University Hospital Southampton
NHS Foundation Trust

Agenda Trust Board – Open Session

Date	27/07/2023
Time	9:00 - 13:15
Location	Conference Room, Heartbeat/Microsoft Teams
Chair	Jenni Douglas-Todd

1	9:00	**Chair's Welcome, Apologies and Declarations of Interest** 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 25 May 2023** Approve the minutes of the previous meeting held on 25 May 2023
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	9:20	**Briefing from the Chair of the Audit and Risk Committee (Oral)** Keith Evans, Chair
5.2	9:25	**Briefing from the Chair of the Charitable Funds Committee (Oral)** Dave Bennett, Chair
5.3	9:30	**Briefing from the Chair of the Finance and Investment Committee (Oral)** Jane Bailey, Chair
5.4	9:35	**Briefing from the Chair of the People and Organisational Development Committee (Oral)** Jane Harwood, Chair
5.5	9:40	**Briefing from the Chair of the Quality Committee (Oral)** Tim Peachey, Chair
5.6	9:45	**Chief Executive Officer's Report** Receive and note the report Sponsor: David French, Chief Executive Officer

5.7 **Hampshire and Isle of Wight (HIOW) Recovery Support Programme**

10:10 Review and agree to the undertakings
Sponsor: David French, Chief Executive Officer

5.8 **Performance KPI Report for Month 3**

10:20 Review and discuss the report
Sponsor: David French, Chief Executive Officer

5.9 **Break**

10:50

5.10 **Finance Report for Month 3**

11:05 Review and discuss the report
Sponsor: Ian Howard, Chief Financial Officer

5.11 **People Report for Month 3**

11:20 Review and discuss the report
Sponsor: Steve Harris, Chief People Officer

5.12 **Maternity Dashboard/Perinatal Quality Surveillance Report**

11:35 Receive and note
Sponsor: Gail Byrne, Chief Nursing Officer

5.13 **PMRT (Perinatal Mortality Review Summary) Report**

11:40 Receive and note
Sponsor: Gail Byrne, Chief Nursing Officer

5.14 **Guardian of Safe Working Hours Quarterly Report**

11:45 Receive and discuss the report
Sponsor: Paul Grundy, Chief Medical Officer
Attendee: Diana Hulbert, Guardian of Safe Working Hours and Emergency Department Consultant

5.15 **Medical Appraisal and Revalidation Annual Report including Board Statement of Compliance**

11:55 Receive and discuss the Annual Report. Approve the Statement of Compliance.
Sponsor: Paul Grundy, Chief Medical Officer

5.16 **Annual Complaints Report 2022-23**

12:05 Receive and discuss
Sponsor: Gail Byrne, Chief Nursing Officer
Attendee: Ellis Banfield, Associate Director of Patient Experience

6 **STRATEGY and BUSINESS PLANNING**

6.1 **Corporate Objectives 2023-24 Quarter 1 Review**

12:15 Review and feedback on the corporate objectives
Sponsor: David French, Chief Executive Officer

6.2 **Board Assurance Framework (BAF) Update**

12:25 Review and discuss the update
Sponsor: Gail Byrne, Chief Nursing Officer
Attendee: Craig Machell, Associate Director of Corporate Affairs and Company Secretary

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

7.1 **Feedback from the Council of Governors' (CoG) meeting 26 July 2023 (Oral)**

12:35 Sponsor: Jenni Douglas-Todd, Trust Chair

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

12:40 Receive and ratify
In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Reservation and Delegation.
Sponsor: Jenni Douglas-Todd, Trust Chair

7.3 **Trust Executive Committee Terms of Reference**

12:45 Approve the proposed amendments to the Terms of Reference
Sponsor: David French, Chief Executive Officer
Attendee: Craig Machell, Associate Director of Corporate Affairs and Company Secretary

8 **Any other business**

12:50 Raise any relevant or urgent matters that are not on the agenda

9 **Note the date of the next meeting: 28 September 2023**

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

Sponsor: Jenni Douglas-Todd, Trust 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**

13:00

Minutes Trust Board – Open Session

Date	25/05/2023
Time	9:00 – 13:00
Location	Heartbeat Education Centre/Microsoft Teams
Chair	Jenni Douglas-Todd (JD-T)
Present	Jane Bailey, Non-Executive Director (NED) (JB) Dave Bennett, NED (DB) Gail Byrne, Chief Nursing Officer (GB) Diana Eccles, NED (DE) Keith Evans, Deputy Chair and NED (KE) David French, Chief Executive Officer (DAF) Paul Grundy, Chief Medical Officer (PG) Steve Harris, Chief People Officer (SH) Jane Harwood, NED/Senior Independent Director (JH) Ian Howard, Chief Financial Officer (IH) Tim Peachey, NED (TP) Joe Teape, Chief Operating Officer (JT)
In attendance	Femi Macaulay, Associate NED (FM) Craig Machell, Associate Director of Corporate Affairs and Company Secretary (CM) Ellis Banfield, Associate Director of Patient Experience (EB) (item 5.8) Julie Brooks, Head of Infection Prevention Unit (JBr) (item 5.7) Sarah Herbert, Deputy Chief Nursing Officer (SHe) (item 5.10) Kelly Kent, Head of Strategy and Partnerships (KK) (item 6.1) Christopher Kipps, Clinical Director of R&D (CK) (item 6.3) Kyle Lacoste, Trust Documents Manager (KL) (item 6.4) Christine Mbabazi, Equality & Inclusion Adviser/Freedom to Speak Up Guardian (CMb) (item 5.9) Clare Rook, Chief Operating Officer, CRN Wessex (CR) (6.2) Julian Sutton, Interim Lead Infection Control Director (JS) (item 5.7) Sarah Williamson, Director of Research and Improvement, Solent NHS Trust (SW) (item 2) 1 member of the public (item 2) 5 governors (observing) 5 members of staff (observing) 1 member of the public (observing)
Apologies	Martin De Sousa, Director of Strategy and Partnerships (MDeS)

Note: items 5.7 and 5.9 were addressed prior to item 5.6.

1. Chair's Welcome, Apologies and Declarations of Interest

The Chair welcomed attendees to the meeting. It was noted that there were no interests to declare in the business to be transacted at the meeting.

The Chair provided an overview of her activities since April 2023, including visits to hospital departments, meetings with peers and other key stakeholders.

2. Patient Story

Dr Sarah Williamson, Director of Research and Improvement at Solent NHS Trust was invited to relate the experience of her sister, who has a learning disability, when she received a course of radiotherapy at the Trust in late 2022.

3. Minutes of the Previous Meeting held on 30 March 2023

The Board requested an amendment to item 4.10 in the minutes from 30 March 2023 to reflect that the Trust was rated seventh in terms of recommendation as a place to work, rather than overall.

4. Matters Arising and Summary of Agreed Actions

It was noted that all actions due had been completed or would be addressed through the business of the meeting.

5. QUALITY, PERFORMANCE and FINANCE

5.1 Briefing from the Chair of the Charitable Funds Committee

The chair of the Charitable Funds Committee was invited to provide an overview of the meeting held on 9 May 2023. It was noted that:

- In terms of the Charity's financial position, it had received £2.9m against a target of £4m for 2022/23. In addition, the Charity's costs remained high. The current structure of the Charity and its funds continued to cause difficulties in spending its money effectively and efficiently.
- The Charity intended to launch a capital fundraising plan in order to raise funds for general refurbishment activities.
- The Charity was supporting the 'Wild in Art' programme in Southampton, by which it was intended to strengthen its relationships with corporate entities for the future.
- It was intended that proposals to reform the Charity would be presented to the Board in July 2023.

5.2 Briefing from the Chair of the Audit and Risk Committee

The chair of the Audit and Risk Committee was invited to provide an overview of the meeting held on 22 May 2023. It was noted that:

- The committee reviewed waivers of tendering requirements granted and considered that there were valid reasons for these waivers and that the approval process had been followed.
- A report on the cause and impact of a supplier payment error, which occurred on 13 March 2023 was reviewed and the committee received assurance in respect of the controls now in place to prevent a re-occurrence.
- The committee reviewed a draft of the annual report and accounts for 2022/23.
- The committee reviewed the progress by the external auditors in respect of the accounts for 2022/23.
- As part of its review of the proposed internal audit plan for 2023/24, the committee agreed that the plan should include an audit of recruitment controls.

5.3 Briefing from the Chair of the Finance and Investment Committee

The chair of the Finance and Investment Committee was invited to provide an overview of the meeting held on 22 May 2023. It was noted that:

- The committee reviewed the Trust's latest financial position and operating plan and noted that 2023/24 would be a challenging year.

- The committee received an update in respect of Wessex NHS Procurement Limited's performance.
- The committee reviewed 'Getting It Right First Time' in cardiology and noted the use of data and efficiencies achieved as well as the support provided by the Always Improving team.

5.4 Briefing from the Chair of the People and Organisational Development Committee

The chair of the People and Organisational Development Committee was invited to provide an overview of the meeting held on 17 May 2023. It was noted that:

- The committee reviewed the People Report and noted that sickness absence rates had improved and that appraisal completion rates required improvement. In addition, the committee noted the controls in place to control staff numbers.
- The committee reviewed the 2023/24 People objectives, which included broadening of system working and steps to address bullying and harassment.
- It was agreed that Phil Bunting, Director of Operational Finance, would attend meetings of the committee in order to ensure closer links between People and Finance.

5.5 Briefing from the Chair of the Quality Committee

The chair of the Quality Committee was invited to provide an overview of the meeting held on 22 May 2023. It was noted that:

- The committee reviewed the Trust's key quality indicators and noted that performance was not as good as three years ago, which indicated a system under pressure.
- The committee received reports on recent never events.
- The Trust's complaints closure time was only one day above the target at 36 days.
- The committee reviewed the Infection Prevention Control Annual Report (item 5.7) and a draft of the Trust's Quality Account for 2022/23.
- The committee received an update from the Learning Disability team and noted that whereas four years ago the Trust received approximately 200 referrals per annum, of which 70% were inappropriate, the Trust now received approximately 1,600 referrals per annum, of which only 7% were inappropriate. The committee further noted that training was to be rolled out during 2023/24 in respect of mental health and autism.

5.6 Chief Executive Officer's Report

David French was invited to present the Chief Executive Officer's Report, the content of which was noted. It was further noted that:

- Several of the Agenda for Change trade unions had accepted the Government's offer and, as a result, the pay deal had been implemented despite it having been rejected by some of the unions.
- The Royal College of Nursing was balloting members for a further mandate for industrial action.
- Junior doctors were expected to go on strike for 72 hours from 14 June 2023 and consultants were being balloted for industrial action.
- The ongoing industrial action was having a significant impact on the Trust's staff and its performance.
- A recent inspection by the Care Quality Commission had identified some concerns in respect of security measures at the Princess Anne Hospital, which were acted on immediately by the Trust.
- The expected deficit for the Integrated Care System for 2023/24 had reduced to £118m and the Integrated Care Board was implementing five workstreams,

each headed by a provider chief executive. David French would be leading on the elective recovery workstream.
- The Trust had recently completed its 1,000th Transcatheter Aortic Valve Implantation.
- 'Diabasics', a scheme to raise awareness of diabetes across the Trust was being launched.

5.7 Infection Prevention and Control Annual Report 2022-23

Julian Sutton and Julie Brooks were invited to present the Infection Prevention and Control Annual Report 2022-23, the content of which was noted. It was further noted that:

- The Trust had not met the targets in respect of methicillin-resistant staphylococcus aureus (MRSA), clostridioides difficile (C-Diff), e-coli and antibiotic prescribing.
- The Trust had transitioned to managing COVID-19 differently towards a 'Living with COVID-19' approach. The Trust had experienced benefits due to its cautious approach to Covid-19.
- There had been a five-fold increase in cases of norovirus nationally, which caused significant issues elsewhere in April 2022. However, due to its management of infection risk, the Trust had not experienced this.
- The Trust was moving toward administering antibiotics orally rather than intravenously in order to minimise infection risks.

5.8 Learning from Deaths 2022-23 Quarter 4 Report

Ellis Banfield was invited to present the Learning from Deaths report for the fourth quarter of 2022/23, the content of which was noted. It was further noted that:

- Work was ongoing in order to improve the interface between external and internal investigations.
- Digital reporting was being used to improve the process of investigating deaths.
- A review was ongoing in respect of the use and consistency of Morbidity and Mortality meetings.

5.9 Freedom to Speak Up Report

Christine Mbabazi was invited to present the Freedom to Speak Up Report, the content of which was noted. It was further noted that:

- The main themes of matters reported using the Freedom to Speak Up process continued to be bullying and harassment, violence and aggression and team dynamics.
- Further work was to be carried out in order to promote the aims of Freedom to Speak Up across the Trust.
- Diana Eccles had agreed to act as the Freedom to Speak Up champion on the Board.

The Board challenged how confident the Trust could be that staff felt able to speak up, as there was a gap between the number of speak up cases and the staff survey results. It was noted that the Freedom to Speak Up champions were a very important network. It was further noted that Paul Grundy speaks to all new consultants about speaking up and gives them information about a number of options to raise concerns.

Action:

Craig Machell and Christine Mbabazi agreed to include Freedom to Speak Up on a future Trust Board Study Session agenda.

5.10 Violence and Aggression against Staff Progress Report

Sarah Herbert was invited to present the progress report in respect of Violence and Aggression against Staff, the content of which was noted. It was further noted that:

- The staff survey indicated that 9% of staff had experienced violence and aggression from patients and/or families of patients. The responses appeared to be largely reflective of the national picture.
- The Trust had recently signed up to a new service level agreement with Hampshire Police.
- The Trust continued to work on its exclusions policy and had issued its first 'yellow cards' under the policy, although it had yet to exclude any individual. The Trust was also making use of 'behavioural contracts'.
- The Trust had noted that it was necessary to improve collaboration across the system to ensure that other providers are informed when patients were excluded from an organisation.
- The deployment of body-worn cameras had been received positively.
- The deal agreed between the Government and the unions in respect of Agenda for Change staff also included an agreement to take steps to improve the situation with respect to violence and aggression against staff.
- There was possible correlation between the increased number of incidents of violence and aggression and the increasing number of patients presenting with mental health/alcohol abuse issues. It was necessary for the Integrated Care Board to play a greater role in managing the relationship with the police and the support provided to providers in handling these patients.

5.11 Break

5.12 Performance KPI Report for Month 1

Joe Teape was invited to present the Performance KPI Report for Month 1, the content of which was noted. It was further noted that:

- The report had been amended to remove the People-related metrics and to amend or add metrics in agreement with the various committee chairs.
- The industrial action between 11-15 April 2023 had resulted in a loss of elective recovery programme income and impacted patients.
- The Trust was aiming to be in the top quartile of ~20 equivalent trusts in the UK, although its current performance was varied and cancer targets in particular were proving to be challenging.
- The Trust had written to the Integrated Care Board regarding the inclusion of patients requiring organ transplants in the waiting list measures.
- There was a system-wide target to reduce the number of patients not qualified to reside by the end of the year, but there was no credible plan currently in the system to achieve this. It was noted that the Trust monitored deterioration of patients in this category and reported falls and pressure ulcer data to the Quality Committee on a regular basis.

The Board noted the spotlight on cancer performance, including the Trust's two-week wait, 28 days diagnosis and 31- and 62-day standards performance.

Action:
Joe Teape agreed to come back to the Board with further details about the plans to reduce the number of patients with no criteria to reside and how the Trust would manage and monitor their stay in hospital.

5.13 Finance Report for Month 1

Ian Howard was invited to present the Finance Report for Month 1, the content of which was noted. It was further noted that:

- The Trust had anticipated a deficit of £4m during the month whereas the deficit had been £5.4m. However, there were a number of factors, particularly the additional staffing costs due to industrial action and the resultant lost elective recovery programme income.
- The Trust was targeting a £1m per quarter improvement in its deficit in order to reach break-even. The Trust had committed to a challenging cost improvement programme and was working on strengthening its recruitment and resourcing controls.
- The Trust had significantly reduced its use of Thornbury for temporary resourcing.

5.14 People Report for Month 1

Steve Harris was invited to present the People Report for Month 1, the content of which was noted. It was further noted that:

- The Trust was 191 whole-time equivalents above its plan for 2023/24, although April 2023 had seen a spike in bank staff use due to industrial action.
- Expenditure on temporary staff appeared to be reducing.
- The sickness absence rate was the lowest for some time with a rolling average of 4.1%. The People and Organisational Development Committee would be reviewing the Trust's plan for sickness absence and the internal auditors would be examining the controls in this area.
- It was intended to open the roof garden at Princess Anne Hospital and the wellbeing hub as part of the NHS 75th anniversary celebrations.

The Board questioned what the impact had been of the reduced sickness absence rate and noted that whilst reduced use of bank and agency staff would generally be expected, the staff member type absent was a core determinant as to whether or not temporary resource was required or not.

The Board enquired about the impact of 'long COVID' and noted that this impacted approximately 20 whole-time equivalents, although this was likely not the full picture.

6. STRATEGY and BUSINESS PLANNING

6.1 Corporate Objectives 2023-24

David French was invited to present the proposed Corporate Objectives for 2023/24. It was noted that there would be fewer, more focused objectives aligned with the Trust's strategic themes.

The Board discussed the proposed objectives and noted that:

- The shared decision-making target should be amended to 500.
- The research and development objectives were vulnerable due to the reliance on investment.
- The Board Assurance Framework would need to be updated to reflect the objectives for 2023/24.

Actions:
Joe Teape agreed to consider a balanced scorecard for the Corporate Objectives.

Paul Grundy and Gail Byrne agreed to discuss which areas were good, bad or indifferent to transformation and/or change.

Decision:
Subject to the amendment referred to above, the Board approved the Corporate Objectives for 2023/24.

6.2 CRN Wessex Annual Report 2022-23 and Annual Plan 2023-24

Clare Rook was invited to present the CRN Wessex Annual Report 2022-23, the content of which was noted. It was further noted that:

- The plan for 2023/24 would be a transitional plan toward the new regional research network for south/central. It was expected that the current organisational format would continue for six months due to delays in the transition.
- The Wessex Clinical Research Network had met seven out of eight of its objectives during 2022/23 and has been historically successful in obtaining National Institute for Health Research funding.

Noting that Jenni Douglas-Todd was chair of the Dorset Integrated Care System, the Board discussed the need to collaborate with Dorset and other neighbouring networks, including Wessex Health Partners and Thames Valley.

6.3 Research and Development Plan 2023-24

The paper 'Research and Development Plan 2023-24' was presented to the meeting, the content of which was noted. It was further noted that the proposal outlined in the paper had been reviewed by the Trust Executive Committee on 17 May 2023. The Trust Executive Committee had not approved the proposals on the basis that further work was required.

Whilst it was agreed that research and development was a fundamental part of a teaching hospital, it was necessary to consider the Trust's financial position and as such the proposals for research and development in 2023/24 required further scrutiny.

6.4 Board Assurance Framework (BAF) Update

Craig Machell was invited to present the Board Assurance Framework, the content of which was noted. It was further noted that:

- The BAF was to be updated in line with the corporate objectives reviewed as part of item 6.1.
- It was intended to change the approach to presentation of risk at Board meetings to include focused 'deep-dives', a risk appetite workshop and an annual review.

7. CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

7.1 Feedback from the Council of Governors' (CoG) meeting on 26 April 2023

The Chair provided an overview of the meeting of the Council of Governors held on 26 April 2023. It was noted that the Council of Governors had considered the following matters:

- Annual Report and Quality Account timetable
- CEO's Performance Report
- Operational Plan 2023/24
- Non-NHS Activity
- Appointment of Deputy Lead Governor (Sandra Gidley)
- Review of terms of reference
- Elections 2023
- Update on appointed governor for Hampshire County Council
- Agreed to fill the Rest of England and Wales vacancy with the next-highest polling candidate (Brian Lovell)
- Membership engagement update
- Reports from the working groups

7.2 Register of Seals and Chair's Actions Report

The paper 'Register of Seals and Chair's Actions Report' was presented to the meeting, the content of which was noted.

Decision:

The Board agreed to ratify the application of the Trust Seal to the documents listed in the 'Register of Seals and Chair's Actions Report'.

7.3 Charitable Funds Committee Terms of Reference

Amended terms of reference for the Charitable Funds Committee were tabled to the meeting for approval. It was noted that the amendments were in order to align the terms of reference with the Trust's Standing Financial Instructions.

Decision:

Having reviewed the amended terms of reference for the Charitable Funds Committee, the Board approved the terms of reference tabled to the meeting.

8. Any other business

There was no other business.

9. Note the date of the next meeting: 27 July 2023

10. Resolution regarding the Press, Public and Others

Decision:
The Board resolved that, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders 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 25/05/2023 5.9 Freedom to Speak Up Report				
987.	Future TBSS	Machell, Craig Mbabazi, Christine	09/11/2023	Pending
	Explanation action item Craig Machell and Christine Mbabazi agreed to include Freedom to Speak Up on a future Trust Board Study Session agenda. Update: Scheduled for TBSS on 9 November 2023.			
Trust Board – Open Session 25/05/2023 5.12 Performance KPI Report for Month 1				
988.	Patients with no criteria to reside	Teape, Joe	27/07/2023	Completed
	Explanation action item Joe Teape agreed to come back to the Board with further details about the plans to reduce the number of patients with no criteria to reside and how the Trust would manage and monitor their stay in hospital. Update: An emergency and urgent care action plan is in place overseen by our Urgent and Emergency Care Board. The system are still working through plans to reduce nCTR patients and we continue to try and influence this through the various ICB wide transformation programmes of which we are members. A Board update can be scheduled when required.			

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 25/05/2023 6.1 Corporate Objectives 2023-24				
989.	Scorecard	Teape, Joe	27/07/2023	Completed
	Explanation action item Joe Teape agreed to consider a balanced scorecard for the Corporate Objectives. Update: Having discussed with Jane Harwood and the Strategy team, a decision was made to look at RAG rating the Corporate Objectives as a way of creating a scorecard. After the Q1 Corporate Objectives were populated, we had the following observations: 1) The content and structure of the corporate objectives lend themselves to quarterly review rather than monthly review and rating. 2) Some of the objectives are not specific enough to readily lend themselves to effective RAG rating. Therefore, if we were to create a "balanced scorecard" it would require an additional and new report to be built, rather than utilising the Corporate Objectives. At this stage we are unclear whether this report would be a valuable addition to the existing reports which we have in place.			
Trust Board – Open Session 25/05/2023 6.1 Corporate Objectives 2023-24				
990.	Transformation	Byrne, Gail Grundy, Paul	27/07/2023	Pending
	Explanation action item Paul Grundy and Gail Byrne agreed to discuss which areas were good, bad or indifferent to transformation and/or change.			

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Chief Executive Officer's Report**			
Agenda item:	**5.6**			
Sponsor:	**David French, Chief Executive Officer**			
Date:	**27 July 2023**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	My report this month covers updates on the following items: • Operational Update • Impact of Industrial Action • Stretched to the Limit: Tackling the NHS Productivity Challenge • National Long-Term Workforce Plan • New Hospital Programme • Project Fusion • UK Covid-19 Inquiry • Additional Funding			
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 this update and since the last open Board meeting held on 25 May 2023, there has been further industrial action with the doctors in training having taken action between 14 – 16 June 2023 and further action on 13 – 18 July 2023, including across a weekend. The Trust is also currently planning for industrial action by consultants on 20 – 22 July 2023 and by the society of radiographers between 25 – 27 July 2023.

Whilst the Trust continues to acknowledge, support and respect that its staff have the right to take industrial action, it is becoming increasingly more challenging to provide cover during the periods of strike action and there continues to be a significant impact on the services that can be safely operated, with each day seeing further outpatients, diagnostics and elective procedures having to be rescheduled.

As well as the impact this will have on those patients rescheduled, there is also a significant administrative burden of rescheduling patients, an impact on the Trust's finances and performance, and the knock-on impact on other patients who may also have future appointments rescheduled as the Trust continues to see those that need care most urgently first.

In addition, staff are being asked to cover more activity and this is undoubtedly affecting morale as well as the downstream impact on capacity for those staff that understandably wish to take back the time due in lieu of pay.

The Board will note from the above that this is a challenging period, but I wanted to place on record my sincere appreciation and thanks for every one of our staff who has supported covering the industrial action and who have worked differently to help us navigate these periods safely. I hope that these disputes can now be resolved with a mutually agreeable outcome.

Impact of Industrial Action

Moving to the national situation, on 17 July 2023, NHS Providers published a summary of the impact of industrial action on patients, staff and performance. The summary describes impacts very consistent with the UHS experience.

Whilst NHS trusts have performed admirably in managing strike action, the eight consecutive months of action has meant that management and leadership time and capacity is being diverted from the critical work needed to improve patient outcomes, cut waiting lists and meet financial targets.

In terms of the impact of the industrial action on patients:

- More than 651,000 routine procedures and appointments have been rescheduled across acute, mental health and community health services, with thousands more likely to be impacted as trusts seek to recover services.
- The need to maintain emergency and elective care led to the de-prioritisation of community services, including some mental health services.
- There is an increased risk to quality of care due to further constrained resources.

The number of vacancies in the NHS and mounting workloads have a detrimental impact on staff morale and the 2022 NHS staff survey shows that all measures relating to burnout remain high. Industrial action is also impacting the relationship between staff and trust leaders with trusts finding themselves in the difficult position of having to manage industrial action without access to any of the levers to resolve it.

The financial impact is also significant due to loss of elective income for acute trusts, additional reliance on agency spending and increasing use of BMA rate card payments for strike cover. Some large NHS trusts have reported that a three-day strike can cost them £2.5-3m in direct costs.

Stretched to the Limit: Tackling the NHS Productivity Challenge

On 13 July 2023, the NHS published its new report, 'Stretched to the Limit: Tackling the NHS Productivity Challenge'. The report explores the main barriers facing trusts as they seek to recover performance and improve productivity as well as the financial impact of current pressures and the scale of the efficiencies required. The report also examines what trusts are already doing and what is needed from government and national bodies.

The report notes that the NHS is facing a significant challenge in that it must contain costs and use existing resources to increase activity within a context of significant operational and financial pressure. In terms of improving productivity, the following are highlighted:

- Improving patient flow and discharge processes
- Different delivery models of care (including virtual wards)
- Focusing on staff wellbeing
- Provider collaboratives to inform joint working across pathways
- Use of analytics to inform clinical and operational decision-making.

National data indicates good early progress in terms of achieving interim recovery targets for urgent and emergency care and reduction of the number of long waits. However, there are substantial backlogs in mental health, community and children and young people's services. The report states that it will be 'very difficult' for the NHS to deliver the government's overall performance ask, protect quality of care and deliver unprecedented efficiencies.

Significant issues facing the NHS include:

- Capacity to meet demand and staff morale
- Prolonged industrial action
- Risks across trusts' estates – 73% of trusts surveyed strongly disagreed or disagreed that they had access to sufficient capital funding for 2023/24
- Increased patient acuity, higher average lengths of stay and need for investment in community and social care services.

The report states that 89% of trust leaders surveyed believed that the efficiency ask for 2023/24 was more challenging than 2022/23 and they are concerned about the deliverability of the efficiency targets and the impact of these financial pressures on quality and scale of service provision.

In terms of short- and medium-term government support required:

- Expansion of capacity in community settings
- Delivery of the long-term workforce plan
- Resolution of industrial action
- Enabling fully digitally connected estates
- Improving coverage and quality of production data.

Over the longer term:

- Enabling a step change in operational and strategic capital investment
- Enabling the NHS to invest in management capacity alongside the clinical workforce
- Providing a sustainable solution to social care capacity.

The full report is available at: https://nhsproviders.org/stretched-to-the-limit

National Long-Term Workforce Plan

Coinciding with the 75th birthday of the NHS, the Long-Term Workforce Plan has been published by NHS England. This plan sets out how the NHS will address existing and future workforce challenges by recruiting and retaining thousands more staff and working in new ways to improve the experience of staff and patients.

Commissioned and accepted by the government, the plan provides a costed 15-year approach to developing the current NHS workforce to meet current and future demand and challenges and to support the health and wellbeing of the population. Over £2.4 billion has been committed on top of existing funding commitments to fund additional education and training places over the next five years.

The three areas that NHS England have focused on in the plan are:

- Train: Substantially growing the number of doctors, nurses, allied health professionals and support staff in both secondary and primary care settings. This is underpinned by a £2.4 billion funding commitment.
- Retain: A renewed focus and major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to retain 130,000 staff working in the NHS for longer.
- Reform: Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements.

The plan aims to reform training and education opportunities, including making greater use of apprenticeships as a route to qualified staffing for nursing and other professional roles. In addition to significantly expanding medical placements, a new route for training will be opened in 2024 supporting students to train in medicine through an apprenticeship.

The plan also complements the Trust's existing People Strategy (the Thrive, Excel and Belong pillars) and builds on work from the NHS National People Plan in 2020, with a particular focus on retaining and developing the existing workforce.

The plan has been broadly welcomed by NHS leaders, although concerns have arisen about the long-term financial sustainability of the proposals. The £2.4bn funding commitment is only understood to be for the first five years, with no clarity on how the proposal will be funded beyond this. The People team is reviewing the specific detail within the Workforce Plan and assessing what this will mean locally for UHS. This will be reviewed through the People and Organisational Development Committee.

New Hospital Programme

The National Audit Office (NAO) published its report into the progress with the New Hospital Programme on 17 July 2023. Under this programme, in 2020, the Government had committed to build 40 new hospitals by 2030.

The National Audit Office examined whether the programme:

- was designed and set up to manage the programme effectively;
- is making progress against its baselines for time, cost and quality; and
- is effectively identifying and managing the main risks to successful delivery.

Whilst the NAO considered that the programme has innovative plans to standardise hospital construction, which could deliver efficiencies, the building programme was announced in October 2020 without having made key decisions in terms of the programme's funding and approach to construction.

Until 2023, the Department for Health and Social Care (DHSC) was unable to secure agreement from the Major Projects Review Group about the programme's approach to building future hospitals and capital funding required.

When decisions were finally made, major changes to the programme's scope were required, resulting in some schemes facing substantial delays and will not be completed by 2030.

DHSC had spent about £1.1bn on the programme by March 2023 and delivery has been slower than expected. The NAO has highlighted the development of Hospital 2.0 as not having achieved good value for money so far.

The full report can be found at: https://www.nao.org.uk/reports/progress-with-the-new-hospital-programme/

Project Fusion

The Trust was informed on 18 July 2023 about the appointment of Ron Shields as the chief executive officer for the new trust to be formed following the conclusion of the merger between Solent NHS Trust, Southern Health NHS Foundation Trust and certain elements of other neighbouring trusts. Ron Shields is currently chief executive officer of Southern Health NHS Foundation Trust and has over 23 years of experience in leadership roles in community, mental health and acute hospital organisations.

The new organisation has appointed a chair, non-executive directors and chief executive officer and will now make appointments to the other executive roles. These individuals will take up their appointments when the new organisation is formed in April 2024.

UK Covid-19 Inquiry

The Government established the UK Covid-19 Inquiry on 21 July 2022 in order to examine the UK's preparedness for and response to the pandemic and to learn lessons for the future. The chair, Baroness Heather Hallett DBE has adopted a modular approach to the Inquiry. The public hearings for the first module commenced on 13 June 2023 and concluded on 19 July 2023. This module examined the period between June 2009 (when the World Health Organisation (WHO) announced that the scientific criteria for an influenza pandemic had been met) and 21 January 2020 (when the WHO issued the first situation report on what would become the Covid-19 pandemic).

The Inquiry heard evidence in respect of:

- A pandemic being a known possibility
- The adverse impact of Brexit on resilience planning and preparedness
- Underinvestment in the healthcare system
- Consideration of health inequalities
- The particular circumstances of the devolved nations

The witnesses appearing before the Inquiry included representatives of national and devolved government departments, former and current national and devolved government ministers, experts in public health and representatives of bereaved families.

Additional Funding

On 22 June 2023, the Trust was notified that £1.7m in funds were awarded to organisations in Wessex as part of the capital investment call for National Institute for Health and Care Research (NIHR) infrastructure award holders. However, it should be noted that the Trust was asked to reprofile its funding such that the majority of the expenditure (80%+) would be incurred during 2024/25. The Trust intends to use its share of the funding to purchase approximately £900,000 of equipment, including the Agilent Seahorse CF Analyser.

In addition, the Trust was notified on 17 July 2023 that it was successful in obtaining £1,105,000 of funding from NHS England for additional bi-plane angiography equipment as part of the national thrombectomy expansion programme.

Thrombectomies are ideally performed using a bi-plane angiography machine and there is a move, nationally, toward using bi-plane equipment for all such procedures. In 2021/22, the Trust only carried out 73.7% of thrombectomies using this method, compared to 94.8% nationally. The Trust intends to use the funding from NHS England to procure a second bi-plane, which would be enabled for neuro use, in order to both supplement its current equipment and also to provide cover when the existing bi-plane machine is replaced in 2024/25.

University Hospital Southampton NHS Foundation Trust

Trust Board – Open Session

Title of paper	**Oversight Framework 4 and Recovery Support Programme**		
Agenda item	**5.7**	**Date of meeting**	27 July 2023
Lead	David French, Chief Executive Officer	**Clinical Sponsor**	N/A
Author	Tara-Lee Baohm, Deputy Director of Assurance, Hampshire and Isle of Wight Integrated Care Board Craig Machell, Associate Director of Corporate Affairs		
Purpose	- NHS organisations across Hampshire and Isle of Wight have a combined financial deficit that is challenging and as a result are implementing a joint recovery plan to transform health and care services. - To support this work all NHS partners made a request to enter the NHS England Recovery Support programme. - Following NHS England Regional and National decision making, all NHS organisations in Hampshire and Isle of Wight have been moved into Oversight Framework 4/Recovery Support Programme. Formal notification of this move was received 1 June 2023. - This paper outlines the key next steps following this notification.		

Executive Summary

NHS organisations across Hampshire and Isle of Wight have a challenging combined deficit for 2023/2024. We have begun the journey of significant transformational change working closely with partners across the Integrated Care System (ICS) to ensure greater efficiency and long-term sustainability of services. Working together to bring the system back into balance and living within the allocations provided is a collective priority. We are in a good place to do this as our partnerships are already well established and we are already working with our people and our communities on this journey of transformation.

Given the scale of the challenge the ICB along with NHS provider Chief Executives sought help from NHS England by proactively seeking to enter the national recovery support programme. This has enabled the system to secure support from NHS England to support the system in delivering the scale and pace of transformation needed whilst delivering other key commitments to improve access, reduce waiting times and reduce health inequalities as set out in the ICB response to the 2023/2024 national planning guidance.

This paper sets out the financial context and recovery approach that the ICS is taking, provides more information about the recovery support programme and what this means, and sets out the governance framework for the system.

Recommendations	- To note that following NHS England Regional and National decision making (27 April and 16 May respectively), all NHS organisations (including the Integrated Care Board and all of the NHS Trusts within the Integrated Care System, including University Hospital Southampton NHS Foundation Trust), have been moved into Oversight Framework 4/Recovery Support Programme. Formal notification of this move was received 1 June 2023. - To note that all NHS Boards in Hampshire and Isle of Wight will be asked to agree regulatory undertakings with NHS England. These will be discussed in Private Boards and a collective representation made back to NHS England on behalf of the system. - To note the proposed assurance and oversight structures for the system recovery plan via Integrated Care System architecture.
Please provide details of the risks associated with the subject of this paper	The scale and pace required to return the Integrated Care System to financial balance will be challenging. To support, the system will be provided with improvement support from NHS England. In addition, a new system wide assurance and oversight infrastructure is proposed to maintain grip and control.

Regulatory and legal implications (e.g. NHS England/Improvement ratings, Care Quality Commission essential standards, competition law etc)
Following NHS England Regional and National decision making (27 April and 16 May respectively) all NHS organisations in Hampshire and Isle of Wight have been moved into Oversight Framework 4/Recovery Support Programme. Regulatory undertakings will be agreed between NHS England and all NHS Boards.
Financial implications / impact (e.g. cost improvement programmes, revenue/capital, year-end forecast)
A system wide financial recovery plan is being implemented. Trust Chief Executives, Chief Finance Officers, and clinical leaders will take key leadership roles across the six key programmes of work which will support delivery of financial recovery and balance. Delivery of the system recovery plan will be overseen by the Integrated Care System Recovery and Transformation Board
Specific communications and stakeholder/staff engagement implications
A joint communications and engagement plan is in place. The Integrated Care Board communications team will lead on behalf of the Integrated Care System.
Patient / staff implications (e.g. linked to NHS Constitution, equality and diversity)
Entry into Oversight Framework 4/Recovery Support Programme is being driven primarily on the basis of the combined financial deficit. There are no specific concerns regarding the quality of care for our patient population, that have driven the move into the Recovery Support Programme.
Equality and quality impact assessment

Quality/equality impact assessment processes have been built into the system recovery assurance and oversight architecture.
Data protection impact assessment
N/A
Impact on/implications for health inequalities
Quality/equality/health inequality impact assessment processes have been built into the system recovery assurance and oversight architecture.
Previous considerations by the Board
N/A
Background papers / supporting information
Appendix 1: Recovery Support Programme

Appendix 1: Recovery Support Programme

Introduction

NHS organisations across Hampshire and Isle of Wight have a challenging combined deficit for 2023/2024. We have begun the journey of significant transformational change, working closely with our partners across the Integrated Care System (ICS) to ensure greater efficiency and long-term sustainability of services. Working together to bring the system back into financial balance and living within the allocations provided is a collective priority.

We are in a good place to do this as our partnerships are already well established and we are already working with our staff and our communities on this journey of transformation. Given the scale of the challenge, the Integrated Care Board (ICB) - along with Chief Executives from our NHS Trust providers - sought help from NHS England by proactively seeking to enter the national Recovery Support Programme (RSP). This has enabled the system to secure support from NHS England to help us deliver the scale and pace of transformation needed whilst also delivering other key commitments to improve access, reduce waiting times and reduce health inequalities. These additional commitments are set out in some detail in our response to the 2023/2024 national planning guidance.

This paper sets out the financial context and the approach to recovery that the ICS is taking. It also provides more information about the recovery support programme and what this means the system governance and sets out the governance framework for the system.

Financial Context and Recovery Approach

NHS organisations across Hampshire and Isle of Wight have a combined financial deficit that is significant and challenging. In order to tackle this we have developed a joint recovery plan to transform health and care services and we are now implementing this.

The approach to system recovery consists of establishing both grip and control of cost within and across organisations, and the delivery of five transformation programmes to address the operational and financial challenges within the system. We already have some agreed processes in place that provide consistent control for key areas, most significantly the management of temporary staffing spend.

In addition, a distributed leadership model for delivery of the system recovery plan has been agreed, with Trust Chief Executives, Chief Finance Officers, and clinical leaders, taking key leadership roles across five key transformation programmes of work as follows:

- Elective Care
- Urgent and emergency care
- Discharge
- Local (primary and community) Care
- Workforce

In addition, each organisation has developed an individual organisation recovery plan. The combined intention of both the system recovery and the individual organisation recovery plans is to ensure financial recovery and longer-term sustainability across Hampshire and the Isle of Wight.

The ICB Board will receive reports on the system position and its progress towards recovery at each of its meetings.

Recovery Support and Exit Criteria

Following NHS England regional and national decision making, all NHS organisations (the Integrated Care Board and all the NHS Trusts within the Integrated Care System, have been moved into Oversight Framework 4/Recovery Support Programme. We received formal notification of this action on 1 June 2023.

This NHS England support package will include a System Improvement Director, appointed by NHS England. This Director will work with system partners to develop a detailed support offer and will provide oversight and co-ordination of the support package.

As a result of entering the Recovery Support Programme, all NHS Boards in Hampshire and Isle of Wight will be agreeing regulatory undertakings with NHS England. These will be discussed in draft, in private board meetings and a collective representation will be made to NHS England, on behalf of the system, for approval prior to formal publication.

A formal entry meeting into the Recovery Support Programme will take place with the National NHS England team in due course.

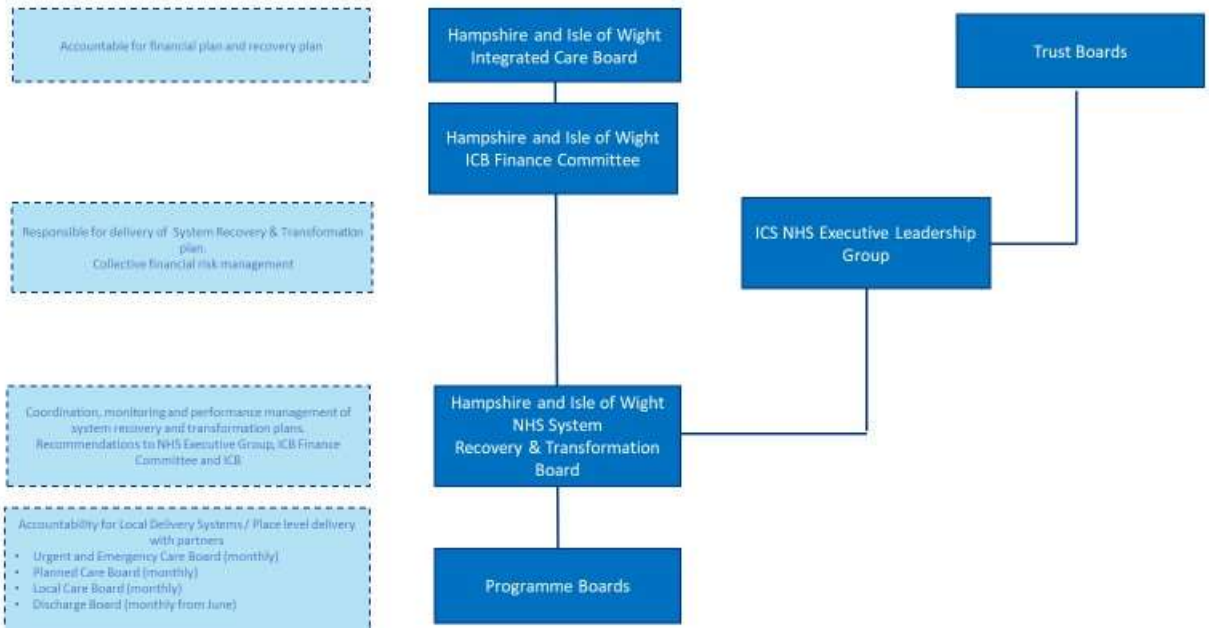
As reflected in NHS England's Recovery Support Programme entry letter, the Hampshire and Isle of Wight system will exit the Recovery Support Programme when we have:

- Developed a system wide recovery plan, including a financial improvement trajectory, which aims to secure financial sustainability and recovery,
- Demonstrated the impact of the HIOW system priority programmes (including but not limited to Urgent and Emergency Care UEC, elective, community and primary care, discharge, and workforce) are contributing to the effective, sustainable delivery of the system-wide recovery plan and the financial improvement trajectory,
- Ensured system-wide governance and oversight processes are in place to oversee delivery of the system recovery plan, and
- Taken all reasonable steps to deliver the milestones and financial improvement trajectory within the agreed system recovery plan without adversely impacting delivery of other national operational planning priorities (unless specifically agreed with NHSE) or the quality of care for patients.

As a next stage we will codevelop (between NHS England region and system leaders) the specific evidence that will be required to demonstrate delivery against these exit criteria. Our delivery will then be monitored and tracked through the governance framework set out later in the paper.

System Governance

The proposed assurance and oversight arrangements are set out in the diagram below. This will ensure the system financial recovery plan is jointly owned and overseen by NHS partners across the system.



Other assurance arrangements will remain in place to maintain assurance and oversight of non-financial operational and strategic priorities. Boards will be provided with updates that set out delivery against the recovery programme. Tri-partite meetings will continue to take place quarterly between Trusts, the ICB and NHS England South East region.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Performance KPI Report 2023-24 Month 3**			
Agenda item:	**5.8**			
Sponsor:	**David French, Chief Executive Officer**			
Author	**Jason Teoh, Director of Data and Analytics**			
Date:	**27 July 2023**			
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 Performance KPI 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 performance metrics. 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.			

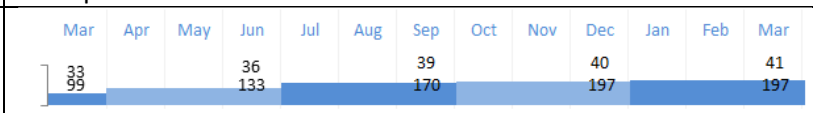
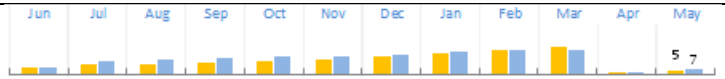
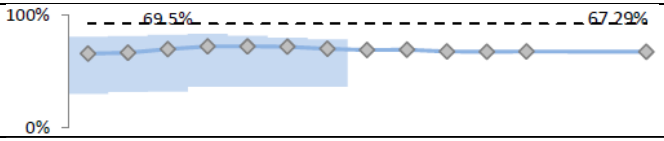
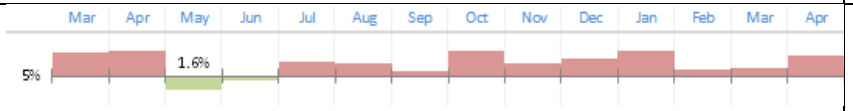
University Hospital Southampton NHS
NHS Foundation Trust

Performance KPI Board Report

Covering up to
June 2023

Sponsor – David French, Chief Executive Officer
Author – Jason Teoh, Director of Data and Analytics

Report guide

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 Performance KPI Report is presented to the Trust Board each month.

The report aims to provide assurance:

- regarding the successful implementation of our strategy; and
- 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; and
- An 'Appendix,' with indicators presented monthly, aligned with the five themes within our strategy.

This month, the following changes have been made to the report.

- Data change: Following review, the Medication errors data (metric 11) for May 2023 was revised from 6 to 7 cases.
- Data change: The Gram negative bacteraemia data (metric 8) for May 2023 was revised from 29 cases to 19 cases. The previous value contained all Gram negative bacteraemia data, but we should only have been counting COHA (community-onset, hospital-associated) and HOHA (hospital-associated and hospital onset) cases.
- New metric: The Study set up times (metric 45) is now available showing the proportion of studies set up within 40 days of site selection.
- New metric: The CHARTS system average load time (metric 53) is now available and shows the proportion of CHARTS pages which load within 5 seconds.

Summary

This month the 'Spotlight' section contains an update on Cancer Two Week Wait (2WW) performance.

The Cancer spotlight highlights that:

- UHS has seen a deterioration in 2WW performance, dropping our position to bottom quartile relative to other teaching hospital peer trusts. There is some mitigation from an increase in referrals (March 2023 saw a record 2,436 referrals, with another record month with 2,573 referrals in June 2023) which are outside of the Trust's control; however, our performance is not at the level that we aspire it to be.
- We have outlined the plans that each Care Group has in place to address 2WW within their tumour site. This is important in ensuring that the patient starts their pathway in a timely manner.
- Despite our relatively poor performance on 2WW, we have maintained our 28 Day Faster Diagnosis standard, which incentivises Trusts to ensuring that patients have a confirmed cancer diagnosis or an "all clear" within 28 days for all months (apart from one) since the standard was introduced.

Areas of note in the appendix of performance metrics include:

1. We continue to see volatility within our cancer performance statistics.
    a. 2WW performance has dropped to 57.7% in April 2023. This is the lowest monthly performance for several years, driven by capacity challenges in our highest volume tumour sites of Breast, Head and Neck, and Skin.
    b. There has also been a reduction in 31D performance to 86.8%, with the Skin service most greatly impacted performance wise.
    c. However, our focus on the breaches has started to reflect within our overall 62D performance. This improved to 64% in April 2023, putting us back into the top quartile of relative performance versus other teaching hospitals.
2. We have reported four patients who have waited over 104+ weeks for treatment at the end of June 2023. All of these patients are corneal transplants.
3. The diagnostic waiting list has reduced to c9.2k patients, which is the lowest level since October 2021.
4. The CHARTS system load time metric is now available and looks to illustrate the load time for pages in our Electronic Patient Record. The majority of our pages load within 5 seconds, demonstrating a good customer experience for the product.
5. We have seen a positive improvement in the reduction of pressure ulcers this month, with Category 2 ulcers better than target for the first time since February 2023. We continue to focus on the opportunities for further education, and there are follow ups with nursing teams to remind them of the importance of regularly turning patients.

6. June saw the highest proportion of caesarean section (43.3%) in the last 15 months which can place additional strain on the service that is delivered.
7. The outturn of seven reported severe/moderate medication errors in May and three in June mean that we are worse than the current year to date target. Analysis into the medication errors have shown root causes to include: (a) the impact of various strike action on medicines incidents, particularly relating to cancellation of elective activity and restarting medicines post cancellation; (b) the timing and backlog of patient treatment also related to the window of availability to offer medicines; and (c) the impact of estates work and disruption the pharmacy areas have added to the overall numbers (one each month).
8. Our national CRN recruitment performance has worsened over Q1, partly due to some very high recruiting studies in our peers which are either only open in one centre or only open in a particular geography (e.g. a London trust ranking first due to one non-consenting data study which recorded 8,000 accruals in one month not open elsewhere). UHS continues to focus on our recruitment and the following mitigations are in place: (a) Two very high recruiting studies are due to open at UHS by Q3; (b) working closely with Wessex CRN to identify other potential studies which could be opened at UHS; and (c) exploring portfolio eligibility for a group of our own sponsored studies which have previously not been considered as eligible for adoption.

Ambulance response time performance

The latest unvalidated weekly data provided by the South Coast Ambulance Service (SCAS) shows that UHS does not significantly contribute to ambulance handover delays. In the week commencing 10 July 2023, there was a slightly extended handover period, driven by some operational challenges on 10 July. Our average handover time was 18 minutes 40 seconds across 801 emergency handovers, and 22 minutes 01 seconds across 30 urgent handovers. There were 53 handovers over 30 minutes, and 17 handovers taking over 60 minutes (all on 10 July 2023) within the unvalidated data.

Spotlight: Cancer Two Week Wait performance

Introduction

The national standard for the Two Week Wait (2WW) service is for 93% of patients to have an appointment within 14 calendar days of the Trust receiving their referral from a GP. The pathway is designed to have high volumes at the front end and ideally to rapidly reduce in volume as the weeks pass. The high volumes of cancer referrals therefore have a significant impact, even when there is no cancer present. Over the last decade in England referrals have increased hugely and this trend has been also seen at UHS.

Despite a multitude of efficiency initiatives in referral management, we are still seeing and treating more patients each year and we are unable to increase staffing, equipment, and estates capacity in line with the pace of demand. This puts pressure on our 2WW service, alongside wider staff pressures, and of course potential delays to patients which may cause anxiety, or delays in treatment if cancer is present.

In recent months, UHS's 2WW performance has been significantly challenged due to higher referral volumes. NHS England have recognised that the 2WW measure is not a "perfect" measure as it only reflects the initial appointment, whereas from a patient perspective it is preferable to have had a confirmed "all clear" or diagnosis of cancer. Therefore, the 28 Day Faster Diagnosis standard (28D) was introduced to encourage patients to have confirmation within 28 calendar days. It is worthwhile noting that while 2WW performance has been below our desired performance levels, UHS performance against the 28D metric has been above the target for all but one month (for 75% of patients to have a diagnosis in 28 days).

Given the challenges we are facing with cancer demand and performance the Trust Board asked for a specific spotlight report outlining the issues and actions in relation to 2WWs which this spotlight aims to highlight.

UHS – 2WW Performance

UHS is one of 12 regional cancer centres in the UK offering treatment for rare and complex cancers as well as children's cancer and brain cancer. We offer a wide range of treatments including novel therapies. UHS has historically benchmarked in the upper quartile, relative to our teaching hospital peers. Our position slipped in the face of operational challenges at the start of this financial year across certain tumour sites and whilst May has seen recovery within certain services, there continue to be concerning areas.

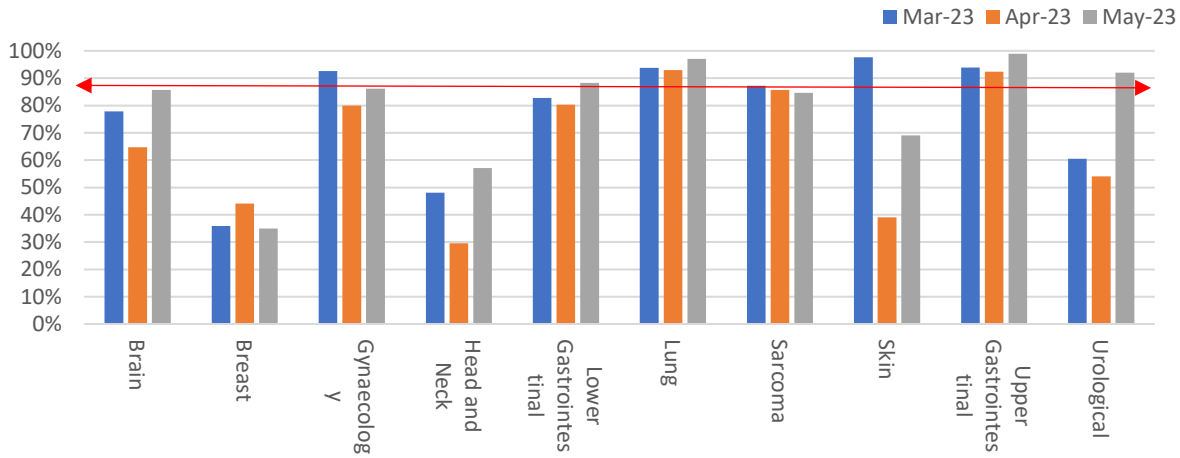
The 2WW performance is closely related to the volume of referrals received as we are at maximum capacity for most tumour sites, and higher referrals reduce our 2WW performance. Usually this means that we are booking patients into the third week, at 16 – 18 days, but more recently there has been a significant loss of staff in Head and Neck and at one stage the 2WW appointments were being booked 6-7 weeks ahead (see tumour site section below for more details and recovery plan).

Our validated reported performance for April 2023 was 58.2% with considerable variation across tumour sites but highlighting areas of concern within suspected Breast cancer, Head and Neck and Skin cancer. May has seen a much improved Trust position at 70.9% and (at the time of writing) the unvalidated June position is 72.2% showing further improvement albeit still a long way still to go. Table 1 and graph 1 demonstrate the improved position and the tumour sites of most concern.

Table 1: 2WW performance by Tumour site

2WW Performance			
Tumour Site	**Mar-23**	**Apr-23**	**May-23**
Brain	78%	65%	86%
Breast	36%	44%	35%
Gynaecology	93%	80%	86%
Head and Neck	48%	30%	57%
Lower Gastrointestinal	83%	80%	88%
Lung	94%	93%	97%
Sarcoma	87%	86%	85%
Skin	98%	39%	69%
Upper Gastrointestinal	94%	92%	99%
Urological	61%	54%	92%

Graph 1: 2WW performance by Tumour site

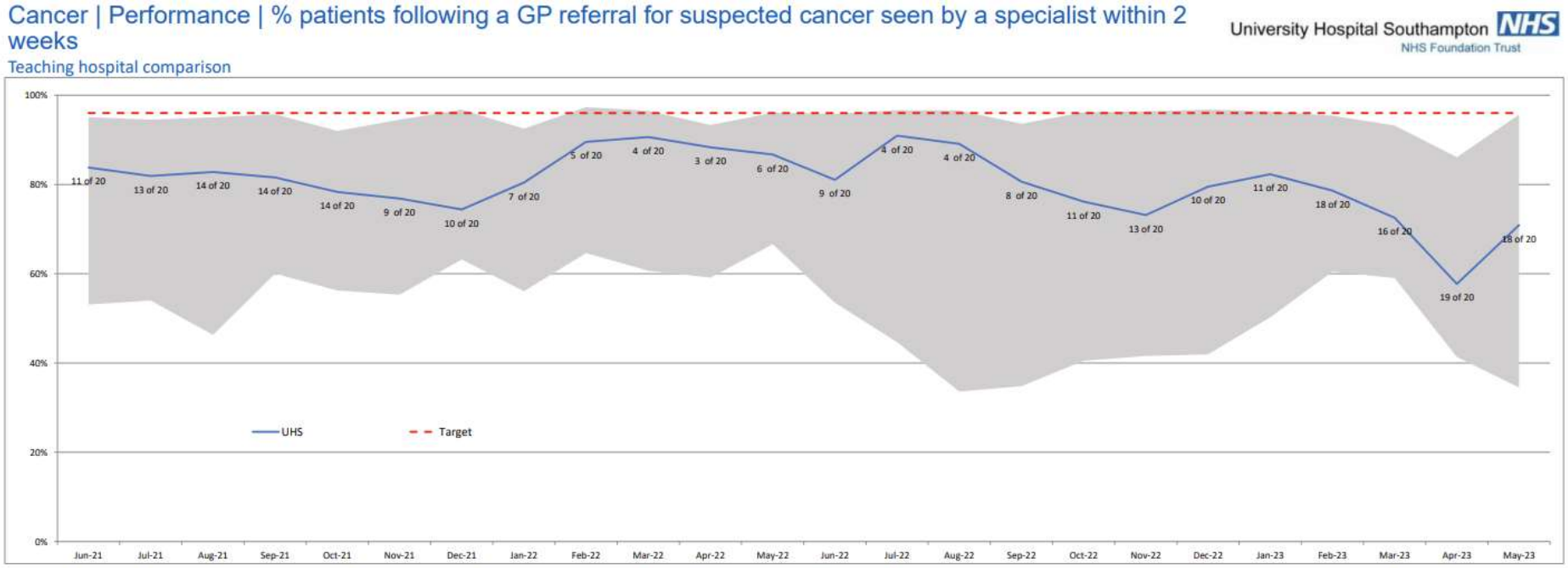


Given the concerning positions prior to Christmas, we held meetings with each service to better understand the position, address any barriers to improved performance and agree clear action plans to support recovery. Whilst most action plans were delivered on time, new, unforeseen problems over the following months (often related to loss of key members of staff, but also industrial action) have continued to delay performance recovery. In response all services have now prepared a series of additional steps as part of formal Remedial Action Plans for all cancer areas. These are being supported by fortnightly dedicated cancer performance monitoring meetings and Care Groups have instated shared sessions to discuss individual patient concerns to ensure appropriate pathway management and efficiency. Where we cannot agree a plan that starts to achieve the standards as set out we intend to have further discussions with the multi-disciplinary team, and supported by the Wessex Cancer Alliance around further actions we can support to improve our performance and ultimately achieve the standards set out.

UHS Performance Comparator

The comparator report below shows the UHS position compared to other Teaching Hospitals, illustrating the improved performance at the end of the 2022 calendar year, but the drop in performance which positioned UHS at 19th position out of 20 Teaching hospitals in April 2023 and 18th position in May 2023.

Graph 2: 2WW performance ranking vs other Teaching Hospitals

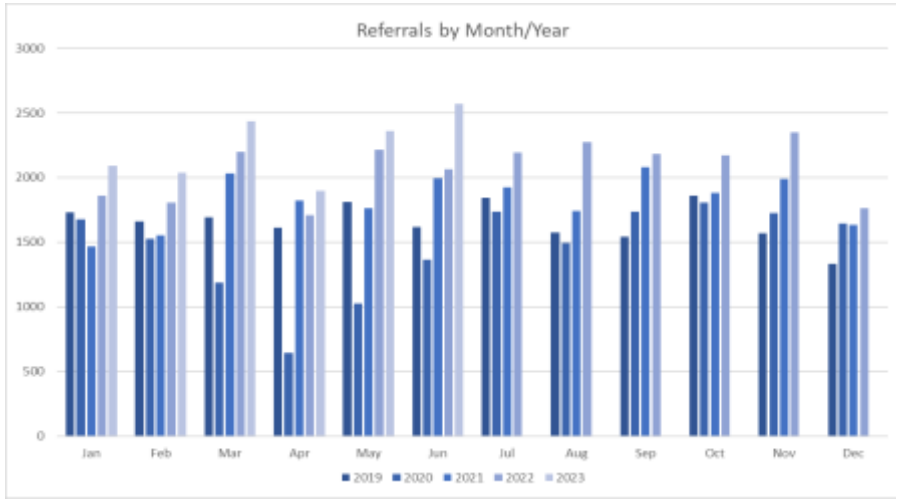


Cancer 2 Week Wait (2WW) Referrals Volumes

Cancer referral volumes (graph 2) continue to see significant month on month volatility, the referrals for every tumour site so far in 2023 have been the highest for that month for the last five years (graph 3). This volatility in referral volumes does make it hard to deliver the right capacity week on week and operational managers work hard to deliver extra sessions usually with less than a week's notice, whenever they can, to keep pace. In particular in 2023, we saw record levels of referrals in March 2023 (2,436 referrals), although this was then "beaten" by another record month of referrals with 2,573 referrals received in June 2023. Overall, referral volumes in 2023/24 average at 2,230 per month compared to an average of 2,049 patients in 2022/23.

Graph 3: *Monthly cancer referrals*

Graph 4: *Year on year comparison of cancer referrals*



Tumour sites with the most significant current 2WW challenges include:

- **Breast.** Service performance recovered through summer 2022 but has been significantly challenged in recent months, with performance at 35% for May 2023, and an unvalidated position of just 17.1% in June 2023. As this service deals with high volume referrals this level pf performance has a significant impact on the overall Trust position. The overall position has been due in part to consultant sick leave which has reduced capacity in the face of higher demand. Short term sickness is almost impossible to plan for and respond to in a timely way. Higher referrals in May led to an increased waiting time for diagnostics; the service is currently booking into day 15, with an expectation of booking within target by October 2023.

- **Head and Neck.** Referrals in 2022 have been approximately 44% higher than 2019 (249 versus 173 referrals per month), with March 2023 particularly high. Performance initially demonstrated an improved position when the new associate specialist started (September to November) however this failed to keep pace with sustained increased in referrals, and the Associate Specialist has subsequently left UHS. This post is being recruited to but until the new post holder(s) start (one doctor due to start in October and another post has had to be readvertised as the appointee declined our offer of employment), the care group has drawn up detailed interim plans to reduce the 2WW backlog (already reduced by a third from its peak) and then manage within the 2WW threshold using insourcing capacity. The initial plan was to continue using the insourcing model until September but we are looking to extend this contract into the autumn/until we are assured that the two Associate Specialists are in post. The benefits of the insourcing model can be seen in June's 2WW figures with the service expecting to deliver 93% performance for the first time in over 12 months. However, there are a cohort of referrals whose late 2WW appointment is likely to spill into worsening 62 day performance as well.

- **Skin.** This service has seen significantly higher demand in 2022/3 compared to 2019 (462 versus 367 referrals per month). The revised Dermatology pathway (Tele-dermatology) which aimed to help divert referrals started in January 2023 with one Primary Care Network (PCN) but in reality this has not been implemented at any scale and as such the increasing growth in demand has had a significant impact on the 2WW performance. The Wessex Cancer Alliance are working with other PCNs to ensure process and equipment is available for the expanded rollout. The aim for all PCNs to be following the new pathway this year. Skin is a high volume tumour site accounting for around 20% of the 2WW volume and issues with this tumour site always adversely affect the overall trust result. Recent staffing shortages have led to a deterioration in 2WW performance but more recently the tumour site has improved 2WW bookings to within 15-16 days, and will soon be within target as additional waiting list initiative sessions are being organised in advance of the new pathway having an impact.

Other factors which are impacting cancer performance include delays in diagnostic reporting capacity in both radiology and pathology. We have seen an increase in 2WW radiology requests alongside higher inpatient demand (particularly for CT and MRI scans), and this has led to some delays on our 2WW pathway. Within pathology, although the requests are broadly in line with historic trends, the complexity of the requests and the number of slides that need to be produced have significantly increased.

Appendix 1 explores tumour sites in more detail including key elements of remedial action plans, expected progress against the target and the underlying referral trends impacting the performance positions.

Appendix 1: Tumour site detail

There are tumour sites that, in recent months, have had some deterioration in cancer performance. We have highlighted some of the underlying challenges within these tumour sites and the actions which are underway to address performance.

1.1 Skin

The skin tumour site has been challenged by a particularly high growth in referrals in 2022/23 of c25% for 2WW suspected skin cancer compared to the 2019 baseline (graph 9). The seasonal trend in referrals is also challenging with growth over the summer months and reduction over winter months.

Simultaneously, there has been a reduction in workforce compared with 2019/20. There has been a one consultant gap since March 2022 and one consultant gap since May 23, and presently also a 0.6 WTE Associate Specialist vacancy and 2 clinical fellow vacancies. Recruitment has taken place with one consultant starting in September 2023, one in January 2024, and one returning from a sabbatical. All new appointments will be job planned accordingly to allow for sessions to be flexed between cancer and non-cancer dermatology services to match the demand coming in.

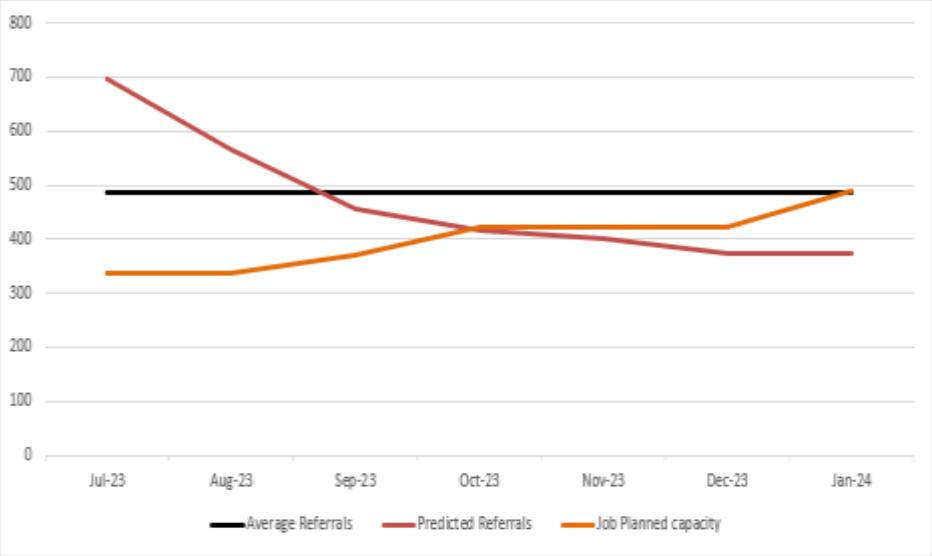
The department have relied on WLI sessions routinely to support the mismatch in capacity and demand, and usually meet the 93% 2WW target. However, over recent months, uptake by the consultants has been low which has meant since April 2023 we have consistently failed against the target, booking on average out at 16 days from referral.

With new business cases approved this year we have recruited to support with additional capacity but start dates for the new posts do not commence until Q3 and Q4 this year. Graph 5 outlines current job planned capacity (including new appointments which include a 12 month NHS locum post), average demand and predicted demand to account for seasonal variance. From Q4 we should be recruited to have job planned capacity to meet average demand. In terms of planning for future growth we are working on a workforce strategy given year on year increases.

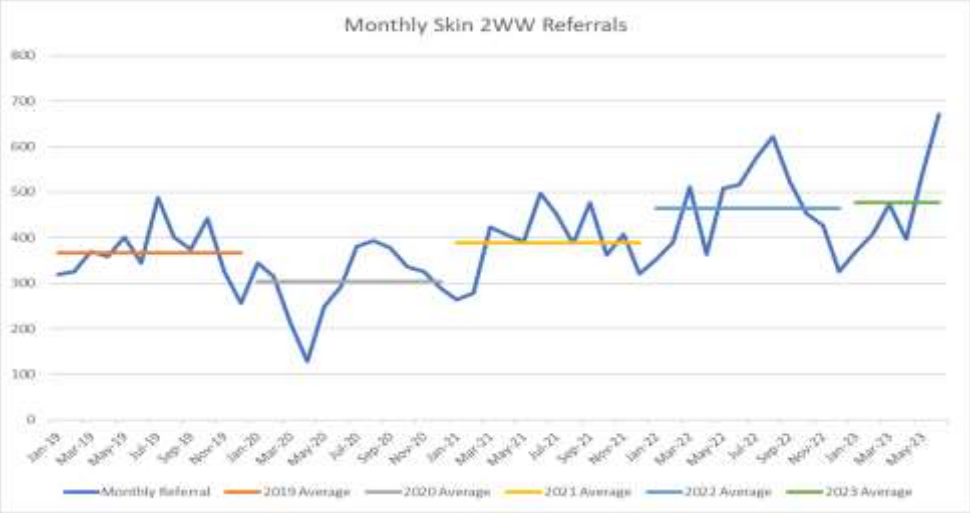
Key action plans in place:-

- For three months over the summer period, we have already converted 20 routine new slots to 2WW on a weekly basis (we are monitoring the impact this will have on RTT long waiters)
- The Consultant team have offered an additional 930 2WW slots over July/August as WLI on weekends
- Any further mismatch can be supported by insourcing, however consultant team are not fully supportive of this option and have put together a plan to manage this in-house

Graph 5: Skin *Forecast Referral vs Job Plan Capacity*



Graph 6: *Monthly skin 2WW referrals with yearly average*



Forecast performance:-
By the end of July 23, we expect to be booking back within 14 days, this means from August 2023 the 2WW performance will achieve the 93% target. This may vary should referrals increase beyond expected numbers, noting June 2023 saw a record number of referrals. However, with the insourcing capacity as an additional option we expect to meet any mismatch.

2WW Teledermatology Best Practice Pathway Update

In 2022 working with the Wessex Cancer Alliance (WCA) and Hampshire & Isle of Wight Integrated Care System (ICS), we developed a teledermatology pathway in line with national recommendations to support on-going growth in suspected skin cancer referrals. WCA purchased dermatascopes and other equipment for Primary care with a launch date of the pathway in January 2023 and UHS Digital team supported with the interfaces to ensure we were set up at UHS to start with the plan that all single lesion GP 2WW referrals would be sent through to us electronically to include a dermatascope image that would be reviewed by a UHS consultant with the following options:

- Virtual review and discharge with management/treatment advice
- Virtual review with an option to clinically re-grade referrals from a cancer pathway and continue care on a routine/urgent pathway
- Virtual review and book direct for pre-assessment and surgery
- Book to a consultant face to face 2WW clinic

We can see from our UHS data that 35% of all 2WW skin referrals are discharged at first appointment. The new teledermatology pathway will allow faster management of these cases through a virtual review of the referral with dermatascope image and should negate the need for most of these patients needing a clinic appointment. The other options would support movement of patients to the correct type of pathway early on (routine/urgent) and also reduce time taken from referral to surgery supporting both 28D and 62D performance.

Since the service has gone live in January 2023, initially working with one PCN, we have only received ten referrals through teledermatology. The WCA have been working on promoting this pathway with primary care and have recently re-launched a campaign to encourage primary care to use although uptake remains low. WCA are providing more equipment and training to GP surgeries and looking at a financial incentive scheme to promote the use of teledermatology. A paper has been written to explore feasibility of mandating teledermatology for all 2WW referrals from GP surgeries.

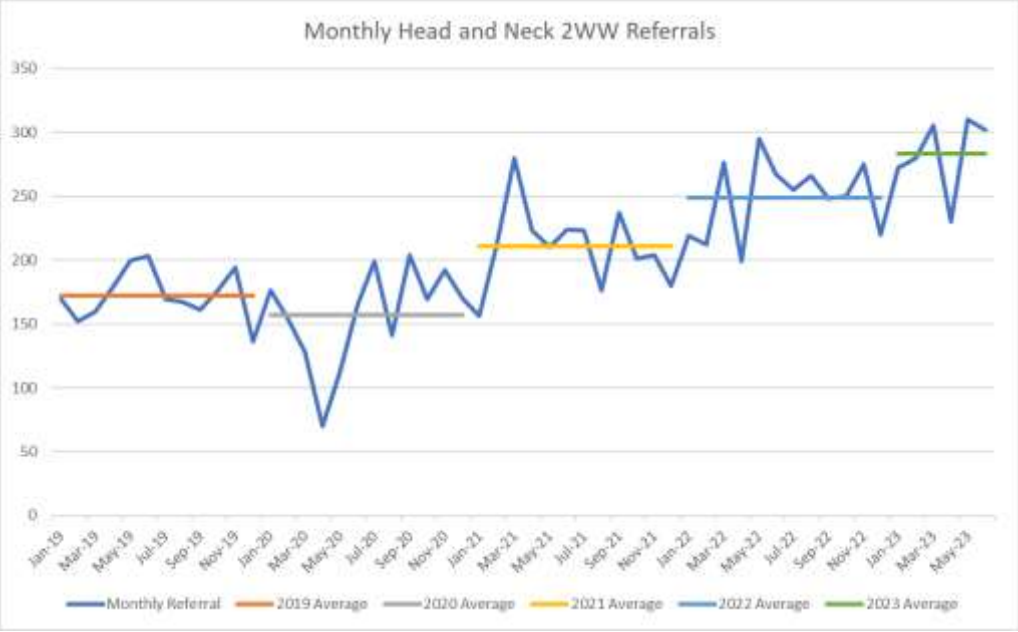
1.2 Head & Neck

This tumour site has also seen a significant growth in referrals, with average 2023 monthly 2WW referral volumes of 273 patients, 59% higher than the 2019 baseline (graph 7). 4% of all referrals result in a cancer diagnosis. In March 2023 our recently appointed Associate Specialist left UHS. This role provides the vast majority of our 2WW capacity (28/42 new patient slots per week) and other colleagues are unable to provide sufficient capacity thereby driving a growth in the backlog we have seen in recent months.

Since May 2023 we have invested in insourcing to undertake weekend 2WW clinics until our replacement Associate Specialist starts (October 2023). This model provides 24 additional new patient 2WW slots per day and has driven an improvement in performance and should provide additional resilience over the summer holiday period.

The service has also received monies to appoint a second Associate Specialist which should add resilience to this pathway. Unfortunately the candidate we offered this post to (due to start in October 2023) has since declined our offer of employment. The service has therefore had to go back out to advert to attract the second Associate Specialist.

Graph 7: *Monthly Head & Neck 2WW referrals with yearly average*



1.3 Urology

Since the last update on prostate performance, the service has seen a stabilisation of the nursing/medical workforce which has enabled further resilience to be built into the pathway and has resulted in June 2WW performance expected to deliver 93.7%. We are also awaiting the arrival of Dr Alice O'Leary who will start in October 2023 as our new Urology consultant specialising in prostate cancer diagnostics.

The service is also working with the WCA to test new ways of supporting patients to self-refer should they have concerns about their prostate health (not necessarily worries specifically about cancer). This is a service for patients who are asymptomatic but have concerns about their 'prostate health'. The UK does not have a national screening programme for prostate cancer so this study can also help pick up cancer early. In time the NHS may see the use of a MRI as a screening test (at present the best test for prostate cancer is a PSA test which is not as reliable as other tests for diagnosing other cancers). Therefore UHS is involved in this early stage process to look at what the future of prostate screening could look like nationally. This study is being overseen by Mr Tim Dudderidge, Consultant Urologist. This has been in place for 12 months and the WCA has recently supported additional funding for a further 12 months.

1.4 Gynaecology

Gynaecology is another service which has seen significant growth in referrals, with the 2023 average monthly referrals at 191 patients, 72% higher than the 2020 average. May 2023 also saw significantly higher than usual referrals, with 214 patients referred; these numbers dropped in June 2023 to 164 patient referrals.

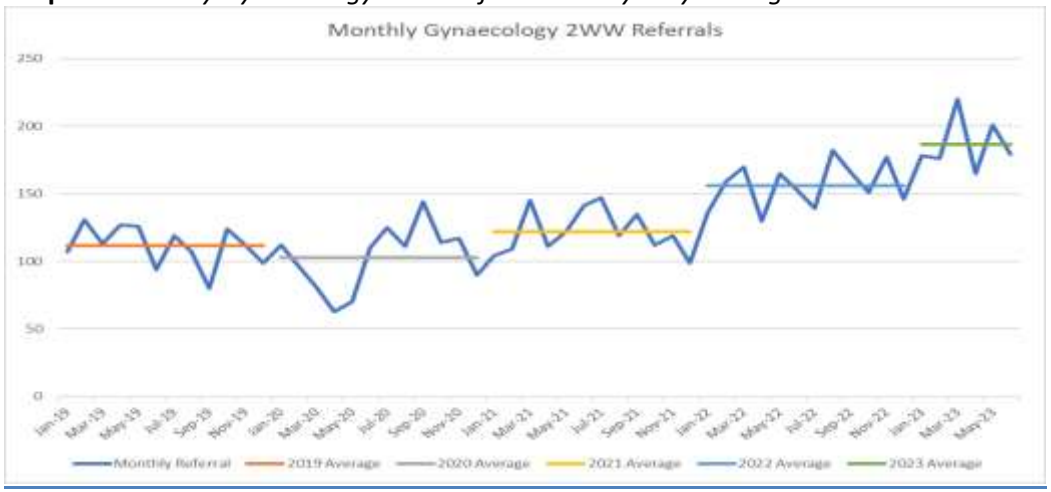
While minimal capacity was lost to Industrial Action, bank holidays have impacted on capacity as the diagnostics clinic is usually held every Monday.

Key Actions being taken:-

- Recruitment for a Physicians Associate to support the clinical team is in progress. This post will have a key role in increasing diagnostic capacity and providing surgical assistance. The referral triage tool has been embedded and a second consultant who returned from maternity leave in June will share the role to provide consistent decision making and faster turnaround of triage decisions and documentation.
- There is currently a Pathway Navigator in post for one year to support gynaecology oncology funded by the Wessex Cancer Alliance. Funding has been confirmed to extend this to the end March 2024 and we are reviewing how to convert this into a substantive post, alongside increasing the scope of the role to cover the complete diagnostic pathway including CT.
- WLIs to replace lost capacity are being planned for summer period leave. These triple clinics also include colposcopy to support demand.
- The ovarian exemplar pathway has been reviewed in the diagnostics working group. An audit has been started to review exemplar pathway timings in other trusts to identify opportunities for improvement at UHS. The diagnostics lead consultant is exploring the use of ultrasound guided ascetic biopsies in the clinic setting to remove the need for additional referral outside the care group.
- A fourth gynaecology oncology consultant business case in in development to support succession planning and capacity.

At the time of writing this report we are back in target booking to day five. WLIs throughout the summer will provide flexibility to cover high rates of annual leave and fluctuations in demand, enabling 2WW to continue booking within target.

Graph 8: *Monthly Gynaecology 2WW referrals with yearly average*



1.5 Breast

This service often sees spikes in weekly referral rates. While the overall volume (averaged across a year) remains broadly steady, the nature of the 2WW service means that spikes in referral volumes causes challenges in capacity which can take several months to correct. The breast service experienced high referral numbers at the end of March 2023 (circa 130 per week) and coupled with challenges in the consultant team, led to an increase wait time for diagnostics.

There has also been a need to create follow up capacity with cancer patients waiting up to four weeks for results which the clinical team deemed unacceptable; therefore some "OneStop" clinics were converted into follow up appointments. In addition, capacity was lost due to the bank holidays, as well as industrial action by doctors. Consequently, at the time of writing the service was currently booking 2WW appointments to day 15.

Key Actions to improve capacity:-

- We have added WLI clinics on Saturdays (three in July, two in August, two in September) to reinstate the lost slots from Bank Holidays and Industrial Action.

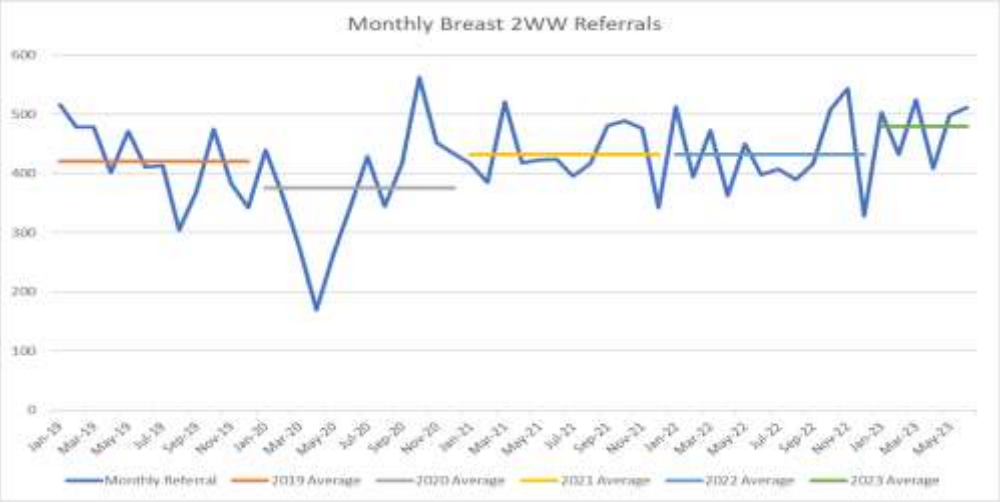
- A replacement consultant has been appointed and started in June. Further recruitment is underway to replace the Oncoplastic Fellow.
- We are reviewing a project to increase the use of Patient Initiated Follow Up (PIFU). If approved by the clinical team this could support the sustainability of "OneStop" clinics in the future.
- We have confirmed funding to recruit a band 4 pathway navigator with WCA finance to support managing capacity and demand.
- Recruitment is underway to replace a vacant breast ANP post.

One of the limiting factors in being able to meet demand for 2WW is physical capacity in the breast imaging unit. A review is underway with the estates team to try and identify additional space within Princess Anne Hospital, as well as reviewing the potential to move breast screening clinics off site to the Royal South Hants Hospital, both of which would support long term capacity of the service.

We are also exploring potential of external breast consultants taking on some 2WW WLIs in UHS. Whilst this won't create capacity it will reduce pressure on a very stretched team. There is a national review of the potential for separate breast pain clinics, and our lead consultant is part of the working group for this. While this may not increase capacity, this would further support patient safety by safeguarding 2WW slots for highly suspicious cancer.

We predict referral count will remain high over the summer months. Additional WLIs planned for August and September 2023 will enable us to be consistently booking within target by October 2023. This will then support meeting 31D and 62D.

Graph 9: *Monthly Breast 2WW referrals with yearly average*



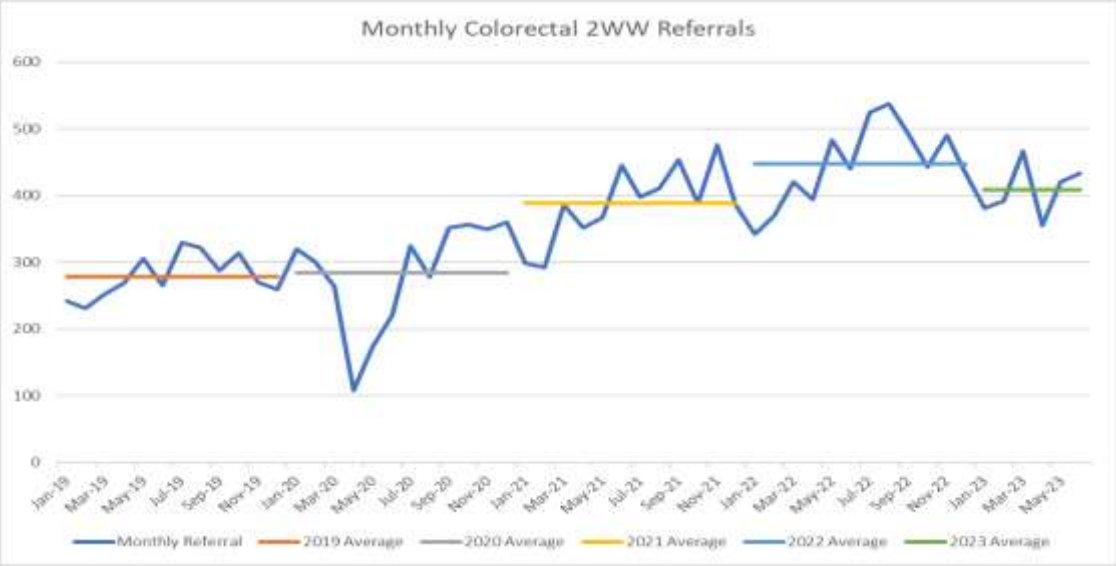
1.6 Colorectal

The colorectal service has seen significant changes since January 2023 (as part of a pilot) with the move towards a requirement for all patients referred on a 2WW pathway also having a FIT test attached to their referral. This test is aimed at identifying patients who are at risk of cancer through an analysis of their faeces. This test (undertaken in the community and analysed by our pathology service) should enable GPs to only refer those patients whose FIT score is higher than ten. A score of less than ten means it is extremely unlikely a patient will have cancer, although they have non-cancer issues that need to be dealt with. The expectation is that this test (alongside the new 2WW form) should reduce referrals and enable the service to see the patients faster.

For patients referred on the new proforma (with a FIT score of less than ten) UHS will remove patients from cancer tracking and instead review the patient at 8 weeks post referral to see whether the patient's symptoms have changed/improved before they are discharged/sent for other tests. This can mean patients no longer having a colonoscopy to rule out cancer however some patients will still require a colonoscopy to diagnose what problem they do have.

At present the service is still receiving old forms which is hindering UHS' ability to fully implement this model. We continue to work with WCA and GPs to educate on the benefits of the new form and pathway. An audit of referrals has been undertaken by the colorectal team for patients referred between March to May 2023, we have seen a steady reduction in the old forms being used but there is still more to do within primary care to support UHS with this new pathway and create further pathway efficiencies. However, it is worth noting that for June 2023 the service also delivered 95.5% 2WW performance.

Graph 10: *Monthly Colorectal 2WW referrals with yearly average*

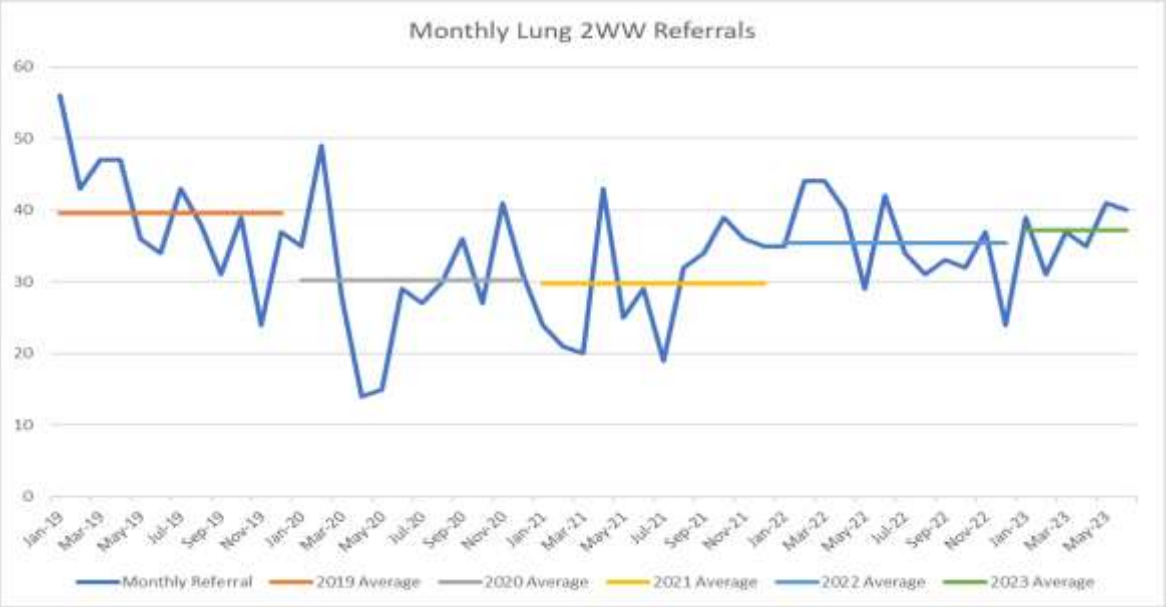


1.7 Lung

UHS follow the national lung cancer diagnostic pathway, and almost always achieve the 93% target for 2WW. All patients referred into the service are pre-assessed on a Monday by a Lung Cancer Nurse Specialist and then will be booked in for a CT scan on a Tuesday morning, the results of the CT are reviewed in an MDT the same day by a team of Respiratory Physicians and Radiologists and any patient who has a suspected cancer on CT results are then reviewed in clinic the same afternoon to plan next steps for the patient pathway.

Currently there are 12 CT slots available for the one stop diagnostic service, occasionally if referrals exceed this then patients will be booked into urgent access CT slots on a different day before their appointment utilising available capacity at UHS and Lymington Hospital.

Graph 11: *Monthly Lung 2WW referrals with yearly average*

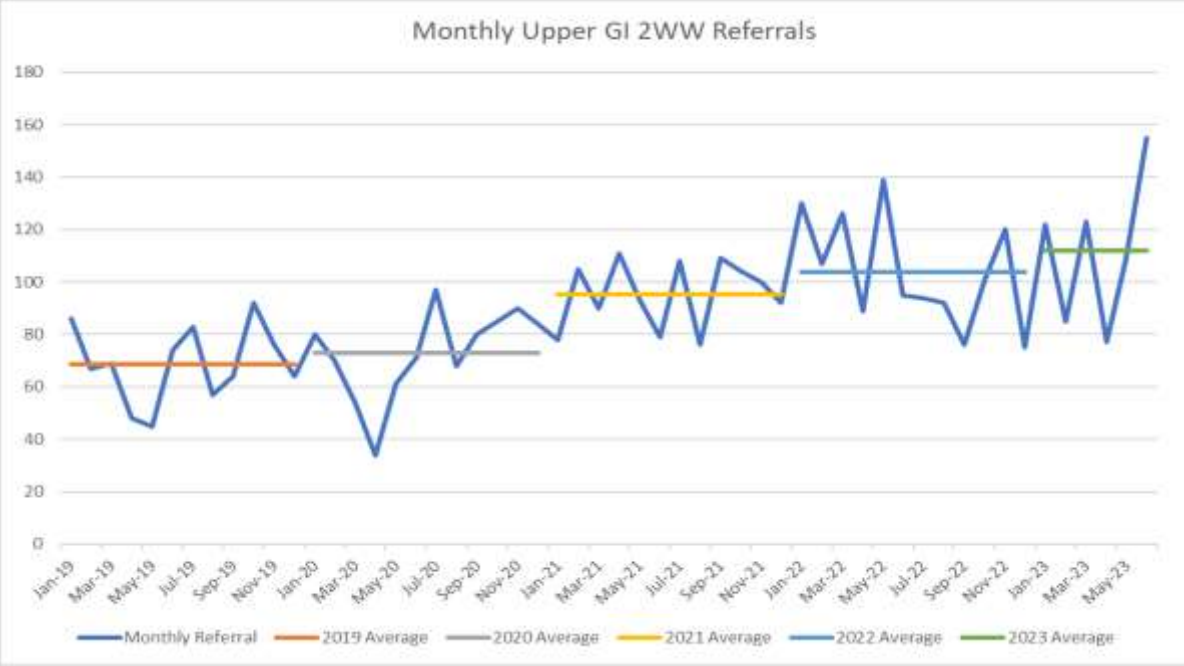


1.8 Upper G.I.

This service operates a 'Straight to test model' where the patients first appointment will be for an Oesophago-gastro Duodenoscopy (OGD) which is undertaken in Endoscopy. Once the results are available the Upper GI team will decide whether the patient needs to be seen in clinic if there is a diagnosis of cancer. Under the national rules the patients 2WW 'clock stop' is when they are seen for their OGD.

In 22/23 the team delivered 92.6% performance and 23/24 (YTD) is at 95.4%.

Graph 12: *Monthly Upper GI 2WW referrals with yearly average*



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

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	5	3	66.4%	4	5	6	5	5	5	5	5	5	4	4	64.7%	≥92%	64.2%
		7	7	4	6	6	6	5	5	5	5	5	6	6	5			
		13	15	14	8	9	10	13	17	14	13	15	17	17	17			
38	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	86.7%	6	9	4	4	8	11	13	10	11	18	16	19	18	55.3%	≥93%	56.5%
		3																
		7	9	13	11	11	17	14	14	17	14	14	18	9	14			
39	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)	71.8%													55.3%		≥85%	59.7%
		3	3	6	4	4	10	11	7	12	11	7	14	5	9			
		4	8	7	7	4	5	7	6	6	7	5	4	9	12	9		
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	64.7%														63.6%	≥95%	63.1%
		4	4	3	4	3	4	4	4	4	3	3	3	5	7	5		
		8	9	9	9	9	11	11	11	10	7	8	8	7	7			
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	24.1%														22.4%	≤1%	22.1%
		13	11	8	8	7	9	8	8	12	12	12	12	11	11			

Outcomes		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
1	HSMR - **UHS** HSMR - **SGH**	87											86.93				≤100	86.5	≤100
		85.9											84.94						
		80																	
2	HSMR - Crude Mortality Rate	3.1%															<3%	2.8%	<3%
		2.8%											2.8%						
		2.5%																	
1 & 2: At time of IPR publication, the latest information available in HED was from Mar 2023. Next month we will have 2 months more. Metrics are 12 month rolling. YTD is for financial year for UHS up to Mar 2023. Previously, data was sourced from Dr Foster.																			
3	Percentage non-elective readmissions within 28 days of discharge from hospital	15%															-	12.9%	
		11.0%											12.5%						
		10%																	
3	June data not available at the time of publication																		
					Q1 22-23			Q2 22-23			Q3 22-23			Q4 22-23			Q1 23-24	Quarterly target		
4	**Cumulative Specialties** with Outcome Measures Developed (Quarterly)	85			64			64			68			71			72	+1 Specialty per quarter		
		25																	
5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green	100%			37			36			34			35			34			
		75%			74			67			79			81			77			
		50%			308			300			317			336			332			

Red : below the national standard or 10% lower than the local target
Amber : below the national standard or 5% lower than the local target
Green : within the national standard or local target

Safety		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	21 18	25 24	33 28	39 35	44 47	49 55	56 65	64 73	71 77	74 84	9 4	11 12	18 27			≤5	27	≤15
7	MRSA bacteraemia	1	0	0	0	0	0	1	1	1	0	0	0	0	0		0	0	0
8	Gram negative bacteraemia	17	22	19	27	17	22	14	24	16	17	14	32	14	19		≤16	33	≤32
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
9	Pressure ulcers category 2 per 1000 bed days	0.35												0.24			<0.3	0.38	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days	0.27												0.37			<0.3	0.50	<0.3
11	Medication Errors (severe/moderate)	1											7	3			≤3	10	≤6
12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2018*95.5%**	2,912 2,511												2,703 2,511			2,511	8,410	8,200

12 - For 2022/23, a new requirement is applied: Reduction of 4.5% from calendar year 2018 usage in combined WHO/NHSE AWaRE subgroups for “watch” and “reserve” agents. The performance data relate to successive FINANCIAL years, however the comparator denominator remains CALENDAR year 2018 (we are not using 2020 or 2021 due to the disruptive effect of COVID on both usage and admissions). Data is reported 3 months in arrears.

Safety		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)			12												7	-	15	-
14	Serious Incidents Requiring Investigation - Maternity			3												0	-	2	-
15	Number of falls investigated per 1000 bed days			0.22												0.08	-	0.08	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)			94.0%												93.0%	≥90%	95%	≥90%
				53	742	572	750	719	676	669	711	1624	780	1600	844	871	788			
16 - monthly audit was paused due to pressure on all ward areas between Dec 2021 to May 2022. The audit was partially restarted in some ward areas in May 2022, and fully restarted in June 2022.																			
17	Red Flag staffing incidents			31												11	-	43	-

Maternity		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	398	405	458	430	426	460	463	412	440	436	383	387	416	402	418	-	-	-
		444	485	425	405	417	438	416	498	363	453	432	513	449	477	450			
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	2	1	6	3	2	0	3	1	5	1	0	2	1	1	4	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other	37.7%	36.0%	38.2%	37.7%	36.4%	38.7%	36.9%	35.7%	37.5%	37.2%	36.0%	36.7%	40.6%	32.6%	43.3%	-	-	-
		47.5%	48.1%	48.0%	49.1%	51.2%	48.9%	47.1%	48.5%	48.2%	49.3%	54.8%	48.8%	46.9%	53.0%	43.3%			

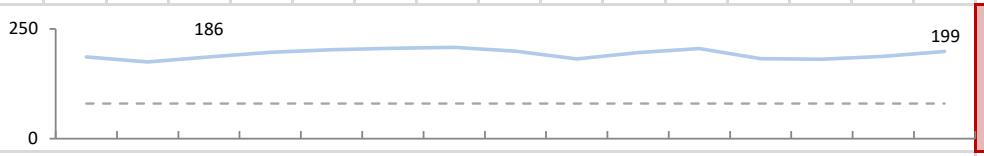
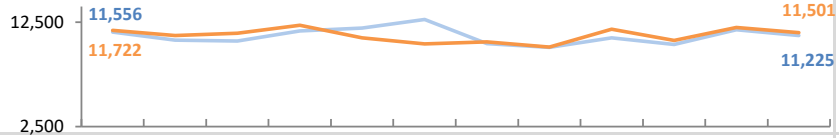
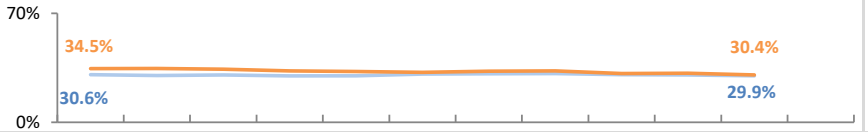
Patient Experience		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients	3% 1.8% 0%														0.3%	≤5%	0.5%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)	10% 5.3% 0%														0.9%	≤5%	1.5%	≤5%
23	Total UHS women booked onto a continuity of carer pathway	50% 46.1% 0%														16.6%	≥35%	15.1%	≥35%
24	Total BAME women booked onto a continuity of carer pathway	85% 70.0% 10%														28.9%	≥51%	35.7%	≥51%
25	% Patients reporting being involved in decisions about care and treatment	100% 90.0% 80%														87.0%	≥90%	88.0%	≥90%
26	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)	100% 91.0% 70%														90.0%	≥90%	91.5%	≥90%
		121	120	139	178	173	145	191	214	148				958	635				
26 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
27	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)	100		51												59	-	197	-
		0																	

	Access Standards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	100% 25%	64.7%													63.6%	≥95%	63.1%	≥95%
29	Average (Mean) time in Dept - non-admitted patients	04:00 01:00	03:18													03:15	≤04:00	03:19	≤04:00
30	Average (Mean) time in Dept - admitted patients	08:00 01:00	05:36													05:44	≤04:00	05:44	≤04:00
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	75% 50%	66.4%													64.7%	≥92%	64.2%	≥92%
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	60,000 40,000	50,191													58,612	-	57,686	-
33	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 0	2,274													2,099	<2,011	2,157	2,011

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
34	Patients on an open 18 week pathway (waiting 65 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	4,000 7 1022 15	6 898 13	6 917 13	6 967 13	6 1043 14	6 1087 14	6 1043 13	6 943 13	6 950 12	6 827 13	5 702 12	5 506 12	4 510 11	4 480 11	451 0	-	480	-
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	2,000 7 335 15	7 13	7 13	7 14	7 15	7 15	7 15	7 15	7 15	7 15	6 15	4 12	4 10	5 11	32 0	0	22	0
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	400 8 54 17	5 10 13	6 5 13	6 6 13	6 6 14	7 6 14	5 1 10	1 0 1	1 0 1	1 0 1	1 0 1	1 0 1	1 0 1	8 1 13	4 0	0	2	0
36	Patients waiting for diagnostics	12,500 11,671 8,500														9,174	-	9,730	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	40% 8 13 0%	9 24.1% 11	9 8	9 8	9 7	11 9	11 8	11 8	10 12	7 12	8 12	8 12	7 11	7 11	22.4%	≤1%	22.1%	≤1%
38	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	100% 13 3 55%	15 86.7% 6	14 9	8 4	9 4	10 8	13 11	17 13	14 10	13 11	15 18	17 16	17 19	17 18	55.3%	≥93%	56.5%	≥93%

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
39	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 20) South East average (& rank of 17)	7	9	13	11	11	17	14	14	17	14	14	18	9	14		≥85%	59.7%	≥85%
		71.8%													55.3%				
		3	3	6	4	4	10	11	7	12	11	7	14	5	9				
40	Cancer 28 day faster diagnosis Percentage of patients treated within standard UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	3	4	5	6	5	3	3	4	8	8	7	8	7			≥75%	75.0%	≥75%
		79.2%												75.7%					
		1	2	1	8	4	2	2	5	9	5	5	8	7					
41	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 20) South East average (& rank of 17)	15	14	14	17	17	16	16	16	16	18	16	15	17			≥96%	85.7%	≥96%
		91.0%																	
		6	16	8	8	9	16	12	13	13	12	14	20	12	10	14			
															84.5%				
42	31 day cancer wait performance - Subsequent Treatments of Cancer (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	14	9	11	13	14	14	14	14	7	15	16	15	17			≥96.0%	75.5%	≥96.0%
		92.9%																	
		13	10	10	12	12	11	9	13	6	16	16	15	15	18	16			
															73.7%				

R&D Performance		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	1	1	3	4	5	6	7	7	14	15	15	13	14	17	19	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	6	8	11	7	7	7	8	10	10	10	11	9	9	6	12	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity &Capability within 40 Days of Site Selection													25%	47%	59%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	63.0%	74.0%	64.0% / 56.0%	177.0%	94.0%	48.0%	23.0%	71.0%	79.0%	166.0%	69.0%	36.0%	56.0%	32.6%	84.7% / 28.2%	≥5%	-	-

Local Integration		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	189	-
48	Emergency Department activity - type 1 This year vs. last year																-	33,361	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	29.9%	≥25%
49	No data provided for June																		

Digital		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)	121,474														163,462	-	163,462	-
51	My Medical Record - UHS patient logins (number of logins made within each month)	24,328														30,896	-	92,358	-
52	Average age of IT estate Distribution of computers per age in years	0	2	14	44	85	134	343	858	1095	1228	3149	3069	1610		192	-	-	-
		13	12	11	10	9	8	7	6	5	4	3	2	1		0			
53	CHARTS system average load times - % of pages loaded under 5s														99.75%	99.72% 99.73%			
53	Data only available from April 2023 onwards																		
		Q1 22-23			Q2 22-23			Q3 22-23			Q4 22-23			Q1 23-24					
54	Cyber attacks / phishing / incidents blocked Average # Malware attempts blocked per month (10s) Average # Phishing emails blocked per month (100s) Average # Ransomware attempts blocked per month	1227	351	10	1222	346	1	3673	262	7	1005	114	5				-	-	-
55	Inpatient noting progress Left axis: IP Noting data recorded (100s) IP Noting unique user views Right axis: IP pages scanned (1000s)	NEU go live		EYE go live	CV&T go live		T&O go live	Med go live									-	-	-
55	IP Noting went live in Oct-22. CGs going live are marked on green line.																		

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2023-24 Month 3**			
Agenda item:	**5.10**			
Sponsor:	**Ian Howard – Chief Financial Officer**			
Author:	**Philip Bunting – Director of Operational Finance** **David O'Sullivan – Assistant Director of Finance – Financial Performance**			
Date:	**27 July 2023**			
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:	**M3 Financial Position** UHS is reporting a deficit of £3.7m in June compared with a deficit plan of £3.3m. This is therefore £0.4m adverse to plan. YTD the deficit is £13m compared to a plan of £11m so £2m adverse to plan. There were however a number of movements not anticipated when setting the plan that have impacted the financial position for M3. **Pay Award** A number of impacts of the national pay awards have been captured within the M3 financial position: • 2022/23 backdated non-consolidated payment for AfC staff – within 2022/23 accounts income and expenditure was accrued based on a national calculation. Payments have been made in June payroll, with a pressure of £0.3m above the set level. Further to this, we are contractually obligated to pay Serco as our contract is dynamically linked to AfC, adding a further £0.9m pressure. **Total pressure £1.2m – non-recurring.** • 2023/24 pay award for AfC staff has been confirmed at 5%, which has been processed through June payroll. Our contracts have been adjusted by a 1.6% tariff inflator to off-set this cost. However, this funding level is not adequate to cover the full increase in cost. Further work is underway to review recovery of pressures through Education & Training, R&D and private income budgets. A proportion of funding has also only been rewarded on a non-recurrent basis. **Total pressure £0.8m YTD, £3.2m annual, £4m full-year effect.** The impact of recent pay announcements for consultants and junior doctors has yet to be quantified. The amount awarded is however higher than the funding received to date, with the balance expected to be identified through efficiencies in departmental budgets. We are therefore awaiting confirmation on how this will be transacted. **Elective Recovery Funding Position** All organisations were instructed to report the YTD ERF position to plan in M3, reflecting national discussions regarding the impact of industrial action.			

- UHS were reporting a YTD over-performance in M2 of £1.4m, which has therefore been removed from the position, resulting in an in-month pressure.
- The M3 YTD position would however have reported an under-performance of £1.3m due to poor ERF performance in June of 104%:
    - Industrial action in June had an impact on performance with cancellations
    - The target, based on 19/20 activity levels, was very high in June (the highest target month of the year by some margin)
    - Non-Elective activity was very high in June, £1.6m above block contract levels, which impacts the amount of elective activity able to be delivered
- The M3 YTD position was also impacted by a restatement of M2 following final data and methodology review. This moved performance from 120% to 118%.

It should be noted that there remains some uncertainty in the reported ERF position, with finalised baselines, phasing and actual performance not yet published.

Since closing the finance position for M3, further clarity has emerged nationally regarding adjustments for the impact of industrial action, notably:

- ERF will continue to operate in the same methodology as outlined in planning
- Nationally it has been recognised that industrial action in April has had an impact on both cost of providing cover and loss of income. Furthermore, industrial action in April and prior to April has had an impact on management capacity and the ability of NHS organisations to deliver transformation and efficiency targets.
- As such**, the annual ERF target has been reduced by 2%** for all ICB's and all providers by default.
- UHS has supported this approach nationally, as it maintains credibility of the payment framework, whilst continuing to recompense organisations who deliver additional activity. It also provides a financial incentive to continue to maximise activity levels, where possible.
- We are expecting finalised baseline information and revised targets to be published shortly, alongside M1 performance.
- We anticipate the 2% reduction in target to be worth circa £4.5m to UHS.
- We are anticipating further adjustments to target to recognise the impact of industrial action in June/July. The impact of consultant strikes will also be different to junior doctors. The national team is therefore attempting to assess the impact, which we are supporting.

Other movements in position

- The cost of energy increased in M3 as a result of correcting meter readings from suppliers. This resulted in a back-dated charge for M2 (£1m) and increased charge for M3 (£1m).
- Off-setting the above risks, the Trust has reviewed business rates with Southampton CC, resulting in reduced ongoing charges of £0.6m. The adjustment has also been backdated to 2016, resulting in a non-recurrent benefit of £3.5m.
- UHS has successfully achieved all requirements of the maternity incentive scheme run by NHS Resolution. This has resulted in £1m CIP for 23/24. We have also been able to release a further £1m set aside in 22/23 accounts.
- An allocations adjustment of £0.75m has been applied to UHS (equivalent to all organisations nationally) to pay for a Microsoft Licences agreement nationally. This is being flagged as a concern nationally as the adjustment was not known during planning, and the cost pressure does not relate to the UHS contract. UHS is also expecting a £0.6m above-inflationary pressure in expenditure.
- The industrial action in M3 resulted in additional costs of £0.3m and loss of income of £0.3m. Furthermore, it resulted in a further loss of capacity / opportunity to focus on efficiencies and transformation programmes.
- We reported in M2 a review of drugs expenditure due to a spike in costs. This has been assessed an identified as a coding error, with costs moved to clinical supplies.

Underlying Position

The underlying position for prior months has been reassessed as a result of a number of the movements above, including pay award, ERF and energy. As a result, the underlying position has deteriorated. However, we would anticipate further movements in the underlying position in M4 as a result of changes in the ERF mechanism.

The underlying position for 2023/24 is therefore running at circa £6m per month.

A number of movements outside the Trusts control have deteriorated the underlying position.

For the elements within the Trusts control, we have stabilised the position and reduced the rate of expenditure growth. However, staffing costs do continue to grow (albeit at a slower rate) and we employed circa 120WTE more than planned at the end of June. ERF performance has not yet increased to compensate, and productivity remains below 19/20 levels. Whilst we have made good progress with CIP performance, it does not yet give assurance it will deliver to the ambitious scale included within the financial plan.

Forecast

Our submitted forecast to NHS England maintains delivery of a £26m deficit. However, this relied upon a £0.3m month on month improvement to the financial position during 2023/24. The current run-rate is therefore suggesting it will be extremely challenging to achieve the planned position.

This will be assessed further in M4 once the movements in ERF are fully worked through the position.

Drivers

The deficit continues to be driven by the underlying pressures seen in 22/23, for which we have not been able to recover to date:

- Non-pay inflation beyond funded levels
- Impact of energy prices (with gas prices impacting UHS particularly hard)
- High-cost drugs spend (previously pass-through)
- Number of patients not meeting criteria to reside, impacting capacity (opening expensive “surge” capacity / bed capacity restricting elective activity)

In 23/24, we are now seeing further pressures, notably:

- Pay award (outlined above)
- Impact of industrial action (outlined above)
- We have seen a prolonged increase in the volume and acuity of mental health patients within the hospital, at times staying in an unsuitable environment for far longer than they should due to lack of suitable care elsewhere in the system. These patients often require 1:1 care, and occasionally up to 4:1 care, to be kept safe within the Trust. A recent example saw one patient stay with the hospital for >1 month, costing in excess of £0.2m.

Unfunded additional activity is a pressure for UHS where we are YTD providing activity above block funded level for free in the following areas:

- £2.5m of non-elective
- £2.7m of outpatient follow up appointments
- £1.7m of other treatments

Cost Improvement Plans

In the month we have worked on ensuring we have captured all identified schemes, as well as providing a risk assessment against these schemes. This has resulted in:

- Full identification of the CIP target, with £71m of schemes identified as opportunities (vs.

£69m target). This includes £11.2m of schemes identified as opportunities by Carnall Farrar as part of ICB financial planning, including the opportunity of reducing non-criteria to reside patients by 50%.

- However, a number of schemes have been identified as:
  - Red-rated – high risk of delivery
  - Crimson – very high risk of delivery (e.g., opportunity identified but where there is no plan of how to deliver it)
  - Amber schemes – medium risk to delivery (50%)
  - Green schemes – confident of delivery
- This has been assessed as a most likely CIP delivery of £48m. Whilst this would be the highest CIP delivered by UHS, it would be £21m off the ambitious target outlined in the plan. The gap outlined is consistent with the reported financial position and run-rate.

Workforce / Pay Growth

Substantive workforce growth provides both an opportunity and risk for the organisation. A material part of the 2023/24 workforce plan is to recruit to shortage areas and release temporary staffing spend that is often in the form of high-cost agency, premium bank or WLI spend. If delivered this should release significant workforce savings.

There is however a significant challenge in 'transacting' these benefits as fill rates may just improve in areas where previously shifts were unfilled leading to cost not being released.

As at June 2023 UHS was 121 wte (0.9%) ahead of its workforce plan with substantive staff 82 wte ahead of plan, bank staff 22 wte and agency staff 18 wte ahead of plan. Continuation of this trend presents a significant risk for UHS in the delivery of its financial and workforce plan.

However, we have been working across all areas of the hospital to increase control. Workforce review meetings have been held with each Division, with follow-ups scheduled in August/September. We have also increased temporary staffing controls with staffing hubs, which are working well, as well as rolling out a new agency calculator. A finance education programme is also underway. Temporary workforce demand has reduced in late June and early July. We are continuing to assess whether these trends are continuing.

Capital

Capital expenditure totals £5.6m YTD which is £5.2m behind plan. This is predominantly driven by wards, theatres, strategic maintenance and decarbonisation projects that are all currently behind plan. Spend is forecast to increase in future months to catch up for this shortfall.

£5m of externally funded capital has been supplemented by £3.5m to support an Endoscopy expansion, a further £3.3m to support Neonates and a recently awarded £1.1m to support a Biplane.

Tenders are currently being received for G3 refurbishment and F level theatres, with expenditure required this year to deliver within our plan. With the additional funding being received and some anticipated slippage, we are currently assessing whether funds will be fully utilised, or whether other schemes can be brought forward from the 2024/25 capital programme.

Cash

The cash position has reduced by £4.3m to £81.6m in June 2023. This is consistent with the cash plan as a high volume of payables relating to capital have now been paid to suppliers. An underlying downward trend is still forecast to prevail due to the underlying financial deficit. We are continuing to have a current-account deficit, which is being funded by our capital investment savings account.

It should be noted that we would anticipate a reduction in cash in July as a result of additional payments relating to pensions for the back-dated pay award.

	HIOW ICB Position A verbal update will be provided on the position at month 3.
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 relating to the underlying run rate and projected potential deficit if the run rate continues. • Investment risk related to the above • Cash risk linked to volatility above • Inability to maximise CDEL (which cannot be carried forward) and the risk of a reducing internal CDEL allocation for 2024/25 due to the forecast deficit for 2023/24.
Summary: Conclusion and/or recommendation	Members of Trust Board are asked to: • Note the update to the financial position.

University Hospital Southampton NHS Foundation Trust

M3 Finance Report

Report to Trust Board

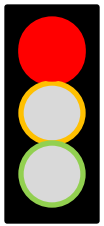
Ian Howard, CFO
Philip Bunting, DOOF
David O'Sullivan, Asst DOF

Summary

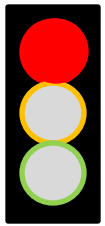
Finance Dashboard

Position (objective 5a)

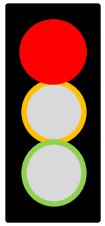
YTD vs. Plan



Forecast

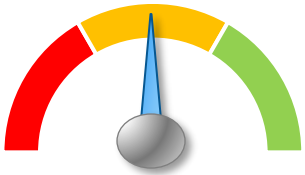


Underlying

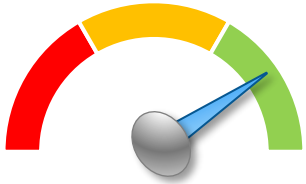


Capital (objective 5d)

YTD

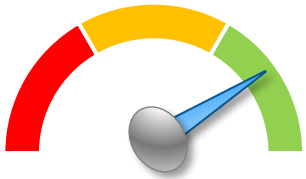


Forecast

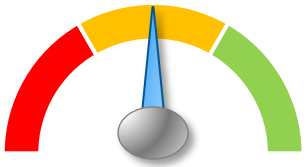


CIP (objective 5a)

Identification



Delivery



Productivity (objective 5a)

Metrics under development

Overall Position

Executive Summary

In Month and Year to date Highlights:

1. In Month 3, UHS reported a deficit position of £3.7m which was £0.4m adverse to plan. YTD the deficit is now £13.0m which is £2.0m adverse to plan. The total plan for the year is £26m deficit which is currently forecast for delivery. The current shortfall to plan will need to be recovered in future periods in order to deliver to the full year plan.

2. The underlying position in June is a £6.0m deficit. Movements in pay awards, energy and ERF have resulted in a reassessment of prior month periods shows an underlying run rate of £6.0m for all of Q1. Further movements to the underlying position are expected in M4 as a result of backdated national changes to the ERF mechanism.

3. CIP delivery was reported behind plan with £11.3m achieved compared to a plan of £12.2m. £71.1m of savings have been identified in plans, 103% of the trust target of £69m. A risk assessment of schemes has taken place which reduces the expected yield of schemes down to £48.2m - 70%. There is continued focus on savings identification and delivery to support financial recovery.

4. The themes seen in M3 were:
    1. UHS is under its elective recovery target in M3 by £1.3m (111% achieved v 113% target). June performance was impacted by both industrial action and an increase in Non-Elective activity.
    2. Energy non pay costs have increased in month by £1m with a further £1m additional cost relating to May.
    3. Underlying drivers for the monthly financial deficit remain as per 22/23 including inflation, energy, drugs and increased volumes of patients not meeting the criteria to reside.
    4. Upward workforce trends remain a risk with particular pressure in month around additional nursing spend related to providing safe care for mental health patients.
    5. Surge capacity also remains open at times to support flow at times of peak bed pressure.

Overall Financial Position

		Budget	Current			Year to date		
		Full Year £000's	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Income								
	Clinical Income	852,728	70,275	73,547	(3,272)	209,934	213,590	(3,656)
	Pass-through Drugs & Devices	186,582	15,251	17,151	(1,900)	46,646	47,637	(991)
	Other Income	198,697	19,686	20,264	(578)	56,594	57,458	(864)
Total Revenue		**1,238,007**	**105,212**	**110,962**	**(5,750)**	**313,174**	**318,684**	**(5,510)**
Costs								
	Pay - Substantive	630,404	52,138	57,719	5,581	156,124	163,672	7,548
	Pay - Bank	43,631	3,792	3,989	197	11,632	12,370	738
	Pay - Agency	15,070	1,341	1,081	(260)	4,250	3,403	(847)
	Drugs	48,928	3,292	1,851	(1,441)	8,982	8,933	(50)
	Pass-through Drugs & Devices	186,582	15,251	17,151	1,900	46,646	47,637	991
	Clinical Supplies	68,008	6,256	7,499	1,243	17,679	17,615	(64)
	Other non pay	246,707	24,699	24,509	(190)	73,504	73,894	390
Total Operating Expenses		**1,239,330**	**106,769**	**113,799**	**7,030**	**318,817**	**327,523**	**8,706**
Remove	Depreciation and Amortisation	38,037	3,197	3,100	(97)	9,590	9,387	(203)
	Donated Income	(16,583)	(1,186)	**(524)**	662	(2,886)	**(1,918)**	968
Profit/(Loss) from Operations (EBITDA)		**20,131**	**454**	**(261)**	**715**	**1,061**	**(1,370)**	**2,431**
Add	Non Operating Income	2,166	181	427	(246)	543	1,339	(796)
Less	Non Operating Expenditure	(34,189)	(2,986)	(3,503)	517	(10,331)	(11,547)	1,216
Net Surplus / (Deficit) incl Impairments & Donation		**(11,892)**	**(2,351)**	**(3,337)**	**986**	**(8,727)**	**(11,578)**	**2,851**
	Less Donated Income	(16,583)	(1,186)	(524)	(662)	(2,886)	(1,918)	(968)
	Less Profit on disposals	0	0	0	0	0	0	0
	Less Gain/ Loss on absorption	0	0	0	0	0	0	0
	Add back Donated Depreciation	2,475	204	142	62	612	501	111
	Add back Impairments	0	0	0	0	0	0	0
Total Net Surplus / (Deficit)		**(26,000)**	**(3,333)**	**(3,719)**	**386**	**(11,000)**	**(12,995)**	**1,994**

UHS has submitted an annual plan position of £26m deficit for the 2023/24 financial year.

In June a deficit position of £3.7m was reported, £0.4m adverse to plan. The YTD position of £13.0m deficit is £2.0m adverse to the planned deficit target of £11.0m.

Pay expenditure exceeded plan in month, primarily due to impacts of the national pay awards captured in the M3 position under substantive staffing costs. A bottom line pressure of £2m has been incurred where national funding has not matched costs.

In Clinical Income the ERF position has been set to plan in month following national directives as a result of industrial actions. This has resulted in a £1.4m reduction verses May figures. Actual performance in June was significantly lower than plan which would have led to an under plan performance of £1.3m YTD.

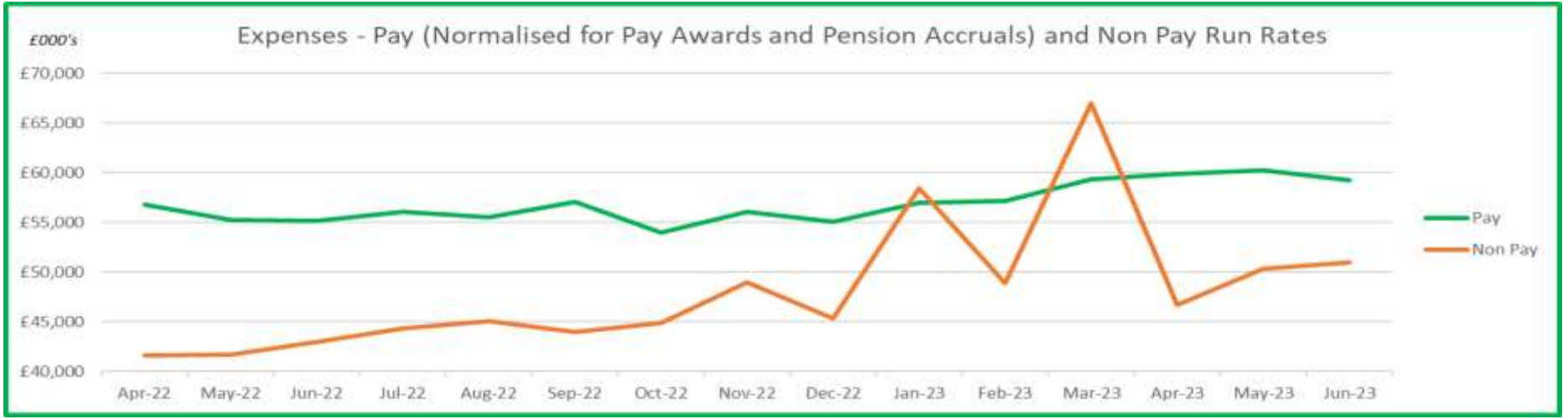
Energy costs grew in M3, resulting in increased charges for M2 and M3 of £1m per month (£2m total).

Several one off benefits have been realised in month that have offset the above risks including review of business rates £3m and achievement of maternity incentive scheme requirements £1m.

Run Rates

- The UHS run rate position has continued in M3 at a deficit position of £3.7m which is higher than planned levels despite a number of non recurrent benefits released into the position.
- The improved run rate trend in the second half of 2022/23 financial year was delivered by non recurrent means and recurring reductions have not yet been experienced to offset and continue this trend in 2023/24 financial year.
- Pressures continue across all expenditure and income types with notable challenges experienced in month detailed below.
- Pay – Cost pressure impact of national pay awards, industrial action and bank holiday enhancements.
- Non Pay – Cost pressures relating to Energy increases.
- Income run rate increased in month following receipt of additional pay award funding of £3.5m. This offset reductions in ERF activity in month following lower June performance as a result of strike activity and restatement of May figures following final data and methodology review. The reported position only partially recognises ERF pressures following national discussions to set ERF performance to plan. Actual performance would be under plan YTD.

Run Rates


£000's
Expenses - Pay (Normalised for Pay Awards and Pension Accruals) and Non Pay Run Rates
£70,000
£65,000
£60,000
£55,000
£50,000
£45,000
£40,000
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Pay
Non Pay


£000's
Income Run Rate
£130,000
£125,000
£120,000
£115,000
£110,000
£105,000
£100,000
£95,000
£90,000
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
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Nov-22
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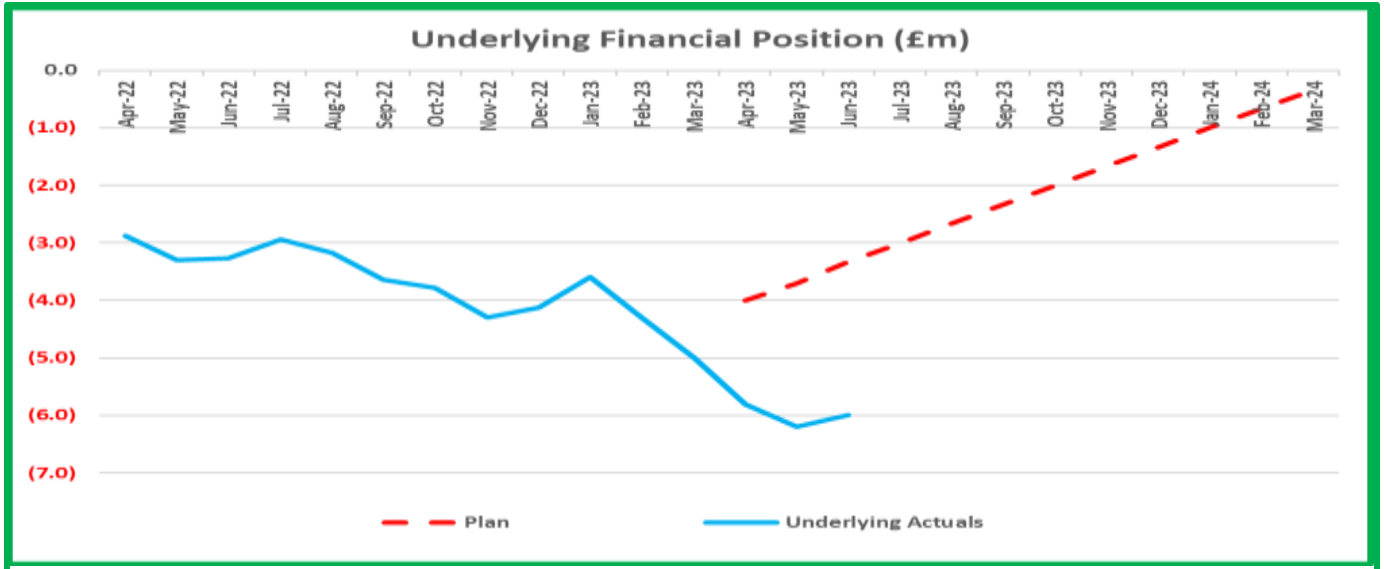
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23

Underlying Position / Risk Analysis



Risk Variable	Risk @ Plan £m	Risk - current £m
Unidentified CIP	15.8	0.0
System CIP Initiatives	11.2	11.2
Identified CIP delivery	7.0	9.6
Inflationary Pressure	8.0	5.0
Income pressure (IA / NEL) - TBC	0.0	0.0
Unfunded Pay Award	0.0	3.2
Total Risk	**42.0**	**29.0**
Mitigations		
Additional CIP	(18.0)	0.0
Net Risk	**24.0**	**29.0**

The graph shows the underlying position for the Trust from April 2022 to present. This differs from the reported financial position as it has been adjusted for non recurrent items (one offs) to get a true picture of the run rate.

The underlying position has been restated at the end of Q1 as a result of several pressures realised in June for energy costs, pay award pressures and ERF performance. The position now shows an average deficit of £6m per month.

This position has stabilised over Q1 following deterioration from approximately £3m per month at the beginning of 2022/23.

This decline was primarily driven by escalating energy costs, pressures related to activity, including the need for surge beds and impacts of strike actions.

The plan for 2023/24 is to eradicate the underlying deficit by year end.

A table outlining risks is also shown and will be monitored.

Key Drivers

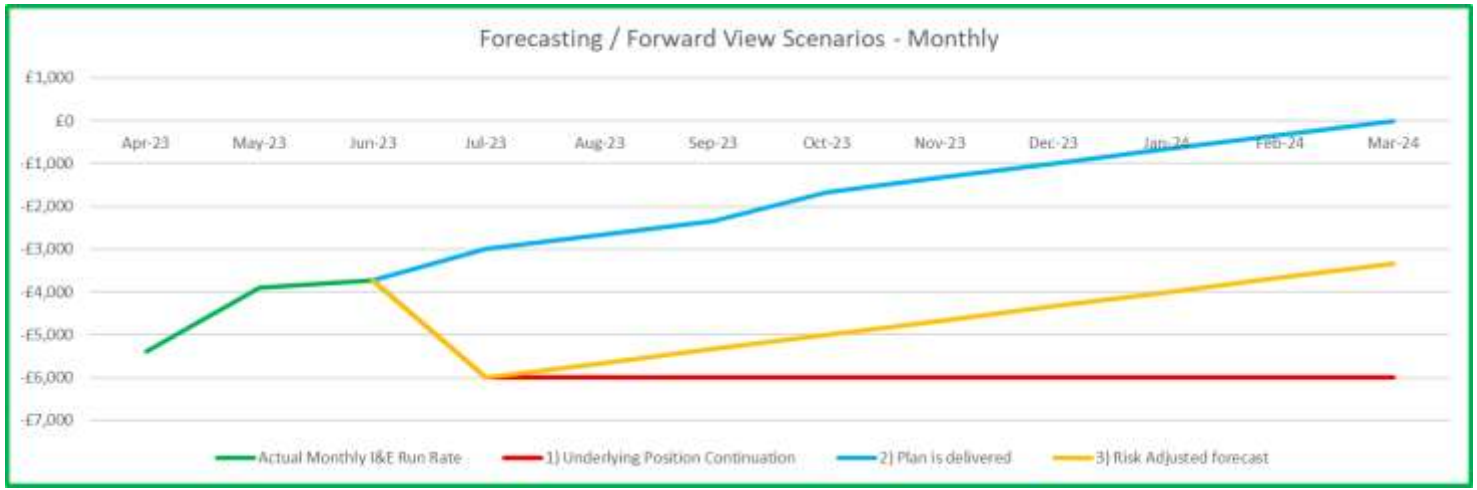
A summary of the key drivers of pressures on the Trust and Financial Position in month and year to date are:

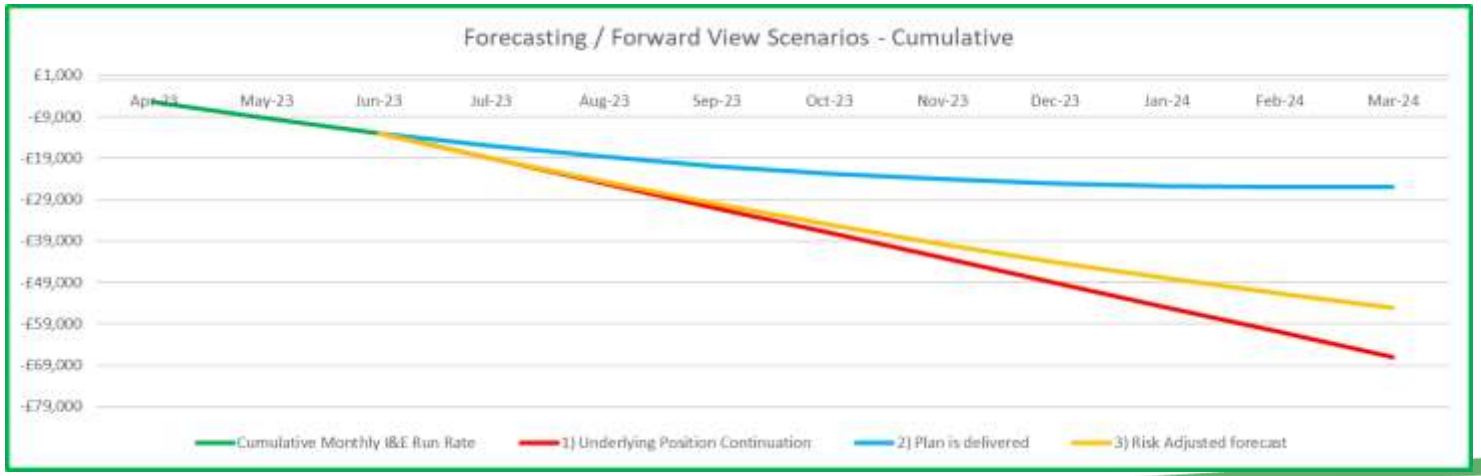
- **Underlying position** from prior year – UHS has carried forwards a historical recurrent deficit into the current financial year of £5m per month. This deficit continues to put significant pressure on the organisation and deliverable plans are required to remove these costs.
- **Pay award** – Impact of pay awards has been experienced in M3 following payment. Two pressures have arrived from the payments where national funding has not covered full costs.

  - 2022/23 backdated non-consolidated payment for AfC staff; a £1.2m non recurrent pressure. £0.3m relating to directly employed UHS staff and £0.9m relating to Serco contracted staff dynamically linked to AfC rates.

  - 2023/24 pay award for AfC staff; Where the national tariff inflator used to off-set this cost, has not been adequate to cover the full increase resulting in a £0.8m pressure YTD, £3.2m annual and £4m full-year effect.
- **ERF position** – M3 is reported at plan due to national directives but actuals are behind plan YTD by £1.3m. With large staffing overspends, ERF activity would be required to overperform against plan to support a sustainable financial plan without the reduction of staff pay costs.
- **Unfunded additional activity** – Is a pressure for UHS where we are YTD providing £2.5m of non elective and £1.7m of other treatments above the block funded levels for these services. The Trust is also performing £2.7m of outpatient follow up appointments above block levels.
- **Industrial action** – has impacted both income achievement (£1.8m) and pay expenditure (£0.7m) YTD. With further Medical strikes planned, further deteriorations to the financial position are expected as a result.
- **Staff cost growth** – Continues to be a major pressure for UHS. Growth in substantive staff has not resulted in commensurate reductions in temporary staffing or increases to ERF. This is resulting in a material imbalance and pressure to the Financial position.
- **Operational pressures** – Continue for Non-criteria to reside patients (circa 200 beds) resulting in continuation of requirements for surge bed capacity to be open driving increased costs without funding streams.
- **Mental health** - patient demands have grown significantly over recent times and are expected to continue moving forwards.
- **Inflation** – Continues to increase prices above funded levels.
- **CIP delivery** – Continues to be a challenge. Whilst significant identification has been made, UHS remains behind plan YTD and on a risk assessed basis is currently forecasting 70% delivery at year end.

Forecasting / Forward View





The graphs provide forecast scenarios on a monthly and cumulative scenario for the remainder of the 2023/24 financial year.

Alongside Actual reported figures are three scenarios:

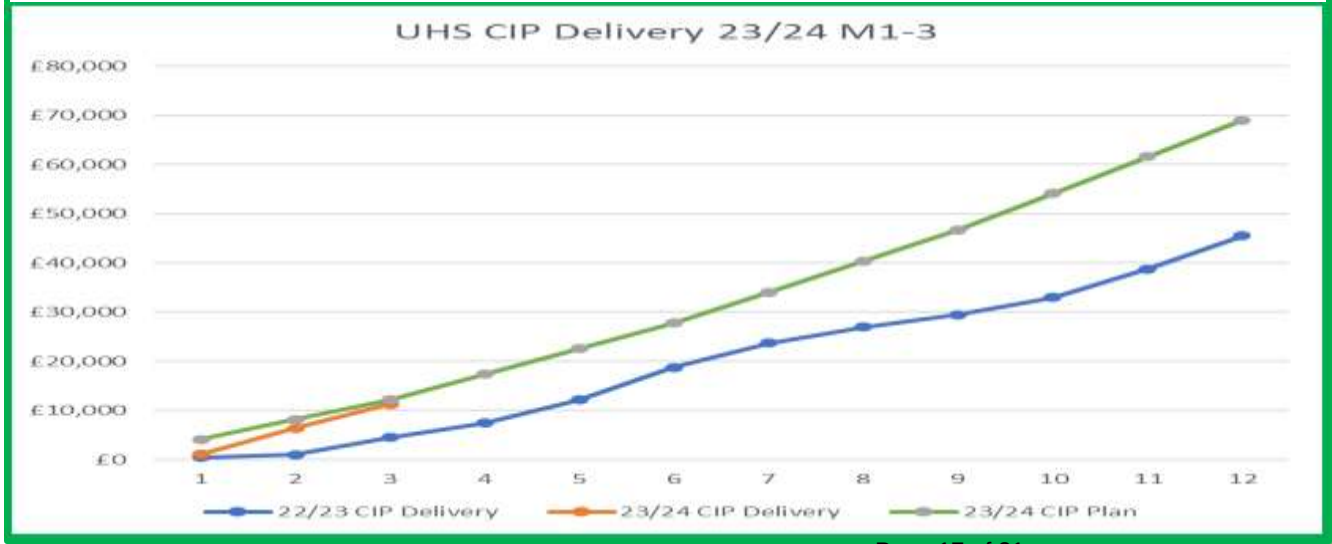
1) Continuation of the underlying position run rate with no mitigating actions. This would result in a year end out turn of £67m deficit.

2) Delivery of plan. Resulting in a year end out turn deficit of £26m.

3) Risk adjusted forecast, factoring expected improvements above underlying position levels delivering an out turn deficit of £55m prior to non-recurrent impacts.

Cost Improvement Programme

Month 3 CIP Identification	Non Recurrent (£'000s)	Recurrent (£'000s)	Total (£'000s)	Target (£'000s)	% Identified at M3	% Identified at M2	Change
Division A	£1,350	£2,417	£3,767	£9,068	42%	44%	-2%
Division B	£1,845	£3,569	£5,413	£9,795	55%	50%	+5%
Division C	£2,587	£1,123	£3,710	£8,772	42%	36%	+6%
Division D	£1,151	£4,915	£6,066	£9,281	65%	32%	+33%
THQ	£685	£2,501	£3,186	£6,163	52%	46%	+6%
Central Schemes	£11,210	£28,775	£39,985	£25,992	154%	104%	+50%
Transformation, Procurement and Inpatient Flow Schemes	£0	£9,016	£9,016				
Grand Total	**£18,828**	**£52,314**	**£71,143**	**£69,071**	**103%**	**82%**	+21%



UHS Total - £71.1m identified 103% of the total 23/24 requirement of £69m. Of the identified UHS total, £11.7m is Pay, £37.5m is Non-Pay, and £21.9m Income.

Divisions and Directorates - £31.1m of CIP schemes identified. This represents 72% of the 23/24 target of £43.1m

Central Schemes - £40.0m of CIP schemes identified. This represents 154% of the 23/24 target of £25.9m

M3 Trust YTD delivery is £11.3m. An increase in month of £6.3m. This remains below planned delivery of £12.2m

Of the £11.3m delivered:

£3.9m has been transacted by Divisions and Directorates

£7.4m has been transacted through Central Schemes.

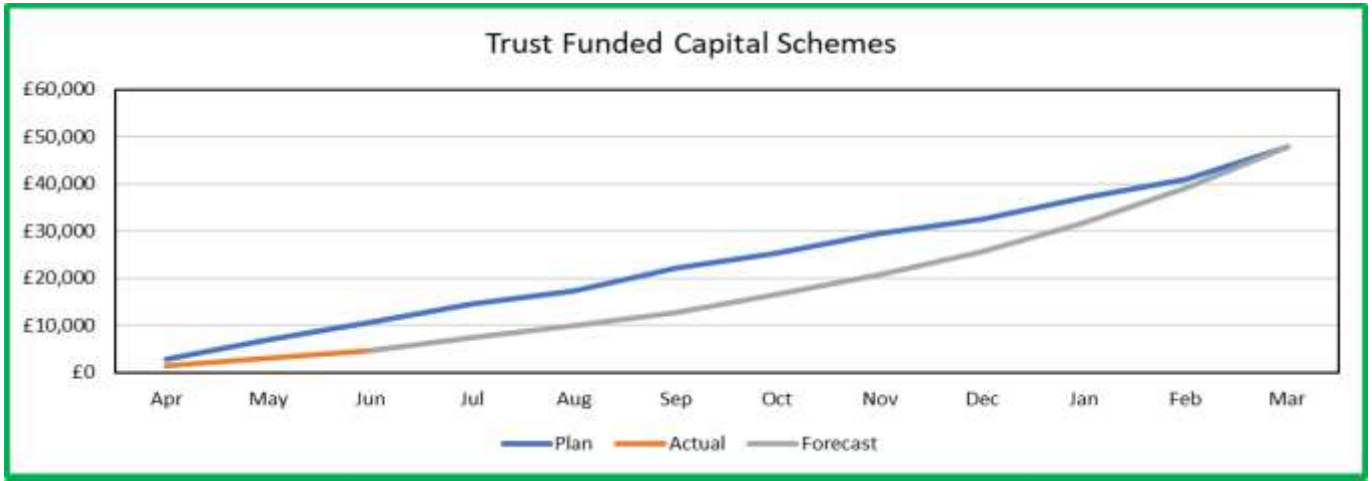
£7.0m is non-recurrent. This includes £4.2m of non-recurrent Central Schemes.

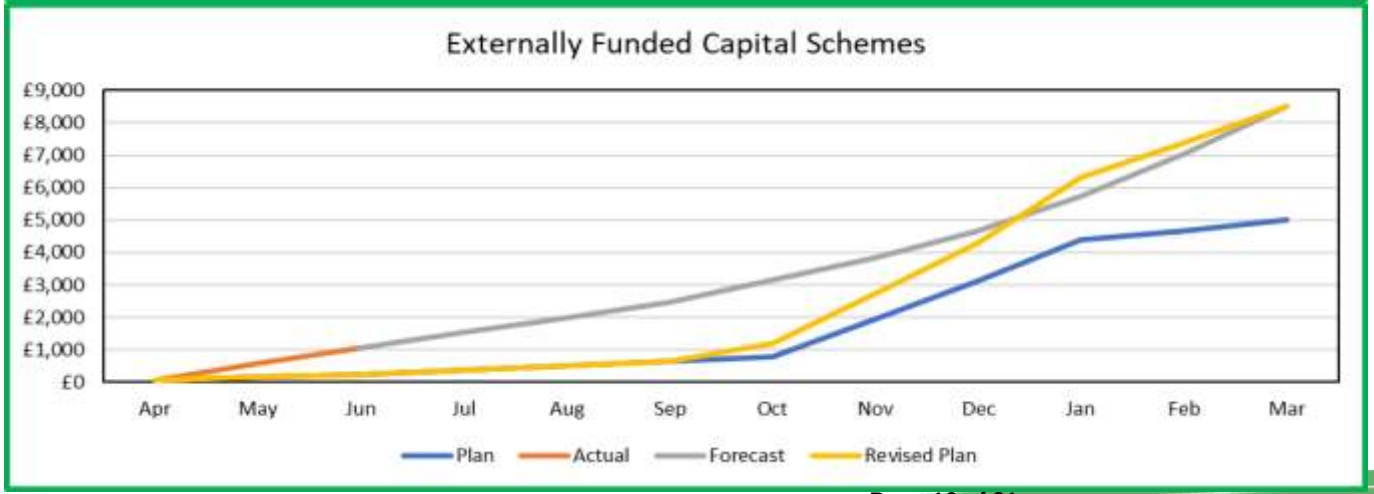
Cost Improvement Programme

Risk Assessment	Number of schemes	Percentage of schemes	Value of schemes (£k)	Percentage of value	Likely outcome value (£k)
Green	300	76%	£37,617	53%	£37,617
Amber	67	17%	£21,148	30%	£10,574
Red	10	3%	£1,188	2%	£0
Crimson	16	4%	£11,190	16%	£0
Total	**393**		**£71,143**		**£48,191**

- A risk assessment has been undertaken of the identified schemes to date in the table above.
- The expected yield from plans is currently £48.2m, 70% of the 23/24 requirement
- The highest risk assessed items are £11.2m of ICS wide schemes based upon Carnall Farrar opportunity assessment for improved patient flow and reduction of non 'criteria to reside' occupancy.
- These schemes are currently considered to be a high risk of non-delivery by UHS due to insufficient enabling plans / progress and we are seeking further assurance

Capital





Summary Position:

Slippage on capital schemes has been incurred to date in addition to additional CDEL being received.

Forecast out turns are therefore currently under review.

Trust Funded:

At the end of M3 Trust funded capital schemes are reporting an underspend against plan of £6.0m.

Year end out turn plan targets are £47.7m.

Externally Funded:

At the end of June Externally funded capital schemes are reporting an overspend against plan of £0.8m.

Year end out turn plan targets are £8.5m.

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Capital

Top 5 schemes by YTD Expenditure Value

£000s	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Donated Estates Schemes	2,154	1,828	326	2,624	3,039	(415)
Informatics	1,089	1,308	(219)	5,800	5,800	0
Oncology Centre Ward Expansion Levels D&E	4,900	1,100	3,800	7,135	7,062	73
Refurbishment of Theatres 10 & 11	1,104	438	666	1,104	667	437
General Refurbishment Fund	800	373	427	3,250	3,250	0

- Banksy donated estates schemes (welfare hub, roof garden and staff rooms) and the current phase of the theatres scheme, including refurbishment of theatres 10 &11, have high spend as they are complete or nearing completion.
- Expenditure on the general refurbishment fund comprises spend on the D4, G level sluices and maxfax refurbishments
- Informatics have expended significant sums on the core IT infrastructure, the Alcidion ED & Flow contract and staffing in the year to date

Top 5 Schemes by YTD Variance

£000s	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
Oncology Centre Ward Expansion Levels D&E	4,900	1,100	3,800	7,135	7,062	73
Decarbonisation Schemes	2,500	0	2,500	11,259	11,259	0
Strategic Maintenance	1,407	268	1,139	5,200	5,200	0
Asceptic Pharmacy/SSD Building	0	1,025	(1,025)	3,000	1,992	1,008
Fit out of F Level Theatres (VE)	1,017	0	1,017	8,500	8,500	0

- The ward expansion is behind plan as the skyway link bridge part of the scheme will now not complete until December
- Expenditure on the decarbonisation schemes will commence in July, later than originally anticipated
- Significant expenditure on two substations will take place in July, bringing strategic maintenance expenditure back towards plan
- The Asceptic/SSD build has greater expenditure than planned YTD due, in part to the purchase of land that was anticipated in 22-23
- The F level Theatres scheme has not commenced yet as the specification of the works is being revised

Statement of Financial Position

Statement of Financial Position	2022/23 YE Act £m	M1 Act £m	M2 Act £m	M3 Act £m	MoM Movement £m
Fixed Assets	620,431	617,160	619,161	620,900	1,739
Inventories	15,753	18,104	18,074	18,455	381
Receivables	95,056	93,552	89,834	73,434	(16,400)
Cash	105,018	105,475	85,892	81,557	(4,335)
Payables	(229,641)	(237,019)	(218,352)	(202,499)	15,853
Current Loan	(1,533)	(1,533)	(1,533)	(1,533)	0
Current PFI and Leases	(12,580)	(12,202)	(12,153)	(11,347)	806
Net Assets	**592,504**	**583,537**	**580,923**	**578,967**	**(1,956)**
Non Current Liabilities	(24,624)	(22,798)	(22,759)	(22,848)	(89)
Non Current Loan	(5,302)	(5,302)	(5,302)	(4,802)	500
Non Current PFI and Leases	(108,576)	(105,561)	(107,100)	(108,888)	(1,788)
Total Assets Employed	**454,002**	**449,876**	**445,762**	**442,429**	**(3,333)**
Public Dividend Capital	286,212	286,212	286,212	286,212	0
Retained Earnings	102,068	97,942	93,828	90,494	(3,334)
Revaluation Reserve	65,722	65,722	65,722	65,722	0
Total Taxpayers' Equity	**454,002**	**449,876**	**445,762**	**442,428**	**(3,334)**

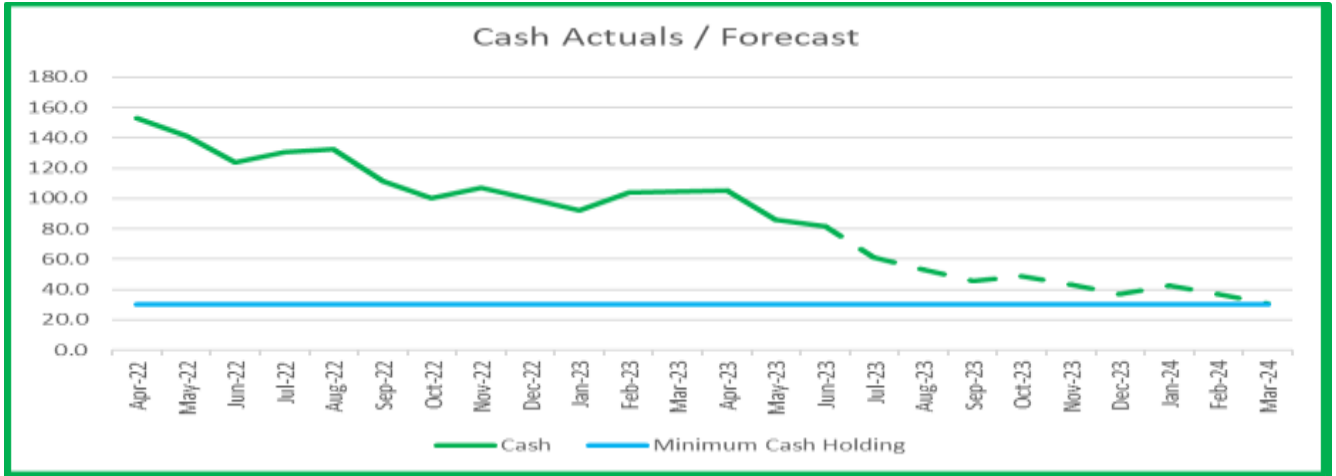
The June statement of financial position illustrates net assets of £578.9m which is £1.9m down on May. This is due to:

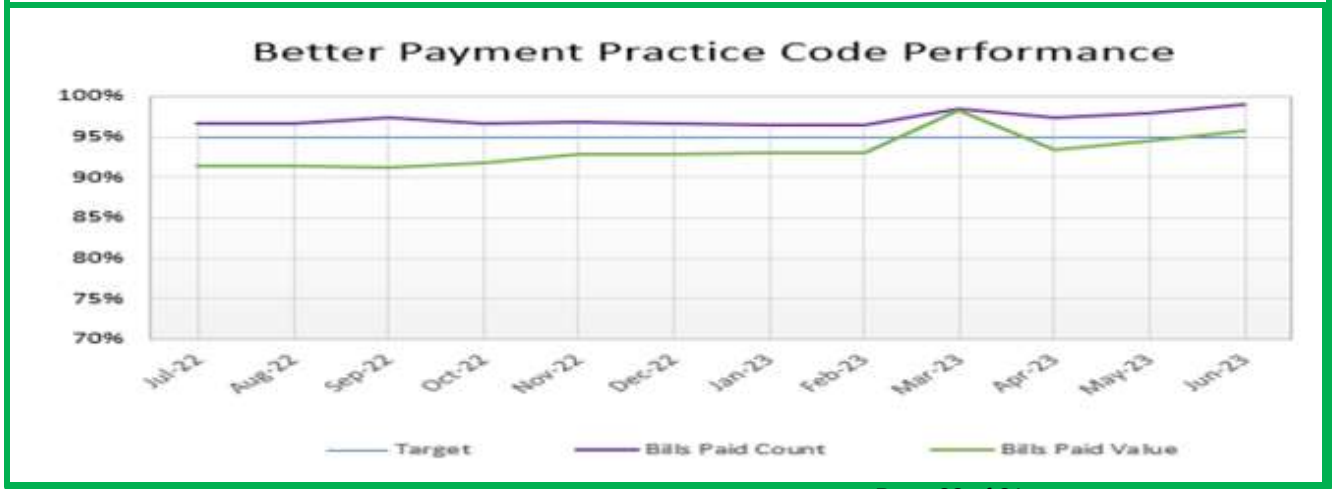
Reduction in Receivables of £16.4m driven by a £19.9m reduction in accrued income in relation to the pay awards, a reduction in prepayments of £5.3m offset by an increase in trade receivables of £12.9m due to timing of invoices raised, cash receipts and other smaller items.

Decrease in Payables of £15.9m driven by a £18.1m decrease in accruals where invoices have been received with other smaller offsetting variances which includes an increase in other creditors from higher taxes due to HMRC from the pay awards paid out in June, due to HMRC in July.

Lower Receivables would be expected to drive an increase in cash, however the underlying deficit continues to drive a reducing cash balance.

Cash and Payments





The cash balance reduced by £4.3m to £81.6m in June. This change was in line with the reduction of Payables in month.

A cash forecast has been completed for the next 9 months projecting a material decline in cash driven by an underlying deficit and sizeable internally funded capital programme of £44m per annum. This is currently based on the 2023/24 plan submission.

Better Payment Practice Code (BPPC) performance in month for June is over the 95% target for count and at target for value.

May figures have been restated following review and are reporting an improved position having accounted for the exclusion of internal payments between UHS and its subsidiaries.

Further Analysis of Position

Income / ERF

ERF Performance (Target = 113%)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
Elective Spells	107%	120%	94%										107%
Daycase	114%	107%	113%										111%
Outpatients Firsts	112%	121%	107%										113%
Outpatients Procedures	132%	127%	121%										127%
Overall ERF Performance	**113%**	**118%**	**104%**										**111%**
Excess Outpatient Follow Ups £'000s	£854	£1,073	£773										£2,700
Excess Non Elective and ED £'000s	£34	£887	£1,626										£2,547
Excess Other £'000s	£279	£670	£697										£1,646

The graph shows the ERF performance for 23/24 as well as a trend against plan for 22/23.

In 23/24 the Trust has a target to achieve 113% of 19/20 activity for elective inpatients, outpatient first attendances and outpatient procedures. Delivery above this targeted level will generate additional funding for the Trust.

At the end of Month 3, ERF activity has been reported at plan following national guidance to providers.

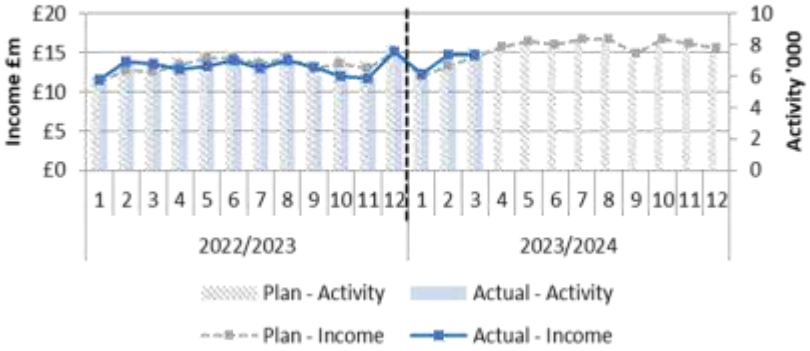
Actual performance in June was however below target as a result of industrial action, high target and Non Elective pressures.

The table shows monthly achievement by POD type vs 19/20 baseline.

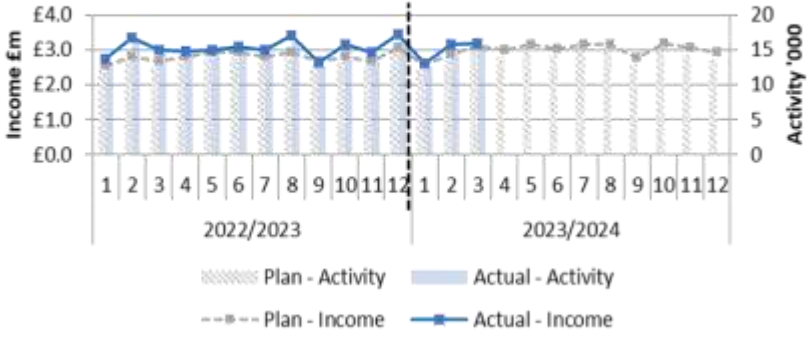
Significant non ERF related activity is currently being provided by UHS above its block funded levels, totalling £6.9m year to date.

Clinical Income - Elective

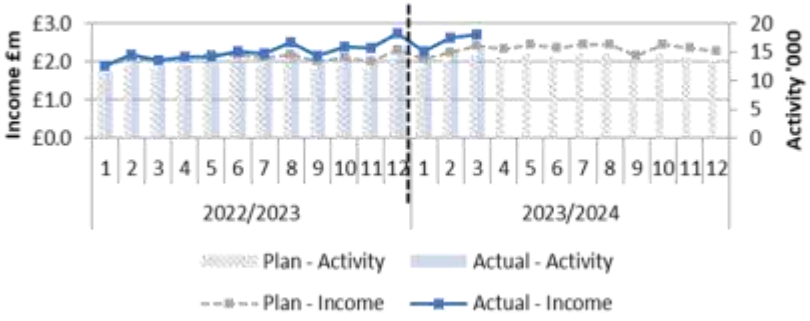
Elective spells



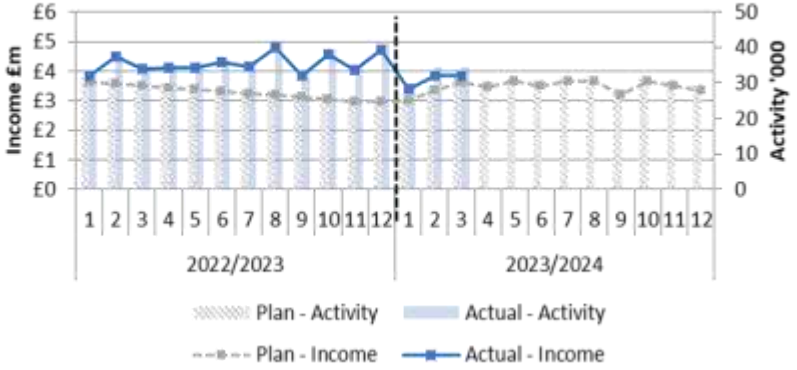
Outpatients - First Attendances



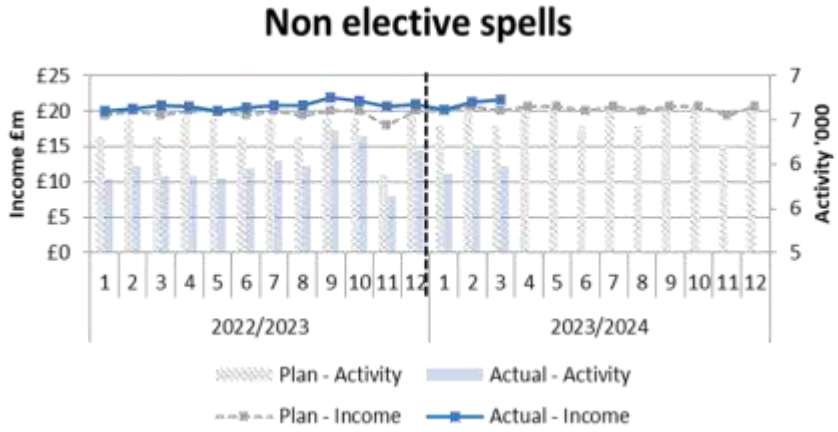
Outpatients - Procedures

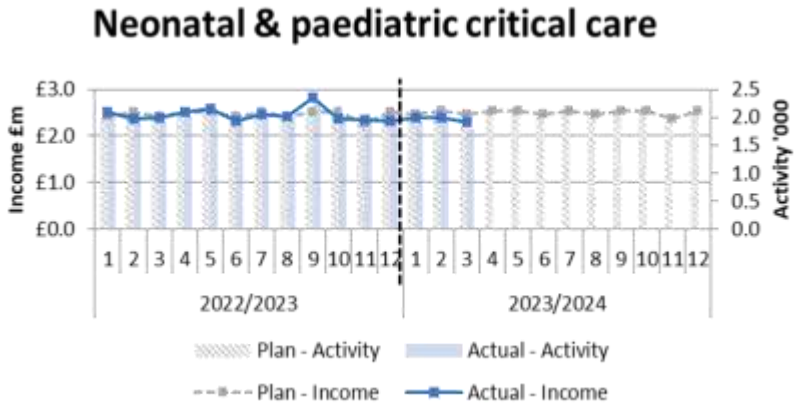


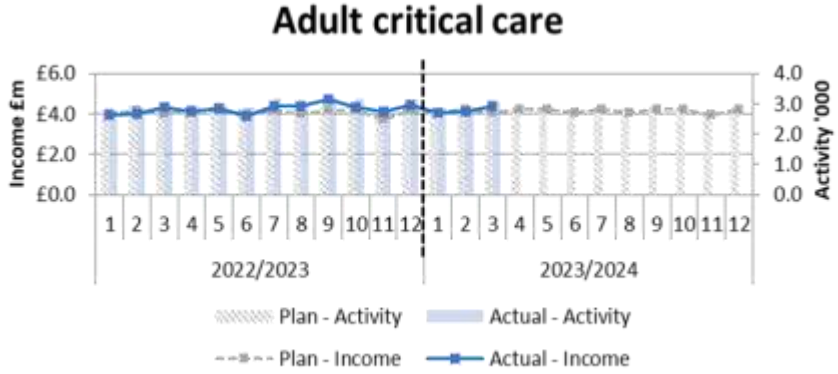
Outpatients - Follow up appointments



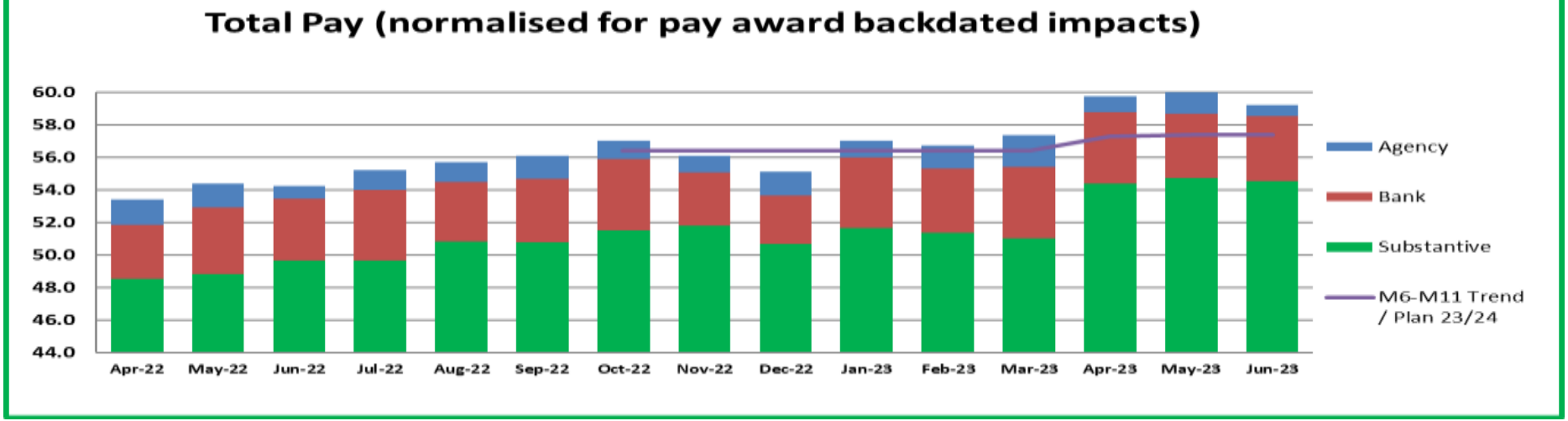
Clinical Income – Non Elective and Other







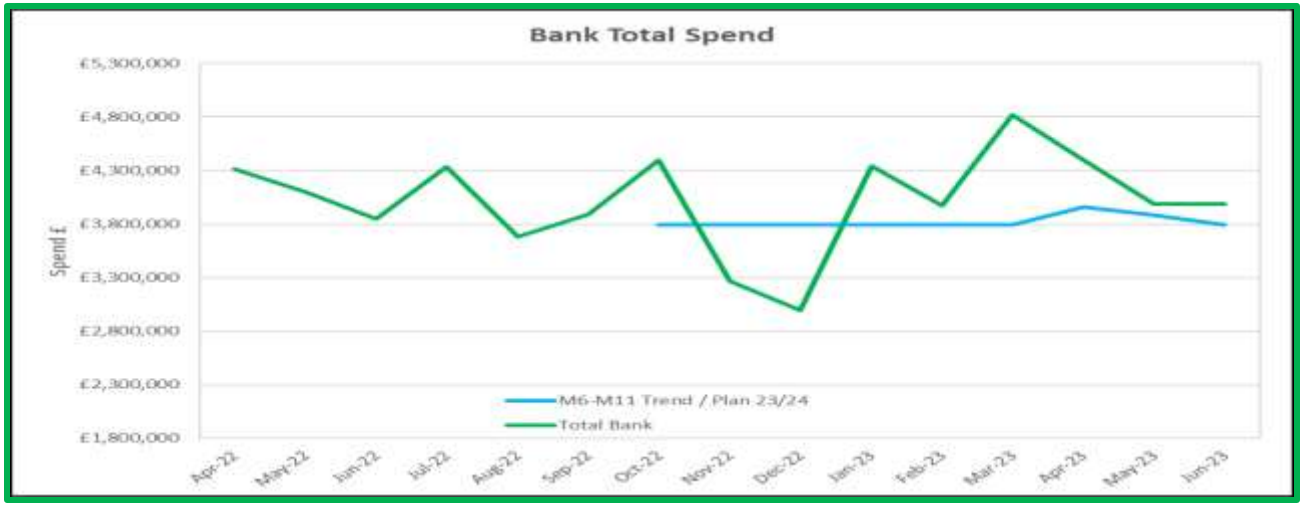
Staff Costs

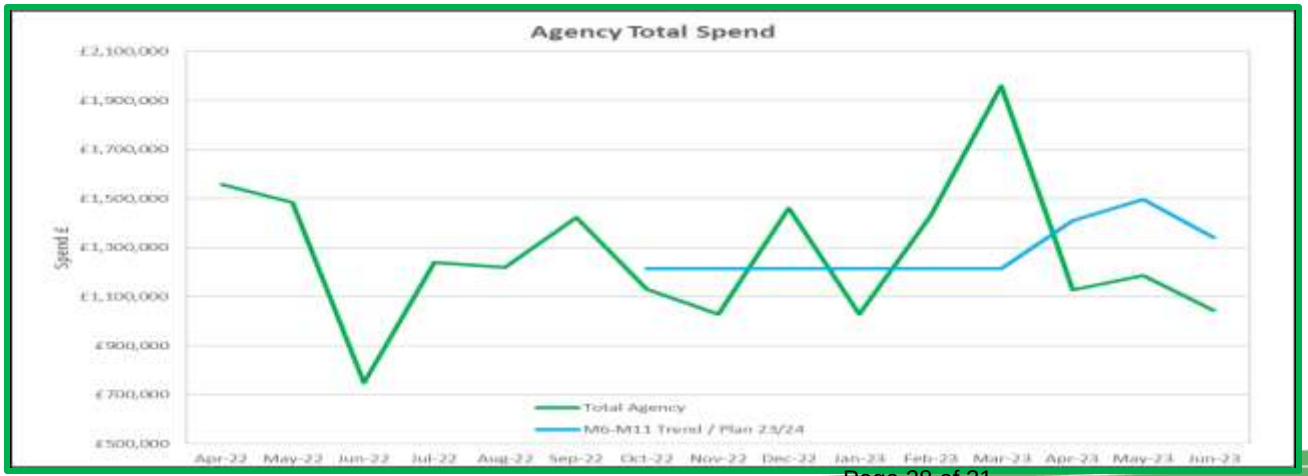


Pay Expenditure:

- Pay award has been captured in M3 accounts and has restated Q1 figures to show the backdated impacts over the period. 2023/24 pay award for AfC staff has been confirmed at 5%. A 1.6% tariff inflator is used nationally off-set this cost. However, this funding level has not been adequate to cover the full increase in cost resulting in a £0.8m pressure YTD, £3.2m annual and £4m full-year effect.
- Industrial action took place during June with additional Medical staffing costs to cover the action totalling £290k.
- Bank holiday enhancements were paid in month totalling £583k
- On a WTE basis there has been a 9 WTE reduction overall in month driven by reduced temporary staffing.
- Substantive WTE has increased by 22 WTE in month. Whilst this growth rate has slowed there remains significant pressures as a result of pay WTE being significantly over plan without a compensating increase in ERF activity.

Temporary Staffing Costs





Bank:

The overall Bank position has remained flat in month on a cost basis at £4m.

Reductions in cost have been experienced in Nursing totalling £145k.

This has been offset by increased costs of Medical staff of £119k and Admin staff of £42k.

Overall WTE bank has reduced in month by 16 WTE verses M2.

Agency:

Agency costs reduced in month by £142k down to £1.1m overall.

Reductions were experienced across all staff groups for this cost type.

Overall WTE agency has reduced in month by 15 WTE verses M2.

Thornbury Nursing costs were down to £2k in month, a further reduction in spend. This follows peak monthly costs in September 22 of £149k.

Significant pressures continue for Mental health nursing within the position impacting both Bank and Agency.

Non-Pay

- Metrics under development

Divisional Performance

- Metrics under development


FOUNDATIONS
FOR THE FUTURE

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**People Report 2023-24 Month 3**			
Agenda item:	**5.11**			
Sponsor:	**Steve Harris, Chief People Officer**			
Author:	**Workforce Team**			
Date:	**27 July 2023**			
Purpose	**Assurance or reassurance** **X**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The UHS People Strategy (World Class People) sets out our goals to support the delivery of the Trust's Corporate Strategy. The 5-year Strategy, based on the insights from our UHS family, was approved by Trust Board in March 2022. Its key areas of THRIVE, EXCEL, and BELONG shape the work of people focus across UHS. The monthly people report summarises progress against the delivery of the critical metrics in the strategy. It is provided monthly to Trust Executive Committee and People and OD Committee. The information is based on June 2023 data (M3).			
Response to the issue:	Our workforce plan for 23/24 aims to deliver a flat position with no overall growth in the size of our total WTE. This will include continued recruitment to vacancies and new expansions offset by decreases in the use of agency and bank and other targeted reductions. **Progress areas of the People Strategy:** THRIVE (Workforce Capacity) • Overall total workforce **remains over plan by 121** WTE. This excludes the WLI and overtime and is therefore consistent with the plan submitted to the ICB. • **Substantive growth** of 22 WTE in June from May**.** • **Temporary workforce** utilisation has showed reductions in June with WTE reducing by 32 from the previous month as controls continue to embed. • There has been sustained **reductions of high cost** off framework agency (Thornbury). Usage is now close to zero. • Rolling **turnover** is now below the Trust target of 13.6% at 12.9%			

	• Rolling **sickness** absence has hit the Trust target at 3.9%. In month sickness was 3.4%. Excel (Capability, Reward, Wellbeing) • Coinciding with the 75th birthday of the NHS, the Trust opened its new **Wellbeing facilities** as part of the Game Changer programme. The wellbeing hub has been extremely popular with staff with excellent feedback. • **Appraisal competition** remains below target at 75%. The importance of appraisals has been reinforced during TEC, in addition to timely reporting on the system to ensure accurate data. Persistent periods of industrial action are no doubt affecting the capacity to complete appraisals. Belong (Culture, inclusion, leadership) • **Belonging and inclusion strategy** launched through 'Big conversations' that took place during June and July supported by the UHS chair, Jenni Douglas Todd. This has included focusing on a becoming an anti-discriminatory organisation, allyship, and also the ingredients of belonging. • **Strategic Leaders module** 1 completed with positive feedback. Modules 2 and 3 taking place in July. • 30% of staff have completed the **UHS allyship training**. A new VLE version to support the face-to-face training has been completed and is due to be launched. • The CEO and CPO are hosting meetings with each Division over the summer **to review the progress locally to the Staff Survey**. Overall feedback from these meetings will be shared through People Board and People and OD committee.
Implications: (Clinical, Organisational, Governance, Legal?)	Implications are for good governance, meeting legal requirements, and providing safe clinical and organisational delivery (as this report includes intelligence on current and future workforce challenges).
Risks: (Top 3) of carrying out the change / or not:	We need to meet our strategic objectives as set out in the business assurance framework for UHS. Specifically: a) We are unable to meet current and planned service requirements due to the unavailability of qualified staff to fulfil key roles

	b) We fail to develop a diverse, compassionate, and inclusive workforce providing a more positive staff experience for all staff c) We fail to create a sustainable and innovative education and development response to meet the current and future workforce needs to be identified in the Trust's longer-term workforce plan.
Summary: Conclusion and/or recommendation	Trust Board is required to: • Note the People Report

UHS People Report

WORLD CLASS PEOPLE

July 2023

THRIVE EXCEL BELONG

Workforce Reporting Group – Update on Data Issues

Data Issue:

- Weekly workforce reporting group (Chaired by CPO and CFO) had identified data inconsistencies within our reporting
- The specific area of concern is regarding reporting of bank data:
  - In previous months, it has been identified that we have included WLI/Additional hours in our bank data
  - This is an incorrect treatment and not aligned with our financial reporting for bank which measures bank spend only
  - This has now been corrected both retrospectively and prospectively
  - We are also working with our NHS bank provider (NHSP) on data validation

Actions:

- Using senior support from the Business Intelligence team, the CPO and CFO conducted a full review of the data sources, calculations, and reporting methodology to provide assurance. A report has been provided with recommendations, which are being taken forward by workforce teams
- The Workforce Reporting Group is continuing to review data definitions of what is recorded and reported. This is to ensure consistency between finance and workforce classification and calculation and develop a universal understanding between the teams.

Recommendations:

- Extended SOPs to capture all data and reporting processes which support workforce reporting
- Review of software systems to enable monthly reconciliation of extracts
- RAG ratings to be automatically built into process to reduce reliance on human checking
- Data challenge log to be established

Narrative – 2023/24 M3 (June 2023) - Substantive

- The net growth from 1 April 2023 to 30 June 2023 was 102 WTE

- There have been net increases in A&C substantive staff by 13 WTE. This has been filling vacancies in HR, informatics, R&D, and across divisions. Half (55%) of the admin/clerical new starter posts are bands 2-3 and 5

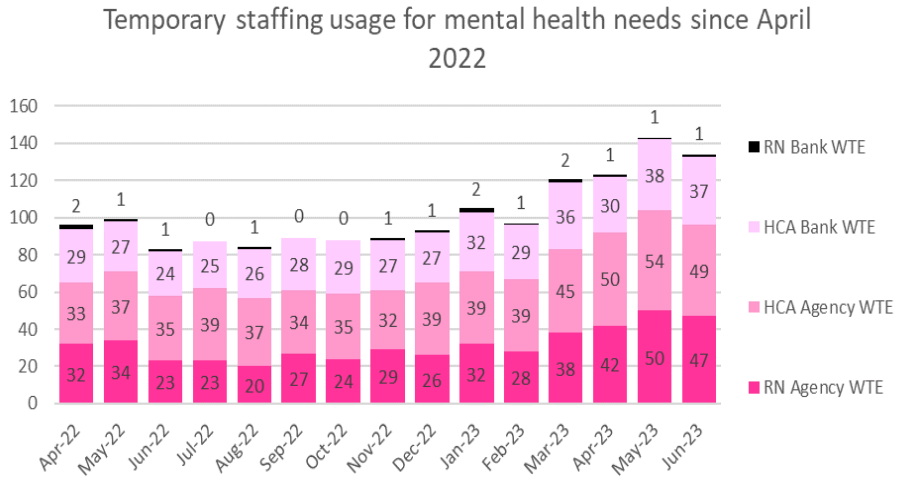
- Leavers in June were marginally higher than May, with a difference of +9 WTE in leavers between May. A total of 82.6 WTE left the Trust in June which is still below the average of 100 leavers per month over the last 12 months

- The UHS expectation is that IE (internationally educated) nurses will have one month supernumerary from the day they start on wards which may include some of their OSCE preparation sessions. This supernumerary status means that there will be a delay in the drop in usage of bank and agency.

Narrative (temporary staffing) – M3

Narrative - temporary:

- Sickness rate 3.2% April, 3.1% May, June 3.4% – below 22/23 rate of 4.7% = reduced demand
- Mental Health (June 2023):
  - Total of 134 WTE temporary staffing needed for MH needs (nursing and HCAs)
  - 48 WTE of which is MH Nursing , 47 of which were agency
  - 89 WTE HCAs, 49 agency & 37 bank
- The continued mental health pressures present a safety, quality and financial challenge to the Trust. UHS continues to escalate to the ICB and press for more comprehensive system solutions to this issue.
- Agency use for mental health needs has been steadily increasing since February with a reduction in June
- RN required for June is double needed at the same point last year



Workforce Summary

ACS Supply
Additional Clinical Services SIP increased by +5 WTE in June to 2118 WTE

Turnover
Slightly more leavers in June compared with May (83 WTE)

Sickness
Sickness has reduced to 3.9% (r12M), with in-month sickness for June 3.4%

Industrial Action
Three cohorts of strike action (junior doctors; consultants; radiologist) in July

THRIVE
In M3 2023/24 we had a substantive SIP growth of +102 WTE
(Growth in 23/24 YTD)

EXCEL
625 appraisals were recorded in June, an increase from May

BELONG
Proportion of our staff of BAME backgrounds at B7+ is 10.7%

Levels of attainment
Job plan sign off has reduced to 14%
Medic eJP is LoA 2

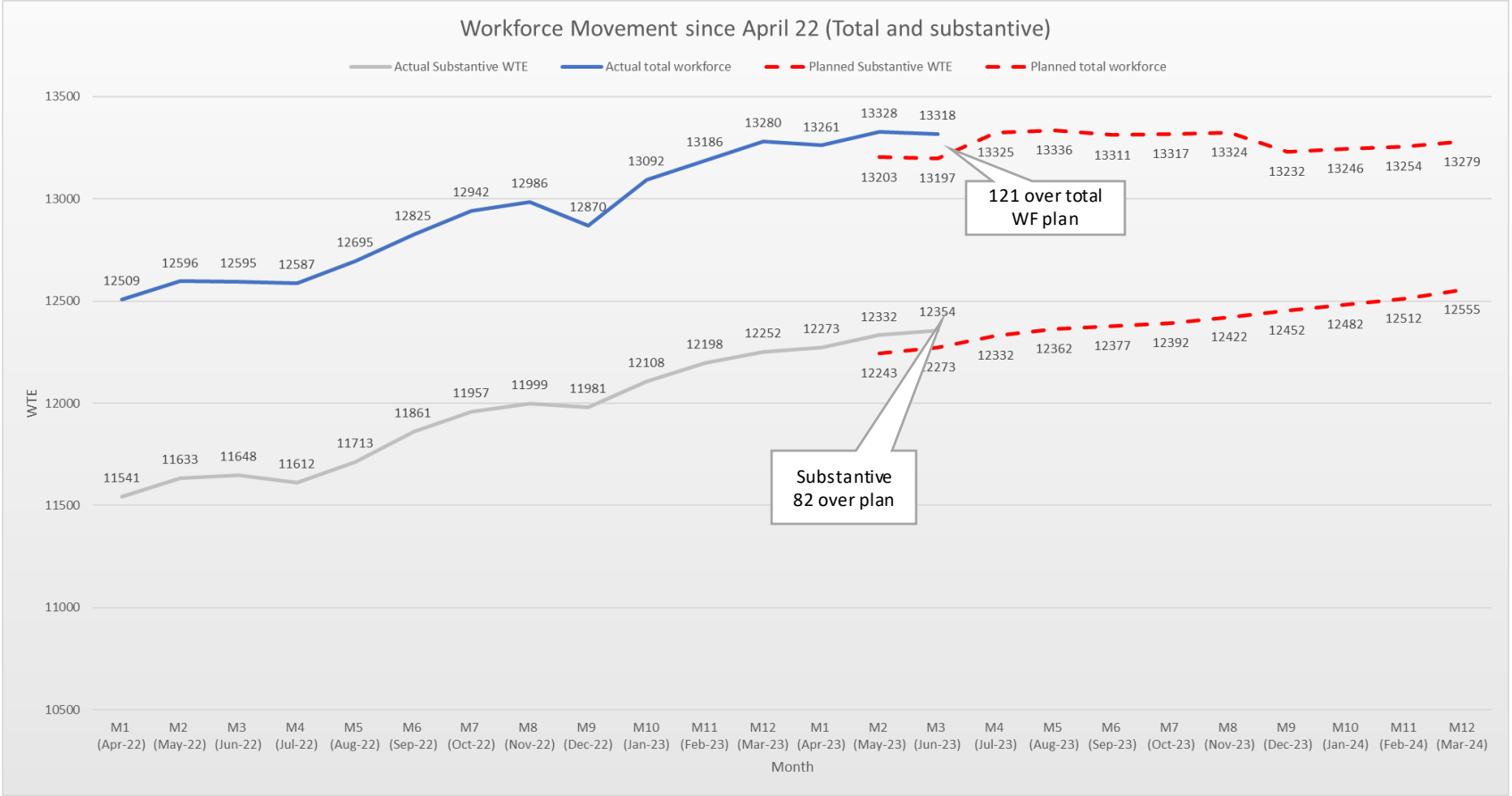
Patient Safety
48 incident reports in June 2023 cited staffing; a decrease from May's 51 reports

Other contextual updates
Division and CG-level workforce plan has been developed

NHS England and Improvement Operational Planning Update
Hampshire & Isle of Wight ICB and constituent providers placed in recovery in June 2023

People Report

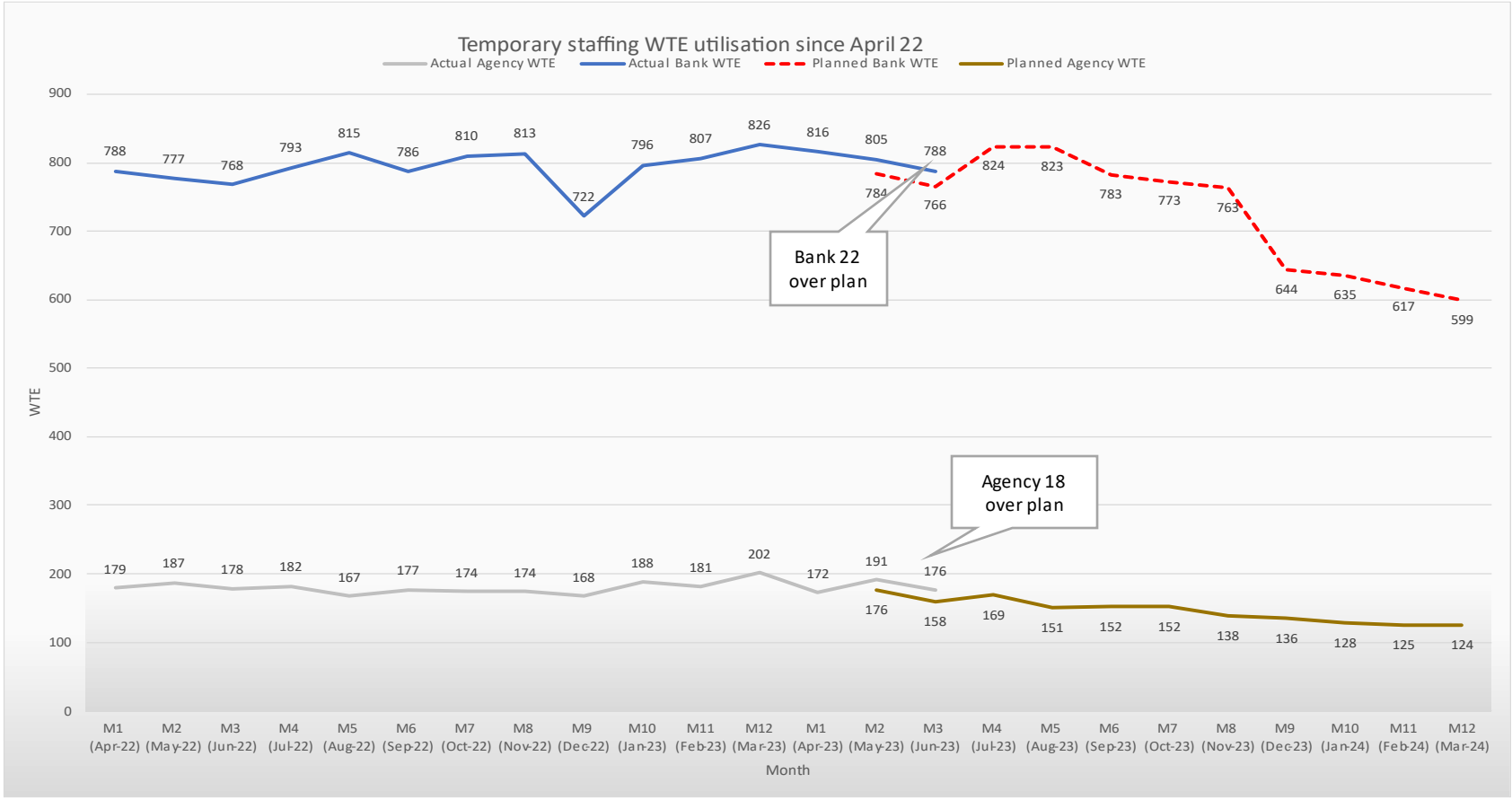
THRIVE | EXCEL | BELONG | PATIENT SAFETY



Source: ESR substantive staff and bank & agency workforce as of June 2023

People Report

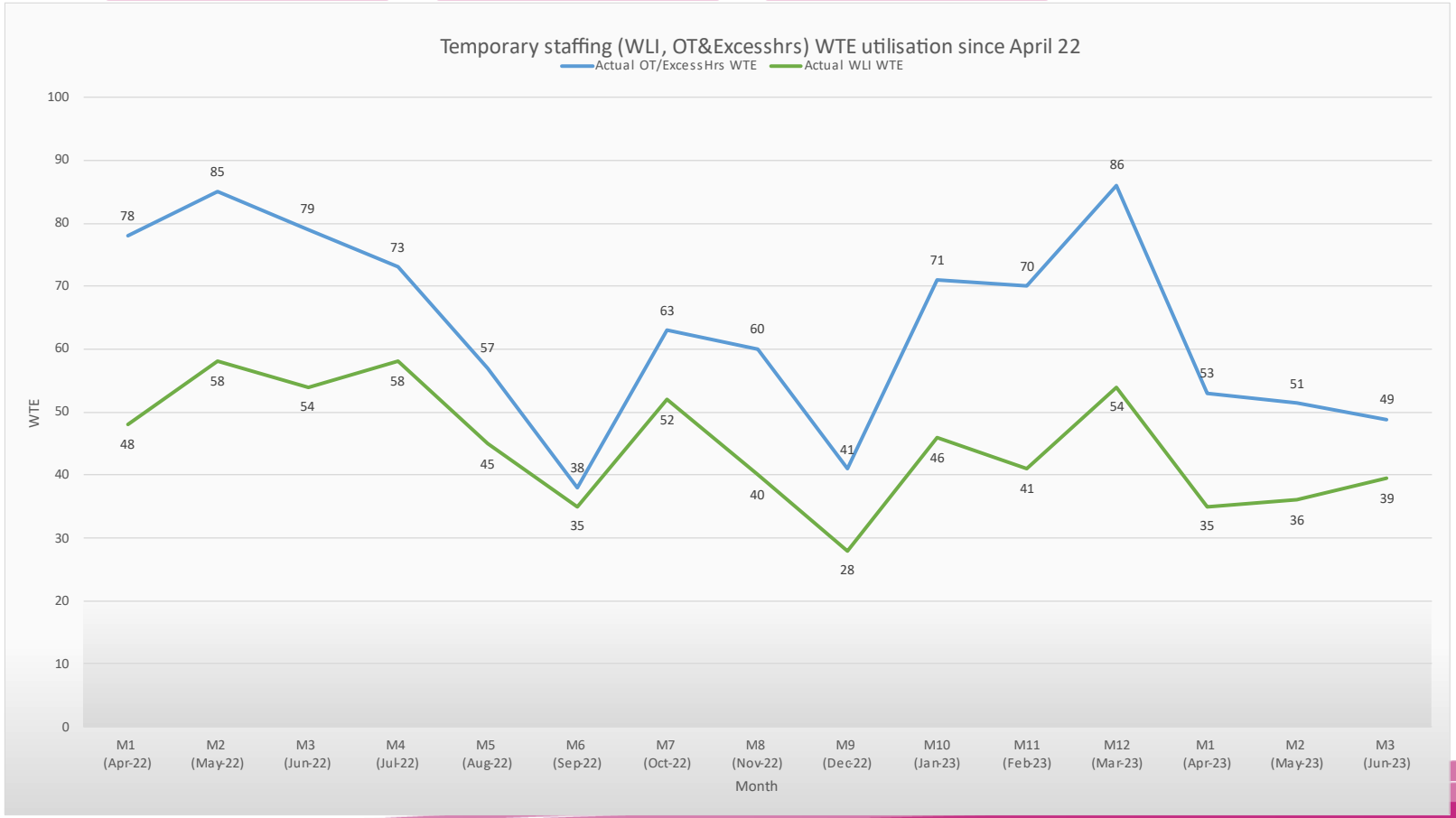
THRIVE | EXCEL | BELONG | PATIENT SAFETY



Source: NHSP Bank + THQ Medical Bank & Agency (NHSP Agency & 247 Agency) as of June 2023

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY



Source: HealthRoster as of June 2023

An update on planning 2023/24 and next steps

Delivering our financial controls on workforce

Working in partnership, Workforce teams, finance, and CIP teams can report the following:

- Weekly internal reporting has been put in place to meet ICB requirements. This is being expanded to increase internal levels of detail (Mental health, divisional breakdowns)
- Meetings have taken place with all of the Divisions to review plans for CIP delivery and temporary staffing. Follow up meetings to take place in 8 weeks.
- Agency calculator has been refreshed to support ward leaders in temporary staffing utilisation and is now being rolled out
- Divisional level WF trajectories being created to form discussions with divisional leads on their workforce position against plan, including trends on substantive, bank, and agency
- Weekly Workforce Reporting Group focused on data quality and continued alignment of financial and people data.

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

Monthly Staff in Post (WTE) for 2023/24

	M1 (Apr)	M2 (May)	M3 (Jun)	M4 (Jul)	M5 (Aug)	M6 (Sep)	M7 (Oct)	M8 (Nov)	M9 (Dec)	M10 (Jan)	M11 (Feb)	M12 (Mar)	YTD Growth	Sparkline Trend
Add Prof Scientific and Technic	379	383	381										4	
Additional Clinical Services	2106	2113	2118										23	
Administrative and Clerical	2256	2271	2284										33	
Allied Health Professionals	682	673	681										10	
Estates and Ancillary	383	381	385										2	
Healthcare Scientists	486	484	486										-1	
Medical and Dental	2087	2074	2065										-14	
Nursing and Midwifery Registered	3850	3910	3912										46	
Students	43	43	43										0	
Grand Total	**12273**	**12332**	**12354**										**102**	

Source: ESR substantive staff as of 30 June 2023; includes consultant APAs and junior doctors' extra rostered hours, excludes hosted services. Numbers relate to WTE, not headcount

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

TRUST-WIDE TURNOVER (June 2023)

Staffing group	Leavers (WTE) in month	Turnover 12m rolling %	
Add Prof Scientific and Technic	3.6	10.5%	↓
Additional Clinical Services	23.8	17.7%	↓
Administrative and Clerical	18.9	15.3%	↓
Allied Health Professionals	6.5	12.1%	↓
Estates and Ancillary	3.6	15.6%	↓
Healthcare Scientists	3.0	7.3%	↑
Medical and Dental	3.5	16.9%	↑
Nursing and Midwifery Registered	19.8	9.9%	↓
UHS total	**82.6**	**12.9%**	↑

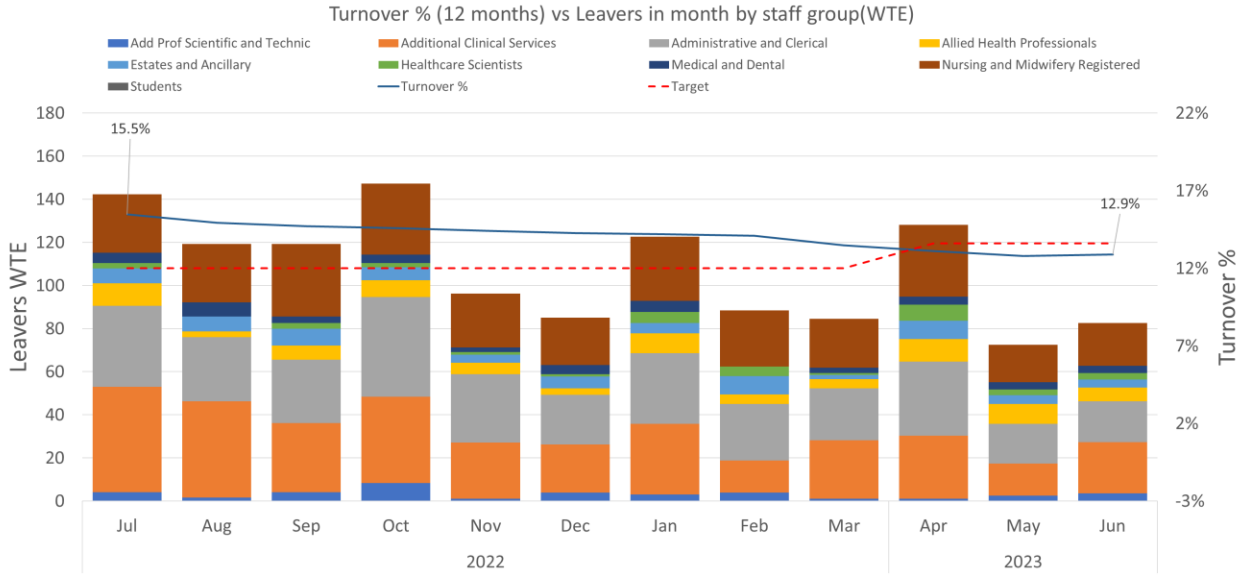
Source: ESR leavers June 2023 – Excludes junior doctors

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

TURNOVER BY STAFF GROUP

Turnover (12 month rolling) downtrend continues and is now below the new target of 13.6%; in June 2023 there were 82.6 WTE leavers, which is higher than May 2023. **Turnover is currently 12.9%** (rolling 12-month average) which is lower than the trust-wide target (FY23/24) of <13.6% and is a reduction of 2.6% from 12 months ago.



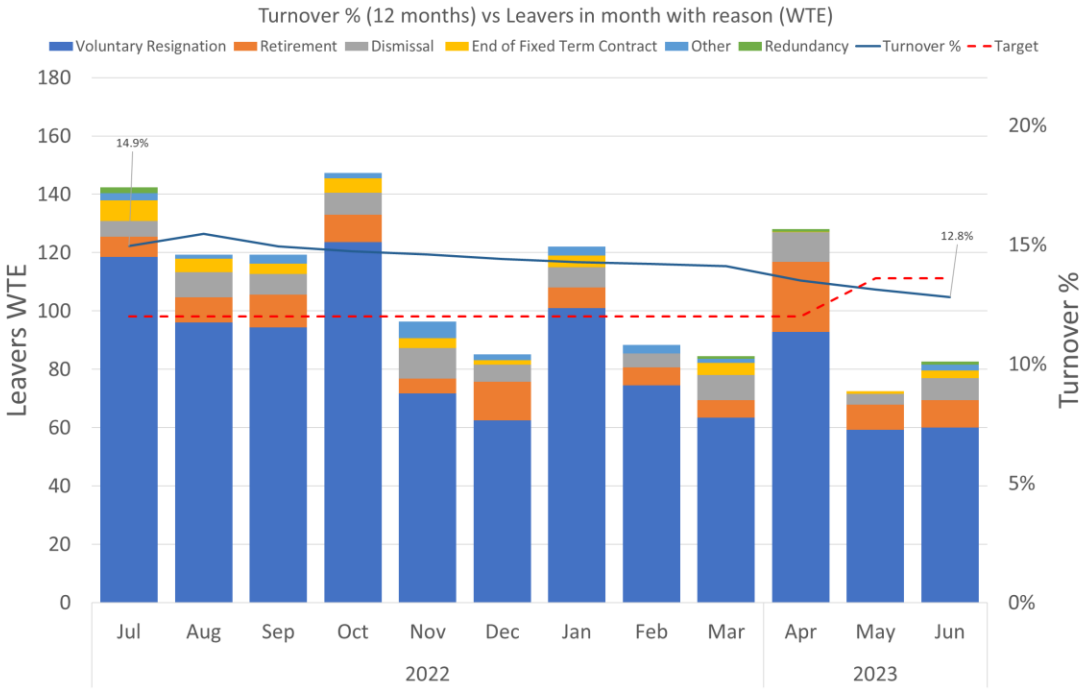
Top reason for leaving by staff group

Additional Prof & Scientific	N/A
Additional Clinical Services	Better Pay / Rewards Package
Admin & Clerical	Better Pay / Rewards Package
Allied Health Professionals	Retirement
Estates & Ancillary	Better Pay / Rewards Package
Healthcare Scientists	Retirement; Change of career; Want to leave the NHS
Medical & Dental	End of fixed term contract
Nursing & Midwifery	Excessive workload or pressure

Source: ESR – Leavers Turnover WTE; Reason for Leaving: Leavers Summary Q4

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY



TURNOVER BY LEAVING REASON

In June 2023, a total of 82.6 WTE employees left the organisation. Majority of the leavers were voluntary resignations, accounting for 60 WTE (73%). Retirement accounted for 9.3 WTE (11%), while dismissal and end of a fixed term accounted for 7.5 (9%) and 2.7 WTE (3%) respectively.

Source: ESR

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

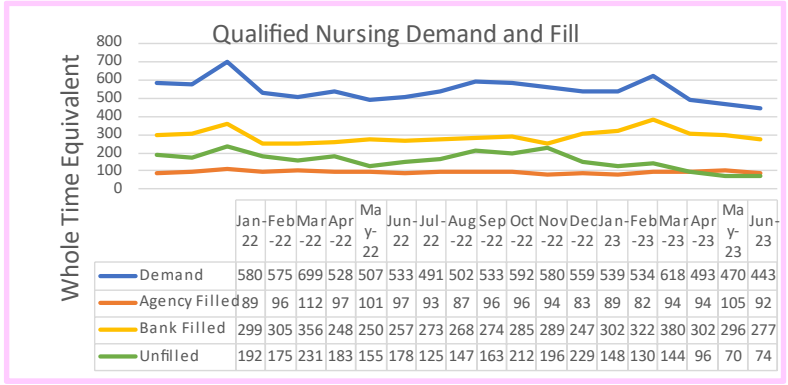
TEMPORARY RESOURCING

Status

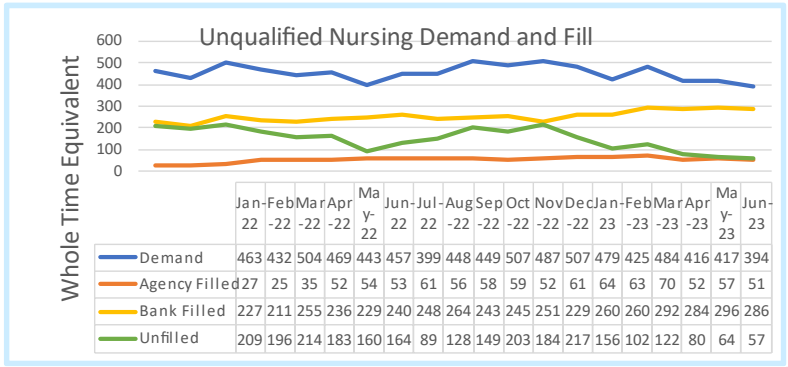
- Qualified nursing demand/fill (WTE): Demand decreased from 471WTE in May to 443 in June, of which, bank filled 277 (19 down on last month), agency filled 92 and 70 remained unfilled
- Bank fill for qualified nursing Increased slightly from 62.33% in May to 62.6% in April.
- Demand for June 2023 is 90 WTE lower than June 2022
- HCA demand/fill (WTE): Demand decrease from 417 WTE in May to 394 WTE in June, of which, bank filled 286, agency filled 51 WTE (49 WTE were MH HCA's) and 57 remained unfilled
- Bank fill increased from 71.06% in May to 72.7% in June
- Demand for HCA's is 63 WTE lower than in June 2022

Actions.

- Adult and Children Mental Health shifts centralised to the staffing hub, this has reduced the average pay rate per hour from £37.75 to £32.61 which saves £4.86 per hour
- Thornbury spend decreased from £5,420 in May to £2659 in June saving £2761, this was a mix of general nursing and mental health shifts.
- Further enhanced bank reductions planned for July 2023.



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Demand	580	575	699	528	507	533	491	502	533	592	580	559	539	534	618	493	470	443
Agency Filled	89	96	112	97	101	97	93	87	96	96	94	83	89	82	94	94	105	92
Bank Filled	299	305	356	248	250	257	273	268	274	285	289	247	302	322	380	302	296	277
Unfilled	192	175	231	183	155	178	125	147	163	212	196	229	148	130	144	96	70	74



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Demand	463	432	504	469	443	457	399	448	449	507	487	507	479	425	484	416	417	394
Agency Filled	27	25	35	52	54	53	61	56	58	59	52	61	64	63	70	52	57	51
Bank Filled	227	211	255	236	229	240	248	264	243	245	251	229	260	260	292	284	296	286
Unfilled	209	196	214	183	160	164	89	128	149	203	184	217	156	102	122	80	64	57

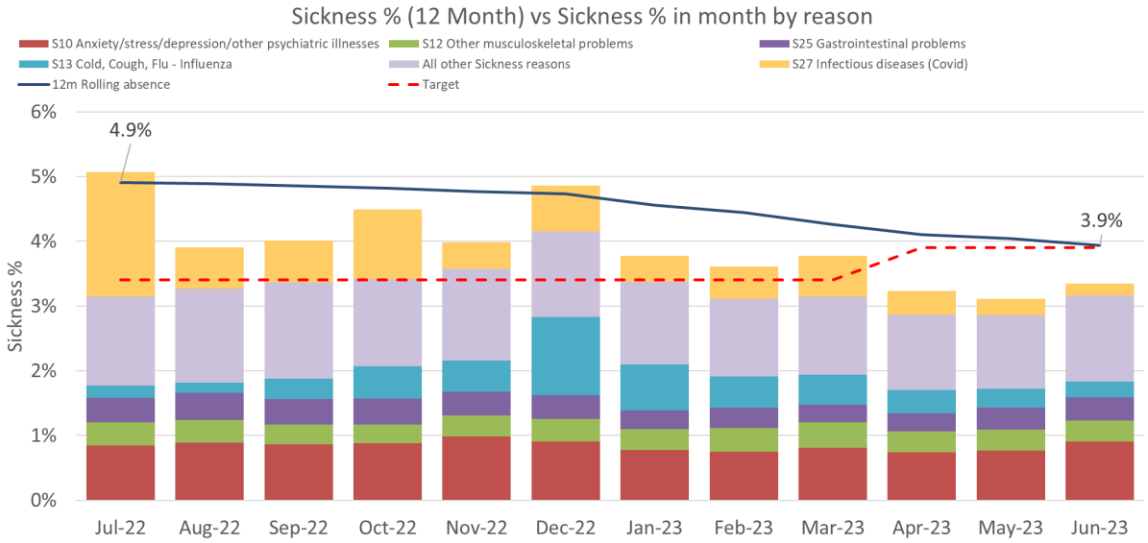
Source: NHSP June 2023

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

SICKNESS

The current **rolling sickness rate of 3.9%** is lower than 12 months ago (4.9%) and this has been on a downtrend since July 2022. June in-month sickness is 3.4%, which is 0.3% higher than May. The sickness target for 23/24 is 3.9% with the YTD figure at 3.2% An update on managing sickness absence was taken to the June UHS People Board which set out plans and processes to achieve the sickness target.



June 2023	
Sickness by Div	**Long-term sickness as a % of all sickness**
Div A	12.7%
Div B	12.6%
Div C	14.1%
Div D	9.4%
THQ & subsidiaries	13.6%
TOTAL	**12.4%**

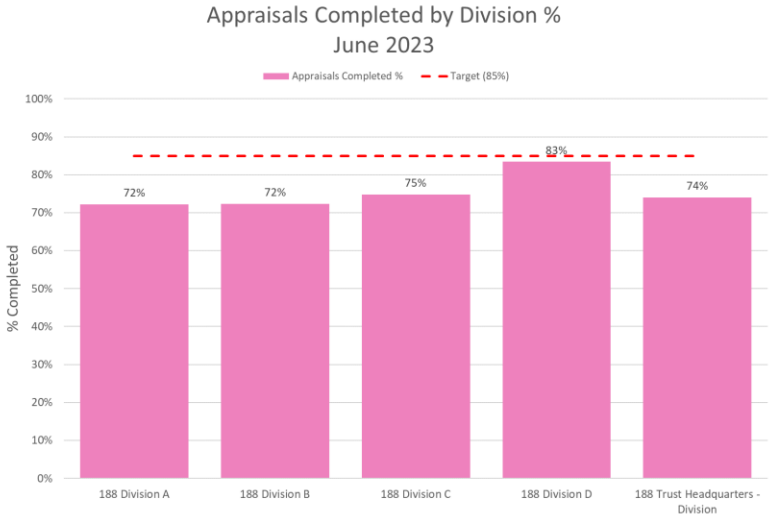
Source: ESR – Sickness data

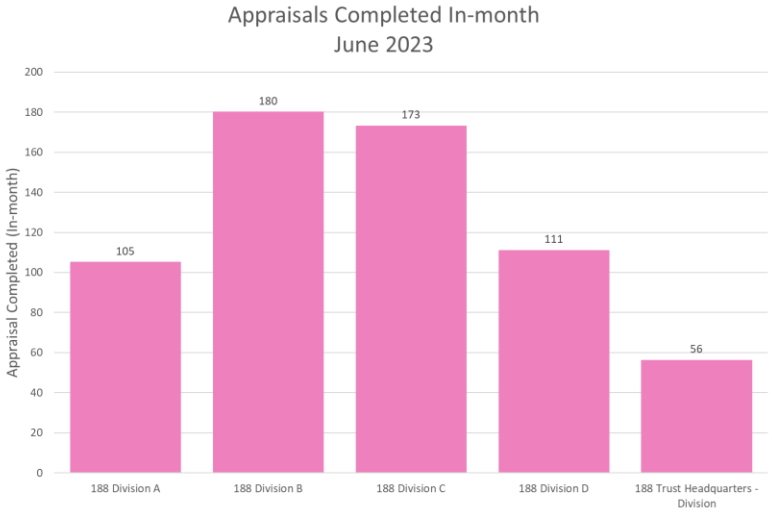
People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

APPRAISALS

A total of **625** appraisals **(75.2%)** were completed in M3 (June 2023). Appraisal completion has been affected by a combination of factors including annual leave, sickness absence, Industrial Action, and the use of ESR. The Workforce Team are currently scoping the feasibility of moving appraisals to the Virtual Learning Environment (VLE). This is part of an ongoing VLE rebranding project. It is expected that the change of platform will improve appraisal completion rates.





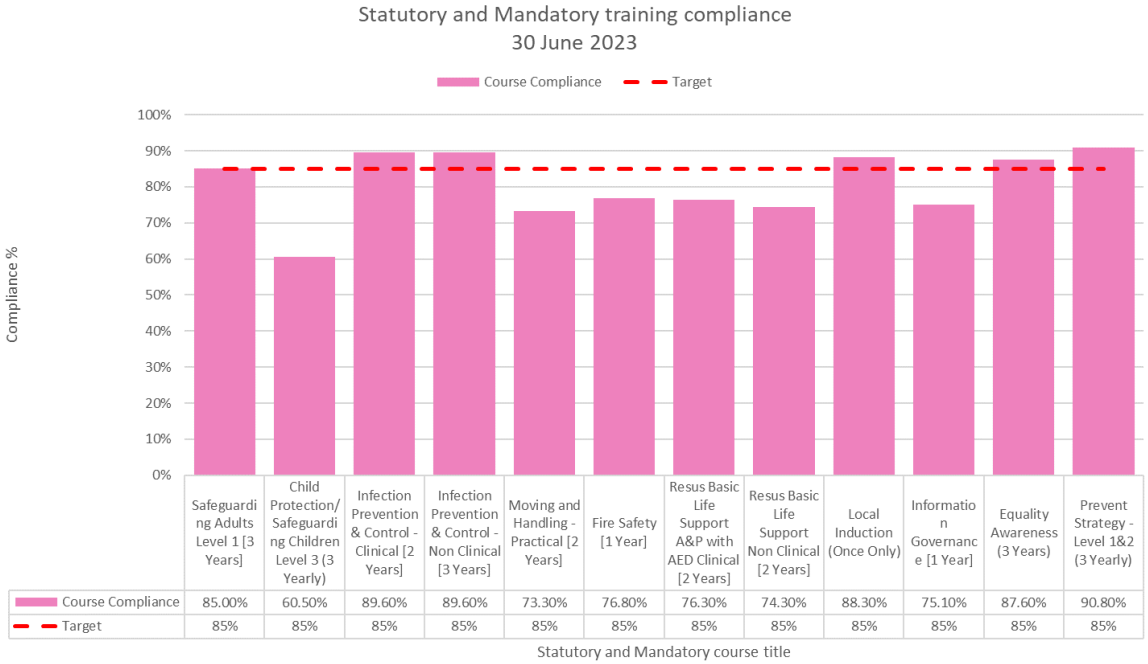
Source: ESR – Appraisal data for Divisions A, B, C, D and THQ only

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

Actions on Statutory and Mandatory Training

- An update was taken to the UHS People Board in June 2023 on statutory and mandatory training
- Recommendations were accepted to change Stat & Mand matrix to just be statutory (legal) and mandatory (core skills training)
- Other current courses such as trust essential (e.g. Allyship) and role essentials (e.g. blood transfusion) to be split into separate matrices, and subject matter experts to be responsible for planning, delivery, and compliance
- Revised reporting to be provided to Divisions and THQ



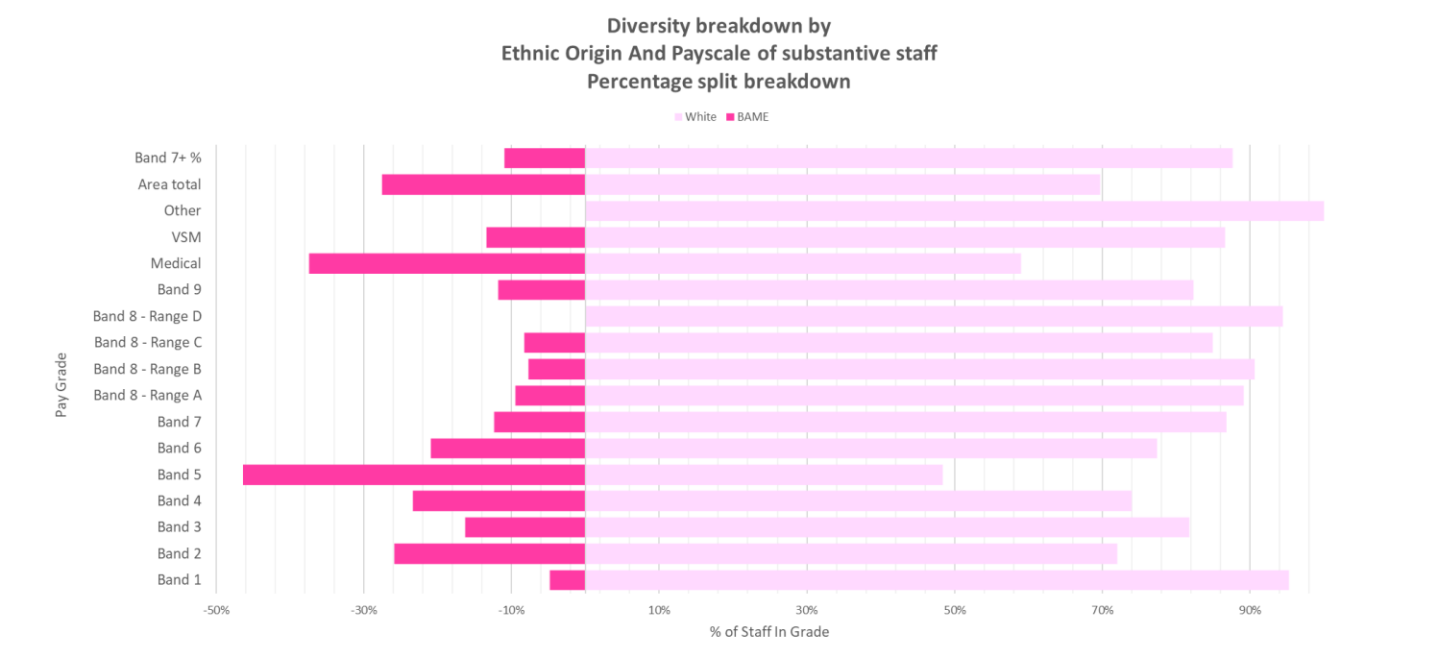
	Safeguarding Adults Level 1 [3 Years]	Child Protection/ Safeguarding Children Level 3 (3 Yearly)	Infection Prevention & Control - Clinical [2 Years]	Infection Prevention & Control - Non Clinical [3 Years]	Moving and Handling - Practical [2 Years]	Fire Safety [1 Year]	Resus Basic Life Support A&P with AED Clinical [2 Years]	Resus Basic Life Support Non Clinical [2 Years]	Local Induction (Once Only)	Information Governance [1 Year]	Equality Awareness (3 Years)	Prevent Strategy - Level 1&2 (3 Yearly)
Course Compliance	85.00%	60.50%	89.60%	89.60%	73.30%	76.80%	76.30%	74.30%	88.30%	75.10%	87.60%	90.80%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Source: Virtual Learning Environment (VLE)

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

STAFF IN POST – ETHNICITY

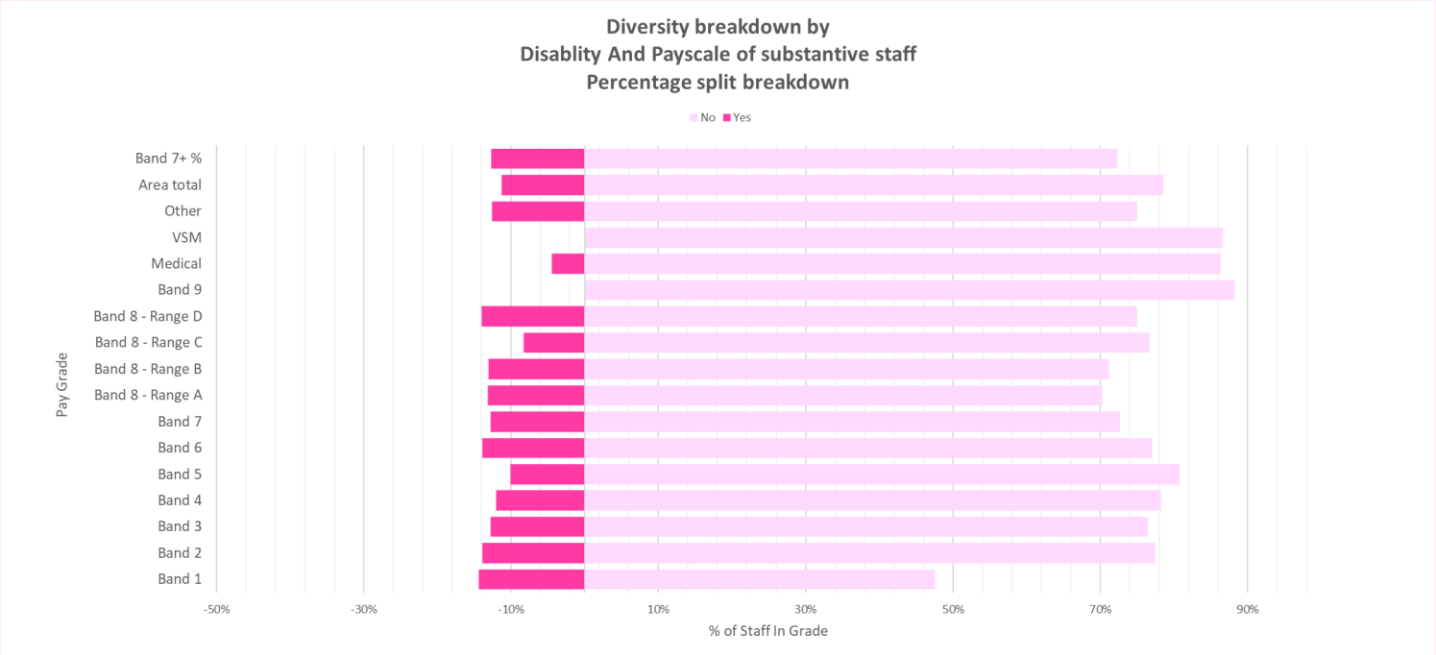


Source: ESR

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

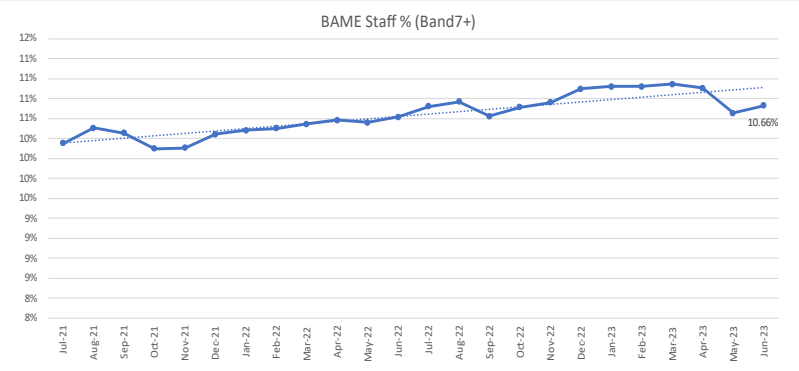
STAFF IN POST – DISABILITY STATUS

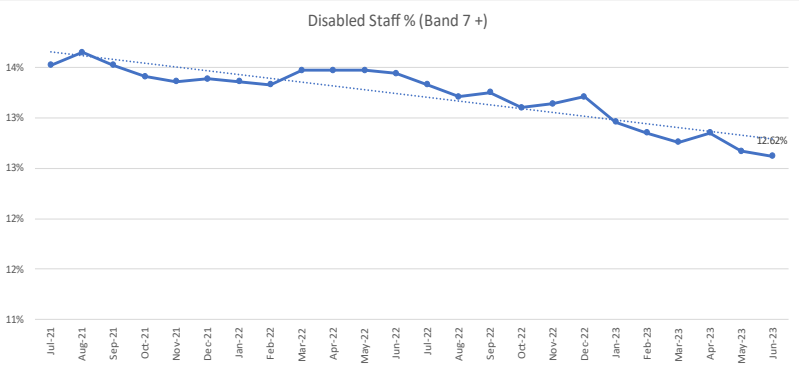


Source: ESR

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY





STAFF IN POST – ETHNICITY and DISABILITY

Actions being taken:

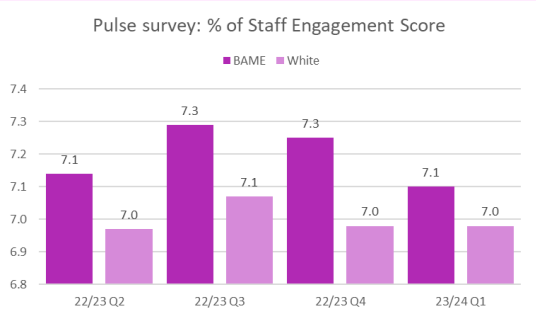
- Trust Inclusion and Belonging Strategy launch during June and July (Big Conversations)
- Inclusive recruitment programme underway with revisions to process and practice
- Positive action leadership programme launched for band 7 and above (24 participants)
- Specific Nursing positive action leadership programme to be launched in Summer 2023.
- Career workshops for diverse groups
- Targeted communication on the importance of disclosure to support Trust action

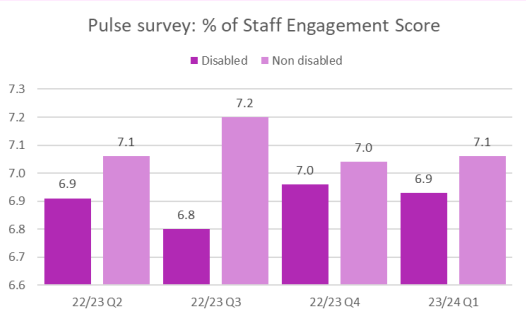
Source: ESR

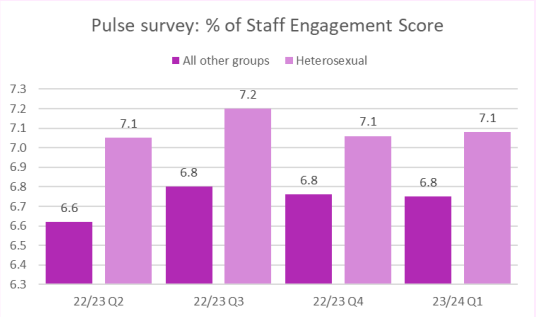
People Report

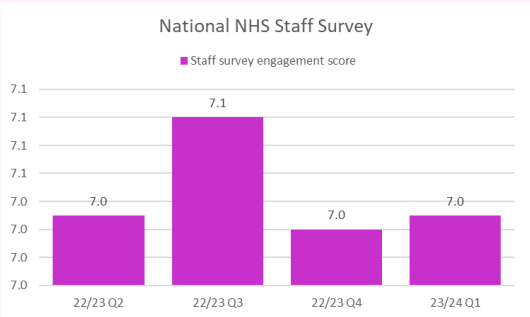
THRIVE | EXCEL | BELONG | PATIENT SAFETY

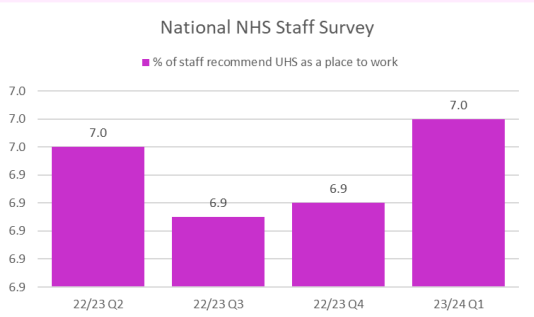
Pulse Survey









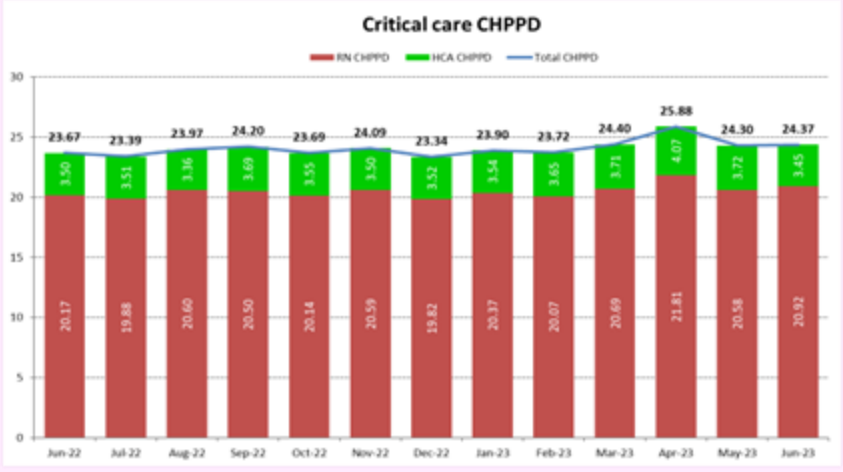


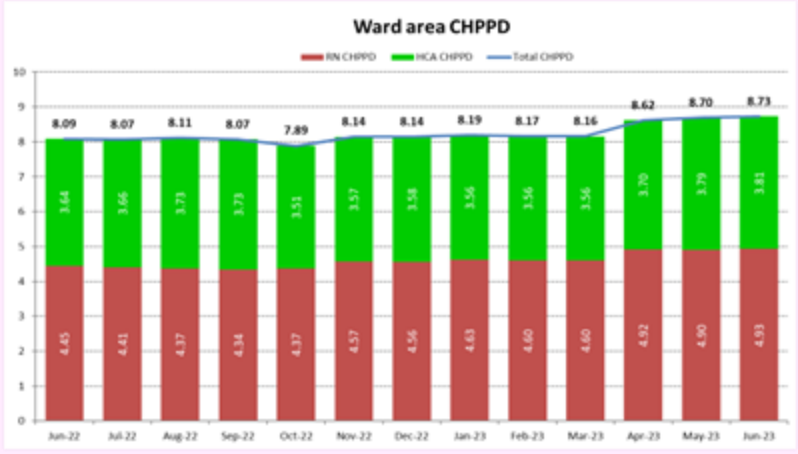
Source: Picker (Qualtrics)

THRIVE | **EXCEL** | BELONG | PATIENT SAFETY

CARE HOURS PER PATIENT DAY

The Ward areas CHPPD rate in the Trust has increased from last month to RN 4.93 (previously 4.90), HCA 3.81 (previously 3.79) overall 8.73 (previously 8.70).





The CHPPD rate in Critical care has increased overall from last month. RN 20.92 (previously 20.58), HCA 3.45 (previously 3.72) overall 24.37 (previously 24.30). 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.

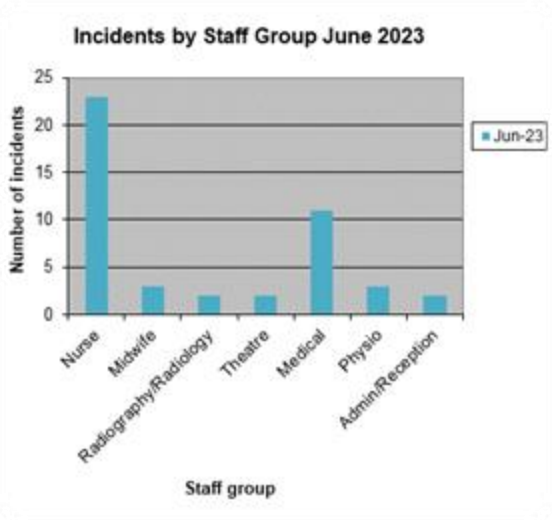
Source: HealthRoster & eCamis

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

OVERVIEW OF PATIENT SAFETY INCIDENTS AND RED FLAGS

- In total 48 incident reports were received in June 2023 which cited staffing. This is a slight decrease on the 51 in the previous month and sustains the reduction on the 117 high reported in December.
- These incidents were rated from near miss to moderate (4) and severe/major (1) impact.
- Red flags total reported via the AER system were down on the previous month with reductions seen across Divisions A, C and D and Division B remaining at the same level.



Month Incident occurred	Division A	Division B	Division C	Division D	THQ	Trust total
June	19	16	7	6	0	48
Total	19 ↑ (16)	16 ↑ (13)	7 ↓ (12)	6 ↓ (8)	0 ↓ (2)	48 ↓ (51)

People Report

THRIVE | EXCEL | BELONG | PATIENT SAFETY

DIVISIONAL BREAKDOWN:

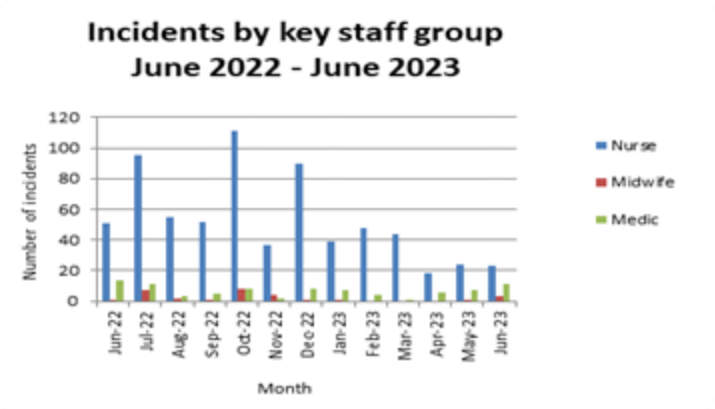
Div A: Nineteen incidents reported in June 2023, up slightly on the previous month and remaining at normal levels. There were 0 red flags reported in the month.

Div B: Sixteen incidents reported in June 2023, a similar level to the previous month and remaining significantly down on the 45 in December. There were 8 red flags reported in the month, the same level as the previous month.

Div C: Twelve incidents reported in June 2023, down slightly on the 16 reported in the previous month.

Div D: Six incidents reported in June 2023, down slightly on the previous month.

THQ: No incidents received for THQ in June 2023, a fall on the 2 in the previous month.



June 2023	Red flag category	Number of reports	Div A	Div B	Div C	Div D
	Delay in medication	3	0	3	0	0
	Delay in pain relief	5	0	3	0	2
	Delay in observations	1	0	1	0	0
	Less than 2 registered	1	0	1	0	0
	Total	**10**	**0**	**8**	**0**	**2**

May 2023	Red flag category	Number of reports	Div A	Div B	Div C	Div D
	Delay in medication	3	0	2	1	0
	Delay in pain relief	6	1	2	3	0
	Delay in observations	7	2	2	3	0
	Less than 2 registered	7	0	2	2	3
	Total	**23**	**3**	**8**	**9**	**3**

Data Sources

Metric	Data Source	Scope
Industrial Action	HealthRoster	All staff rostered for strike action during IA periods
Substantive Staff in Post (WTE)	ESR (Month-end contracted staff in post; consultant APAs; junior doctors' extra rostered hours)	Exclusions: Honorary contracts; Career breaks; Secondments; UPL; UEL; WPL; Wessex AHSN
Additional Hours (WTE)	Overtime & Excess Hours; WLIs; Extra Duty Claims; non-contracted APAs	Exclusions: UPL; UEL; WPL; Wessex AHSN
Temporary Staffing (WTE)	Bank: NHSP; MedicOnline Agency: Allocate Staff Direct (Medical & Non-medical); all other framework and non-framework agencies	Exclusions: Vaccination activity
Turnover	ESR (Leavers in-month and last 12 months)	Trainee/junior Doctors excluded
Sickness	ESR (Sickness absence in-month and last 12 months)	No exclusions
Appraisals	ESR (Appraisals completed in-month and last 12 months)	AfC staff only
Statutory & Mandatory Training	VLE	No exclusions
Staff in Post (Ethnicity & Disability)	ESR	No exclusions
Pulse Survey	Picker (Qualtrics)	No exclusions
Care Hours PER Patient Day (CHPPD)	HealthRoster (In-month shifts) eCamis (In-month daily patient numbers)	Clinical inpatient wards, Critical Wards, and ED only

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**NHSR Maternity Incentive Scheme Year 5 – minimum data reporting to receive and note**			
Agenda item:	**5.12 – 5.13**			
Sponsor:	**Gail Byrne – Chief Nursing Officer**			
Author:	**Emma Northover – Director of Midwifery and Professional Lead for Neonatal Services** **Marie Cann – Maternity and Neonatal Safety Lead** **Alison Millman – Interim Safety and Quality Assurance Midwifery Matron**			
Date:	**27 July 2023**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **x**
Issue to be addressed:	The NHS Resolutions Year 5 Maternity Incentive Scheme requires that Trust Boards are provided with a minimum data set of Perinatal Quality Surveillance information at each meeting. *Evidence that at every meeting, a review of maternity and neonatal quality is undertaken by the Trust Board, using a minimum data set to include a review of thematic learning of all maternity Serious Incidents (SIs).* **Please find the Maternity Data Dashboard for your receipt and noting in Appendix 1.** Additionally, the maternity service has deferred the most recent maternity safety report to September 2023 in order that feedback from the CQC's recent visit to our maternity service can be shared in a timely manner. To meet compliance with the NHS Resolution MIS Year 5 reporting requirements prior to the September meeting the Quarter 1 summary of our perinatal deaths and reviews can is below. This will meet the expectation for compliance with Safety Action 1 - Use of the National Perinatal Mortality Review Tool.			

Response to the issue:	1. Minimum Data Set for Perinatal and Quality Measures for the Maternity and Neonatal Service. Please see Appendix 1. 2. NHS Resolution Maternity Incentive Scheme Year 5 – Safety Action 1. Use of the Perinatal Mortality Review Tool Quarter 1. A summary. Four babies died in this reporting period: • Three were antenatal stillbirths – Two between 24-27 weeks and one >37 weeks, the fourth baby was an early neonatal death. • Three reported antenatal stillbirths - one died due to complications of a monochorionic twin pregnancy, one was not determined, and one baby had severe IUGR. • The fourth baby was an early neonatal death within 1 week of life whose gestation was 31/40 - this baby's cause of death was Hydrops Fetalis. • All mothers had given birth in a setting appropriate for their or their baby's needs. • Parent's perspective was sought and considered in all cases. The grading of care following the review was as follows: • In two of the cases of antepartum still birth the review group concluded that there were no issues with care identified for the mother following confirmation of the death of their baby • In one case the review group identified care issues which they considered would have made no difference to the outcome for the mother • In the case of the neonatal death the review group concluded that there were no issues with care identified from birth up to the point that the baby had died and no issues with the care delivered to the mother after the death of her baby.
Implications: (Clinical, Organisational, Governance, Legal?)	This information is being shared with the board for noting. This is to comply with the reporting requirements published in the Year 5 Maternity Incentive Scheme document by NHS Resolution.
Risks: (Top 3) of carrying out the change / or not:	The Trust would not be able to make a declaration confirming compliance with all 10 of the Safety Actions for NHSR MIS Year 5.
Summary: Conclusion and/or recommendation	The information held in this report is for receipt and noting by the Board.

Appendix 1 Working UHS Maternity Quarterly Dashboard

Q1 = April - June Q2 = July - September Q3 = October - December Q4 = January - March

Antenatal Booking	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24			Green	Red	Comments
						July	August	September			
Total number of women booked	1373	1276	1300	1405	1376				No performance threshold		Total number of women booked during 2022 - 5390.
Timeliness of testing KPI for Sickle cell and Thalassaemia screening	4.80%	6.10%	6.80%	12.60%	Provisional compliance - 36.8%				Performance threshold of testing Acceptable level >50% Achievable level >75%		The proportion of pregnant women having antenatal sickle cell and thalassaemia screening for whom a screening result is available ≤10 weeks + 0 days gestation.
First point of contact with a midwife ≤ 9+6 weeks	11.10%	12.90%	15.50%	23.90%	64.80%				Acceptable level >50% Achievable level >75%		NICE recommends that Maternity Service's should ***"offer a first antenatal (booking) appointment with a midwife to take place by 10+0 weeks of pregnancy"*** . UHS have a stepped approach to achieving this recommendation, which includes a First Point of Contact with a midwife and an appointment with an MSW for blood tests by 9+6 weeks. Women are risk assessed at the First Point of Contact and appropriate care pathways are started (e.g. risk assessment for aspirin, smoking referral, consultant referrals) The timeframe between FPC and Booking is reducing due to streamlining of processes by the Maternity Self-Referral Team.
% Bookings ≤ 9+6 weeks (NICE recommendation)	5.6%	7.4%	8.8%	9.1%	16.4%						
% Bookings ≤ 10+6 weeks	12.4%	13.4%	20.2%	24.2%	42.0%						

Birth Outcomes - mothers	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Total number of Births (women/people)	1261	1316	1315	1206	1236				1375 or fewer	More than 1375	Total number of births for 2021 - 5355. 2022 - 5094
Predicted birth rate	1219	1299	1287	1166	1229				1375 or fewer	More than 1375	**Predictions as of 03/07/2023 - Q2 1234 Q3 - 1253**
Sets of Multiples	19	13	22	22	21				20	21+	Office for National Statistics 2020 data - National rate 14.4 per 1,000 women/birthing people. UHS multiple rate per 1000 births 2022 - 14.5 UHS Total number of multiple births - 2021 - 84. 2022 - 74 (73 x twins, 1 x triplets)
Home birth rate	0.56%	0.53%	0.38%	0.83%	0.57%				No performance threshold		ONS 2021 - 2.5% of maternities delivered at home
IOL	28.3%	31.2%	30.5%	33.8%	31.6%				Less than 33%	More than 33%	Total number of inductions 2022 - 1540. IOL rate - 30.2% 2021 - 28.0%
Elective Caesarean section capacity	157	188	191	176	189				157 or Less	Greater than 157	The Maternity services have calculated the number of elective caesarean sections capacity as 157 slots per quarter, equalling 627 a year. 2022 total number of Elective C/S - 689
Number of elective section slots cancelled due to complexity of cases on the list	29	32	34	18	14				No performance threshold		New measure added to show the number of elective slots cancelled due to complexity of the lists
PPH 500ml or more - NMPA	34.6%	35.7%	36.0%	34.3%	35.6%				34.0% or less	Over 34.1%	% of term, singleton births with an obstetric haemorrhage more than or equal to 500ml. Source NMPA 2016/17 - UHS 34.5%(unadjusted) & 34.3% (adjusted) - National Mean 34.1%
PPH 1500ml or more - NMPA	3.0%	3.5%	4.2%	3.7%	4.2%				2.8% or Less	Over 2.9	% of term, singleton births with an obstetric haemorrhage more than or equal to 1500ml. Source NMPA 2016/17 - UHS 3.4%(unadjusted) & 3.3% (adjusted) - National Mean 2.9%
Episiotomy rate	27.0%	23.0%	27.0%	25.0%	27.5%				24.6% or less	Over 24.6%	NMPA 2018/19 total episiotomy rate 24.6% Reported figure related to all births, not NMPA specification
3rd/4th degree tears - NMPA	3.3%	3.0%	3.0%	3.7%	4.1%				3.1% or Less	Over 3.1%	% of term, singleton, cephalic, vaginal births with a 3rd or 4th degree perineal tear. **Source NMPA 2018/19 - UHS 3.5%(adjusted) - National Mean 3.1% - Local indicators updated Q1 2022/23 - 3.1%**
ITU Transfers	2	5	0	3	4				1	2 or more	ITU data obtained via Trust BI team from Camis data. All cases shared with Maternity Risk Team and Maternity Audit Midwife for review
Hysterectomy	0	1	0	0	0				0	1+	Hysterectomy data obtained via Divisional BA from Camis held data and BadgerNet. Cases shared with Maternity Risk Team for review

Birth Outcomes - Babies	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Total babies born	1280	1329	1337	1228	1257				1375 or fewer	More than 1375	Total number of babies born during - 2021 - 5441. 2022 - 5169
Total number of registerable babies	1275	1321	1334	1218	1247				No performance threshold		All liveborn babies plus stillborn babies born from 24 weeks gestation
Normal Birth Rate (babies)	47.4%	47.5%	47.4%	50.2%	46.8%				No performance threshold		All babies born via normal vaginal delivery
Apgar's <7 at 5 minutes - NMPA	1.9%	1.9%	2.2%	2.3%	2.7%				1.1% or Less	Over 1.1%	% of liveborn, singleton, term babies with an Apgar score of less than 7 at 5 minutes (BBAs excluded). **Source NMPA 2018/19 - UHS 2.3%(adjusted)) - National Mean 1.1% - Local indicators updated Q1 2022/23 - 1.1%**
Pre-term birth rate (registerable babies)	9.2%	7.3%	8.4%	9.7%	12.1%				No performance threshold		ONS 2021 - 7.6% of liveborn babies were pre-term Pre-term birth rate ambition announced in the NHS Long term Plan aims to achieve a 25% reduction in pre-term births by 2025 by reducing from 8% to 6%. Supportive improvement programmes within our service include SBLs, specialist pre-term birth clinics, implementation of MCoC model of care. The recent improvements lead by MatNeoSIP include peri and post partum optimisation of a very preterm infant additionally contribute to improving outcomes.

Neonatal outcomes	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Encephalopathy >34 weeks (inborn babies, graded moderate and above)	2	2	0	1	2 x Grade 3, 2 x Grade 2, 1 x Grade 1				No performance threshold		Awaiting further clarification from the LMNS on this outcome measure
Term Admission to NNU -All babies	4.6%	4.9%	5.9%	5.4%	4.1%				Less than 5%	More than 5%	2020/21 comparison 4.9% Data source - Neonatal Network. Data shared by WM and VP
Avoidable Term Admission to NNU - Excluding surgical/cardiac/congenital babies	2.9%	3.5%	4.0%	3.9%	3.1%				Less than 5%	More than 5%	2020/21 comparison 3.7% Data source - Neonatal Network and excludes babies coded under the surgical and cardiac categories - Data shared by WM and VP
Appropriate place of birth	100%	100%	100%	100%	100%	100%	100%	100%	100%		Ensuring births occur in an appropriate place for the gestation of delivery is a measure reported upon by the National Neonatal Audit Programme and also falls part of Safety Action 6 (Saving Babies Lives) in the Trust's yearly submission of evidence to NHSR
Number of neonatal deaths	8	4	5	5	4				No performance threshold		Safer Maternity Care Progress Report published in 2021 removes the performance threshold for Neonatal Deaths occurring at any gestation. Moving forward the measure have changed to reflect liveborn from 24+0 weeks gestation who sadly die. Dashboard measure to be adjusted going forward
Neonatal deaths per 1000 live births	6.30	3.03	3.76	4.11	3.22				No performance threshold		

Public Health Outcomes	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Infant feeding - Breast Feeding Initiation (mothers)	77.9%	80.6%	79.3%	75.9%	75.7%				More than 75.0%	Less than 75.0%	Source - NHS Digital 2018/19 - 75% Q2 2021/22 - Data taken from the BadgerNet feeding summary report - On BadgerNet Breastfeeding initiation is defined as "The mother is defined as having initiated breastfeeding if, within the first 48 hours of birth, either she puts the baby to the breast (including familiarisation) or the baby is given any of the mothers breast milk". We were unable to provide this level of detail from HICSS Maternity
Infant feeding - Breast Feeding at Discharge to community (babies)	73.3%	71.5%	71.8%	70.2%	74.8%				More than 70.6%	Less than 70.6%	Source NMPA 2016/17 - UHS 70.5% - National Mean 70.6% Q2/Q3 - its worth noting there has been an increase in the number of records with missing data, this has been highlighted to the Digital Midwives and Infant Feeding Lead
Smokers at booking	12.1%	11.3%	9.4%	9.8%	11.4%				No performance threshold		Percentage of women who declare a smoking status at booking. In response to the National Tobacco Dependency Long Term Plan, UHS Maternity have trained nearly all community midwives as Tobacco Advisors who will be offering support to women who wish to undertake a supported quit attempt. And the inpatient pathway is being developed.
Smoking at Delivery	10.2%	8.8%	9.4%	9.5%	7.8%				Less than 6.0%	More than 6.0%	The smoking at the time of delivery data is used to monitor the national ambition to reduce smoking in pregnancy to 6% by the end of 2022. Dashboard target changed from 11% to 6% December 2019
% of delivered women who quit during pregnancy	24.1%	30.5%	29.8%	28.5%	31.5%				No performance threshold		New measure. This figure is our quit rate comparing the smoking status declared at booking and whether the women is a smoker or non-smoker at time of delivery
Southampton City Smoke Free Pregnancy Monitoring	26.7%	21.8%	21.1%	66.7%	Reportable next quarter				Greater than 35%	Less than 35%	% of women / pregnant people who successfully quit smoking following the quit programme offered by Southampton midwives.

Booked Continuity of Carer	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Booked - total women/pregnancy people booked onto a CoC pathway	44.1%	43.6%	43.9%	13.8%	14.0%				Greater than 35%	Less than 35%	Maternity continuity of care model is a key workforce model for our service ensuring all families, particularly those most vulnerable, have safer and improved pregnancy and birth outcomes. During COVID, and in response to the Final Ockenden Report, we were asked to consider suspending the MCoC model, so as to preserve our staffing resources and provide a safer workforce overall. After careful consideration, we decided that it would be safe for us to continue providing care within a continuity framework to our vulnerable families, but would not expand the model further, hence the work around the two pilot sites was paused. The current reduction in compliance reflects these changes. It is important that we know that the most
Booked - total BAME women / pregnant people booked onto a CoC pathway	78.2%	82.5%	82.7%	35.7%	33.1%				Greater than 51%	Less than 51%	

Booked - total women living within an IMD-1 area booked onto a CoC pathway	82.7%	55.1%	79.0%	24.9%	34.0%				Greater than 51%	Less than 51%	vulnerable families are still supported by our Needing Extra Support teams (NEST) and as we progress workstreams around future workforce plans it will be likely that new and more sustainable MCoC models of care may be successfully implemented which in turn will see an increase in compliance levels.
Ockenden review	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q1 23/24**	**July**	**August**	**September**	**Green**	**Red**	**Comments**
% Risk assessments undertaken at each AN contact	37.8%	53.8%	57.7%	52.5%	63.5%				Acceptable level ≥ 80% Achievable ≥ 90%		New dashboard measure. Data for these performance indicators is currently under review by the Quality/Digital Team. Risk assessment at each antenatal contact and place of birth continue to be monitored via local audits where compliance is greater. Compliance via BadgerNet is reliant on the authorisation of each note on Badgernet therefore there is some data quality work to be undertaken.
% Place of birth risk assessments undertaken at each AN contact	67.0%	79.3%	77.7%	74.5%	76.4%						
% High Risk women allocated a named consultant at any point during pregnancy	92.16%	94.11%	92.45%	94.4%	Reportable next quarter						
Saving Babies Lives v2	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q1 23/24**	**July**	**August**	**September**	**Green**	**Red**	**Comments - UHS is awaiting the publication of SBLs version 3.0, the new standards will be reviewed by the UHS SBLs working group led by the Quality Assurance Matron and these measures will be updated as required.**
% Precept Mag Sulphate Criteria (<30 weeks)	100%	100%	100%	86%	80%				Greater than 80%	Less than 80%	% of singleton live births <30 weeks receiving Magnesium Sulphate within 24 hours prior to birth
Number of Stillbirths	6	3	5	1	5				5 or less	6 or above	Actual number of Stillbirths each quarter
Stillbirth rate per 1000 births	4.69	2.32	3.75	0.82	4.01%				4.1 or less	4.2 or above	National rate 2021 4.2 per 1000 births
% <3rd centile >37+6 weeks				0.0%	2.1%				To be defined		Data from LMNS dashboard
Low Birth Weight at Term (<2500g)	2.4%	2.0%	3.3%	1.8%	1.9%				Less than 2.8%	More than 2.8%	Source Public Health England 2017 National average 2.82% of live term births.
Risk and Patient Safety cases	**Q1 22/23**	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q1 23/24**	**July**	**August**	**September**	**Green**	**Red**	**Comments**
Total number of cases UHS have reported to HSIB	3	2	0	3	1				n/a	n/a	Q4 - 3 therapeutic cooling cases referred to HSIB following uncomplicated pregnancies but were in poor condition at birth. No major findings at Clinical Events Review.
Total number of UHS cases accepted for review by HSIB	3	2	0	3	1				n/a	n/a	
Term Intrapartum Stillbirths	0	0	0	0	0				n/a	n/a	
Early neonatal death	1	0	0	0	1				n/a	n/a	
Severe brain injury	2	1	0	3 patients with HIE grade 3 (2 Outborn, 1 inborn)	1 (HIE Grade 3)				n/a	n/a	
Maternal death	2	1	0	0	0				n/a	n/a	
The number of incidents logged graded as moderate or above and what actions are being taken	10	12	17	9	7				n/a	n/a	Moderate incidents are reported to the Board Level Maternity Safety Champions and the LMNS on a monthly basis. These figures now include moderate neonatal incidents but do not include HSIB reportable incidents.
Number of SIs reported and under investigation	2	2	4	5	1				n/a	n/a	New figure reporting to provide clarity around SIs reported and under investigation per quarter. Only incidents reported as a SIRI (i.e. on STEIS) have been included. These may not include cases under HSIB investigation. Q4 - 5 cases reported and undergoing investigation (including 3 HSIB cases)
Number of major complaints received for Maternity Services	0	2	7	1 major / 1 severe	1 Major case - Closed on 02/06/2023 - Not Upheld				n/a	n/a	The number of major complaints and themes received for Maternity Services are reported to the LMNS on a monthly basis. 1 New major + 1 Severe Maternity complaint in Q4 however there were also 2 minor and 2 moderate complaints totalling 6 for this quarter. Themes/learning: Mismanagement of labour /Delay/Failure to diagnose /Inadequate pain relief/Communication issues

Education and training	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Provider Board Level Measure - Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training											
	Jul-22	Sep-22	Dec-22	Mar-23	Jun-23				Month		
Fetal Monitoring Training (SBL2 & NHSR)	88.2%	94.2%	94.0%	89.7%	92.2%				Midwives	90% compliance target	Q1 2021/22 onwards, these percentages relate to Fetal Monitoring training provided via the Fetal Surveillance study day (previously included as part of PROMPT). **June 2023 - all non-compliant obstetric trainees are rostered to attend PROMPT during July and August.**
	72.2%	95.0%	81.0%	85.0%	90.0%				Consultant Obstetricians		
	69.2%	92.0%	56.3%	54.3%	85.3%				Obstetric trainees		

Friends and Family Test	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24 - Provisional compliance	July	August	September	Green	Red	Comments
Responders as % of eligible populations	28.1%	29.0%	27.3%	31.3%	28.0%				20% or more	Less than 20%	Ongoing review of rates, noted that there has been a reduction in feedback across the Trust, not just maternity. It is hoped once the Maternity Services Facebook page is running again feedback will increase as reminders will be sent more regularly. Work ongoing with the digital team to ensure reminders are being sent to women via BadgerNotes to provide feedback.
Recommenders as % of responders	86.7%	85.7%	88.5%	88.5%	87.0%				90% or more	Less than 90%	
NOT recommending as % of responders	4.4%	4.3%	3.7%	3.2%	3.3%				Less than 5%	5% or more	

HR	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Appraisal Rate	70.30%	68.52%	Unavailable	66.40%	59.95%				92% or more	Less than 92%	Our maternity service has undertaken a workforce project gathering thoughts from the workforce and shaping the future service. development of the workforce and listening to their concerns has been a key feature.

Service monitoring	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	July	August	September	Green	Red	Comments
Black Alerts / OPEL 4	9	5	9	3	6				0	1 or more	2020/21 - Average 0.75 a quarter 2021/22 - Average 7.5 a quarter

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Guardian of Safe Working Hours Quarterly Report – July 2023**			
Agenda item:	**5.14**			
Sponsor:	**Paul Grundy, Chief Medical Officer**			
Author:	**Dr Diana Hulbert** **Emergency Medicine Consultant & Guardian of Safe Working Hours**			
Date:	**27 July 2023**			
Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** ✓
Issue to be addressed:	Exception Reporting continues to be both low risk and low cost to the Trust. The vacancy rate for doctors in training is currently 9.1%. The spend on internal bank for locums continues to be reasonably high, relating to covering both short-term vacancies and longer-term gaps in the rotas. There have been recent tighter controls put into the locum request process reflecting the need for clear financial governance; this is the case throughout England. The changes in locum rates for doctors in training and subsequent communication have improved clarity for everyone involved and identified departments which have significant challenges in recruitment and retention. We are hopeful that there is improved communication with this group of doctors and that this will facilitate future negotiations. We shall soon need to renegotiate locum rates for those specialties who have special arrangements. We shall ensure that this is done in a constructive and effective manner. We were happy to support the Doctors during the recent strike actions. Significant work was done by the Executive and senior clinical leaders at UHS to ensure that all available information was widely shared via several open events and to ensure that help and support was available to all With each strike it became a little harder to fill rotas and there were particular challenges for the five-day strike in July. We still await the outcome of negotiations between the Government and the BMA.			
Response to the issue:	See main report.			

Implications: (Clinical, Organisational, Governance, Legal?)	There needs to be ongoing monitoring of exception reporting and appropriate support given to the Consultant/Clinical Rota Leads (CRL) Additional support needs to be given to promote exception reporting across the medical workforce. Medical recruitment must remain a high priority for the Trust. There must be continued vigilance around rotas, sickness, and sustainability of the working patterns of doctors in training. The doctors training now are part of the senior workforce of tomorrow, and I am optimistic that future working relationships will be positive and effective.
Risks: (Top 3) of carrying out the change / or not:	Risk of financial penalties if rota gaps/vacancies are not addressed. There is a risk of poor recruitment in the future if there is any perception that UHS fails to fulfil the basic needs of doctors in training; to this end the new Trainee Doctor Pastoral Group has been set up to ensure that these doctors' needs are understood and met.
Summary: Conclusion and/or recommendation	The Board is invited to note the report and the concerns regarding work intensity, exception reporting, rota gaps, locum expenditure and the working lives of doctors in training. The next quarterly report will be submitted to Trust Board in September 2023

Executive Summary

Employment

There are 751 Doctors in Training employed by the Trust and they all work on the 2016 contract (including lead employer hosted placements).

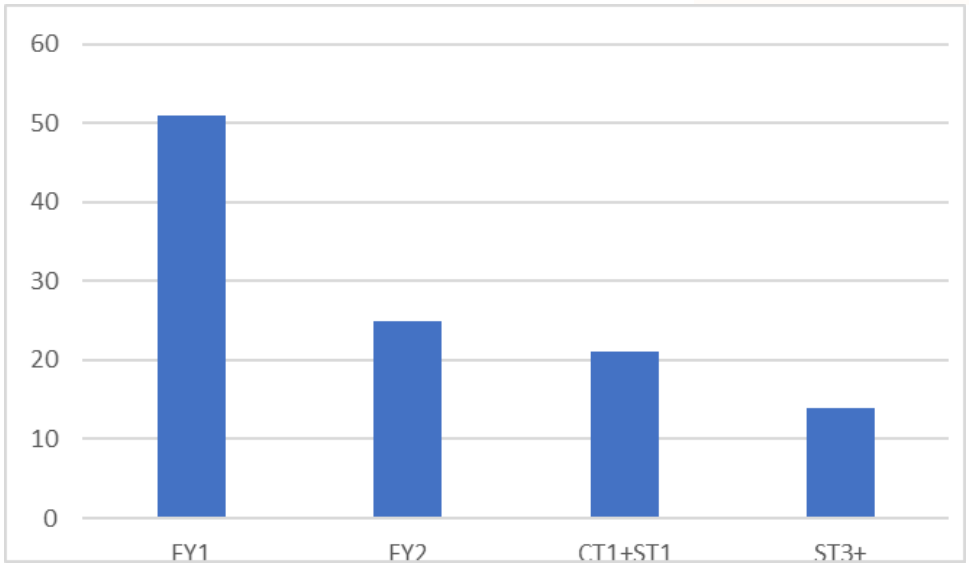
There are 375 Junior Doctors employed in non-training posts; all these doctors work on UHS local terms and conditions which mirror the 2016 contract

Recruitment continues for current vacancies and Medical HR are working with departments to plan for future gaps. (Appendix1)

Exception reporting

Since the last report in March 2023 there have been 111 exception reports

Most exception reports are submitted by F1 and F2 doctors



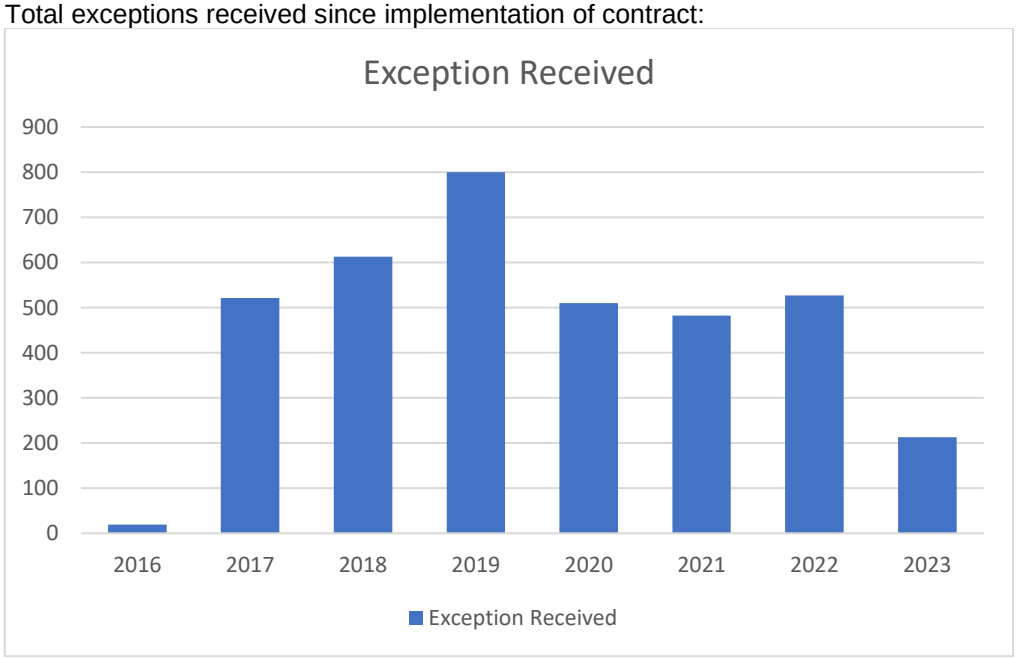
In total 3685 exception reports have been received at UHS since the implementation of the Junior Doctor Contract in October 2016

The most common reason for the submission of an exception report is additional working hours and the most common resolution is additional payment for the additional hours worked.

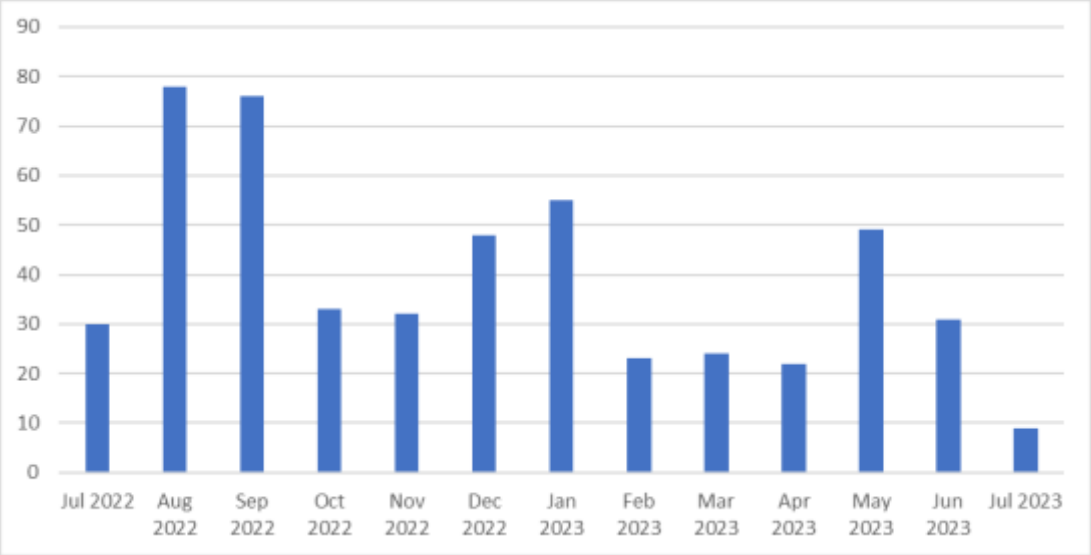
To date no exception report has been a breach incurring a financial penalty

The cost of exception reporting to UHS continues to remain low

Total exceptions received since implementation of contract:



Total exception reports received over last 12 months:



Self Development Time (SDT)

All doctors in training and trust appointed are required to be given two hours of dedicated SDT per week to complement that already available for training and is a requirement to be recorded in the doctors' work schedules.

To enable doctors to take SDT UHS encourages the use of the exception reporting mechanism to raise concerns when SDT has been missed on at least 25% of occasions over a 12-week period. This allows us to review and adjust rotas.

In the last 12 months we have only received 10 exception reports stating missed SDT

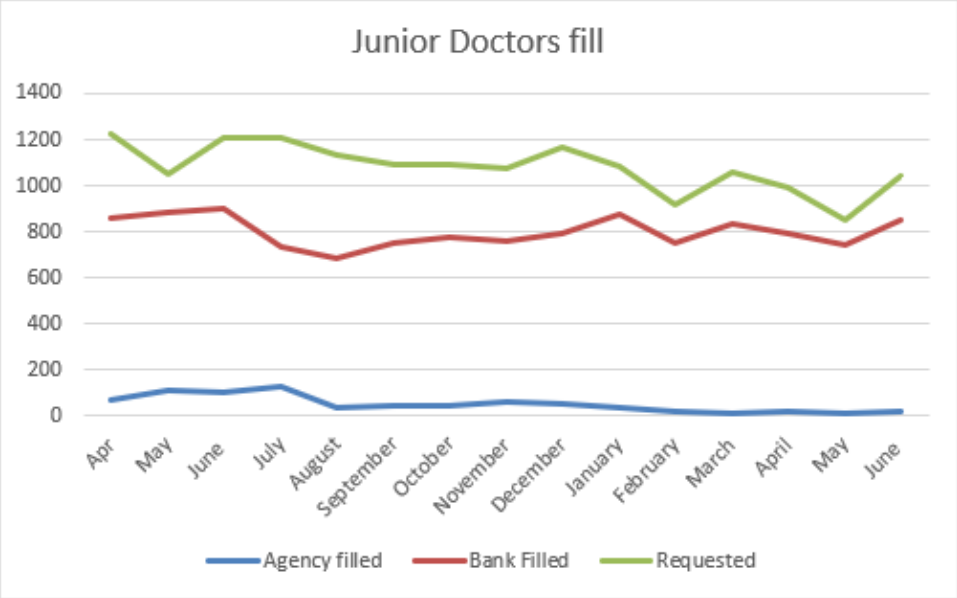
From August 2023 we are hoping to streamline the provision of SDT across the Trust. We have 361 current junior doctor rotas so 21.61% which equates to 99 rotas (out of 361) of doctor rotas have SDT embedded in the rota, the remaining rotas use HealthRoster to record SDT as unavailability.

	Yes	No
SDT pre rostered	21.61%	72.58%
SDT added as unavailability on HealthRoster	78.39%	27.42%

Medical Locum Bank

Junior M&D shifts				
Month	Agency filled	Bank Filled	Requested	Bank fill %
Apr	72	863	1223	70.56
May	112	884	1048	84.35
June	102	901	1206	74.71
July	131	736	1207	60.98
August	34	687	1133	60.64
September	46	750	1090	68.81
October	48	774	1093	70.81
November	58	762	1076	70.82
December	54	795	1163	68.36
January	40	873	1081	80.76
February	20	753	916	82.21

Month	Agency filled	Bank Filled	Requested	Bank fill %
March	12	835	1063	78.55
April	16	796	993	80.16
May	12	745	849	87.75
June	19	848	1039	81.62



Month	Number of payflags
September	6
October	23
November	12
December	45
January	22
February	24
March	34
April	21
May	30
June	29

Activity summary

The Junior Doctor Executive Committee is led by the chief registrar and meets quarterly with increasing representation from across the specialties. This meeting brings together the Chief Registrar, the junior doctor representatives, the Mess presidents, the Guardian and members of the UHS Executive

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

Both these meetings now take place both in the Doctors' Mess and via Teams to encourage wider participation

Dr Ahmed Daoud is the UHS Chief Registrar; he took up this post in August 2022 and will be with us officially for one year. Dr Daoud's replacement has been appointed and will be joining us in November 2023. Dr Daoud is hoping to undertake the Chief Registrar role informally between August and November which will be tremendously helpful to cover this gap.

I aim to meet the rota leads and the workforce managers regularly to share good practice and discuss current issues in recruitment, retention and training.

The Guardian and Medical Workforce Team attend monthly Trust induction to ensure that all the doctors in training and the non-training fellows who join UHS feel connected to the team and able to ask for help and advice.

Challenges

There are ongoing concerns over the issue of rota gaps in several areas of the hospital. There are certain specialties where recruitment and retention is particularly challenging including acute medicine, emergency medicine, general surgery and trauma and orthopaedics.
Exception reporting has been high in acute medicine, general surgery and obstetrics and gynaecology in the last six months.

Work intensity remains high and the ongoing impact of the covid pandemic on patient behaviour and the rather stuttering recovery of the NHS generally has been significant.

In the last six months the impact of staff rather than patient sickness numbers has also been huge, and rotas have been over-stretched. It is not only medical staff sickness that impacts medical rotas; shortages in other professional groups have a significant effect on junior doctor work patterns as the hospital becomes inefficient and medics take on tasks usually carried out by other members of the MDT. Of note the reduction of night cover by ACPs in several specialties (a consequence of workforce gaps) has significantly impacted the out of hours work burden for some junior doctors.

These problems are national; I am confident that the divisional management and executive teams are aware of these issues and seeking improvement plans.
Rota annualisation can help alleviate the problem of annual leave and the introduction of a new locum system has led to more efficient and timely coverage of short-term rota gaps. In addition, specialties with significant challenges are becoming easier to identify earlier, allowing more effective intervention.

Engagement with the exception reporting system remains variable; whilst it has highlighted some areas that need review, it is unlikely that this system reflects the true situation across the hospital. A true understanding of most of the areas of concern has come from direct discussion with the junior and senior clinicians in various departments rather more than through the exception reporting system.
Recent discussions with the F1s and F2s have highlighted some problems within the system

There remains a need to discuss the evolution of the workforce. Work is being carried out around the role of junior doctors, advanced nurse practitioners, physician assistants and a range of non-clinical roles.

The significant expenditure on locums suggests that a review of medical and non-medical staffing is required to increase our baseline staffing which should lead to a decrease in the locum spend.
An uplift in the workforce will need innovative solutions for staffing patterns and recruitment but would undoubtedly help retention.

The UHS locum rates change has ensured greater transparency, more consistency, and a better understanding of the differences between specialties. It is important to recognise that there are some particularly hard-pressed specialties including Emergency Medicine and Paediatrics and this is reflected in the locum pay rates.
I am hopeful that these pay agreements will be successful and acceptable to all. There will be regular review of the agreements. It will be particularly important to review the needs of the most hard-pressed

specialties by assessing the regularity with which exceptional payments are requested, the number of unfilled locums and the number of exception reports.

The recent junior doctor strikes have been challenging for all. The junior doctors have informally told us that they feel supported although there have been instances of peer pressure both to strike and not to strike. Emotions run high in these situations and the most important support we can give is up to date information, support, advice and judicious rotas which offer patient care and safety. The five-day July strike has been harder for obvious reasons but also as many of the senior teams have been on holiday. We fervently hope that a settlement can be reached so that we can all move on.

In addition to the challenges of providing rotas which are sustainable and promote high quality work alongside an attractive life/work balance there are other issues that are important to the training and non-training doctor workforce. These issues are the subject of the work that I do with the Junior doctors, the Chief Registrar, the Medical Workforce Team led by Becci Mannion, the Executive and other colleagues.
I am delighted to be a part of the new Trainee Doctor Pastoral Care group led by Dr Kristina May via Deanery support. Following my recent meetings with the F1s and the F2s I am convinced that we need to get the basics right.
The concerns include new post induction, provision of non-clinical space, IT provision, the availability of reasonably priced hot meals overnight, free tea and coffee and the presence of sleep rooms after night shifts.
We are introducing a new sleep room provision method and I am optimistic that this will be successful.
There is a piece of ongoing work which will scope the office space available to junior doctors which we hope to review in November 2023.
I would be delighted to take on local induction for the Trust

A significant challenge for UHS is the understanding of the different expectations of different generations of doctors.
In a big teaching hospital trust with more than 1000 doctors in training and more than 900 consultants it can be difficult to fully understand how people feel. It is only by walking in peoples' shoes that we can understand how to create a happy workforce who give their best to UHS.
When a doctor embarks on a new career in an unfamiliar city (sometimes in an unfamiliar country) in a big Trust where she or he knows no one, is working a shift system and only has four months to understand, assimilate and succeed before moving on it is the provision of support in all its forms that determines the ability to thrive.

We are determined to ensure that the building blocks for a successful junior doctor workforce are in place in UHS.

I am hoping to embark on a project to meet each care group, listen in detail to their concerns and suggestions for improvement and then hopefully lead the implementation of improvements.

Appendix 1: Summary of junior doctor in training vacancies - July 2023

Division	Care Group	Cost centre	Fill August 23 @ 10/7/23
A	Critical Care	Anaesthetics	85.14%
A	Critical Care	CICU	92.31%
A	Critical Care	GICU	90.91%
A	Critical Care	NICU	75.00%
A	Critical Care	SHDU	100.00%
A	Ophthalmology	Ophthalmology	92.59%
A	Surgery	ENT	100.00%
A	Surgery	General Surgery	84.44%
A	Surgery	OMFS	90.00%
A	Surgery	Urology	91.67%
B	Cancer Care	Clinical Oncology	100.00%
B	Cancer Care	Haematology	100.00%
B	Cancer Care	Medical Oncology	90.91%
B	Cancer Care	Palliative Care	100.00%
B	Emergency	Acute Med	95.24%
B	Emergency	Acute Med OOH	83.33%
B	Emergency	ED	92.65%
B	Emergency	PHEM	66.67%
B	MOP	MOP	90.70%
B	Pathology	Microbiology	100.00%
B	Pathology	Chemical Pathology	73.08%
B	Pathology	Histopathology	75.00%
B	Specialist Med	Allergy/Respiratory	96.43%
B	Specialist Med	Clinical Genetics	100.00%
B	Specialist Med	Dermatology	100.00%
B	Specialist Med	Endo/Diabetes	100.00%
B	Specialist Med	General Medicine	71.43%
B	Specialist Med	GI Renal	93.33%
B	Specialist Med	Rheumatology	100.00%
C	Child Health	Paediatric Cardiology	100.00%
C	Child Health	Paediatrics	90.57%
C	Child Health	Paeds ED	93.75%
C	Child Health	PICU	94.44%
C	W&N	Neonates	85.29%
C	W&N	O&G	97.37%
D	CV&T	Cardiology	88.37%
D	CV&T	Cardiothoracic Surgery	85.71%
D	CV&T	Vascular Surgery	100.00%
D	Neurosciences	Neurology	90.00%
D	Neurosciences	Neurophysiology	100.00%
D	Neurosciences	Neurosurgery	77.36%
D	T&O	Spinal Surgery	100.00%
D	T&O	T&O	96.08%
		Total	**90.09%**

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Medical Appraisal and Revalidation Annual Report including Board Statement of Compliance**			
Agenda item:	**5.15**			
Sponsor:	**Paul Grundy, Chief Medical Officer**			
Author:	**Liz Brown, Medical HR Operations Manager**			
Date:	**27 July 2023**			
Purpose	**Assurance or reassurance**	**Approval** x	**Ratification**	**Information** x
Issue to be addressed:	The Annual Organisation Audit submission has been stood down since 2020, but the annual board report and the Statement of Compliance has been simplified so that organisations are still able to report appraisal rates.			
Response to the issue:	Medical appraisals were stood down for much of 20/21 and 21/22 to allow clinicians to support the Trust response to the pandemic, missed appraisals were therefore considered an approved deferment. This is the first appraisal year where we have been able to return to normal appraisal requirements.			
Implications: (Clinical, Organisational, Governance, Legal?)	The responsible officer (RO) has a statutory duty to ensure compliance with NHS England and GMC requirements for appraisal and revalidation. The Chief Medical Officer is the RO for the Trust.			
Risks: (Top 3) of carrying out the change / or not:	Compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended) and related guidance.			
Summary: Conclusion and/or recommendation	The Board is asked to note the summary information included in this report and acknowledge the interim changes to the national reporting requirements. The Board is asked to approve the "Statement of Compliance" at Appendix A, confirming that the organisation, as a designated body, is in compliance with the medical profession regulations.			

Section 1 – General:

The board of University Hospitals Southampton NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None Comments: Yes, the Chief Medical Officer Action for next year: None

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes Action from last year: Use of the electronic appraisal system to be mandated from 1st April 2022 and full functionality to be utilised. Comments: A medical appraisal and revalidation IT solution (SARD) was procured and implemented in January 2022. It is mandatory for all connected doctors, patient and college feedback is collected via the system. Evidence for revalidation recommendations can be easily accessed and reporting is available. Action for next year: Complete full review of all records to ensure record accuracy and compliance recognised in each appraisal year.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Continue to embed and utilise all functionality of the appraisal system. Comments: All connections are reviewed and managed by the medical HR team via the SARD platform. Action for next year: Continue current records management.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Publish updated policy. Comments: The appraisal and revalidation policy was reviewed and updated in line with GMC and Academy of Royal College recommendations. Action for next year: Update as needed in line with national changes.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: Encourage expansion of electronic patient feedback collection and move away from paper-based surveys. Work to commence with the UHS digital team to explore an automated collection system. Comments: UHS has not had a further peer review, the remaining action from the previous actions was to improve the mechanism for patient feedback. SARD allows collection via paper, email, QR codes. The digital team have carried out a pilot of collation of feedback via text, this links to SARD. Action for next year: Consider if an external peer review would be valuable.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: None Comments: It is difficult to manage for individuals that undertake limited work in multiple areas. The medical HR team supports request from doctors as they arise, but it is an area that needs further review and improvement Trust appraisal leads aware and able to support as required. Action for next year: Enlisted support of local appraisers to facilitate access to appraisal and CPD or consider viability of a standalone appraiser(s).

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: Deferment's process to be formalised in the updated policy document. Comments: Approved deferments can now be managed within the electronic appraisal system. The Medical HR team manage this in partnership with the RO, Deputy RO and individual doctors. UHS policy updated and available for staff via the intranet. The appraisal portfolio allows collection of evidence and refection during the full appraisal cycle. Action for next year: Further work to improve compliance level and management of non-engagement.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Deferment's process to be formalised in the updated policy document. Comments: Doctors with overdue appraisals are contacted and reminded of their responsibility to complete their appraisal. A list of doctors with an overdue appraisal of 3 months or more without an acceptable reason will be submitted to the RO and the monthly Decision-Making Group meeting. The circumstances of each case will be reviewed with action determined. The Trust reserves the right to undertake appropriate action where a doctor fails to take sufficient steps to participate in the appraisal process. Automated reminders via the appraisal system highlight approaching and overdue appraisals and remind doctors of their obligation. Action for next year: Further work with DCDs and Appraisal leads to improve appraisal compliance levels and manage non-engagement.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Policy is reaching regular review point, updates to be included as required. Comments: The Trust's Medical Appraisal and Revalidation policy is compliant with national policy and has incorporated several national recommendations. The policy has been approved via the central policy ratification group. Action for next year: None, update in line with national changes as required.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: None Comments: There are currently 170 trained consultant appraisers, responsible for 991 appraisals per annum for consultants and senior doctors. Fellows are appraised by their education supervisor and the appraisal process also covers a formal end of placement review. Action for next year: Continue to encourage or identify doctors to become appraisers, consider cross specialty arrangements for areas that struggle to accommodate all appraisals due to limited appraisers.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent).

Action from last year: Appraisal output quality assurance exercise planned for Q4, SARD has an appraisal summary and PDP audit tool within the platform. This functionality will support the review and it is possible to create 3 reports: overall summary, a section report and the individual appraiser report. Summary to be presented to the decision-making group. Comments: The appraisal leads deliver a range of in-house training, regular appraisal leads meetings are held for information sharing and development. All appraisers should attend update training every 2 years or undertake CPD related to appraisal. All appraisees are surveyed following their appraisal, collated feedback reports are available via SARD once sufficient data has been collected. An ASPAT exercise was carried out in Q4, a positive response rate of 71% was received. The qualitative data demonstrates a high level of skills among the appraisers. Doctors comment that they feel supported and motivated through discussions with appraisers. A full report was shared with the appraisal leads and the DMG. Action for next year: Increase the review sample to 2 appraisal output forms per appraiser.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Share collated appraisee feedback reports with all appraisers, Trust appraisal leads to address any developmental feedback with individuals. ASPAT review planned for Q4. Comments: All doctors are asked to rate the quality of appraisal and the suitability of the appraiser. A proportion of all appraisal documentation is reviewed by the care group lead appraiser and an ASPAT exercise was carried out. Individual summary reports are shared via SARD and included in their portfolios. Action for next year: Increase the review sample to 2 appraisal output forms per appraiser. Further encourage appraisees to complete their appraiser feedback questionnaires.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2023	**1359**
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	**992**
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	**157**
Total number of agreed exceptions	**210**

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Reduce the number of deferrals submitted but utilising the automated functionality of SARD. Appraisal reminders are sent to appraisees at regular intervals, accurate compliance rates are reported to the DMG monthly and concerns escalated to Divisional Clinical Directors to enable earlier intervention. In the year of revalidation the HR appraisals lead proactively reminds individuals of all requirements for a positive submission.

Comments: During the period 1 April 2022 – 31 March 2023 the RO made 125 positive recommendations and 42 deferral recommendations. In the previous year deferrals accounted for 37% of all recommendations, this year this had reduced to 33%. While this is still higher than the Trust considers acceptable, improvements are being made and we will continue to build on this momentum.

Action for next year: CMO and DCDs to further consider the implications of non-engagement, missed appraisals and requirement to submit a deferral recommendation. Consideration to be given to eligibility for local clinical excellence awards and salary pay progression.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: None Comments: Where a deferral was recommended, the doctor was notified with confirmation of the actions required. Action for next year: None

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: None Comments: Complaints and serious incidents are discussed and reflected upon as part of the process. Local and Divisional governance reports are reviewed at the Quality Governance Steering group, the group reports to the Trust Executive Committee and the Board. Action for next year: None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: None Comments: Management teams monitor performance of teams and review complaints and incidents at monthly governance meeting. An annual report of any doctor with more than three complaints is presented to the Chief Medical Officer. Activity data is available from divisional analysts at the request of doctors in advance of appraisal. Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None Comments: Concerns regarding a doctor's performance or conduct are managed through the Handling of Concerns Relating to the Conduct and Performance of Doctors and Dentists Policy. Concerns are addressed accordingly with support from HR. The Trust has a lead for Patient Safety, and a Deputy Chief Medical Officer, who both assist the Chief Medical Officer with any escalations or serious concerns, through a formal process. Action for next year: None

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.

Action from last year: None Comments: All cases at UHS are stored on secure online software (ER Tracker). Case level information is extracted from ER Tracker into a report to be discussed at the monthly ER Performance Board. This group is chaired by the Associate Director of HR (ADHR), has a staff-side representative, the ER team, and the FTSU Guardian in attendance. All medical cases are discussed at this group, which looks at whether the case is being managed in a fair, timely, and proportionate way and in line with EDI principles. Following the meeting, a monthly ER report is compiled and distributed to key stakeholders (including the designated NED). An ER Performance Report is submitted to the People and OD Committee (a Trust Board sub-group) on a biannual basis to appraise the board on ER activity and key themes. The designated NED for medical cases is sent a copy of the terms of reference (TOR) document for any new medical cases and meets with the ADHR on a quarterly basis to discuss all medical cases and provide oversight. Practitioners are able to contact the NED if they have any concerns with how a case is being managed. The Deputy CMO, Case Manager, and ADHR meet on a monthly basis to discuss all cases and meet regularly with NHS Resolution and the GMC. Action for next year: None

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year: None Comments: A process is in place for transferring information and concerns between the RO and other ROs where UHS connected Doctors undertake regular work. Action for next year: None

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None Comments: The UHS policy for Handling of Concerns Relating to the Conduct and Performance of Doctors and Dentists is in line with Maintaining High Professional Standards guidance. All policies are ratified by the relevant Trust 'expert' group following consultation with all applicable groups. This also applies to all clinical governance and safeguarding policies and processes. Action for next year: None

Section 5 – Employment Checks

7. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: None Comments: The medical HR team is responsible for undertaking pre-employment checks, in line with NHS Employers mandatory standards. The temporary resourcing team are responsible for ensuring that appropriate pre-employment documents are provided for any temporary workers, supplied via a locum agency. Action for next year: None

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

New Actions:

- Increase appraiser numbers through encouragement, identifying individuals or promotion of courses.
- Continue to improve access to appraisal for connected doctors in bank or locum roles, enlist the support of appraisers or consider the viability of standalone appraisers for this group.
- Carry out a further ASPAT exercise in Q4, increasing the review sample to 2 appraisal output forms per appraiser.
- Further work with DCDs and Appraisal leads to improve appraisal compliance levels and manage non-engagement.

Overall conclusion:

2022/23 was the first complete appraisal year since the pandemic, this coincided with the first year of having an electronic appraisal system. SARD has improved the management of appraisals, allowing accurate recording, management and reporting. The functionality has improved the appraisal process for appraisees, allowing collation of an electronic portfolio throughout the appraisal cycle, patient and colleague feedback within a singular system and a streamlined approach to appraisal.

Several improvement projects have commenced including an SMS trial for patient feedback, ASPAT quality assurance and improving response rates for appraiser feedback.

All parties involved in medical appraisals have reported a number of improvements in the management since the introduction of SARD. Moving away from a manual process that was reliant on spreadsheets has resulted in greater oversight at RO and management level and improved engagement in the process with higher compliance levels. Automation of several activities has released time in the appraisals team to focus on supporting individuals overcome challenges with appraisals, support the RO and Deputy RO with requests for information and work on a number of value adding tasks.

Section 7 – Statement of Compliance:

The Board of University Hospital Southampton NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief executive or chairman

Official name of designated body: University Hospital Southampton NHS Foundation Trust

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Annual Complaints Report 2022-23**			
Agenda item:	**5.16**			
Sponsor:	**Gail Byrne, Chief Nursing Officer**			
Author:	**Ellis Banfield, Associate Director of Patient Experience**			
Date:	**27 July 2023**			
Purpose	**Assurance or reassurance X**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	All NHS providers are required to produce an annual complaints report. This duty is set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.			
Response to the issue:	The annual complaints report highlights: • Complaints received have increased by 25, with the total for the year at 413. • Concerns raised via PALS have decreased in the year compared to the previous year but remain significantly higher than historical data. • The % of complaints upheld or partially upheld has increased compared to the previous year but remains lower than the national average. • The Trust was notified of 7 complaints the Parliamentary and Health Service Ombudsman (PHSO) took a preliminary review of. Of these, 1 was formally investigated and partially upheld while the other six were closed without further investigation. • UHS aligns with the national picture around complaint themes, with clinical treatment, communications, patient care, and staff behaviour remaining the top themes locally and nationally.			
Implications: (Clinical, Organisational, Governance, Legal?)	This report is a statutory requirement.			
Risks: (Top 3) of carrying out the change / or not:				
Summary: Conclusion and/or recommendation	Trust Board is asked to receive this report as fulfilling the requirements set out within the NHS complaints regulations.			

Annual complaints report 2022/23

Purpose of report

This report provides information about the complaints received to University Hospital Southampton NHS Foundation Trust in the period of April 2022 to March 2023. The report fulfils the requirement of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Definition of terms

Complaint

A formal complaint made in writing to UHS trust about the care and services provided. These are managed by the complaints team.

Concern

An informal complaint managed outside of the formal process with the aim of a quick resolution. These are managed by the PALS team.

Parliamentary and Health Service Ombudsman

The PHSO will investigate complaints that the complainant feels have not been resolved by the Trust.

Complaints activity

Received:

	19/20	20/21	21/22	22/23
Complaints	**448**	**344**	**388**	**413**
Concerns	**1016**	**1605**	**2434**	**2048**
Total	**1464**	**1949**	**2822**	**2461**

Complaints received in 22/23 continued the steady climb back to pre-pandemic levels, with an increase of 25 for the year compared to 21/22. PALS have decreased meaning the overall levels of reported dissatisfaction via these channels has decreased.

Upheld:

	19/20	20/21	21/22	22/23
Complaints received	**448**	**344**	**388**	**413**
Complaints upheld	**79**	**41**	**41**	**44**
Complaints partially upheld	**158**	**164**	**125**	**163**
% of complaints upheld	**53%**	**60%**	**43%**	**50%**
National comparison	**-**	**-**	**66%**	**60%**

The percentage of complaints upheld or partially upheld has risen to 50% in 22/23, an increase that still places us below the national mark. PALS continues to deal with a large volume of resolvable concerns before these issues reach the complaints stage. As an indicator of the robustness of our investigations, the PHSO (see next section) informed us of 7 complaints referred to them that they took an initial review of. 6 of these were closed without an investigation.

Complaint themes

Complaints often contain many themes and aspects. The Trust records themes according to the categories required for the K041a data submission to NHSE. These categories are broad but give some idea as to predominant concerns our patients and families raise. The three main themes in complaints received were:

UHS	NHS nationally
Clinical Treatment	Clinical Treatment
Communication	Communication
Patient care	Patient Care

These have been the Trust's top three or four themes for the past 5 years. Data published by NHS Digital places UHS very much within the overall picture of NHS complaints. It is difficult to extrapolate patterns within complaints as in most cases complaints concern a very personal experience within a service or services. The complaints team monitor the distribution of complaints and report to both divisional and care group levels on activity. This ensures that should a broader theme emerge, or a service see a disproportionate rise in cases it would be picked up. In 22/23 no emergent trend was noted.

Parliamentary and Health Service Ombudsman (PHSO):

Review of PHSO cases

	19/20	20/21	21/22	22/23
Complaints closed	**13**	**1**	**2**	**1**
Complaints upheld	**0**	**0**	**0**	**0**
Complaints partially upheld	**5**	**1**	**1**	**1**

Once again, no complaint referred to the PHSO was fully upheld. In 22/23 we were notified of 7 cases that the Ombudsman was taking a preliminary look at. 6 of these were closed without further investigation. Where complaints have been partially upheld, the PHSO will issue the Trust with an action plan or remedial action.

Of the one complaint partially upheld by the ombudsman, this was a multi-agency complaint about two NHS trusts. UHS clinicians visited the other Trust to provide care and treatment, but the PHSO did not find any failings in this care or treatment by UHS clinicians. The Ombudsman found the Trust's communication about this care and treatment fell short and recommended UHS apologise to the patient.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Corporate Objectives 2023-24 – Quarter 1 Review**			
Agenda item:	**6.1**			
Sponsor:	**David French, Chief Executive Officer**			
Author:	**Kelly Kent, Head of Strategy and Partnerships**			
Date:	**27 July 2023**			
Purpose	**Assurance or reassurance** X	**Approval**	**Ratification**	**Information**
Issue to be addressed:	The 2023/24 Corporate Objectives were approved by the UHS Board in May 2023 and were noted by the Board to be deliberately stretching but highly focused to bring the trust back to equilibrium with capacity and demand and within the confines of the overall financial position.			
Response to the issue:	This paper provides an update regarding achievements of Quarter 1 for 2023-24. During Q1, 68% of the Q1 objectives were noted as on track to be delivered in full and 8% are currently reporting minor delays/shortfalls in target and lastly 24% are reporting significant delays/shortfalls in target. The agreed objectives have been RAG rated: Green = On track to be delivered in full Amber = Minor delays/or shortfall in target Red = Significant delays/or shortfall in target			

Ref	Corporate ambition	Number of Objectives for 2023/24	Q1 Green	Q1 Amber	Q1 Red
1	Outstanding patient outcomes, safety and experience	5	5	0	0
2	Pioneering research and innovation	5	3	1	1
3	World class people	5	3	0	2
4	Integrated networks and collaboration	5	3	1	1
5	Foundations for the future	5	3	0	2
Totals		25	17	2	6

The areas with the highest number of objectives outstanding or greatest risks are:

- World Class People
- Foundations of the future

The two World Class People objectives at greatest risk are relating to workforce plan showing 121 WTE over plan for 2023/24, however WTE utilisation of temporary staffing is showing some improvements. Key controls remain in place to control expenditure. And appraisal rates are at 75% with performance being raised through divisional meetings however ongoing strikes have caused significant operational pressures.

	Foundations of the Future: The NHS/Trust financial position presents the greatest challenge within this strategic ambition along with balancing the capacity and demand equilibrium. CEO and CMO are working with all consultant groups to have 1:1 conversation about demand vs capacity, Outpatient transformation, demand reduction and shared decision making.
Implications: (Clinical, Organisational, Governance, Legal?)	Achieving appropriate corporate objectives which are aligned to our Values, Strategic Ambitions, Legal and Regulatory requirements will have positive impacts.
Risks: (Top 3) of carrying out the change / or not:	In the absence of this process, we would risk: • failing to take the right steps, over the next year, in order to support achievement our longer-term strategic ambitions • not being able to appropriately monitor progress and make corrective adjustments when required
Summary: Conclusion and/or recommendation	The Board is asked to note the progress made delivering the corporate objectives in the context of the agreed objectives being deliberately stretching and the ongoing significant clinical pressures around demand vs capacity which has been significantly impacted by the ongoing strike action.

Appendix 1 – Corporate Objectives and Quarter 1 updates in full

Strategic Theme One - Outstanding Patient Outcomes, Safety and Experience

Ref	Lead	Objective	Q1 Update
1(a)	CMO/CEO	**Increase the number of reported Shared Decision-Making conversations as evidenced by SDMQ9 questionnaires to >500.**	On track. -147 SDMQ9 questionnaires collected in Q1. - New CQUIN areas have joined the programme from Head and Neck and Congenital heart surgery (adults and paeds). - Consultant roadshow is leading to increased interest from clinical teams. SDM team are following up with planning meetings. - Working with NHSE and ICS on opportunities to deliver SDM across pathways, reducing unwarrented variation.

Ref	Lead	Objective	Q1 Update
1(b)	CEO/COO	**Increase number of specialties reporting outcomes that matter to patients to >90%.**	On track - we have successfully engaged with leads for clincial effectiveness, speciality outcomes lead and governance teams across the organisation with regard to changes in CAMEO process and importance of collecitng outcomes that matter to patients. Intention is to start that new format from September. Current number of specialities reporting outcomes (though some of these are process measures rather than outcome measures) stands at 82% (71/87).

Ref	Lead	Objective	Q1 Update
1(c)	CNO	**Roll out PSIRF across the trust by March 2024.**	On track - The Trust has completed its thematic anaylsis of incidents for the last three years and this formed the basis of a workshop with colleagues from the ICB in early July. The Trust has agreed to transition to PSIRF on the 2nd October 2023 following Quality Committee and Trust Board approval. Work on developing the PSIRF plan and policy at pace ready for consultation with key stakeholders in early August. Work to ensure our staff are trained and accredited continues. Over 120 staff have attended our introduction to PSIRF training, although 800 staff have completed the level 1 patient safety syllabus this remains a focus.

Ref	Lead	Objective	Q1 Update
1(d)	CNO	**Work with patients as partners to improve patient satisfaction in 5 targeted areas: wayfinding, PSIRF rollout, fundamentals of care, activities, and carer involvement.**	On track - Wayfinding - a proposal on transforming wayfinding has been taken to Trust Investment Group that will involve engaging with key stakeholders to improve wayfinding across the Trust sites . The work has yet to begin but the QPSP (Quality Patient Safety Partners) are ready ti enagage. PSIRF- 2 of or QPSP's support our weekly operational group but also our oversight meeting chaired by the CNO/CMO. AS well as actively participating in these meetings they are aslo part fo the different workstream meetings including governance and supporting patients. Fundementals of care- a number of the QPSP's have attended and engaged with the vaious task and finish groups relating to FOC, ensuring the content and actions identified at patient focused and reflect a patient centred approach. Activities - other workstream the QPSP's are involved in include the Call 4 concern pilot and the mental stimulation project, stopping patients becoming bored, demotivated and disengaged, It is currently being piloted across a group of wards. Carer involvement- the Trust held a carers listening lunch to support the Discharge 2 access project with the aim to review carers involvement in acute hospital discharge partners. There were over 30 carers and partners in attendance . In addition the carers lead attended the Young carers festival in Southampton to engage with young carers to promote and support the help on offer and learn about their experiences accessing services as young carers.

Ref	Lead	Objective	Q1 Update
1(e)	CEO/COO	**Treat patients according to need but aim for no patient to wait, other than through patient choice, more than 65 weeks for treatment by March 2024.**	On Track - we have established a glide path to ensure no patients wait more than 65 weeks by the end of March 24. We are currently in line with this plan although as we look forward the ongoing issues associated with strike action present a signficiant risk to the achievement of this objective.

Strategic Theme Two - Pioneering Research and Innovation

Ref	Lead	Objective	Q1 Update
2(a)	CMO	**Deliver national metrics for site set-up and time to target for clinical research studies (80%).**	Partially achieved - process reviews have taken place in Q1 to maximise efficiencies, the impact of these changes should start to be realised within Q2 with monthly reviews implemented to refine process changes.

Ref	Lead	Objective	Q1 Update
2(b)	CMO	**Improve Trust position against peers to secure Top 5 ranking for CRN portfolio weighted recruitment, and Top 10 ranking for absolute recruitment.**	Significant fluctations in Trust rankings on the national database on a daily basis which are being investigated. E.g. Top 5 ranking achieved one week slipping 9 places the following week. Action plan (as presented in Trust spotlight) in place to address ranking slippage for absolute and weighted recruitment, the impact of which should start to be realised in Q3.

Ref	Lead	Objective	Q1 Update
2(c)	CMO	**Deliver year 3 of the research and innovation investment plan including the Southampton Emerging Therapies and Technologies Centre (SETT), Research Leaders programme (RLP) and delivery infrastructure.**	On track pending outcome of investment case review in July.

Ref	Lead	Objective	Q1 Update
2(d)	CMO	**Develop the five-year R&D strategy implementation plan for Research for Impact and deliver year 1.**	On track. Implementation plan drafted and early progress is being monitored. Communications plan for the strategy being developed.

Ref	Lead	Objective	Q1 Update
2(e)	CMO	**Strengthen and broaden the UHS-UoS partnership through mapping alignment and characterising our Research Centres of Excellence.**	Areas of UHS research strategic opportunity presented to UoS/UHS Senior Operational Group. Further work ongoing to align these with the needs and ambitions of the clinical services. Joint strategic ambitions are being developed and will be presented to Joint Strategy Board and the Senior Operational Group in Q3. Discussions on strategic approach to clinical academic appointments are ongoing with an ambition that this will be informed by the strategic work detailed above.

Strategic Theme Three - World Class People

Ref	Lead	Objective	Q1 Update
3(a)	CPO	**Support the delivery of our workforce plan for 23/24 through recruitment to key vacancies, reductions in temporary staffing, and targeted CIP.**	UHS is 121 WTE over plan at the end of Month 3 (June). WTE utilisation of temporary staffing is showing some improvements with a reducing level of bank over Q1. Weekly reporting is in place to the ICB and the executive team. Key controls remain in place for temporary staffing expenditure. Workforce and Finance are finalising divisional WF plans to support local performance improvement. Executive meetings have taken place with all Divisions and THQ areas to focus on CIP targets for substantive and temporary workforce reductions,

Ref	Lead	Objective	Q1 Update
3(b)	CPO	**Reduce turnover to below 13.6% and sickness absence to 3.9% by March 2024.**	On Track - rolling sickness absence has fallen from 4.9% to 3.9%, in month sickness absence is 3.4%. Rolling turnover 12.9% which is lower than target.

Ref	Lead	Objective	Q1 Update
3(c)	CPO	**Increase overall participation in the NHS staff survey and maintain our overall staff engagement score and recommendation of place to work in line with comparator organisations (Feb 2024).**	CEO led meetings scheduled with each Division to review staff survey local plans over the summer. Preparations underway for 2023 Survey collection in Autumn. Action plan underway following concerns raised on social media regarding bullying and harassment in June. Plan focusing on review of ER and FTSU processes, targeted action in low areas of staff engagement, opportunities for enhancement to leadership and management training.

Ref	Lead	Objective	Q1 Update
3(d)	CPO	**Increase the proportion of appraisals completed and recording to 85%, and increase staff quality perception of appraisal, by March 2024.**	Appraisal performance below Target at 75%. Appraisal performance is being raised through Divisional meetings. Strike disruption is impacting operational capacity to complete.

Ref	Lead	Objective	Q1 Update
3(e)	CPO	**Deliver year 1 objectives of the Inclusion and Belonging strategy by March 2024.**	Launch events (big conversation) held in July for Inclusion and Belonging strategy. These focused on Belonging, Anti Racism and Anit, discriminatory stance, and Allyship. The Belonging Blueprint has been launched with good reception. 33% of Staff have received face to face allyship training. Online version has been developed to compliment roll out.

Strategic Theme Four - Integrated Networks and Collaboration

Ref	Lead	Objective	Q1 Update
4(a)	CMO	**Work in partnership with acute trusts to agree and implement the acute services (and planned care) strategy.**	On track. - Agreement with ICS CMO to develop partnership integrated networks and collaboration board. - Proposed TORs drafted. - Ongoing discussions with CMOs/ directors of strategy at partner organisations on pathway by pathway basis.

Ref	Lead	Objective	Q1 Update
4(b)	CMO	**Produce and embed an internal framework for network development to drive delivery in critical/ prioritised networks, demonstrated by progress against the UHS networks maturity matrix.**	On track. - Networking toolkit in development with suggested tools and approaches for clinical teams to utilise - In year objectives set for priority networks, enabling us to track progress against aims as well as the maturity matrix - INC board structure developed to strengthen oversight of delivery against objectives

Ref	Lead	Objective	Q1 Update
4(c)	CMO	**Work with the Local Delivery System on vertical integration with ambition to halve number of patients without criteria to reside in UHS.**	The current numbers of patients within hospital without a criteria to reside is significantly above the year end target. The system are currently reviewing all spend associated with the Hospital Discharge Programme and whilst plans to mitigate remain in development confidence remains low presently that the target set is achievable. Internally work continues on improvement projects including the internal flow programme and a number of programmes of work overseen by the Urgent and Emergency Care Delivery Board.

Ref	Lead	Objective	Q1 Update
4(d)	CMO	**Work with system partners to open the surgical elective hub in Autumn 2024.**	On track: - NHSE has approved the business case enabling us to progress towards opening

Ref	Lead	Objective	Q1 Update
4(e)	CMO	**UHS to be seen as an anchor institution in the local area and have developed projects with partners eg University Technical College (business case approval) and Southampton Renaissance Board (city masterplan).**	Minor Delay: Meetings were due to be chaired by Director of Strategy and Partnerships for UHS, unfortunately this post has been newly appointed to and awaiting new recruit to commence in post.

Strategic Theme Five - Foundations of the Future

Ref	Lead	Objective	Q1 Update
5(a)	CFO	**Deliver the UHS financial plan for 23/24, achieving a run-rate breakeven position by April 24. This will be supported by delivery of the CIP plan and improvements in productivity across all Divisions/Departments.**	Off-plan by £2m, with significant improvements required in run-rate to achieve breakeven by April 24. CIP identification and delivery has improved significantly, but we remain not fully identified and with some high-risk schemes.

Ref	Lead	Objective	Q1 Update
5(b)	CEO/CMO	**Engage the organisation in the challenge to manage demand so that capacity and demand are in equilibrium.**	CEO and CMO working through all consultant groups at UHS to have 1:1 conversations about demand versus capacity, OP transformation, demand reduction and SDM. Ongoing analysis with COO and Transformation teams to understand reasons for variance in demand / capacity by specialty

Ref	Lead	Objective	Q1 Update
5(c)	CFO/CNO/COO	**Delivery of the Always Improving strategy priorities, including transformation on out-patients, in-patient flow, optimising operating services and organisational culture.**	On Plan - Programme plans and aims approved at TOG - Reorganised Transformation team to support Divisions - Divisional plans reviewed, signed off and now in delivery - TOG dashboard built to monitor delivery & impact throughout the year - Session held with Trust board to review progress on continuous improvement culture and Always Improving strategy against national guidance

Ref	Lead	Objective	Q1 Update
5(d)	CFO	**Deliver our capital programme in full, including new wards, theatres and neonatal unit redevelopment.**	Currently on track to deliver capital programme in full. Additional CDEL awarded for Neonatal unit.

Ref	Lead	Objective	Q1 Update
5(e)	CFO/COO	**Enter into a new Energy Performance Contract and deliver year 1 of the Public Sector Decarbonisation Scheme.**	On track with Energy Performance Contract.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Board Assurance Framework (BAF)**			
Agenda Item:	**6.2**			
Sponsor:	**Gail Byrne, Chief Nursing Officer**			
Date:	**27 July 2023**			
Purpose:	**Assurance or reassurance** ✓	**Approval**	**Ratification**	**Information** ✓
Issue to be addressed:	The Board Assurance Framework (BAF) provides assurance against the achievement of our strategic objectives; highlighting those that are at risk of not being delivered. The BAF provides evidence to support the annual governance statement and is a focus of CQC and audit scrutiny. This report sets out the strategic risks, control framework, sources of assurance and action plans. The BAF is a dynamic document that will reflect the Trust's changing strategic position.			
Response to the issue:	The BAF has been developed with input from responsible executives and relevant stakeholders. It satisfies good governance requirements on information and scoring. The report has been updated following discussions with the relevant executives and their teams.			
Risks: (Top 3) of carrying out the change / or not:	The ability of the Board to effectively manage strategic risk is fundamental to the delivery of the Trust's strategic objectives and is a core element of the CQC's 'well led' inspection process. An organisation that does not monitor its strategic risk through a Board Assurance Framework or similar document may not be aware of key risks, or may not understand failures in the control environment and actions planned to address these failures.			
Summary: Conclusion and/or recommendation	The Board is asked to note the updated Board Assurance Framework.			

Board Assurance Framework – July 2023

The Board Assurance Framework (BAF) has been updated following discussions with the executive directors and others to reflect the current position.

The risks continue to be grouped according to the Trust's key strategic themes:

1: **Outstanding patient outcomes, safety and experience**
- 1a: Lack of capacity to appropriately respond to emergency demand, manage the increasing waiting lists for elective demand, and provide timely diagnostics, that results in avoidable harm to patients.
- 1b: Due to the current challenges, we fail to provide patients and their families / carers with a high-quality experience of care and positive patient outcomes.
- 1c: We do not effectively plan for and implement infection prevention and control measures that reduce the number of hospital-acquired infections and limit the number of nosocomial outbreaks of infection.

2: **Pioneering research and innovation**
- 2a: We do not take full advantage of our position as a leading University teaching hospital with a growing, reputable, and innovative research and development portfolio, attracting the best staff and efficiently delivering the best possible treatments and care for our patients.

3: **World class people**
- 3a: We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.
- 3b: We fail to develop a diverse, compassionate and inclusive workforce, providing a more positive staff experience for all staff.
- 3c: 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.

4: **Integrated networks and collaboration**
- 4a: We do not implement effective models to deliver integrated and networked care, resulting in sub-optimal patient experience and outcomes, increased numbers of admissions and increases in patients' length of stay.

5: **Foundations for the future**
- 5a: We are unable to deliver a financial breakeven position, resulting in: Moving into NHS Outcomes Framework segment 4, which leads to entering into the Recovery Support Programme and additional controls / undertakings; A reducing cash balance, impacting both The Trust's ability to invest in line with its capital plan and estates / digital strategies, and the Trust's ability to invest in transformation initiatives
- 5b: We do not adequately maintain, improve and develop our estate to deliver our clinical services and increase capacity.
- 5c: We fail to introduce and implement new technology and expand the use of existing technology to transform our delivery of care through the funding and delivery of the digital strategy.
- 5d: We fail to prioritise green initiatives to deliver a trajectory that will reduce our direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045.

The articulation of risk 5a has been updated to take into account the Trust's current financial position as well as the entry of the Integrated Care System into the Recovery Support Programme. Risk 2a has been added following discussions at Board in early 2023.

In terms of the risk ratings, these have remained broadly the same since July 2022. The current risk scores for Risks 3a and 3c have increased from 16 to 20 and from 9 to 12 respectively over the period.

Outstanding patient outcomes, safety and experience						Monitoring Committee: Quality Committee Executive Leads: COO, CMO, CNO
1a) Lack of capacity to appropriately respond to emergency demand, manage the increasing waiting lists for elective demand, and provide timely diagnostics, that results in avoidable harm to patients.						
Key Controls	**Gaps in Controls**	**Current Risk Score (I x L)**	**Key Assurances**	**Gaps in Assurance**	**Key Actions**	**Target Risk Score* (I x L)**
Use of independent sector to increase capacity. Triage of patient lists based on risk of harm. Consultant-led flagging of patients of concern. Clinical Prioritisation Framework. Capacity and demand planning, including plans for surge beds and specific seasonal planning. Patient flow programme to reduce length of stay and improve discharge. Outpatient transformation programme focused on reducing follow up demand. Theatre transformation programme to improve theatre utilisation / treat more patients. Urgent and Emergency Care Board established to drive improvements across UEC pathways. Weekly divisional performance meetings with a particular focus	Excess demand in community and social care combined with cuts to Hospital Discharge Funding may further increase the number of patients in hospital not meeting the criteria to reside. Limited funding, workforce and estate to address capacity mismatch in a timely way. Lack of local delivery system response and local strategy to manage demand in our emergency department as well as to address delays in discharge from the acute sector. Staff capacity to engage in quality improvement projects due to focus on managing operational pressures.	4 x 5 20	Clinical Assurance Framework, reported monthly to executive. Live monitoring of bed occupancy and capacity data. Weekly performance meetings to monitor key access targets. Rapid Improvement Plans to support improvements across cancer pathways. UEC recovery plan to support improvements across UEC pathways. Monitoring and reporting of waiting times. Harm reviews identifying cases where delays have caused harm.	Limited capacity within the Local Authority to support for patients without a criteria to reside. Lack of granular plans at specialty level to support reduction in outpatient follow ups. Ongoing industrial action through 22-23 and into 23-24 presents significant risk to the Trust's ability to meet ongoing demand on our services.	Outpatient theatres and inpatient flow transformation programmes. Review of ED workforce model against national workforce tool. Review of local delivery system plan for reducing delays throughout the hospital. Deliver target of 113% of 19/20 baseline activity to secure additional funding and address waiting lists. Deliver plans to hit the trajectory of no patients waiting over 65 weeks by March 2024. Open additional wards (x2 coming on line in Q2/3 2023/4). Community Diagnostic Hub opening in Q3 2023/4 to provide additional diagnostic capacity.	4 x 3 12 Apr-25

Outstanding patient outcomes, safety and experience					**Monitoring Committee: Quality Committee**	
					Executive Leads: COO, CMO, CNO	
1a) Lack of capacity to appropriately respond to emergency demand, manage the increasing waiting lists for elective demand, and provide timely diagnostics, that results in avoidable harm to patients.						
on cancer and long waiting patients.	Challenges in staffing ED department during periods of extreme pressure.					

Outstanding patient outcomes, safety and experience					Monitoring Committee: Quality Committee Executive Leads: COO, CMO, CNO	
1b) Due to the current challenges, we fail to provide patients and their families / carers with a high-quality experience of care and positive patient outcomes.						
Key Controls	**Gaps in Controls**	**Current Risk Score (I x L)**	**Key Assurances**	**Gaps in Assurance**	**Key Actions**	**Target Risk Score* (I x L)**
Trust Patient Safety Strategy and Experience of care strategy. Organisational learning embedded into incident management, complaints and claims. Learning from deaths and mortality reviews. Mandatory, high-quality training. Health and safety framework. Robust safety alert, NICE and faculty guidance processes. Integrated Governance Framework. Trust policies, procedures, pathways and guidance. Recruitment processes and regular bank staff cohort. Culture of safety, honesty and candour. Clear and supportive clinical leadership. Delivery of 23/24 Always Improving Programme aims. Involvement of patients and families through our Quality	No agreed funding for the quality of outcomes programme to go forward beyond this year. Staff capacity to engage in quality improvement projects due to focus on managing operational pressures .	3 x 4 12	Monitoring of patient outcomes. CQC inspection reporting: Good overall. Feedback from Royal College visits. Getting it right first time (GIRFT) reporting to Quality Committee. External accreditations: endoscopy, pathology, etc. Kitemarks and agreed information standards. Clinical accreditation scheme (with patient involvement). Internal reviews into specialties, based on CQC inspection criteria. Current and previous performance against	Negative outlier on follow-ups for outpatients. Ongoing industrial action through 22-23 and into 23-24 presents significant risk to the Trust's ability to meet ongoing demand on our services	**Introducing a robust and proactive safety culture:** Implement plan to enable launch of PSIRF in Q3 2023/24. Embed learning from deaths lead & lead medical examiner roles (primary and secondary care) and develop objectives and strategy. Introduce thematic reviews for VTE. Implement the second round of Ockenden recommendations. **Empowering and developing staff to improve services for patients** Completion of SDM project, data analysis and formulate plan for ongoing roll-out, predominantly focussed on specialist services. To embed as business as usual from April 2023. Baseline assessments and two quarters' submissions have completed and this will form part of the CQINN this year. **Always Improving programme** Delivery of 23/24 aims of patient flow, outpatient and optimising operating services programmes and associated quality, operational and financial	3 x 2 6 Mar-24

Outstanding patient outcomes, safety and experience					**Monitoring Committee: Quality Committee** **Executive Leads: COO, CMO, CNO**	
1b) Due to the current challenges, we fail to provide patients and their families / carers with a high-quality experience of care and positive patient outcomes.						
Patient Safety Partners (QPSPs) in PSSG, SISG and Quality Improvement projects.			NHS Constitution and other standards. Matron walkabouts and executive led back to the floor. Quality dashboard, KPIs, quality priorities, clinical audits and involvement in national audits. Performance reporting. Patient Safety Strategy Oversight Committee Transformation Oversight Group (TOG) including TOG dashboard to oversee impact.		benefits (incl. Outpatient follow-up reduction). Further development of our continuous improvement culture to ensure a sustained focus on quality and outcomes. Increase specialties contributing to CAMEO We are developing a new strategy linking outcomes, transformation, and safety. Actively managing waiting list through points of contact, escalating patients where changes are identified. Ongoing harm reviews for p2s and recurring contact for p3 and p4 patients.	

Outstanding patient outcomes, safety and experience	Monitoring Committee: Quality Committee
	Executive Leads: CNO, COO

1c) We do not effectively plan for and implement infection prevention and control measures that reduce the number of hospital-acquired infections and limit the number of nosocomial outbreaks of infection.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
Annual estates planning, informed by clinical priorities. Digital prioritisation programme, informed by clinical priorities. Infection prevention agenda. Local infection prevention support provided to clinical teams. Compliance with NHSIE Infection Assurance Framework. COVID ZERO and #Don'tGoViral campaigns. Digital clinical observation system. Implementation of My Medical Record (MMR). Screening of patients to identify HCAIs. Risk assessments in place for individual areas for ventilation, bathroom access, etc. to ensure patient safety.	Transmissibility of Covid and other infections such as norovirus, RSV and influenza. Non-compliant patients and lower uptake of vaccinations due to 'vaccine fatigue'. Refamiliarisation with response to resurgence of other common infections such as norovirus.	3 x 3 9	Gold command infection control. Hand hygiene and cleanliness audits. Patient-Led Assessment of the Care Environment. National Patient Surveys. Capital funding monitored by executive. NHSE/I infection assurance framework compliance reporting to executive, Quality Committee and Board. Clinical audit reporting. Internal audit annual plan and reports. Finance and Investment Committee oversight of estates and digital capital programme delivery. Digital programme delivery group meets each month to review progress of MMR. Quarterly executive monitoring of Estates KPIs (maintenance, cleanliness, fire safety, medical devices, etc.).	None	Ongoing campaigns to include all viruses supported by internal and external communications plan. Review infection prevention measures in response to changes in guidance and move to 'living with COVID'. Look to decentralise COVID pathways, with COVID positive patients to be cared for in the appropriate specialist areas. Review of infection prevention methods for C-diff following missing trajectory.	3 x 2 6 Apr-24

Pioneering research and innovation					**Monitoring Committee: Trust Board** **Executive Lead: Chief Medical Officer**	
2a) We do not take full advantage of our position as a leading University teaching hospital with a growing, reputable, and innovative research and development portfolio, attracting the best staff and efficiently delivering the best possible treatments and care for our patients.						
Key Controls	**Gaps in Controls**	**Current Risk Score (I x L)**	**Key Assurances**	**Gaps in Assurance**	**Key Actions**	**Target Risk Score* (I x L)**
Research strategy, approved by Board and fully funded. Always improving strategy, approved by the board and detailing the UHS improvement methodology. Partnership working with the University and other partners. Clinical academic posts and training posts supporting strategies. Secured grant money. Host for new regional research delivery network, supporting regional working. Local ownership of development priorities, supported by the transformation team.	Operational pressures, limiting time for staff to engage in research & innovation. Limited capacity to support new studies and research areas, relating to hard to recruit areas, turnover, and existing clinical priorities. Research priorities with partners not necessarily led by clinical or operational need. No overarching strategy to support innovation.	4 x 3 12	Governance structure surrounding University partnership. Board to Council meetings. Joint Senior operational group. Joint Research Strategy Board. Joint executive group for research. Joint executive group for innovation. Joint Innovations and Commercialisation Group – UHS/UoS. Monitoring research activity funding and impact at R&D steering group. MHRA inspection and accreditation. Strategy and transformation process. CQC review of well-led criteria, including	Limited corporate approach to supporting innovation across the Trust.	Staff survey to test staff engagement and understanding of innovation at UHS. Deliver R&I Investment Case. International Development Centre, attracting external funding to support staff in pursuing innovation. Execute an agreed joint programme of work with partners through establishing executive group for education. Maximise the benefits of the newly established Wessex Health Partnership as a founding member. Supporting departments in increasing recruitment and retention through work with R&D to create innovative roles. Review the Trust's approach to corporate-wide innovation.	3 x 2 6 Jan-25

Pioneering research and innovation					Monitoring Committee: Trust Board Executive Lead: Chief Medical Officer	
2a) We do not take full advantage of our position as a leading University teaching hospital with a growing, reputable, and innovative research and development portfolio, attracting the best staff and efficiently delivering the best possible treatments and care for our patients.						
Key Controls	**Gaps in Controls**	**Current Risk Score (I x L)**	**Key Assurances**	**Gaps in Assurance**	**Key Actions**	**Target Risk Score* (I x L)**
			research and innovation.			

World class people	Monitoring Committee: People and Organisational Development Committee
	Executive Lead: CPO

3a) We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
New 5-year People Strategy and clear objectives for Year2 monitored through POD. Recruitment and resourcing processes. Workforce plan and overseas recruitment plan. General HR policies and practices, supported by appropriately resourced HR team. Temporary resourcing team to control agency and bank usage. Overseas recruitment including a reduced level of nurse vacancies. Recruitment campaign. Apprenticeships. Recruitment control process to ensure robust vacancy management against budget. Workforce reviews to respond to specific recruitment and retention issues (e.g. the ACP review).	Ability to fully manage demand on workforce requirements due to external factors such as patient needs, criteria to reside, industrial action. Complete data reviews to ensure alignment of HR and Finance information. Completion of divisional workforce plans to ensure local ability to track progress. Differential pay grading across the ICS leading to retention difficulties. Full workforce CIP identification for 2023/24.	4 x 5 20	Fill rates, vacancies, sickness, turnover and rota compliance . NHSI levels of attainment criteria for workforce deployment. Annual post-graduate doctors GMC report. WRES and WDES annual reports - annual audits on BAME successes. Gender pay gap reporting. NHS Staff Survey results and pulse surveys. Joint finance and Workforce working group on data assurance. Temporary staffing collaborative diagnostic analysis on effectiveness.	Improving forecasting of WF position at year end. Universal rostering roll out including all medical staff. Full review of new national workforce plan(published July) for impacts at UHS.	Approval of Year 2 objectives supporting delivery of the Trust's People Strategy. Deliver workforce plan for 22/23 including increasing substantive staff in targeted areas offset by reducing temporary agency spend. To develop and implement Divisional Workforce Plans. To deliver specific plans to reduce reliance on temporary workforce. To focus on delivery of workforce CIP in partnership with finance and the Divisional teams. To improve data reporting on workforce to support decision making, and alignment with finance reporting. To improve workforce prediction and forecasting. To implement a range of programmes to reduce turnover to 13.6%. To implement a range of measures to reduce our staff absence to 3.9%. To implement a range of measures to improve medical deployment. Ensure accuracy of leave allocation and recording for medical staff via Health roster for all	4 x 3 12 Mar-25

World class people				Monitoring Committee: People and Organisational Development Committee		
					Executive Lead: CPO	
3a) We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.						
					care groups. Increase use of Health roster across medical staff groups. Continued management of industrial action to mitigate patient impact, and continue to support staff motivation, morale and wellbeing.	

World class people	Monitoring Committee: People and Organisational Development Committee
	Executive Lead: CPO

3b) We fail to develop a diverse, compassionate and inclusive workforce, providing a more positive staff experience for all staff.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
Great place to work including focus on wellbeing Refresh re-launched of Trust's Wellbeing offer post COVID. Guardian of Safe Working Hours. Re-launched appraisal and talent management programme. **Building an inclusive and compassionate culture** Inclusion and Belonging Strategy signed off at Trust Board. Creation of a divisional steering group for EDI. FTSU guardian, local champions and FTSU policies. Diversity and Inclusion Strategy/Plans.	To recruit to the new network leads for the Trust and re-energise the network capacity and capability. Refreshed alues and behavioural frameworks. Coverage of allyship training. Embedded responsibility for all leaders on inclusion.	4 x 3 12	**Great place to work including focus on wellbeing** Annual NHS staff survey and introduction of quarterly pulse engagement surveys. Guardian of Safe Working Hours report to Board. Regular communications monitoring report Wellbeing guardian. Staff Networks. Exit interview process. Wellbeing Guardian and wellbeing champion. **Building an inclusive and compassionate culture** Freedom to Speak Up reports to Board. Qualitative feedback from staff networks data on diversity. Annual NHS staff survey and introduction of quarterly pulse engagement. Listening events with staff, regular executive walkabouts, talk to David session.	Maturity of staff networks Maturity of datasets around EDI, and ease of interpretation	**Building an inclusive and compassionate culture** Deliver year 1 objectives of the new Inclusion and Belonging strategy by March 2024: This includes • 50% of UHS staff to have participated in Allyship training by 31 March 2024 • Completing the inclusive recruitment review • Strengthening the role of the staff networks • Embed the belonging blue print • Deliver another cohort of positive action programmes • To improve the quality and dept of EDI data to support decision making, • Ensuring all Board members objectives include a focus on EDI.	4 x 2 8 Mar-25

Collaborative working with trade unions. Launch of the strategic leaders programme with a cohort of 24 across UHS.			Insight monitoring from social media channels. Allyship Programme. Gender Pay Gap reporting.		To deliver an enhanced staff recognition and reward programme including: • Delivery of the new We are UHS Awards • Deliver We are UHS week in September 2023 • New in-person monthly staff spotlight meetings • Refreshed weekly news to keep staff up to date • Peer to peer thankyous which are easy to enact refresh the underpinning behaviours of our Trust Values and produce a new behaviours framework. This will underpin future leadership development and OD interventions.	

World class people	Monitoring Committee: People and Organisational Development
	Executive Lead: CPO

3c) 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.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
Education Policy New leadership development framework, apprenticeships, secondments In-house, accredited training programmes Provision of high quality clinical supervision and education Access to apprenticeship levy for funding Access to CPD funding from HEE and other sources Leadership development talent plan 2023-2024 Executive succession planning	Quality of appraisals Limitations of the current estate and access to offsite provision Access to high-quality education technology Estate provision for simulation training Staff providing education being released to deliver education, and undertake own development Releasing staff to attend core training, due to capacity and demand Releasing staff to engage in personal development and training opportunities Limited succession planning framework, consistently applied across the Trust	4 x 3 12	Annual Trust training needs analysis reported to executive Trust appraisal process GMC Survey Education review process with Health Education Wessex Utilisation of apprenticeship levy Talent development steering group People Board reporting on leadership and talent, quarterly	Need to develop quantitative and qualitative measures for the success of the leadership development programme Full review of new national workforce plan(published July) for impacts at UHS.	To increase the proportion of appraisals completed and recorded to 85%, and increase staff quality perceptions on appraisal by March 2024. Take specific targeted action to improve areas of low satisfaction in the GMC survey. Building strategic partnerships with new Southampton UTC and the new FE colleges alliance, increasing our overall usage of the apprentice levy (March 2024) Relaunch/refresh of the VLE need to be put down as a key action in terms of supporting people to access more self directed learning opportunities? Implement the leadership development and talent plan throughout 2023 and 2024 Strategic leadership programme and positive action programmes	3 x 2 6 Mar-25

Integrated networks and collaboration	Monitoring Committee: Quality Committee
	Executive Leads: CEO, CMO, Director of Networks & Strategy

4a) We do not implement effective models to deliver integrated and networked care, resulting in sub-optimal patient experience and outcomes, increased numbers of admissions and increases in patients' length of stay.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
Key leadership role within local ICS Key leadership role within local networked care and wider Wessex partnership UHS strategic goals and vision Establishment and development of Hampshire and Isle of Wight Acute Provider Collaborative (HIoW APC) Establishment of UHS Integrated Networks and Collaboration Board focussing on delivery of the four network types, (Integrated community, Hospital networks, Specialised services and Diagnostic networks)	Potential for diluted influence at key discussions Arrangements for specialised commissioning – delegated from centre to ICS – historically national and regional, rather than local Form and scope of role for HIoW APC in relation to ICS and other acute provider collaboratives Work to develop a shared pharmacy model with Portsmouth has been delayed, and the Trust is looking at alternative options. The costs associated with the Elective Hub in Winchester may have been underestimated. Additional funding sources may need identifying.	3 x 3 9	CQC and NHSE/I assessments of leadership CQC assessment of patient outcomes and experience National patient surveys Friends and Family Test Outcomes and waiting times reporting Integrated networks and collaborations Board set up for regular meetings at executive level	Delay in implementation of new ICS framework and structures until July 2022, and delay in implementation of changes to specialised commissioning to April 2023	**ICS and PCNs** Priority networks reviewed and updated against UHS network maturity framework; and agreed by trust board for 2023/24. **Integrated Networks and Collaboration** Urology Area Network plan agreed and proceeding at pace Continue appropriate programme management support for networks following appointment for Urology Area Network and approval for HIoW Eye Care Alliance. Business case for future working of the Southern Counties Pathology Network due for consideration by Trust Board in Q3 of 2023/24. Business case development for aseptic services and elective hub by HIoW APC Further development of HIoW APC to drive improvements in outcomes Development of proposals for next phase for Community Diagnostics Centres. Integrated networks and collaboration team set up and recruited to. Clinical leaders ICS forum has been started, this group is an opportunity to gain clarity on board level agreement on network opportunities and ways forward.	3 x 2 6 April-24

Integrated networks and collaboration					Monitoring Committee: Quality Committee	
					Executive Leads: CEO, CMO, Director of Networks & Strategy	
4a) We do not implement effective models to deliver integrated and networked care, resulting in sub-optimal patient experience and outcomes, increased numbers of admissions and increases in patients' length of stay.						
Key Controls	**Gaps in Controls**	**Current Risk Score (I x L)**	**Key Assurances**	**Gaps in Assurance**	**Key Actions**	**Target Risk Score* (I x L)**
					NHSE has approved the business case for the Elective hub, this is a significant step forward and now moving ahead.	

Foundations for the future	Monitoring Committee: Finance and Investment Committee
	Executive Lead: CFO

5a) We are unable to deliver a financial breakeven position, resulting in:

- Moving into NHS Outcomes Framework segment 4, which leads to entering into the Recovery Support Programme and additional controls / undertakings
- A reducing cash balance, impacting both The Trust's ability to invest in line with its capital plan and estates / digital strategies, and the Trust's ability to invest in transformation initiatives

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
Financial strategy and Board approved financial plan. Trust Savings Group (TSG) oversight of CIP programme (£69m). Transformation Oversight Group (TOG) overseeing delivery of 23/24 transformation programmes including financial benefits Tightened 2023/24 business rules Robust controls over recruitment via the Recruitment Control Panel Enhanced workforce controls including workforce review meetings Weekly executive oversight of workforce numbers Robust business planning and bidding processes Engagement in revised ICB financial architecture Robust controls over investment decisions via the Trust Investment Group and associated policies and processes Monthly reporting processes from Care Groups to Trust Board level. Monthly VFM meetings with each CG	Remaining unidentified and high-risk schemes within CIP programme Elements of activity growth unfunded via block contracts Grip of system wide initiatives and assurance of delivery e.g., Criteria to Reside Ability to control and reduce temporary staffing levels	4 x 5 20	Regular finance reports to Trust Board & F&IC Divisional performance on cost improvement reviewed by senior leaders – quarterly. Trust Savings Group oversight of financial recovery plan and CIP programme actions F&IC visibility and regular monitoring of detailed savings plans Transformation Oversight Group (TOG) Operating plan based on cash modelling to ensure affordability of capital programme Involvement in development of ICS Recovery Plan	Current short-term nature of operational planning	Deliver the planned financial deficit. Improve the underlying financial run-rate back to break-even by April 2024 Improve identification of CIP and reduce value of high-risk schemes Work across health system partners to deliver system initiatives (e.g., planned care, urgent care, criteria to reside etc.) Support the organisation to understand the current financial environment, whilst balancing performance, quality and staff morale Full engagement in Recovery Support Programme, including supporting development of the ICS Recovery Plan. Quantify and monitor delivery of financial productivity benefits from 23/24Transformation programme	4 x 3 12 Apr-24

Foundations for the future	Monitoring Committee: Finance and Investment Committee
	Executive Lead: CFO

5a) We are unable to deliver a financial breakeven position, resulting in:

- Moving into NHS Outcomes Framework segment 4, which leads to entering into the Recovery Support Programme and additional controls / undertakings
- A reducing cash balance, impacting both The Trust's ability to invest in line with its capital plan and estates / digital strategies, and the Trust's ability to invest in transformation initiatives

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)

Foundations for the future	Monitoring Committee: Finance and Investment Committee
	Executive Lead: COO

5b) We do not adequately maintain, improve and develop our estate to deliver our clinical services and increase capacity.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
Multi-year estates planning, informed by clinical priorities and risk analysis Up-to-date computer aided facility management (CAFM) system Asset register Maintenance schedules Trained, accredited experts and technicians Replacement programme Construction Standards (e.g. BREEM/Dementia Friendly Wards etc.) Six Facet survey of estate informing funding and development priorities Estates masterplan 22-32 approved. Clear line of sight to Trust Board for all risks identified	Missing funding solution to address identified gaps in the critical infrastructure Timescales to address risks, after funding approval Operational constraints and difficulty accessing parts of the site affecting pace of investment including refurbishment	4 x 4 16	Compliance with HTM / HBN monitored by estates and reported for executive oversight Patient-Led Assessments of the Care Environment Statutory compliance audit and risk tool for estates assets Monitoring at Finance and Investment Committee, including progress of capital investment and review of critical infrastructure risk and updates to Six Facet survey Quarterly updates on capital plan and prioritisation to the Board of Directors	Funding streams to be identified to fully deliver capacity and infrastructure improvements	Continue work on the estates strategy following the finalisation and agreement of the estates masterplan, including engagement with all clinical and non-clinical divisions Identify future funding options for additional capacity in line with the site development plan Delivery of 2023/24 capital plan Implement the HOIW elective hub. Deliver £5m of critical infrastructure backlog maintenance Agree plan for remainder of Adanac Park site Site development plan for Princess Anne hospital.	3 x 4 12 Apr-25

Foundations for the future	Monitoring Committee: Finance and Investment Committee
	Executive Lead: COO

5c) We fail to introduce and implement new technology and expand the use of existing technology to transform our delivery of care through the funding and delivery of the digital strategy.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
Digital prioritisation programme, informed by clinical priorities, supported by chief clinical information officers and chief nursing information officers, and safeguarded by clinical safety officers Digital strategy incorporating: • technology programme • clinical digital systems programme • data insight programme	Hampshire and Isle of Wight ICS digital strategy yet to be fully finalised, including digital convergence, and alignment with wider expectations. Funding to technically refresh and for digital development, including the impact of proposals for 'levelling up' as part of funding distribution decisions for the funding available. Ability to implement workforce plan to retain staff needed to underpin strategy Cyber security and recovery capability requires investment and development Development of a non-clinical/business systems strategy	3 x 4 12	Monthly executive-led digital programme delivery group meeting Finance oversight provided by the Finance and Investment Committee Quarterly Digital Board meeting, chaired by the CEO	Funding to cover the development programme, improvements, and clinical priorities Difficulties in understanding benefits realisation of digital investment. ICB outline business case funding for EPR	Recruitment of key Digital resource – starting with cyber security and leadership roles – to mitigate operational risk Achieve 200,000 My Medical Record (MMR) accounts and 30% paper switch-off Rollout of inpatient noting to all appropriate wards Digital ophthalmology system project 'open eyes' to be implemented Identify opportunities for funding for digital transformation and programmes. Robust programme prioritisation in line with available funding. Develop benefits realisation calculations across whole digital programme, linked to other Trust transformation programmes Develop digital literacy across trust to support rollout of new products Explore commercial partnership options to mitigate lack of UHS workforce to deliver strategy. Implementation of new Emergency Department patient flow and vital signs systems via Alcidion.	3 x 3 9 Mar-24

Foundations for the future	Monitoring Committee: Finance and Investment Committee
	Executive Lead: COO

5c) We fail to introduce and implement new technology and expand the use of existing technology to transform our delivery of care through the funding and delivery of the digital strategy.

Key Controls	Gaps in Controls	Current Risk Score (I x L)	Key Assurances	Gaps in Assurance	Key Actions	Target Risk Score* (I x L)
					Joint delivery of Outpatient, Inpatient and Operating Efficiency programmes with Transformation team through single programme governance	

Foundations for the future					Monitoring Committee: Trust Executive Committee	
					Executive Lead: CMO	
5d) We fail to prioritise green initiatives to deliver a trajectory that will reduce our direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045.						
Key Controls	**Gaps in Controls**	**Current Risk Score (I x L)**	**Key Assurances**	**Gaps in Assurance**	**Key Actions**	**Target Risk Score* (I x L)**
Governance structure including Sustainability Board (with patient representation), Sustainability Delivery Group and Clinical Sustainability Group Appointment of Executive Lead for Sustainability Green Plan	Clinical Sustainability Plan/Strategy (CSP) Sustainable Development Management Plan (SDMP) Long-term energy/decarbonisation strategy Communications plan	2 x 3 6	Progress against the NHS direct emission net zero target by 2040, with an ambition to reach an 80% reduction by 2028 to 2032 Progress against the NHS indirect emissions target to be net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039 Quarterly reporting to NHS England and NHS Improvement on sustainability indicators Green Plan and Clinical Sustainability Programme has been approved by Trust Investment Group and Trust Board.	Definition of and reporting against key milestones	Agree funding requirements to commence the delivery of the strategies Progress improvements to the Trust's estate and energy supply, including use of funding from the Public Sector Decarbonisation Scheme. Develop metrics and establish governance processes in respect of the Trust's Green Plan and other related strategies. Review green energy ambitions following extreme rises in electricity costs.	2 x 2 4 Dec-24

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Register of Seals and Chair's Actions**			
Agenda item:	**7.2**			
Sponsor:	**Jenni Douglas-Todd, Trust Chair**			
Date:	**27 July 2023**			
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 seals affixed 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 Chair's action.			

1 Chair's Actions

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

1.1 **Single Tender Action** relating to the Robot Contract with the Spire Southampton Hospital, for an Interim 7-month Agreement rolled forward as a variation to the existing contract, for the period 1 July 2023 – 31 March 2024, at a cost of £858,000 excluding VAT. Approved by the Chair on 20 July 2023.

2 Recommendation

The Board is asked to ratify the Chair's action.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Trust Executive Committee Terms of Reference**			
Agenda item:	**7.3**			
Sponsor:	**David French, Chief Executive Officer**			
Author:	**Craig Machell, Associate Director of Corporate Affairs**			
Date:	**27 July 2023**			
Purpose:	**Assurance or reassurance**	**Approval** **X**	**Ratification**	**Information**
Issue to be addressed:	It is proposed to amend the terms of reference for the Trust Executive Committee (**TEC**) to add the recently created Urgent Emergency Care Board as a group reporting to TEC in the structure diagram in Appendix A.			
Response to the issue:	The proposed draft terms of reference are attached, marked up with the proposed changes, which have been reviewed and approved by the TEC. These are subject to final approval by the Trust's board of directors to provide additional assurance on the constitution of the TEC given the committee's responsibility for developing and implementing the strategy adopted by the board and the operational management of the Trust.			
Implications: (Clinical, Organisational, Governance, Legal?)	The terms of reference ensure that the purpose and activities of the TEC are clear and support transparency and accountability in the performance of its role.			
Risks: (Top 3) of carrying out the change / or not:	1. Executive, divisional and broader clinical leadership are involved in decision-making in areas of strategic and operational significance at UHS. 2. Non-compliance with the Trust's standing financial instructions and policies relating to the specific responsibilities of TEC. 3. The Trust and TEC may not function as effectively without terms of reference in place.			
Summary: Conclusion and/or recommendation	Trust Board is asked to approve the terms of reference following review and approval by the TEC on 19 July 2023.			

University Hospital Southampton NHS
NHS Foundation Trust

Trust Executive Committee Terms of Reference

Version: ~~9~~10

Date Issued:	~~20 December 2022~~27 July 2023
Review Date:	December 2023
Document Type:	Terms of Reference

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1. Role and Purpose

1.1 The Trust Executive Committee (the **Committee**) is responsible for supporting the Chief Executive Officer in the performance of their duties as accounting officer of University Hospital Southampton NHS Foundation Trust (**UHS** or the **Trust**) and all Executive Directors in fulfilling the duties and responsibilities delegated to them by the board of directors of the Trust (the **Board**).

1.2 The Committee ensures that executive, divisional and broader clinical leadership are involved in decision-making in areas of strategic and operational significance at UHS.

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

2. Constitution

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

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

2.3 In carrying out its role the Committee is authorised to seek reports and assurance from executive directors and managers and will maintain effective relationships with the chairs of other management and Board committees to understand their processes of assurance and links with the work of the Committee.

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

3. Membership

3.1 The members of the Committee will be appointed by the Chief Executive Officer and will be:

3.1.1 the Chief Executive Officer;

3.1.2 all other Executive Directors;

3.1.3 the Deputy Medical Directors;

3.1.4 the Director of Strategy and Partnerships;

3.1.5 all Divisional Clinical Directors;

3.1.6 all Divisional Directors of Operations;

3.1.7 all Divisional Heads of Nursing and Professions;

3.1.8 the Director of Midwifery;

3.1.9 the Director of Research and Development;

3.1.10 the Director of Education;

3.1.11 the Deputy Director of Nursing for Quality;

3.1.12 the Director of Informatics;

3.1.13 the Director of Estates, Facilities & Capital Development;

3.1.14 the Director of Communications;

3.1.15 the Director of Planning and Productivity;

3.1.16 the Director of Data and Analytics;

3.1.17 the Director of Commercial Development;

3.1.18 the Director of Contracting;

3.1.19 the Deputy Chief Operating Officer;

3.1.20 the Chief Pharmacist;

3.1.21 the Director of Operational Finance

3.1.22 the Deputy Chief People Officer

3.1.23 the Associate Director of Corporate Affairs and Company Secretary; and

3.1.24 the Dean of Medicine, University of Southampton.

3.2 The Chief Executive Officer will chair of the Committee (the **Committee Chair**). In the absence of the Committee Chair and/or an appointed deputy, the remaining members present will elect one of themselves to chair the meeting.

3.3 Only members of the Committee have the right to attend and vote at Committee meetings.

3.4 Other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary, particularly when the Committee is considering areas of strategy, risk or operation that are the responsibility of that individual.

4. Attendance and Quorum

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

4.2 The quorum for a meeting will be ten members including at least four (4) executive directors and at least one (1) representative from each division. A duly convened meeting of the Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

4.3 When a member is unable to attend a meeting they may appoint a deputy to attend on their behalf.

5. Frequency of Meetings

5.1 The Committee will meet monthly and otherwise as required.

6. Conduct and Administration of Meetings

6.1 Meetings of the Committee will be convened by the secretary of the Committee at the request of the Committee Chair or any of its members.

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

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

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

7. Duties and Responsibilities

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

7.1 ***Objectives and strategy***

7.1.1 The Committee will develop the strategy and operational plans for recommendation to the Board including strategic objectives, quality priorities and the capital plan, working for the benefit of patients, staff and other stakeholders.

7.1.2 The Committee will monitor and manage the successful execution of strategy and the delivery of strategic objectives, quality priorities and financial plans once approved.

7.2 ***Performance and operations***

7.2.1 The Committee will monitor and manage quality and safety of patient care and the delivery of patient outcomes.

7.2.2 The Committee will monitor and manage the delivery of services to nationally mandated standards.

7.2.3 The Committee will monitor and manage operational plans and budgets.

7.2.4 The Committee will optimise the allocation of resources.

7.2.5 The Committee will support the active liaison, coordination and cooperation between divisions, care groups and services.

7.2.6 The Committee will ensure that issues of equality, diversity and inclusivity are considered and addressed.

7.3 ***Resources***

7.3.1 The Committee will monitor the staff experience, identifying actions to support the positive engagement, retention and recruitment of staff.

7.3.2 The Committee will review revenue business cases of £1 million or more in value, approving those with a value of £2.5 million or less, referring those above that value to the Finance and Investment Committee for approval.

7.3.3 The Committee will review capital business cases over £2.5 million in value, approving those with a value of £5 million or less, referring those above that value to the Finance and Investment Committee for approval.

7.3.4 The Committee will approve all business cases requiring significant clinical or strategic input regardless of value.

7.3.5 The Committee will review all business cases for consultant posts and approve any business cases for the creation of new consultant posts.

7.3.6 The Committee will approve significant changes to the Trust's estate.

7.3.7 All decisions of the Trust to tender for health-related services will be reported to the Committee.

7.4 ***Governance and risk management***

7.4.1 The Committee will ensure that effective management systems and processes are in place to support the delivery of the Trust's strategy and plans.

7.4.2 The Committee will review any changes to the organisational structure of the Trust, making recommendations for change.

7.4.3 The Committee will review significant risks to the delivery of the Trust's strategy, plans and performance and monitor and manage risk management processes and internal controls.

7.4.4 The Committee will monitor and manage compliance with relevant legislation and regulations.

7.4.5 The Committee will monitor and manage the integrity of management information and financial reporting systems.

7.5 ***Innovation***

7.5.1 The Committee will identify and support the execution of innovation in the delivery of services and areas of activity.

7.6 ***Policies***

7.6.1 The Committee will consider, and approve as appropriate, policies identified by the Chief Executive Officer for its consideration.

8. Accountability and Reporting

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

8.2 Appendix A sets out the sub-committees that report to and support the Committee in fulfilling its duties and responsibilities.

9. Review of Terms of Reference and Performance and Effectiveness

9.1 At least once a year the Committee will review its collective performance and its terms of reference. Any proposed changes to the terms of reference will be recommended to the Board for approval, other than changes to the membership and attendees, which will require approval by the Committee alone.

10. References

10.1 National Health Service Act 2006

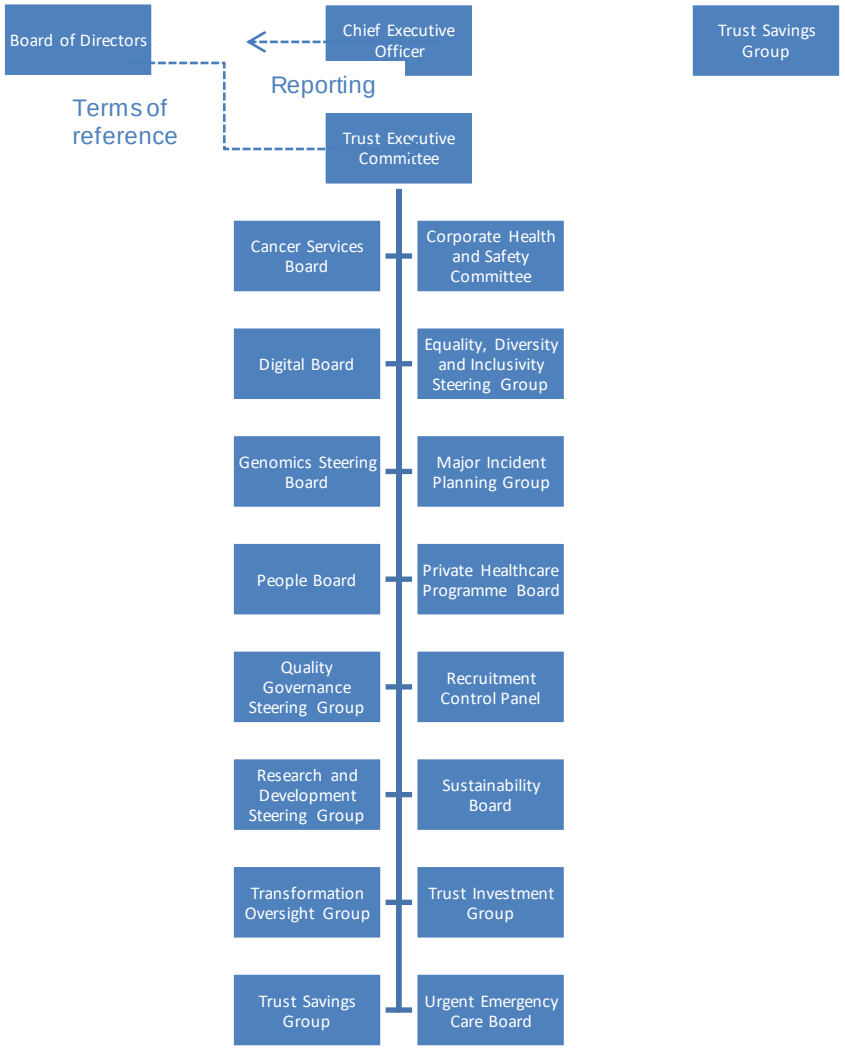
10.2 NHS Foundation Trust Code of Governance

10.3 NHS foundation trust accounting officer memorandum (August 2015)

10.4 NHS Oversight Framework

10.5 Standing Financial Instructions

Appendix A


Board of Directors
Chief Executive Officer
Trust Savings Group
Reporting
Terms of reference
Trust Executive Committee
Cancer Services Board
Corporate Health and Safety Committee
Digital Board
Equality, Diversity and Inclusivity Steering Group
Genomics Steering Board
Major Incident Planning Group
People Board
Private Healthcare Programme Board
Quality Governance Steering Group
Recruitment Control Panel
Research and Development Steering Group
Sustainability Board
Transformation Oversight Group
Trust Investment Group
Trust Savings Group
Urgent Emergency Care Board

Trust Executive Committee Terms of Reference	Version: ~~9~~10

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