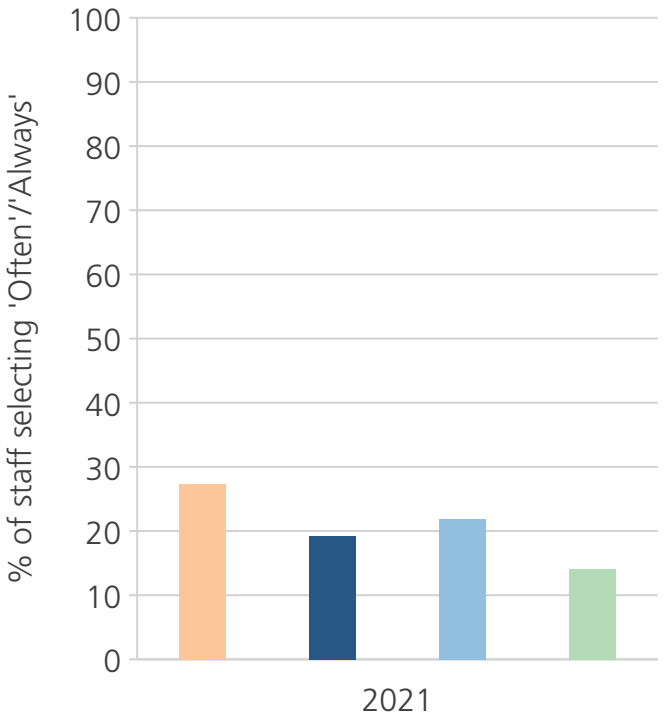
No trend data are shown as this is a new question



Worst	56.7%
Your org	46.8%
Average	47.2%
Best	40.2%
Responses	6,763

Q12f
How often, if at all, do you feel that every working hour is tiring for you?

No trend data are shown as this is a new question

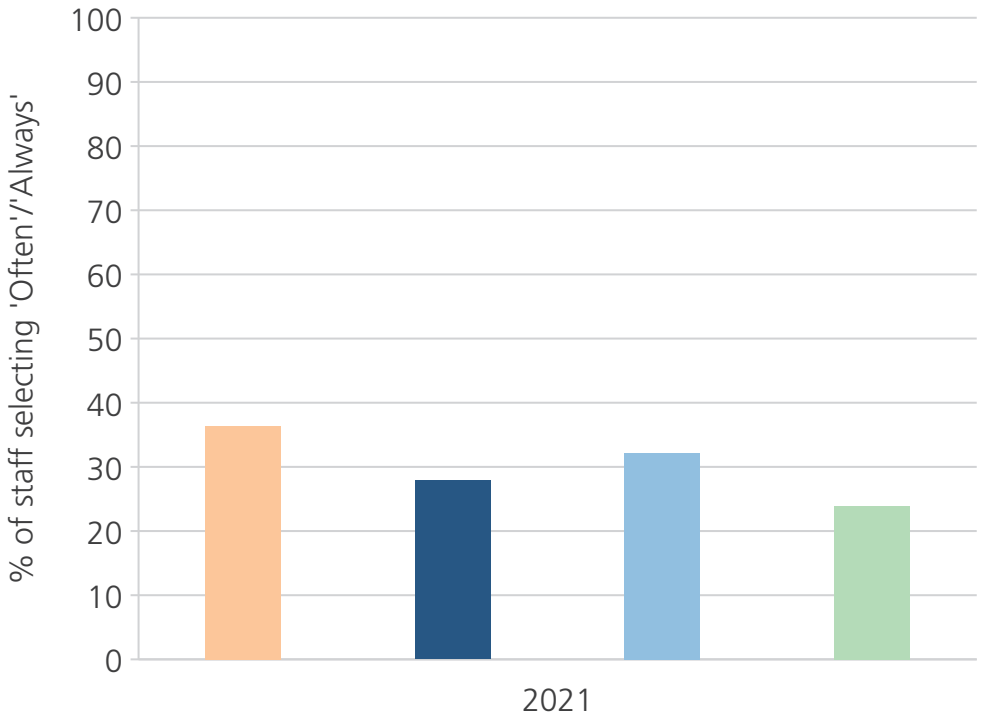


Worst	27.3%
Your org	19.2%
Average	21.9%
Best	14.1%
Responses	6,760

Q12g

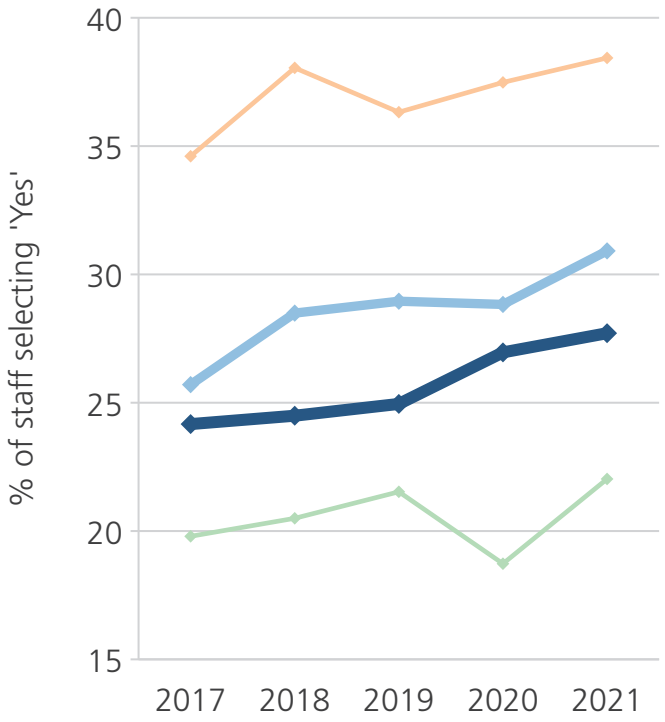
How often, if at all, do you not have enough energy for family and friends during leisure time?

No trend data are shown as this is a new question



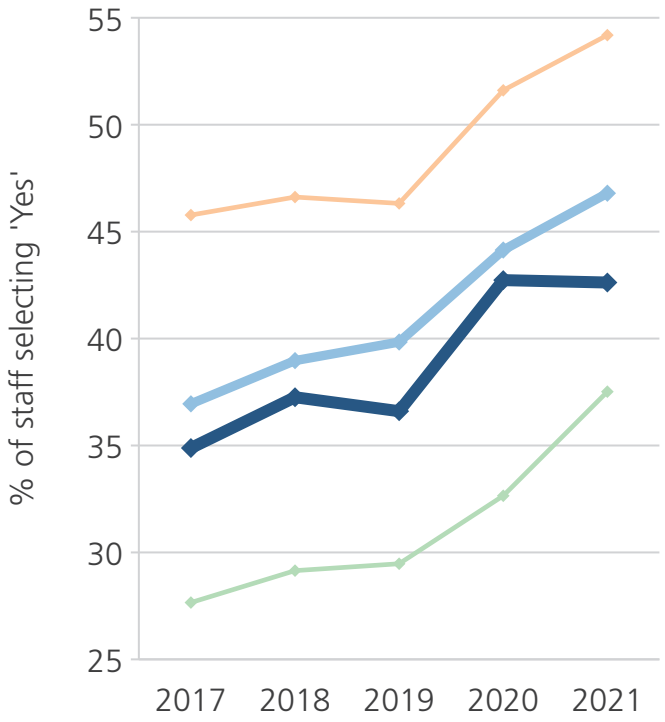
Worst	36.3%
Your org	27.9%
Average	32.1%
Best	23.9%
Responses	6,762

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



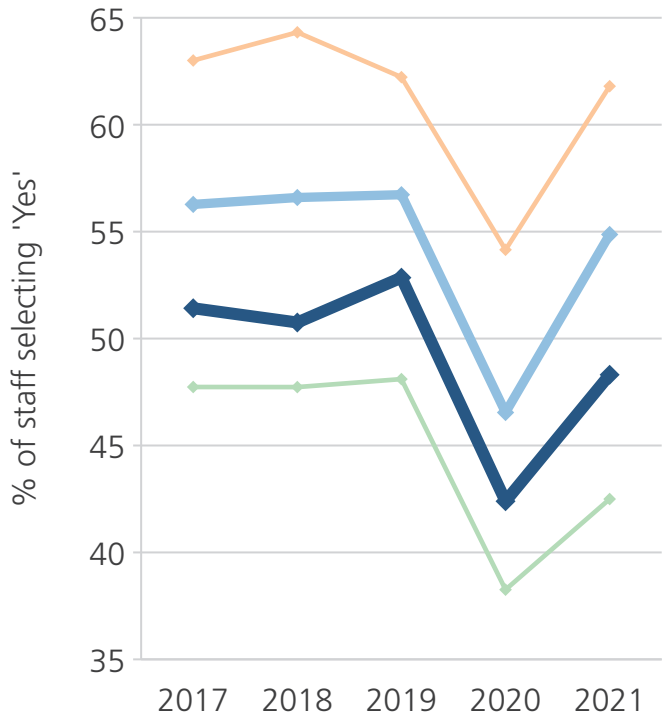
	2017	2018	2019	2020	2021
Worst	34.6%	38.0%	36.3%	37.5%	38.4%
Your org	24.2%	24.5%	25.0%	27.0%	27.7%
Average	25.7%	28.5%	29.0%	28.8%	30.9%
Best	19.8%	20.5%	21.5%	18.7%	22.0%
Responses	4,583	4,473	5,715	5,718	6,780

Q11c
During the last 12 months have you felt unwell as a result of work related stress?



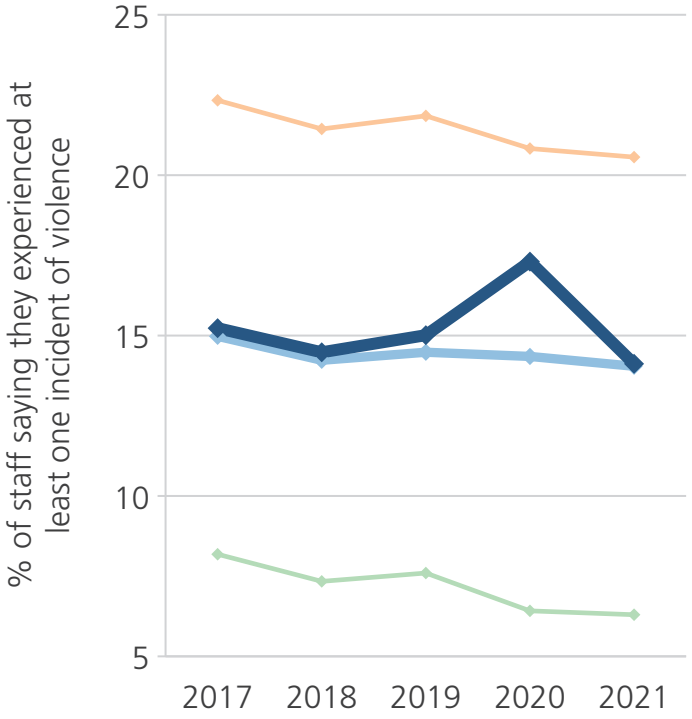
	2017	2018	2019	2020	2021
Worst	45.8%	46.6%	46.3%	51.6%	54.2%
Your org	34.9%	37.3%	36.6%	42.7%	42.6%
Average	36.9%	39.0%	39.8%	44.1%	46.8%
Best	27.7%	29.1%	29.5%	32.6%	37.5%
Responses	4,589	4,481	5,715	5,721	6,781

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



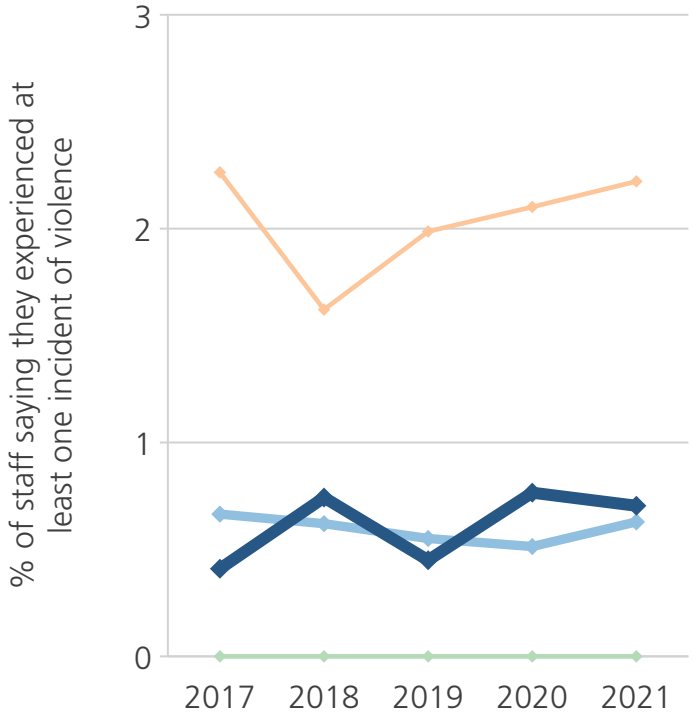
	2017	2018	2019	2020	2021
Worst	63.0%	64.3%	62.2%	54.2%	61.8%
Your org	51.4%	50.8%	52.8%	42.4%	48.3%
Average	56.3%	56.6%	56.7%	46.5%	54.9%
Best	47.7%	47.7%	48.1%	38.3%	42.5%
Responses	4,591	4,475	5,724	5,722	6,787

Q13a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



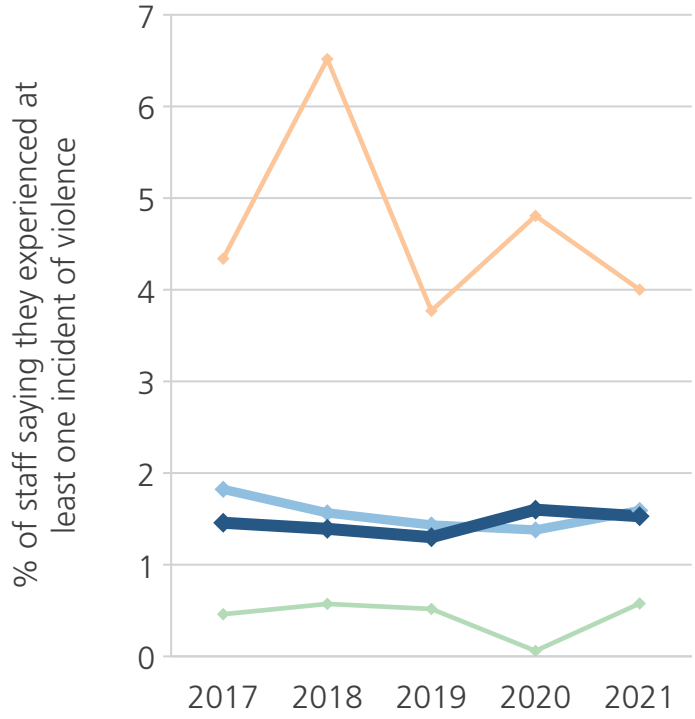
	2017	2018	2019	2020	2021
Worst	22.3%	21.4%	21.8%	20.8%	20.6%
Your org	15.2%	14.5%	15.0%	17.3%	14.1%
Average	15.0%	14.2%	14.5%	14.3%	14.0%
Best	8.2%	7.3%	7.6%	6.4%	6.3%
Responses	4,538	4,468	5,706	5,712	6,758

Q13b
In the last 12 months how many times have you personally experienced physical violence at work from managers?



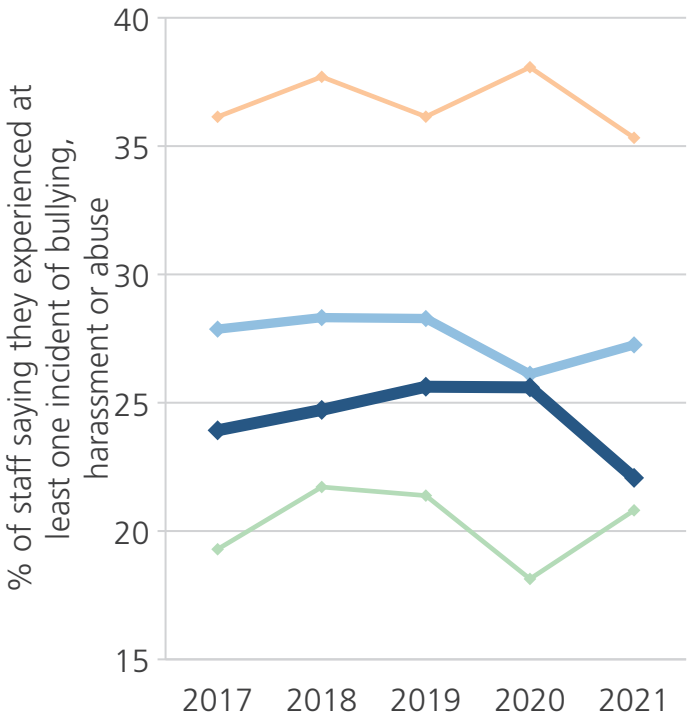
	2017	2018	2019	2020	2021
Worst	2.3%	1.6%	2.0%	2.1%	2.2%
Your org	0.4%	0.7%	0.4%	0.8%	0.7%
Average	0.7%	0.6%	0.6%	0.5%	0.6%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	4,465	4,404	5,672	5,696	6,712

Q13c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



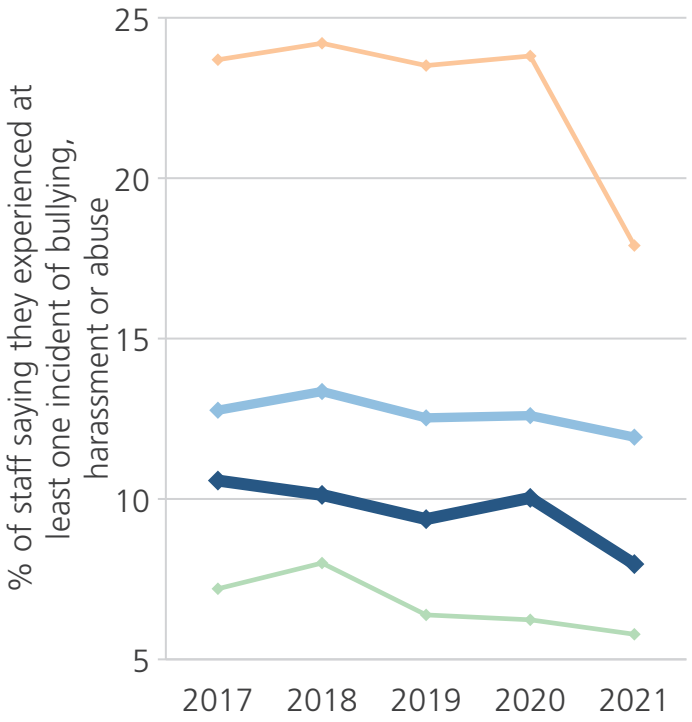
	2017	2018	2019	2020	2021
Worst	4.3%	6.5%	3.8%	4.8%	4.0%
Your org	1.5%	1.4%	1.3%	1.6%	1.5%
Average	1.8%	1.6%	1.4%	1.4%	1.6%
Best	0.5%	0.6%	0.5%	0.1%	0.6%
Responses	4,462	4,406	5,663	5,694	6,694

Q14a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



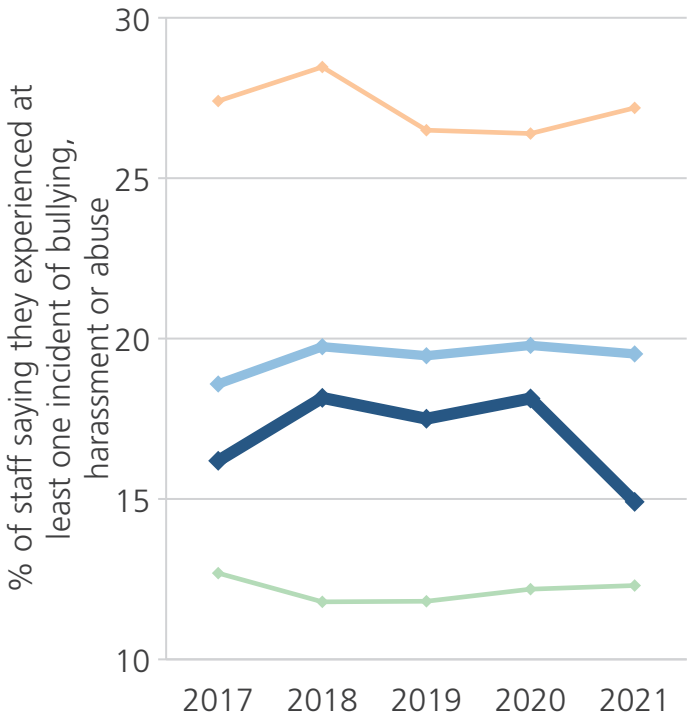
	2017	2018	2019	2020	2021
Worst	36.1%	37.7%	36.1%	38.1%	35.3%
Your org	23.9%	24.7%	25.6%	25.6%	22.1%
Average	27.9%	28.3%	28.3%	26.1%	27.3%
Best	19.3%	21.7%	21.4%	18.1%	20.8%
Responses	4,513	4,448	5,676	5,574	6,567

Q14b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



	2017	2018	2019	2020	2021
Worst	23.7%	24.2%	23.5%	23.8%	17.9%
Your org	10.6%	10.1%	9.4%	10.0%	8.0%
Average	12.8%	13.3%	12.5%	12.6%	11.9%
Best	7.2%	8.0%	6.4%	6.2%	5.8%
Responses	4,468	4,413	5,638	5,554	6,532

Q14c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2017	2018	2019	2020	2021
Worst	27.4%	28.5%	26.5%	26.4%	27.2%
Your org	16.2%	18.2%	17.5%	18.1%	14.9%
Average	18.6%	19.7%	19.5%	19.8%	19.5%
Best	12.7%	11.8%	11.8%	12.2%	12.3%
Responses	4,468	4,400	5,660	5,566	6,508

Survey Coordination Centre

NHS

People Promise element detailed information – We are always learning

Questions:

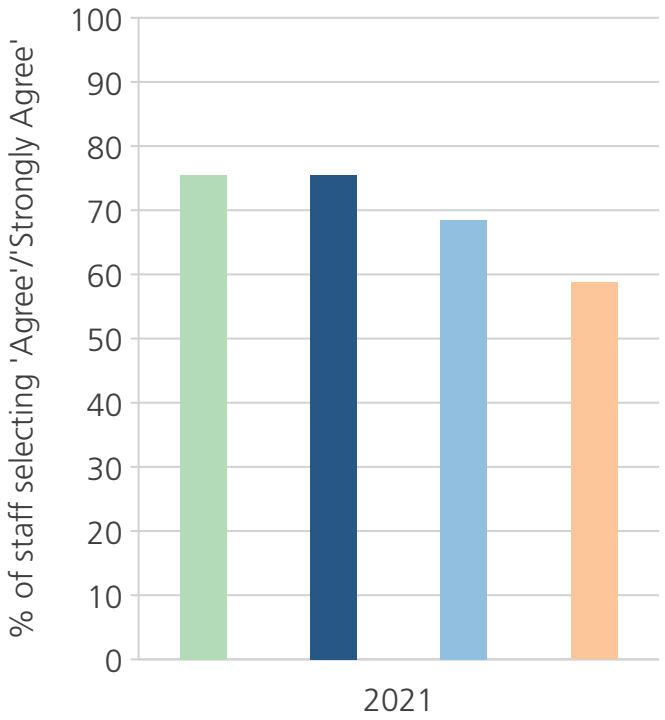
Q20a, Q20b, Q20c, Q20d, Q20e
Q19a, Q19b, Q19c, Q19d

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

Q20a
This organisation offers me challenging work

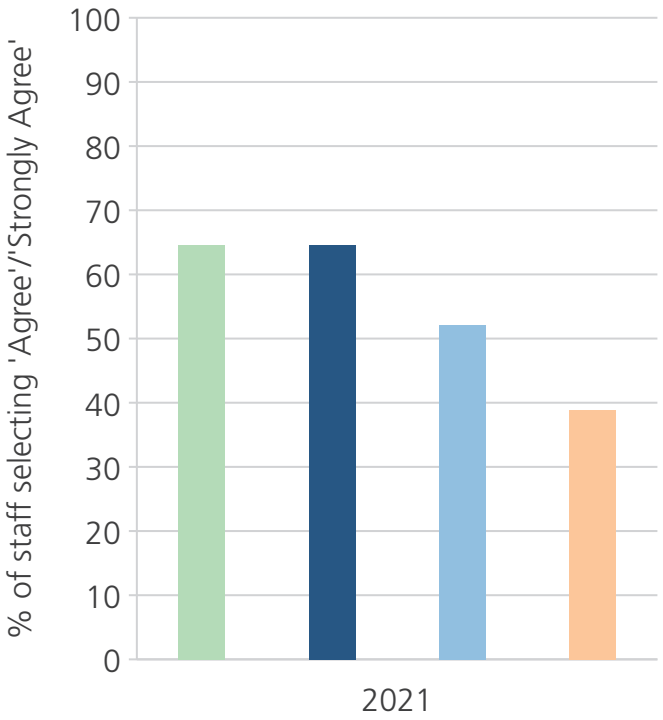
No trend data are shown as this is a new question



Best	75.6%
Your org	75.6%
Average	68.4%
Worst	58.8%
Responses	6,699

Q20b
There are opportunities for me to develop my career in this organisation

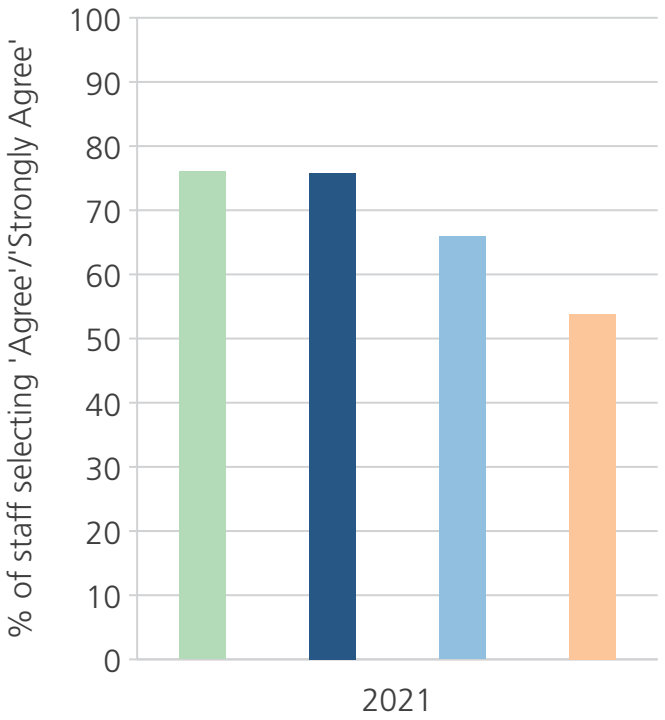
No trend data are shown as this is a new question



Best	64.6%
Your org	64.6%
Average	52.1%
Worst	38.8%
Responses	6,703

Q20c
I have opportunities to improve my knowledge and skills

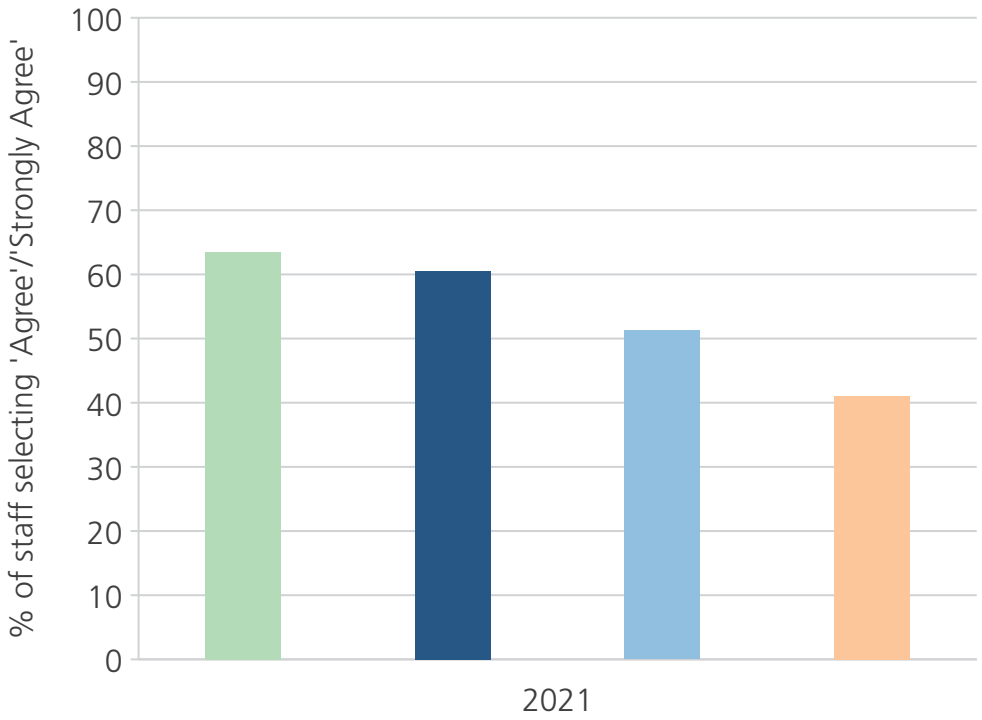
No trend data are shown as this is a new question



Best	76.0%
Your org	75.9%
Average	65.9%
Worst	53.8%
Responses	6,704

Q20d
I feel supported to develop my potential

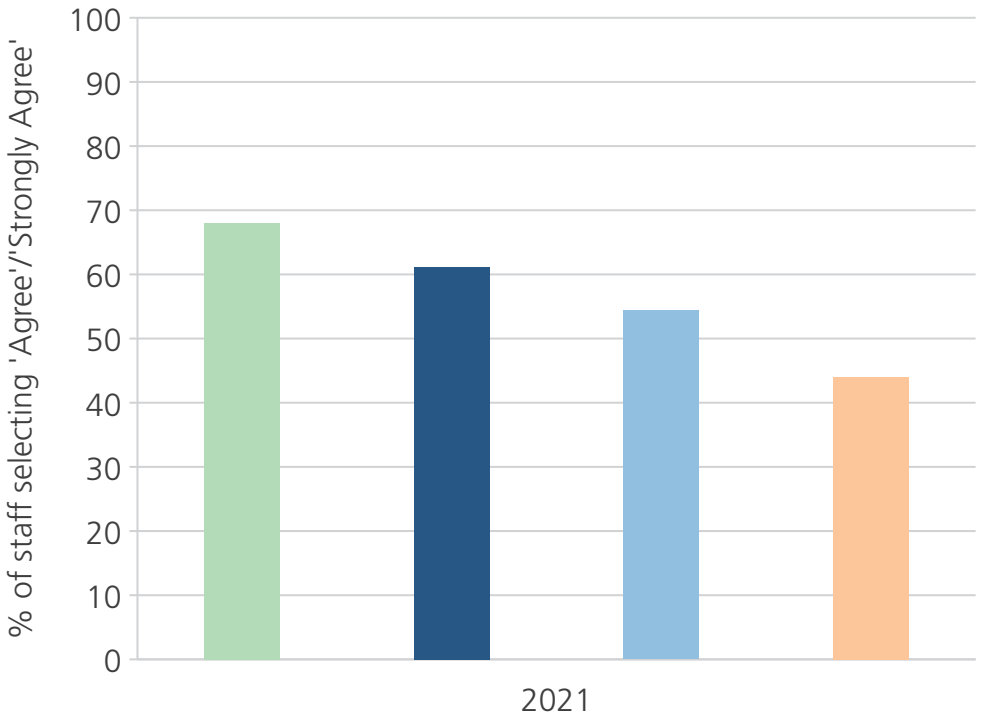
No trend data are shown as this is a new question



Best	63.5%
Your org	60.5%
Average	51.3%
Worst	41.0%
Responses	6,703

Q20e
I am able to access the right learning and development opportunities when I need to

No trend data are shown as this is a new question

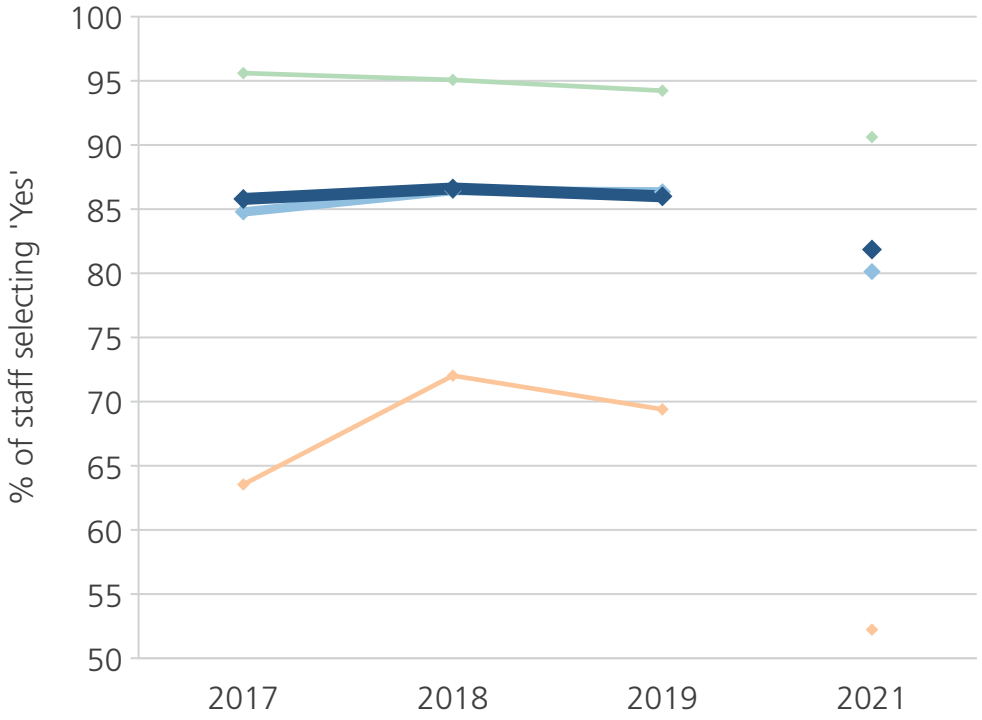


Best	68.0%
Your org	61.1%
Average	54.4%
Worst	44.1%
Responses	6,703

Q19a

In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

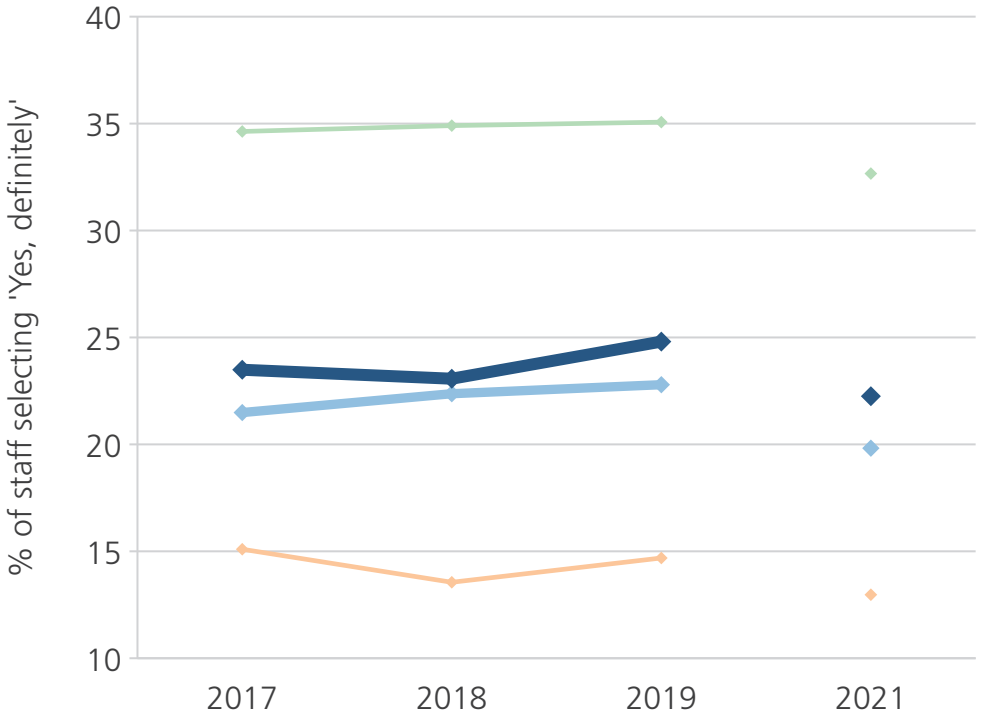


	2017	2018	2019	2021
Highest	95.6%	95.1%	94.2%	90.6%
Your org	85.8%	86.6%	86.0%	81.9%
Average	84.8%	86.4%	86.3%	80.1%
Lowest	63.5%	72.0%	69.4%	52.2%
Responses	4,500	4,422	5,647	6,733

Q19b

It helped me to improve how I do my job

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

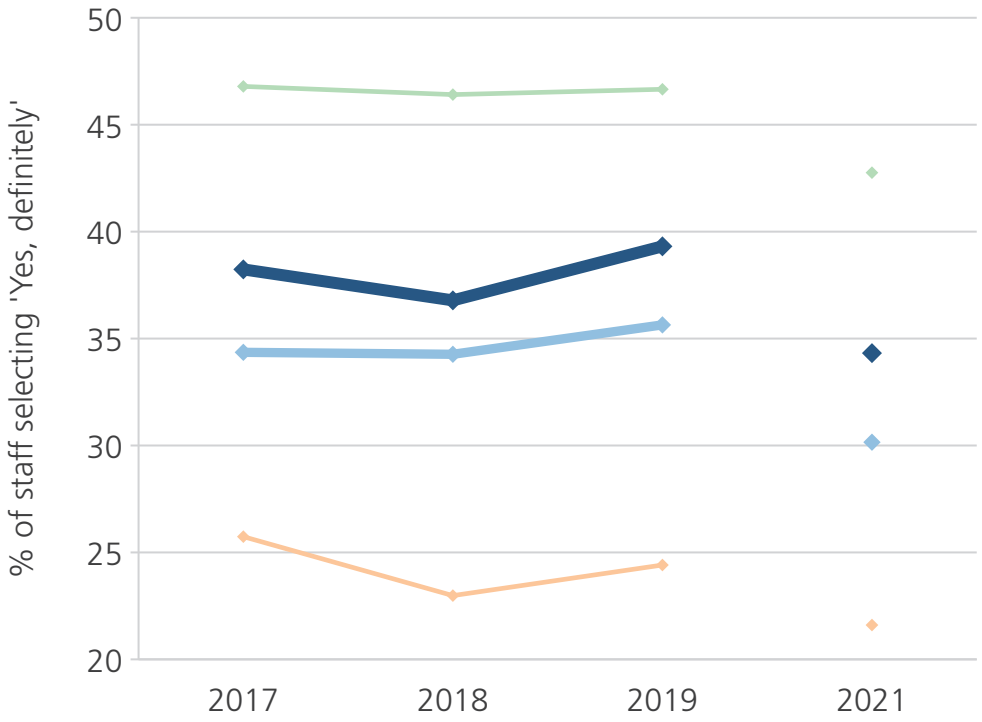


	2017	2018	2019	2021
Best	34.6%	34.9%	35.1%	32.7%
Your org	23.5%	23.1%	24.8%	22.3%
Average	21.5%	22.4%	22.8%	19.8%
Worst	15.1%	13.6%	14.7%	13.0%
Responses	3,847	3,785	4,842	5,487

Q19c

It helped me agree clear objectives for my work

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

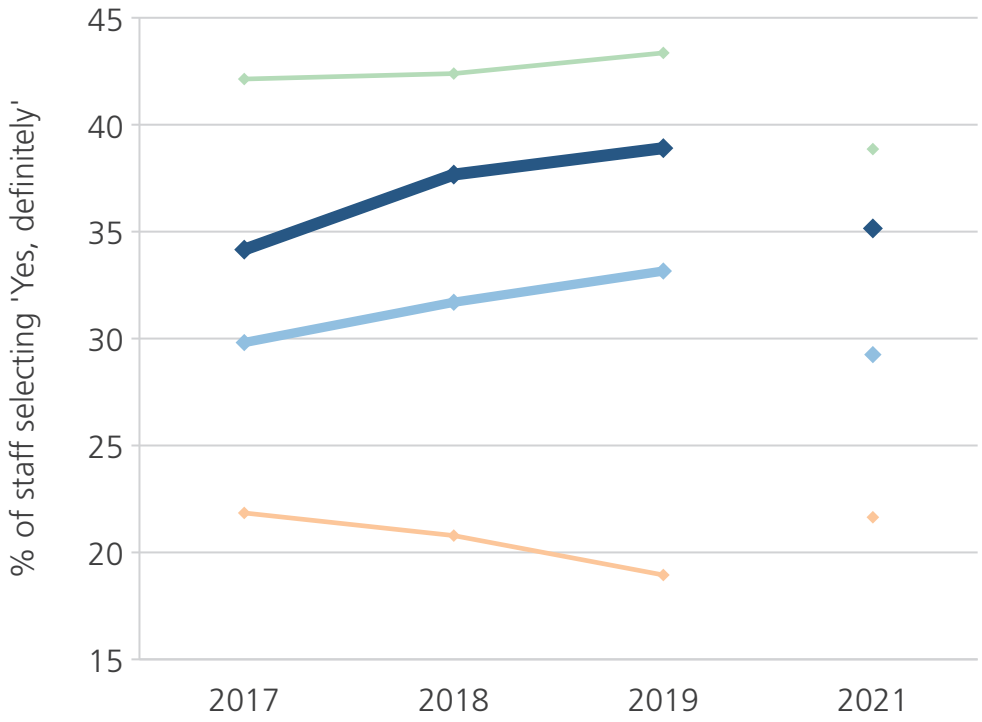


	2017	2018	2019	2021
Best	46.8%	46.4%	46.7%	42.8%
Your org	38.2%	36.8%	39.3%	34.3%
Average	34.4%	34.3%	35.6%	30.2%
Worst	25.7%	23.0%	24.4%	21.6%
Responses	3,843	3,780	4,841	5,486

Q19d

It left me feeling that my work is valued by my organisation

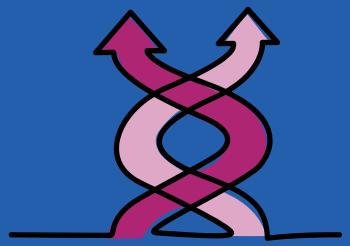
Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



	2017	2018	2019	2021
Best	42.1%	42.4%	43.4%	38.9%
Your org	34.2%	37.7%	38.9%	35.2%
Average	29.8%	31.7%	33.2%	29.3%
Worst	21.8%	20.8%	18.9%	21.6%
Responses	3,843	3,783	4,837	5,486

Survey Coordination Centre

NHS



People Promise element detailed information – We work flexibly

Questions:

Q6b, Q6c, Q6d

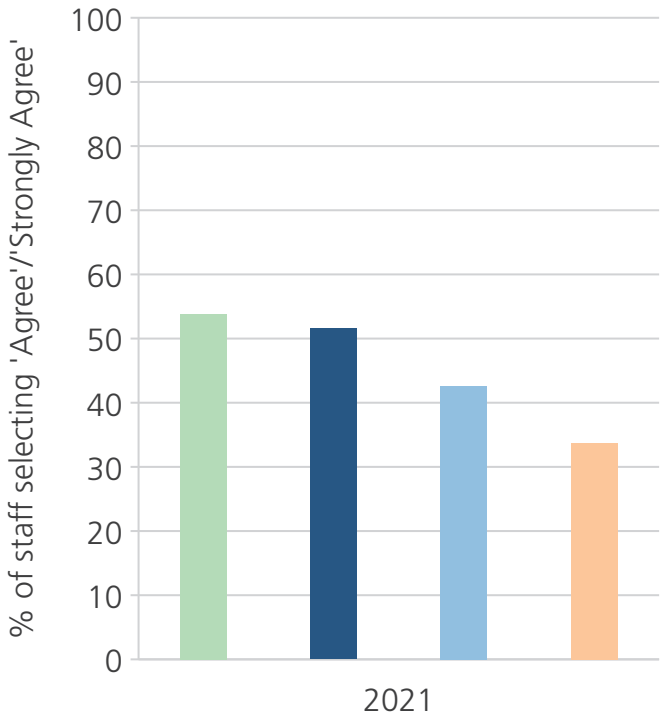
Q4d

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

Q6b
My organisation is committed to helping me balance my work and home life

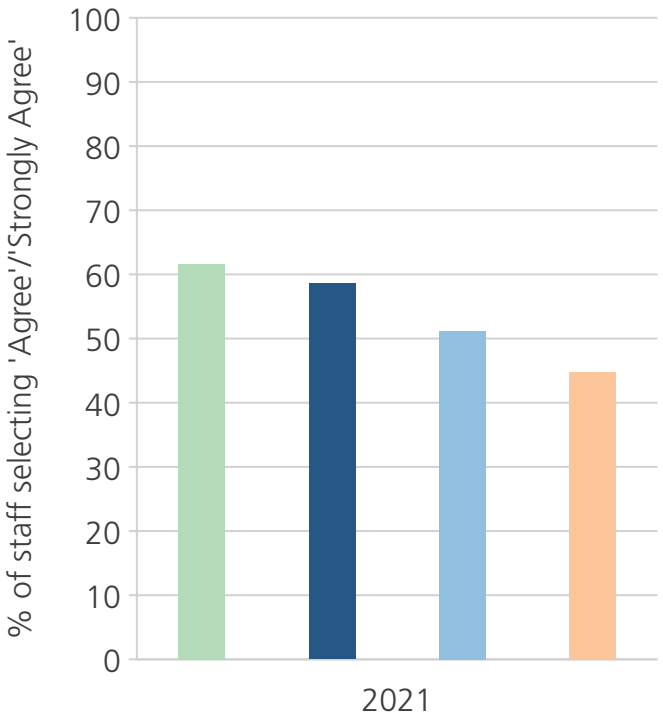
No trend data are shown as this is a new question



Best	53.8%
Your org	51.6%
Average	42.6%
Worst	33.8%
Responses	6,869

Q6c
I achieve a good balance between my work life and my home life

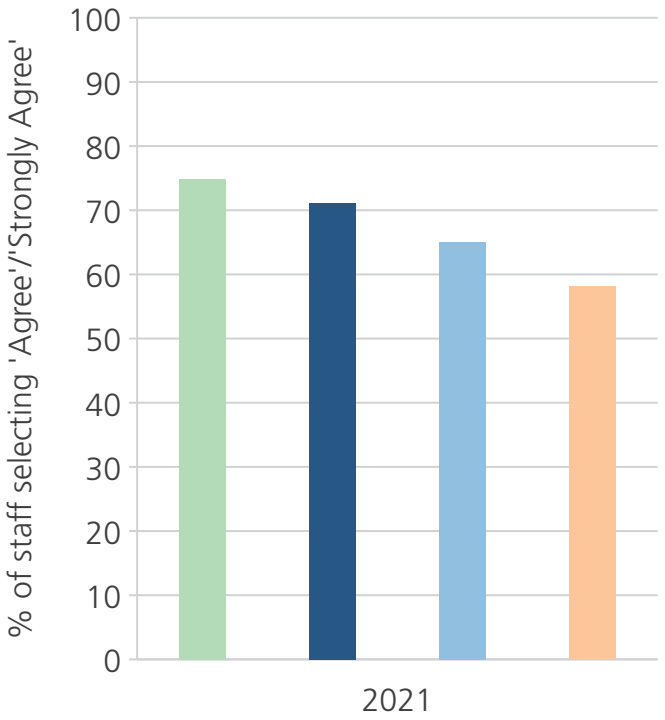
No trend data are shown as this is a new question



Best	61.6%
Your org	58.6%
Average	51.1%
Worst	44.7%
Responses	6,867

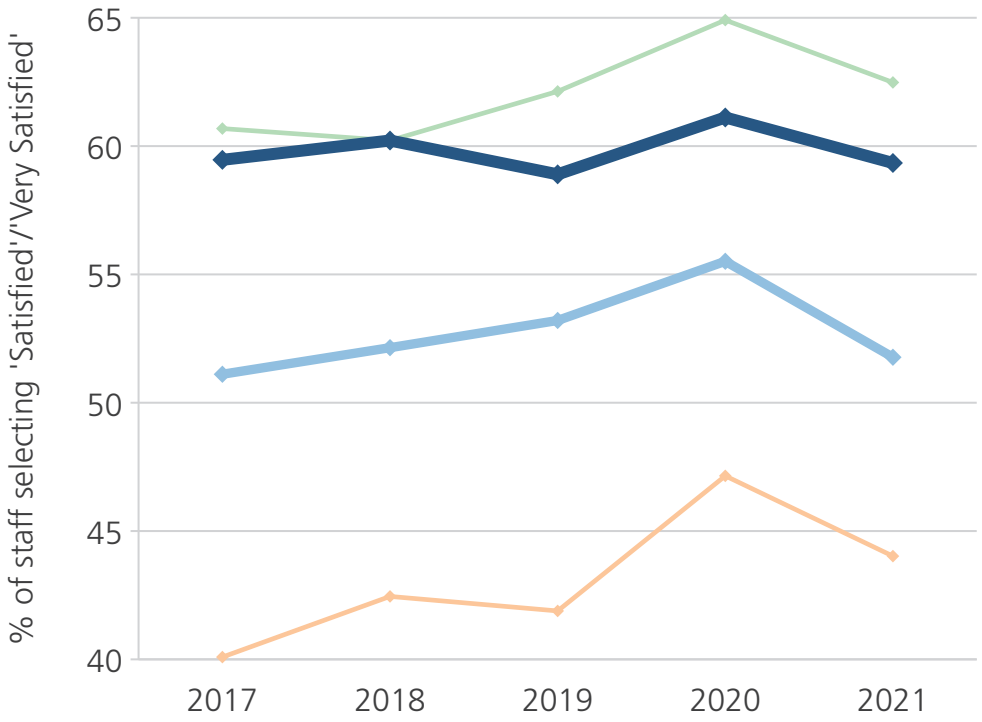
Q6d
I can approach my immediate manager to talk openly about flexible working

No trend data are shown as this is a new question



Best	74.8%
Your org	71.2%
Average	65.0%
Worst	58.2%
Responses	6,869

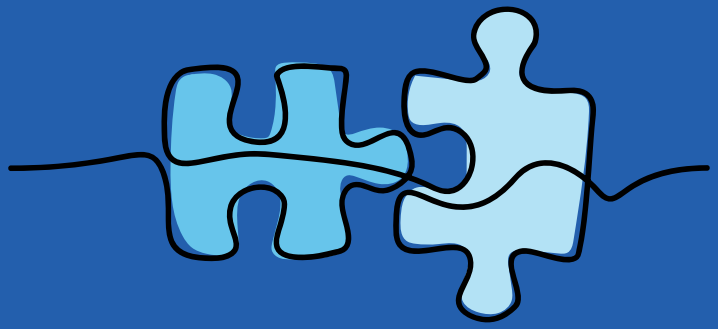
Q4d
The opportunities for flexible working patterns



	2017	2018	2019	2020	2021
Best	60.7%	60.2%	62.1%	64.9%	62.5%
Your org	59.5%	60.2%	58.9%	61.1%	59.3%
Average	51.1%	52.1%	53.2%	55.5%	51.8%
Worst	40.1%	42.5%	41.9%	47.2%	44.0%
Responses	4,660	4,548	5,749	5,767	6,897

Survey Coordination Centre

NHS



People Promise element detailed information – We are a team

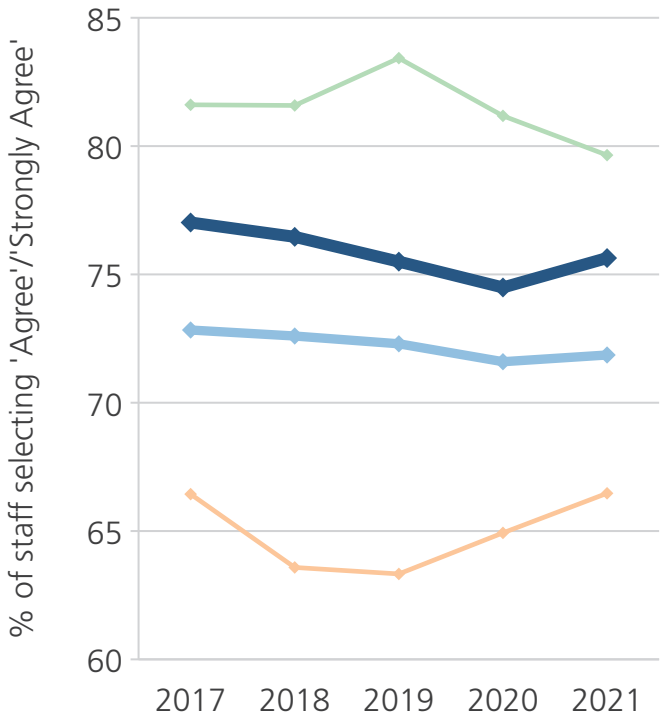
Questions:

Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
Q9a, Q9b, Q9c, Q9d

University Hospital Southampton NHS Foundation Trust

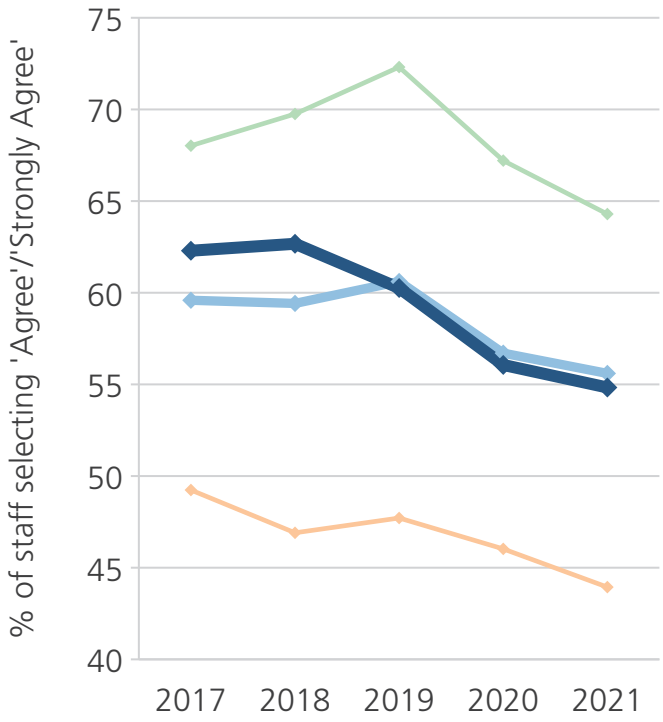
2021 NHS Staff Survey Results

Q7a
The team I work in has a set of shared objectives



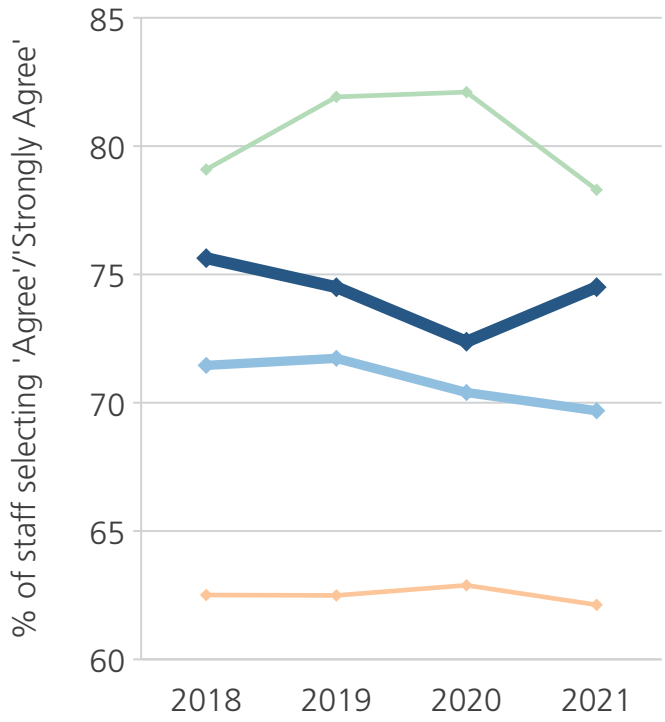
	2017	2018	2019	2020	2021
Best	81.6%	81.6%	83.4%	81.2%	79.6%
Your org	77.0%	76.5%	75.5%	74.5%	75.6%
Average	72.8%	72.6%	72.3%	71.6%	71.9%
Worst	66.4%	63.6%	63.3%	64.9%	66.5%
Responses	4,681	4,605	5,737	5,759	6,817

Q7b
The team I work in often meets to discuss the team's effectiveness



	2017	2018	2019	2020	2021
Best	68.0%	69.8%	72.3%	67.2%	64.3%
Your org	62.3%	62.7%	60.3%	56.1%	54.8%
Average	59.6%	59.4%	60.6%	56.7%	55.6%
Worst	49.2%	46.9%	47.7%	46.0%	43.9%
Responses	4,691	4,599	5,783	5,795	6,821

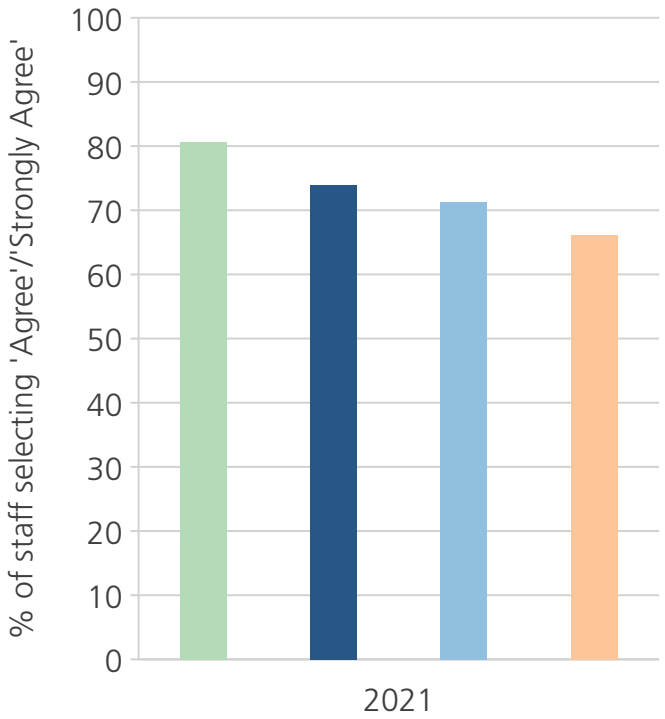
Q7c
I receive the respect I deserve from my colleagues at work



	2018	2019	2020	2021
Best	79.1%	81.9%	82.1%	78.3%
Your org	75.6%	74.5%	72.4%	74.5%
Average	71.5%	71.7%	70.4%	69.7%
Worst	62.5%	62.5%	62.9%	62.1%
Responses	4,611	5,804	5,800	6,825

Q7d
Team members understand each other's roles

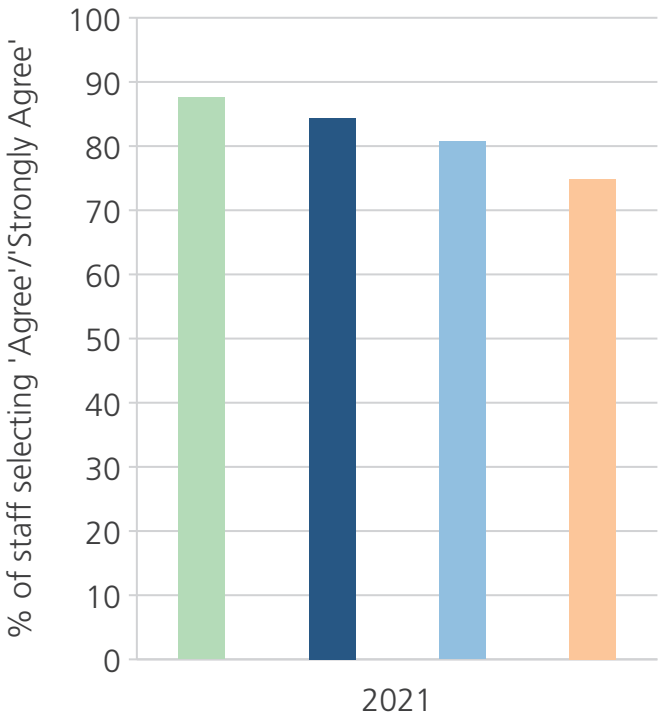
No trend data are shown as this is a new question



Best	80.6%
Your org	73.9%
Average	71.3%
Worst	66.1%
Responses	6,832

Q7e
I enjoy working with the colleagues in my team

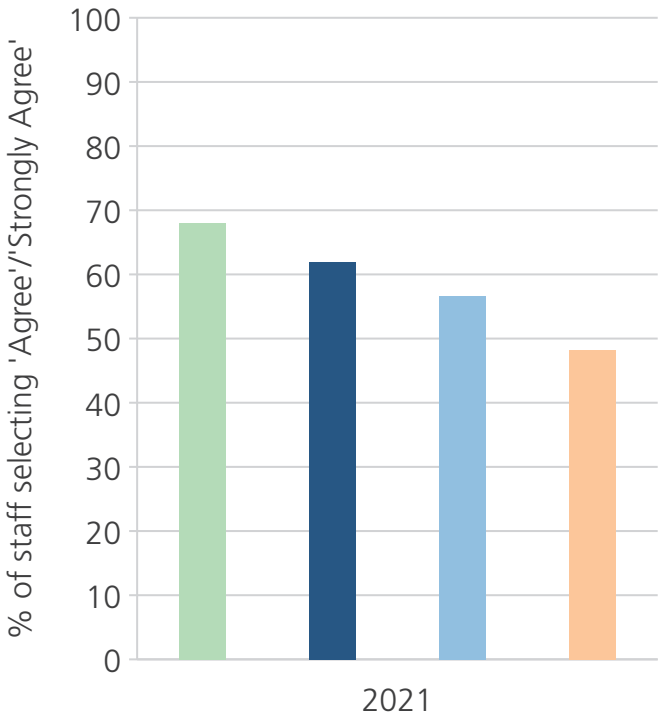
No trend data are shown as this is a new question



Best	87.6%
Your org	84.4%
Average	80.7%
Worst	74.9%
Responses	6,826

Q7f
My team has enough freedom in how to do its work

No trend data are shown as this is a new question

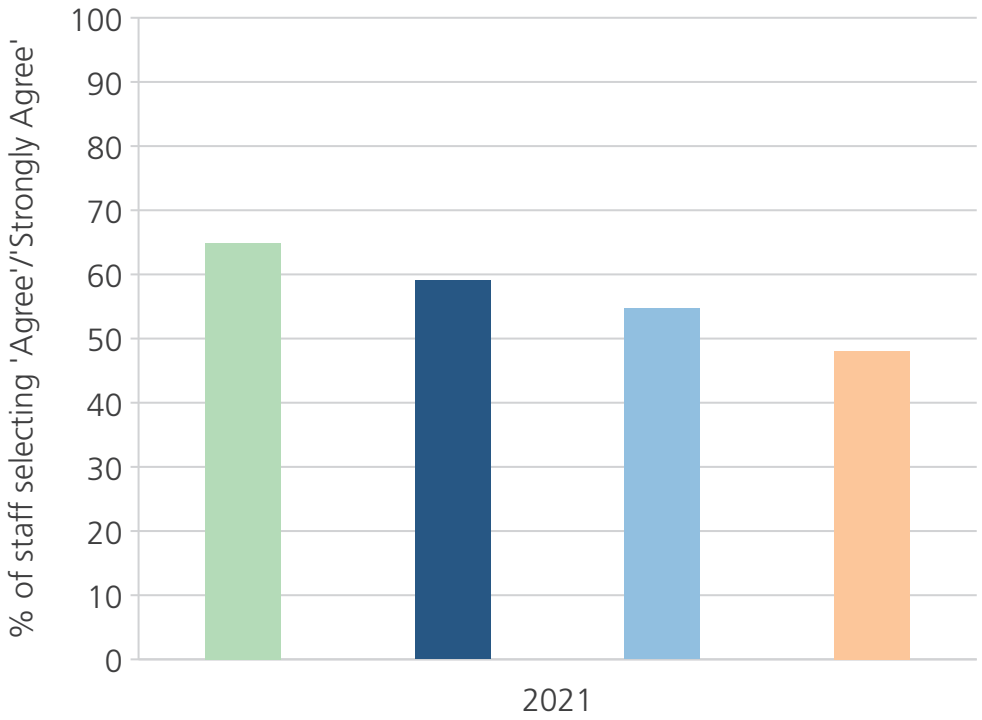


Best	68.0%
Your org	62.0%
Average	56.6%
Worst	48.2%
Responses	6,824

Q7g

In my team disagreements are dealt with constructively

No trend data are shown as this is a new question

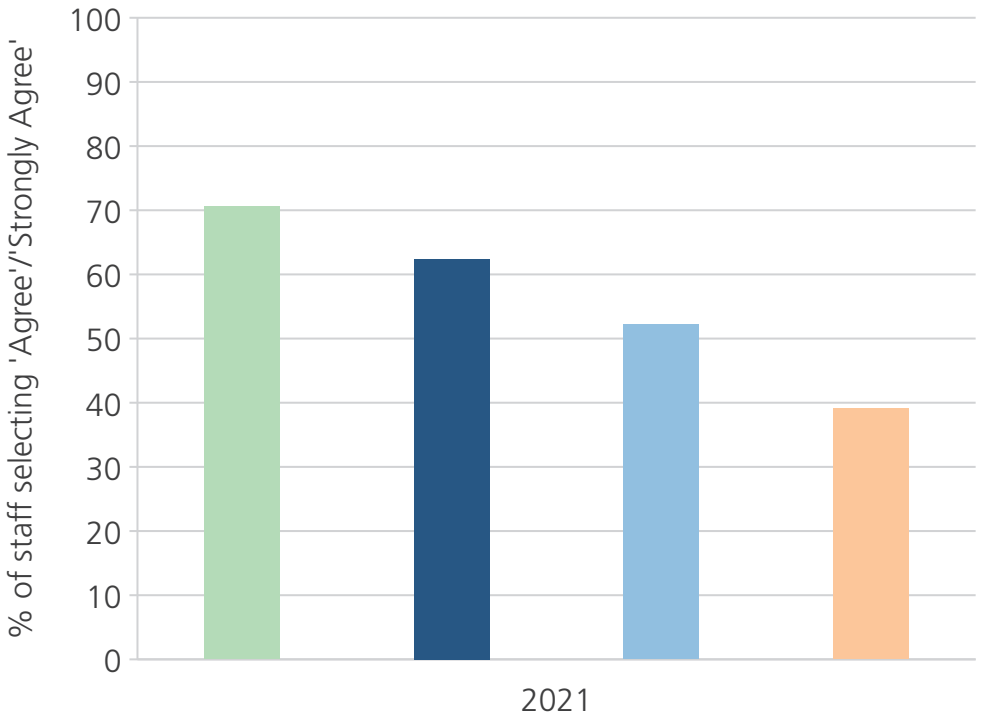


Best	64.9%
Your org	59.1%
Average	54.7%
Worst	48.0%
Responses	6,825

Q8a

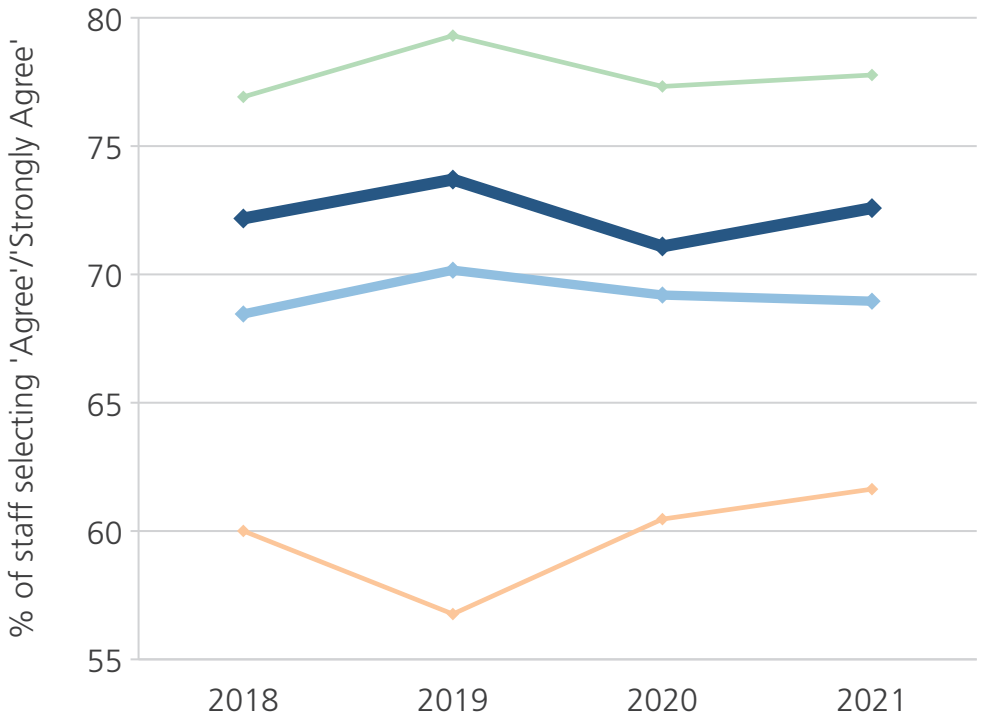
Teams within this organisation work well together to achieve their objectives

No trend data are shown as this is a new question



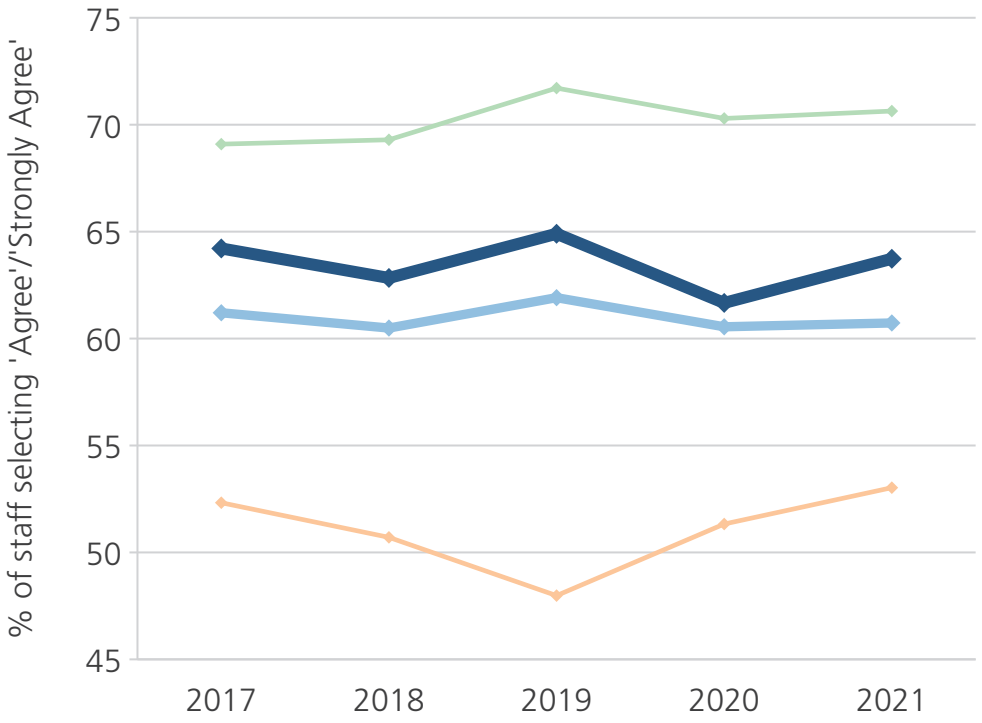
Best	70.6%
Your org	62.4%
Average	52.2%
Worst	39.1%
Responses	6,815

Q9a
My immediate manager encourages me at work



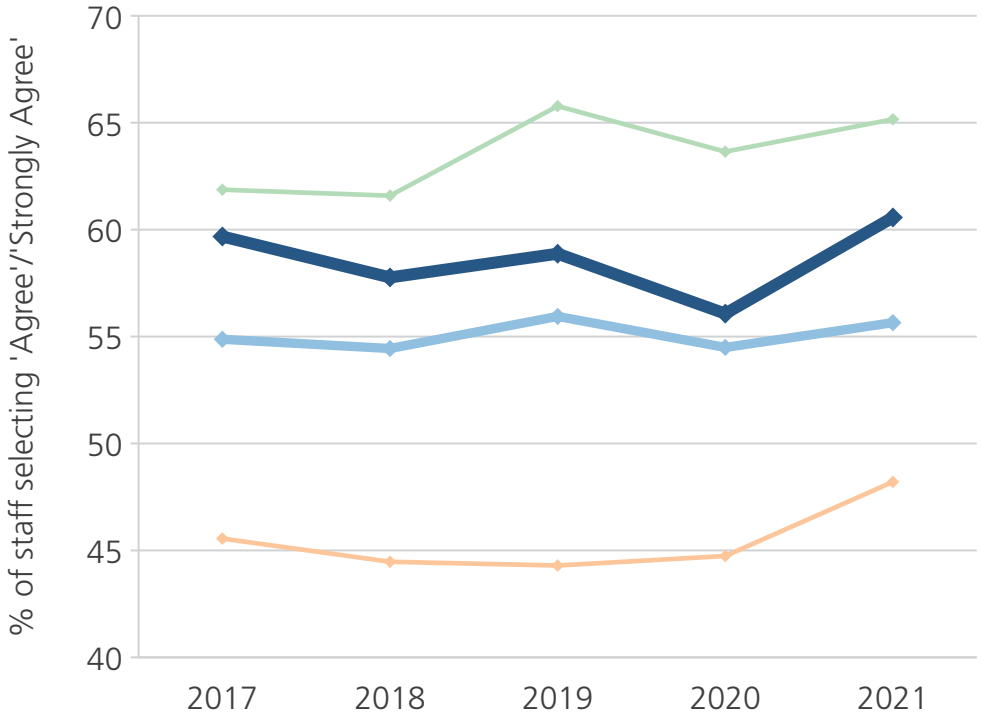
	2018	2019	2020	2021
Best	76.9%	79.3%	77.3%	77.8%
Your org	72.2%	73.7%	71.1%	72.6%
Average	68.5%	70.2%	69.2%	69.0%
Worst	60.0%	56.8%	60.5%	61.6%
Responses	4,496	5,726	5,738	6,781

Q9b
My immediate manager gives me clear feedback on my work



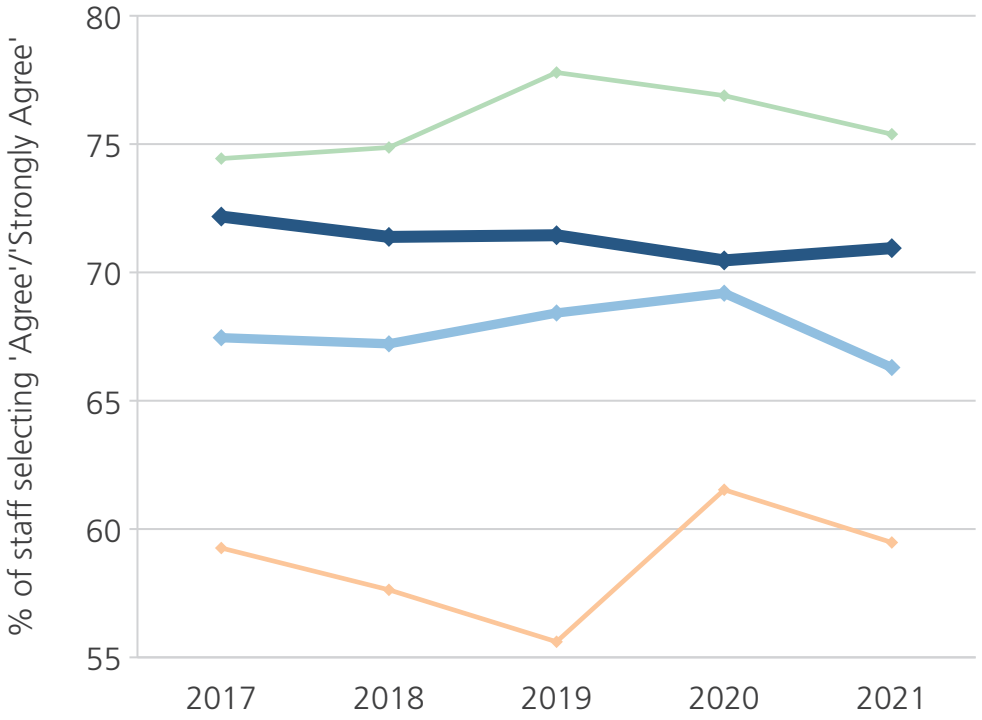
	2017	2018	2019	2020	2021
Best	69.1%	69.3%	71.7%	70.3%	70.6%
Your org	64.2%	62.8%	64.9%	61.7%	63.7%
Average	61.2%	60.5%	61.9%	60.6%	60.7%
Worst	52.3%	50.7%	48.0%	51.3%	53.0%
Responses	4,559	4,492	5,725	5,734	6,784

Q9c
My immediate manager asks for my opinion before making decisions that affect my work



	2017	2018	2019	2020	2021
Best	61.9%	61.6%	65.8%	63.6%	65.2%
Your org	59.7%	57.8%	58.9%	56.1%	60.6%
Average	54.9%	54.4%	55.9%	54.5%	55.7%
Worst	45.6%	44.5%	44.3%	44.7%	48.2%
Responses	4,558	4,489	5,722	5,730	6,785

Q9d
My immediate manager takes a positive interest in my health and well-being



	2017	2018	2019	2020	2021
Best	74.4%	74.9%	77.8%	76.9%	75.4%
Your org	72.2%	71.4%	71.4%	70.5%	70.9%
Average	67.5%	67.2%	68.4%	69.2%	66.3%
Worst	59.3%	57.6%	55.6%	61.5%	59.5%
Responses	4,563	4,498	5,724	5,729	6,791

Survey Coordination Centre

NHS

Theme detailed information – Staff Engagement

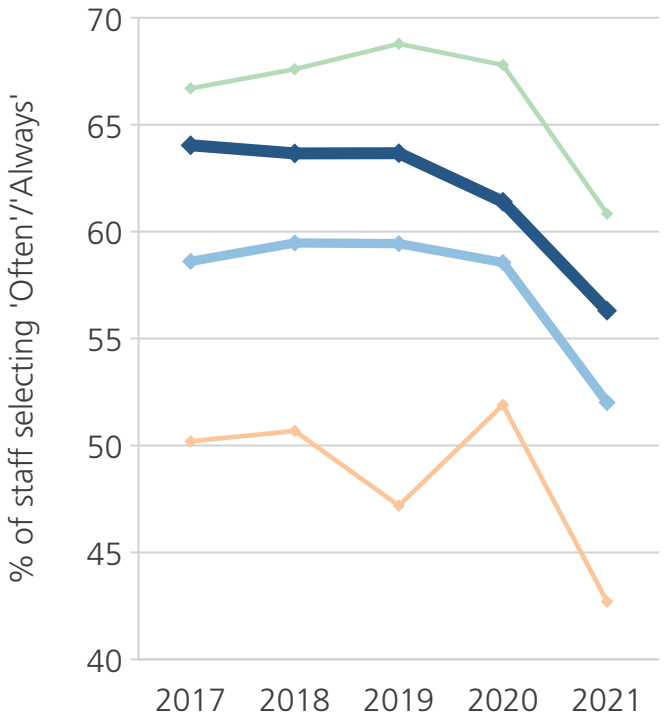
Questions:

Q2a, Q2b, Q2c
Q3c, Q3d, Q3f
Q21a, Q21c, Q21d

University Hospital Southampton NHS Foundation Trust

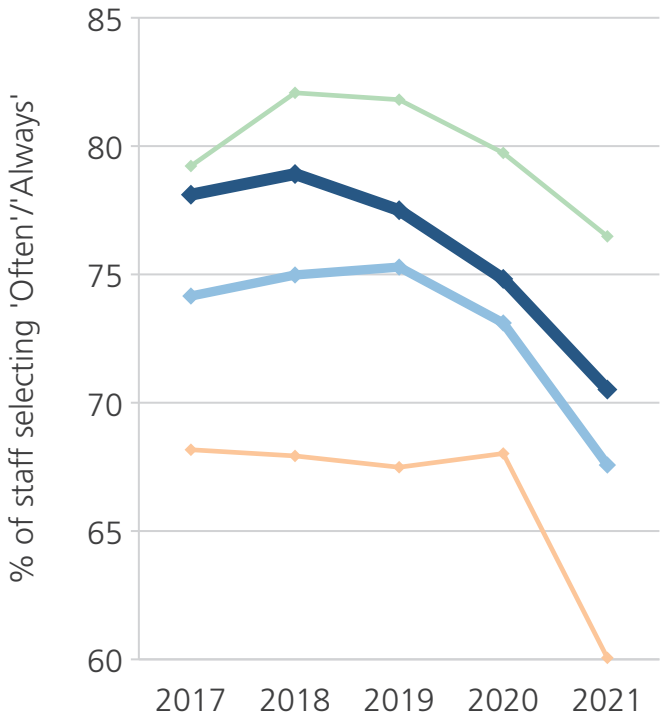
2021 NHS Staff Survey Results

Q2a
I look forward to going to work



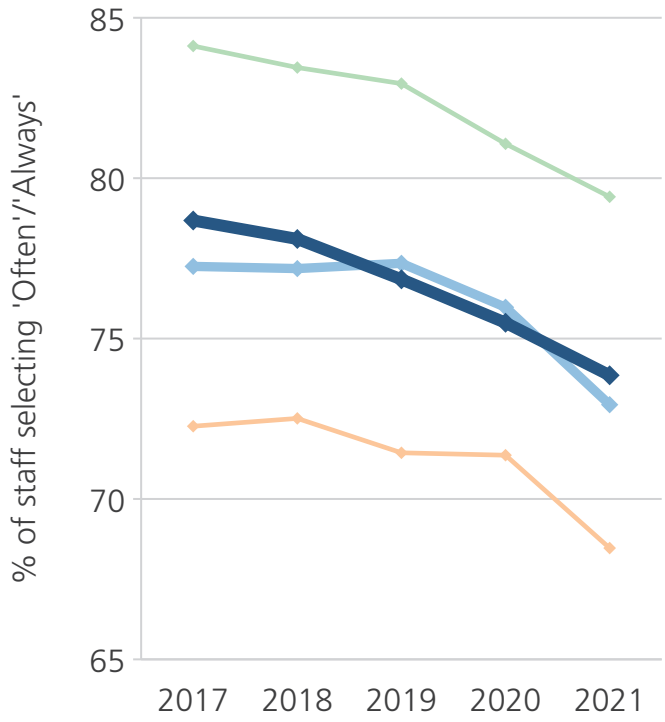
	2017	2018	2019	2020	2021
Best	66.7%	67.6%	68.8%	67.8%	60.8%
Your org	64.0%	63.7%	63.7%	61.4%	56.3%
Average	58.6%	59.5%	59.4%	58.6%	52.0%
Worst	50.2%	50.7%	47.2%	51.9%	42.7%
Responses	4,703	4,624	5,794	5,878	6,943

Q2b
I am enthusiastic about my job



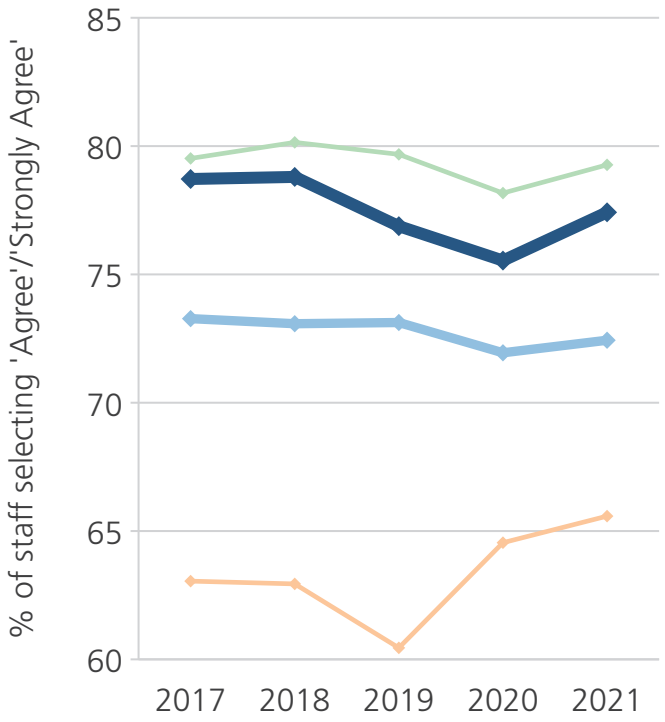
	2017	2018	2019	2020	2021
Best	79.2%	82.1%	81.8%	79.7%	76.5%
Your org	78.1%	78.9%	77.5%	74.8%	70.5%
Average	74.2%	75.0%	75.3%	73.1%	67.6%
Worst	68.2%	67.9%	67.5%	68.0%	60.1%
Responses	4,664	4,577	5,790	5,851	6,923

Q2c
Time passes quickly when I am working



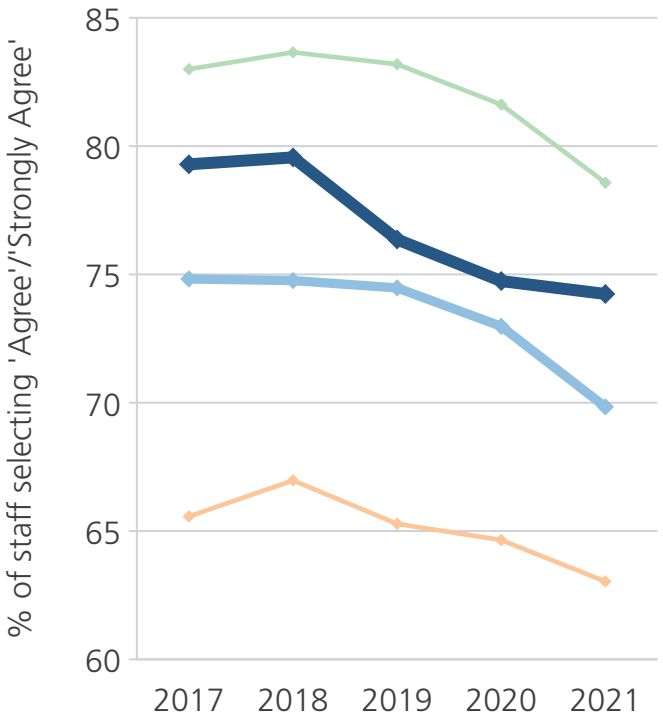
	2017	2018	2019	2020	2021
Best	84.1%	83.4%	82.9%	81.1%	79.4%
Your org	78.7%	78.1%	76.8%	75.5%	73.9%
Average	77.2%	77.2%	77.3%	76.0%	72.9%
Worst	72.3%	72.5%	71.4%	71.4%	68.5%
Responses	4,652	4,577	5,788	5,858	6,930

Q3c
There are frequent opportunities for me to show initiative in my role



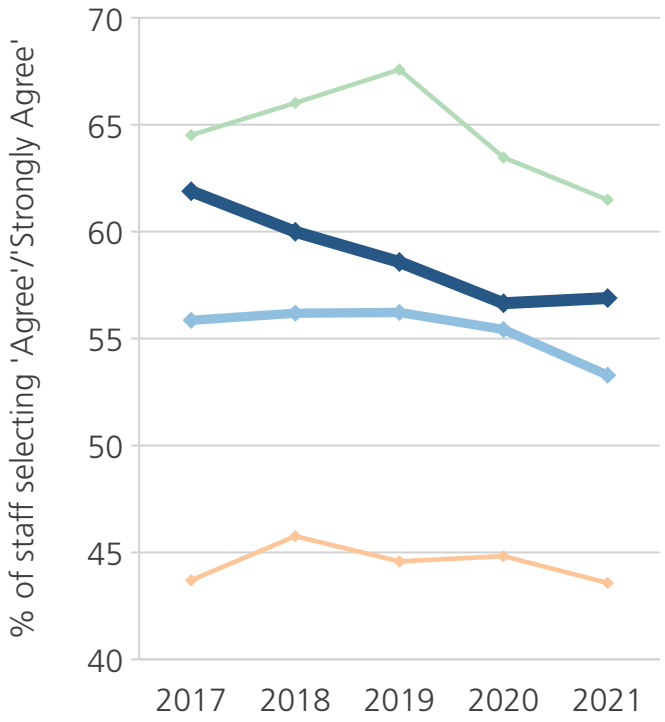
	2017	2018	2019	2020	2021
Best	79.5%	80.1%	79.7%	78.2%	79.3%
Your org	78.7%	78.8%	76.9%	75.5%	77.4%
Average	73.3%	73.1%	73.1%	71.9%	72.4%
Worst	63.0%	62.9%	60.4%	64.5%	65.6%
Responses	4,705	4,619	5,812	5,809	6,902

Q3d
I am able to make suggestions to improve the work of my team / department



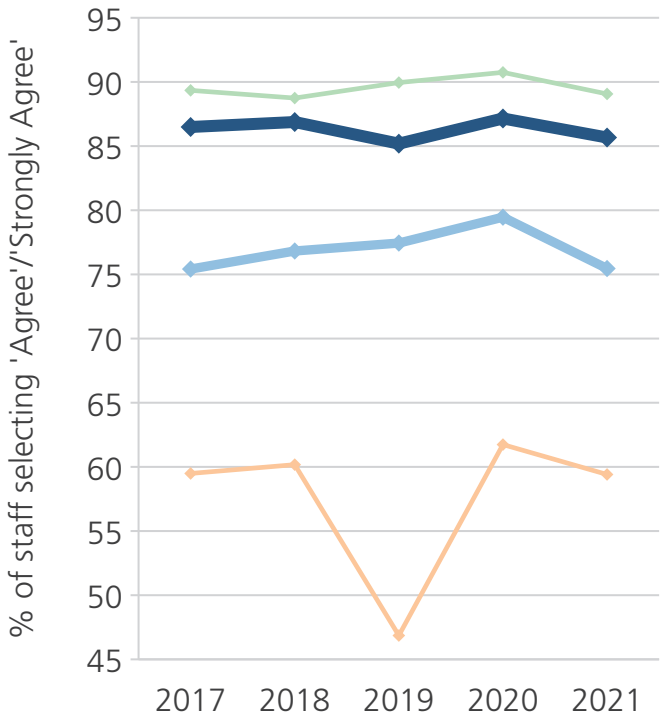
	2017	2018	2019	2020	2021
Best	83.0%	83.7%	83.2%	81.6%	78.6%
Your org	79.3%	79.6%	76.4%	74.7%	74.2%
Average	74.8%	74.8%	74.5%	73.0%	69.8%
Worst	65.6%	67.0%	65.3%	64.7%	63.0%
Responses	4,705	4,618	5,810	5,813	6,907

Q3f
I am able to make improvements happen in my area of work



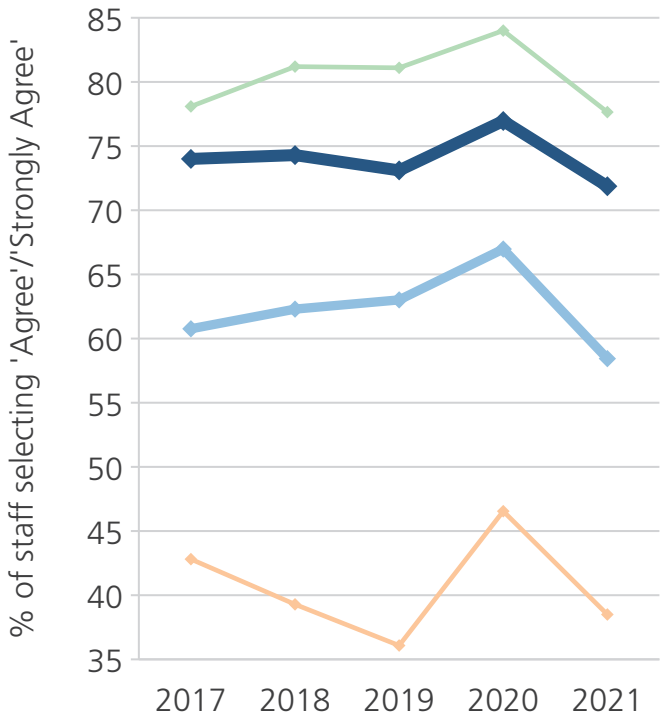
	2017	2018	2019	2020	2021
Best	64.5%	66.0%	67.6%	63.5%	61.5%
Your org	61.9%	60.0%	58.6%	56.7%	56.9%
Average	55.9%	56.2%	56.2%	55.4%	53.3%
Worst	43.7%	45.8%	44.6%	44.8%	43.6%
Responses	4,692	4,606	5,800	5,800	6,895

Q21a
Care of patients / service users is my organisation's top priority



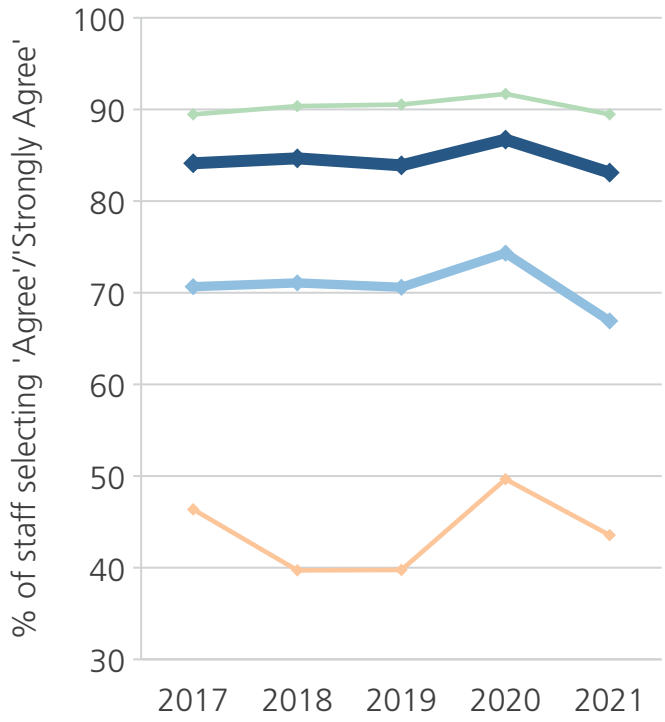
	2017	2018	2019	2020	2021
Best	89.3%	88.7%	90.0%	90.7%	89.1%
Your org	86.5%	86.9%	85.2%	87.2%	85.7%
Average	75.4%	76.8%	77.4%	79.5%	75.5%
Worst	59.5%	60.2%	46.9%	61.7%	59.4%
Responses	4,499	4,388	5,623	5,645	6,670

Q21c
I would recommend my organisation as a place to work



	2017	2018	2019	2020	2021
Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	74.0%	74.3%	73.1%	77.0%	71.9%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%
Responses	4,491	4,384	5,618	5,646	6,674

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2017	2018	2019	2020	2021
Best	89.5%	90.4%	90.5%	91.7%	89.5%
Your org	84.1%	84.7%	83.9%	86.7%	83.1%
Average	70.7%	71.1%	70.6%	74.3%	66.9%
Worst	46.4%	39.7%	39.8%	49.7%	43.6%
Responses	4,483	4,377	5,621	5,651	6,669

Survey Coordination Centre

NHS

Theme detailed information – Morale

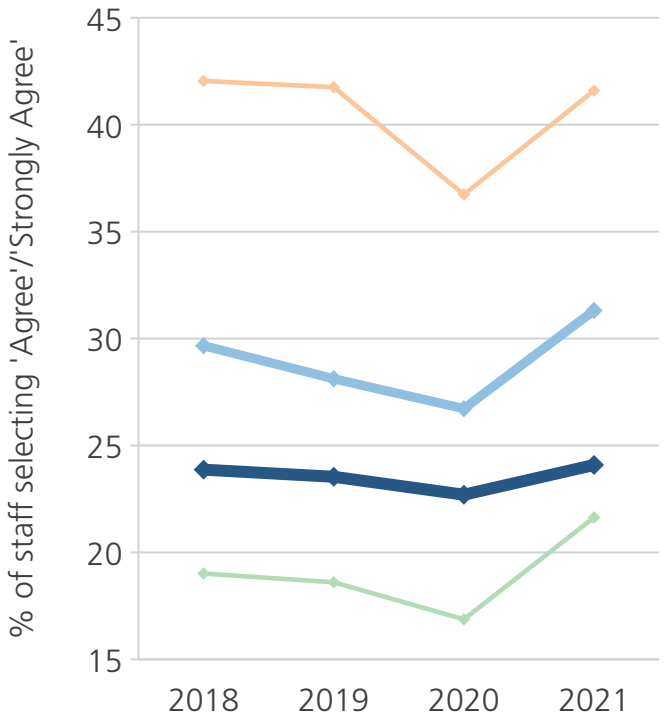
Questions:

Q22a, Q22b, Q22c
Q3g, Q3h, Q3i
Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

University Hospital Southampton NHS Foundation Trust

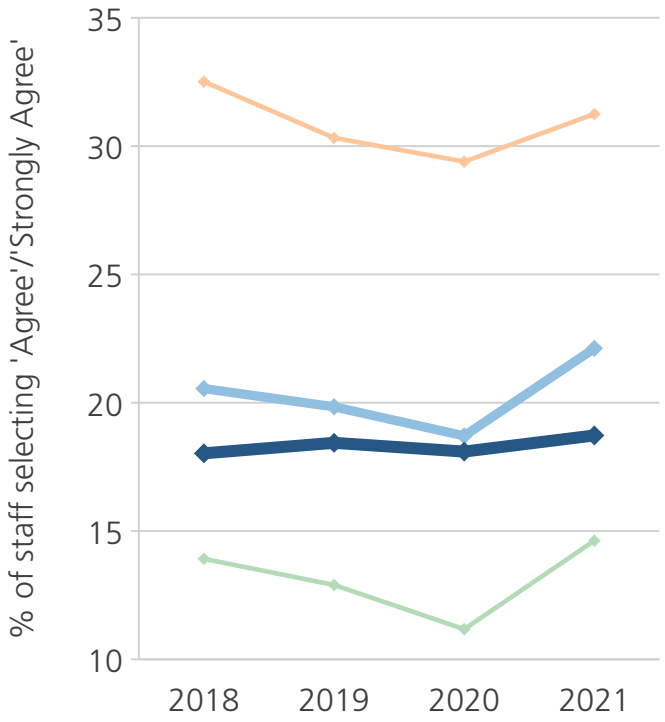
2021 NHS Staff Survey Results

Q22a
I often think about leaving this organisation



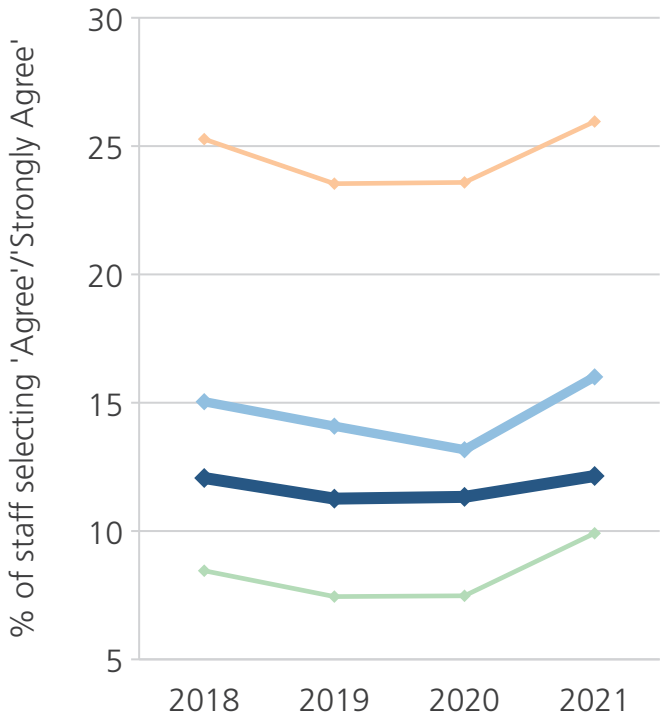
	2018	2019	2020	2021
Worst	42.0%	41.8%	36.7%	41.6%
Your org	23.9%	23.5%	22.7%	24.1%
Average	29.7%	28.1%	26.7%	31.3%
Best	19.0%	18.6%	16.9%	21.6%
Responses	4,407	5,617	5,635	6,644

Q22b
I will probably look for a job at a new organisation in the next 12 months



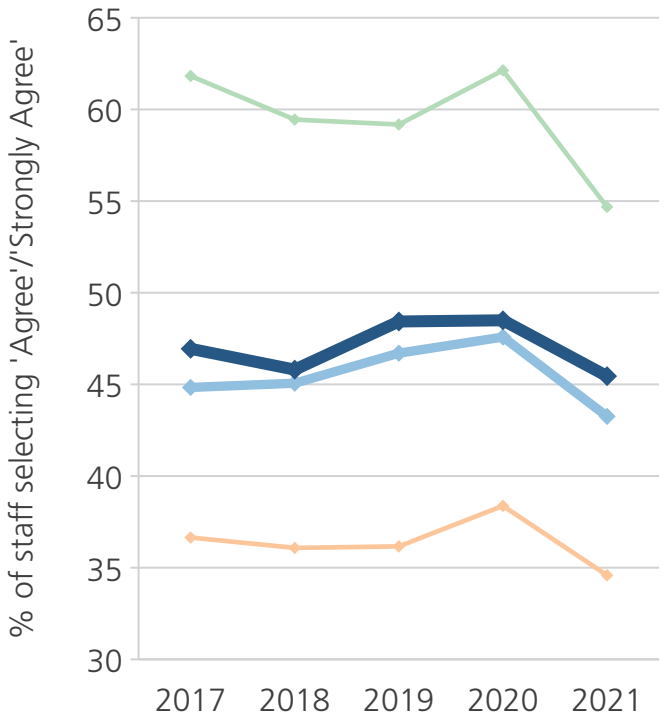
	2018	2019	2020	2021
Worst	32.5%	30.3%	29.4%	31.2%
Your org	18.0%	18.4%	18.1%	18.7%
Average	20.6%	19.8%	18.7%	22.1%
Best	13.9%	12.9%	11.2%	14.6%
Responses	4,399	5,615	5,632	6,642

Q22c
As soon as I can find another job, I will leave this organisation



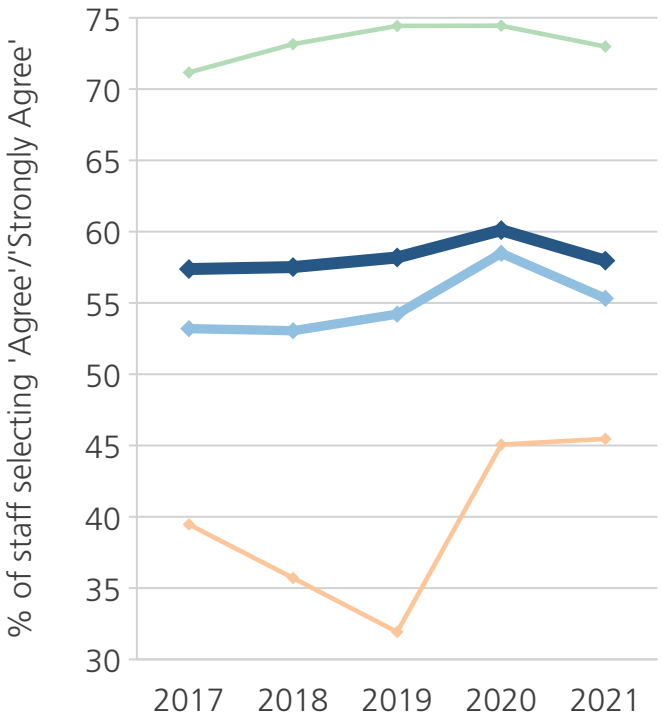
	2018	2019	2020	2021
Worst	25.3%	23.5%	23.6%	26.0%
Your org	12.1%	11.3%	11.3%	12.1%
Average	15.0%	14.1%	13.2%	16.0%
Best	8.5%	7.4%	7.5%	9.9%
Responses	4,264	5,609	5,638	6,641

Q3g
I am able to meet all the conflicting demands on my time at work



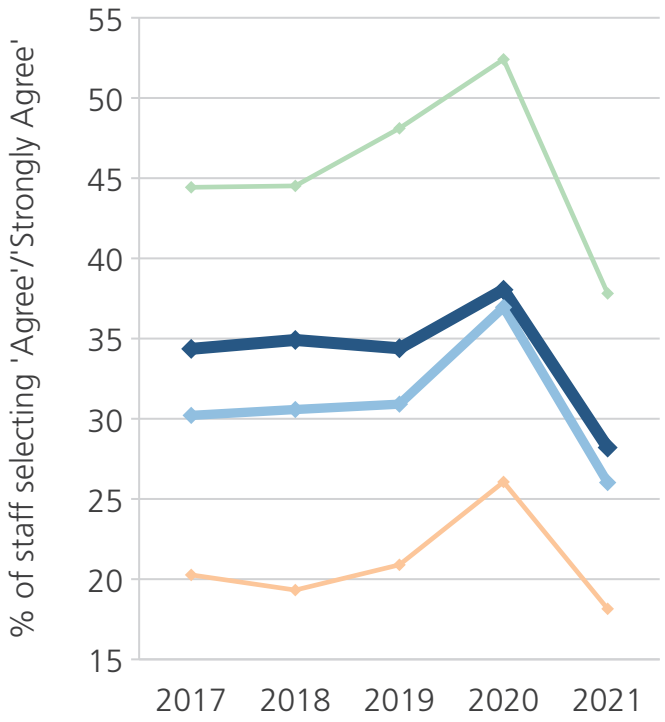
	2017	2018	2019	2020	2021
Best	61.8%	59.4%	59.2%	62.1%	54.7%
Your org	46.9%	45.8%	48.4%	48.5%	45.4%
Average	44.8%	45.1%	46.7%	47.6%	43.3%
Worst	36.6%	36.1%	36.2%	38.4%	34.6%
Responses	4,687	4,601	5,780	5,780	6,889

Q3h
I have adequate materials, supplies and equipment to do my work



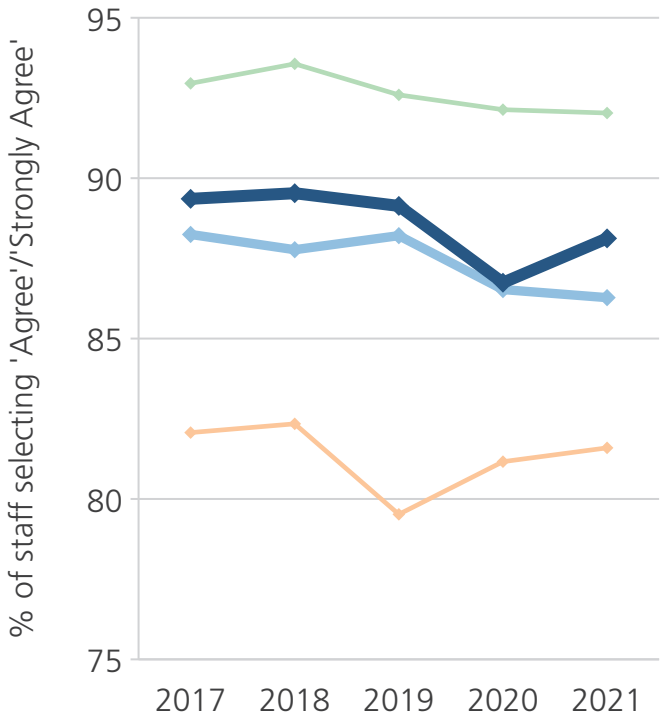
	2017	2018	2019	2020	2021
Best	71.2%	73.2%	74.4%	74.4%	73.0%
Your org	57.4%	57.5%	58.2%	60.1%	58.0%
Average	53.2%	53.0%	54.2%	58.5%	55.3%
Worst	39.5%	35.7%	31.9%	45.1%	45.5%
Responses	4,688	4,600	5,791	5,795	6,905

Q3i
There are enough staff at this organisation for me to do my job properly



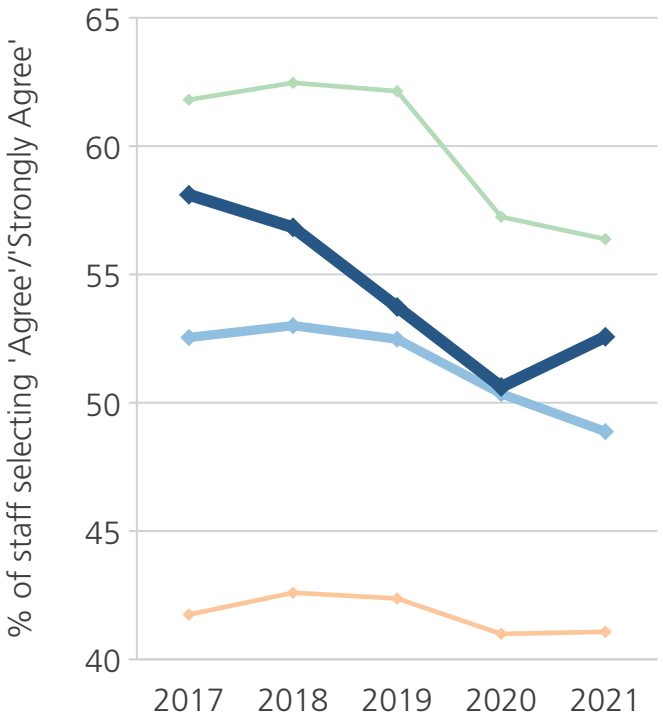
	2017	2018	2019	2020	2021
Best	44.4%	44.5%	48.1%	52.4%	37.8%
Your org	34.4%	34.9%	34.4%	38.0%	28.2%
Average	30.2%	30.6%	30.9%	36.9%	26.0%
Worst	20.3%	19.3%	20.9%	26.1%	18.2%
Responses	4,688	4,601	5,796	5,796	6,905

Q3a
I always know what my work responsibilities are



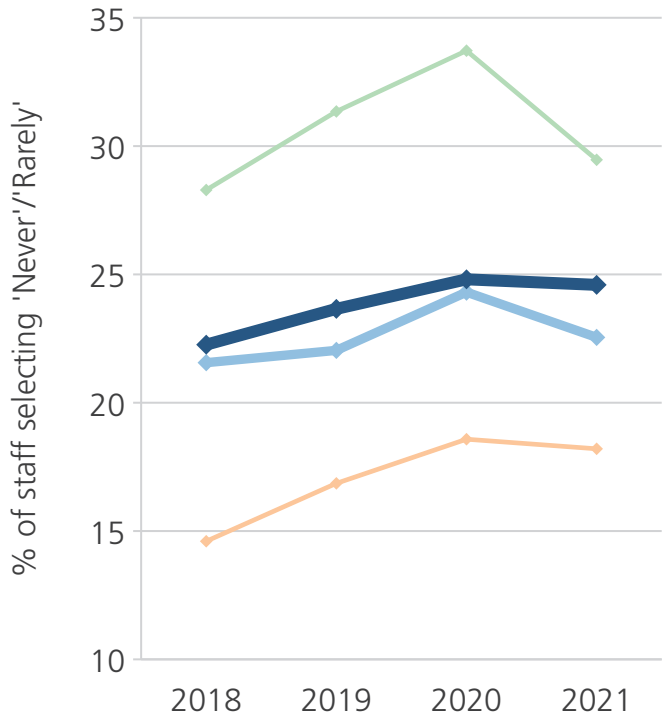
	2017	2018	2019	2020	2021
Best	93.0%	93.6%	92.6%	92.1%	92.0%
Your org	89.4%	89.5%	89.1%	86.7%	88.1%
Average	88.2%	87.8%	88.2%	86.5%	86.3%
Worst	82.1%	82.3%	79.5%	81.2%	81.6%
Responses	4,706	4,625	5,804	5,876	6,882

Q3e
I am involved in deciding on changes introduced that affect my work area / team / department



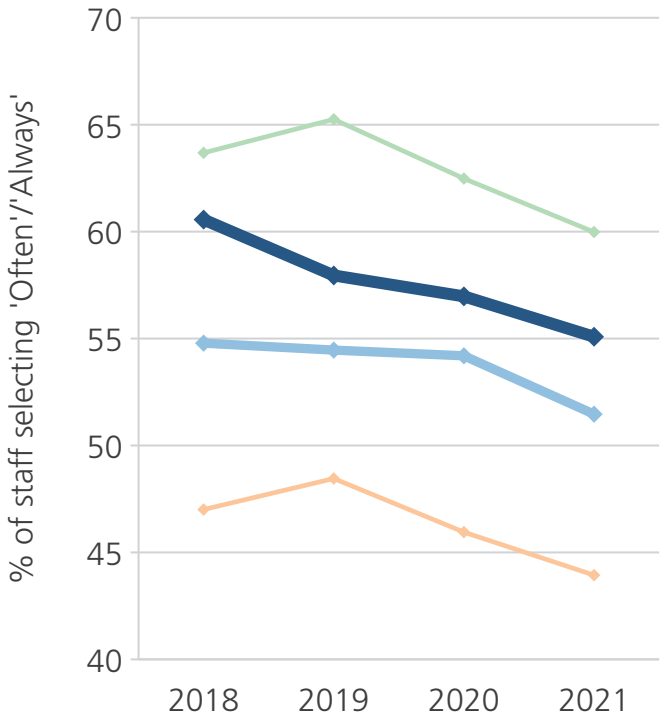
	2017	2018	2019	2020	2021
Best	61.8%	62.5%	62.1%	57.2%	56.4%
Your org	58.1%	56.8%	53.7%	50.6%	52.6%
Average	52.5%	53.0%	52.5%	50.4%	48.9%
Worst	41.7%	42.6%	42.4%	41.0%	41.1%
Responses	4,700	4,614	5,807	5,812	6,904

Q5a
I have unrealistic time pressures



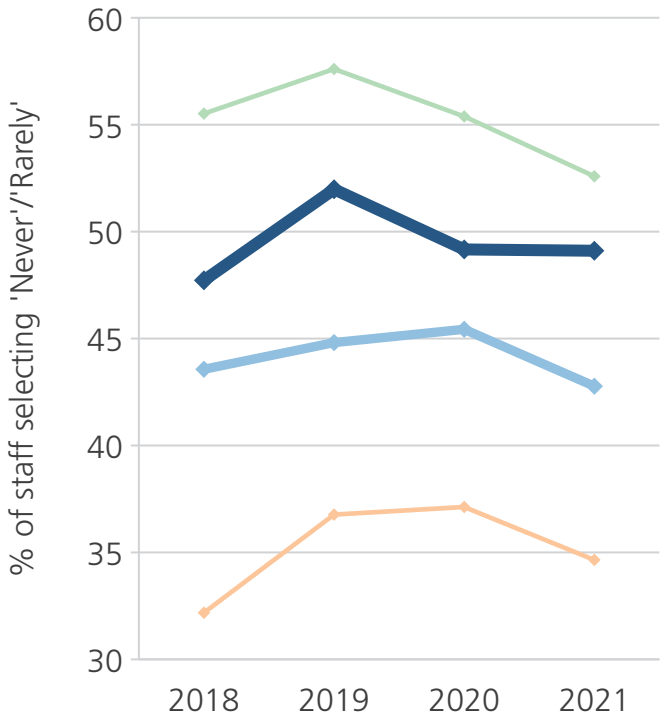
	2018	2019	2020	2021
Best	28.3%	31.3%	33.7%	29.5%
Your org	22.3%	23.7%	24.8%	24.6%
Average	21.6%	22.0%	24.3%	22.5%
Worst	14.6%	16.9%	18.6%	18.2%
Responses	4,561	5,751	5,772	6,861

Q5b
I have a choice in deciding how to do my work



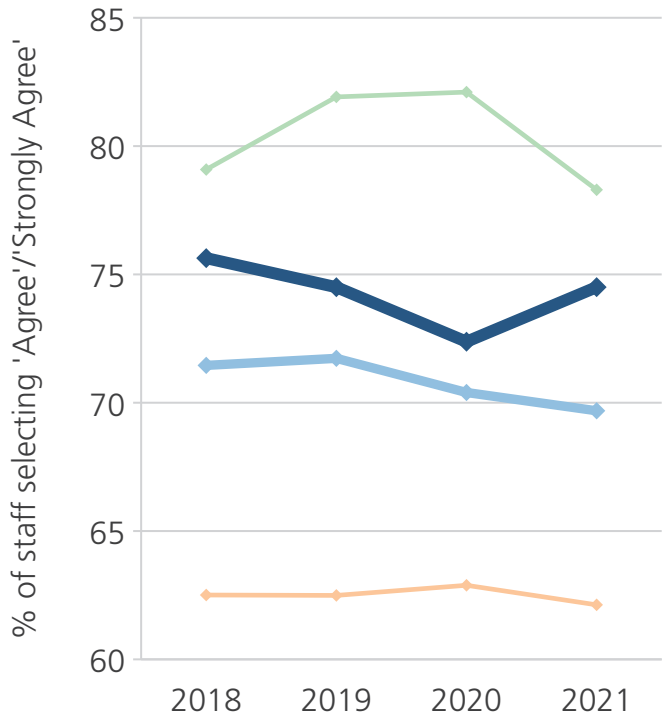
	2018	2019	2020	2021
Best	63.7%	65.3%	62.5%	60.0%
Your org	60.6%	58.0%	57.0%	55.1%
Average	54.8%	54.5%	54.2%	51.5%
Worst	47.0%	48.5%	45.9%	43.9%
Responses	4,559	5,747	5,776	6,866

Q5c
Relationships at work are strained



	2018	2019	2020	2021
Best	55.5%	57.6%	55.4%	52.6%
Your org	47.7%	52.0%	49.2%	49.1%
Average	43.6%	44.8%	45.4%	42.8%
Worst	32.2%	36.8%	37.1%	34.6%
Responses	4,548	5,741	5,776	6,873

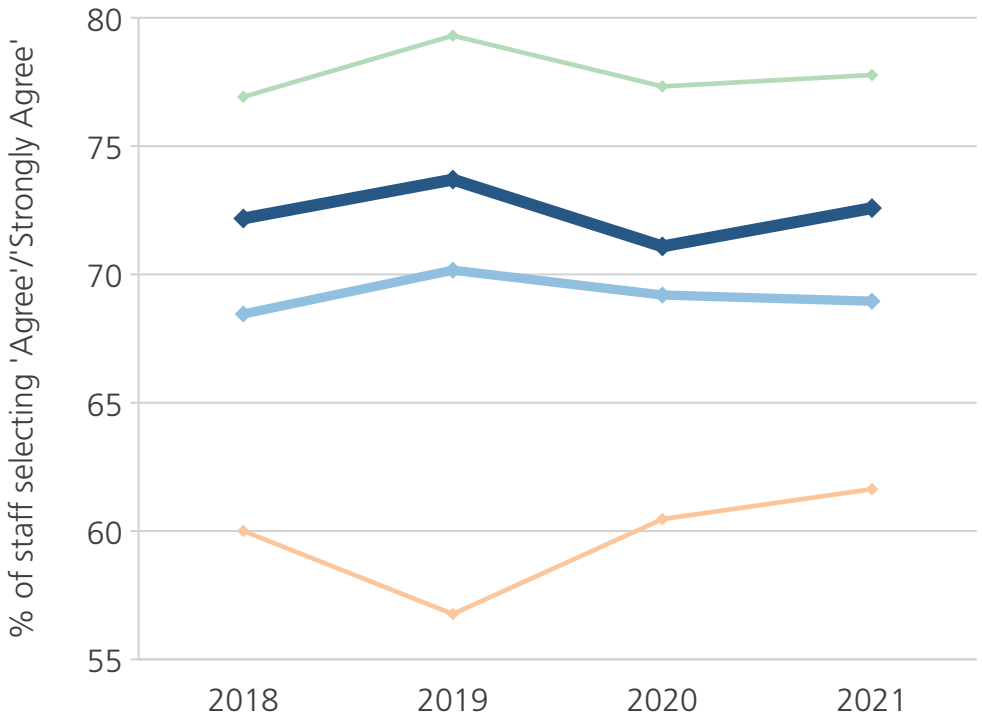
Q7c
I receive the respect I deserve from my colleagues at work



	2018	2019	2020	2021
Best	79.1%	81.9%	82.1%	78.3%
Your org	75.6%	74.5%	72.4%	74.5%
Average	71.5%	71.7%	70.4%	69.7%
Worst	62.5%	62.5%	62.9%	62.1%
Responses	4,611	5,804	5,800	6,825

Q9a

My immediate manager encourages me at work



	2018	2019	2020	2021
Best	76.9%	79.3%	77.3%	77.8%
Your org	72.2%	73.7%	71.1%	72.6%
Average	68.5%	70.2%	69.2%	69.0%
Worst	60.0%	56.8%	60.5%	61.6%
Responses	4,496	5,726	5,738	6,781

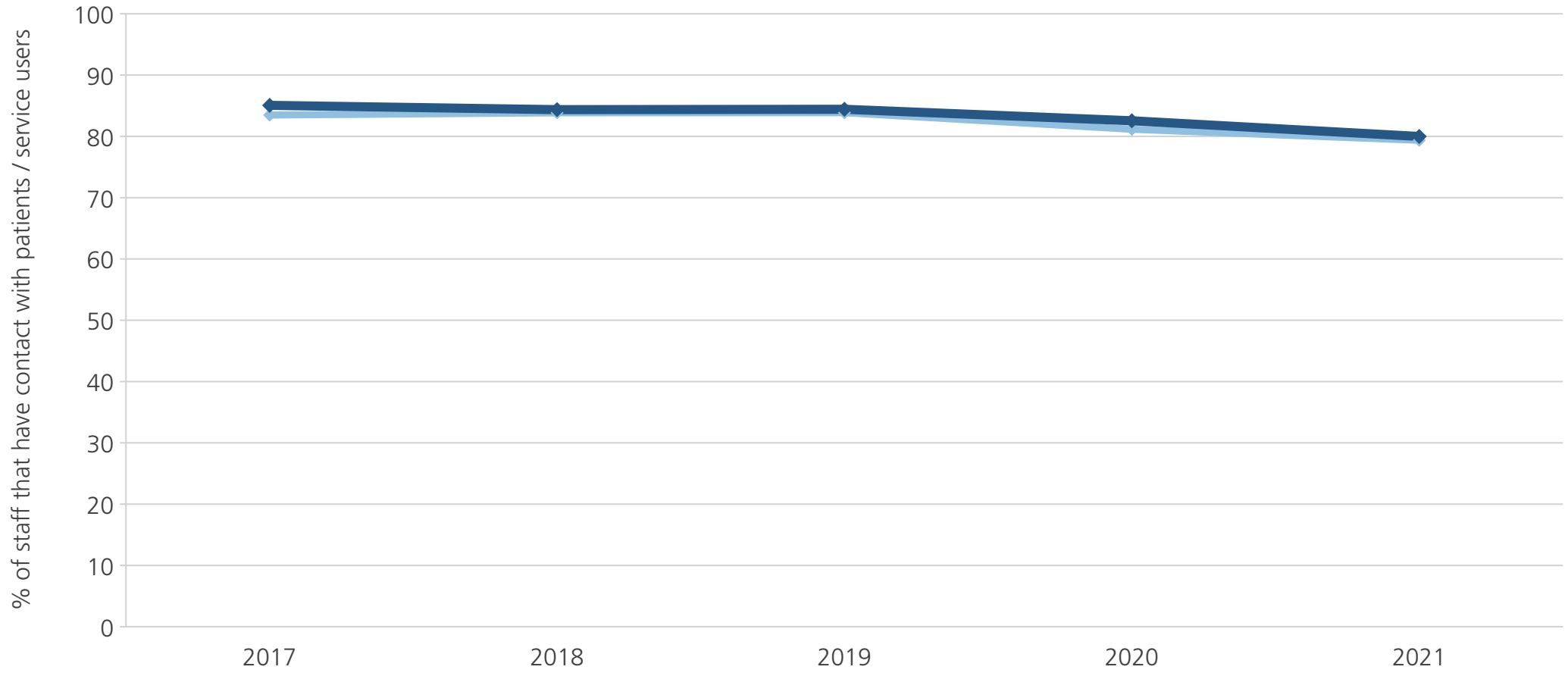
Survey Coordination Centre

NHS

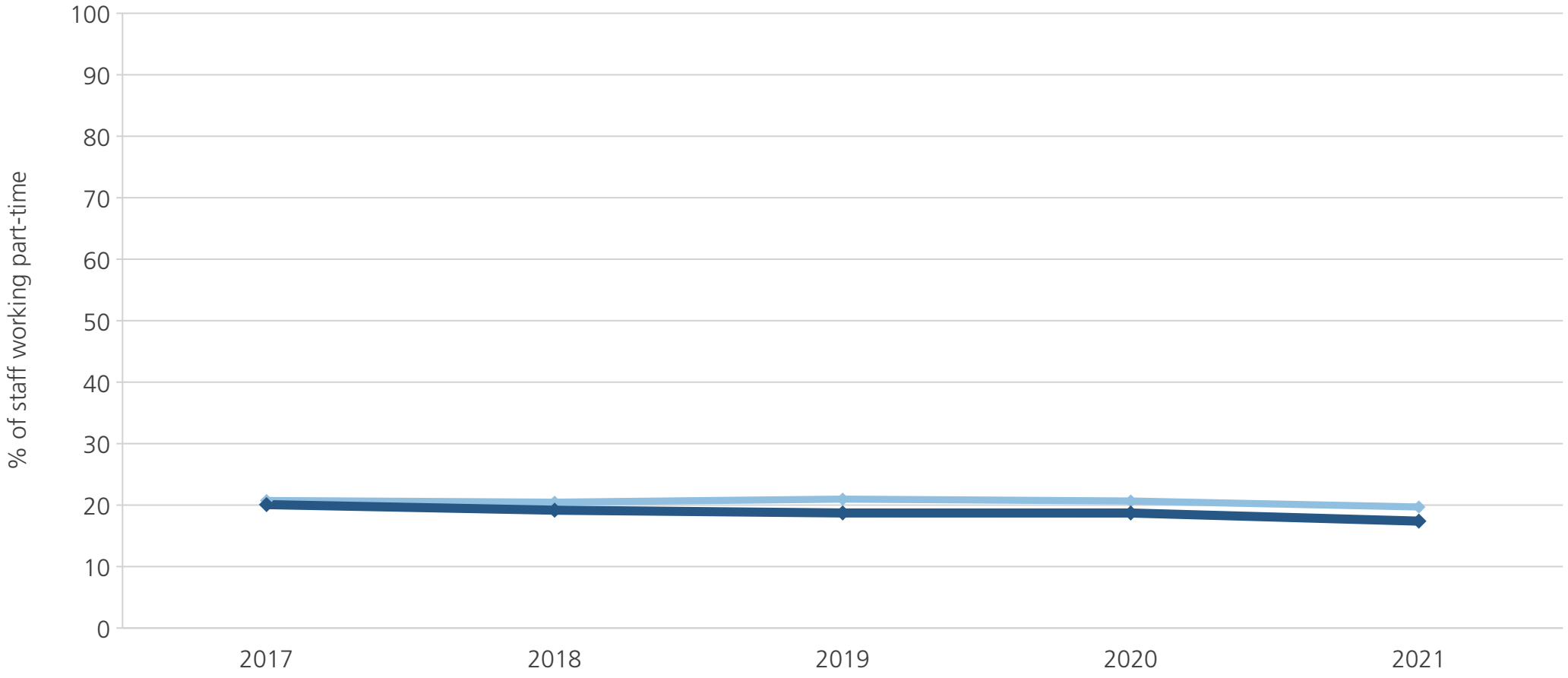
Questions not linked to the People Promise elements or themes

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

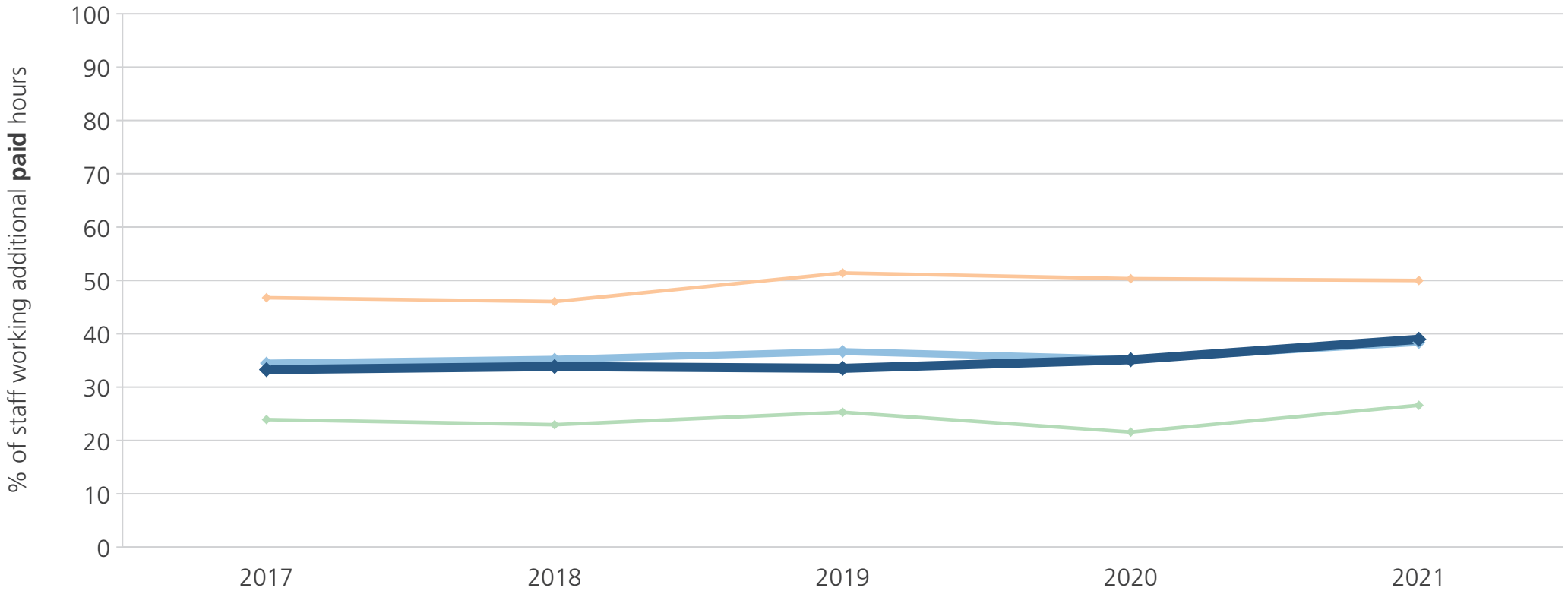


	2017	2018	2019	2020	2021
Your org	85.1%	84.4%	84.4%	82.5%	80.0%
Average	83.5%	83.8%	83.9%	81.2%	79.4%
Responses	4,431	4,482	5,815	5,895	6,940



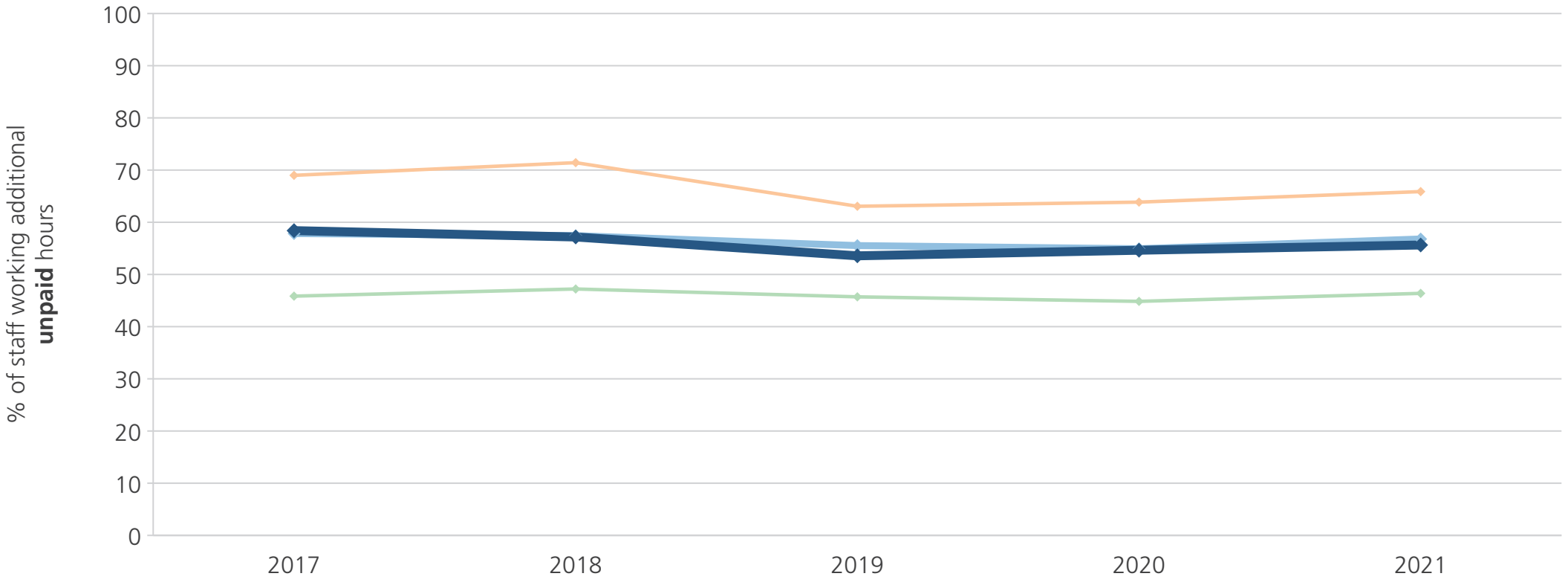
	2017	2018	2019	2020	2021
Your org	20.1%	19.2%	18.7%	18.7%	17.4%
Average	20.7%	20.5%	21.0%	20.7%	19.7%
Responses	4,552	4,465	5,689	5,664	6,659

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q10b >** On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



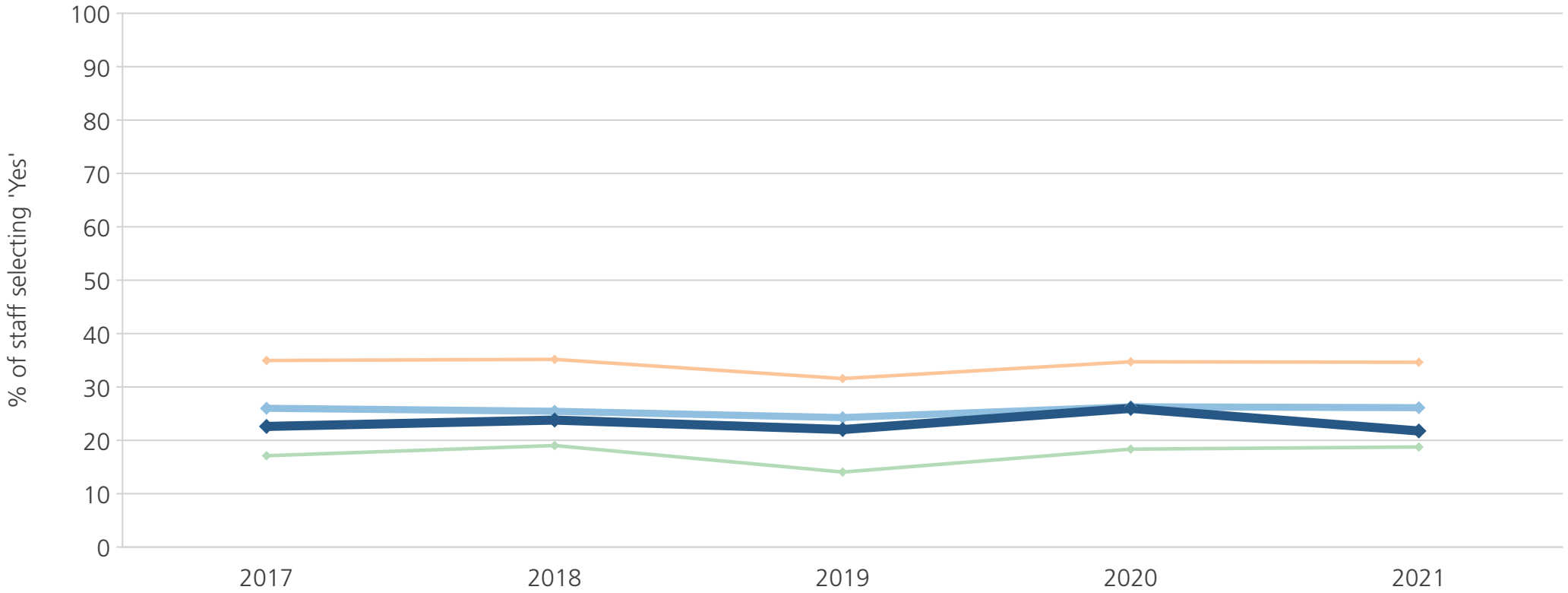
	2017	2018	2019	2020	2021
Highest	46.8%	46.0%	51.4%	50.3%	50.0%
Your org	33.3%	33.9%	33.5%	35.1%	39.0%
Average	34.5%	35.2%	36.7%	35.2%	38.4%
Lowest	23.9%	22.9%	25.3%	21.6%	26.6%
Responses	4,509	4,386	5,701	5,700	6,762

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q10c >** On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?

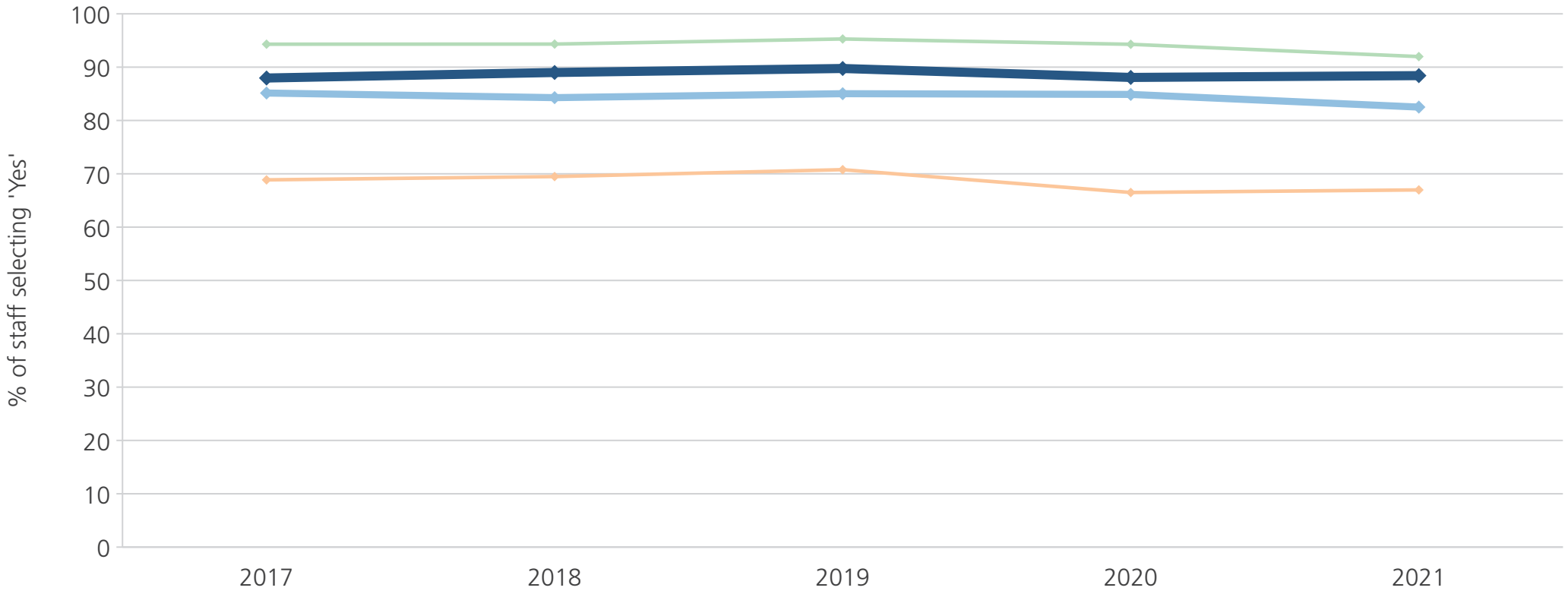


	2017	2018	2019	2020	2021
Highest	69.0%	71.4%	63.1%	63.9%	65.9%
Your org	58.4%	57.2%	53.6%	54.6%	55.6%
Average	57.8%	57.4%	55.5%	54.9%	56.8%
Lowest	45.8%	47.2%	45.7%	44.8%	46.4%
Responses	4,523	4,390	5,677	5,700	6,761

This question was only answered by people who responded 'Yes' to Q11d.

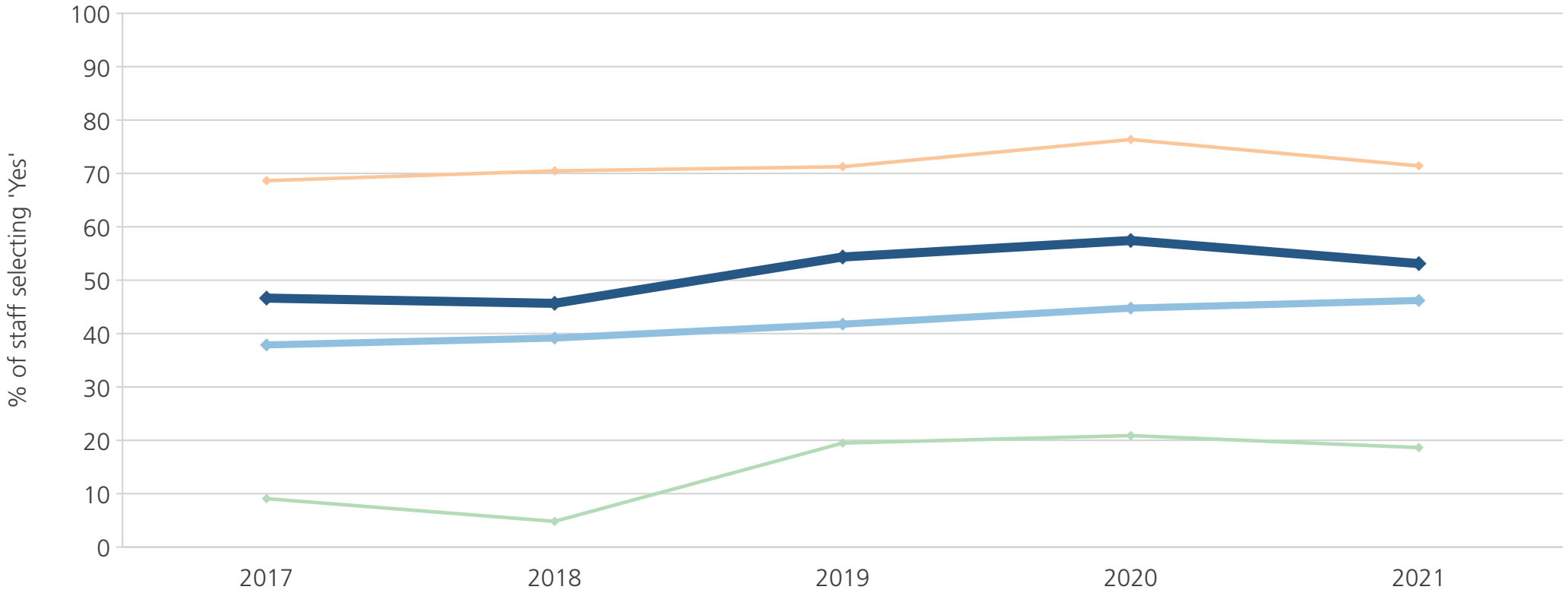


	2017	2018	2019	2020	2021
Worst	35.0%	35.2%	31.6%	34.7%	34.6%
Your org	22.6%	23.8%	22.0%	26.0%	21.7%
Average	26.0%	25.4%	24.3%	26.3%	26.1%
Best	17.1%	19.0%	14.1%	18.3%	18.7%
Responses	2,345	2,238	3,011	2,422	3,265

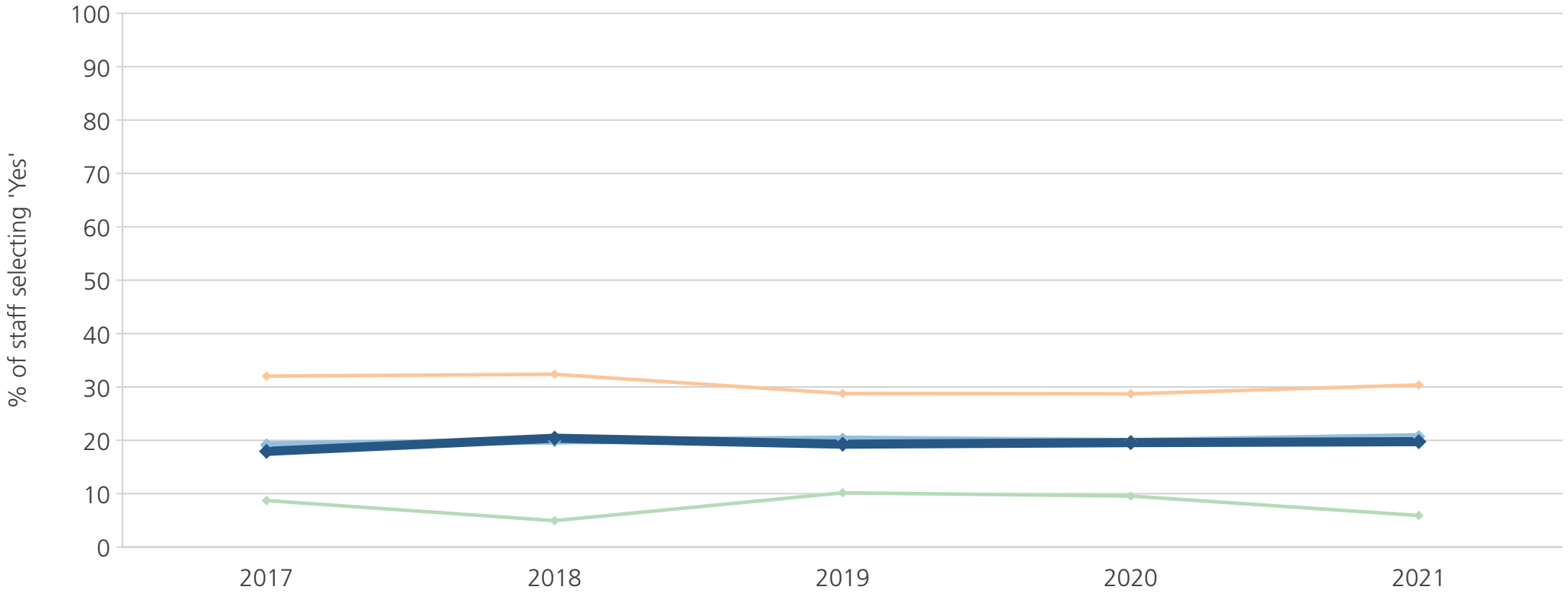


	2017	2018	2019	2020	2021
Best	94.3%	94.3%	95.3%	94.3%	92.0%
Your org	88.0%	89.0%	89.7%	88.1%	88.4%
Average	85.1%	84.3%	85.0%	84.9%	82.5%
Worst	68.9%	69.5%	70.8%	66.5%	67.0%
Responses	3,455	3,247	4,052	4,048	4,715

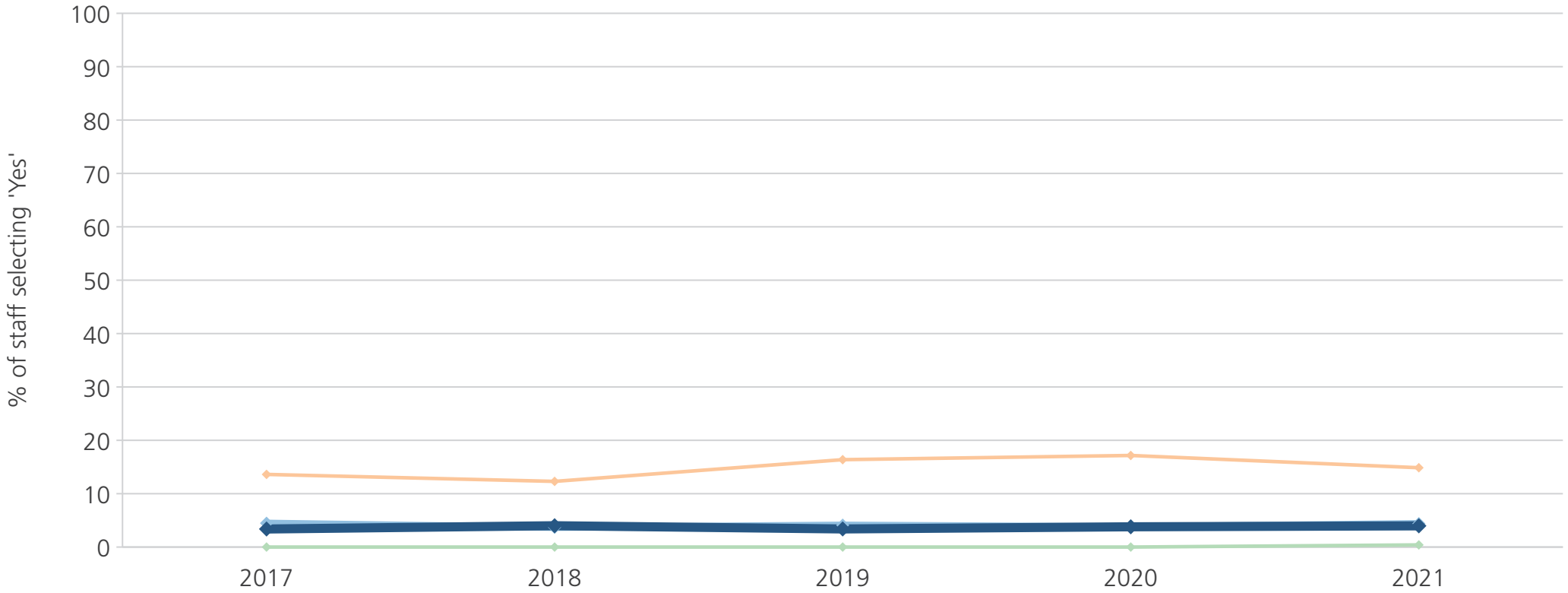
Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.



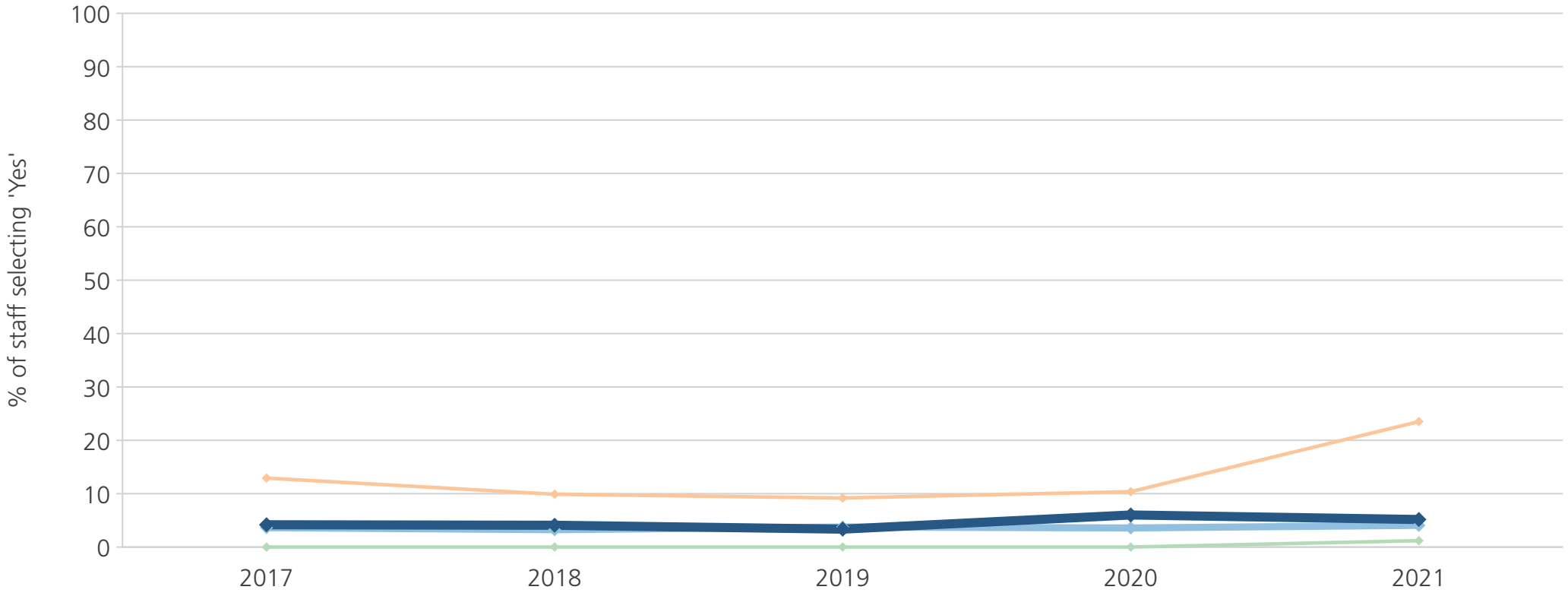
	2017	2018	2019	2020	2021
Worst	68.6%	70.5%	71.3%	76.4%	71.4%
Your org	46.6%	45.7%	54.3%	57.4%	53.1%
Average	37.9%	39.2%	41.8%	44.8%	46.2%
Best	9.1%	4.8%	19.5%	20.9%	18.6%
Responses	543	507	634	746	842



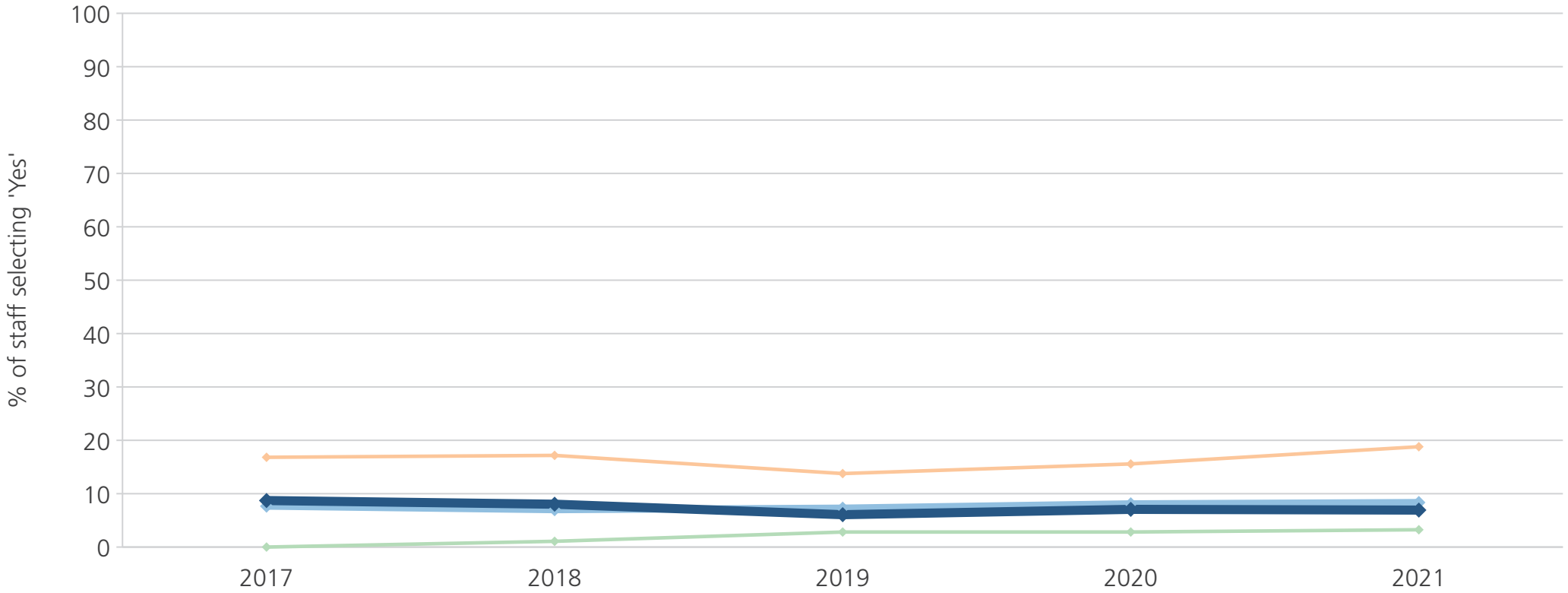
	2017	2018	2019	2020	2021
Worst	32.0%	32.4%	28.8%	28.7%	30.4%
Your org	17.9%	20.4%	19.3%	19.6%	19.7%
Average	19.2%	19.9%	20.2%	19.8%	20.7%
Best	8.7%	4.9%	10.2%	9.6%	5.9%
Responses	543	507	634	746	842



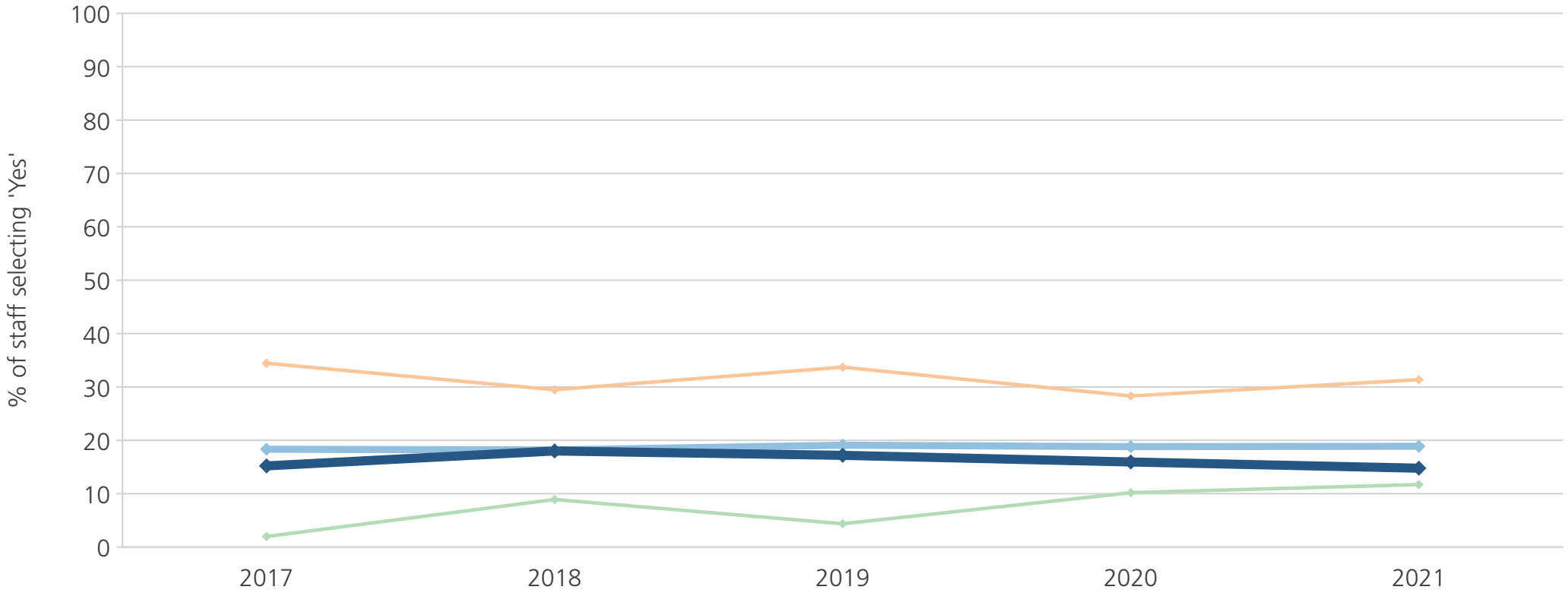
Worst	13.6%	12.3%	16.4%	17.2%	14.9%
Your org	3.4%	4.0%	3.4%	3.8%	4.0%
Average	4.5%	3.7%	4.1%	3.8%	4.4%
Best	0.0%	0.0%	0.0%	0.0%	0.4%
Responses	543	507	634	746	842



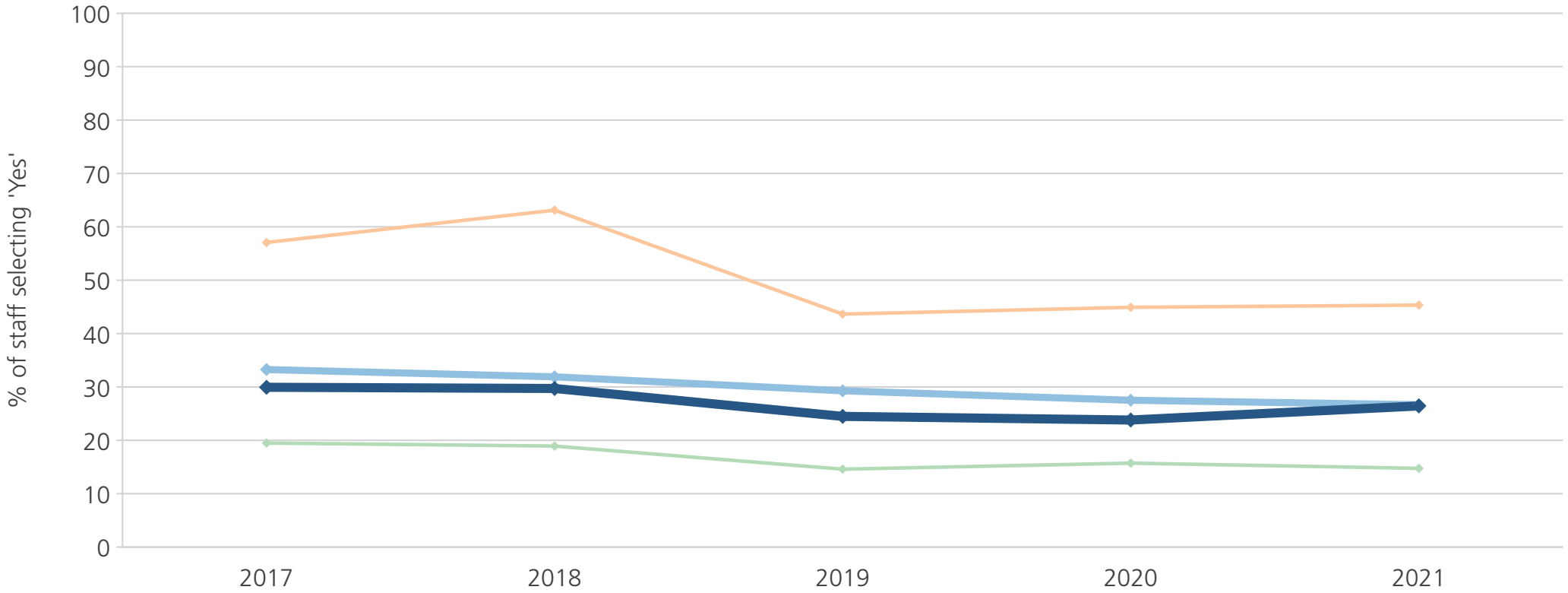
	2017	2018	2019	2020	2021
Worst	12.9%	9.9%	9.2%	10.4%	23.5%
Your org	4.2%	4.1%	3.4%	6.0%	5.2%
Average	3.6%	3.2%	3.8%	3.6%	4.1%
Best	0.0%	0.0%	0.0%	0.0%	1.2%
Responses	543	507	634	746	842



	2017	2018	2019	2020	2021
Worst	16.8%	17.2%	13.8%	15.6%	18.8%
Your org	8.7%	8.0%	6.1%	7.1%	6.9%
Average	7.7%	7.0%	7.3%	8.1%	8.3%
Best	0.0%	1.1%	2.8%	2.8%	3.2%
Responses	543	507	634	746	842

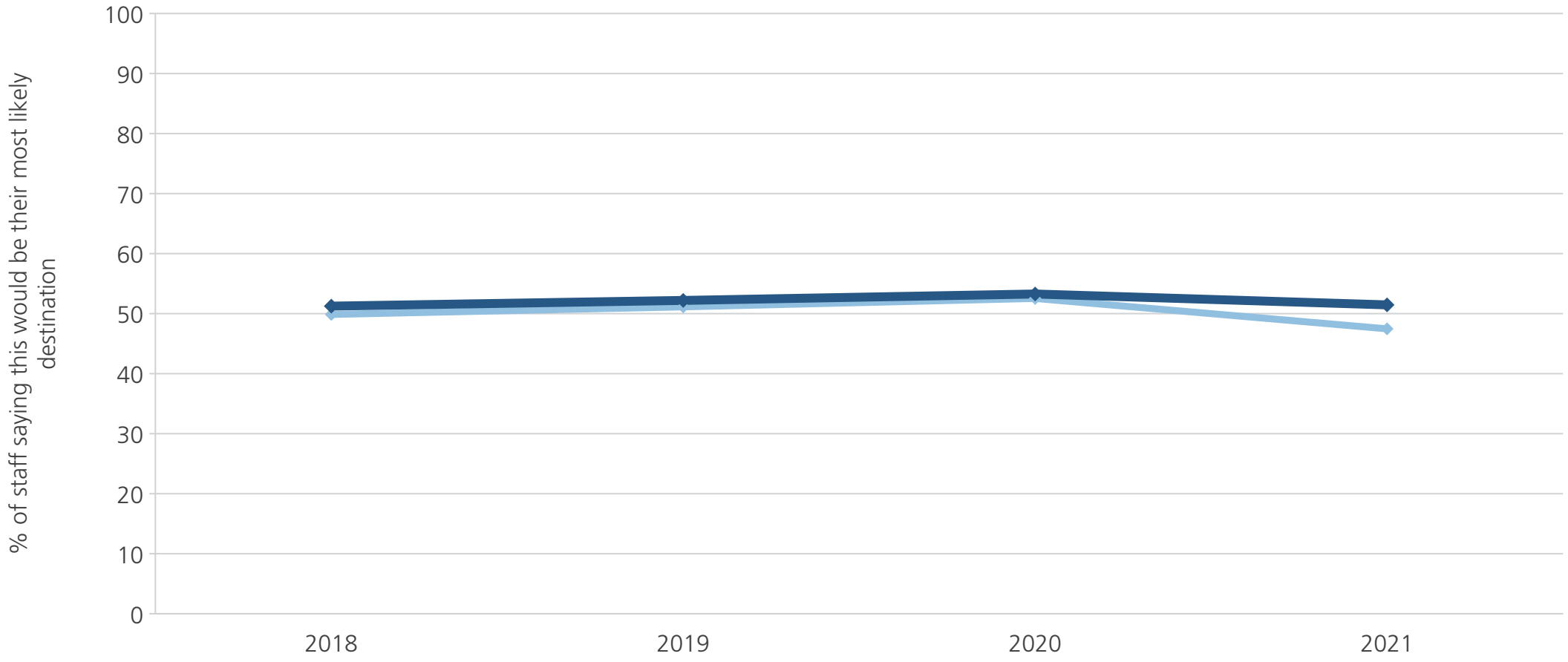


	2017	2018	2019	2020	2021
Worst	34.4%	29.5%	33.7%	28.3%	31.4%
Your org	15.2%	18.0%	17.2%	15.9%	14.8%
Average	18.3%	18.2%	19.1%	18.8%	18.9%
Best	2.0%	8.9%	4.4%	10.2%	11.7%
Responses	543	507	634	746	842



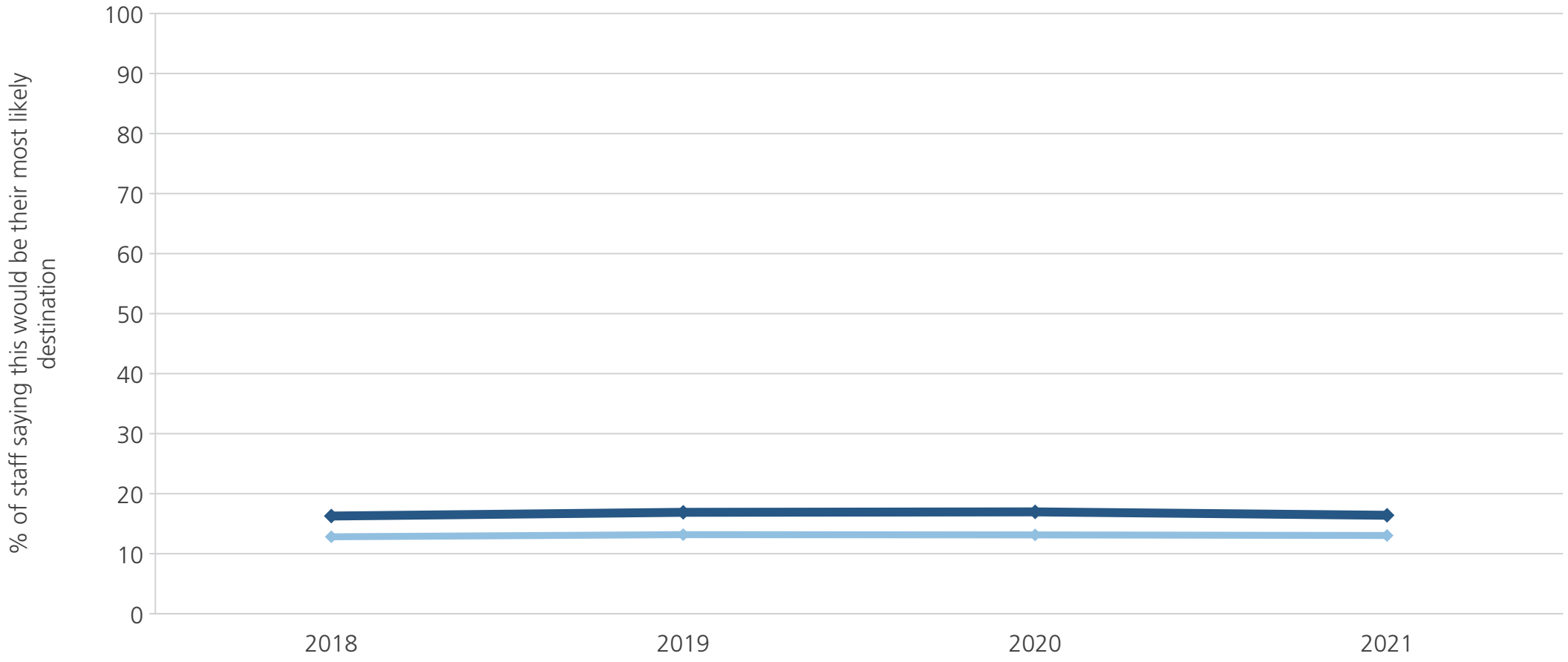
	2017	2018	2019	2020	2021
Worst	57.1%	63.1%	43.6%	44.9%	45.3%
Your org	29.9%	29.7%	24.5%	23.8%	26.4%
Average	33.3%	31.9%	29.3%	27.5%	26.7%
Best	19.5%	18.9%	14.6%	15.7%	14.7%
Responses	543	507	634	746	842

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q22d.9 >** If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job



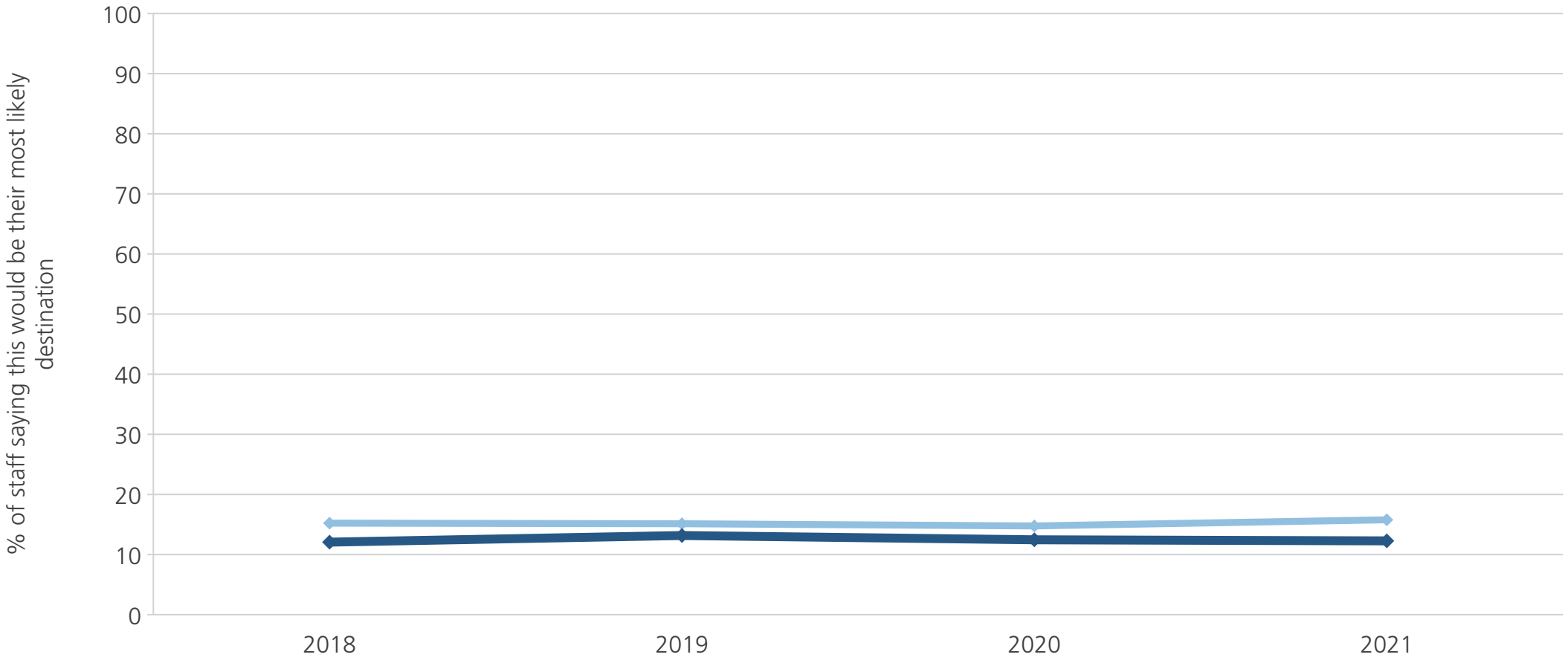
	2018	2019	2020	2021
Your org	51.2%	52.2%	53.3%	51.5%
Average	49.9%	51.1%	52.5%	47.5%
Responses	4,012	5,416	5,540	6,322

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q22d.1 >** If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation



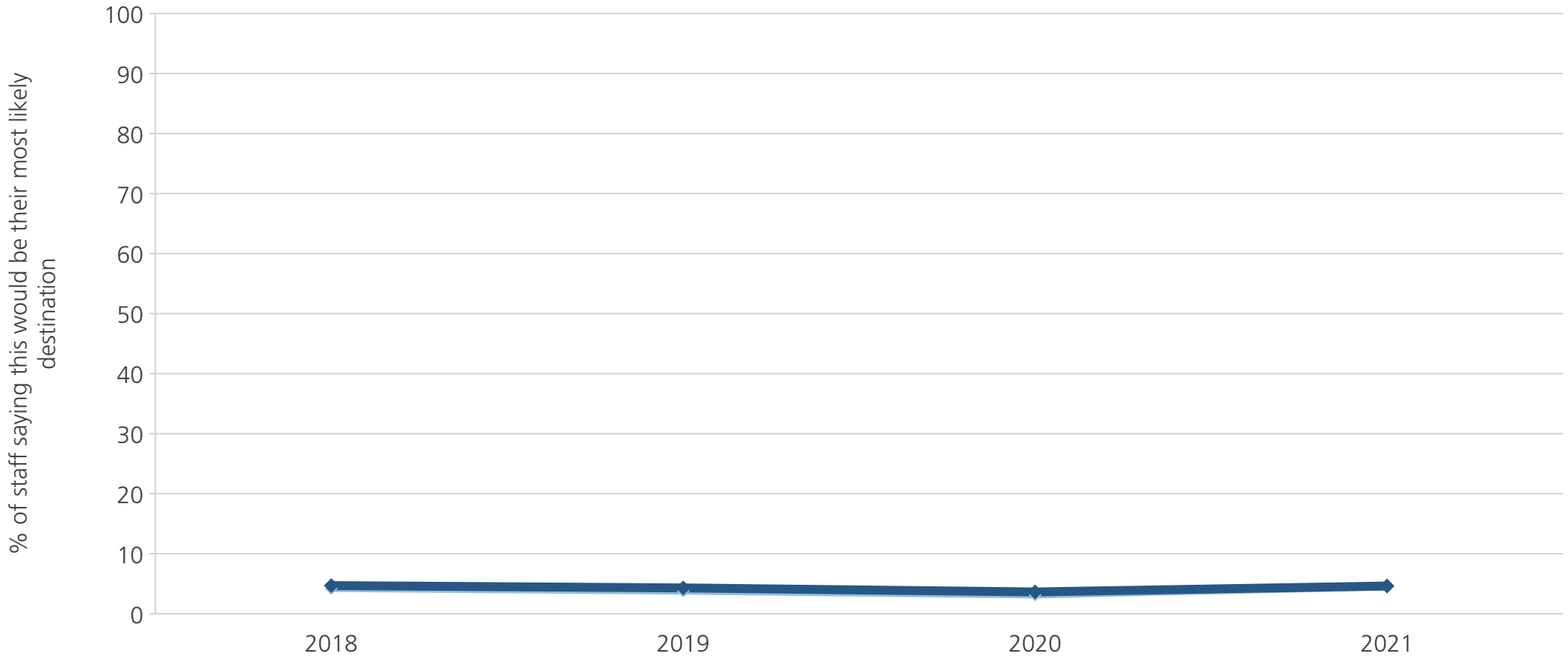
	2018	2019	2020	2021
Your org	16.3%	16.9%	17.0%	16.4%
Average	12.8%	13.2%	13.1%	13.0%
Responses	4,012	5,416	5,540	6,322

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q22d.2 >** If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in a different NHS trust/organisation



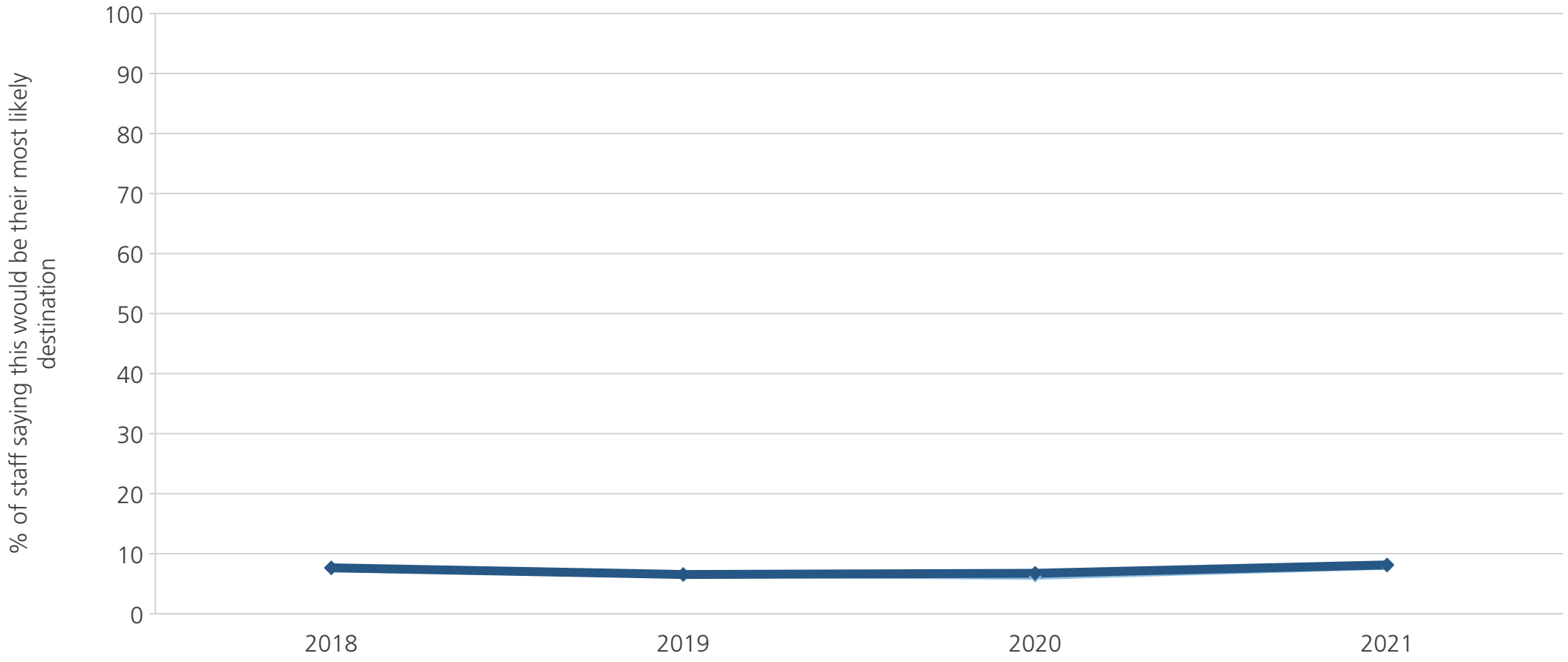
	2018	2019	2020	2021
Your org	12.1%	13.2%	12.5%	12.3%
Average	15.2%	15.1%	14.8%	15.8%
Responses	4,012	5,416	5,540	6,322

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q22d.3 >** If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS



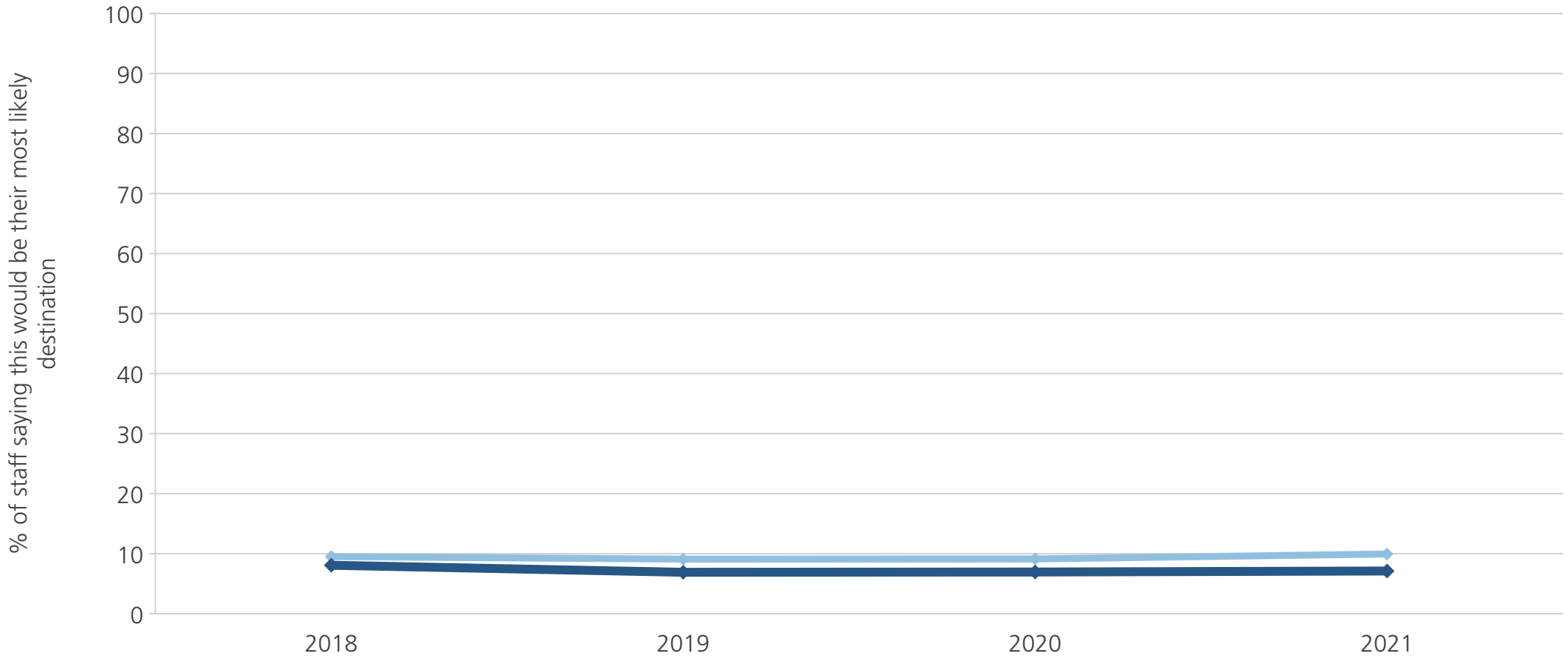
	2018	2019	2020	2021
Your org	4.7%	4.3%	3.6%	4.6%
Average	4.2%	3.8%	3.1%	4.5%
Responses	4,012	5,416	5,540	6,322

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q22d.4 >** If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare



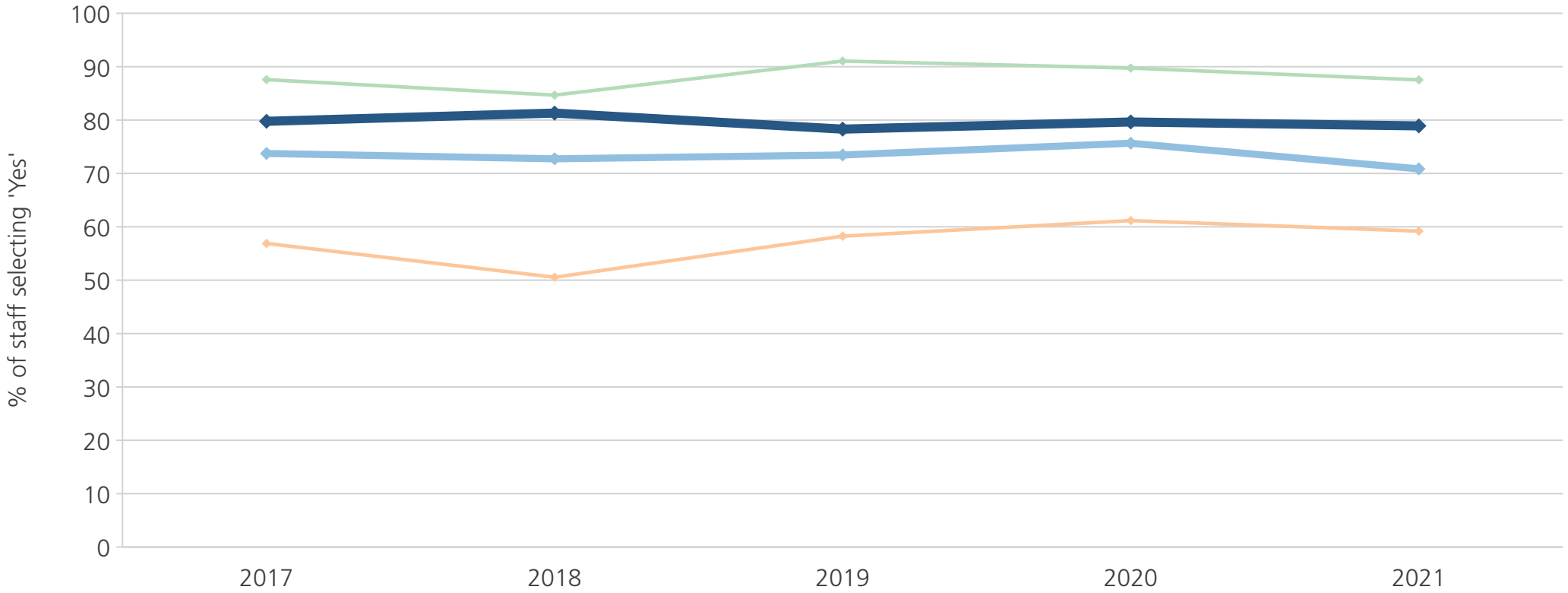
	2018	2019	2020	2021
Your org	7.7%	6.5%	6.7%	8.1%
Average	7.5%	6.6%	6.2%	7.9%
Responses	4,012	5,416	5,540	6,322

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > **Q22d.5 >** If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break



	2018	2019	2020	2021
Your org	8.1%	6.9%	6.9%	7.1%
Average	9.5%	9.1%	9.1%	10.0%
Responses	4,012	5,416	5,540	6,322

This questions was only answered by people who responded 'yes' to Q28a



	2017	2018	2019	2020	2021
Best	87.6%	84.7%	91.1%	89.7%	87.5%
Your org	79.8%	81.3%	78.3%	79.6%	78.9%
Average	73.7%	72.7%	73.5%	75.7%	70.9%
Worst	56.9%	50.6%	58.2%	61.2%	59.2%
Responses	438	379	584	652	755

Survey Coordination Centre

NHS

About your respondents

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

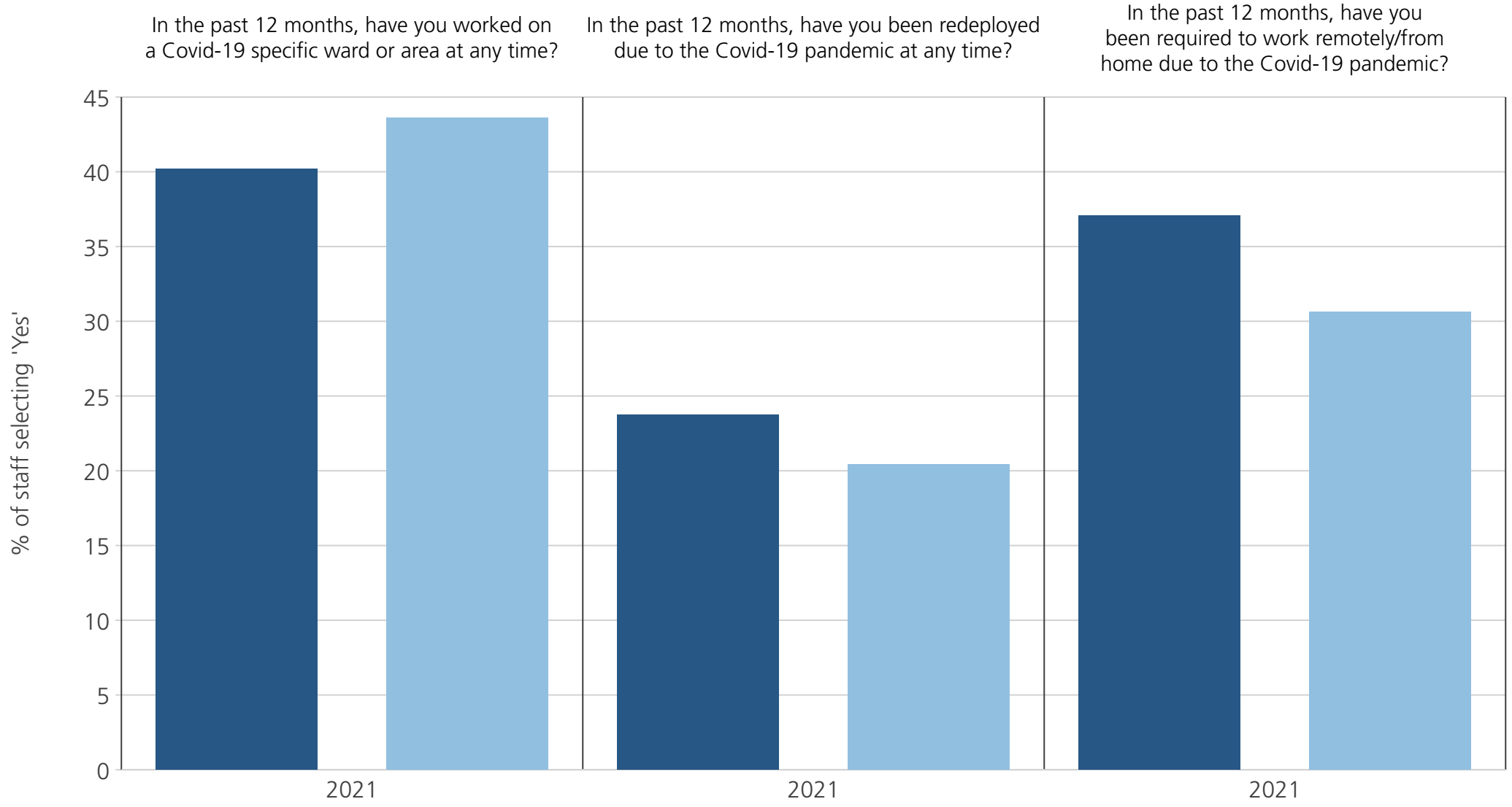
Survey Coordination Centre

NHS

About your respondents – The Covid-19 pandemic

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results



	In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?	In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?	In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?
Your org	40.2%	23.7%	37.0%
Average	43.6%	20.4%	30.6%
Responses	6,659	6,651	6,656

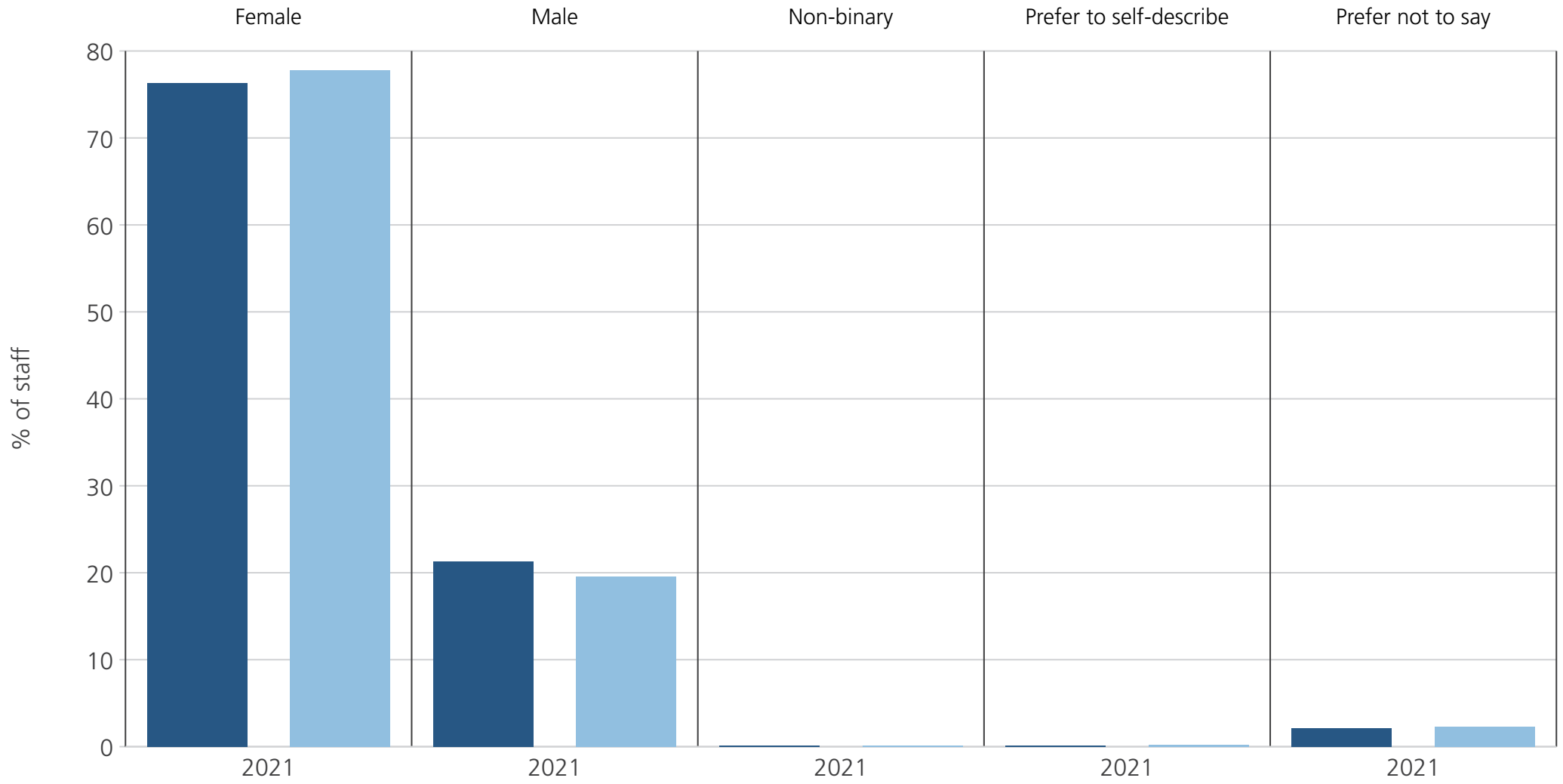
Survey Coordination Centre

NHS

About your respondents – Background details

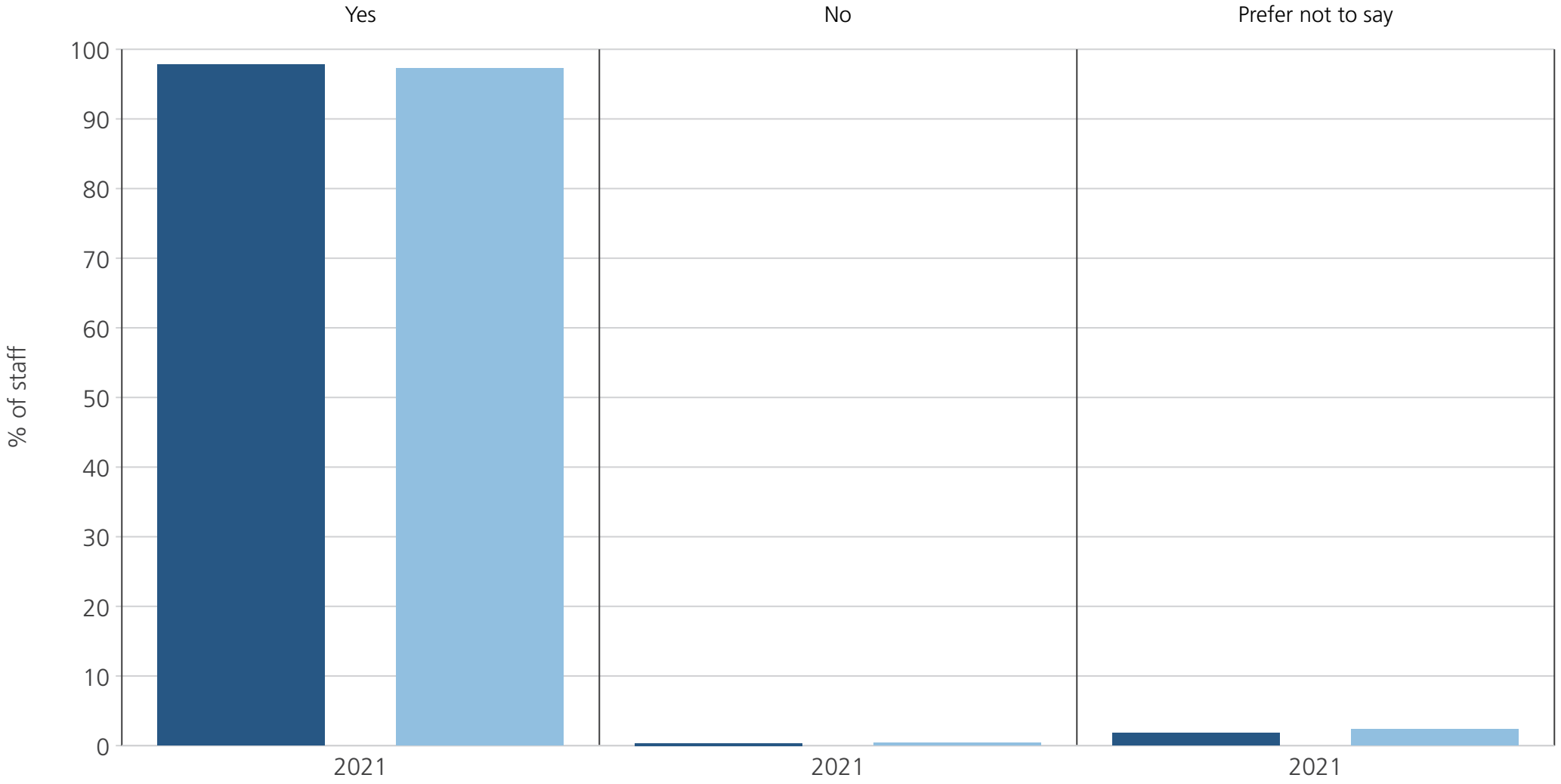
University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

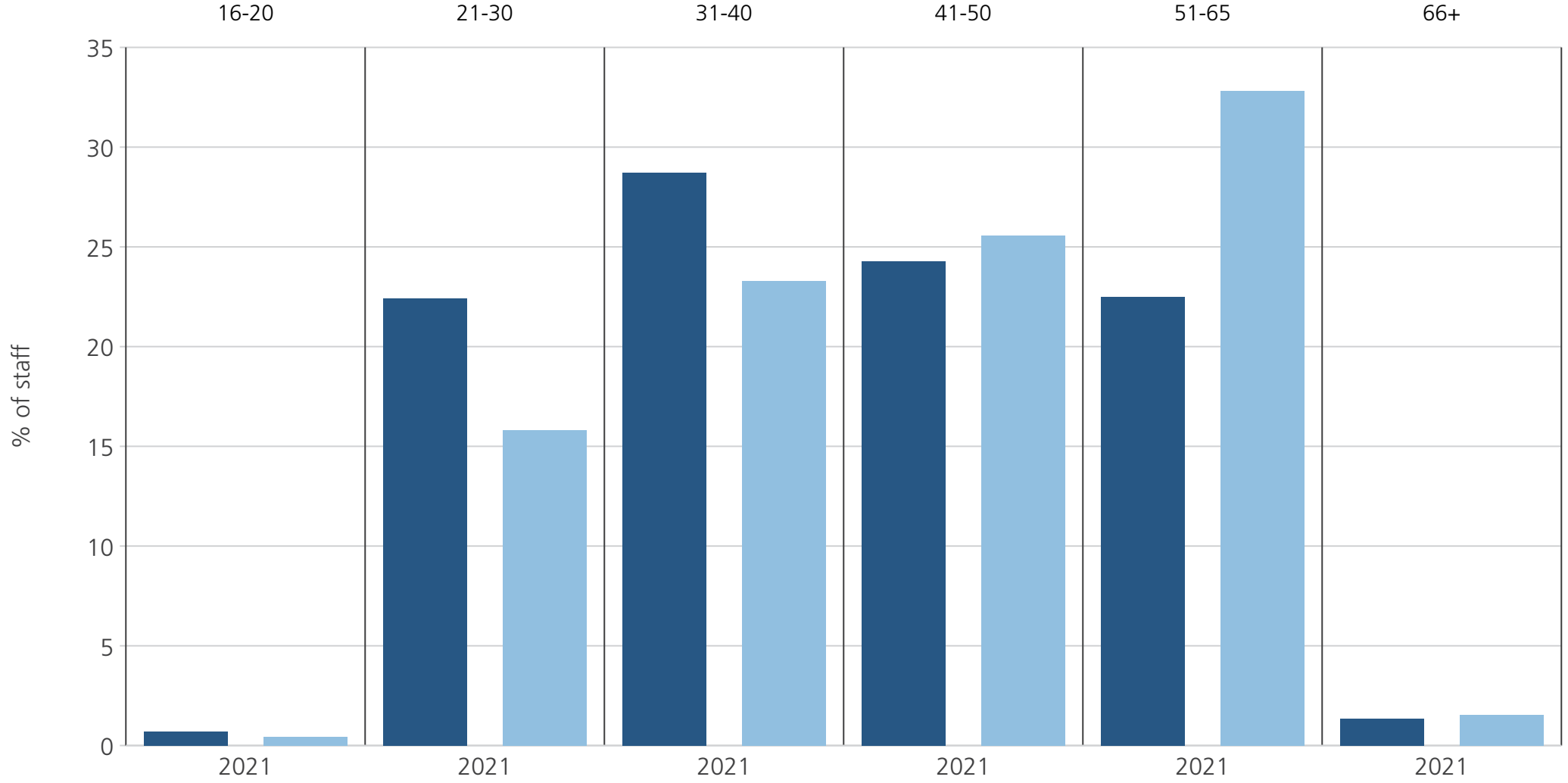


	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	76.3%	21.3%	0.2%	0.1%	2.1%
Average	77.8%	19.6%	0.1%	0.2%	2.3%
Responses	6,638	6,638	6,638	6,638	6,638

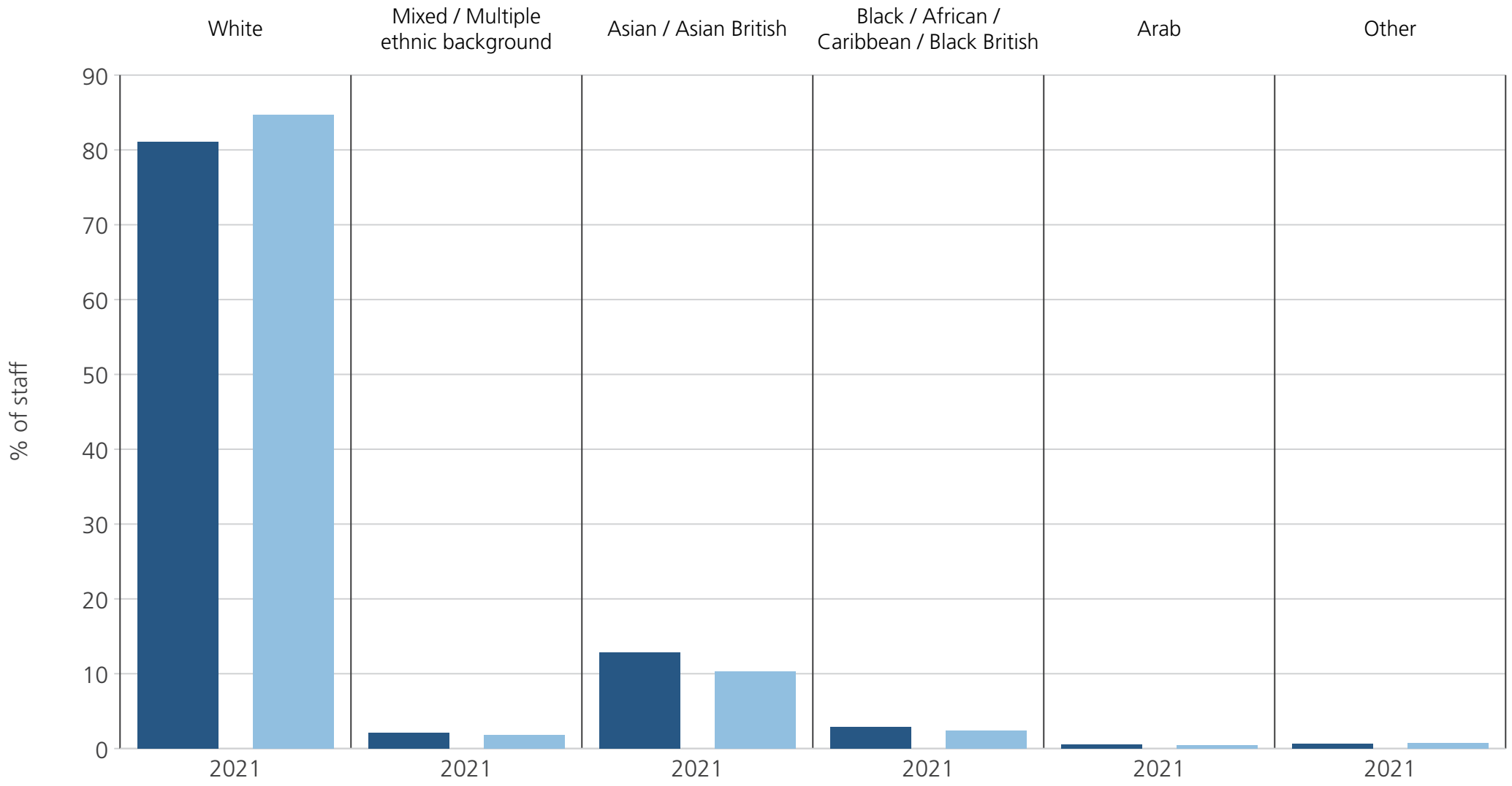
2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > Background details > **Is your gender identity the same as the sex you were registered at birth?**



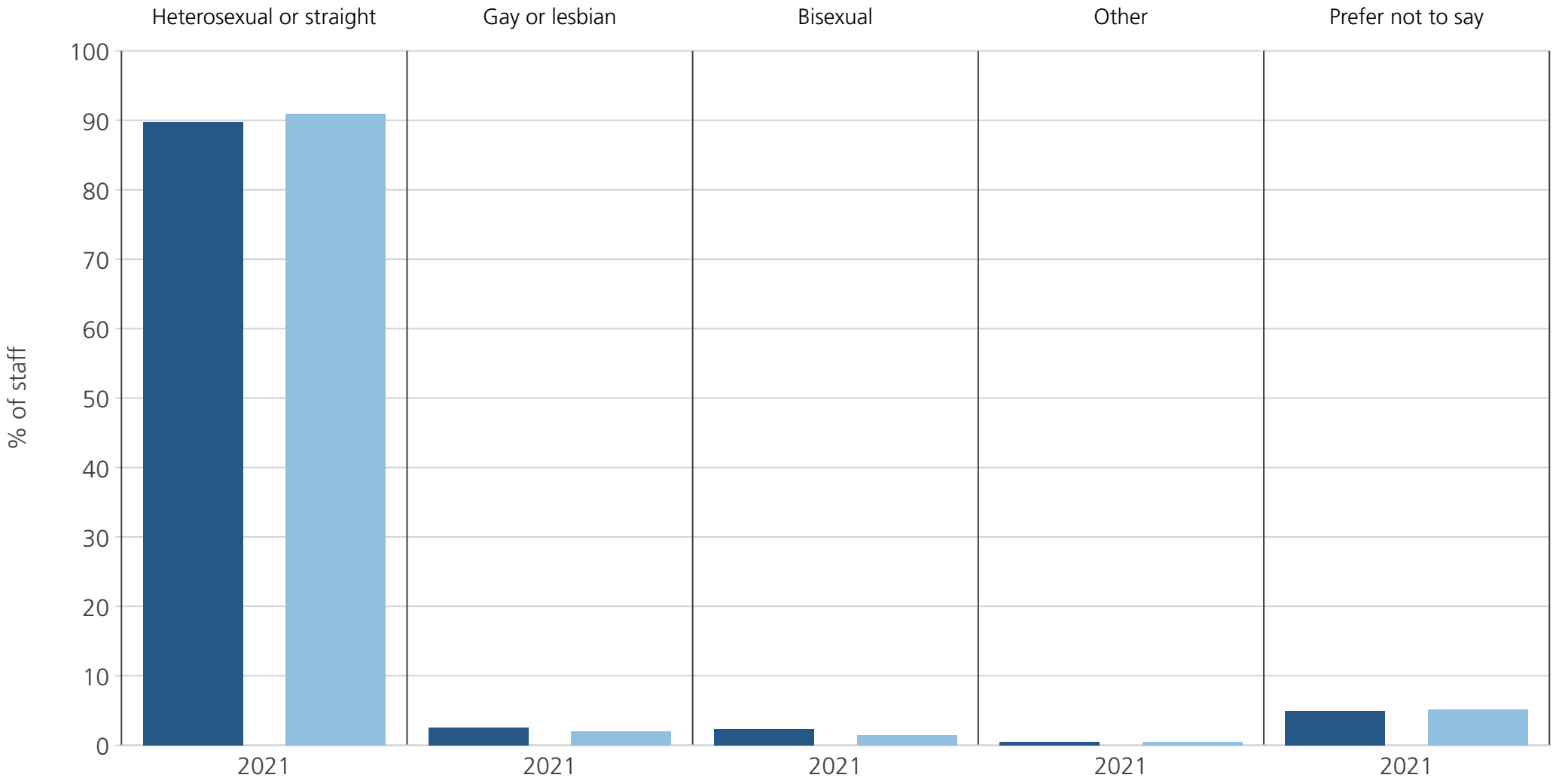
	Yes	No	Prefer not to say
Your org	97.8%	0.4%	1.8%
Average	97.2%	0.4%	2.3%
Responses	6,575	6,575	6,575



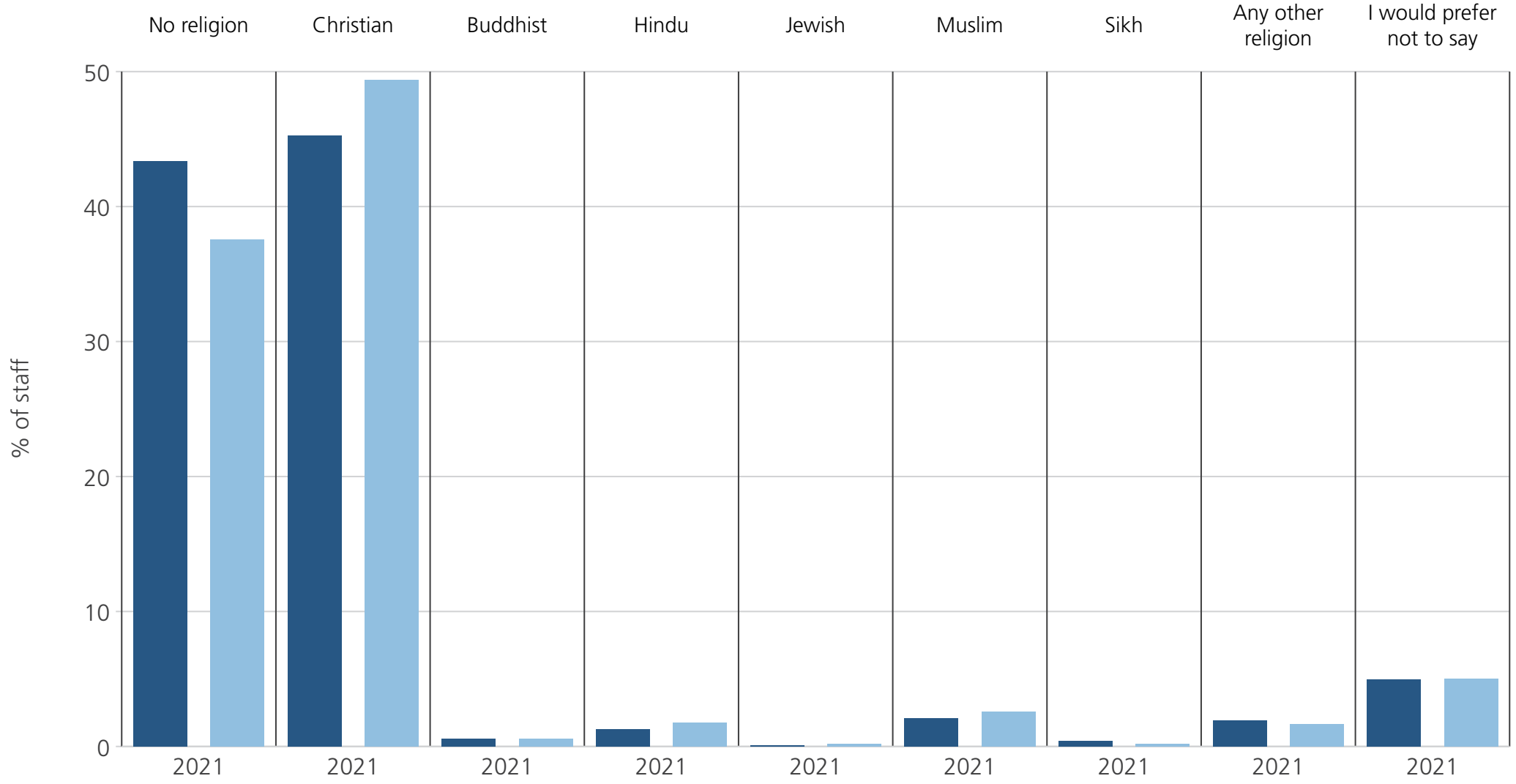
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.7%	22.4%	28.7%	24.3%	22.5%	1.3%
Average	0.4%	15.8%	23.3%	25.6%	32.8%	1.5%
Responses	6,659	6,659	6,659	6,659	6,659	6,659



	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	81.1%	2.1%	12.8%	2.8%	0.6%	0.6%
Average	84.7%	1.8%	10.3%	2.4%	0.4%	0.7%
Responses	6,532	6,532	6,532	6,532	6,532	6,532

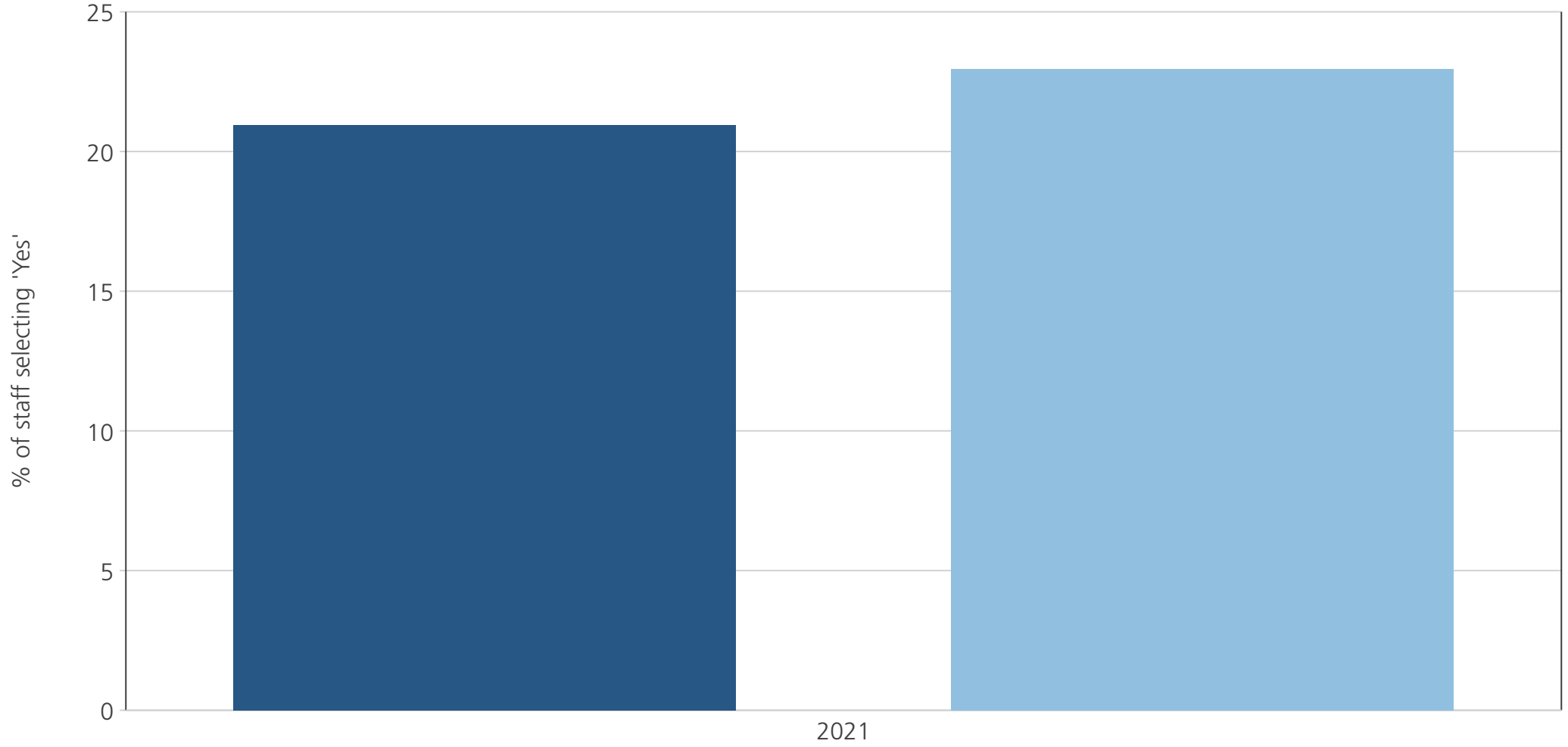


	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.7%	2.5%	2.3%	0.5%	4.9%
Average	90.9%	2.0%	1.4%	0.5%	5.1%
Responses	6,628	6,628	6,628	6,628	6,628

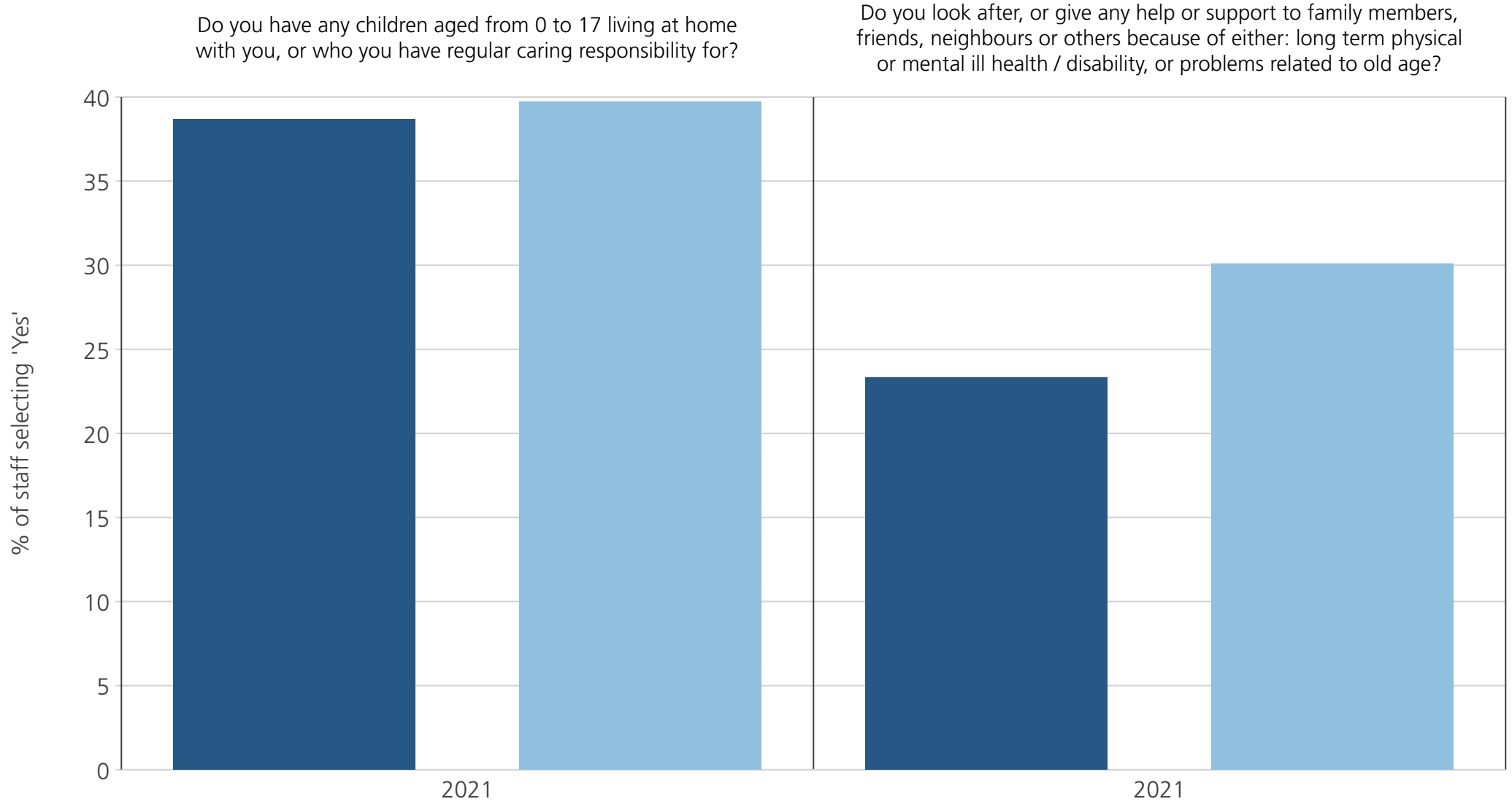


	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	43.4%	45.3%	0.6%	1.3%	0.1%	2.1%	0.4%	1.9%	4.9%
Average	37.6%	49.4%	0.6%	1.8%	0.2%	2.6%	0.2%	1.7%	5.0%
Responses	6,622	6,622	6,622	6,622	6,622	6,622	6,622	6,622	6,622

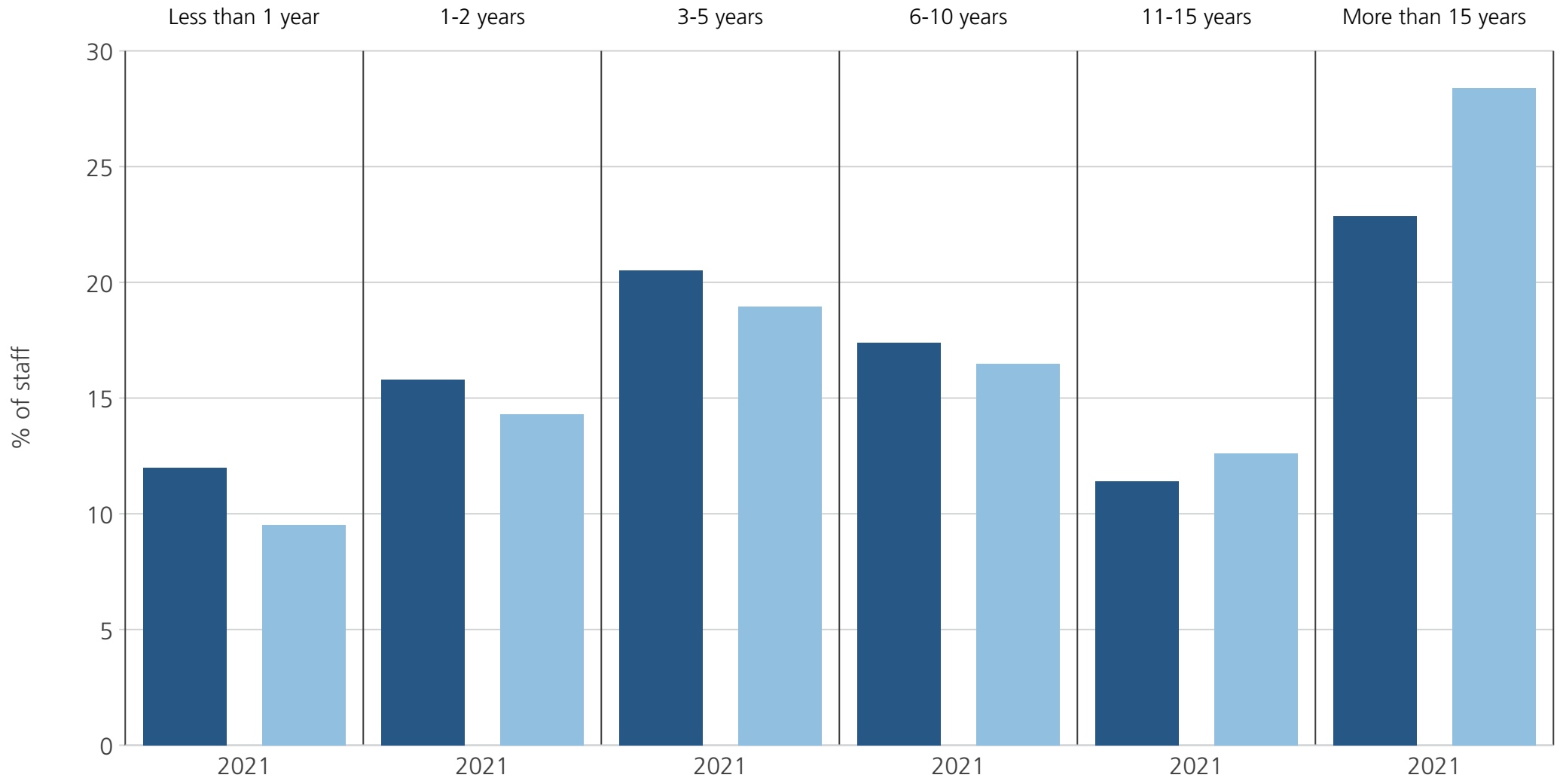
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Your org	21.0%
Average	23.0%
Responses	6,641

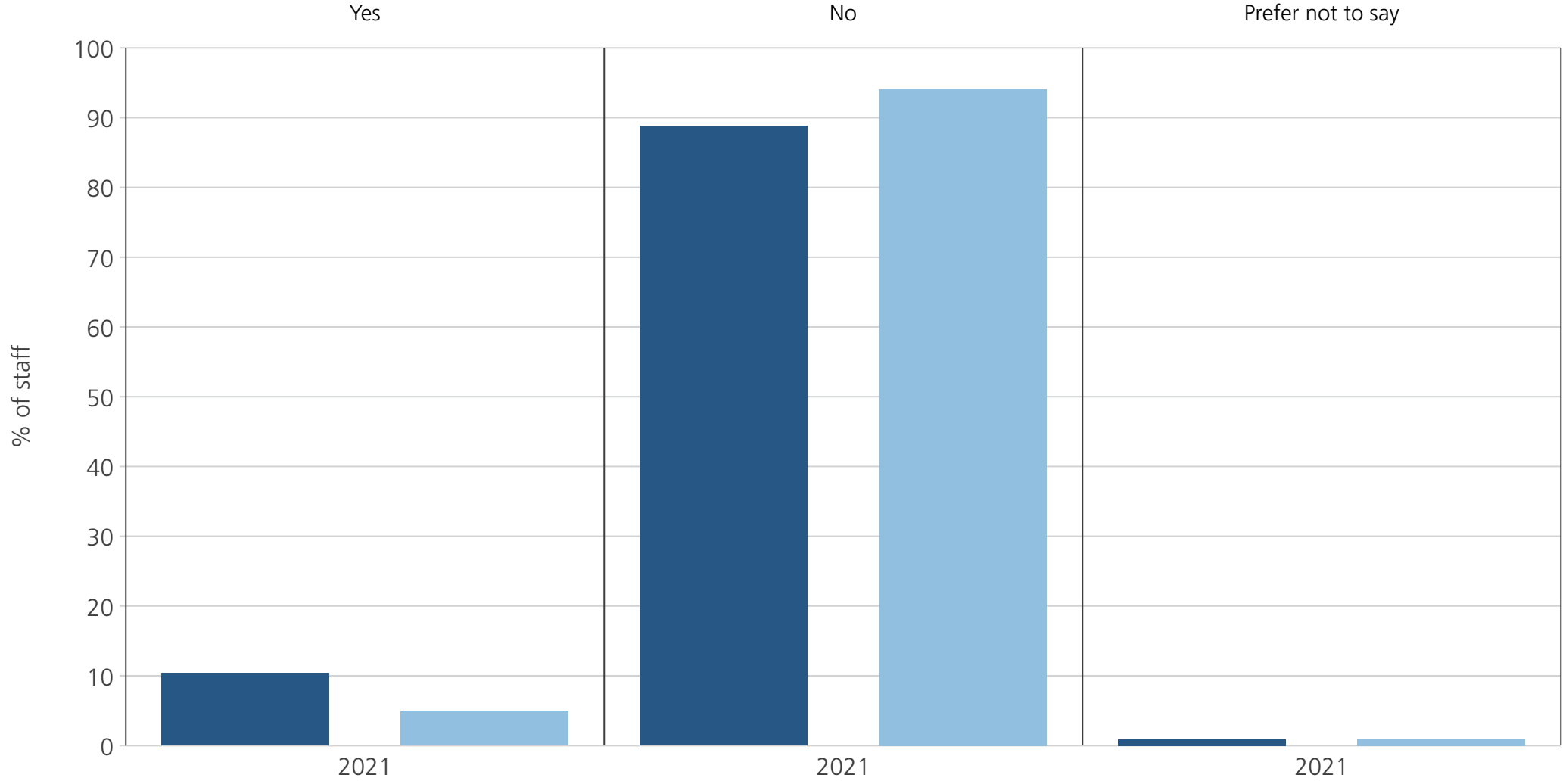


Your org	38.7%	23.3%
Average	39.7%	30.1%
Responses	6,640	6,631

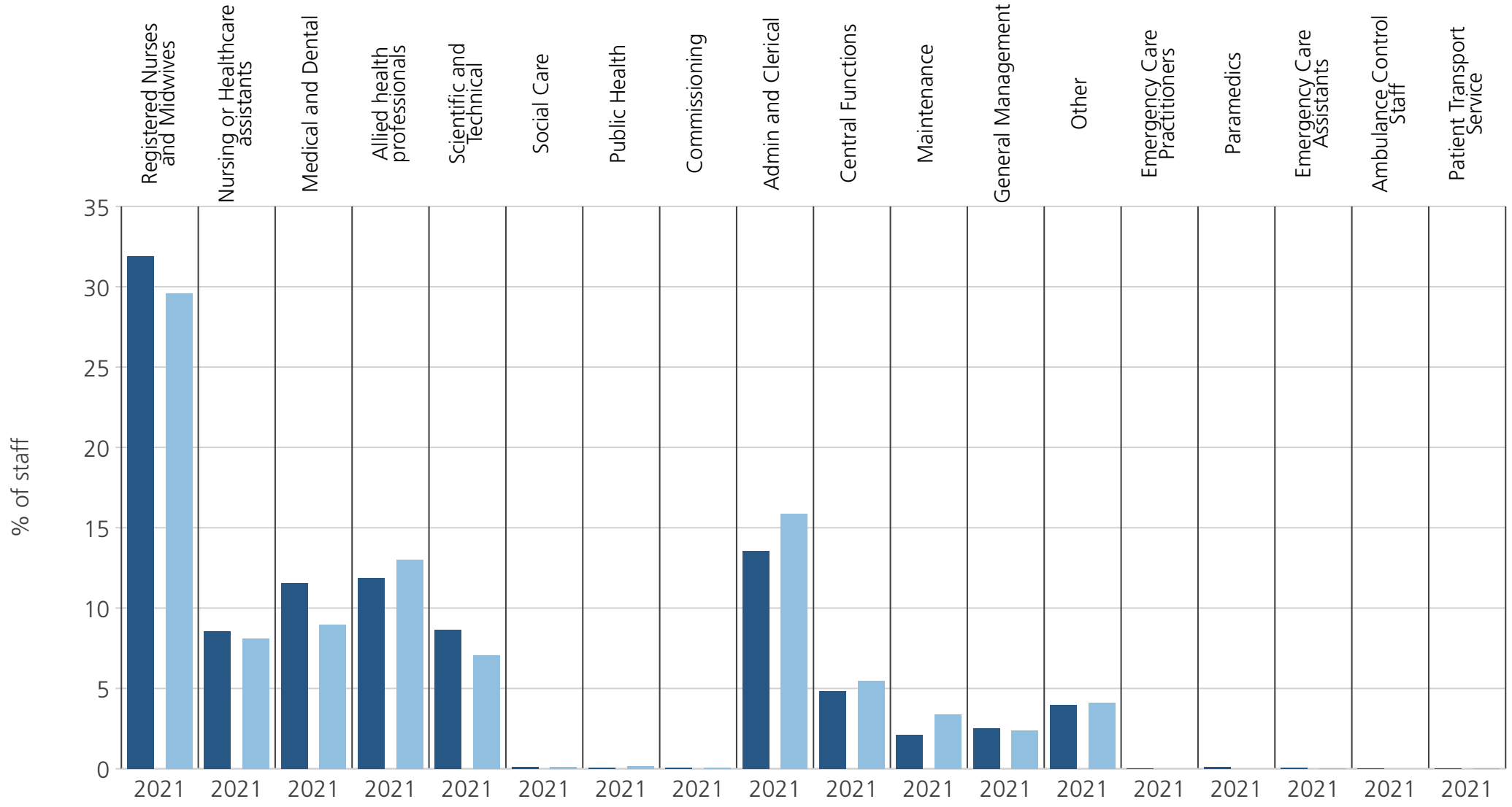


	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	12.0%	15.8%	20.5%	17.4%	11.4%	22.9%
Average	9.5%	14.3%	19.0%	16.5%	12.6%	28.4%
Responses	6,649	6,649	6,649	6,649	6,649	6,649

2021 NHS Staff Survey Results > Questions not linked to the People Promise elements or themes > Background details > **When you joined this organisation, were you recruited from outside of the UK?**



	Yes	No	Prefer not to say
Your org	10.3%	88.8%	0.9%
Average	5.0%	94.1%	1.0%
Responses	6,619	6,619	6,619



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied health professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions	Maintenance	General Management	Other	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Control Staff	Patient Transport Service
Your org	31.9%	8.6%	11.6%	11.9%	8.6%	0.1%	0.1%	0.1%	13.5%	4.9%	2.1%	2.5%	4.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Average	29.6%	8.1%	9.0%	13.0%	7.1%	0.1%	0.2%	0.1%	15.9%	5.5%	3.4%	2.4%	4.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593	6,593

Survey Coordination Centre

NHS

Workforce Equality Standards

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

Workforce Equality Standards

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017-2021 organisation and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2021 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q28b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q28a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Changes to how the Workforce Equality Standards are calculated

- For 2021, the data way in which data for Q15 are reported has changed, with the inclusion of "don't know" responses in the base of the calculation.
- In 2020, the approach to calculating the benchmark median scores and the way in which data for Q14d are reported also changed.
- All these changes have been applied retrospectively so all historical results for Q14d and Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.
- Full details of how the data are calculated are included in the Technical Document, available to download from our results website.

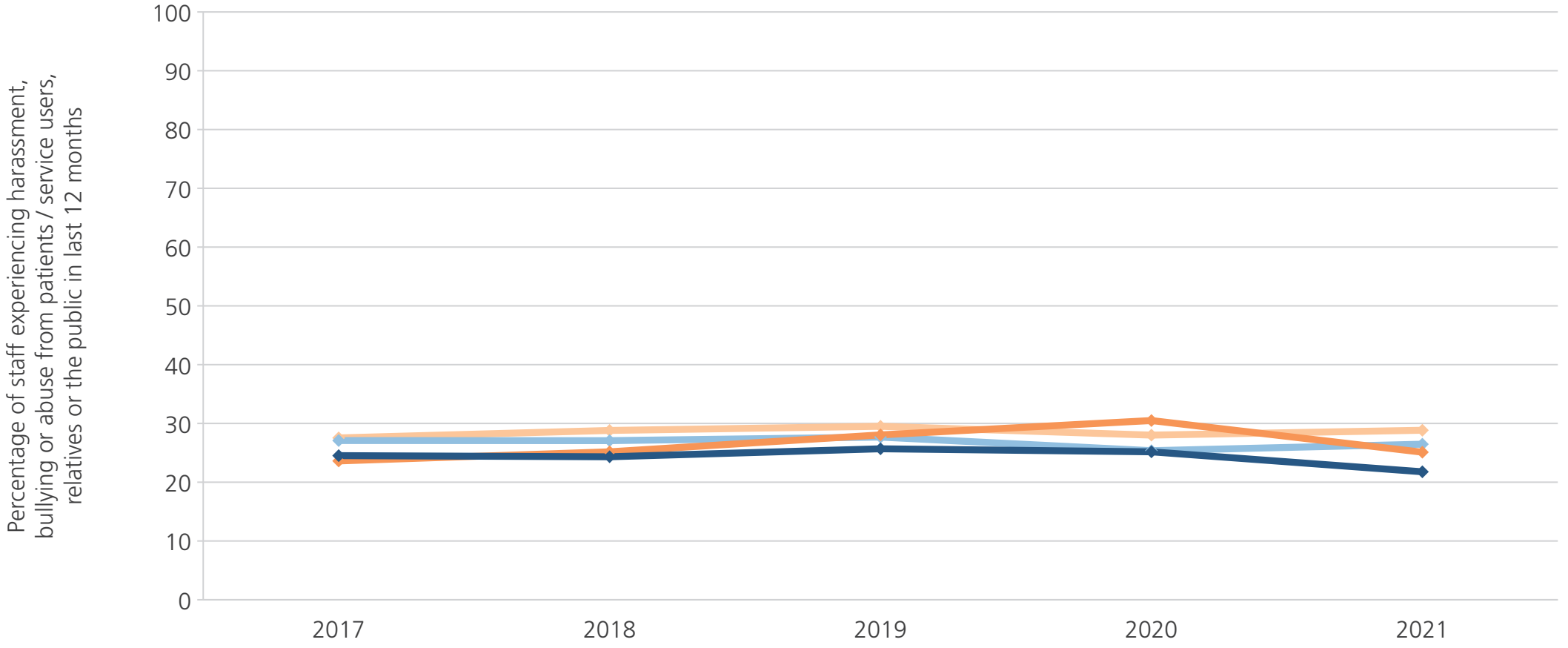
Survey Coordination Centre

NHS

Workforce Race Equality Standard (WRES)

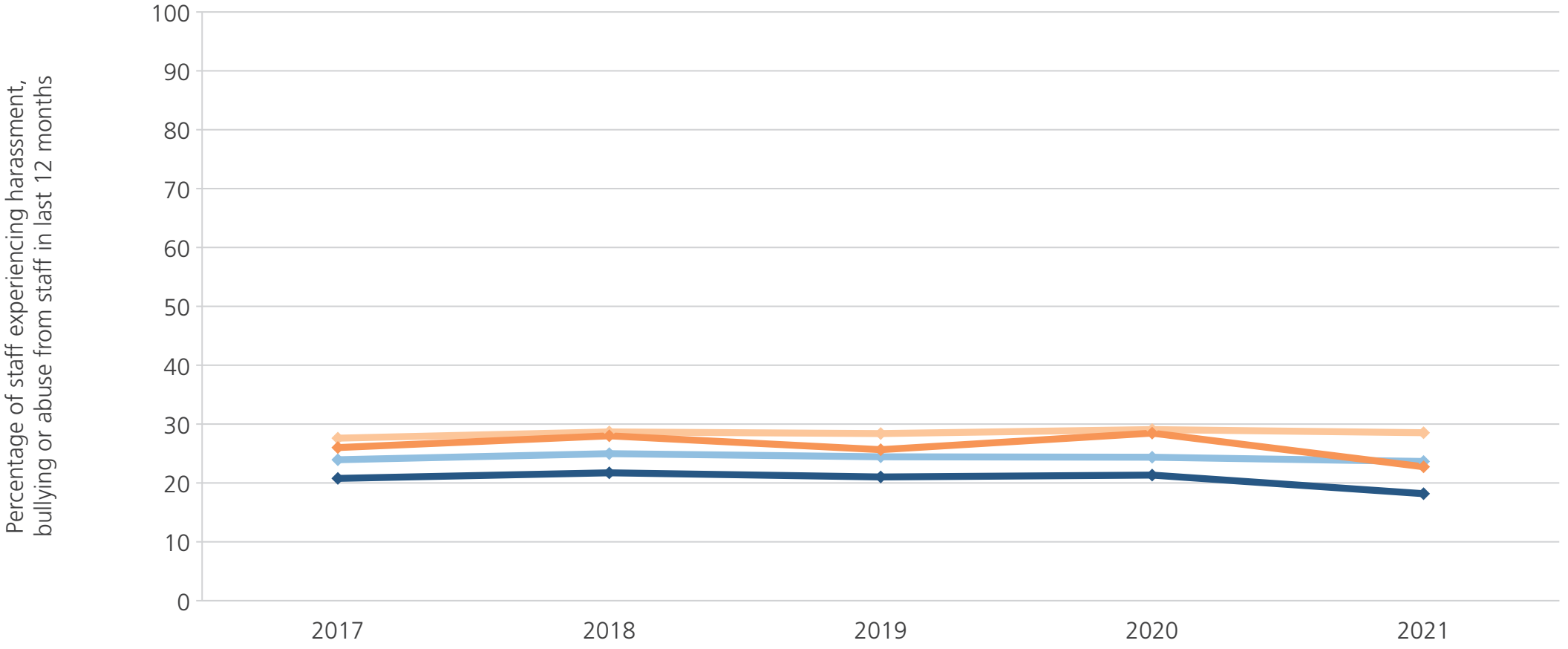
University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
White: Your org	24.5%	24.3%	25.7%	25.2%	21.8%
BME: Your org	23.6%	25.2%	28.0%	30.5%	25.1%
White: Average	27.1%	27.1%	27.7%	25.4%	26.5%
BME: Average	27.5%	28.8%	29.5%	28.0%	28.8%
White: Responses	3,801	3,745	4,629	4,406	5,144
BME: Responses	597	584	845	938	1,195

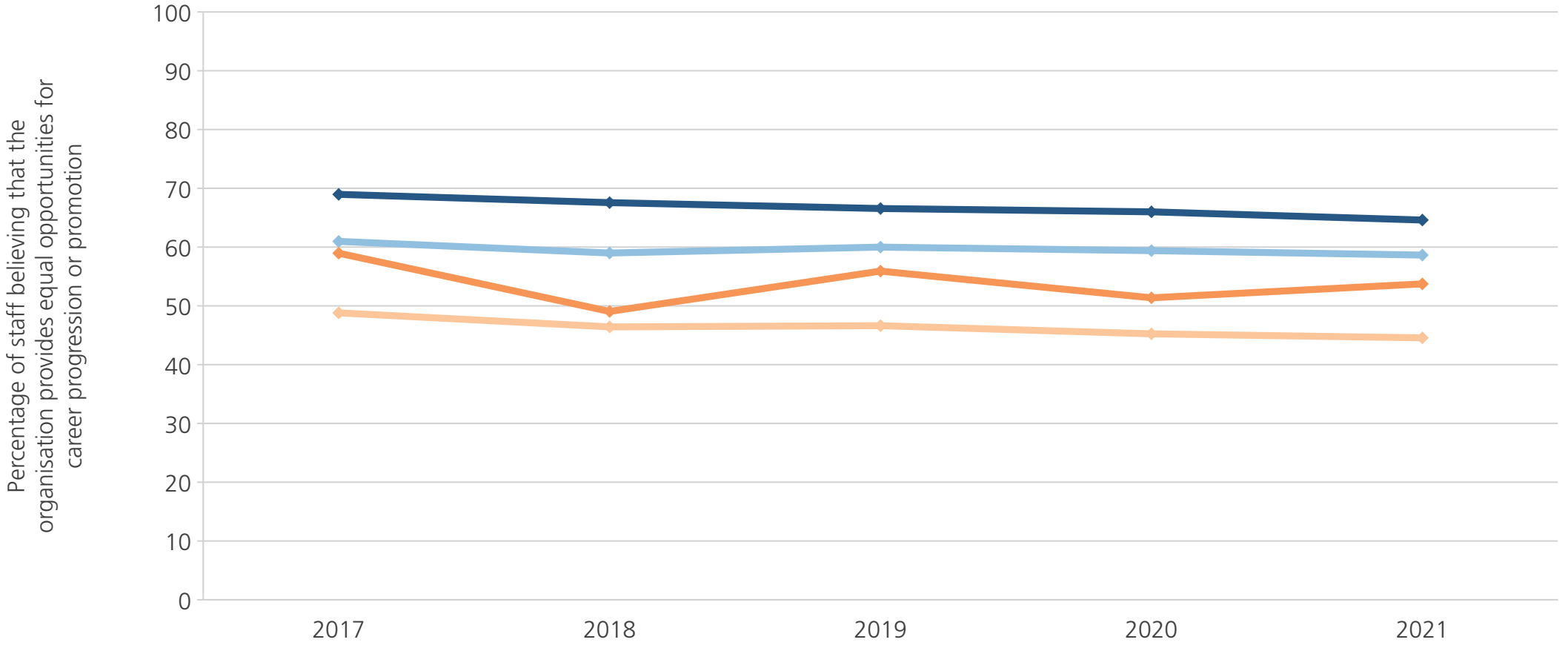
Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
White: Your org	20.8%	21.7%	21.0%	21.3%	18.2%
BME: Your org	26.0%	28.0%	25.7%	28.5%	22.7%
White: Average	23.9%	25.0%	24.4%	24.4%	23.6%
BME: Average	27.6%	28.7%	28.4%	29.1%	28.5%
White: Responses	3,784	3,729	4,625	4,406	5,145
BME: Responses	596	582	846	938	1,187

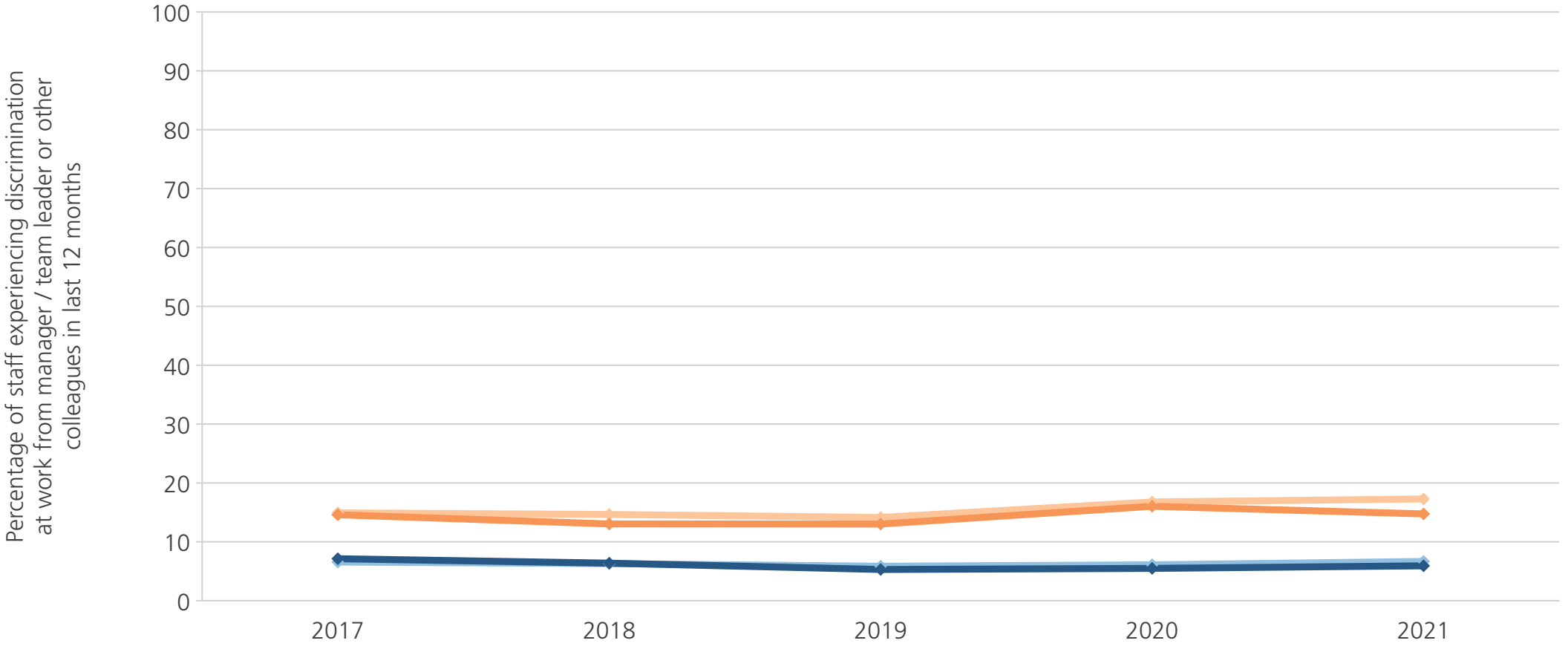
Average calculated as the median for the benchmark group

2021 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



	2017	2018	2019	2020	2021
White: Your org	69.0%	67.6%	66.6%	66.0%	64.6%
BME: Your org	59.0%	49.1%	55.9%	51.4%	53.7%
White: Average	61.0%	59.0%	60.0%	59.4%	58.6%
BME: Average	48.8%	46.4%	46.6%	45.2%	44.6%
White: Responses	3,793	3,733	4,617	4,479	5,243
BME: Responses	597	579	846	950	1,217

Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
White: Your org	7.1%	6.4%	5.3%	5.5%	5.9%
BME: Your org	14.6%	13.0%	13.0%	16.0%	14.7%
White: Average	6.6%	6.3%	5.9%	6.1%	6.7%
BME: Average	14.9%	14.6%	14.1%	16.8%	17.3%
White: Responses	3,815	3,749	4,621	4,502	5,266
BME: Responses	603	583	845	954	1,228

Average calculated as the median for the benchmark group

Survey Coordination Centre

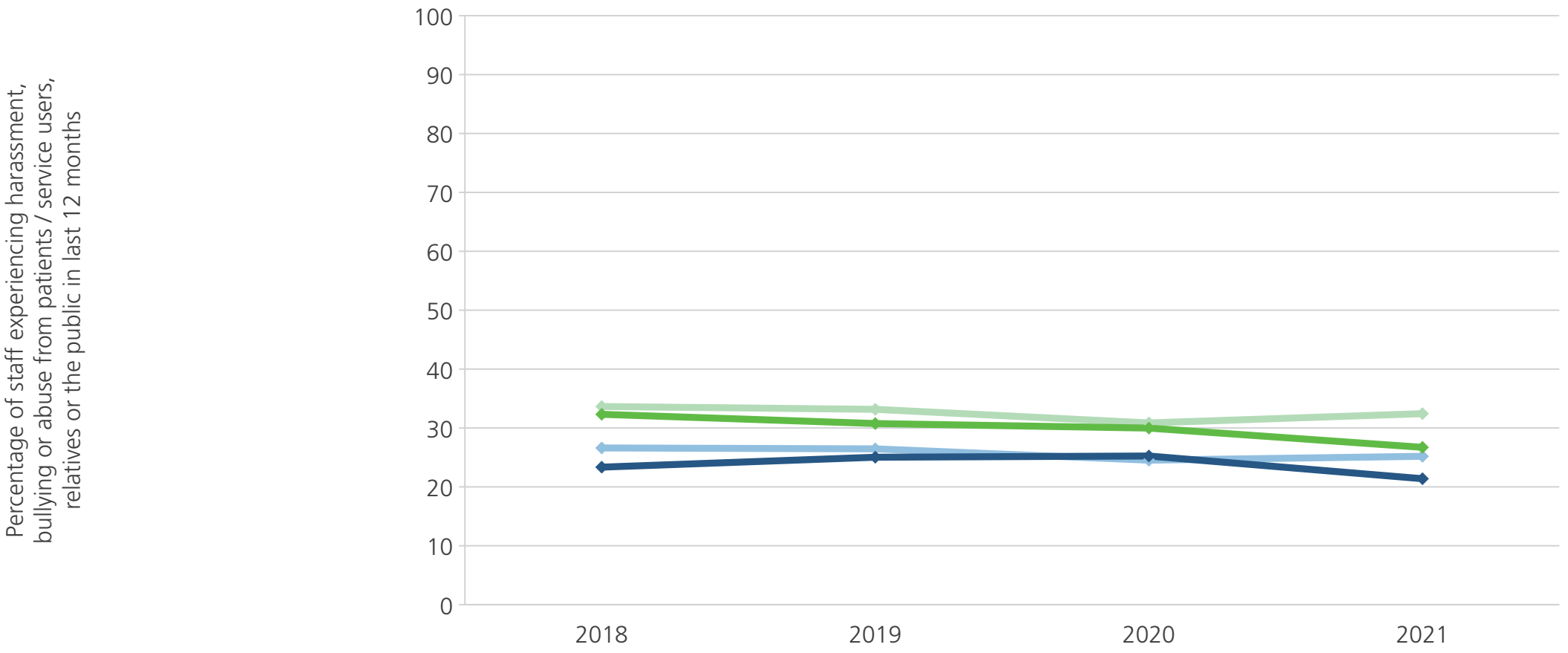
NHS

Workforce Disability Equality Standard (WDES)

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

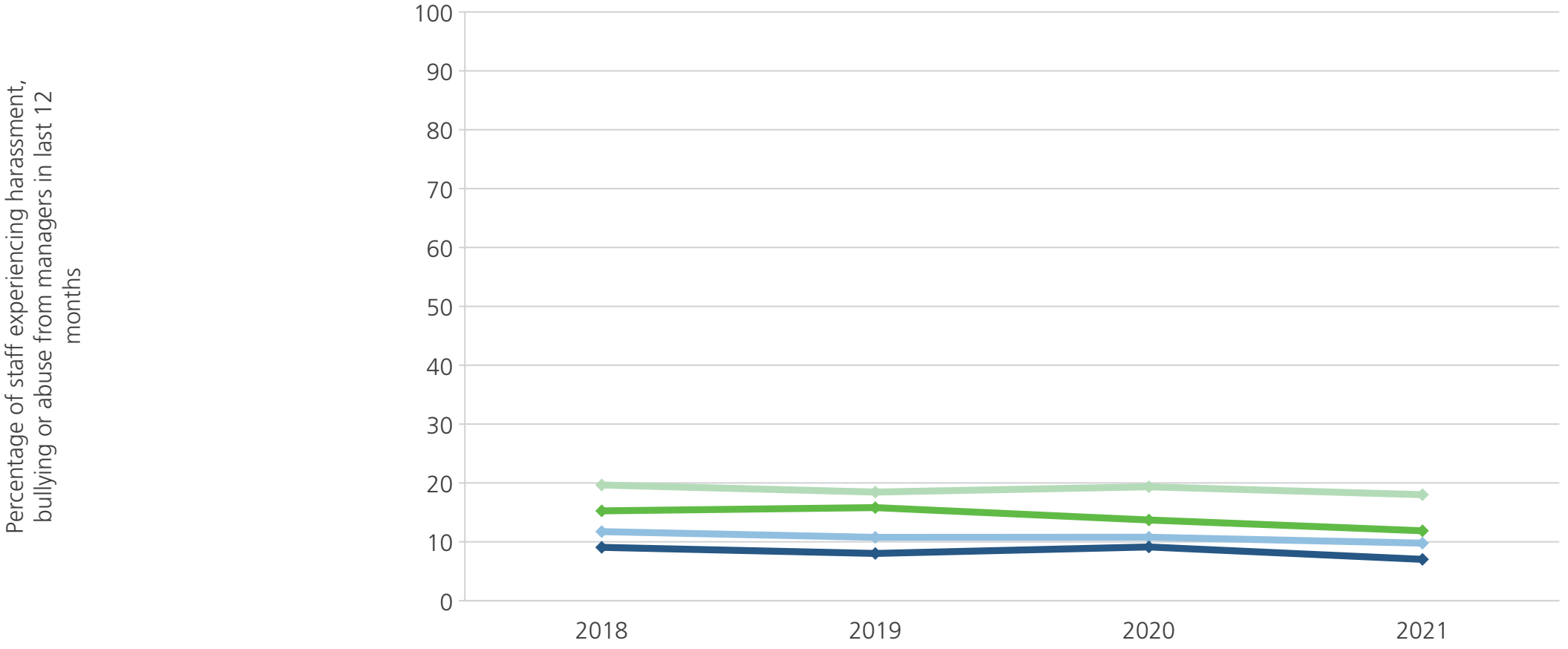
2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	32.3%	30.8%	30.0%	26.7%
Staff without a LTC or illness: Your org	23.3%	25.0%	25.2%	21.4%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%
Staff with a LTC or illness: Responses	724	969	1,094	1,359
Staff without a LTC or illness: Responses	3,572	4,610	4,350	5,083

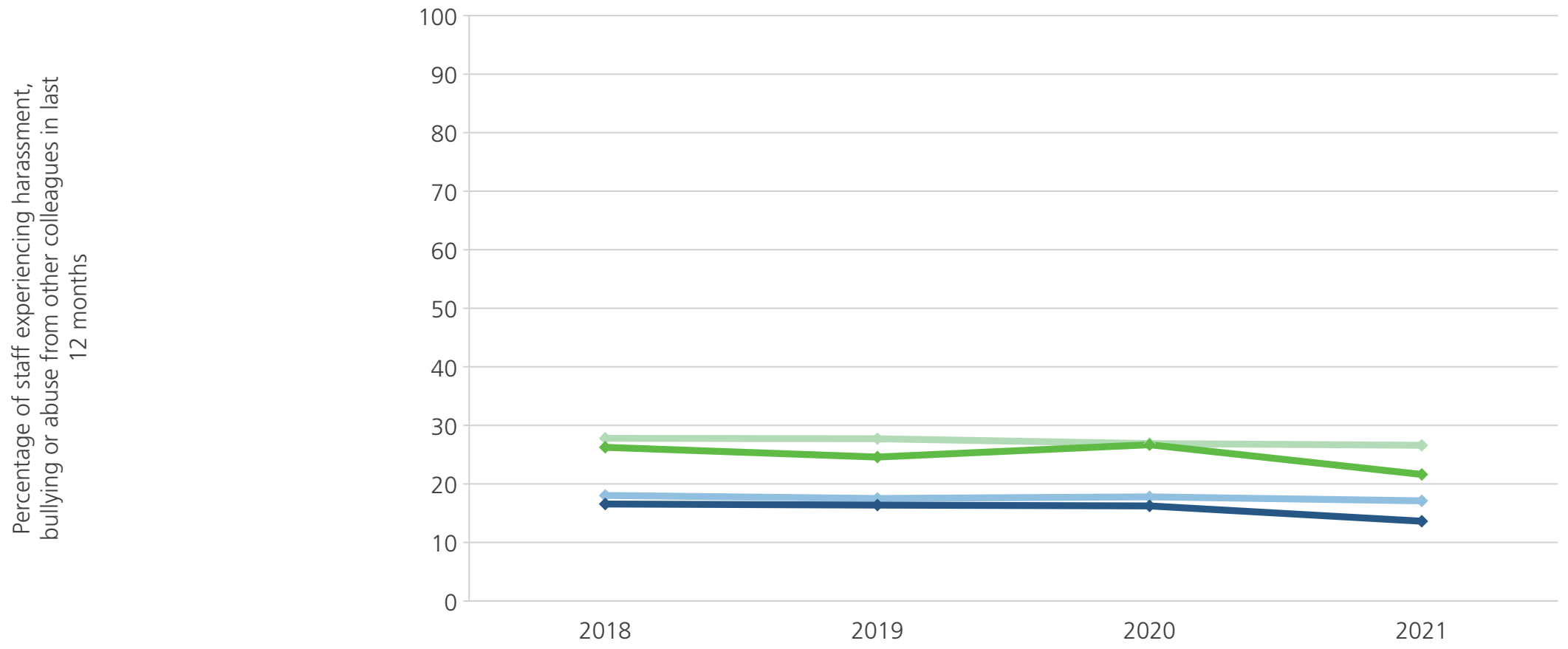
Average calculated as the median for the benchmark group

2021 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months



Staff with a LTC or illness: Your org	15.3%	15.8%	13.7%	11.9%
Staff without a LTC or illness: Your org	9.1%	8.0%	9.1%	7.0%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%
Staff with a LTC or illness: Responses	721	955	1,087	1,356
Staff without a LTC or illness: Responses	3,543	4,587	4,339	5,056

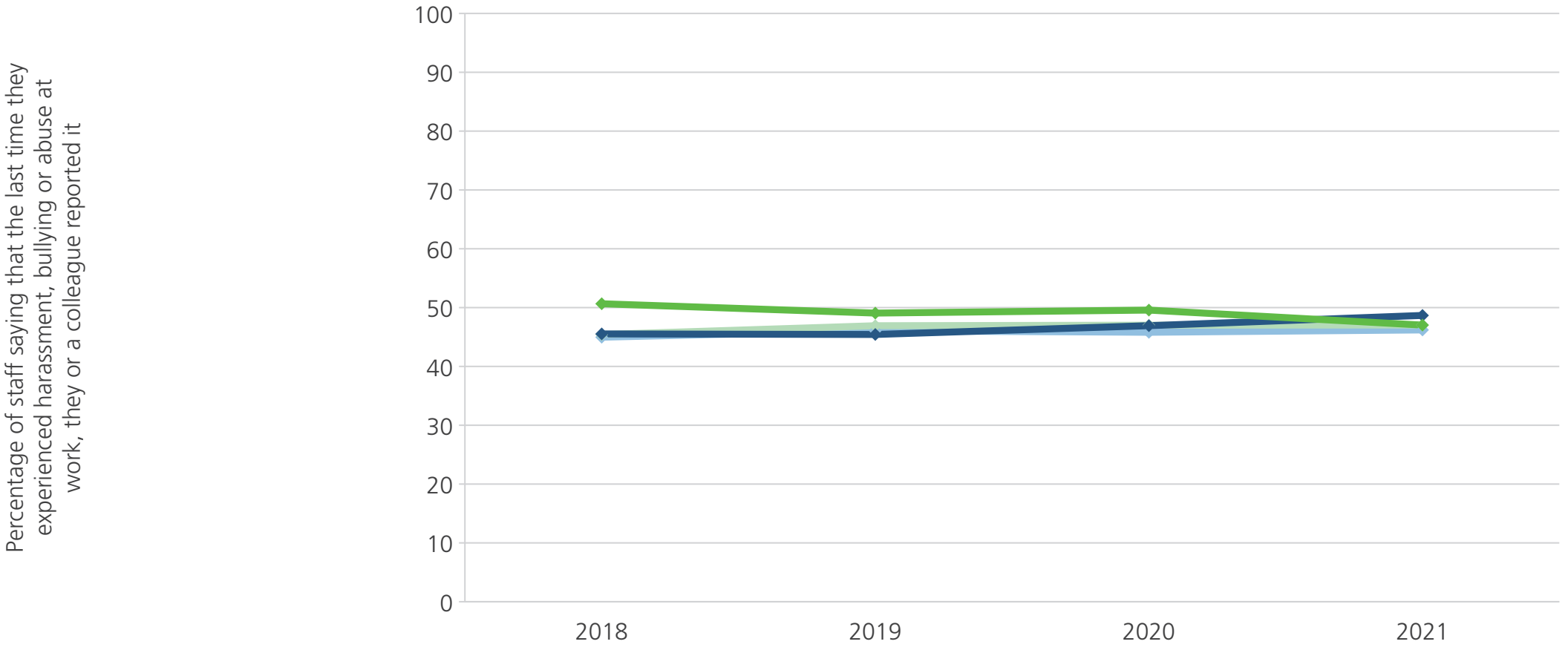
Average calculated as the median for the benchmark group



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	26.2%	24.6%	26.7%	21.6%
Staff without a LTC or illness: Your org	16.6%	16.4%	16.2%	13.6%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%
Staff with a LTC or illness: Responses	720	960	1,094	1,351
Staff without a LTC or illness: Responses	3,532	4,604	4,342	5,035

Average calculated as the median for the benchmark group

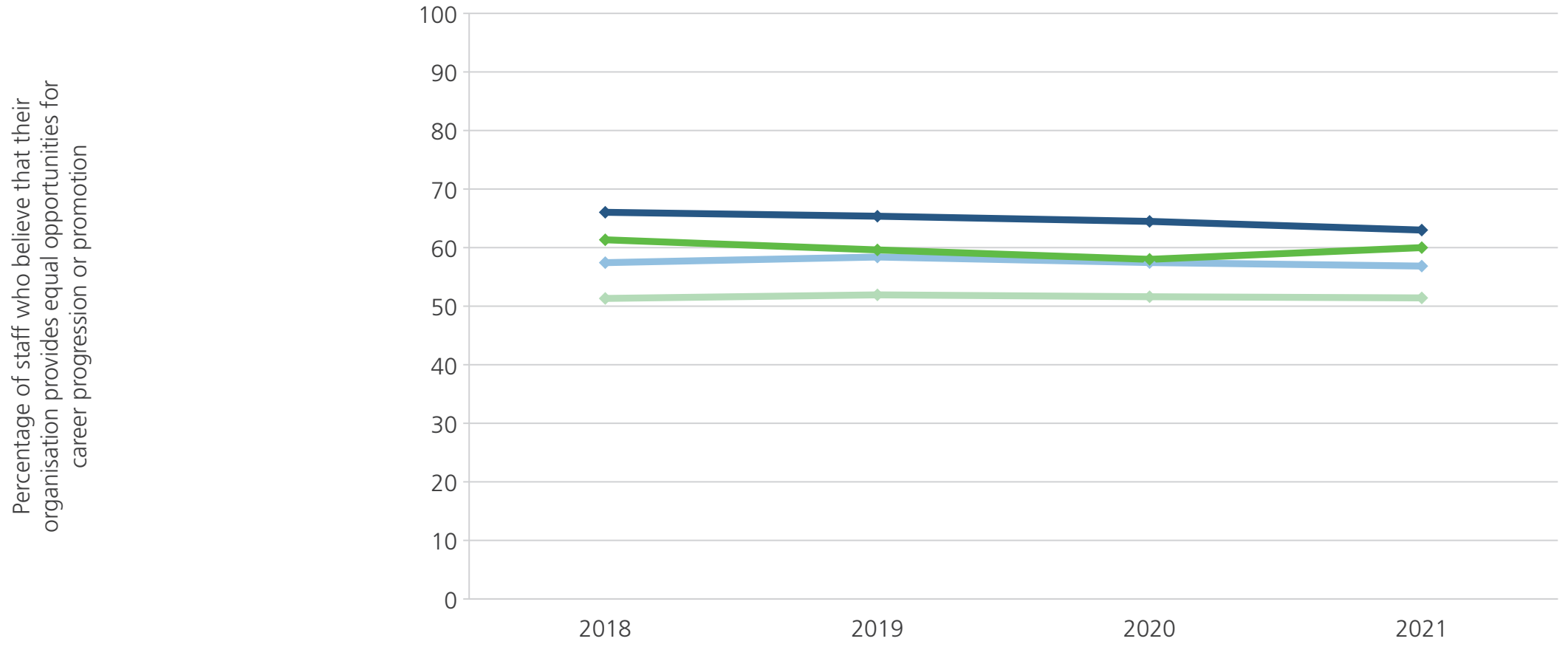
2021 NHS Staff Survey Results > WDES > Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	50.7%	49.1%	49.6%	47.0%
Staff without a LTC or illness: Your org	45.5%	45.4%	46.9%	48.7%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%
Staff with a LTC or illness: Responses	306	428	468	521
Staff without a LTC or illness: Responses	1,050	1,422	1,381	1,389

Average calculated as the median for the benchmark group

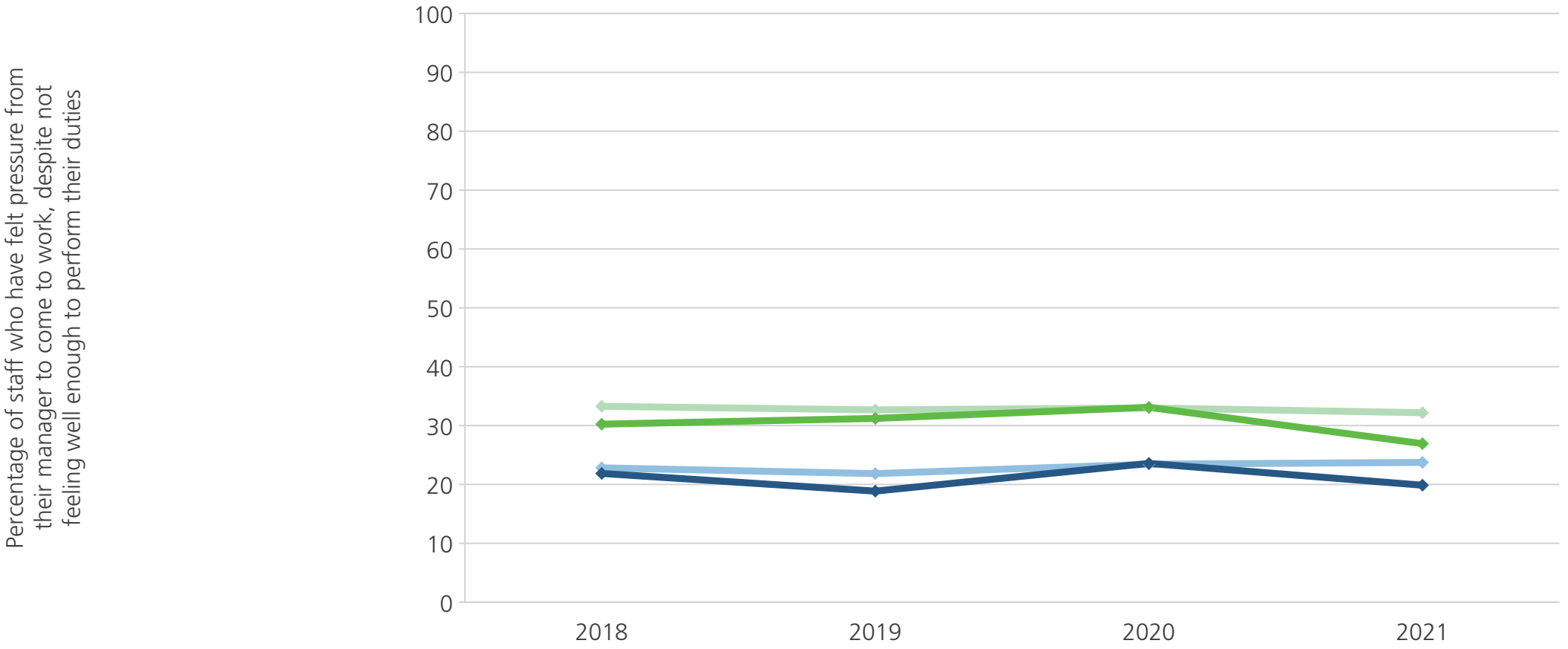
2021 NHS Staff Survey Results > WDES > Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	61.3%	59.6%	58.0%	60.0%
Staff without a LTC or illness: Your org	66.0%	65.4%	64.5%	63.0%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%
Staff with a LTC or illness: Responses	719	968	1,119	1,375
Staff without a LTC or illness: Responses	3,562	4,599	4,414	5,194

Average calculated as the median for the benchmark group

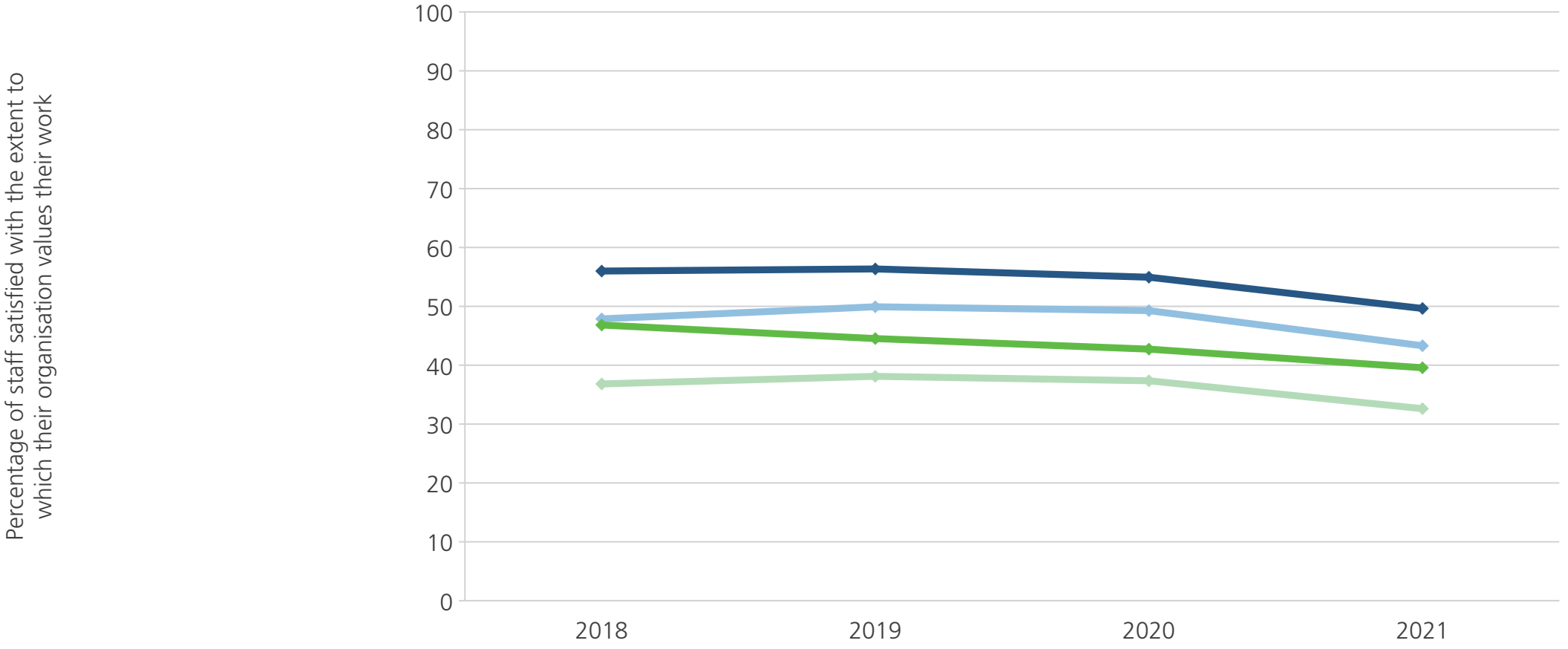
2021 NHS Staff Survey Results > WDES > Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	30.2%	31.2%	33.1%	26.9%
Staff without a LTC or illness: Your org	21.9%	18.9%	23.6%	19.9%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%
Staff with a LTC or illness: Responses	506	676	698	921
Staff without a LTC or illness: Responses	1,651	2,269	1,646	2,270

Average calculated as the median for the benchmark group

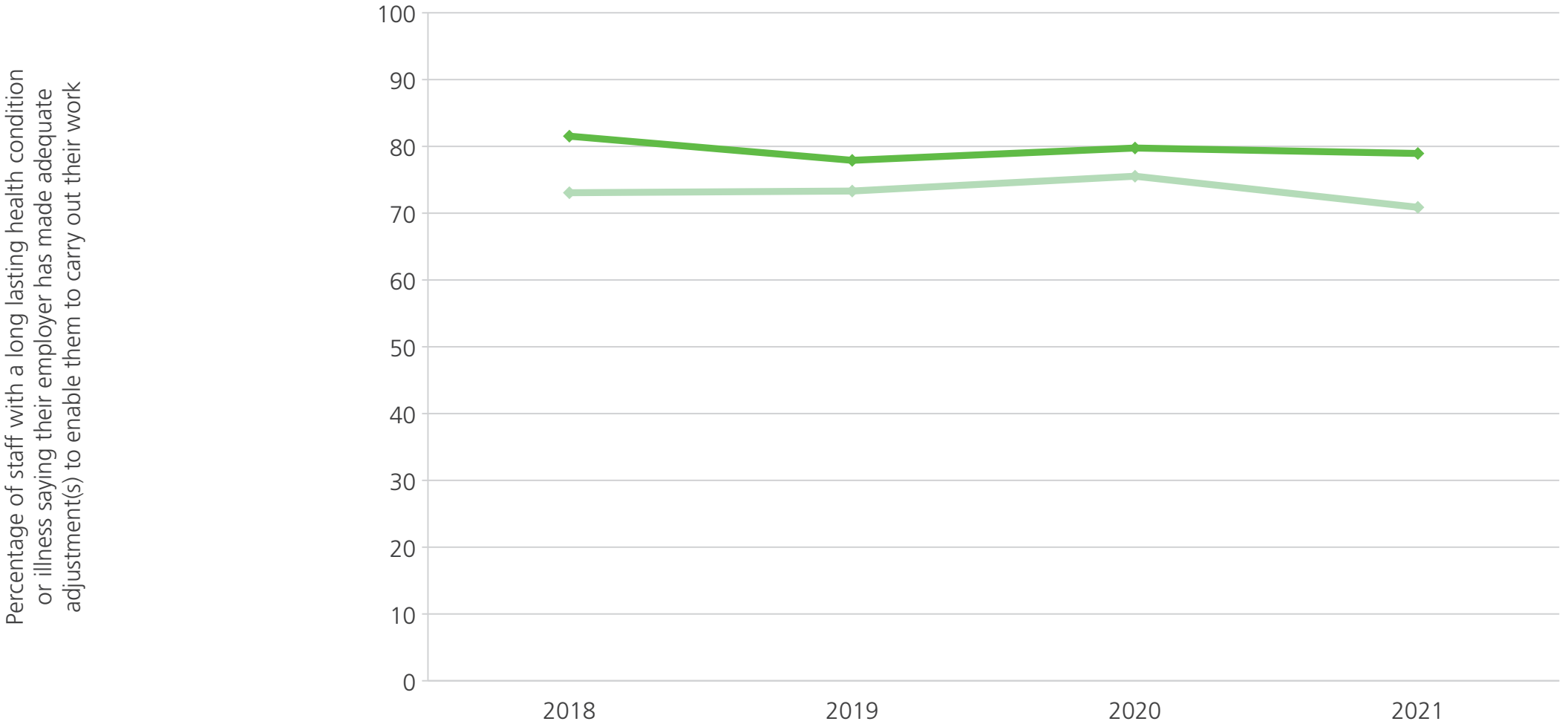
2021 NHS Staff Survey Results > WDES > Percentage of staff satisfied with the extent to which their organisation values their work



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	46.8%	44.5%	42.7%	39.6%
Staff without a LTC or illness: Your org	56.0%	56.4%	54.9%	49.6%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%
Staff with a LTC or illness: Responses	724	977	1,121	1,390
Staff without a LTC or illness: Responses	3,579	4,614	4,439	5,232

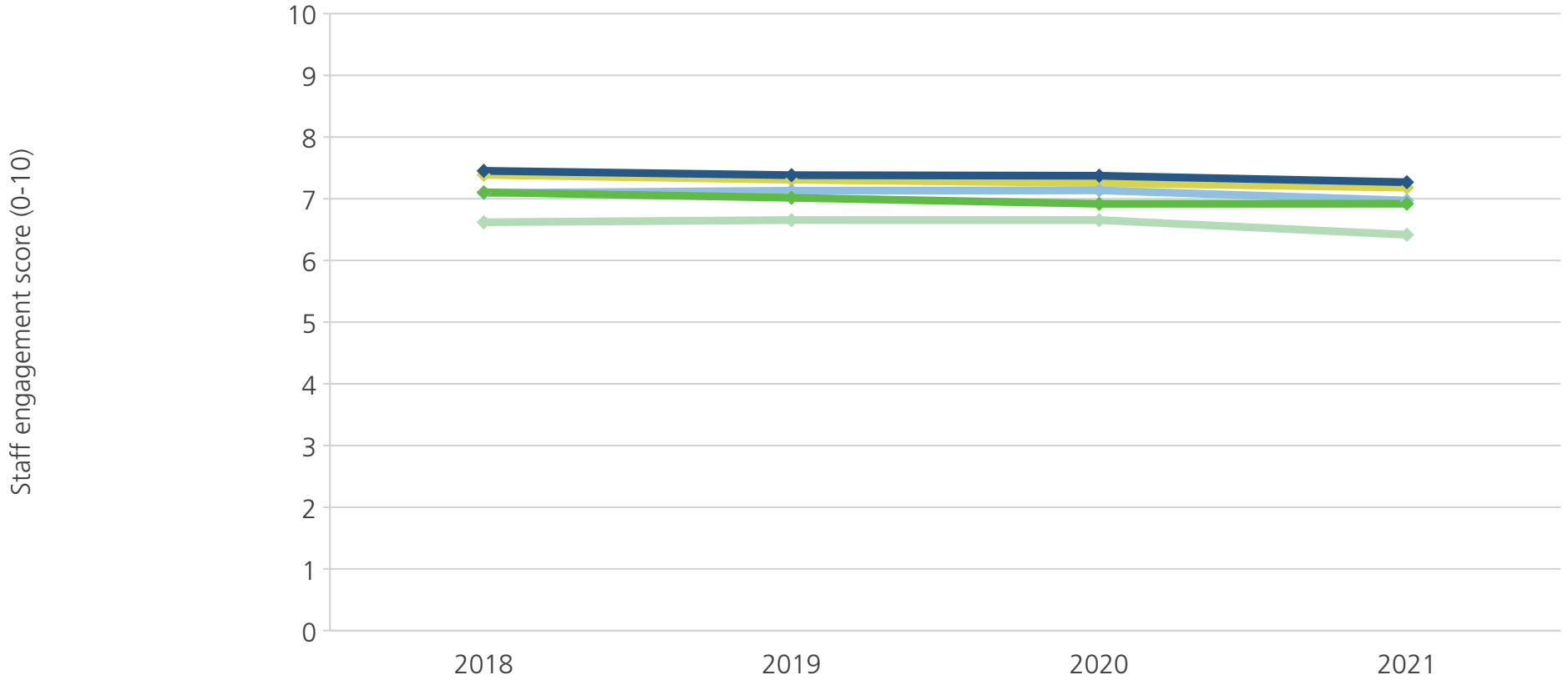
Average calculated as the median for the benchmark group

2021 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	81.5%	77.9%	79.8%	78.9%
Staff with a LTC or illness: Average	73.1%	73.3%	75.5%	70.9%
Staff with a LTC or illness: Responses	379	584	652	755

Average calculated as the median for the benchmark group



	2018	2019	2020	2021
Organisation average	7.4	7.3	7.3	7.2
Staff with a LTC or illness: Your org	7.1	7.0	6.9	6.9
Staff without a LTC or illness: Your org	7.5	7.4	7.4	7.3
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0
Organisation Responses	4,622	5,810	5,814	6,908
Staff with a LTC or illness: Responses	727	978	1,124	1,392
Staff without a LTC or illness: Responses	3,598	4,632	4,450	5,247

Average calculated as the median for the benchmark group

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Appendices

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

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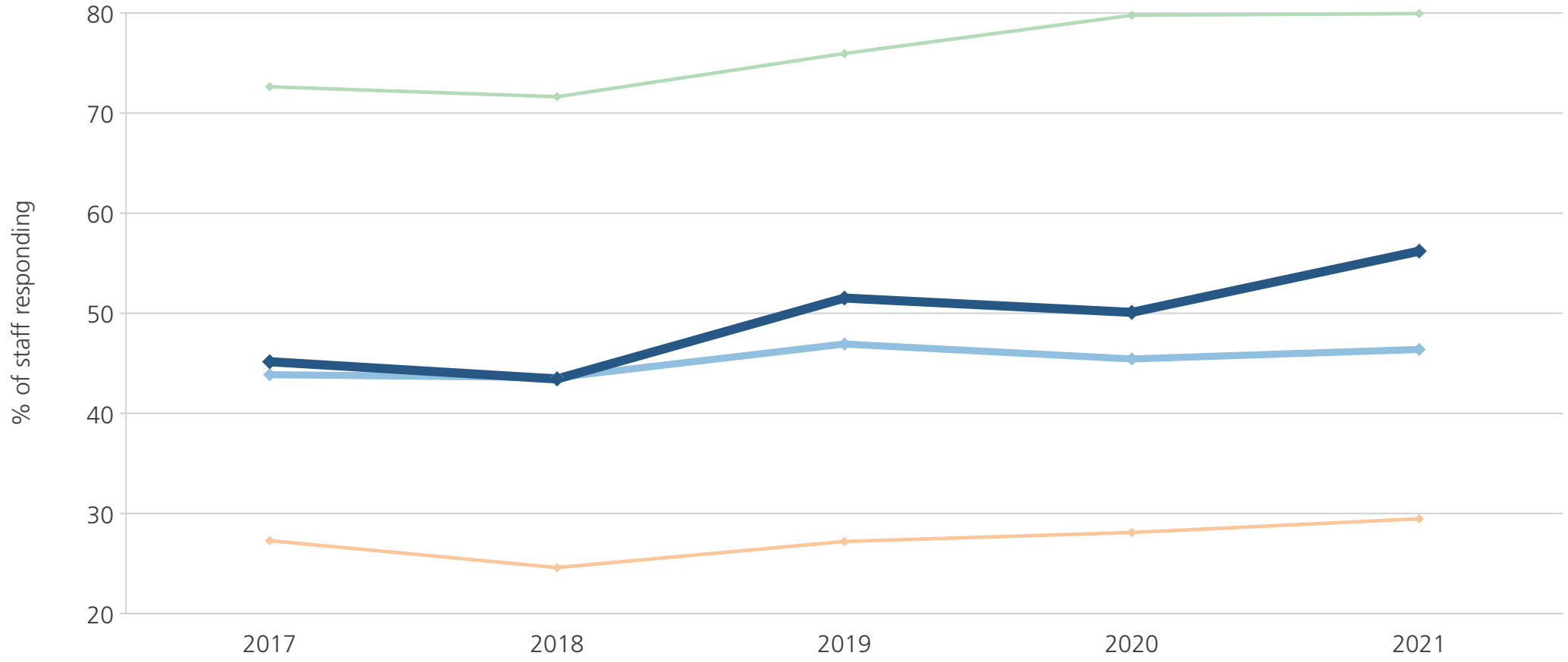
Appendix A: Response rate

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
Highest	72.6%	71.6%	76.0%	79.8%	79.9%
Your org	45.2%	43.4%	51.5%	50.1%	56.2%
Median	43.9%	43.6%	46.9%	45.4%	46.4%
Lowest	27.3%	24.6%	27.2%	28.1%	29.5%

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Appendix B: Significance testing – 2020 vs 2021

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021*. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2021 score is significantly higher than last year's, whereas ↓ indicates that the 2021 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			**7.5**	6747	N/A
We are recognised and rewarded			**6.1**	6897	N/A
We each have a voice that counts			**7.0**	6658	N/A
We are safe and healthy			**6.1**	6738	N/A
We are always learning			**5.7**	6450	N/A
We work flexibly			**6.4**	6863	N/A
We are a team			**6.8**	6786	N/A
Themes	**2020 score**	**2020 respondents**	**2021 score**	**2021 respondents**	**Statistically significant change?**
Staff Engagement	**7.3**	5814	**7.2**	6908	↓
Morale	**6.2**	5780	**6.0**	6890	↓

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

For more details please see the technical document.

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Appendix C: Tips on using your benchmark report

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

Data in the benchmark reports

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users who are new to the Staff Survey.

Key points to note

- The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the Staff Survey website.

- A key feature of the reports is that they **provide organisations with up to five years of trend data**. For this year, trend data is provided for the two themes of Staff Engagement and Morale, the sub-scores that feed into these themes and for all questions except those added to the survey for the first time this year, and those impacted by survey change. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.

- People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

1. Reviewing People Promise and theme results

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

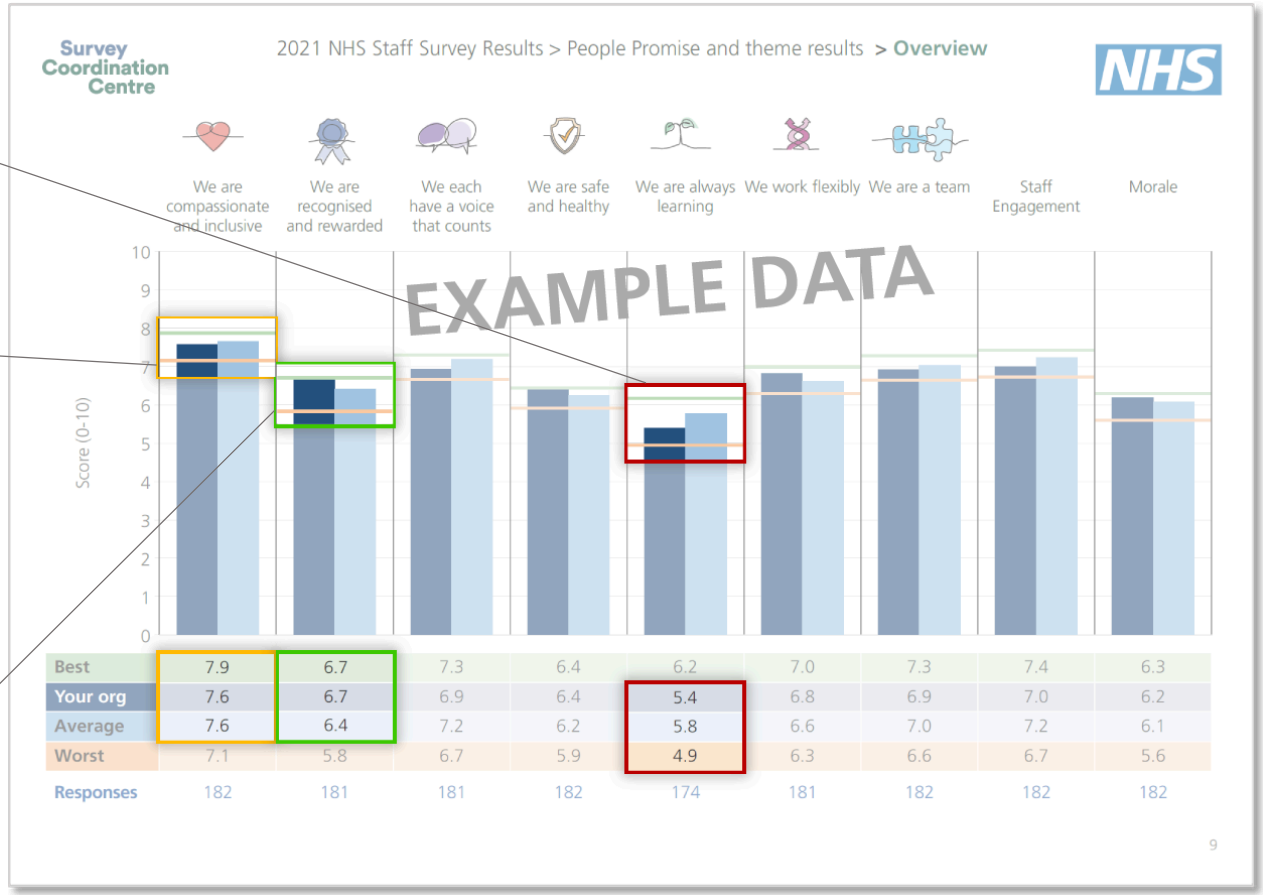
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.



Only one example is highlighted for each point

2. Reviewing results in more detail

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

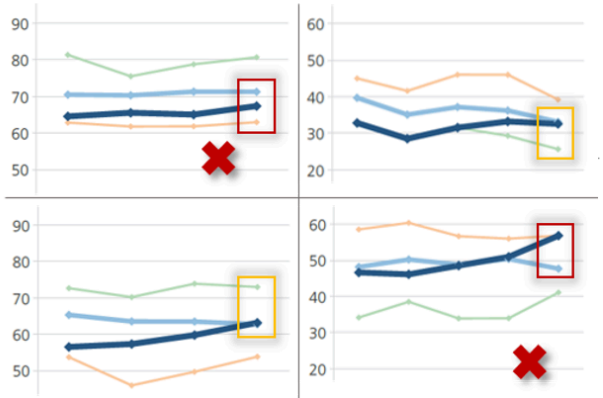
	2017	2018	2019	2020	2021
Best	6.3	6.5	6.3	6.3	6.2
Your org	5.7	5.8	5.8	6.0	6.2
Average	5.8	5.7	5.8	5.6	5.5
Worst	4.7	4.8	4.4	4.8	4.8
No. responses	344	803	668	738	764

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **'Detailed information'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✖ = Negative driver, org result falls between average & worst benchmarking group result for question

3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

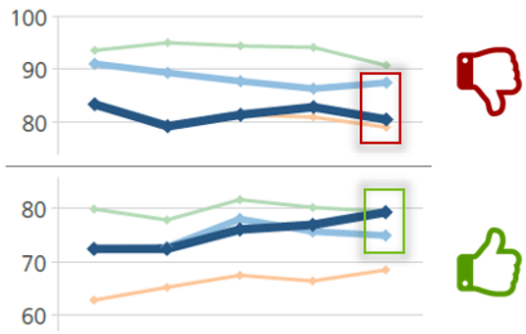
Identifying questions of interest

Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data. You can search for specific question results using the 'Find text' feature or by clicking on the question number in the table on page 4.

Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern**: look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes**: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

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Appendix D: Additional reporting outputs

University Hospital Southampton NHS Foundation Trust

2021 NHS Staff Survey Results

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Additional reporting outputs

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Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results

Local Benchmarking: Dashboards containing results for each participating organisation, similar those provided in this report, with trend data for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.

Local Breakdowns: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.

Directorate Reports: Reports containing People Promise and theme results split by directorate (locality) for University Hospital Southampton NHS Foundation Trust.

National results

National Trend Data and **National Breakdowns**: Dashboards containing national results – data available for five years where possible.

Regional/System overview and **Regional/System breakdown**: Dashboards containing results for each region and each ICS/STP.

Appendix B – Break down of People Promise elements, themes and sub scores and related survey questions.

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People Promise elements, themes and sub-scores

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Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15*, Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	**Sub-scores**	**Question**
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**UHS 5-year People Strategy**			
Agenda item:	**6.1**			
Sponsor:	**Steve Harris, Chief People Officer**			
Date:	**31 March 2022**			
Purpose:	**Assurance or reassurance**	**Approval** **X**	**Ratification**	**Information**
Issue to be addressed:	The UHS Corporate Strategy sets out 5 key pillars of focus. World Class People is one of the pillars critical to the future success of our organisation and the achievement of our corporate and clinical strategy. The UHS people strategy sets out our 5-year roadmap and ambitions for people at the Trust. People capacity is a major issue for the Trust. The critical challenges for UHS are finding, growing and retaining great values driven people for our clinical and corporate services.			
Response to the issue:	The people strategy, its ambitions, and key performance indicators, are based on 3 key pillars: **THRIVE:** Planning and growing the workforce of the future, recruiting, and retaining, working with our ICS partners, effective and well managed deployment. **EXCEL:** Making UHS a great place to work, great career development, reward recognition, environment. Supporting health, safety, and wellbeing of our people. **BELONG:** An inclusive, compassionate, and welcoming environment that values and supports them both personally and professionally. Everybody has a sense of belonging regardless of background. The strategy has been based on a substantial range of insights drawn from our people. It responds to the 2020 and 2021 staff survey themes and meets the requirements of the National NHS People Plan. The strategy has been extensively discussed previously through People and OD committee, Trust Executive Committee and through a Trust Board study session. It has the support of our Staff Partnership forum (Our local trade unions). The comments raised have been factored into the final version. TEC and board members have given their support to the previous versions. Each pillar sets out key focus areas for the next 5 years. Each pillar has a set of KPIs which will be measured through TEC and Trust Board. The People and OD committee will be tasked with oversight of the			

	development and approval of annual objectives and seeking regular assurance for delivery the strategy.
Implications: (Clinical, Organisational, Governance, Legal?)	• **Our Values:** The strategy is underpinned by our values and by continuing to grow strong collaborative working across all areas of UHS. A review of the behaviours underpinning our values is set to commence in Spring 2022. • **National NHS Strategy:** The strategy links to the objectives of the national NHS People Plan, and the emerging review of HR and OD in the NHS. • **CQC Ratings:** It aims to support the delivery of an authentically 'Outstanding' NHS organisation under CQC ratings, and specifically to support Outstanding in the Well Led Domain. • **Financial Impact:** The strategy will require ongoing appropriate investment to deliver World Class People interventions and practice. Financial impact and resource requirements will be subject to the annual budget setting and business case process. • **System Collaboration:** The strategy will require increased collaboration with partners to UHS in the ICS, education sector and social care. • **Long Term Workforce:** A key objective for 2022 will be the development of a long-term workforce demand plan, which will seek to address UHS strategic long term workforce requirements, in addition to outlining our education and development strategies to meet this. • **Partnership working:** The strategy is predicated on continued strong partnership working with our Trade unions and building flourishing staff networks. • **Governance:** Strategy progress will be managed through HR Performance board with progress reports to TEC via People Report and for the IPR. Board will seek assurance of progress through the formal People and OD committee.
Risks: (Top 3) of carrying out the change / or not:	The Strategy seeks to address the key Trust Organisational Risks as set out in the business assurance framework: 3 (a) We fail to increase the UHS workforce to meet current and planned service requirements through recruitment to vacancies and maintaining annual staff turnover below 12%. We fail to develop a longer-term workforce plan to link to the delivery of the Trust's corporate strategy. 3 (b) We fail to develop a diverse, compassionate, and inclusive workforce providing a more positive experience for all staff.

	3 (c) We fail to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust's longer-term workforce plan.
Summary: Conclusion and/or recommendation	Following the extensive process of consultation to date Board is asked to approve the final version of the strategy.

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University Hospital Southampton
NHS Foundation Trust

THE UHS WAY

OUR PEOPLE STRATEGY

2022 to 2026

CONTENTS

"HEALTH, SAFETY AND WELLBEING, COMPASSION AND INCLUSION HAS NEVER BEEN MORE IMPORTANT. THE PANDEMIC HAS LEFT THE NHS WITH CRITICAL CHALLENGES IN EMERGENCY AND ELECTIVE DEMAND"

FOREWORD BY
STEVE HARRIS – CHIEF PEOPLE OFFICER

The Coronavirus pandemic has fundamentally shifted the way people across the world think, act and what they value. Our people at UHS have worked relentlessly through challenging conditions over this time. They are our greatest asset and, as we move into our new future, their health, safety and wellbeing, compassion and inclusion has never been more important.

The days of competition for resources, for patients, and for people are over as the new world of healthcare places collaboration at its core. Working as part of the Integrated Care System (ICS) will shape and determine our future workforce planning and success.

As one of England's largest acute teaching trusts our ongoing partnership with the University of Southampton will also be a key component to recruitment and ongoing education opportunities.

We will also be driven more from the central NHS approach to people leadership. With a regularly evolving national People Plan, and a new blueprint for how the Human Resources (HR) and Organisational Development (OD) profession will operate over the next 10 years.

In this context the Trust developed its 5 Year Strategy – World Class People delivering World Class Care – guided by the principles of our Trust Values: Patients First, Always Improving and Working Together. One of its pillars is 'World Class People', our strategy for our UHS family for the next 5 years. Its success is interwoven with the wider ambitions for research and development (R&D), patient outcomes and experience, creating sustainable foundations for our future and delivering on the integrated networks agenda.

A strategy for our 13,000 people in the UHS family is a big challenge. We face national and international shortages of talented people, the conditions under which our people work in are not always ideal, and people have lacked time and space to develop and grow. Our people strategy is designed to give us light, give us hope, and provide a roadmap for achieving our World Class People ambition.

Steve Harris
Chief People Officer

WORLD CLASS PEOPLE

OUR STRATEGIC FRAMEWORK

Collectively, our **Vision**, our **Mission,** our **strategic themes** and our **Values** form our **strategic framework**.

Our approach is underpinned by our **systematic approach to quality improvement** at every level, facilitated by the implementation of our ***always improving strategy***.

ALWAYS IMPROVING

Our vision of '**World Class People, delivering World Class Care**' is underpinned by our constant commitment to making ourselves even prouder tomorrow than we are today of the outstanding patient care, inclusive culture, spirit of teamwork and collaboration (both within and outside our organisation). That commitment is embodied in our determination to always improve which directs how we do things at UHS. We call it **THE UHS WAY**. The thread that brings everything together and provides a unifying measure of our progress towards achieving our corporate vision.

The people strategy will deliver its part by enabling our people to thrive, excel and belong.

INSIGHTS FROM THE UHS FAMILY

Our people strategy is based on feedback and insights. Using a series of techniques and interventions, over 1,500 staff shared their experiences with us. This, coupled with our annual Staff Survey results, pulse surveys, and our social media insights and engagements, gave us a rich picture of what our people feel The UHS Way means to them.

IN SUMMARY THESE THEMES TELL US THAT OUR PEOPLE:

- Want the time to ensure they can deliver their best care for our patients.
- Are proud to be part of a leading teaching hospital with access to research.
- Believe that inclusion and belonging is important.
- Want health and wellbeing to always be a key priority.
- Value time for personal and team development and are frustrated they cannot always get this.
- Were energised by the creativity and speed of decision making that was unleashed during the first wave of COVID.
- Are strong advocates of UHS.
- Believe that kindness, civility, and compassion are crucial.
- Are concerned about the current and future pressure on UHS and the NHS.
- Want better rest facilities, improved digital people systems, and a better work environment.
- Want to ensure they have fair and equitable access to development and growth to be their best, whatever their background or stage in life.

Insight work in Appendix 1

THE NATIONAL NHS PEOPLE AGENDA

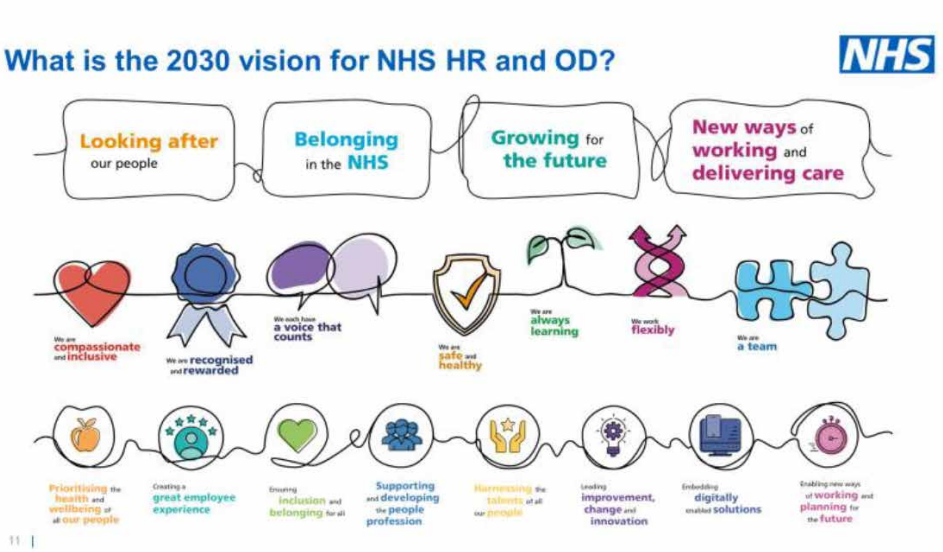
In 2020, **The National NHS People Plan** was published. This focused on 4 key areas and was underpinned by the People Promise. Together, the People Plan and People Promise are grounded in inclusion, belonging, growing and developing our people, and embracing new and innovative ways of working.

In November 2021, **The Future of HR and OD in the NHS** was published. Following detailed consultation with stakeholders across the service and acquiring expert advice from the Chartered Institute of Personnel and Development, and Lancaster University, the reports set the blueprint for the delivery of people services in the NHS for the next 10 years.

WHAT DOES THIS MEAN FOR UHS?

The national direction of travel aligns well with the 5 Year Strategy for UHS. It meets our ambitions, matches the insight from our own people, and provides a platform to continue to transform people practices in our organisation. It aligns to our values, particularly a goal to ensure we are Always Improving through 'The UHS Way'. It matches our collective ambitions to ensure inclusion, wellbeing, belonging and compassion are at the heart of our people experience.

The forward plan of the NHSI People Directorate will mean, over time, our individual approach to strategy will be driven by central NHSI, and our ICS, rather than organisational goals. Our progress against national people priorities will be measured through the ICS, and NHSI regional teams. We will review and refresh our people priorities at UHS as the emergent national review begins to be implemented.



The people directorate at UHS will align activities with the emerging national agenda which will include:

- Enhancing our digital people offerings to improve experience and increase productivity.
- Work with our partners in the ICS to build capacity and capability at scale across NHS.
- Deliver the continued development of this in the people profession at UHS, ensuring we continue to recruit, retain, and grow a values-driven, agile and innovative team.
- Aligning to national frameworks and policies developed as standardisation increases across the NHS.
- Strengthening further our partnership with the University of Southampton (and other education partners) to deliver our shared ambitions in education, workforce development and enhanced career opportunities.

OUR KEY STRATEGY GOALS

To achieve our ambition of World Class People our strategy sets out **3 key areas** of focus. These will inform our intention to grow our UHS family to:

1. **THRIVE** by looking to the future to plan, attract and retain great people and to ensure every area is resourced to meet demand. Working with our education partners, we will invest in opportunities for people to nurture and grow their skills, as well as work with them to grow our future workforce. We will offer flexible careers and make the best use of technology to ensure we plan and deploy our people to provide safe, high quality care.
2. **EXCEL** within an organisation where forward-thinking people practices are delivered at the right time and where team structures, culture and environment are all designed to support wellbeing and develop potential. We will deliver progressive opportunities for individuals to develop their knowledge and skills to become their best selves. We will recognise and reward our people for the great work they do in well-designed roles that provide the freedom to innovate and improve.
3. **BELONG** in a compassionate, inclusive and welcoming environment that values and supports every individual, both personally and professionally. We will ensure that every person feels free and comfortable to bring their whole selves to work, safe in the knowledge that they are welcomed, respected and represented.

These 3 principles will guide our activities, allocation of resources, and the management of our capacity and capabilities.

THE COLLABORATION BETWEEN OUR STRATEGIC PILLARS

World Class People is critical to the delivery of the four other strategic pillars in our 5 Year Strategy. Our people, and the innovation, quality, motivation, and care they provide, is critical to driving our strategy forward. The co-dependency and collaboration between pillars is critical to success.

OUTSTANDING PATIENT OUTCOMES, SAFETY AND EXPERIENCE

- Recruiting, retaining, and developing compassionate, inclusive people.
- Fair and Just culture – learning from sucesses and improving from errors.
- Caring for our people so that they can care for others.
- Harnessing the power of our diversity to improve our patient experience.

PIONEERING RESEARCH AND INNOVATION

- Attracting and retaining the best clinical minds to UHS.
- Supporting time and space for innovation in all our professions.
- Strong partnership with the University of Southampton in the people space.

WORLD CLASS PEOPLE

INTEGRATED NETWORKS AND COLLABORATION

- People agility and flexibility across organisational boundaries.
- Seamless movement between Trusts.
- Building people capacity at scale in the ICS.
- Standardisation of roles, terms, policies across the ICS.
- A deeper partnership between the NHS, social care, and third sector to meet people challenges.

FOUNDATIONS FOR THE FUTURE

- Sustainable, fair, flexible employment to grow opportunity.
- Building social purpose.
- Growing our future workforce.
- Improving health and wealth through great employment.
- Productivity and value for money through people practices.
- Achieving net zero through the engagement, energy, and passion of our people.
- Providing and maintaining a fit-for-purpose estate and environment for our people.

"THE WORLD CLASS PEOPLE STRATEGY IS ABOUT GROWING AND DEPLOYING THE WORKFORCE OF TODAY AND THE FUTURE. A THRIVING COMMUNITY, DELIVERING WORLD CLASS PATIENT CARE AND PEOPLE SERVICES"

WHAT ARE WE AIMING FOR?

AREA	OUR GOALS

THRIVE
Growing, deploying, innovating our workforce
	Meeting demands through innovation, focus on people, and development of talent:
	• **PLAN AND INOVATE** – Design a workforce plan which aligns to the ambitions in our Digital Strategy and Always Improving Strategy, where we develop roles for the future, aligned to transformation and emerging clinical practice. As key collaborators with our ICS partners we will focus on workforce capacity, growth and sustainability now and in the future at scale.
	• **EDUCATE** – Work with the University of Southampton, our wider education partners, and ICS colleagues to grow our future professionally qualified workforce capacity, specifically through more qualified nurses, Allied Healthcare Professionals, scientific and technical roles, and junior doctors.
	• **ATTRACT** – Develop a comprehensive inclusive talent attraction plan which will:
	  • Expand our overseas recruitment.
	  • Increase our apprenticeships with an ambition to grow our own.
	  • Offer career pathways and progression routes.
	  • Ensure succession plans for all leadership roles and critical/hard to recruit roles.
	  • Work with people in local communities to attract future talent into UHS and the wider NHS.
	  • Ensure a diverse and representative UHS leadership and workforce community.
	  • Focus on a flexible employment offering to meet diverse needs.
	  • Maximise our opportunities as a university teaching hospital.
	• **INSIGHT** – We will develop our people analytics, creating insights and intelligent dashboards to enhance the rigour of decision making.
	• **LEARNING** – Transforming professional learning and development to a more inclusive, discovery-based approach, self-driven development of knowledge, skills and experience, supported by leading educational provision.
	• **AGILE DEPLOYMENT** – Agile deployment; maximising technology and workforce systems to ensure skills and experience are in the right place at the right time. Greater flexibility to work at UHS and through our partner organisations in the ICS seamlessly.
	• **CONTINGENT WORKFORCE** – Ensure maximum value and opportunity from our contingent workforce focusing on agency, bank and our volunteers.

AREA	OUR GOALS
EXCEL A great place to work, develop and achieve	• **HEALTH AND WELLBEING** – The health and wellbeing of our people is a top priority. We will ensure we consider the impact of wellbeing initiatives and activity to promote and sustain wellbeing and a healthy work environment. We will focus on what really makes a difference in supporting people to stay well and healthy, and strive to achieve these. • **THE UHS CAREER PROMISE** – Everyone has a career plan who wants it. We will refresh our appraisal and performance system to ensure continual feedback, and clarity of purpose for all roles, connecting people to The UHS Way. We will link our careers opportunities and support to diversity, including different parts of peoples life experience and expectations. • **LISTEN AND ACT** – We will listen to our diverse UHS family, integrated team members, partners and communities to develop a deep understanding of how they are treated and what it feels like to work at UHS, and to respond accordingly. We will seek to make year-on-year improvements in the annual NHS Staff Survey and continue to raise participation. • **REWARD AND CELEBRATE** – We will reward people for the amazing work they do. We will celebrate success and raise the profile of our people and teams regionally and nationally. We will ensure our reward and celebration reflect our amazing diversity with the UHS family. • **A WHOLE EMPLOYMENT APPROACH** – We will major on the "UHS experience", we will delight people from our advert, to our induction, and right the way through their UHS journey. If they leave, we will ensure that is positive too. • **GREAT JOBS, WELL DESIGNED** – We want to get our job design right. We will simplify our processes and structures and ensure our jobs allow innovation and creativity. • **NURTURING TALENT** – we will grow and nurture diverse talent from all parts of the UHS family. We will enable this talent to flourish at UHS and across our partners in the ICS. • **OUR EMPLOYER BRAND** – We will generate a compelling offer for potential candidates through investment in our employer value proposition and brand. • **OUR ENVIROMENT** – We will develop our physical estate to improve the working, learning and rest environments for our people, including meeting diverse needs. • **PARTNERSHIPS** – We will ensure those we commercially partner with, align with our values and our expectations on the importance of the people agenda. • **SAFETY** – We will continue to make every effort to ensure our staff are not harmed, injured or become ill whilst at work; we will develop and implement a safety competence framework of knowledge and skills for staff in order to reduce the number of injuries and ill-health that occur as a result of our activities. • **RESEARCH AND DEVELOPMENT** – We will develop roles across our organisation that support our research for all strategy.

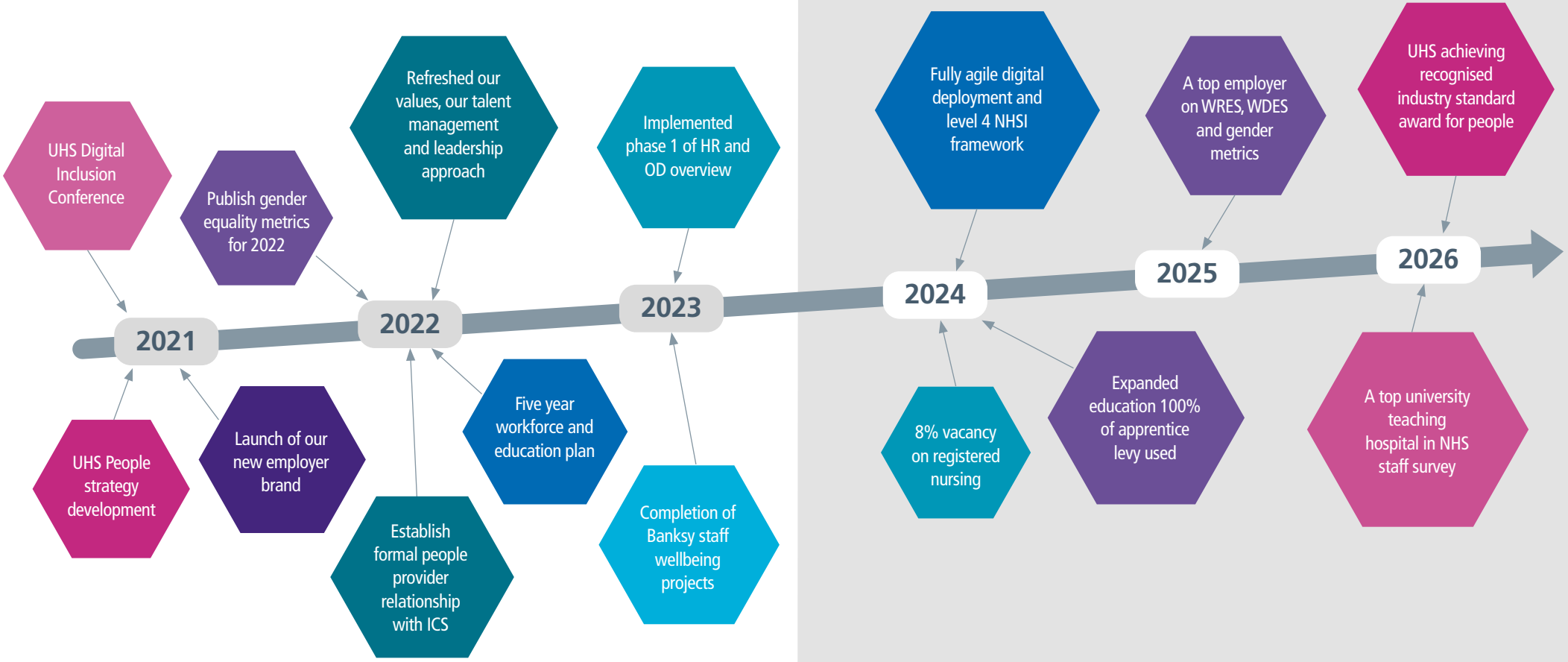
AREA	OUR GOALS
BELONG Compassionate and inclusive culture for all	• **LIVING OUR VALUES** – We will aspire to live our values every day through our interactions and decision making. We will review the behaviours that underpin our values, and ensure they remain true to our strategies and the driving force behind our aspired culture. • **LEADING THE UHS WAY** – We will continue to invest in our leaders and managers, recognising the impact they have on our people. We will create a variety of leadership programmes, interventions and offerings which will enable leaders to develop their skills for the future and equip them to deal with current challenges. Our leaders will focus on improvement in all that they do. • **BEING YOU AT WORK** – We will focus on creating the conditions where people can thrive and be their best self at work, where difference is celebrated and respected. We will drive the ethos of inclusion and belonging through all our strategies, and leadership development and culture programmes. We will collaborate with external partners who will assist us in this ambition. • **JUST AND LEARNING CULTURE** – We will develop our culture of civility where people can confidently speak up, learn from errors and improve services. We will train more people in appreciative inquiry techniques so we can identify what works well and replicate success. • **REPRESENTING ALL OUR PEOPLE** – We will take positive action to develop people from underrepresented groups with an aim of diversifying leadership at all levels. • **OUR NETWORKS GUIDING US** – We will support our Staff Networks to grow and thrive, ensuring people can get involved, share their lived experiences, and input in to decision making. • **BELONGING FOR ALL** – We will tackle inequality in the workforce driven through a progressive and bold Diversity and Inclusion Strategy, and we will not tolerate bullying, harassment and discrimination towards our people. • **A FAMILY OF ALLIES AT UHS** – We will focus on allyship and offer bystander training for all our leaders and people.

HOW WILL WE DO THIS?

How we approach the implementation of the people strategy is key.
We will deliver our five year strategic goals through:

Driven by our values	Our approach to delivery will be driven by our 3 Trust values. We will keep Patients First, Working Together, and Always improving at the centre of how we work. We will listen to our people who will help us to refresh and evolve the values underpinning meaning and behaviours to meet our desired culture and strategic aims.
Insight led	Our approach will be driven by the insight of people, by national and local intelligence, and by industry standard practice on what works.
Inside out approach	The brand of UHS will be driven by our people; our people are the core focus of our attention. Our communication will be driven by an inside out approach, where our people are the key influences and drivers of our messages, engagement, and involvement.
Collaboration at UHS	We will aim to break down silos, work flexibly across corporate and clinical teams, and maximise talent and engagement. Our overall strategy at UHS can only be achieved by effective collaboration between all of the 5 pillars. We will proactively partner with our staffside groups, building on our strong relationships. We will continue to develop our Staff Networks to ensure diverse voice is at the heart of our decision making.
Collaboration with our partners	We will collaborate and share with our NHS and other health and social care partners locally and nationally to collectively address the workforce challenges of today and solutions for tomorrow. We will work to remove organisational boundaries and work together to maximise economies of scale and capitalise on innovation.
Sustainability	Sustainability is important to our people and it is important to the Trust. We will ensure a sustainability focused approach to our work that: • Reduces environmental impact. • Aims to deliver long term benefits for our people and our communities. • Can demonstrate our social responsibilities.
Delivery through the UHS family	We have so much talent and enthusiasm across the UHS family. We will deliver our goals where possible through using the creativity, passion, and experience of our people. We will develop communities of practice for OD initiatives, we will offer opportunities for people to engage on key projects and initiatives, and we will provide time, space and resources away from the workplace to do this.

TIME HORIZON



MEASURING SUCCESS

We will measure success through clear key performance indicators (KPIs) based on best in class in the NHS and industry. These will be reported through our Trust governance mechanisms, reported to Trust Board, and through to the ICS and regional oversight groups.

Our KPIS are driven by our own peoples experience (inside out), but also our comparison with peers and other industries (outside in).

Our KPIs may evolve over time and may be informed by national priorities and standardisation. They will continue to be informed by the priorities at UHS, our strategy, but also the national people agenda.

AREA	KPI measure	Source	Current	2024 Target	2026 Target
THRIVE Growing, deploying, innovating our workforce	Vacancy rate: All staff	ESR	7.0%	6%	5%
	Vacancy rate: Registered nursing	ESR	13.4%	10%	8%
	All staff turnover	ESR	13.7%	12%	11%
	Sickness absence	ESR	4.2%	3.4%	3.2%
	NHS Staff Survey: We work flexibly	Staff survey theme	6.4	6.7	7.0
	NHSI levels of attainment (Rostering and deployment maturity)	National NHSI team	TBA	Level 1	Level 4
EXCEL A great place to work, develop and achieve	NHS Staff Survey: Recommendation as a place to work	Annual and pulse staff survey question	72%	76%	80%
	NHS Staff Survey: Staff engagement score	Annual staff survey theme	7.2	7.4	7.5
	Trust NHS Rank engagement of official channels on social media	Social and digital media tracking	Top 5	Top in all channels	
	% of Appraisals completed	ESR	72.6%	92%	92%
	NHS Staff Survey: We are always learning	Annual staff survey theme	5.7	6.0	6.5

AREA	KPI measure	Source	Current	2024 Target	2026 Target
EXCEL A great place to work, develop and achieve	Satisfaction with quality of work environment	Annual staff survey local question from 2022	–	60%	70%
	% Apprentice levy utilised each year	Apprentice Levy	TBC	TBC	TBC
	NHS Staff Survey: Safe environment measure	Annual staff survey theme	6.1	6.5	7.0
	NHS Staff survey: My organisation takes positive action on health and wellbeing	Staff survey Question	61%	75%	80%
	External industry accreditation	Times top 100 Employers			Award achieved
BELONG Compassionate and inclusive culture for all	NHS Staff Survey: We are compassionate and inclusive	Annual staff survey theme	7.6	7.8	8.0
	Percentage of staff who definitely feel a sense of belonging	Quarterly pulse survey	74%	77%	80%
	Percentage of staff employed at Band 7 and above from non-white backgrounds	ESR	10%	14%	19%
	Percentage of staff employed at Band 7 and above with a disability or long term condition	ESR	TBC	–	–
	Recommendation as a place to work from our diverse communities	Quarterly pulse survey	Race, gender, LGBTQ+, disability and LID to mirror all staff		
All AREAS	CQC Outstanding for well led	CQC	Good	Good	Out-standing

"ENSURING CONTINUED PROGRESS AGAINST THE STRATEGY IS KEY, INCLUDING VISIBILITY TO THIS VITAL ISSUE AT TRUST BOARD LEVEL"

GOVERNANCE AND OVERSIGHT

Ensuring continued progress against the strategy is key, including visibility to this vital issue at Trust Board level.

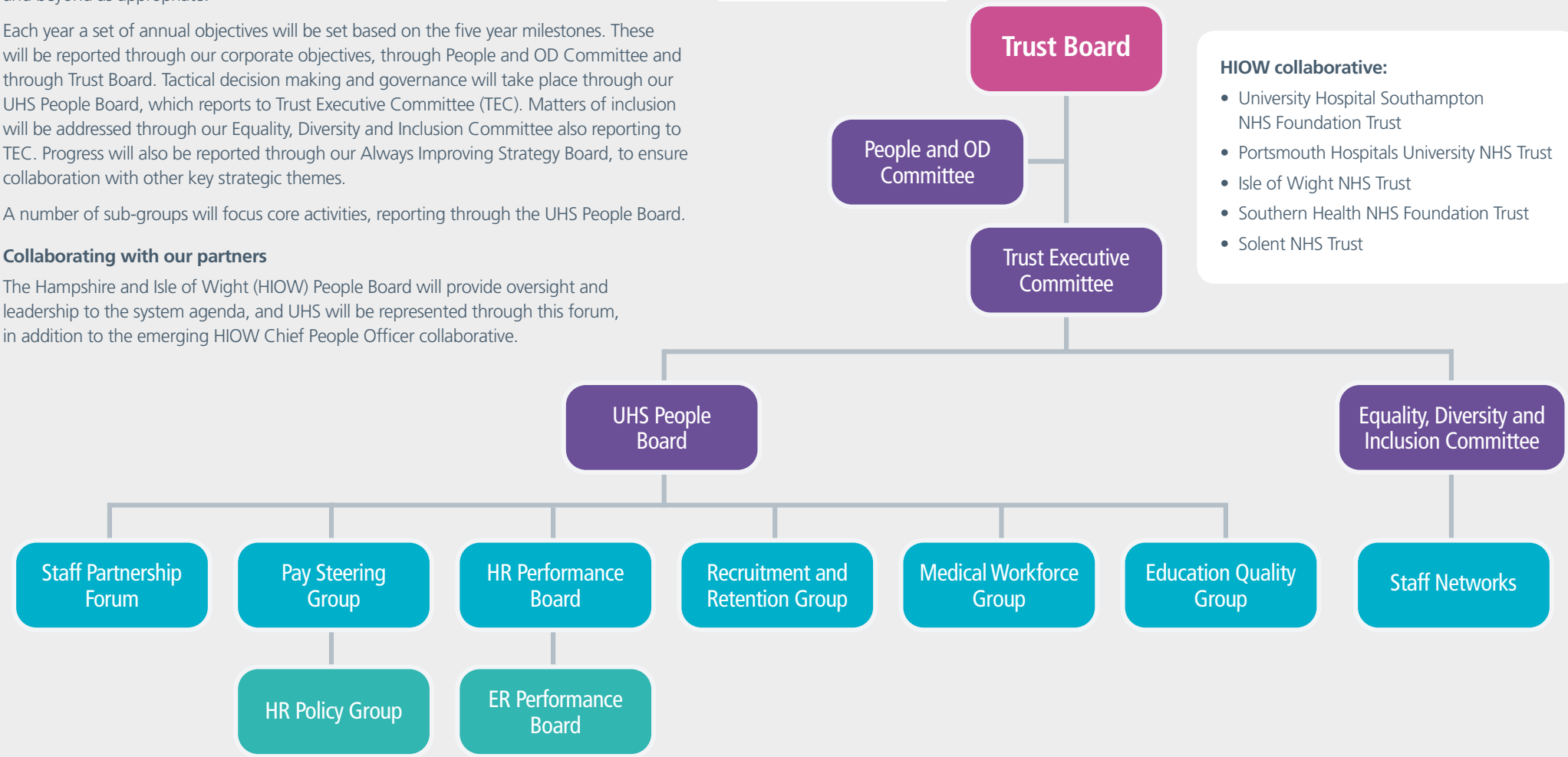
The strategy will become our guiding document for all activities in the People Directorate and beyond as appropriate.

Each year a set of annual objectives will be set based on the five year milestones. These will be reported through our corporate objectives, through People and OD Committee and through Trust Board. Tactical decision making and governance will take place through our UHS People Board, which reports to Trust Executive Committee (TEC). Matters of inclusion will be addressed through our Equality, Diversity and Inclusion Committee also reporting to TEC. Progress will also be reported through our Always Improving Strategy Board, to ensure collaboration with other key strategic themes.

A number of sub-groups will focus core activities, reporting through the UHS People Board.

Collaborating with our partners

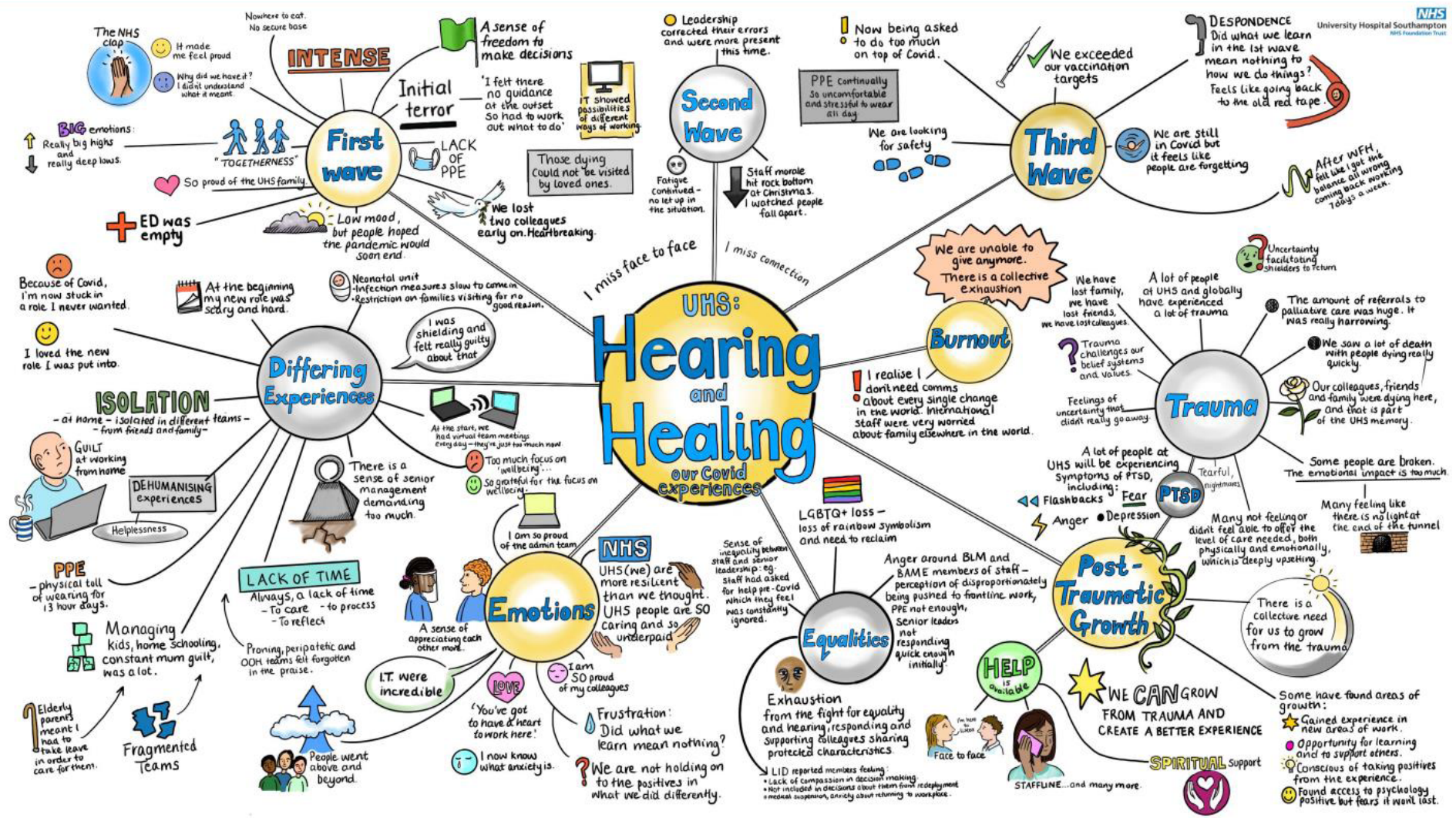
The Hampshire and Isle of Wight (HIOW) People Board will provide oversight and leadership to the system agenda, and UHS will be represented through this forum, in addition to the emerging HIOW Chief People Officer collaborative.



HIOW collaborative:

- University Hospital Southampton NHS Foundation Trust
- Portsmouth Hospitals University NHS Trust
- Isle of Wight NHS Trust
- Southern Health NHS Foundation Trust
- Solent NHS Trust

APPENDIX 1 – INSIGHT WORK



"OUR PLAN WILL SUPPORT OUR GREATEST ASSET – OUR PEOPLE. TO BUILD A FUTURE FOR UHS WHERE WORLD CLASS PEOPLE ARE ABLE TO DELIVER THE WORLD CLASS CARE OUR PATIENTS DESERVE.

WE LOOK FORWARD TO WORKING WITH YOU ALL ON THIS JOURNEY"

WORLD CLASS PEOPLE

NHS
University Hospital Southampton
NHS Foundation Trust

"A WORLD CLASS ORGANISATION IS MADE UP OF WORLD CLASS PEOPLE. THEY ARE OUR GREATEST ASSET"

THE UHS WAY

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University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Sustainability Board Progress – Trust's Green Plan**			
Agenda item:	**6.2**			
Sponsor:	**Paul Grundy, Chief Medical Officer/Chair of the Sustainability Board**			
Author:	**Jason Light Head of Sustainability and Energy & Paul Chamberlain, Associate Director EFCD Clinical Services**			
Date:	**31 March 2022**			
Purpose	**Assurance or reassurance**	**Approval** X	**Ratification**	**Information**
Issue to be addressed:	To provide an update from the Sustainability Board to Trust Board specifically noting progress on: • Approve the Green Plan • Note progress on the renewal of the Veolia Energy Centre and contract. • Note the impact of international energy price rises.			
Response to the issue:	For Note and to approve the update for Trust Board.			
Implications: (Clinical, Organisational, Governance, Legal?)	The briefing carries no specific implication, however it provides information regarding key strategic and operational aspects, which will support future consideration of decisions as necessary.			
Risks: (Top 3) of carrying out the change / or not:	• Failure to adopt a Green Plan contravenes the expectations of the NHS standard contract. • Failure to retender the energy centre contract will undermine the delivery of the NHS Carbon net Zero target, and risk higher energy bills.			
Summary: Conclusion and/or recommendation	This update outlines the progress made in developing a draft Green Plan, setting out a framework for University Hospital Southampton NHS Foundation Trust to undergo a path to achieving greater sustainability, and ultimately to meet the NHS expectation of delivering Carbon Net Zero status. This briefing additionally outlines the progress to date, and pathway proposed to procure a new energy centre contract, guided by a clear understanding of our technical options to deliver decarbonisation at the trust. The trust is also briefed on the continued pressures of escalating and highly volatile energy prices, resulting in the prediction of a further £3m cost pressure, and the actions being undertaken to deliver some cost avoidance.			

Summary

UHSFT recognises the need for the delivery of a sustainable healthcare environment and has invested time and structure in meeting the demands of this change.

This update outlines the progress made in developing :

- **A Green Plan to underpin delivery of a sustainable healthcare environment.**
  The plan sets out the framework for University Hospital Southampton NHS Foundation Trust to undergo a path of incremental change to achieve greater sustainability, and ultimately to deliver on the NHS commitment to reduce our carbon impact.

- **The approach to identifying the transformation of services and infrastructure required to complete the path to net zero.**
  The existing Energy contract expires in March 2023 and is currently based upon ageing infrastructure which carries a substantial carbon footprint. Procurement of a new energy contract is underway, and will be guided with a clear understanding of our technical options to deliver decarbonisation at the trust.

This update will also highlight :

- **A substantial cost pressure against the energy budget and the actions to mitigate this.**
  Due to growth in trust footprint and activity, and the international volatility of energy prices, UHSFT is projected to experience a cost pressure in excess of £3.5m in the financial year 2022/23 despite a blended approach to gas purchasing and a fixed price electricity deal.

  Several actions have been implemented to mitigate this pressure, with some success, and while energy bills will continue to increase, successful actions have been taken, achieving some cost avoidance. Examples to highlight, would be doubling the use of low temperature hot water, from 28% to 56%, de-steaming the Princess Anne Hospital, the addition of Solar PV cells to the roofs of new builds such as oncology, and increasing the amount of smart metering, facilitating greater understanding of use and demand, to target wastage, and optimise availability.

Background

Service condition 18 of the NHS standard contract outlines the requirement for all trusts to create and implement a green plan, improving air quality, and reducing carbon emissions.

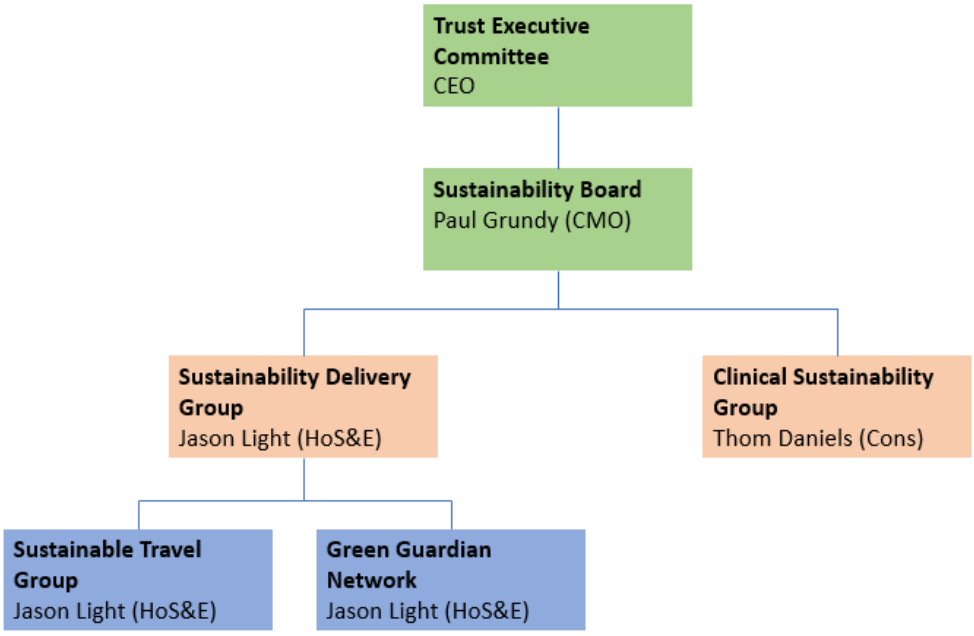
Green Plan Development

Following NHS IE guidance, work has been undertaken to develop the UHSFT Green Plan. With stakeholders across the trust, and with the support of the communications team. The draft green plan (see Appendix A) is attached for Trust Board consideration.

Sustainability Structure

We have recognised that to successfully deliver the actions and objectives set out in the Green Plan, requires more than simply a green plan, with a strong governance structure being essential to ensuring that the strategy and innovation are achieved.

We have established a structure which delivers engagement from floor to board, providing a logical approach to ensuring that operational and strategic actions are achieved.



The Green Guardian Network - is an informal group of UHS staff members, and partner teams who support the delivery of the Trusts Sustainability objectives by:

- gathering of information, highlighting issues and putting forward opportunities
- sharing best practice and
- co-ordinating awareness raising.

Clinical Environmental Sustainability Group - Lead by the Clinical Environmental Sustainability Lead, this group of Clinicians are collaborating to produce a Clinical Sustainability Strategy & associated action plan. They will take the lead in rolling out of improvements across UHS.

Sustainability Delivery Group - Lead by the Head of Sustainability and Energy, the Sustainability Delivery Group is responsible for delivering the Trust's Sustainability Programme. The Group provides the Sustainability Board with a means of assurance regarding the Sustainability Programme.

Sustainability Board - Chaired by the Chief Medical Officer. The board is responsible for overseeing the Trusts Sustainability Programme, particular in relation to meeting NHS England's Net Zero Targets. Alongside the Chief Medical Officer, the Board includes the Chief Financial Officer, Director of Estates, Facilities and Capital Development, Director of Communications, Clinical Environmental Sustainability Lead and a representative of the Council of Governors

Sustainability Performance

Since 1 April 2021 the Trust has been required to submit quarterly returns to NHS IE on a range of Sustainability Indicators. These indicators cover matters ranging from Climate Adaptation, Assurance and Governance, Food and Nutrition, Medicine, Supply Chain, Travel and Transport. To allow monitoring of progress, these indicators have been developed into a dashboard. The Dashboard indicates that the Trust has made steady progress, in the most recent Quarter 3 moved from 57.07% to 60.88%.

Domain	% Q1 - Score	% Q2 - Score	% Q3 - Score	% Q4 - Score	Average Y2D
Adaptation	75.00%	75.00%	75.00%	0.00%	75.00%
Assurance and Governance	33.33%	83.33%	83.33%	0.00%	66.67%
Food and Nutrition	40.74%	44.44%	44.44%	0.00%	43.21%
Medicines	40.00%	40.00%	60.00%	0.00%	46.67%
Supply Chain	12.50%	62.50%	62.50%	0.00%	45.83%
Travel and Transport	37.14%	37.14%	40.00%	0.00%	38.10%
Averagve	**39.79%**	**57.07%**	**60.88%**	**0.00%**	**52.58%**

Transformation of infrastructure toward Net Zero NHS

Energy Centre Renewal

The Contract with Veolia who manages the Energy Centre is due to expire on the 31 March 2023, however we are currently undertaking negotiation of a short extension, in order that the procurement process and most robust future model can be procured. In order to deliver a robust, and future proof energy centre contract, and to enhance our drive to meet our sustainable obligations we have :

- Engaged the Carbon Energy Fund (CEF) to provide expert support to the procurement programme. They are a fully managed Energy Management Procurement Framework.
- Conducted physical Site Surveys to evaluate the infrastructure we have.
- Prepared an Initial High Level Feasibility report.
- We are now working on a draft Strategic Business Case
- Held a potential supplier open day

Decarbonisation Assessment

In order to support the delivery of an appropriate energy centre and contract, we have conducted a decarbonisation assessment via external consultancy Salvis and are reviewing their initial findings. Significant investment would be required to decarbonise the whole trust, with an initial estimation suggesting around £50m over 10 years may be required so a balanced model is likely.
There are expected to be grants available to support this substantially. (potentially without affecting cdel.)

Next steps:

- September 2022 – Submit to executive for approval of business case following receipt of detailed tenders
- October to November 2022 – Executive Approval following further clarification
- January 2023 – Preferred bidder contract negotiation
- October 2023 - EPC commences

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Energy Price Pressures

The price of gas has led to significant pressures on the Trusts energy budget

Since the last TEC update in October energy prices have continued to increase to levels not seen for 25 years. The financial projection sin this section of the paper were calculated before the development of the Ukraine war. We have made no attempt to alter the projections due to the complete unpredictability that crisis introduces.

Projected Energy Spend for 2021/22
From April 21 to December the Trust spent £8m in total including recharges, recent projections indicate that gas prices will remain high for the foreseeable with the total spend during 21/22 projected to be in the region of £11m. After recharges to external tenants the final UHSFT spend is expected to be in the region of 8.6m.

Projected Energy Spend during 2022/23
Projected spend for 2022/23 is expected to be in the region of £12m, after recharges to tenants the projected cost to UHS during this year is expected to be £10.3m, a growth of £3.5m over the budget for this period.

Mitigation

Electricity Price Fix
The decision to lock into a fixed Electricity rate until end March 2023 for our main import has insulated the Trust from recent price rises. The Trust is projected to spend £1.86m importing electricity during this period, since this decision electricity prices have continued to increase, with more recent offers to other Trusts upwards of 50% higher than the UHS fixed rate.

Explore CCS Framework
We are exploring a return to procuring the imported energy outside of the energy centre contract through a separate framework agreement with the Crown Commercial Services framework, enabling potential access to greater cost avoidance for the trust, and bringing us into alignment with the majority of NHS trusts.

Operational Adjustments

While external influences on price are beyond our control a number of mitigations are underway to moderate the risk where possible including examples such as :

- Expedite LED Light fitting and other energy saving fitments.
- Using Solar PV where appropriate
- Window replacement at PAH
- Extending energy metering to actively manage consumption.
- Increasing Low Temperature Hot Water utilisation – already increased from 28% to 56%

Effect of mitigations

While the growth of the trust footprint and activity, along with rising prices, it should be recognised that the mitigating actions have delivered a significant reduction in energy consumption per square metre of the site, indicating successful deployment of initiatives.

Conclusion

A robust structure is now in place at UHSFT to deliver momentum and focus on the sustainable objectives of the trust, and with the strategy that will provide direction through the trust's Green Plan, we can start to take strides toward delivering a more sustainable environment both within the hospital and more widely, while demonstrating our leadership as an anchor employer across the local health system.

NHS
University Hospital Southampton
NHS Foundation Trust

THE UHS WAY

OUR GREEN PLAN

2022 to 2025

CONTENTS

OUR SUSTAINABLE UHS
Together we'll create a healthier future

"WE ARE ALL KEY TO SUCCESSFULLY TRANSITIONING UHS TO BECOME A SUSTAINABLE ORGANISATION"

MESSAGE FROM
THE CHIEF MEDICAL OFFICER

At UHS we recognise that to effectively respond to the climate crisis everyone has a part to play, including myself.

Our Green Plan sets out where we are on our journey to decarbonising UHS and achieving the challenging NET ZERO target set by the NHS. In this plan we identify our areas of focus and our ambitions for the next three years.

We are all key to successfully transitioning UHS to become a sustainable organisation, learning what we can do, be that from a personal or professional perspective.

I haven't entered this arena with a strong background in environmental sustainability but it has caused me to reflect very significantly. I am therefore going on this journey with you all; there really are so many actions we can take at home and work that will collectively make a big difference. At home I've been looking at many actions to improve energy efficiencies, increase recycling and reduce plastics use, but also if an electric vehicle could work for my commute.

Alongside this I am seeking improvements through my clinical role and, in sponsoring this programme,I am hoping together we can make a positive impact on the environment through everything UHS does.

As this first Green Plan is just the beginning, we look forward to working with you all in developing the programme.

Paul Grundy

Paul Grundy
Chief medical officer

OUR SUSTAINABLE UHS
Together we'll create a healthier future

BACKGROUND

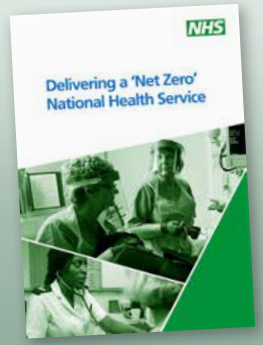
THE NATIONAL PICTURE

The UK is committed to becoming **carbon-neutral by the year 2050**, as per the Climate Change Act 2008. The national NHS targets and the targets within this Green Plan are based on the Climate Change Act 2008.

In October 2020, the NHS became the **world's first health service** to commit to reaching carbon net zero, in response to the profound and growing threat to health posed by climate change. The *'Delivering a Net Zero Health Service'* report sets out a clear ambition and two evidence-based targets:

1. for the emissions we control directly (the NHS Carbon Footprint), to be **net zero by 2040**, with an ambition to reach an **80%** reduction by **2028 to 2032**.
2. for the emissions we can influence (our NHS Carbon Footprint Plus), to be **net zero by 2045**, with an ambition to reach an **80%** reduction by **2036 to 2039**.

In October 2021 the chief executive of the NHS, **Amanda Prichard**, stated that climate change is a health emergency, as well as an environmental emergency and how important activities were to make a difference to patients, staff, communities, and to save lives.



TOGETHER WE'LL CREATE A HEALTHIER FUTURE

OUR TARGET: **NET CARBON ZERO BY 2045**

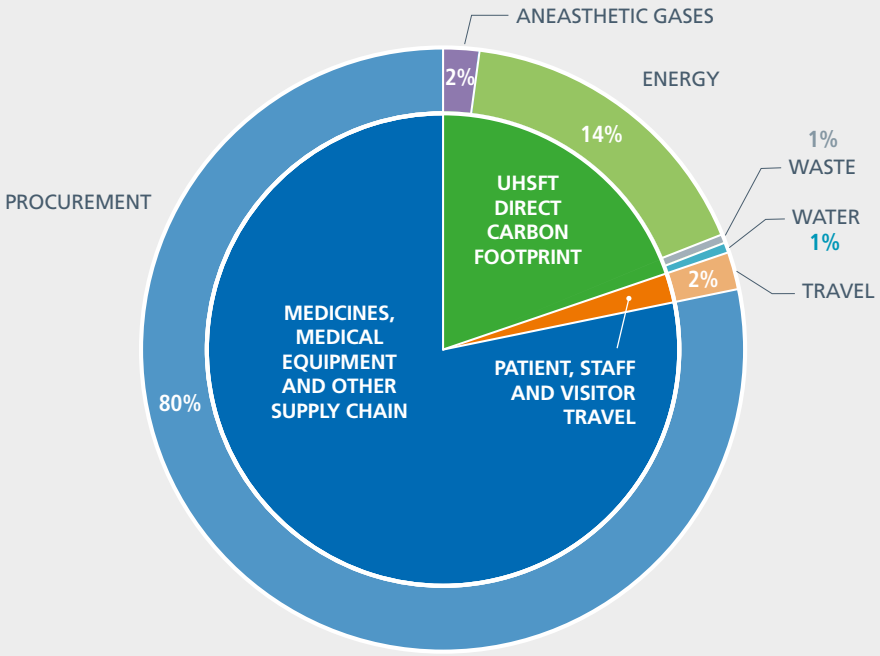
THE PICTURE AT UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST (UHS)

We recognise the **enormous challenge** that the issues of climate change, air pollution, waste and environmental decline present to the city of Southampton and the impact that these issues have on the health and wellbeing of the local population we serve. This plan outlines how we as an organisation are planning to help address these issues at a local level.

UHS NET ZERO PATHWAY

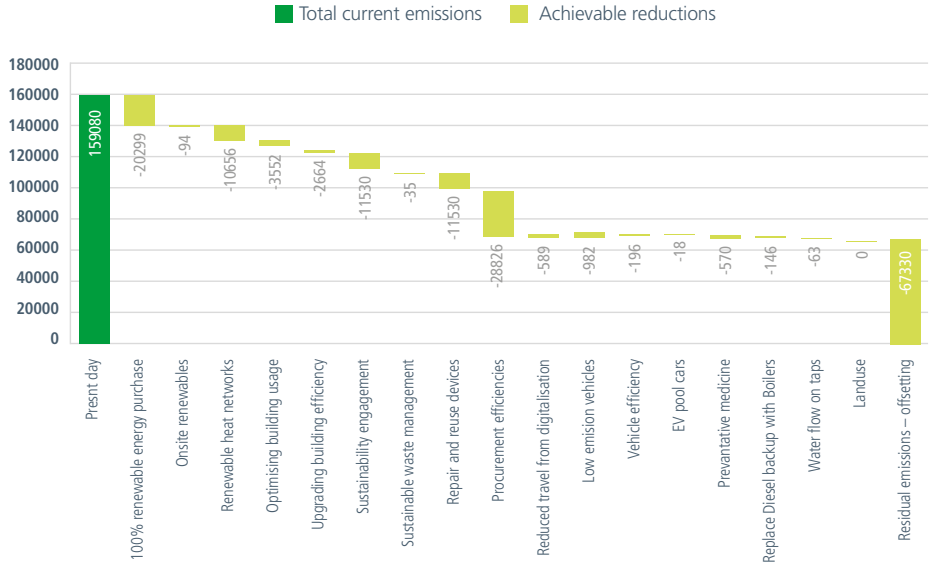
In order to plan our pathway to net zero carbon emissions, we must first understand the areas responsible. The chart below identifies the sources of emission by activity. Whilst the chart makes clear that the area around medicines, medical and other supply chain gives us the greatest opportunities for positive change, the small changes each individual one of our 13,000 staff can make will contribute significantly to the overall picture.

UHS carbon emission (tCO2e) by activities



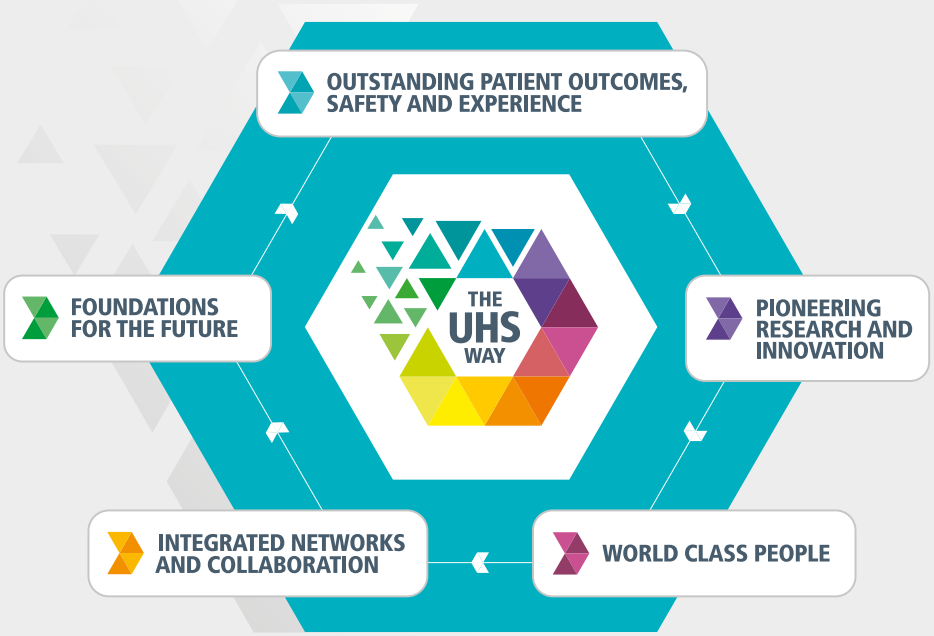
An assessment has been carried out looking at the impact of a range of activities which can be achieved through existing technology. This has indicated that through current technology it should be possible to transition around half the Trust carbon emissions over the next decade.

Carbon reduction pathway



SUSTAINABILITY AS PART OF THE UHS WAY

The work of the sustainability board and its sub-groups sit within the Foundations for the future strategic pillar as, at its core is the intention to build a sustainable future for UHS and to contribute to the longterm goals of the NHS. Yet the ambitions and the outcomes we seek to achieve cross each one of the pillars that form **THE UHS WAY**. Delivering world class care is more than just about offering the most advanced treatments or delivering the best outcomes, it's also about doing all of these things in a sustainable, environmentally responsible way. And so it's integral to all that we do here at UHS and it should factor into each and every decision we all make.



OUTSTANDING PATIENT OUTCOMES, SAFETY AND EXPERIENCE

The overall decarbonisation aim is designed to improve the health and outcomes of our population (which include our staff) so it is within this pillar that we see the greatest impact.

- **Adaptation** – looking at how we can ensure the extreme weather conditions we now experience do not negatively impact the quality of the care or our patients' experience of care. See page 32.
- **Biodiversity** – this is the key indicator of the health of an ecosystem. By looking at how we can improve our own biodiversity we able to positively contribute to the health of the local population. See page 34.
- **Food and nutrition** – by looking to increase plant based and locally sourced food products within our supply chain we will be able to offer our patients food that is healthier for them and our planet. See page 30.
- **Travel and transport** – by supporting sustainable travel options we can reduce air pollution and ease traffic congestion around our hospital sites. See page 26.
- **Digital transformation** – by embracing new and innovative healthcare technology we are able to offer care to our patients in their own home or in more convenient locations. That improves their experience of care and reduces the need for travel to our sites. Reducing unncecessary journeys reduces air pollution and reduces traffic congestion and parking around our sites, benefitting the health and wellbeing or residents local to UHS. See page 22.
- **Clinical and medicines** – in order to improve the sustainability and perfomance of the Trust it is important to improve the sustainability of our care models. See page 20.

WORLD CLASS PEOPLE

• **Adaptation** – the issue of how we as an organisation adapt to the now more common place extreme weather conditions has a huge impact on our staff who are not only trying to ensure they continue to deliver a high standard of care during these events, but are also often putting themselves at risk travelling to and from work in such adverse weather conditions, and are then working in those conditions. See page 32.

• **Biodiversity** – seeking to improve our own biodiversity will positively contribute to the health of our staff. Biodiverse green spaces also have a huge impact on mental health, so the provision of such spaces is essential to the wellbeing of our staff. See page 34.

• **Food and nutrition** – as mentioned, by looking to increase plant based and locally sourced food products within our supply chain we will be able to offer our staff nutritious options that support their health and wellbeing and food which has had a limited impact on the environment. See page 30.

• **Travel and transport** – by supporting sustainable travel options we can reduce air pollution and ease traffic congestion around our hospital sites. See page 26.

• **Digital transformation** – investing in technologies that reduce stress and pressure on staff will improve their mental wellbeing, reduce errors and ensure they feel supported and empowered to do their jobs to the best of their ability. See page 22.

INTEGRATED NETWORKS AND COLLABORATION

• **Supply chain and procurement** – ensuring the sustainability of our supply chain will require us to support, guide and work together with the internal departments who receive goods and services from our supply chain, our procurement team who purchase these on behalf of the Trust and, of course, our external supply chain partners. Only by working collaboratively with all our stakeholders can we deliver a shared vision. See page 24.

• **Clinical and medicines** – as part of an integrated care system, we are collectively responsible for delivering the NHS targets and therefore it's crucial that we work alongside our NHS partners, sharing insight and best practice and monitoring progress. See page 20.

• **Travel and transport** – as one of the city's largest employers and organisations many residents interact with, we can support Southampton City Council's Clean Air Strategy by encouraging behaviour change to improve air quality. See page 26.

FOUNDATIONS FOR THE FUTURE

• **Adaptation** – it's important that as a Trust we look a how the climate is changing and what impact that will have on our ability to perform our function. Yet, it's not just adverse weather events that force us to adapt our estate. In order to stop the nosocomial infections of Covid-19, good ventilation became a crucial factor. This means we need to understand and predict the possible risks posed to our estate, our staff and our patients and having an established plan in place to mitigate these risks. See page 32.

• **Estates and facilities** – it's important that we review our estate and facilities to ensure that its able to cope with the impact of the changing climate, as well as look at how we can reduce the environmental impact of our buildings and operations, and ensure future estate development plans are sustainable. See page 16.

• **Supply chain and procurement** – building relationships with suppliers that have sound and deliverable green plans as well as looking at their impact on our financial performance. For example, the significant increases in the price of fossil based fuels have had a significant impact on UHS. Whilst the prices we pay as consumers are capped, there are no such price caps for commercial use. Any reduction in the use of such fuels will not only reduce our emissions but will enable us to invest the money saved in other areas. See page 24.

• **Travel and transport** – we have a responsibility to understand what our sustainable models of care may look like in the future so that we can predict what future travel and transport requirements are needed. We can then work with local transport organisations to help inform their strategies. See page 26.

• **Digital transformation** – understanding the impact the digital element of our clinical strategy will have on future models of care and working with the integrated care system on the vision of healthcare in the future and how that translates into how we structure our services and estate for the UHS of the future. See page 22.

PIONEERING RESEARCH AND INNOVATION

• **Clinical and medicines** – Innovative sustainable QI projects and improvements to management of medical gases. See page 21.


TOGETHER WE'LL CREATE A HEALTHIER FUTURE
OUR TARGET: NET CARBON ZERO BY 2045
University Hospital Southampton NHS Foundation Trust recognises the enormous challenge that the issues of climate change, air pollution, waste and environmental decline present to the city of Southampton.
As this first Green Plan is just the beginning, we look forward to working with you all in developing the programme.
OUR TARGET:
NET CARBON ZERO BY 2045

GOVERNANCE

Sustainability Board

In June 2021 the Trust Executive formed a **Sustainability Board** to lead the programme, this is chaired by the **chief medical officer**. The board is responsible for overseeing the Trust's sustainability programme, particularly in relation to meeting NHS England's Net Zero Targets. Alongside the chief medical officer, the Board includes the chief finance officer, director of estates, facilities and capital development, director of communications, clinical environmental sustainability lead and a representative of the Council of Governors.

Alongside the sustainability board sit a number of groups that ensure the operational delivery of the programme, these include:

Sustainability Delivery Group

Lead by the head of sustainability and energy, the Sustainability Delivery Group is responsible for delivering the Trust's sustainability programme. The group provides the Sustainability Board with a means of assurance regarding the sustainability programme.

Clinical Environmental Sustainability Sub-Group

Lead by the clinical environmental sustainability lead, this group of clinicians are collaborating to produce a clinical sustainability strategy and associated action plan. They will take the lead in rolling out of improvements across UHS.

Green Guardian Network

The Green Guardian Network is an informal group of UHS staff members, and university students who support the delivery of the Trust's sustainability objectives by:

- gathering information, highlighting issues and putting forward opportunities
- sharing best practice and
- co-ordinating awareness raising.

ESTATES AND FACILITIES

Estates represents the largest contributor to greenhouses gases at UHS and therefore offer the greatest opportunity for improvement. Direct emissions in the form of gas consumption alongside electricity consumption and embodied energy in development will all be targeted. Continual improvement in utilities management is **crucial to reducing our carbon footprint** and achieving our emissions targets.

Presently 100% of the electricity that the Trust imports is renewable, in addition to this around 60% of the electricity is generated via two large CHP systems or onsite Photovoltaic Panels.

The Trust will continue to roll out energy saving initiatives as part of our campaign on energy and resource efficiency. This will include the replacement of fluorescent lights with low energy alternatives. Energy efficiency will also be factored into procurement decisions in order that all new products, services and buildings acquired are suitably efficient.

We are in the process of completing a decarbonisation study for the Trust, which will set out a pathway for Net Zero. The study will look at options to decarbonise all heating and electricity.

AMBITION

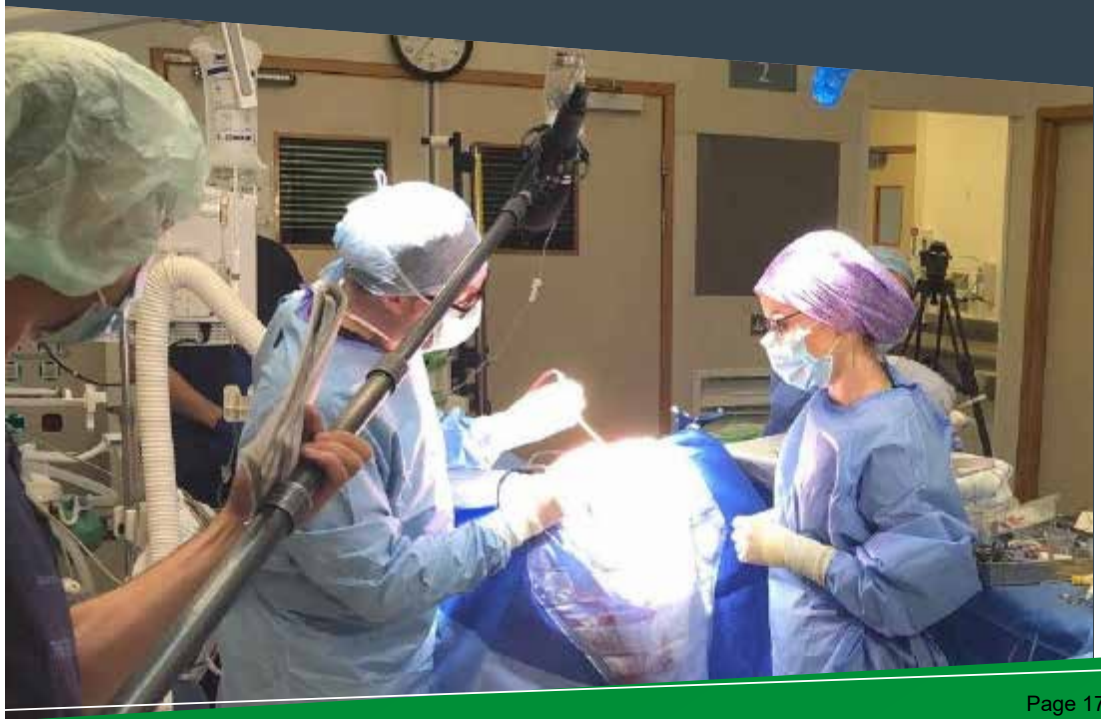
- Production of a comprehensive decarbonisation strategy for the trust
- Expansion of onsite renewable generation
- Highly efficient development, targeting BREEAM Excellent*
- Energy efficiency improvements through the Estates Maintenance Programme

*BREEAM is the world's leading sustainability assessment method for masterplanning projects, infrastructure and buildings.

CLINICAL AND MEDICINES

To improve the sustainability performance of our Trust it is important to improve the sustainability of our care models, so we can continue to provide high quality care that does not create negative patient outcomes, environmental, social or economic impacts.

We will reduce our direct and embodied greenhouse gas emissions, such as that caused by harmful levels of anaesthetic gases, by becoming more sustainable in our use of medicines and medical equipment, such as meter-dosed inhalers. We will also get better at reducing, reusing and refurbishing a range of equipment like walking aids quickly and safely. These will all form part of our clinical environmental sustainability strategy.



We will become more sustainable through continuous improvement and innovation in the care we provide for our patients. Focusing on key areas with initiatives and utilising sustainable QI will ensure we find ways to innovate.

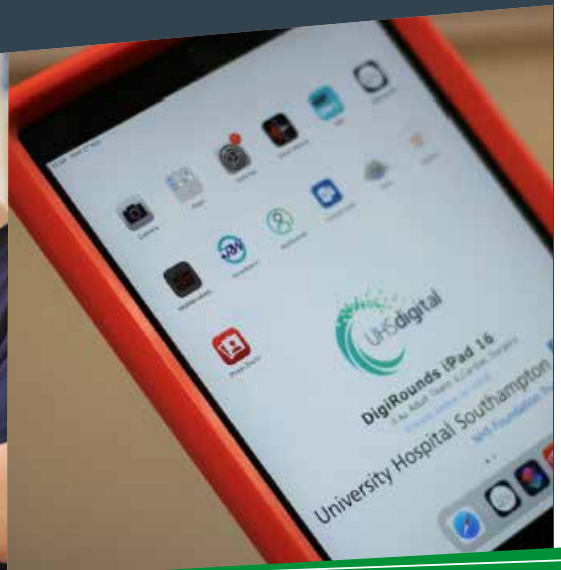
AMBITION

- The Trust will produce a new clinical environmental sustainability strategy
- Rollout of measures aimed at reducing consumption and the impact of medical gases such as inhalers
- Rolling programme of service areas sustainability audits
- Expansion of sustainable QI activities

DIGITAL TRANSFORMATION

The Trust has been part of the **Global Digital Exemplar (GDE)** programme and during that time has seen the delivery of a wide range of projects which have delivered benefits for both staff and patients. The GDE programme accelerated our progress in digital maturity towards being a digital first organisation, largely paper free with data driven decision making.

Sustainability has been embedded within the Trust's new 2021-2026 Digital Strategy. The Informatics team measure benefits by assessing the reduction in the number of times a patient needs to travel into hospital.



In 2019 the Digi Rounds solution was developed with Trust consultants and provides a highly portable (via ipads) read-only summary of key clinical information. In this year we changed the way admission offices work by introducing eTCI (electronic To Come In). Previously, paper cards were used to describe a patients procedure and were stored on walls or draws onsite. This is now 100% electronic in CHARTS and saves admin time and improves patient safety.

digi Rounds

AMBITION

- Take forward an agile working strategy
- Expansion of mobile tablet electronic forms and digital workflow to improve admin and clinical process
- Increased options to switch off all paper correspondence (clinical and admin)
- Further remote working enhancements such as home working

SUPPLY CHAIN AND PROCUREMENT

UHS is in line with the national picture that approximately two thirds of its Net Zero Plus footprint relates to supply chain and procurement emissions.

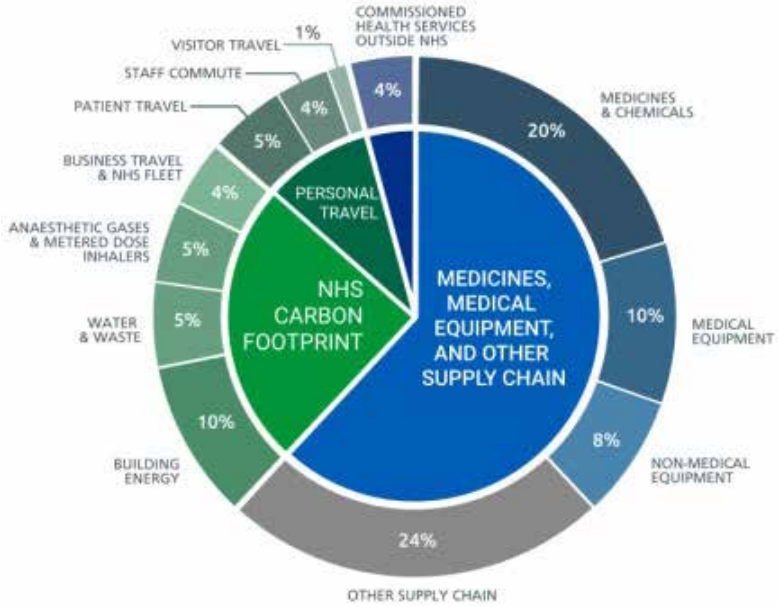
We will become more sustainable through continuous improvement and innovation in the care we provide for our patients. We are already leading the way on digitally enabled care and will continue focusing on ways to innovate patient-centred care, that is preventative and closer to home where possible.

AMBITION

- The Trust is in the process of developing a new **decarbonisation strategy**
- Adopt the **Social Value Model*** from April 2022, with minimum 10% demonstrating Net Zero
- All suppliers with anticipated contract value over £5m must publish **Carbon Reduction Plans** by April 2023
- Every direct and indirect suppliers must publish a Carbon Reduction Plan by April 2027

*The Public Services (Social Value) Act requires commissioners who procure services to consider social, economic and environmental benefits. The Social Value Model provides a standardised way of doing this.

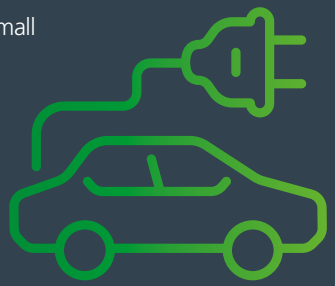
Sources of carbon emissions by proportion of NHS Carbon Footprint Plus



TRAVEL AND TRANSPORT

As the **largest employer of staff** in Southampton we contribute significantly to the numbers of people commuting in the city. Statistics show that of the UK's overall emissions, commuting to and from a place of work accounts for 5%. This national statistic is reflected in our own data, with staff travel accounting for 4% and patients 1%. The main hospital sites have frequent bus services and there are **dedicated facilities** for people to cycle or walk to work.

Alongside commuter travel, the Trust has a relatively small fleet of vehicles, all new vehicles will be **transitioned to ultra-low emissions vehicles** (ULEVs).



The Trust is committed to delivering a world class sustainable healthcare system that works within the available environmental, financial, and social resources. We are working to challenging targets to reduce the NHS carbon footprint to net zero by 2040 and this includes staff commuting to work. Commuting emissions account for 5% of the UK's total emissions and air pollution due to transport is also a significant contributor to health issues. We are therefore supporting staff to transition towards more sustainable modes.

AMBITION

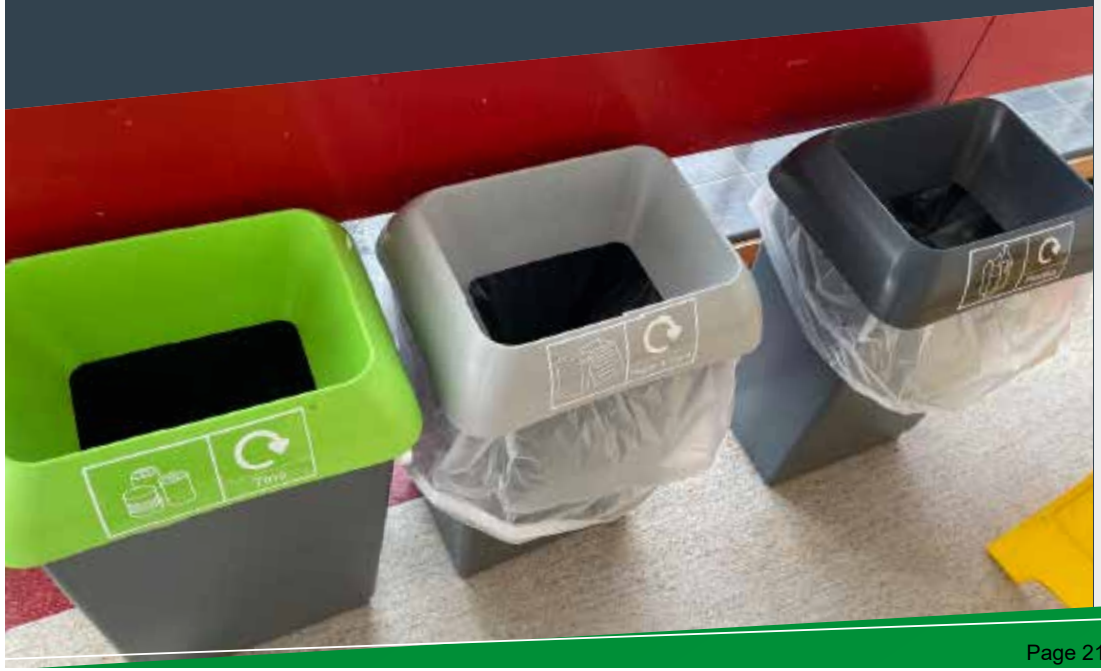
- Develop a new travel plan to support active and sustainable travel and public transport for further staff, patients and visitors
- Reduce the air pollution from our fleet and leased vehicles by switching to low emission and electric vehicles, and encouraging greener and more active travel alternatives among our staff, patients and visitors
- Where feasible all new purchases and lease arrangements for vehicles are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs)

WASTE AND RESOURCES

The Trust creates a **signficant level** of waste material and this is a **huge cost** and environmental pressure. The waste management team have made some positive inroads into this area. They have increased the number of materials which can be recycled, reduce waste through re-use schemes, such as furniture and equipment, and introduced reusable sharps bins.

AMBITION

- Develop a new waste strategy
- Ensure waste is managed and disposed of at the highest level of the waste hierarchy
- Complete Waste Audits for all service areas
- Introduce food waste collection
- Increase measures to reduce single use plastics



HOW YOU CAN MAKE A DIFFERENCE

01 Check Workplace for recycled furniture before purchasing new

02 Purchase items that can be re-used and maintained

03 Use the correct clinical waste bin

04 Nominate a sustainability lead for your service

05 Ensure you only put the right materials in recycling

FOOD AND NUTRITION

We will enable more sustainable catering at our hospital sites through a **food and retail transformation programme** which will map **sustainability from farm-to-plate**. This programme will include reviewing our supply chains working with partners to further increase plant-based and **locally sourced products** and reducing waste generated from food packaging.

The government's **EatWell** guide recommends a diet with reduced processed foods high in sugar, salt and fats as part of a healthy balance. Analysis makes clear that this diet is also a **low-carbon diet**, with seasonally and locally sourced fruits and vegetables greatly decreasing emissions, as well as one for which rates of **colorectal cancer and heart disease** are lower compared to average diets across the country.

We will enable more sustainable catering at our hospital sites through a food and retail transformation programme which will map sustainability from farm-to-plate.

AMBITION

- Embed carbon reduction plans and targets into the catering contracts
- Increase the number of plant based options into menus
- Transition away from maceration to foodwaste collections

ADAPTATION

Climate change is considered one of the **greatest public health threats of the 21st Century**. As a healthcare provider, we recognise the importance of adaptation in order to **mitigate the impact** of the changing climate and to ensure that it can continue to deliver a high quality of care during **extreme weather events**.

The Trust will develop a plan to ensure that it **can adapt to the projected changes** in demand and impacts on operational delivery caused by climate change. These measures will ensure that we assess the risks posed by climate change, both **internally and externally**.

The Trust will then work **collaboratively with staff** and other partner organisations to develop a **climate change adaptation strategy**, and update business contingency plans to include climate risks.

Climate change is considered one of the greatest public health threats of the 21st Century. As a healthcare provider, the Trust recognise the importance of adaptation in order to mitigate the impact of the changing climate and to ensure that the Trust can continue to deliver a high quality of care during extreme weather events.

AMBITION

- Carry out comprehensive climate adaptation assessments of UHS facilities and services
- Update Business Continuity and Risk Assessments for Internal (service provision) and External risks (such as to supply chains or local population)

BIODIVERSITY

In August 2021 the Trust appointed the **Hampshire and Isle of Wight Wildlife Trust's consultancy, Arcadia,** to assess the biodiversity potential of UHS's main sites.

They found that the hospital grounds include **habitats of higher ecological value** such as mature trees and hedgerow, areas of shrubs and herbaceous plants, interspersed with areas of lower ecological value including many ornamental shrubs and bedding plants, and closely mown amenity grassland. However, the habitats were **generally quite fragmented and disparate**, with varying management regimes.

The report proposed a range of actions, from those **maintaining or enhancing features** that have already been created to benefit biodiversity such as the maintenance of hedges and in-filling of gaps; while others are new ideas or seeking opportunities to **engage and benefit patients, visitors and staff.**

By implementing the actions from their assessment, the hospital will **enhance the biodiversity** of the grounds and make progress towards UHS's commitment to NHS Net Zero targets. Southampton Hospitals Charity were fortunate enough to receive funds gifted by Banksy for the sale of his 'NHS Superheroes' artwork. The artist's desire was for this money to be used to improve staff facilities and so we're developing new biodiverse green spaces for our staff to enjoy.

> **Healthy ecosystems clean our water, purify our air, maintain our soil, regulate the climate, recycle nutrients and provide us with food. They provide raw materials and resources for medicines and other purposes.**

AMBITION

To develop a Biodiversity programme for UHS which will focus on:

- Increasing connectivity with adjacent SINC: Lordsdale Greenway which includes areas of remnant ancient woodland
- Increasing habitat structure and diversity
- Enhancing habitat resources for birds
- Implement a plan to tackle air pollution

WIDER SUSTAINABILITY

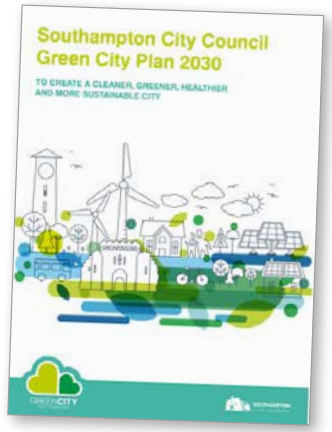
The Trust is a signatory of the **Southampton Green City Charter** this includes requirements for the Trust to develop plans towards Net Zero and tackle isuses such as air pollution.

Whilst there are certain areas in the Green Plan guidance that are mandatory, there are specific areas of sustainability, such as **air pollution**, which are important regionally and some nationally such as **biodiversity**. These areaes will be developed in time and are likely to feature in more detail in future versions of the UHS Green Plan.

The climate crisis represents a significant health challenge for the 21st century and this Green Plan details a proactive approach that our Trust can take to do our part to reduce the impact that climate change will have on the people of Southampton and beyond.

AMBITION

- To stop modern slavery
- Ensure that environmental controls are in place
- Consider implementing an Environmental Management System (such as ISO14001)
- Implement a plan to tackle air pollution



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“WE ARE ALL KEY TO SUCCESSFULLY TRANSITIONING UHS TO BECOME A SUSTAINABLE ORGANISATION, LEARNING WHAT WE CAN DO, BE THAT FROM A PERSONAL OR PROFESSIONAL PERSPECTIVE.”

NHS
University Hospital Southampton
NHS Foundation Trust

"A WORLD CLASS ORGANISATION IS MADE UP OF WORLD CLASS PEOPLE. THEY ARE OUR GREATEST ASSET"

THE UHS WAY

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University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Register of Seals and Chair's Actions**			
Agenda item:	**7.1**			
Sponsor:	**Peter Hollins, Trust Chair**			
Date:	**31 March 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. There have been no Chair's actions since the last report.			
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.			

1 Signing and Sealing

1.1 **Agreement** executed as a deed between University Hospital Southampton NHS Foundation Trust and Reavey & Son LLP for the replacement of the fire alarm system in the centre block of Southampton General Hospital. Seal number 242 on 22 February 2022.

1.2 **Lease Guarantee** for UHS Estates Limited from University Hospital Southampton NHS Foundation Trust relating to a warehouse unit on St Georges Industrial Estate, Goodwood Road, Eastleigh, SO50 4NT. Seal number 243 on 22 March 2022.

2 Recommendation

The Board is asked to ratify the application of the seal.

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Schedule of Decisions Reserved to the Board and the Scheme of Delegation**			
Agenda item:	**7.2**			
Sponsor:	**Peter Hollins, Trust Chair**			
Author:	**Karen Flaherty, Associate Director of Corporate Affairs and Company Secretary**			
Date:	**31 March 2022**			
Purpose	**Assurance or reassurance**	**Approval** **X**	**Ratification**	**Information**
Issue to be addressed:	The Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation summarises those functions, duties and powers of the board of directors of the Trust for which it is held accountable and how it has delegated them internally. In order to operate effectively the Board should delegate authority for certain functions to others while maintaining control of key areas that are critical to its role.			
Response to the issue:	As the Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation had not been updated for several years, there were a number of changes made to reflect changes to the Trust's constitution, committee structures and terms of reference and the standing financial instructions in that time. The Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation has also been updated to include a description of the role of the board of directors as recommended in the internal audit of board governance in 2020/21 and to incorporate a description of the roles and responsibilities of the council of governors and dispute resolution procedures in the event of a dispute between the board of directors and the council of governors. The latter two were included in the Trust's constitution, however, The NHS Foundation Code of Governance states that these should be included in the Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation. The changes have not been marked up in the document due to their extensive nature.			
Implications:	The Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation provide an overview of the powers reserved to the board of directors and those delegated by it.			
Risks:	1. Non-compliance with The NHS Foundation Trust Code of Governance. 2. The Board of Directors may not function as effectively if powers and responsibilities are not delegated appropriately.			
Summary:	The board of directors is asked to approve the Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation.			

University Hospital Southampton
NHS Foundation Trust

Schedule of Decisions Reserved to the Board and the Scheme of Delegation

Trust reference		Version number	2021-22
Description	The purpose of this document is to summarise those functions, duties and powers of the board of directors of the Trust for which it is held accountable and how it has delegated them internally.		
Level and type of document	Level 1: applicable across the Trust Trust-wide corporate policy – controlled document		
Target audience	All staff making decisions		
List related documents/policies (do not include those listed as appendices)	Constitution Standing Financial Instructions		
Author(s) (names and job titles)	Associate Director of Corporate Affairs		
Document sponsor	David French, Chief Executive Officer		

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Introduction

1. The NHS Foundation Trust Code of Governance requires that there should be a formal schedule of matters specifically reserved for decision by the Board. This document sets out the powers reserved to the Board and those that the Board has delegated.
2. The Board remains accountable for all of its functions; even those delegated to the chair, individual directors or officers and would therefore expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.
3. All powers of the Trust which have not been retained as reserved by the Board or delegated to a committee or sub-committee of the Board shall be exercised on behalf of the Board by the Chief Executive Officer or another executive director. The Board may at any time withdraw, alter or vary such delegation either generally or in relation to any specific matter.
4. In addition, certain decisions are made by the Council of Governors, and certain board of director decisions require the approval of the Council of Governors. This
5. The Scheme of Delegation identifies any functions which the Chief Executive Officer shall perform personally and those delegated to other directors or officers. Whilst the detailed responsibility can be further delegated the Chief Executive Officer remains accountable for that responsibility to Board. All powers delegated can be reassumed by the Chief Executive Officer should the need arise.
6. The Scheme of Delegation shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of budgetary control and other established procedures within the Trust including the Standing Financial Instructions.
7. In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that director or officer's line manager unless alternative arrangements have been approved by the Board. If the Chief Executive Officer is absent powers delegated to him/her may be exercised by the Deputy Chief Executive Officer or in their absence by the executive director who is formally acting up or deputising for Chief Executive Officer. Formal acting-up status shall be confirmed in writing by either the Chief Executive Officer or the Chair.
8. The Scheme of Delegation is reviewed annually.

Role and Purpose of the Board

The Board leads the Trust by undertaking four key roles:

- setting the Trust's strategy;
- supervising the work of the executive in the delivery of the strategy and through seeking assurance that systems of control are robust and reliable;
- setting and leading a positive culture for the Board and the Trust; and
- giving account and answering to key stakeholders, particularly the Council of Governors.

The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the corporation as a whole and for the public. Each director also has a duty to avoid conflicts of interest and not to accept benefits from third parties (as well as to declare interests in proposed transactions or arrangements with the Trust). There are also general duties that apply to directors to exercise independent judgement and to exercise reasonable skill, care and diligence in carrying out their duties.

The general responsibilities of the Board are:

- to maintain and improve quality of care;
- to work in partnership with patients, carers, local health organisations, local authorities and others to provide safe, effective, accessible, and well governed services for patients and carers;
- to ensure that the Trust meets its obligations to the population served, its stakeholders and its staff in a way that is wholly consistent with public sector values and probity;
- to ensure relationships are maintained with the Trust's stakeholders, regulators, public, governors, staff and patients, such that the Trust can discharge its wider duties;
- to exercise collective responsibility for adding value to the Trust by promoting its success through direction and supervision of its affairs in a cost-effective manner;
- to ensure compliance with all applicable law, regulations and statutory guidance.

In fulfilling its duties, the Board will work in a way that makes the best use of the skills of non-executive and executive directors.

The practice and procedure of the meetings of the Board, and of its committees, are set out standing orders for the practice and procedure of the Board and the terms of reference for the relevant committee.

Roles and responsibilities of the Council of Governors

The general duties of the council of governors are:

- to hold the non-executive directors individually and collectively to account for the performance of the board of directors; and
- to represent the interests of the members of the Trust as a whole and the interests of the public.

The Council of Governors also has the following specific duties and responsibilities:

- to require one or more of the directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or directors' performance) (paragraph 17.4 of the Constitution);
- the appointment and removal of the chair and non-executive directors (paragraph 25.1 of the Constitution);
- deciding the period of office, remuneration and allowances and other terms and conditions of office of the chair and non-executive directors (paragraphs 25.2 and 32.13 of the Constitution);
- the appointment of the one of the non-executive directors as a deputy chair (paragraph 26.1 of the Constitution);
- to approve the appointment of the chief executive (paragraph 28.2 of the Constitution);
- to appoint and remove the auditor (paragraph 37.2 of the Constitution);
- to determine whether it is satisfied that the carrying on activities other than the provision of goods and services for the purpose of the health service in England by the Trust will not to any significant extent interfere with the fulfilment of the Trust's principal purpose or the performance of its other functions and notify the director of its determination (paragraph 40.6 of the Constitution);
- approve the implementation of any proposal to increase by 5% or more the proportion of the Trust's total income in any financial year attributable to activities other than the provision of goods and services for the purpose of the health service in England (paragraph 40.7 of the Constitution);
- to be presented with the annual report and accounts and the external auditor's report on them (paragraph 41.1 of the Constitution);
- to approve amendments to the Trust's Constitution (paragraph 43.1.1 of the Constitution);

- to respond as appropriate when consulted by the Board in accordance with the Trust's Constitution (including providing its views on the forward plan in accordance with paragraph 40.4 of the Constitution) or in respect of a specific issue at the Board's request;
- to decide whether a member is disqualified from membership or no longer eligible to be a member in the event of a dispute referred by the Trust Company Secretary (paragraph 8.5 of the Trust's Constitution);
- to decide whether or not to terminate the tenure of office of a governor for failure to attend meetings or to terminate a governor's tenure of office for other reasons (section 2 of Annex 5 to the Trust's Constitution);
- to resolve whether to exclude members of the public from any meeting or part of any meeting of the Council of Governors (paragraph 4.4.1 of Annex 6 to the Trust's Constitution);
- to decide whether to appoint committees of the Council of Governors to assist in the performance of its functions (paragraph 5 of Annex 6 to the Trust's Constitution);
- to appoint or elect the lead governor and/or deputy lead governor (paragraph 13.1 of Annex 6 to the Trust's Constitution);
- to consider any appeal by a member about entitlement to membership following a decision by the Trust Company Secretary (paragraph 1 of Appendix 2 of Annex 8 to the Trust's Constitution);
- to agree and from time to time review the Trust's membership strategy, its policy for the composition of the Council of Governors and the non-executive directors and report on progress and any changes at each annual members' meeting (Appendix 1 to Annex 8 of the Trust's Constitution);
- to approve any merger, acquisition, separation or dissolution application in respect of the Trust before the application is made to NHS England and NHS Improvement (formerly Monitor) (paragraph 45.1 of the Trust's Constitution) and the entering into of any significant transaction (as defined in the Standing Financial Instructions); and
- to decide what action to take when a vacancy arises among the elected governors (paragraph 11 of the Constitution).

Dispute resolution procedures

In the event of dispute between the Council of Governors and the Board:

- in the first instance the chair on the advice of the secretary, and such other advice as the Chair may see fit to obtain, shall seek to resolve the dispute;
- if the Chair is unable to resolve the dispute, they shall refer the dispute to the secretary who shall appoint a joint special committee constituted as a committee of the Board and a committee of the Council of Governors, both comprising equal numbers, to consider the circumstances and to make recommendations to the Council of Governors and the Board with a view to resolving the dispute;
- if the recommendations (if any) of the joint special committee are unsuccessful in resolving the dispute, the chair may refer the dispute back to the Board who shall make the final decision.

Schedule of Decisions Reserved to the Board

Constitution Ref	Decision reserved to the Board
3	To exercise the powers of the Trust as set out in the National Health Service Act 2006, subject to any restrictions in the Trust's provider licence, or delegated to a committee of directors or an executive director.
16.2	Ensure that governors are equipped with the skills and knowledge they require in their capacity as such.
20.1	Determine the rates for travelling and other expenses for Governors.

Constitution Ref	Decision reserved to the Board
27.1	Appoint any independent director as the senior independent director (in consultation with the Council of Governors).
29.1.10	Determine training that directors are required to undertake.
32.10	Authorise a situation or approve a matter in which a director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
36	Make available for inspection by members of the public copies of the current constitution, a copy of the latest annual accounts and auditor's report, a copy of the latest annual report and a copy of any notice given under section 65 of the National Health Service Act 2006.
38.1	Establish an audit committee.
39.1	Keep proper accounts and proper records in relation to the accounts.
39.4	Prepare annual accounts in such form as NHS England and NHS Improvement (formerly Monitor) may direct.
40.1	Prepare an annual report and send it to NHS England and NHS Improvement (formerly Monitor).
40.2-40.6	Provide a forward plan and send it to NHS England and NHS Improvement (formerly Monitor).
40.4	Have regard to the views of the Council of Governors on the forward plan.
41	Present the annual accounts, auditor's report and annual report to the Council of Governors.
42	Authorise the affixing of the Trust's seal.
43.1.2	Approve amendments to the Trust's Constitution.
43.5	Notify amendments to the Trust's Constitution to NHS England and NHS Improvement (formerly Monitor).
44.2	Establish a policy for the Board to consult the Council of Governors about transactions that are within the description of significant transaction set out in the policy.
Annex 8, Appendix 3, Section 1	Purchase indemnity insurance cover for governors, directors and the company secretary, who have acted honestly and in good faith.
Annex 8, Appendix 3, Section 4	Interpret any ambiguity, meaning or internal inconsistency within the Constitution.

Standing Order Ref	Decision reserved to the Board
4.1.1	Determine the timing and location for Board meetings and when these should be held in private.
18.1	Approve the scheme of reservation and delegation of matters reserved and delegated by the Board.
18.2	Make arrangements for the exercise of the Board's functions is to be delegated to a committee, sub-committee or an officer of the Trust and any restrictions and conditions that apply.
18.3	Agree the delegation of executive powers to committees or sub-committees constituted by it and agree their terms of reference and powers.
19.1/19.5	Approve the appointment of members of the Board to committees constituted by it.
19.4	Authorise delegation of executive powers by a committee of the Board to any sub-committee established by it.

Standing Order Ref	Decision reserved to the Board
19.7/19.8	Establish the following committees of the Board and any other committees and sub-committees required to discharge its responsibilities: • Audit & Assurance Committee • Remuneration and Nominations Committee • Charitable Funds Committee • where required, a joint special committee with the Council of Governors for the purposes of resolving disputes between the Council of Governors and the Board.
22	Receive reports of all documents sealed by the Trust.
23	Authorise the sealing of any documents by the Trust.
24	Authorise the signature of any document by the chief executive or nominated officers on behalf of the Trust not executed as a deed and approved by the Board or any committee or sub-committee with delegated authority.
25	Agree to the suspension of standing orders at any meeting.
27	Cooperate with the Council of Governors to ensure compliance with the National Health Service Act 2006 (as amended), the Trust's constitution and the Trust's provider licence as granted by NHS England and NHS Improvement (formerly Monitor).

SFI Ref	Decision reserved to the Board
1.2.1	• Formulate the financial strategy • Approve budgets • Define and approve essential features of important procedures and financial systems (including value for money) • Define delegated responsibilities for Board members and employees.
3.1.2	Approve the annual budget.
3.1.2	Receive reports on financial performance against budget.
3.5.1	Approve the form of monthly financial reports to the Board.
4.4	Approve the annual report and accounts including the auditor's report or delegate authority to do so the Audit and Risk Committee.
6.3.3	Receive an annual schedule of debts written off in excess of £100,000 and approved by the Audit and Risk Committee.
7.7.2	Receive reports of any tenders received late that are accepted.
8.1.1	Regularly review and maintain capacity and capability to provide mandatory goods and services per the terms of its provider licence.
9.1.1	Establish a Remuneration and Appointment Committee.
9.2.9	Authorise any major changes to local terms and conditions, if not authorised by the Remuneration and Appointment Committee.
10.1.1	Approve the level of non-pay expenditure.
11.1.3	Approve any application for a loan or overdraft facility.
11.3.3	Authorise investments made in forming and/or acquiring an interest in bodies corporate.
12.5.5	Determine routine security practices in relation to NHS property.
12.6.2	Approve Estate Strategy and acquisition of freehold or leasehold property over £2.5 million.
12.6.8	Approve the disposal of property over £2.5 million.
12.6.12	Approve the granting of property leases where the annual value is in excess of £2.5 million.
17.4.2	Appointment of investment advisers for Southampton Hospital Charity as recommended by the Charitable Funds Committee.

SFI Ref	Decision reserved to the Board
17.5.4	Approve expenditure by Southampton Hospital Charity in excess of £100,000.
20.1.1	Monitor and assess the suitability of the functioning and efficacy of the system of internal control and risk management, together with its committees.
21.1.2	Approve any payments of claims to staff, patients and the public made against legal advice.
22.3	Approve payment of out of court settlement of employment tribunal applications with a value of £100,000 or more.
22.4	Approve any payments under compromise agreements with staff made against legal advice.
23.1.2	Approve any changes to the schedule of prior shareholder approval in relation to subsidiaries and joint ventures.
24.4	Receive reports of waivers of the SFIs and the scheme of delegation.
24.6	Confirm the implementation and termination of force majeure arrangements under the Trust's SFIs, if not confirmed by the Audit and Risk Committee.
Annex 2	Approve significant transactions prior to submission to NHS England and NHS Improvement.
Annex 3	Trust Authorisation Framework • All revenue schemes above £2.5 million and schemes judged by the Trust Executive Committee as of significant strategic importance. • All capital schemes above £5 million and schemes judges by the Trust Executive Committee as of significant strategic importance. • Any proposed major revenue or capital scheme with foundation trust compliance arrangement. • Any contracts for goods and services with a contract value over £2.5 million (if not approved by the Chair). • Any building and engineering contracts with a contract value over £5 million if not approved by the Chair). • Any contracts relating to non-NHS income with a contract value over £2.5 million (if not approved by the Chair). • Any bids for tenders with a value over £25 million. • Waiving or varying the competitive tendering/quotation procedure for any contracts for products, services, building, engineering, works and consultancy services with a value over £500,000.

UHS Estates Limited (wholly-owned subsidiary)

Decision reserved to Trust Board
Determine the size and composition of the board of directors.
Appoint and remove directors.
Approval of any service contracts with directors.
Approval of business cases to be performed by the company.
Approval of changes to the company's articles of association.
Appoint or remove the company's auditors and approve their remuneration.

UHS Pharmacy Limited (wholly- owned subsidiary)

Decision reserved to Trust Board
Determine the size and composition of the board of directors.
Appoint and remove directors.

Approval of any service contracts with directors or any person connected with them or senior employees.
Approval of changes to services provided by the company.
Approval of changes to the company's articles of association.
Appoint or remove the company's auditors and approve their remuneration.

Wessex NHS Procurement Limited (joint venture) (WPL)

Decision reserved to Trust Board
Permitting the registration of any person as a member of the company other than the Trust and Hampshire Hospitals NHS Foundation Trust (**HHFT**).
Altering the name of the company.
Altering the company's articles of association or the rights attaching to any of the shares (except to the extent necessary to address any conflict with the provisions of the joint venture shareholders agreement (the **Agreement**)).
Adopting or amending the business plan in respect of any financial year.
Changing the nature of the company's business or commencing any new business by the company which is not ancillary or incidental to the business.
Making any acquisition or disposal by the company of any material asset(s) otherwise than in the ordinary course of business.
Creating or granting any encumbrance over the whole or any part of the business, undertaking or assets of the company or over any shares in the company or agreeing to do so.
Appointing a shareholder representative to sit on the board of directors.
Any borrowing of money from any source (other than accepting trade credit in the ordinary course of business from third party suppliers) save to the extent set out in the company's business plan.
The company entering into/varying any service contract with, or contract for services for, any directors of the company or any person connected with them or any senior employee.
The paying of remuneration to any director or other officer of the company solely in connection with their holding such office (excluding any remuneration paid pursuant to a contract of employment entered into by the company and a director in accordance with the terms of the Agreement and the business plan and excluding the reimbursement of expenses approved through the usual practice of the company).
The amendment of the Agreement.
Any voluntary dissolution and/or liquidation of the company.
The company forming any subsidiary undertaking or acquiring shares in any other company or participating in any partnership or joint venture.
The company amalgamating, consolidating or merging with any other company or business undertaking.
The company taking any step or entry into any contract or arrangement which is materially inconsistent with, or materially in excess of any budget, allocation or provision set out in the Trust's and HHFT's current business cases or any scheme of delegation issued to the company by the shareholders from time to time.

Commercial Estates Development Partnership (joint venture)

LLP Agreement reference	**Decision reserved to UHS Board**
4.5	Incorporation of subsidiaries to the LLP.
4.6.2, 9.4	Approve, replace or modify the LLP Business Plan.
8A2	Agree to any debt financing for running of the LLP business.

LLP Agreement reference	Decision reserved to UHS Board
11.2	Appointment of UHS representatives to the LLP Management Board.
15.2.1	Issue of 'Partnering Agreement Termination Notice' (i.e. Deadlock Notice).
19	Winding up of the LLP.
Schedule 3	Undertake any action which is inconsistent with, or omit to undertake any action which is required by, the LLP Business Plan then in force.
Schedule 3	Enter into any transaction or arrangement with any Member or Management Board Member or director of any subsidiary undertaking of the CEDP (or any Connected Person of such Member or Management Board Member), including for any debt funding.
Schedule 3	Appoint any chief executive, manager, chief finance officer or similar office to any of them.
Schedule 3	Establish any pension scheme.
Schedule 3	Factor or assign any book debts.
Schedule 3	Declare or pay any dividend or make any other distribution otherwise than in accordance with the LLP Agreement.
Schedule 3	Borrow any sum (so that entry into any finance lease but not the granting of normal trade credit shall be deemed to be borrowing) other than in accordance with the LLP Business Plan then in force.
Schedule 3	Create any encumbrance over the whole or any part of its undertaking, property or assets except for the purpose of securing the indebtedness of the CEDP to its bankers for sums borrowed other than as contemplated by any LLP Business Plan then in force.
Schedule 3	Enter into or terminate any partnership, joint venture or profit-sharing agreement or enter into any collaboration agreement.
Schedule 3	Grant any rights, by licence or otherwise, in or over any Intellectual Property Rights owned or used by the CEDP.
Schedule 3	Take any major decisions relating to the initiation or conduct (including settlement) of material proceedings to which it is or would become a party.
Schedule 3	Subject to any provision of the LLP Agreement which requires the winding up of the CEDP, propose or commence any liquidation proceedings.
Schedule 3	The admission of any new Member in accordance with LLP clause 3.4.
Schedule 3	Approval to develop outline business case under New Project Approval Process.
Schedule 3	Approval of outline business case under New Project Approval Process.
Schedule 3	Approval of Detailed Business case under New Project Approval Process.
Schedule 3	Approval of Financial and Contract Close under New Project Approval Process.

Decisions/Duties delegated to Board Committees

Committee	Duties delegated by the Board
Audit and Risk Committee	See terms of reference. In addition: • SFI 1.1.8 Decide action or ratification of any non-compliance with the SFIs. • SFI 2.3.6 Approve any additional external audit work outside of the audit plan. • SFI 5.1.2 Review banking arrangements periodically.

Committee	Duties delegated by the Board
	• SFI 5.1.3 Approve recommendations regarding the opening of any bank account by the Trust. • SFI 6.3.3 Approve debt write-offs of a value of £100,000 or more and receive a schedule of written off debt at least annually. • SFI 7.9.1 and 7.12.9 Receive report of waiving or variation of competitive tendering/quotation procedures bi-annually. • SFI 11.3.2 and 11.3.4 Set investment policy, oversee all investment transactions and approve and review treasury management policy. • SFI 11.3.5 and 11.3.7 Receive reports on investments and their performance. • SFI 23.1.2 Review and make recommendations to the Board regarding any changes to the schedule of prior shareholder approval in relation to subsidiaries and joint ventures. • SFI 24.4 Receive reports of waivers of the SFIs and the scheme of delegation. • 24.5 Confirm the implementation and termination of force majeure arrangements under the Trust's SFIs, if not confirmed by the Board.
Charitable Funds Committee	See terms of reference and grants policy for specific provisions in relation to external grants from the proceeds of the sale at auction of the "Game Changer" (2020) artwork. In addition: • SFI 17.2.2 and 17.4.3 Receive reports about changes to funds and subsidiary funds, income and expenditure and investment performance. • SFI 17.4. Responsibility for ensuring investment is in accordance with the charity's investment policy, commissioning investment advisers, monitoring the performance of investments, reporting any significant concerns to the Board, and reviewing and recommending the appointment of investment advisers to the Board. • SFI 17.5.4. Approve expenditure by the charity between £50,001 and £100,000. • 17.7.1 Agree the charity' risk register annually.
Finance and Investment Committee	See terms of reference. In addition under the Trust Authorisation Framework (SFI Annex 3) approve: • All revenue schemes above £2.5 million and schemes judged by the Trust Executive Committee as of significant strategic importance for recommendation to the Board. • All capital schemes above £5 million and schemes judges by the Trust Executive

Committee	Duties delegated by the Board
	Committee as of significant strategic importance for recommendation to the Board. • Any proposed major revenue or capital scheme with foundation trust compliance arrangement.
Major Project Oversight Committee	See terms of reference.
People and Organisational Development Committee	See terms of reference.
Quality Committee	See terms of reference.
Remuneration Committee and Appointments Committee	See terms of reference. In addition: • paragraphs 28.1 and 28.3 of the Trust's constitution. • paragraph 32.13 of the Trust's constitution.
Board Operating Group	See terms of reference. In addition, the Board will determine when this committee operates.

Scheme of Delegation of Powers from the Constitution

Constitution Ref	Delegated to	Authorities / Duties Delegated
6.5	Trust Company Secretary	Decision as to whether or not an individual lives in an area of the public constituency.
8.5	Trust Company Secretary	Decide whether to remove a member from the register of members as disqualified or no longer eligible.
15.1.10	Chair	Determine any questions as to what constitutes a material conflict of interest that would render a governor ineligible to become or continue as a governor.
15.1.13	Chair	Decide what training is required for governors.
15.2	Trust Company Secretary	Monitor and declare whether a governor is disqualified from office and notify the governor accordingly.
16.2	Chair	Ensure governors are equipped with the skills and knowledge they require in their capacity as such and make an induction programme available.
17.1	Chair	Chair meetings of the Council of Governors
27.2	Chair	Receive notice of resignation from the senior independent director.
29.1.10	Chair/Senior Independent Director	Decide whether a non-executive director does not have reasonable cause to attend any training.
29.2	Trust Company Secretary	Monitor and declare whether a director is disqualified from office and notify the governor accordingly.
30.2	Trust Company Secretary	Send a copy of the agenda and minutes of meetings to the Council of Governors.
33.1 and Annex 6, Section 6.3	Trust Company Secretary	Maintain registers of members, members of the Council of Governors, interest of governors, director and interests of the directors.
34.1.1	Trust Company Secretary	Prescribe the form of application to become a member.
34.1.2	Trust Company Secretary	Make a copy of part one of the register of members open to inspection by the public (excluding details of any member who

Constitution Ref	Delegated to	Authorities / Duties Delegated
		has requested that this information should not be made available).
35.3	Trust Company Secretary	Determine the charge for providing a copy or extract of the register of members to a person who is not a member.
36.2	Trust Company Secretary	Make a copy of the constitution, the latest annual report and accounts and any documents issued under sections 65A-65M of the National Health Service Act 2006 available to the public.
36.4	Trust Company Secretary	Determine the charge for providing a copy or extract of any documents to a person who is not a member.
39.1	Chief Financial Officer	Keep proper books and accounts.
39.4/39.5	Chief Executive Officer	Preparation of annual accounts.
40.1	Chief Executive Officer	Prepare annual report.
Annex 5, Section 1	Chair	Investigation and resolution of complaints made against a governor or determination as to whether to delegate this responsibility.
Annex 6, Section 2.2	Chair	Final authority on the interpretation of the standing orders for the practice and procedure for the Council of Governors.
Annex 6, Section 4.2	Chair/Deputy Chair	Call meetings of the Council of Governors.
Annex 6, Section 4.3	Chair or authorised officer	Serve notice of a Council of Governors' meeting on governors and display on website and at the Trust's premises.
Annex 6, Section 4.6	Chair	Determine motions to be debated by the Council of Governors.
Annex 6, Section 4.7	Chair	Decision on matters of order, relevancy, regularity and any other matters at a meeting of the Council of Governors.
Annex 6, Section 4.8	Chair	Determine whether an issue is put to the Council of Governors vote, retaining the casting vote should that be necessary.
Annex 6, Section 4.9	Trust Company Secretary	Draw up the minutes of a Council of Governors' meeting.
Annex 6, Section 6.1.3	Chair	Decide what action to take when a governor has an interest in a matter which is the subject of consideration at a meeting of the Council of Governors.
Annex 6, Section 6.1.7	Chair	Discuss the relevance of materiality of any interest where a governor has any doubt.
Annex 6 Section 11	Trust Company Secretary	Ensure that governors understand their responsibilities as set out in the standing orders for the Council of Governors.
Annex 8, Appendix 2, Section 1	Trust Company Secretary	Determine any dispute about entitlement to membership.
Annex 8, Appendix 2, Section 2	Chair	Seek to resolve any dispute between the Council of Governors and the Board.
Annex 8, Appendix 2, Section 2	Trust Company Secretary	Advise the Chair on any dispute between the Council of Governors and the Board and appoint a joint special committee to consider the circumstances of the dispute and make recommendations upon referral from the Chair.

Constitution Ref	Delegated to	Authorities / Duties Delegated
Annex 8, Appendix 3, Section 1	Chief Financial Officer	Purchase indemnity insurance for governors, directors and the secretary.
Annex 8, Appendix 3, Section 2	Chief People Officer	Establish and conduct the checking process for non-executive directors.
Annex 8, Appendix 3, Section 2	Trust Company Secretary	Establish and conduct the checking process for governors.

Scheme of Delegation of Powers from the Board Standing Orders

Standing Order Ref	Delegated to	Authorities / Duties Delegated
1	Chair	Final authority on interpretation of the standing orders of the Board.
4.1.2	Chair	Call meetings of the Board.
4.2 and 5	Chair	Serve notice of meetings on Board members along with supporting papers and publish on the Trust's website and at the Trust's premises.
6.1 and 6.6	Chair	Accept and withdraw proposals for a motion, to amend a motion or an emergency motion to be discussed at Board meetings.
7	Chair	Determine whether a motion should be put to the vote and hold the casting vote if necessary.
13	Chief Executive Officer	Responsible for the overall performance of the executive functions of the Trust.
14	Chief Financial Officer	Responsible for the provision of financial advice and for the supervision of financial control and accounting systems.
18.5	Chief Executive Officer	Determine the functions he/she will perform personally and nominate officers to perform the remaining functions.
20.3	Trust Company Secretary	Keep an update the Board register of interests.
21 and 22	Trust Company Secretary	Hold the Common Seal of the Trust and register all uses.
23	Chair and Chief Executive Officer or another executive director	Approve documents for sealing on behalf of the Board.
24	Chief Executive Officer or nominated officers	Sign any agreement or document which is not requested to be executed as a deed, provided that the subject matter has been approved by Board or the committee with delegated authority.
28	Chief Executive Officer	Ensure members of the Board and officers are notified and understand their responsibilities with the standing orders and the standing financial instructions.

Scheme of Delegation of Powers from the Standing Financial Instructions (SFIs)

SFI Ref	Delegated to	Authorities / Duties Delegated
1.1.6	Chief Financial Officer	Advise on the interpretation or application of the SFIs.
1.1.8	Audit and Risk Committee	Determine action or ratification of any non-compliance with SFIs. Also need to be disclosed to the Chief Financial Officer.
1.2.6	Chief Executive Officer	Ensuring that all members of the Board and employees of the Trust understand their responsibilities within SFIs.
1.2.8	Chief Financial Officer	• Ensuring that SFIs are appropriate and up to date • Implementing the Trust's financial policies • Maintaining an effective system of internal financial control • Maintaining records of financial transactions • Providing financial advice to Board members and employees
1.2.10	All directors and employees	Security of Trust property, avoiding loss, exercising economy and efficiency in the use of resources, and conforming to the requirements of the Trust's constitution, standing orders, SFIs and the Scheme of Delegation.
2.1.1	Chief Financial Officer	• Ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control, including the establishment of an effective internal audit function. • Ensuring that the internal audit service to the Trust is adequate and meets NHS England and NHs Improvement's mandatory internal audit standards. • Deciding at what stage to involve the police in cases of misappropriation of assets and any other irregularities; • Ensuring that an annual internal audit report is prepared for the consideration of the Audit and Risk Committee.
2.3	Council of Governors/Audit and Risk Committee	Appointment of external auditor and ensuring that the service provided in cost effective.
2.3.6	Chief Financial Officer	Authorise expenditure for additional external audit work outside of the external audit plan.
2.4.1	Chief Executive Officer/Chief Financial Officer	Monitor and ensure compliance with the NHS Standard Contract Service Condition 24 relating to counter fraud, bribery and corruption.
2.4.3, 2.4.4 and 2.5.2	Chief Financial Officer	Appoint a Local Counter Fraud Specialist and consult with them as to the involvement of the police or NHS Counter Fraud Authority in cases of fraud and corruption.
2.4.9	Chief Financial Officer	Sign off and authorise submission of the annual return for the Government Functional Standard GovS 013: Counter Fraud in relation to counter-fraud, bribery and corruption work and the annual qualitative assessment.
2.5.1	Chief Executive Officer	Overall responsibility for the safety and security of employees, patients and visitors of the Trust.

SFI Ref	Delegated to	Authorities / Duties Delegated
2.5.1	Chief Operating Officer	Management of security risks within the Trust and appointment of Local Security Management Specialist.
3.1.1	Chief Executive Officer	Submit to the Board and Council of Governors the annual operational plan, which takes into account financial targets and forecast limits of available resources.
3.1.3	Chief Financial Officer	Prepare and submit an annual budget for approval by the Board.
3.1.5	Chief Financial Officer	Monitor financial performance against budget and report to Board.
3.1.7	Chief Financial Officer	Ensure that adequate training is delivered to budget holders to help them manage these successfully.
3.2	Budget holders	Submitting a list of business cases and cost pressures and assumptions around income.
3.2.1	Chief Financial Officer	Submit the annual budget setting process to the Board.
3.2.3	Chief Executive Officer/Chief Financial Officer	Set an annual process for approving cases to be incorporate in the budget and operational plan.
3.2.5	Chief Financial Officer	Set cost improvement plan (CIP) savings target delated to each budget holder.
3.2.6	Chief Financial Officer	Set reserves to cover unknown cost pressures at the planning stage.
3.3	Chief Financial Officer	Authorise budget virements in specified circumstances.
3.4.1	Chief Executive Officer/Chief Financial Officer	Delegate the management of budgets.
3.4.2	Chief Executive Officer	Approve the use of budgets for a purpose otherwise than the one for which they were provided.
3.5.1	Chief Financial Officer	Devise and maintain systems of budgetary control.
3.5.2	Chief Executive Officer	Approve appointment of permanent employees not within budgeted establishment.
3.5.3	Chief Executive Officer	Identify and implement CIPs. And income generation initiatives.
3.5.4	Chief Executive Officer	Establish a Recruitment Control Panel to consider all new appointments.
3.5.5	Trust Executive Committee	Approve all new clinical consultant appointments.
3.7.1	Chief Executive Officer	Ensure appropriate monitoring forms and returns are submitted to NHS England and NHS Improvement.
4.1	Chief Financial Officer	Prepare annual financial accounts and returns in the form prescribed by NHS England and NHS Improvement.
4.2	Associate Director of Corporate Affairs	Prepare an annual report.
4.5	Chief Financial Officer	Submit the annual report and accounts to Monitor and to be laid before Parliament.
4.7	Chief Nursing Officer	Prepare the annual quality report.
4.8	Chief Executive Officer and Chair	Sign the Statement of Directors' Responsibilities in Respect of the Quality Report.
5.1.1 and 5.4.1	Chief Financial Officer	Advise on and manage the Trust's banking arrangements ensuring that these are reviewed regularly.
5.1.2	Audit and Risk Committee	Review banking arrangements.

SFI Ref	Delegated to	Authorities / Duties Delegated
5.1.3	Audit and Risk Committee	Approve the opening of new bank accounts.
5.2.2	Chief Financial Officer	Managing the Trust's Government Banking Service (GBS) bank accounts, establishing non-exchequer bank accounts, ensuring funds stay in credit unless arrangements have been made, monitoring the level of cleared funds and ensuring they comply with guidance, and ensuring covenants are adhered to.
5.3	Chief Financial Officer	Prepare detailed instructions of the operation of bank accounts and advise the Trust's bankers of the conditions under which accounts will be operated.
6.1	Chief Financial Officer	Design, maintain and ensure compliance with income systems and ensure the prompt banking of all monies received.
6.2.2	Chief Financial Officer	Approve and review the level of all fees and charges.
6.2.3	All Staff	Inform the Chief Financial Officer of income arising from transactions which they have initiated.
6.3.1	Chief Financial Officer	Take appropriate recovery action on all outstanding debts.
6.3.3	Director of Operational Finance/Chief Financial Officer/Audit and Risk Committee	Approval of debt write-offs at specific monetary values.
6.4	Chief Financial Officer	Provide the required documents for recording cash, cheques and negotiable instruments, and ensure adequate systems and procedures for handling cash and negotiable securities
7.2.3, 7.5.3 and 7.6.1	Managing Director of WPL/Director of Estates, Facilities & Capital Development/Director of Informatics/Divisional Directors of Operations/Chief Pharmacist	Sign and place contracts on the Trust's behalf subject to the limits set out in Annex 3 of the SFIs and designate officers to receive tenders on their behalf and open tenders.
7.7.2	Chief Financial Officer or nominated officer	Consider and accept any late tenders and report acceptance to the Board.
7.7.10	Chief Executive Officer or nominated officer	Approve price variations for tenders including a fluctuation clause.
7.8.2	Director of Estates, Facilities & Capital Development	Authorise variations to building and engineering contracts.
7.9.1	Director of Estates, Facilities & Capital Development	Issue tender documents for building and engineering contracts, compile tender lists, preparation of final estimates and approve adjudication or seek authorisation according to delegated limits.
7.10.3	Director of Informatics	Place contracts for Informatics only.
7.12.9	Chief Executive Officer/Chief Financial Officer	Approve waivers of competitive tendering/quotation procedures over £75,000.

SFI Ref	Delegated to	Authorities / Duties Delegated
7.13.2	Executive Director/Director of Informatics/Director of Procurement and Supply/Commercial Director	Authorise and sign non-disclosure agreements with third parties.
8	Chief Executive Officer	Ensure suitable arrangements for commissioning contracts for the provision of services.
8.1.7	Chief Financial Officer	Produce regular reports detailing actual and forecast income.
8.1.8	Chief Financial Officer	Oversee and approve cash flow forecasts.
8.2.1	Chief Executive Officer	Ensure that the Trust works with all partner agencies involved in the delivery and commissioning of service provided jointly.
9.1.1	Remuneration and Appointment Committee	Responsibility for appointing to posts within its terms of reference.
9.1.2	Chief People Officer	Administration of fit and proper person test requirements.
9.2.1	Budget holder	Recruit to vacancies provided that this is within the establishment, subject to Recruitment Control Panel approval where applicable.
9.2.2	Chief Financial Officer	Approve one-off payroll engagements.
9.3.1	Chief People Officer	Final determination of pay and conditions of service.
9.3.2 and 9.3.3	Chief Financial Officer	Agreement and management of the Payroll Contract and payroll
9.3.4	Managers and employees	Ensuring claims for pay and expenses are timely and correct and any over or underpayments are highlighted.
10.1.1	Chief Executive	Determine level of delegation of non-pay expenditure to budget managers.
10.2.1	Chief Financial Officer	Set out the list of managers and their limits for requisitioning goods and services.
10.2.2	Director of Procurement and Supply	Advise on obtaining best value for money for goods and services.
10.2.4	Chief Financial Officer	Maintain and monitor exemptions to ‘No Purchase order No Pay’ policy.
10.3.1	Chief Financial Officer	Prompt payment of accounts and claims.
10.3.2	Chief Financial Officer	Prepare procedural instructions, design and maintain a system of verification, recording and payment and ensure payment for all goods and services once received.
10.3.3	Chief Financial Officer	Approve prepayment arrangements.
10.3.4	All managers	Comply fully with guidance and limits specified for goods and services.
11.1.3	Chief Financial Officer	Make applications for a loan or overdraft facility and approve use of those.
11.1.4	Chief Financial Officer	Authorise short-term borrowing requirements in excess of one month.
11.3.2	Audit and Risk Committee	Set investment policy and oversee investment transactions. Approve Treasury Management Policy.

SFI Ref	Delegated to	Authorities / Duties Delegated
11.3.5 – 11.3.7	Finance Director	Advise and report on investments, authorise transactions and ensure that policies and procedures are drawn up for their operation and maintenance.
12.1.1, 12.1.2 and 12.2.10	Trust Investment Group	Oversee the allocation of capital investment and the development and monitoring of the capital plan and proposals for private finance.
12.1.1	Chief Financial Officer	Ensure an adequate capital prioritisation process is in place.
12.2.2	Director of Estates, Facilities & Capital Development/Associate Director of Estates/Leasing sub-committee/Health & Safety Manager/Medical Equipment Panel/Digital Board/Director of Operations, Division A	Approval of capital business cases within specific limits.
12.2.5	Director of Operational Finance	Approval of minor changes to the Trust's IISS managed service contract up to a value of £100,000.
12.2.6	Trust Investment Group	Review and update the format and minimum required content of business cases.
12.2.9	Chief Financial Officer	Choosing the most appropriate source of finance for capital once approved, in accordance with the Trust's Treasury Management Policy.
12.4.1	Chief Executive Officer	Maintain registers of assets.
12.4.2	Chief Financial Officer	Prepare procedural instructions in disposal of assets.
12.4.5 and 12.5.3	Chief Financial Officer	Approve procedures for reconciling balances on fixed asset accounts against the fixed asset register.
12.5.1	Chief Executive Officer	Control of fixed assets.
12.5.2	Chief Financial Officer	Approve asset control procedures.
12.5.4	Chief Financial Officer	Decide what further action shall be taken when discrepancies arise when verifying physical assets to the fixed asset register.
12.6.1	Trust Investment Group/Trust Executive Committee	Approve significant changes to the Trust's estate.
12.6.3	Chief Financial Officer	Approve acquisition of property up to £150,000 provided they fall within the Trust's estates strategy.
12.6.3	Trust Investment Group	Approve acquisition of property between £150,001 and £2.5 million provided they fall within the Trust's estates strategy.
12.6.6	Chief Executive Officer and one other Executive Director	Sign contracts to acquire property.
13.1.2 and 13.1.6	Chief Financial Officer	Systems of control for inventory stores and inventory.

SFI Ref	Delegated to	Authorities / Duties Delegated
13.1.2	Director of Procurement and Supply	Control of inventory stores and inventory and delegation of day-to-day responsibility, subject to the delegation being entered in a record available to the Chief Financial Officer.
13.1.2	Deputy Chief Pharmacist	Control of pharmaceutical stocks.
13.1.2	Director of Estates, Facilities & Capital Development	Control of fuel oil.
13.1.3	Head of Supply Chain	Security arrangements and control of keys.
13.1.4	Chief Financial Officer/Director of Procurement and Supply	Set out procedures and systems to regulate inventory and inventory.
13.1.5	Chief Financial Officer	Agree stocktaking arrangements.
13.1.7	Director of Procurement and Supply	Review of slow-moving and obsolete items and condemnation, disposal and replacement of unserviceable articles.
13.1.9	Chief Financial Officer	Approve write down of inventory.
13.1.10	Chief Executive Officer	Identify those authorised to requisition and accept goods from NHS Supply Chain central warehouses of Trust supplies stores.
14.1.1	Chief Financial Officer	Prepare detailed procedures for disposal of assets.
14.1.2	Head of Department or authorised deputy	Estimate the value and establish whether an asset for disposal is needed elsewhere in the Trust.
14.1.5	Chief Executive Officer	Approve disposals of assets valued at over £100,000.
14.2.1	Chief Financial Officer	Prepare procedures for the recording of and accounting for condemnations, losses and special payments.
14.2.2 and 14.2.4	Chief Financial Officer	Prepare a fraud response plan and monitor compliance with directions issued nationally in respect of fraud.
14.2.5	Directorate or Service Manager	Inform the Chief Financial Officer of all losses or recoveries of previous losses.
14.2.6	Chief Financial Officer	Inform Chief Executive Officer of losses caused by theft, arson, neglect of duty or gross carelessness where the loss may be material or lead to adverse publicity.
14.2.9	Chief Financial Officer	Maintain the Trust's losses registers and specify the manner of investigation for all losses and special payments.
15.1.1	Chief Executive Officer/Director of Informatics	Devise and implement procedures to safeguard the Trust's data, programs and computer hardware, have regard to the Data Protection Act 2018, ensure adequate controls over data entry, processing, storage, transmission and output.
15.1.2	Chief Financial Officer	Ensure that financial systems and amendments to financial systems are appropriately developed and tested.
15.1.3 and 15.1.4	Chief Financial Officer	Ensure contracts for computer services for financial applications clearly define responsibilities and appropriate technical and organisational measures and periodically seek assurance that adequate controls are in operation.
16.1.2	Chief Executive Officer	Informing patients or guardians that the Trust does not accept responsibility or liability for patients' property unless handed in for safe custody.

SFI Ref	Delegated to	Authorities / Duties Delegated
16.1.3 and 16.1.4	Chief Financial Officer	Arrangements for the administration of patient property, including operating separate accounts for patients' monies.
17	Chief People Officer	Ensure that the SFIs are applied to charitable funds.
17.2.1	Chief Financial Officer	Prepare the Charity's annual accounts for audit and authorise any transaction of funds between investment vehicles.
17.2.2, 17.2.3 and 17.5.1	Charity Director	Arrangements for the performance of functions relating to the management and administration of funds and for fundraising and income and day-to-day management of expenditure.
17.4	Charitable Funds Committee	Investment policy, advice and performance if not delegated to a sub-committee.
17.4.3	Charity Director	Report investment performance and allocate investment interest, dividends and gains and losses appropriately across funds.
17.5.4	Fund holder and one authorised signatory	Authorise expenditure up to £10,000.
17.5.4	Care Group Manager	Authorise expenditure between £10,001 and £50,000.
17.5.4	Chief Financial Officer	Authorise expenditure between £10,001 and £50,000 outside the divisional structure.
17.5.4	Charitable Funds Committee	Authorise expenditure between £50,001 and £100,000.
17.7	Charity Director	Updating the risk register.
18.1	Chief Executive Officer	Ensure all staff are aware of the behaviour expected and comply with the Standards of Business Conduct Policy.
19.1	Chief Executive Officer	Maintain archives for all records, information and data.
19.1	Director of Estates, Facilities & Capital Development	Holding and safekeeping of property deeds.
19.1	Director of Estates, Facilities & Capital Development	Holding and safekeeping of building and engineering contracts.
19.1	Associate Director of Estates	Holding and safekeeping of estate maintenance contracts.
19.1	Wessex NHS Procurement Limited	Holding and safekeeping of maintenance contracts
19.1	Director of Contracting	Holding and safekeeping of clinical contracts.
19.1	Associate Director of Corporate Affairs	Holding and safekeeping of WPL contracts.
19.1	Wessex NHS Procurement Limited	Holding and safekeeping of contracts for goods and services other than above.
19.3	Chief Executive Officer/Chief Financial Officer	Authorise destruction of information earlier than retention periods specified om NHS guidance.
20.1	Chief Executive Officer	Ensure that the Trust has a sound system of risk management and internal control set out in a strategy, policy and procedures.
20.2.1	Chief Financial Officer	Review membership of the Non-Clinical Risk Pooling Scheme and other insurance arrangements.

SFI Ref	Delegated to	Authorities / Duties Delegated
20.2.2 – 20.2.5	Associate Director of Corporate Affairs	Liaise with insurance brokers; ensure timely reporting of incidents, losses and submission of claims against the third party liability scheme and insurance provision.
20.3	Chief Nursing Officer	Provide a contact for claims and report claims activity to the Board.
21.1.2	Chief Executive Officer	Approve any payments made against legal advice.
22.1, 22.3 and 22.4	Chief People Officer	Approve settlement agreements, advise on out of court settlement of employment tribunal applications and submit a business case to HM Treasury for any novel, contentious or repercussive special payments.
22.2	Chief People Officer/Chief Financial Officer	Approve any settlement agreement in excess of contractual entitlement.
22.3	Chief People Officer	Agree out of court settlement of employment tribunal applications for payments up to £30,000.
22.3	Chief Executive Officer	Agree out of court settlement of employment tribunal applications for payments between £30,001 and £100,000.
24.2 and 24.7	Chief Financial Officer/Director of Operational Finance/Executive Director	Waiver of SFIs or scheme of delegation and waiver of SFIs relating to prepayments in accordance with HM Treasury policy in a force majeure situation
24.3	Chair/Non-Executive Director	Waiver of SFIs or scheme of delegation in a force majeure situation, where the transaction exceeds £2.5 million.
Annex 3	Various	See Trust Authorisation Framework for details of authorisation bodies for capital and revenue expenditure, non-pay authorisation, contracting and procurement and tendering of expenditure.

Other issues to be delegated

This scheme of delegation covers only matters delegated by the Board to directors and certain other specific matters referred to in SFIs. Each director is responsible for the delegation within his/her Directorate. He/she should produce a scheme of delegation for matters within his/her Directorate. In particular the scheme of delegation should include how the directorate budget and procedures for approval of expenditure are delegated.