



University Hospital  
Southampton  
NHS Foundation Trust

# QUALITY ACCOUNT 2022/23

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# Part 1: Statement on quality from the chief executive

## 1.1 Chief executive's statement and welcome

**Welcome to the quality account for University Hospital Southampton NHS Foundation Trust (UHS) for 2022/23. This document provides an overview of the activity that has been taking place in our hospitals for the quality agenda during this time.**

The last two and a half years have been hard for everyone both at UHS and the wider NHS. It has seemed more difficult than ever this year with emergency demand, waiting lists, continued challenges around COVID-19 and national industrial action, but at UHS we are proud to have maintained a focus on the quality and safety of the services we deliver to our community. More than ever this year, our Trust values have been our foundation which anchor us as we work hard to share our vision, strategy, and culture.

Our mission at UHS is to be better every day, and every member of staff is involved in helping the Trust practice its value of 'always improving'. We feel strongly that everyone across our organisation is responsible for keeping quality and the patient at the centre of everything we do. We are proud of our incredible staff, volunteers, patients, and everyone in the community who continue to ensure we provide such high levels of quality in continued unprecedented circumstances, and we recognise they have all been remarkable in the support and kindness shown to each other throughout the year.

During the pandemic, the Trust invested in the wellbeing of its staff, and we continue to invest significantly in our people to ensure that they are best placed to deliver world class quality care and be proud of that achievement. It gives me great pleasure to share in this report some of the results from the last staff survey which includes being ranked seventh nationally for recommendation as a place to work out of 124 organisations in the acute and acute community trusts category, and shows we are the top performing Trust in the Southeast region for this question.

For us, quality improvement is the focus of making measurable improvements to our services for patients and staff. We want all our staff to feel their ideas are welcomed and valued. We also want all teams to work together to make improvements happen that really benefit our patients and staff. In this report we demonstrate through our retrospective review of last year's quality priorities just how much progress in quality improvement our staff have made.

We recognise that outstanding quality of care is not just about delivering excellent clinical outcomes. It is also about making sure that our patients feel listened to and supported. We have made good progress with our shared decision-making agenda and are increasingly working more collaboratively with our patients and partners on key projects and service improvement. This year several of our quality priorities reflect our aspiration to help people to manage their health and wellbeing so they can maximise their independence and choice. We want to support our patients to work with us to plan their care and treatment, recognising what matters to them.

We are also using this year's quality priorities to help us focus on how well we understand the diverse health and care needs of people and our local communities., and where that care may be unequal. Our goal is to provide care which addresses some of those inequalities, is personalised, joined-up, flexible and supports choice and continuity.

This year we have been able to take some time to consider some wider quality issues, and have been delighted to be able to launch our UHS Green Plan. The plan sets out our response to the challenge of the NHS becoming the world's first health service to reach carbon net zero, and sets out the scale of the challenge, our commitment to reducing the impact on the environment and the steps we will collectively take to get there.

The challenges of the last year may have been significant, but there are some real positives from the experience. We are steadily developing new ways of working across teams and services to support people and are seeing the benefits of a more collaborative approach as a health and care system. Integrated care remains an authentic focus, and major change continues across our services helping us to continue to develop quality during the coming year.

The next 12 months promises to be equally exciting and challenging, and we look forward to continuing to work together to deliver the best possible care for our community.

The information contained within this report has been subject to internal review. Therefore, to the best of my knowledge, the information contained within this document reflects a true and accurate picture of quality in the Trust.



**David French**  
**Chief Executive Officer**  
26 June 2023

## 1.2 Introduction to this report

Every year all NHS hospitals in England must prepare and publish an annual report for the public about the quality of their services. This is called the quality account and makes us at UHS more accountable to our patients and the public which helps drive improvement in the quality of our services.

Quality in healthcare is made up of three core dimensions:

- **Patient experience** – how patients experience the care they receive.
- **Patient safety** – keeping patients safe from harm.
- **Clinical effectiveness** – how successful is the care we provide?

The quality account incorporates all the requirements of The National Health Service (Quality Accounts) Regulations 2010 (as amended) as well as additional reporting requirements. This includes:

- How well we did against the quality priorities and goals we set ourselves for 2021/22 (last year).
- It sets out the priorities we have agreed for 2023/24 (next year), and how we plan to achieve them.
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts.
- Additional information about our progress and achievements in key areas of quality delivery.
- Stakeholder and external assurance statements, including statements from Hampshire and IOW Integrated Health Board, Healthwatch, our Council of Governors, Hampshire and Isle of Wight Integrated Care Board and Southampton County Council's Health Scrutiny Committee.

# Part 2: Priorities for improvement and statements of assurance from the board

## 2.1 Priorities for improvement

This section provides a look back over the 2021/22 quality priorities at UHS and sets out our quality priorities for 2023/24.

### 2.1.1 Progress against 2022/23 priorities

Last year we continued our ambition to deliver the highest quality care shaped by a range of national, regional, local, and Trust wide factors. We recognised the overriding issues of the significant operational pressures which were being felt right across the health and social care system. Our challenge was to deliver the best quality care in the context of these operational pressures, and we set our quality priorities accordingly.

#### Overview of success

No	Quality Priority	Measure of success
1	Enhancing capability in Quality Improvement (QI) through our Always Improving strategy	Achieved
2	Developing a culture of kindness and compassion to drive a safety culture	Partially achieved: plans to fully deliver training have been affected by operational pressures
3	We will improve mental health care across the Trust including support for staff delivering care	Partially achieved: quality improvement projects have not yet been delivered. Mental health strategy not yet finalised
4	Recognising and responding to deterioration in patients	Achieved
5	Improving how the organisation learns from deaths	Partially achieved: we have not been able to establish a learning from deaths steering group
6	Shared decision making (SDM)	Achieved
7	Shared decision making (SDM)	Achieved
8	Ensure patients are involved, supported, and appropriately communicated with on discharge	Achieved

<b>PRIORITY ONE</b>	<b>Enhancing capability in quality improvement (QI) through our Always Improving strategy</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>QI is the use of methods and tools to continuously improve quality of care and outcomes for our patients and is recognised as a central tenant of all outstanding organisations. At UHS this is demonstrated by our Always Improving value and underpinned by our Always Improving strategy which sets out our approach to building and maintaining our QI capability. It reflects the Trusts' vision, mission, and values, and is supported by robust integrated governance. It gives our staff access to a wide range of training opportunities and practical experiences at different levels to give them the skills they need to think differently and drive QI for the benefit of our patients, their families, and carers.<sup>1</sup></p> <p>We recognise that historically it has often been difficult to prioritise the time to train our staff in the skills required to engage successfully in QI, and it can be difficult to create the space to apply a systematic organisational approach to guide them. During 2021/22 we committing to creating time and space to build momentum in our QI work, acknowledging that developing our QI capability would act as an enabler and catalyst to support the delivery of all our quality priorities.</p>	
<b>What have we achieved?</b>	
<p><b>Offer secondments to staff to build quality improvement skills within transformation programmes</b></p> <p>The transformation team has grown to over thirty team members including project support officers, project managers, benefit realisation managers. This has allowed us to develop that systematic organisational approach to guide and support our staff in their QI projects.</p> <p><b>Training our workforce</b></p> <p>To date we have trained over 1500 people in our improvement approach, which exceeds our original target of five hundred. We did, however, find the longer improvement courses of half a day or more saw a significant drop in take-up due to difficulties in releasing staff away from their responsibilities while clinical pressures on the Trust continued to be extreme. As these clinical challenges showed no sign of improving, we redesigned the course to make sure our workforce could still be upskilled. The redesign allowed for the education to be delivered at a time and place tailored to the variety of clinical challenges the staff were facing. We developed a modular education course ("knowledge shares"), that uses shorter 'bite sized' workshops delivered locally, as well as hybrid, virtual and fully online components. The modules can be built up into six progressive levels, from introductory to master with certification at each level. Evidence of a local quality improvement project must be presented before certification can be granted.</p> <p>We have also developed new project tools and templates to support our project training and to standardise project reporting. These are shared across our staff groups and have been well received.</p> <p><b>Quality improvement projects</b></p> <p>We originally set a target of delivering fifty quality improvement projects but have successfully supported a total of 84 (fifty-five local and twenty-nine flow improvements). These are local change projects which were identified, proposed, led, and delivered by the people who do the work.</p> <p>Our projects can be small or large, and staff are encouraged to develop them with or without the transformation team. They are also encouraged to share the outcomes of their projects whether they are successful or still have more to do, so others can learn from them and be inspired by their work. We recognise it can be just as valuable to learn from things that did not go as planned.</p> <p>We use a wraparound approach to ensure we work 'with' and upskill our staff with supporting improvement and project tools, rather than doing 'to' or 'for' our staff. We feel this collaborative approach grows capability, continuing learning and autonomy moving forward.</p>	

<sup>1</sup> A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. When we refer to carers in this document, this is inclusive of both adult and young carers



The projects we have completed vary from full-service reviews to more basic quality improvements and cover all four of our clinical divisions as well as our management offices.

## Examples of QI projects across the organisation:



## Examples of live local projects across the divisions:

### Project: Family inclusive care - Hello my name is not Mum/Dad/Parent!

**What is the problem?** Use of mum/dad/parent instead of names of family members/carers of paediatric patients can lead to depersonalisation of family members sometimes making them feel excluded from their child's care.

**Aim:** In our neonatal department there is a specific demographic of patients that require a longer admission than paediatric patients secondary to their prematurity. Parents and families spend long periods of time in hospital and therefore deserve to feel part of the team. By making small changes to our communication such as using their names when appropriate we hope to develop this 'feel.'

**What is the change?** Introduce name badges for parents in the neonatal admission bags.

**How will we know a change is an improvement:** Parental satisfaction: we will complete pre and post intervention questionnaires to collect feedback.

Our staff will demonstrate improvement in their awareness and use of family member names.

Our families will tell us they feel our care is 'family inclusive.'

### Project: Pain management following minimally invasive thoracic surgery: is patient-controlled analgesia (PCA) needed?

**What is the problem?** PCA is historically known to have higher side effect risks with little added benefits with increased administration.

**Aim:** To reduce pain control side effects such as nausea and vomiting and improve pain level scoring at post-operative day one, and at discharge following video assisted thoracoscopic surgery (VATS) lobectomy procedures.

**What is the change?** Education to prescribers of analgesia post-operatively for this patient cohort. To inform better analgesia prescribing knowing the side-effects of PCA and its impact on patient recovery outcomes post-operatively. Establishment of a standardised post-operative pain management protocol for minimally invasive thoracic procedures using evidential data proving benefits of prescribing alternative post operative analgesia to achieve better pain outcome at discharge with reduced side-effects.

**How will we know a change is an improvement:** Patients who did not use PCA experienced no nausea and vomiting post-operatively and had better pain score outcome on day of discharge. They were also discharged quicker as they were able to mobilise earlier and engage well with physiotherapists.

**Project: Development of a staff resource to improve (a) induction into department, (b) multidisciplinary communication to specialities calling on-call radiology and (c) workflow efficiency**

**What is the problem?** New gastrointestinal radiology trainees must answer phone calls queries from various referring specialities with minimal prior experience, expertise and/or formal training. This burdens both the referring specialities and the radiology department with delays in communication which in turns delays patient scans.

**Aim:** To try and accomplish the development of a resource that would help reduce this issue.

**What is the change?** The development of an electronic resource to reduce the need for both (a) delaying a referral from a clinical team and/or (b) seeking advice from a senior colleague before. A comprehensive resource, with an easy to navigate menu/ feature can help achieve this.

**How will we know a change is an improvement:** We will measure the number of times a new trainee has to (a) delay a referral from a clinical team and/or (b) seek advice from a senior colleague before proceeding. After our intervention, if fewer delays to scans must be made, we will know an improvement has been achieved.

**Project: Improving hand hygiene on the wards**

**What is the problem?** We have been seeing some low scores on our inpatient hand hygiene audits.

**Aim:** To engage all staff in undertaking a quick peer review hand hygiene audit during their shift to recognise where we are failing and how we can improve compliance with handwashing policy. Use this intelligence to drive improvements in understanding and practice.

**What is the change?** We are measuring the compliance of correct hand hygiene on the ward by peer review. By staff undertaking the audit will recognise where the compliance is needed and change their practice

**How will we know a change is an improvement:** Improved compliance and knowledge base on re-audit.

**What our staff tell us:**



**Redevelopment of QI project register**

We have redeveloped our project register on our electronic Ulysses system to provide a rich resource for all our staff to access. Staff are encouraged to upload a summary of their improvement project to our QI library via a simple template that is quick to complete. By doing this we are building up a stock of improvement stories from across the Trust, and any staff member can have a look through projects for shared learning and inspire ideas and changes they may want to make. The redevelopment and new process has seen an 85% rise on average in number of projects added to the system.



## Staff survey results

A key indicator in achieving this priority is what our staff tell us through the NHS Staff Survey. Our aim was to improve our staff engagement scores in the improvement related questions (see below in Figure 1) to demonstrate an increase in staff engagement and capability in improvement.

We are pleased to report that our engagement score has moderately improved in each area with our response q3d achieving 'green' indicating we are 3% above the national average. These results for improvement are more favourable in the context of an overall reduction in engagement score nationally.

**Figure 1: Staff survey engagement scores 2022**

Comparator information		Picker average 2022	Organisation 2022	Organisation 2021
Q	Description	n=227671	n=7023	n=6985
q3d	Able to make suggestions to improve the work of my team/dept	71.5%	74.9%	74.2%
q3e	Involved in deciding changes that affect work	50.5%	52.9%	52.8%
q3f	Able to make improvements happen in my area of work	54.3%	57.1%	56.8%

## 2022 Always improvement conference

Our Always Improving conference took place in October 2022. Keynote speakers included Dr Bob Klaber, director of strategy, research and innovation and consultant paediatrician at Imperial College Healthcare NHS Trust. The event provided an opportunity to interact, engage, celebrate, and share learning with others and to inspire the one hundred staff that attended to make a difference on our journey to world class care.

A selection of workshops took place during the day, providing an opportunity to develop specific skills around improvement methodologies, measurements for improvement, coaching approaches and authentically partnering with patients in improvement work.

We had over thirty poster submissions as part of a quality improvement competition. Posters included "education- one course that made almost two hundred staff super-confident in virtual teaching", "tracheostomy patients - improving care, safety, and outcomes" and "PERIPrem Plus - optimal cord management and birth day cuddles".

We also had over ten entrances to our 'dragons' den' style event where teams were encouraged to share their improvement ideas for a chance to receive support and funding to help get their idea live. Submissions included "20 is the new ten; improving antibiotic stewardship in suspected early onset neonatal infection", "a Trust-wide approach to early mobilisation on critical care" and "reducing length of stay for patients with fracture neck of femur".

## What our staff tell us:



### **Always improving quality improvement hub**

We have developed a centralised quality improvement hub which is an online area where everything associated with Always Improving and QI is located. The hub is there to support self-directed learning in improvement tools, while embedding a culture of supporting each other in sharing improvement ideas and best practice. All training, technology, entertainment, design (TED) talks, links to outside resources, quality service and redesign information, our knowledge shares, tips, and useful information is accessible. There are QI tools for download, areas to register quality improvement projects and a forum for sharing ideas and best practice.

### **Governance oversight**

In 2022 we redefined our project governance and developed a full reporting dashboard for organisational change as follows:

- An Always Improving clinical reference group which acts as a user assurance group for advice/ feedback, provide clinical user input and advice.
- An organisation change steering group which provides strategic guidance, oversight and accountability for the organisation change programme and ensures alignment of the programme with strategic direction.
- A transformation oversight group which provides accountability, assurance, and steerage, highest escalation point.

We report monthly and bimonthly into these meetings and have developed a dashboard of metrics and have full programme reporting and assurance as monthly agenda items.

## Key areas identified for further improvement

- We will develop the Always Improving hub further. This has needed a much wider testing before a full launch, and we hope to develop this next year onto a web-based collaborative platform that integrates natively with Microsoft Office.
- We will identify and train improvement influencers in each division and spread the improvement message using influencers to be our improvement champions.
- We will develop a robust communication strategy that celebrates success and always improving.
- We will roll out our modular education programme to all staff and increase the number of modules on our “knowledge share” curriculum based on plan, do, study, act (PDSA) results and increase our education faculty with two divisionally based educators.
- We will aim to get our “knowledge shares” education accredited with the chartered institute of personnel and development (CIPD) which is the professional body for human resources (HR) and people development.
- We plan to work collaboratively with patient safety, organisational development, communications, and research teams to deliver a weeklong ‘We Are UHS Week’ to replace the Always Improving conference.
- We will share education jointly with integrated care boards (ICB) and with the University of Southampton (UoS).

## How ongoing improvements will be measured and monitored

We will monitor our progress through the governance oversight committees described above.

<b>PRIORITY TWO</b>	<b>Developing a culture of kindness and compassion to drive a safety culture</b>
<b>Partially achieved</b>	
<b>Why was this a priority?</b>	
<p>Sometimes we are concerned our staff can feel kindness and compassion is being put at risk by the demands from our healthcare systems. Recently, the role of compassion in healthcare has become a major discussion point, with many research studies concluding that a culture of compassionate patient care is the key to improve health outcomes and reduces workplace stress and burnout.</p> <p>We also know that high performing teams promote a culture of honesty, authenticity, and psychological safety, and that this culture requires civility, kindness, and compassion which in turn creates a sense of safety. Behaving in ways that value and respect those around us can optimise performance and improve the quality of patient care and safety. Equally, incivility can impact on quality, affecting how teams function and make clinical decisions which in turn can have a negative effect on patient outcomes and the quality of their care.</p> <p>The civility saves lives campaign (part of the NHS England People Plan 2021/22), aims to raise awareness of the negative impact rudeness can have in healthcare and promotes the power of civility. At UHS we aspire to align ourselves with this campaign, creating a strong culture of kindness and compassion to drive a culture of quality care and safety.</p>	
<b>What have we achieved?</b>	
<p><b>Communication strategy</b></p> <p>During the year we used a variety of communication platforms to make sure staff understood our vision and were kept up to date with our plans and progress. We used these strategies to publicise events, keep the profile of our ‘kindness and compassionate’ work high, and to signpost staff to information, support, and opportunities. We use Workplace, (our own internal social media platform) and other social media platforms to share ideas as well as staff briefing routes on our intranet (Staffnet). We have linked our ambition to develop a culture of kindness and compassionate to our Trust values (patients first, working together and always improving), through this communication, aligning it with our Trust vision.</p> <p><b>Training</b></p> <p>We have arranged for levels one and two of the NHS safety syllabus training to be available for all staff on our virtual learning environment (VLE). This training is focused on growing a culture where safety is not just seen as a collective responsibility, but as a key priority. It covers many areas and includes the need to recognise everyone’s role in creating a positive, kind, and compassionate patient safety culture</p> <p>Uptake has not been as high as we would have liked due to our clinical and organisational pressures. We had also decided not to make the syllabus mandatory, which in retrospect may have meant it was not prioritised when hard decisions had to be made about releasing time for education. To improve compliance, we responded by mapping the syllabus into other patient safety education and are starting to see an increase in staff trained.</p> <p>Our advocate training continues to be a rolling programme led by our transformation team and is strongly focused on supporting a culture of kindness and compassion. The patient safety team has been delivering kindness and empathy workshops on the programme to support those affected by patient safety incidents. Although we have not been able to run this training every month as we hoped, we capture between twenty-thirty staff members from very varied backgrounds each time it is run, so have easily exceeded our original target of twenty staff members.</p>	

## What our staff tell us about our advocates training:



We have been able to continue to run monthly cohorts of our patient safety incident investigation training which over one hundred staff have now attended. We have embedded kindness and compassion elements successfully into this training and have reached staff groups from across the Trust including governance teams and members of our serious incident scrutiny group, as well as staff from a variety of clinical and non-clinical roles.

This year we have recruited to our second cohort of patient safety associates all of whom have completed human factors training and education. Kindness and civility also underpin the work on the patient safety incident response framework (PSIRF) preparation which we expect to transition into by Autumn 2023. We have reviewed all the education and training opportunities in the Trust and can now be confident all programmes contain an element of civility and kindness.

### Just culture

A just and learning culture underpins the PSIRF and this workstream continues to be driven through our working group meetings chaired by our chief people officer. We know that we work in an extraordinarily complex environment where things do not always go to plan, but our focus is to allow our staff to learn using a compassionate approach that assumes good intentions and understands the impact of the system and why decisions made sense at the time. We are working to develop and embed a culture which allows staff to speak up and ask, "what happened and how do we learn?". Our just culture staff guide has been written and is ready for publication.

### Extract from our just culture staff guide:





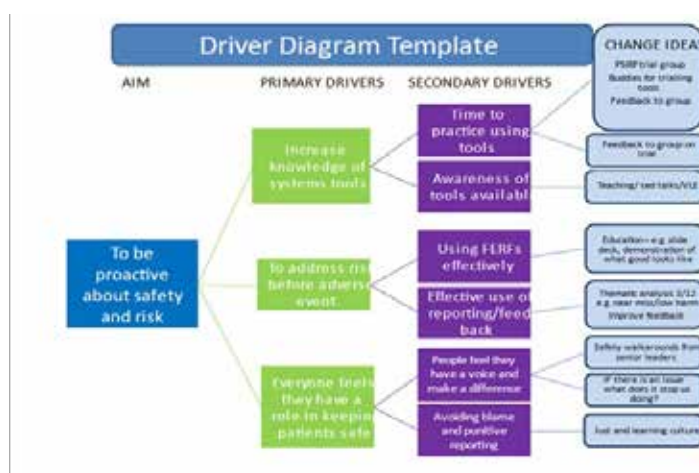
## 'Stop for support' safety huddles

These huddles were introduced in our clinical areas during the pandemic and are designed to provide our clinical staff with a ten minute 'stop for support' time to gather in their teams on a shift-by-shift basis to focus on key elements of safety and staff wellbeing. Psychological safety is included in this remit providing an opportunity for staff to escalate further if they require support from our staff wellbeing support services. This year we have strengthened the kindness and compassion element of these conversations so that this focus is part of everyday discussions.

### Key areas identified for further improvement

- We will review the 2022 staff survey results to assess the baseline of engagement in an organisational culture of kindness and compassion and use this information to inform ways of further engaging our staff.
- We will focus on improving compliance with level one of the patient safety syllabuses using a variety of methods to deliver more face to face, exploring social media /video / IT platforms to enable us to reach a wider audience in a variety of different ways. We will aim to deliver sessions as part of our Trust induction.
- We will work to increase the variety of patient safety education forums all underpinned by civility and kindness.
- We plan to design a human factors strategy and training plan. This will incorporate human factors training across high-risk pathways every month using tools that identify contributory factors in safety investigations to support organisation learning from human factors.
- We will continue to embed appreciative inquiry training into existing training programmes across the organisation.
- We will continue to roll out the PSIRF focusing on the 'what' not 'who' approach supporting a systems approach to learning from patient safety incident.
- Use driver diagrams such as the example below to explain and map our plans and progress.

Figure 2: Example of driver diagram



### How ongoing improvements will be measured and monitored

- We will continue to monitor the staff survey and respond accordingly to the intelligence this gives us.
- As part of the PSIRF preparation we will complete a questionnaire for staff, patients, and families (those affected) by patient safety incident investigations over the last year, aiming to improve the collaboration in goal setting and improvement and testing out the success of including kindness and compassion in our work.

<b>PRIORITY THREE</b>	<b>We will improve mental health care across the Trust including support for staff delivering care</b>
<b>Partially achieved</b>	
<b>Why was this a priority?</b>	
<p>In 2020 the Care Quality Commission (CQC) identified that acute hospitals and their mental health Trust partners needed to improve the care of patients with mental health needs while they are attending acute hospital emergency departments (ED) or receiving in-patient care. This is also supported by NICE guidelines which originated in 2009.</p> <p>Increasingly we are seeing a significant number of patients who have psychological needs, and/or co-occurring mental health needs presenting in our ED. These people come with a physical health requirement which may be a primary physical health need, or as a direct result of a mental health crisis. Many physical health conditions also have a direct impact on psychological and mental health. If we do not address this as part of their acute hospital care this will result in poorer outcomes for our patients and increase their length of stay.</p> <p>Our aim is for people with physical and mental health needs to always receive an equitable and high-quality service. Optimising mental health is now a core principle of the UHS clinical strategy. We recognise we will need to work hard to achieve this ambition due to the complexity of need and the challenges of meeting that need in an acute setting.</p>	
<b>What have we achieved?</b>	
<p><b>Staff training and education</b></p> <p>During 2022/23 UHS worked with Southern Health liaison psychiatry to complete a training needs analysis (TNA). This aimed to identify current national and local guidance and policy relevant to mental health education delivery and highlight any gaps in our education provision.</p> <p>The TNA showed we had a significant gap in our ability to meet the training and education needs required for our staff, so this year we appointed to core educational posts in liaison psychiatry and identified a liaison psychiatry consultant as educational lead in the liaison psychiatry service.</p> <p>We identified a significant gap for de-escalation and disengagement training which our patient facing staff told us was a priority to them. One response we successfully introduced a ‘reducing violence and aggression de-escalation and dis-engagement’ course using a ‘train the trainers’ model, supported by an external company called Maybo whose aim is to reduce the risk of behaviours of concern and workplace violence. The course is for all staff in patient facing roles across the Trust to learn safer de-escalation approaches, maintain personal safety and follow post incident procedures. It also covers knowing how to promote patients’ rights across the lifespan, reducing restrictive practice and understand risks, rights, and responsibilities in the workplace.</p> <p>Sixteen of our staff are now trained to provide the course across the Trust. Training is delivered generically, but also in a targeted way to key cohorts at risk of violence and aggression such as emergency and urgent care pathway and paediatric staff. Eight of the sixteen trainers are from the critical care group and have a priority to initially deliver training to their speciality. It has been agreed that this cohort will also receive training in safe holds as well as de-escalation and breakaway.</p> <p>To date a total of 141 staff have completed the training across the Trust with a rolling programme of training dates for 2023/24 agreed. A successful communications campaign was launched in February 2023 to further promote the training. We are now attempting to secure additional funding from charity donations to ensure a faster roll out of the training. We have also introduced integrated training on ligature cutters into statutory and mandatory life support training having noted it as another gap requiring urgent attention.</p>	

During the year we have been able to support delivery of the Oliver McGowan national autism programme which is the standardised training requirement that regulated service providers need to make sure their staff receive. We have worked in collaboration with Southern Health educational leads to ensure other rolling training programmes included in national accreditation strategies are met through joint endeavours.

## What our staff tell us:



## Mental health champions

The mental health champions course was designed to enable staff to feel more confident in their own practice and to support their clinical area with patients' mental health care. It covers a wide range of subjects including mental health needs and diagnosis, understanding the mental health act, enhancing care to manage risk and improve safety. It also covers strategies for staff to look after their own mental health.

After being paused during the pandemic this training started again in January 2023. To date this course has been delivered to 153 staff members exceeding the objective of reaching 150 staff members over the course of the year, and there are future dates available to continue to upskill the workforce.

While formal training for champions was on hold, we were able to deliver some training through other existing education forums, and fifty-one members of staff received a reduced version of the mental health champions' course. We now have a programme designed to deliver ongoing support to our champions as they work in their clinical areas.

## Quality improvement

A deep dive audit of 28 days of mental health attendances to the ED was completed in 2022 to determine whether there were areas of the patient journey that could be improved via QI projects.

The patient's journey was mapped from pre-hospital care to discharge from ED (or discharge from a UHS in patient stay), and 293 attendances were looked at. Several QI projects were identified from this work:

- Improving how patients with mental health needs access the dedicated mental health nursing support 24/7 provided by NHS 111 service.
- The need to conduct retrospective reviews with Southampton South Central ambulance service (SCAS) and local police teams to prompt considering redirecting patients with mental health issues to more appropriate services than ED to ensure 'right place, right care right time.
- Prompting collaborative working with the ICB to address the challenges of community-based care for patients with mental health being limited.

We have not been able to start these projects this year, so their delivery forms part of our plan for 2023/24.

Improvement in pathways and support for patients detained under the Mental Health Act (MHA)

The Mental Health Act (MHA 1983 amended 2007) administration standard operating procedure (SOP) has been ratified this year. This ensures Trust pathways follow up to date legal processes and ensures adequate information and support is provided to our patients.

Staff changes delayed the development of a suite of training sessions to educate staff on the SOP, however, these are now underway and are being delivered to a range of staff groups including our hospital operations centre team. This training is being developed into a recorded session to be used across the Trust and available to all staff.

Delivery on the SOP is overseen by the Trust Board, and clear reporting structures have been embedded into the mental health board which in turn escalates to quality committee and Trust board. An MHA data report relating to the detentions within the Trust is provided. A snapshot example of the data reporting is given below.

Figure 3: Snapshot example of data reporting

**Total detentions (s5(2), s2, s3)**



**Organisational structure**

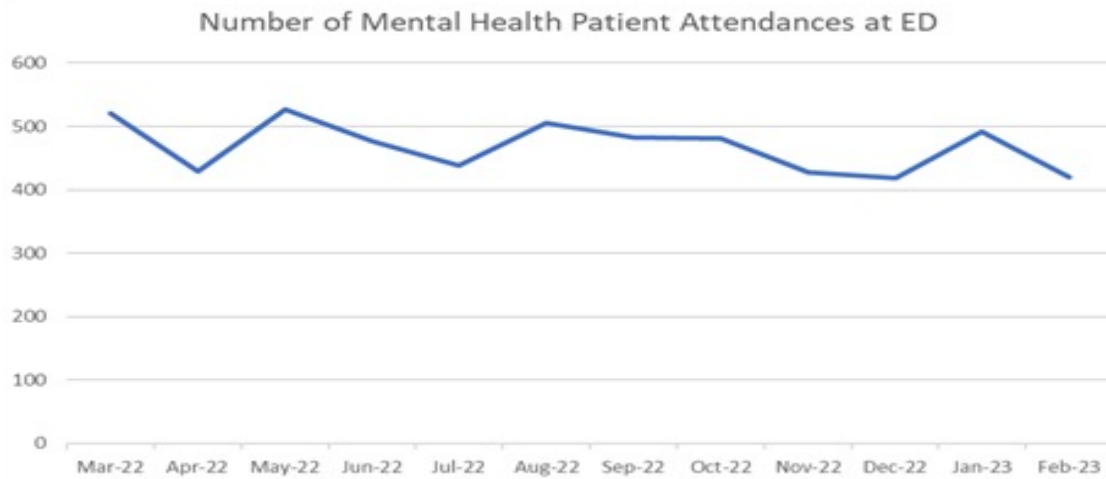
Although we have not yet finalised our mental health strategy, there has been significant investment in our mental health organisational structure. Our mental health team has expanded by 50% with new roles created in operational management to support the long-term strategy of the Trust.

The Liaison Psychiatry Southern Health Foundation Trust received additional funding from the ICB for 13.2 whole time equivalent (wte) posts across psychiatry, psychology, nursing, and administration in support of service growth. It also achieving the Core 24 requirements which is a liaison mental health service model provided twenty-four hours, seven days a week across urgent and emergency care pathways. Further review of the psychology staffing requirement will be outlined in the final mental health strategy following benchmarking of equitable acute Trusts.

**IT systems to support quality**

Monitoring trends through our ED department and inpatient stays allows us to measure demand in the Trust and help us plan capacity needed to support our patients. Figure 4 shows a snapshot of the number of mental health attendances in ED during 2022.

Figure 4: snapshot of the number of mental health attendances in ED during 2022.



We have been working closely with our central informatics team to improve our data systems to equip us with the necessary data on patients who have additional mental health, intellectual disability, and psychological needs.

Data collated includes an analysis of patients attending the ED with a mental health diagnosis code or chief complaint. A snapshot example of the data reporting is given here.

### Key areas identified for further improvement

- We will work to ensure the Trust mental health strategy is completed, implemented, and embedded across all divisions.
- We aim to agree an MHA administration SOP, supported with education for staff, and monitor compliance through our mental health board.
- We aim to continue to roll out education for medical staff, ward-based staff and ED staff through face to face and on-line sessions.
- We plan for all training to run through the VLE system to ensure clear auditing pathways and that staff can evidence their training.
- We will work towards all training meeting core quality markers including service user and carer involvement, peer review, alignment to national policy/ guidelines and ensure all training includes a strategy to embed learning in practice.
- We will work to place suicide awareness training on to the statutory and mandatory training of all staff.
- We aim to develop a suite of training packages for relevant staff groups.
- Completion of the QI projects mentioned above.
- We will finalise a mental health organisational structure.

### How ongoing improvements will be measured and monitored

- Oversight will be given by the UHS mental health board and our quality committee.
- For any service level agreements contract review meetings will be held with respective trusts to ensure contractual agreements and key performance indicators are reviewed.
- De-escalation and dis-engagement training will be monitored by the on-going reporting to the violence and aggression steering group.
- Logging all training on the VLE system will ensure clear auditing pathways and that staff can evidence their training.



<b>PRIORITY FOUR</b>	<b>Recognising and responding to deterioration in patients</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>The recognition, assessment, and escalation of a deteriorating patient (either adult or child) are key elements of our Trust- wide patient safety and quality strategy. We aim to improve clinical outcomes for acutely ill patients, and we know that rapid response to patient deterioration both in and out of hours is a key determinant of those outcomes.</p> <p>At UHS we use the national early warning score (NEWS2) and national paediatric early warning score (NPEWS) to provide our staff with a standardised language and approach to assessing adult and paediatric patients who either present as acutely ill or are showing clinical signs of deterioration. These are systems for scoring the physiological measurements that are routinely recorded at the patient's bedside. Their purpose is to identify acutely ill patients, including those with sepsis. A score of five or more is a key threshold and is indicative of potential serious acute clinical deterioration and the need for an urgent clinical response.</p> <p>These scoring systems are a key element of patient safety and improving patient outcomes. The monitoring of activations and escalations of NEWS2 and NPEWS provides a barometer for overall levels of patient acuity which is the measurement of the intensity of nursing care required by a patient for both adult and paediatric ward areas.</p> <p>A collaborative and inclusive approach to acuity and deteriorating patients is also part of our overall strategy to ensure that key learning points are shared across the whole of UHS.</p>	
<b>What have we achieved?</b>	
<p><b>Introducing NPEWS into our children's hospital</b></p> <p>During 2021/22 we successfully introduced NPEWS into our Southampton children's hospital and we are now part of the national test and trial of NPEWS which is assessing the usability of the scoring system. We have also explored how NPEWS can be adapted for children with complex medical conditions requiring interventions (including non-invasive ventilation) as part of their normal care.</p> <p>We have established a system to monitor and analyse NEWS2 compliance and activations each month at organisational, divisional and ward level using an electronic observation system which is widely used across UHS, and which facilitates robust data for analysis.</p> <p>We share monthly NEWS2 activation data (presented with a year-on-year comparison to show seasonal fluctuations and new clusters of activations), with the deputy director for nursing and patient safety leads, divisional heads of nursing, matron teams and ward leaders for local review and analysis.</p> <p>A daily heat map of escalation times over a 24-hour period was piloted in 2022 and will be rolled out across all adult inpatient areas during 2023. The heat map is designed to show the key times of high acuity within each ward area and to provide robust data for local analysis and action planning.</p> <p>Southampton Children's Hospital is currently funded by NHS England (NHSE) as a testing site for the inclusion of parental or carer concerns as part of the scoring and escalation process. Our aim is to provide assurance to parents and carers that their opinions and thoughts regarding their child's clinical condition are sought and included. Patients and relatives can instigate a clinical review if they feel that their condition is deteriorating. The project team for this work includes a patient safety quality partner to ensure that the voice of the patient is embedded within the project from the start.</p>	

## **NEWS 2 commissioning for quality and innovation (CQUIN)**

The introduction of NHS CQUIN 3 in March 2022 provided us with the opportunity to audit and monitor the recognition, escalation, and review of all unplanned admissions to Intensive Care Units (ICU) from in-patient ward areas. Our aim was to reduce the number of unplanned admissions to an ICU area through earlier detection and escalation of deteriorating patients.

Since April 2022, all unplanned admissions to general ICU, neuro ICU and cardiac ICU are audited on a quarterly basis and submitted to the national CQUIN team. Our data now clearly demonstrates that deteriorating patients are recognised and escalated in a timely manner and a clinical review is completed.

## **Resuscitation committee and cardiac arrest data**

Along with scrutiny and analysis of the NEWS2 CQUIN data, other audit workstreams completed by the resuscitation service provided an insight into UHS's response and outcomes to cardiac arrests.

The national cardiac arrest audit 2022 showed that 38% of patients at UHS who experienced a cardiac arrest survived and were discharged home. This compares favourably to the national average of 22%.

We attribute this success in part to the introduction of treatment escalation plans (TEP) which encourage advance care planning, communicate a ceiling of care around life sustaining treatments for patients and are used in conjunction with the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) plans. TEPs are made in discussion with our patients and are essential in preventing unwanted or unnecessary treatment or interventions. They also encourage autonomy when patients are unable to communicate their wishes or preferences for their care. They allow doctors (especially out of hours), to make informed decisions in the patient's best interests at times of crisis.

All cardiac arrest calls are now audited and analysed monthly to identify common themes such as cardiac or respiratory deterioration and other causes. A low threshold for making cardiac arrest calls is now part of the education and induction at all staff levels. We complete quarterly audit of TEP and DNACPR forms which provide assurance that the forms are completed in accordance with local and national guidelines, and good practice and learning is shared across the organisation.

## **Deteriorating patient education**

During the year we started to develop a deteriorating patient education strategy. The deteriorating patient group asked patient facing staff to complete a short survey regarding acuity and deteriorating patient education. The aim of the survey was to understand what education staff had received and what education they would like to see introduced at UHS. The survey was open for all patient facing staff irrespective of their role. The responses are now being coordinated and will inform this workstream in the coming year.

Throughout the year, education programmes on the recognition, treatment, and escalation of deteriorating patients have been consistently delivered across the Trust. We have including programmes focusing on specific staff groups (such as our newly appointed overseas colleagues), to offer education tailored to the needs of each group. This education has been well received and evaluated.

## What our staff tell us:



### Safety Huddles

As discussed before, our UHS safety huddles prompt good communication and early escalation of both clinical and non-clinical issues. During the year they were rolled out into our paediatric ICU and children's emergency department (CED) to help staff identify and facilitate early escalation of concerns around any clinical deterioration of their patients.

### Unplanned admissions to Paediatric ICU

All unplanned admissions to paediatric ICU are now reviewed weekly. Identification of good practice and areas for improvement are shared with ward teams to improve practice and patient experience. Common themes are monitored and analysed for improvement. This has helped our staff focus on areas which require quality improvement and avoid complacency in their practice.

### Paediatric Outreach Service

September 2022 saw the implementation of a 24-hour paediatric outreach service. This was a significant step forward in terms of safety and quality, and well received by our staff. Key areas for the service to review include the identification and early intervention of the deteriorating child and enhanced support to ward areas for the increased clinical complexity of children.

Auditing of the service has begun with a focus on the impact and added value provided by out-of-hours advanced practitioners.

### Quality Improvement

In 2022 we became the first Trust the UK to use a pioneering 'pocket' ultrasound probe which beams scans instantly to an iPhone or iPad. The ultrasounds are brief, targeted, and clinician-directed imaging studies performed at the patient's bedside, which allow our clinicians to rapidly answer specific clinical questions, optimise patient care, and expedite management. This 'point-of-care' ultrasound has been successfully introduced in paediatric ICU to reduce the requirement for transferring children to another department for radiological investigations for chest conditions.

### Deteriorating patient group

A new Trust lead nurse for acuity was employed in June 2022 for 15 hours per week. This nurse chairs the deteriorating patient group providing strong leadership and continuity. The focus of the group is to undertake key workstreams across UHS to improve recognition, detection, and escalation of acutely ill patients. Group membership is collaborative and inclusive with colleagues from across adults, paediatrics, and neonates as core members to promote Trust wide learning. The group provides organisational oversight and drives the acuity agenda forward.

## Key areas identified for further improvement

- Introducing clinical escalation documentation for adult patients.
- Developing a Trust wide education strategy for deteriorating patient education for all patient facing clinical staff.
- We aim to develop and implement an acuity and deteriorating patient virtual learning and education platform.
- We will continue development of the patient and/ or relatives voice into the deterioration escalation process for adults and children.
- We will work with IT to rebuild the baseline data on sepsis so that there can be a focus during 2023/2024 to establish robust sepsis data with which to monitor our recognition, diagnosis, and treatment of sepsis.
- We will work with the digital/ IT teams to enhance the current IT systems to provide robust evidence of real time escalation and response times to deteriorating patient episodes.
- We will review our out-of-hours worklist to improve identification and responsiveness to deteriorating patients.
- Patient listening events will be held during 2023/24 as part of the patient deterioration escalation project.

## How ongoing improvements will be measured and monitored

- Progress reports and output will be monitored through the UHS deteriorating patient group and the UHS patient safety steering group.
- Monthly reporting and analysis of NEWS2 activations and all unplanned admissions to intensive care areas will be completed to identify areas with increased acuity.
- Monthly reporting and analysis of NEWS2 CQUIN data will be completed to provide early identification of themes and development and implementation of subsequent action plans.
- Monthly reporting and analysis of adult and paediatric critical care outreach team activity will be completed.
- We will present a quarterly resuscitation committee reporting of cardiac arrest outcomes data for local and national reporting.
- We will have quarterly resuscitation committee reporting of TEP and DNACPR form compliance.
- We will have monthly reporting and analysis of in patient and emergency department sepsis identification and treatment.
- Patient experience will be monitored via patient feedback channels and patient surveys and learning shared.

<b>PRIORITY FIVE</b>	<b>Improving how the organisation learns from deaths</b>
<b>Partially achieved</b>	
<b>Why was this a priority?</b>	
<p>A key indicator of an honest, open, and transparent culture that prioritises learning is how well deaths are reviewed and what lessons we learn from them. It is necessary part of clinical and QI work and helps to ensure that patients and families receive the best clinical care and quality of experience.</p> <p>For us at UHS success means that no death goes unexamined, and no learning is missed. It means that families and carers are involved and included in discussions about the care and treatment their loved ones received, and that they, where necessary, get the answers they need.</p> <p>We have had an internal medical examiners service (IMEG) at UHS for some years. IMEG has specially trained staff who give independent advice about the cause of deaths in our organisation (except for deaths which must be reviewed by a coroner). They work closely with our bereavement care team to offer families and carers of the person who has died an opportunity to raise questions or concerns about the causes of death, or about the quality of care the person received before their death.</p> <p>The IMEG service is now required to expand its scope to include all deaths that do not require to be referred to the coroner (non-coronial deaths) in the local community. Our goal during this year was to make sure our own internal mortality review processes were robust, rigorous, and most importantly, interconnected, and could meet this new requirement.</p>	
<b>What have we achieved?</b>	
<p><b>Growth of the medical examiners service</b></p> <p>The Trust now hosts the medical examiner service for Southampton and South-west Hampshire. This service reviews all non-coronial deaths in the community. To support the growth and expansion of the service we made new appointments to the new lead medical examiner post, with a split role divided up into a lead for community reviews and one for hospital deaths.</p> <p>The medical examiners team experienced some staff turnover during the year but ended 2022 with a robust rota of medical examiners and a service on track to meet the national requirements for expansion into all community deaths.</p> <p><b>Mortality governance coordinator</b></p> <p>This year the Trust appointed its first mortality governance coordinator/analyst. This role was developed in recognition of the need to combine clinical scrutiny with family involvement to drive improvements in the quality of our service. Our analyst provides a central hub for collating and analysing information and learning from across the care groups. The role oversees a central collation of learning and reviews being generated at a specialty level via mortality and morbidity (M and M) reviews.</p> <p>A key element of this coordinated approach to learning has been the development and introduction of a mortality reporting app for teams to input learning and information. This easy tool allows selected learning to be uploaded by staff to a central repository for review and thematic analysis.</p> <p><b>Bereavement care</b></p> <p>The Trust's bereavement care service underwent a review during the year with new service changes phased in towards the end of 2022. This will see the team be more present on the wards from now on to support families and staff during immediate bereavement.</p> <p>A key feature of this new service will be extending it to cover seven days a week. The team now provides support in obtaining consent for post-mortem examinations where either the clinical team or the relatives feel that further information about the patient's condition might be obtained. Feedback and information from the bereavement service has been incorporated into both the Trust's end of life programme board and our learning from deaths report to ensure that families contribute to improvement.</p>	



## Key areas identified for further improvement

- Due to capacity issues, we have not been able to establish a learning from deaths steering group this year. We will re-visit this in 2023/24 aiming to have achieved this by 2024.
- Delays in implementing the learning from deaths reporting app mean that embedding it fully also remains a key objective for 2023/24 to ensure all learning can be coordinated and shared.
- We have not yet delivered on our plan to introduce a learning from deaths bulletin to be circulated Trust-wide that highlights key identified learning and improvements that could be actioned or adopted in other specialties. We will aim to complete this in the coming year.
- As the medical examiners service develops, the Trust and the service will look at how to ensure information from the scrutiny reviews is shared and used to inform quality improvement. This will be one of the key areas of focus for the hospital lead medical examiner.
- We will also concentrate on bringing together case reviews from across specialty morbidity and mortality reviews for wider discussion and dissemination.

## How ongoing improvements will be measured and monitored

These services report into our quality committee steering group who will continue to maintain oversight and monitoring.

**PRIORITY SIX**

**Shared decision making (SDM)**

**Achieved**

**Why was this a priority?**

Shared decision making (SDM) is an innovative approach to healthcare that emphasises the importance of patient autonomy and communication and collaboration between healthcare providers and our patients. It encourages healthcare providers to take the time to explain to the patient their condition, the available treatment options and the risks and benefits associated with each option, allowing the patient to make an informed decision about their treatment.

SDM is now a core element of the NHSE approach to universal personalised care and is gaining importance internationally. This reflects the patients’ expanding knowledge of diseases and treatments through information available via media platforms and demonstrates a move by patients’ and clinicians for more active patient involvement. SDM represents a new relationship between people, professionals and the health and care systems. It provides a positive shift in power and decision making, helping people to have a voice, to be heard and to be better connected to their communities.



SDM is also a common feature of best practice guidelines, including the NHSE guidelines for communicating with patients and NICE guidelines. The 2022 NHSE ‘delivery plan for tackling the COVID-19 backlog for elective care’ document states that providers will be required to adopt SDM in admitted non-day case pathways by April 2023, and all admitted pathways by April 2024.

SDM is a core part of the 2020-25 clinical strategy at UHS. Initial projects and pilots in services have confirmed for us the benefits of this approach for our staff and patients. Our ambition is to continue to embed this patient focused principle and care approach across the Trust.

**What have we achieved?**

**To continue supporting existing pilot areas to expand use of SDM in their service**

The shared decision models started at UHS in 2021/22 and have continued to grow with investment in pilot roles to expand these models. These pilots included:

- Advanced nurse practitioners (ANP's) in the surgical liaison team supporting those living with frailty to receive a detailed care plan and comprehensive geriatric assessment, aiming to reduce the likelihood of repeated admissions and prolonged stays in hospital.
- ANP's in onco-geriatrics supporting patients with both frailty and cancer diagnosis to plan treatment that meets their individual needs.
- ANP's and administrative support in the perioperative medicine clinic ensuring patients with additional co-morbidities who are waiting for major surgery have detailed shared decision making conversations to understand personalised risks and benefits. This has been shown to improve outcomes, decisional regret, and quality of life.

We have also developed models in paediatrics bringing SDM to patients who are transitioning from paediatric to adult services, while in maternity we have introduced SDM in birth planning.

## **To take learning from pilot areas and support new specialties to adopt SDM principles**

Using learning from pilot areas and patient feedback from a 9-item SDM questionnaire (SDMQ9 and SDM-Q-Doc) about SDM principles, we have supported specialties to produce patient decision aids (PDA'S) and treatment tools for patients and healthcare staff to use together to help make decisions. The patient decision aids/treatment tools have been developed in accordance with NICE guidelines. Specialties we have worked with this year include:

- Paediatric nephrology (SDMQ9 questionnaire collection and PDA for dialysis treatment choices).
- Neurosurgery (SDMQ9 questionnaire collection and PDAs for suspected pituitary tumour and unruptured intercranial aneurysm).
- Interventional cardiology and transcatheter aortic valve implantation (SDMQ9 questionnaire collection and PDA for coronary angiogram).
- Cardiac surgery (SDMQ9 questionnaire collection and PDAs for severe aortic stenosis, coronary artery disease and great saphenous vein harvesting for coronary artery bypass grafting surgery).
- Medical oncology (PDA for generalised patient information leaflet detailing support offered).
- Medicine for older people - inpatient acute surgical team (SDMQ9 questionnaire collection and PDA for non-complex appendicitis).

To expand on embedding SDM principals during 2023/24 we will continue working with additional specialties to collect SDMQ9's for patient feedback and work on the use of patient decision aids for treatment choices in their areas. Some areas are already showing interest include head and neck cancer services, spinal services, paediatric and adults congenital heart pathways in cardiac services and pharmacy.

## **To develop Trust-wide approach to SDM and extend reach of the project across the Trust. This will support further achievement against the NICE guidelines**

When assessing delivery of SDM against NICE guidelines, UHS performs well, especially in targets related to Trust buy-in, governance and practices of pilot areas. However, to do better we need to ensure principles are implemented in all specialties Trust-wide.

Education programmes are one of the most important ways for us to create awareness of SDM and to provide better patient care in line with the NICE guidelines. This year we have implemented training through five key platforms:

- Educating foundation year and junior doctors at their induction.
- A short SDM training video, which is planned to become part of mandatory training.
- Detailed digital training package available on our VLE training platform.
- Distribution of materials to medical and life science schools of nine universities, supporting understanding of SDM amongst future clinicians.
- In March 2023 we ran a SDM conference week which was open internally and externally. At the conference we discussed the principles of SDM, the challenges and benefits of implementing it in practice and how to integrate it into treatment planning to support engagement and learning in SDM.

We have also expanded our reach across the organisation by:

- Working with the transformation team to maximise discussion across the organisation and ensure teams working in clinical areas can advocate SDM principles.
- Improving visual messaging on SDM around the UHS site, encouraging patients to be involved in decision making
- Developing the SDM champions role. These champions are committed healthcare professionals who are advocates for SDM in the Trust. They have a key role in promoting SDM and leading activities to support embedding principles. There are several SDM champions across all divisions and specialties in the Trust with each member working hard to embed SDM into UHS practice. They have completed SDM-Q9 questionnaires, patient story work, created of PDAs, taken part in SDM training, and hosted and presented at education days.

### To expand patient involvement in the project

To increase our patient involvement this year we worked with the patient support hub to attend a series of roadshows at local libraries across Southampton. The roadshows were run over several months and aimed to build a profile around SDM. They also promoted the 'Ask 3 Questions' campaign, a patient information campaign from the Health Foundation.



It is often difficult for a patient to make a choice at the point of decision making. The "Ask 3 Questions" initiative encourages the patient to gain all the information they might need to make an informed choice, and if they feel they need support, prompts them to ask where to go to get this.

At the beginning of 2023 we ran a series of patient focus groups for members of the patient forum to discuss their experience of SDM making at the Trust. This platform allowed for in-depth discussions around positive and negative experiences from patients which we will use to help inform ongoing SDM work.

### What our patients tell us:



## **To measure the impact of SDM**

We have successfully expanded the use of the SDMQ9 questionnaire. We aimed for a 75% positive response on average to these questionnaires which was our NHSE CQUIN target. The responses from quarter one to quarter four in 2022 reflected positive experiences, and this is demonstrated in the questions 'my healthcare team wanted to know exactly how I want to be involved in making the decision' achieving an average 85% response rate of 'agree, and 'my healthcare team and I reached an agreement on how to proceed', achieving an average 89% response rate of 'agree.'

To further reflect positive responses from patient satisfaction surveys we accounted for the friends and family test (FFT). From the FFT we focused on the percentage of patients reporting on being involved in decisions about care and treatment as best aligns with shared decision making principals. 2022 maintained a positive response rate of 80% and above where patients had responded they 'felt involved.' This metric is reported monthly to the Trust Board.

In addition, we are seeing the first results of data reviewing whether quality SDM conversations impacted on decisions to go ahead with major surgery and on likelihood of decisional regret. We will review this data in depth to understand implications on demand for treatment options and opportunities to replicate study in other specialties.

## **To deliver the SDM NHSE CQUIN**

This year we have engaged with a CQUIN with NHSE to deliver SDM principles in five specialties, to implement PDAs in these areas and to collect SDMQ9s with a positive response rate of 75% on average. We have achieved 100% against criteria in quarters two and three and are on track to deliver this again in quarter four.

## **To work with NHSE to share learning as a leading site for SDM**

As a leading site nationally for SDM principles, we have worked with NHSE on creating materials for others to learn from. This includes blog entries and sharing case studies on the NHSE 'futures platform.' We have worked with NHSE to develop case studies on patient involvement and staff training which will soon be published. We also had representation from the clinical director of personalised care presenting at our conference in March and are supporting NHSE on a programme to capture stories of how personalised care has positively impacted people's lives. We hope this will help raise awareness of the potential of personalised care and shining a light on good practice.

## **Key areas identified for further improvement**

We need to support a move from SDM being delivered within pilot specialties and early adopters to being implemented Trustwide. To enable this, we will:

- Continue with communications to expand reach of training materials, building into expected training modules for all staff.
- Include shared decision making metrics in existing governance structures for clinical quality and effectiveness.
- Digitalise materials on core Trust programmes so that they are accessible to all staff.
- Continue to link with other transformation programmes to increase reach of SDM principle and ensure that when services are changed that SDM principles are considered.
- Integrate pilot roles into recurrently funded posts and presenting learning to encourage further adoption of shared decision making.
- Consider how to integrate SDM measurement into Trust governance systems to encourage regular measurement and review of success in implementing SDM principles.

- Improve our level of patient involvement in 2023/24 by identifying ways patients can become actively involved in the project. We plan to deliver regular focus groups with changing subject themes to rotate throughout the year, request patient feedback on decision aids and involve patients in establishing feedback loops to clinical teams.
- To expand work on the reach of SDM materials to all patients we plan to improve patient involvement at a pathway level, work on accessibility of information and collect demographic data alongside SDMQ9 responses which will help us to identify whether our approaches are supporting people from all demographics and whether our data collection is representative of those who access our care.
- We also aim to consider pathways with community and primary care providers to ensure SDM is felt consistently at all points in a patient's journey

## **How ongoing improvements will be measured and monitored**

- We will continue to measure our overall success as an organisation through self-assessment against the NICE guidelines.
- We will also continue to monitor how involved patients feel with care through the friends and family tests and report this at board level so that we can be held to account.
- We will also continue to collect SDMQ9s within specialties to understand how well SDM tools have been implemented.
- As a programme we will measure our success in increasing reach of SDM through numbers of staff trained, numbers of specialties creating decisions aids and collection SDMQ9s.



<b>PRIORITY SEVEN</b>	<b>Working with our local community to expose and address health inequalities</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>We recognise that nationally avoidable variations and systematic differences in health across our communities must be tackled to ensure that everybody can access, receive, and benefit from the same high quality of care. COVID-19 exposed how different communities and individuals can be affected by health conditions and how specific characteristics such as gender, ethnicity, or disability can influence access to care.</p> <p>UHS plays a significant role in the health system in our region, and it is vital that we work with our local partners to take a systematic and proactive approach to identifying, understanding, and removing health inequalities across our services. We are committed to continually improving our patients' experience, encouraging patient and public involvement, and ensuring the innovations we support reflect what matters to the people who will use them.</p>	
<b>What have we achieved?</b>	
<p>During the year we refocused our efforts on making sure that our involvement and participation activities support our health inequalities agenda, while also working to deliver responsive information and advice to patients, carers, and families.</p> <p><b>Engagement</b></p> <p>During the pandemic we saw a decrease in patient engagement, so over this past year, the team has continued to build back that engagement by going out to talk to our different communities across primary and community services. Carers events have been held in the community and in hospital, while the UoS (a key partner), led a 'transformation action' workshop with thirty members of the local community to discuss how best to support vulnerable adults.</p> <p>This year structured participation events have enabled a focus on health inequalities to be raised with patient groups. Our maternity voices partnership and our youth ambassador group have discussed some of the issues facing our patients and variations in the care experience and explored improvement plans. We have attended Southampton Mela (an annual multicultural event), and Southampton Pride to engage with and get feedback from a range of voices. We have worked with services to increase the promotion of digital methods for surveying patients and delivering training to staff on how to translate feedback into tangible actions and to support our patients.</p> <p>Examples of how that feedback has translated into action include:</p> <ul style="list-style-type: none"> <li>• Urology services working with estates to improve access for patients following feedback about six sets of heavy fire doors which needed to be opened on the way to the department.</li> <li>• Maternity services have introduced a new triage pathway and streamlined a 'first point of contact' initiative to ensure women are contacted and supported earlier in their pregnancy.</li> <li>• New patient information packs have been developed and promoted for several services across the Trust.</li> </ul> <p>We have also helped set up various patient groups for support on issues including vaginal mesh service, head and neck cancer, cystic fibrosis, and paediatric diabetes. These groups give people a platform where their views and opinions can be heard, and where specific patient cohorts can be represented. They help us to work together to share ideas to help improve and develop the services we offer.</p>	

## **New roles**

A key achievement in the year was securing funding for, and appointing to, several important roles for taking this work forward. A head of health inequalities was appointed with the remit of scrutinising our existing data and information and charting a way forward to improve how we capture data and gain insight into where inequalities are encountered.

We have also appointed to our carers lead vacancy and, using charitable funding, have been able to appoint a Gypsy, Roma, and Irish Travellers community health liaison post. This post will focus on working with these communities to understand the barriers and challenges they have accessing our services and working across the Trust to make our services more inclusive.

## **Patient Support Hub**

The Patient Support Hub at UHS was developed during the pandemic and exists to be a single point of contact for patients and their families who need extra support from UHS. Our team of volunteers provide practical and emotional support to patients. This year the hub has been promoting volunteering at UHS and the services of the hub among various community and youth groups including Solent job centre, Southampton dementia festival and at education centres such as the Itchen and Peter Symonds colleges.

Members from the hub attended a cross-cultural lunch held the at New Town Youth Centre where representatives from more than sixteen different organisations, as well as residents and supporters of cross-culture work attended. The event promoted various initiatives which run across the city, including information on community radio, tackling loneliness, caring for those experiencing cancer or dementia, driving public involvement in health services, combating sexual violence and female genital mutilation, supporting young people and families, storytelling for mental health and social prescribing.

## **Living well diabetes' initiative**

One of our key interventions has been the "living well with diabetes" initiative which aims to provide non-clinical specialist support for people living with diabetes via our patient support hub.

The service has been designed to use trained volunteers to follow up and support patients with a diabetes diagnosis. They help patients to improve and self-manage their condition and live well by encouraging and signposting patients to structured education programmes. They provide reliable information resources and encourage behaviour change which can lead to healthier lifestyles.

Our project manager met with the diabetes prevention team, GPs in the HIOW area, different diabetes charities, community diabetes teams, the Solent engagement lead and retinal screening team to introduce a new 'living well with diabetes' self-referral service.

This service is run by a team of dedicated volunteers and specialist nurses and helps people with diabetes access information, education, health improvement programmes and other useful resources to help them understand how they can control their condition and prevent the risk of complications. It offers a wide range of holistic support where all aspects of psychological, physical, and social wellbeing are considered. This includes emotional support, befriending calls, and signposting to useful resources in the community, as well as supporting people with their physical health and lifestyle. Patients are offered twelve weeks of support, with one session per week.

Since its launch in late 2022, the service has supported sixty-six patients through the programme and is currently recruiting more volunteers to expand its numbers further. To help this recruitment drive we ran a "living well with diabetes" virtual event which was well attended.

## **My Medical Record (MyMR)**

We have engaged with local GP services to supply them with posters and flyers to promote My Medical Record (MyMR) which is a free and secure personal health record which gives patients the ability to co-manage their healthcare online and via an app. The patient experience team is liaising with various agencies to promote MyMR around the community. They are focusing on groups such as women's groups, communities where English is second language and Black, Asian and minority ethnic groups with the aim of mitigating against digital exclusion. This aligns with the NHS operational planning guidance 2021/22 which aims to tackling healthcare inequalities.

## **Health matters**

Our team has been involved with men's health matters, giving information and signposting resources for people living with a mental illness, testicular cancer, and prostate cancer. The team was worked with the trust to help develop our smoking cessation quality priority described in Part Two of this quality account.

The team also worked with the British Heart Foundation running a "heart health" virtual event with the aim of informing vulnerable and at-risk populations about the signs and symptoms of heart attacks and cardiac arrest and the treatments given.

## **Quality and patient safety partners (QPSP)**

At UHS we have a team of quality and patient safety partners (QPSP's). These are patients, carers and other lay people who play an important part in supporting and contributing to our governance and management processes for patient safety. The Trust QPSP team are currently engaged in implementing the new NHS patient framework which includes work to improve patient safety governance, patient wellbeing in wards, multiple sclerosis pathway reviews, way finding in the building and safer patient transfers.

We have developed a new leaflet publicising the QPSP role which has been widely circulated with various community organisations and youth groups to recruit from people from ethnic minority communities, deprived backgrounds, and people with protected characteristics. We hope this will help to drive changes for the good of all future patients and reduce health inequalities in patient experience and outcomes.

## **Raising Voices for Research (RViR)**

The main aim of RViR is to increase the involvement of underserved communities in health and social care research by working with voluntary organisations. This will in turn help the team to reach out to our underserved communities and to understand how best to engage and increase their involvement.

During 2022 the RViR team delivered presentations on demystifying health and social care research to voluntary organisations and encourage collaboration. Eleven organisations have signed up so far to join a new research collaborative which will serve as platform for mapping research opportunities, sharing best practice and working together to increase involvement. We have engaged with twelve community groups, supported groups to sign up to the RViR, and encouraging community members to sign up for community events raising awareness on health research.

## Maternity voices

Our maternity voices partnership is an NHS working group where a team of women and their families, commissioners, and midwives and doctors work together to review and contribute to the development of our local maternity care.

Our maternity voices volunteers are sharing a survey via social media aimed at understanding the views of local communities and are going out into the community to speak to service users about their experiences. They are looking at how and why they access our maternity services, and whether it met their needs and expectations. Maternity voices are also trying to reach a diverse group of service users and are particularly keen to speak to those with additional vulnerabilities, such as young parents, those with disabilities, where English is not their first language, and hard to reach communities.

## UHS in the Community

In response to winter pressures and the cost-of-living crisis, we launched a 'UHS in the community' programme, which consisted of health information and advice sessions delivered at various libraries around Southampton. The libraries were identified as 'warm spaces' that provide a warm and safe environment. The sessions covered information on mental health services, 'choose the right service,' tobacco dependency, MyMR, and other UHS support services. These sessions received overwhelmingly positive feedback from the public who attended.

## What our patients tell us:



## Discharge to assess

Sometimes a patient can be ready to leave hospital but not well enough to return to their previous place of residence. In 2022 we introduced our discharge to assess (D2A) pathway for these patients so they can now be discharged from UHS into a care home where they can continue to receive additional support and further assessment.

The discharge to assess model works on the principle of making sure patients do not stay in hospital for any longer than they need to. Patients are discharged as soon as their acute treatment is complete, and all assessments are followed up in the community, after discharge. These assessments are based around the patient's level of function, environment and care needs to ensure they remain as independent as possible at home.

## Youth Ambassadors Group (YAG)

Our YAG have completed several projects to improve patient experience during the year. They have taken part in the UHS clinical accreditation scheme, run Easter activities for inpatients, and created a 'song about health' where people are encouraged to explore their mental health through music. The YAG are also supporting the experience of care team to develop interactive health information sessions in local secondary schools following a successful YAG activity session held in the summer of 2022. Local training sessions are now being launched.

## Southampton Hospitals Charity

The Trust continues to benefit from funds raised by Southampton Hospitals Charity. These funds are used for projects that are shaped by staff and patients identifying opportunities for improving experience. Projects have included:

- Funding for child psychology to develop a 360-degree virtual tour video of the department, allowing patients and their families/carers the opportunity to familiarise themselves with the clinical area before their visit. This information is helpful for a lot of children, particularly those who feel anxious about attending hospital if they have previously had traumatic experiences. It is also particularly valuable to children and young people who have autism and struggle with unfamiliar situations.
- The Charity supported the Trust's play team in purchasing virtual reality headsets for children and young people to use during treatment or as preparation for surgery. The headsets help in relieving some of the anxiety and stress which can be associated with surgery.
- Recognising that parents often need to stay with their child during overnight admissions, the Charity has purchased parent beds and reclining chairs to help make overnight stays more comfortable. The Charity also continues to support carers visiting the Trust and have funded carers meal vouchers for any carer needing to stay overnight.
- To help patients and families who may have arrived in an emergency or have faced long waits, the Charity funded a mobile phone charging box. This ensures that patients and visitors to ED can stay connected with family while in hospital.



## Health inequality strategy

Our head of health inequalities is working towards the draft health inequality strategies (HIE) for the Trust. HIE strategies are important to develop a common understanding of the health inequalities that exists in the community and to plan how different departments might work together to systematically address those inequalities. The strategy will describe the role of each UHS support services in identifying and mitigating the health equalities.


## Key areas identified for further improvement

- Our discharge to assess project identified four other key areas to develop which we will aim to complete in 2023/24:
  - 1 A staff training package to cover carer involvement and reasonable adjustments.
  - 2 The introduction of digital hospital passports which can be used across the whole Trust. The passport is a simple tool which identifies someone as being in a caring role for one of the hospital's patients, involving them more fully in the patient's care, and connecting them with further support.
  - 3 Further developing carer involvement and patient involvement.
  - 4 Our carers team will further support the discharge team with a review of the carer discharge pathway and the development of admission and discharge packs.
- We will complete our health inequalities strategy. This will include key metrics for monitoring trends and performance and enabling us to target interventions that will tackle the identified inequalities.
- Data and information examining operational, experiential and outcomes data will be used to review where inequalities are found.
- We will establish a health inequalities dashboard and reporting schedule to enable oversight of Trust performance across a range of indicators covering patient experience, access, and clinical outcomes

## How ongoing improvements will be measured and monitored

The health inequalities dashboard will be reported to Trust Board.



<b>PRIORITY EIGHT</b>	<b>Ensure patients are involved, supported, and appropriately communicated with on discharge</b>
<b>Achieved</b>	
<b>Why was this a priority?</b>	
<p>The two most common themes from patient feedback, complaints and incidents relating to patient discharge are communication and robust discharge co-ordination. Both have a significant impact on the quality of the patient experience of their discharge.</p> <p>During the pandemic we made rapid improvements in both areas by health and social care teams working more closely together with a clear, shared goal. However, communication with families and carers was less successful due in part to the restricted visiting introduced for safety reasons during the pandemic.</p> <p>Feedback from our Healthwatch partners further reinforced the need for improved patient, carer and family involvement and improved communication during the discharge process as well as prompting a more collaborative working between social and health care staff.</p>	
<b>What have we achieved?</b>	
<p><b>Where best next? Campaign</b></p> <p>The “Where Best Next?” campaign was launched as part of a package of measures to specifically target reducing length of stay and to ensure that patients get the care, they need in a location best suited to them.</p> <p>By ensuring patients are moved along their care pathway and back to where they call home as soon as they are medically fit to do so we can make sure that patients are discharged in a safe, appropriate, and timely way and improve their experience.</p> <p>“Where Best Next?” prompts several practical actions to help frontline staff work with their patients and families. There are five key principles which relate to different stages of a patient’s stay - some to the moment of admission, some to their time on a ward and some to the end of their stay:</p> <ol style="list-style-type: none"> <li>1. Plan for discharge from the start: from the outset of a patient’s admission, the multidisciplinary team leading their care, plus the patient, their family, and carers, all need to have a clear expectation of what is going to happen during their stay. Reducing unnecessary patient waiting should be a priority for all teams, with a patient’s time being viewed as the most important ‘currency’ in healthcare.</li> <li>2. Involve patients and their families in discharge decisions: patients and families need to understand that long stays in hospital can lead to worse health outcomes and can increase long-term care needs. This is particularly relevant for older patients. Teams should be able to have high quality conversations to explain this.</li> <li>3. Establish systems and processes for frail people: we know that frail older people tend to have a longer length of stay, which can lead to complications and worse health outcomes, with an increase in their long-term care needs. So, for their wellbeing, we need to minimise this as much as possible.</li> <li>4. Embed multidisciplinary team reviews.</li> <li>5. Encourage a supported ‘Home First’ approach : staying in hospital for longer than necessarily has a negative impact on patient experience and outcomes. Making sure that patients are given the chance to continue their lives at home is vital for their long-term wellbeing outcomes.</li> </ol>	 <p>The logo for the 'Where Best Next?' campaign consists of three overlapping arrow-shaped boxes pointing to the right. The top box is blue and contains the word 'where' in white. The middle box is purple and contains the word 'best' in white. The bottom box is pink and contains the word 'next?' in white.</p>

JHS has been promoting these principals through our SAFER campaign. This campaign focuses on the importance of working as a team with our patients to get the best outcomes, making every day 'one of action' towards getting them back home, and embedding a culture where patients and staff feel able to ask each other what is happening to progress their care pathway each day.

## Anticipatory discharge conversations and NHSE four key questions

During 2022/23 we launched our 'daily actions for discharge' which combined a document for our staff which pulls together several reminders, prompts and signposts to communicate effectively with patients and their families and carers, and help progress discharges efficiently and safely.

We prompted a 'first twelve hours' approach to discharge planning, training our staff how to be proactive in the first twelve hours. We now train staff to ask appropriate questions of our patients and their family or carers using the NHSE 'four questions' approach and have designed and are embed a discharge checklist to guide staff.

We included signposting to our acute discharge hub team who work to offer patients a positive, collaborative, and co-ordinated discharge experience. This team supports patients with complex needs such as non-weight bearing patients, enhanced behaviour needs, homelessness, family or patient disputes, repatriation and dementia and delirium. We welcomed a local advocacy service to work more closely with our hub to help identify and communicate with patients who may require additional support and wider advocacy.

We have designed and launched a range of patient information leaflets which cover areas such as 'planning together: leaving hospital when the time is right,' 'what you need to know about leaving hospital,' 'leaving hospital to go to another place of care' and 'looking after family or friends after they leave hospital.'

## Carers involvement in discharge processes

Our 'carers involvement in discharge processes' project was designed to investigate how carers are currently brought in during the planning of discharge. We assess how carers would like to be involved, and then agree together how we can move forward to achieve the most pressing aims set by the carers themselves

From January to March 2022, UHS invited carers of patients to describe to the experience of care team how they would like to be involved in planning discharges from the Trust for patients under their care. A second survey was launched to allow for Trust staff to anonymously share their experiences of engaging with carers prior to discharge and express their views on carer involvement in planning for discharges.

## DAILY ACTIONS FOR DISCHARGE



- HOME FIRST**  
The most efficient discharges are back home. Additional care should only be prescribed where there is a definitive clinical need – consult a senior clinician if in any doubt. D2a beds should only be selected by the SPOA.
- CARE PACKAGES**  
Check if a POC is already in place. How long will the patient slot be open? Can this be extended?
- UHS@Home**  
Can this service support the discharge? Please check daily as capacity changes regularly.
- CHANGES TO CARE PACKAGES**  
If a care package exists but needs a temporary uplift please approach UHS@Home to see whether this can be topped up rather than creating a new POC.
- EARLY REFERRALS**  
Begin this process before the MOFD date so you have a target to work to. If your doctor team does not give a future MOFD date please go back and ask for one.
- EQUIPMENT**  
Order any essential equipment necessary for discharge for the MOFD date, not the care start date.
- COVID-19 STATUS**  
Check COVID-19 status and be clear on isolation dates. These should be recorded on apex.
- NEXT OF KIN**  
Ensure we have contact details for NOK so that we can communicate discharge times, what will be needed and how they can support.
- SAFEGUARDING ALERTS**  
Please escalate any safeguarding alerts that have been open for 48 hours or more to your SPOC so that we can monitor how many are outstanding.
- SELF-FUNDING PATIENTS**  
(when on Opel 4) do not need an OCR for increased care. Please speak to the patient and seek consent to increase their care if required.
- REPATS**  
Please consider repats as early as possible. We would recommend dual planning (repat alongside usual discharge planning) to yield which ever option comes up first.

**The discharge hub is here to support you.  
If you need help or advice please contact ex. 6758**

## Questions to ask during your hospital stay:

1. What is the main reason I am in hospital for?
2. What is going to happen to me today and tomorrow?
3. What extra help might I need when I leave hospital?
4. When will I be able to leave hospital?

The experience of care team also conducted one-to-one and group meetings with carers who volunteered to speak to the team to discuss their experiences in greater depth which allowed us to gain a greater insight. Over the last two years we have found that the public has become fatigued with virtual involvement, so this approach has allowed us to build relationships and increase our membership. Carers were engaged and having the opportunity to be at the centre of discussions was well received.

We discussed what a 'gold standard' experience would look like and are now working to use the ideas we received to inform new plans.

### **Public involvement and satisfaction**

We have a task and finish group which continually reviews all patient related information involving discharge and have developed strong partnership working with external agencies to support a system approach to hospital discharge. Pathways, escalations, and outcome expectations have been clearly articulated, and we are providing healthy challenge to the system to work together for the outcomes of our patients. We have secured funding for a senior complex discharge presence in our acute medical unit (AMU) to support early engagement and links with community teams, carers and next of kin when complexity is identified within the first twelve hours. The remit of this post will be to spot and refer early to allow a smooth discharge plan for these patients, reducing unnecessary delays and offering better case management as appropriate. They will provide a single point of contact for the patient and next of kin for all discharge communication.

We have completed several multi agency discharge events with our external partners, focusing on specific wards that provide specialist care to patient groups (e.g. dementia focus), but also wards that have space to learn with their discharges. These events have aimed to support their staff with their knowledge, training, and access to information to expediate discharges from their areas. As a result of these we have brought the UHS@Home service (which allows people to complete acute treatment in their own home) in greater contact to the wards to ensure we are not missing any bed days to support the "home first" approach for our patients.

We value the work with our external partners and this year we have created a teaching calendar for UHS staff to work alongside our colleagues in the community to better understand the challenges they may face when it comes to accepting discharges. Many UHS staff have not worked outside of acute settings, and we want them to understand the perspective of the community. We are aiming to introduce shadowing opportunities for UHS staff in care home settings in the coming year.

### **Digital solutions**

Our digital capacity has improved this year and now allows our partners in local care homes to complete virtual patient assessments. Providers can dial into wards to assess patients' needs virtually which speeds up the process and helps expediate discharges. They can also use these virtual sessions to show patients the care settings that they might wish to move to, promoting patient choice and understanding. The project has seen sign up from twenty-five care homes across Southampton and Hampshire.

### **Reduction in 'on the day' discharge cancellations**

To reduce the number of 'on the day' cancellations of discharges we have secured funding from the ICB to fund an ambulance crew who will not only support planned discharges but also collect any 'on the day' patients whose other transport has been unexpectedly cancelled. We are proactively seeking notification from ward leaders if they feel a discharge is at risk of failing to enable speedy intervention by these crews.



We have established a link with our urgent response service UHS@Home to provide bridging care to all packages where there is a start date with a provider which is not imminent. This reduces the chance that the patient will become unwell again and helps the patient return home.

We have embedded a comprehensive escalation process which our team and the senior ward leaders use to ensure we have every opportunity to reduce on the day cancellations where we can support creative thinking and problem solving.

### Complaints data

In 2022/23 we used complaints about patient discharge as opportunities to better understand our Trust processes and drive areas of improvement. Case studies from complaints are brought to fortnightly governance meetings with our external partners to look at system challenges and areas of improvement. This year we launched a programme of learning and developed sessions with local care home and domiciliary providers to enable a better understanding of the challenges we all face for our most vulnerable patients.

We have noticed better communication and understanding of issues that arise, and we are able to offer more reassurance that our discharge plans will be based around care home preferences where we can. We look at trends and themes including delays in planned discharges, discharge arrangements that had poor planning, discharges that took place too early, discharges at inappropriate hour and inadequate discharge planning.

### Patient Support Hub

We are promoting the role of the acute discharge hub across the Trust. This hub supports the wards and patients with the most complex cases in terms of discharge. This team works collaboratively with patients and their families or carers, with both internal teams at UHS and with external teams at Southampton City Council and Hampshire County Council, Solent and Southern Health Foundation Trust and the Integrated Care System.

The team line up the assessments required to progress each discharge and will escalate when external or internal processes may not be progressing at the speed needed. The ward retains responsibility for the safe and effective discharge of each patient. The team also completes staff information sessions, shares leaflets and guidance and ensures there is some administrative support for the social work teams that are based in the hub. This helps raise our confidence that we are spreading the key principles of complex discharge to all staff groups, while continuing to work collaboratively with our patients.

### Staff educational and training

This year we have launched the UHS Staffnet pages. There are fourteen tiles of information for staff to seek live, in the moment advice on how to support patients where there are barriers to discharge.

### Key areas identified for further improvement

- We are committed to continuing to explore ways to improve collaboration and communication with our patients to drive forward a more supported discharge experience and will continue to work in partnership on new initiatives focused on what our patients ask for.
- We aim to strengthen the system working across UHS with the ICB and our local authority partners by joint training and development opportunities across our teams and ensuring we have clear operating procedures for our system processes.
- We plan to improve our opportunities to meet our key performance indicators.
- We will continue to support the AMU team with a senior presence from our team to add value and skill in managing complex discharges.
- To provide training and development across the Trust to improve communication from UHS to the external partners.

### How ongoing improvements will be measured and monitored

We work closely with and report to our chief operating officer, and report to Trust Board.

## 2.1.2 Priorities for improvement 2023/24

This section presents our quality priorities for 2023/24. Our priorities are built around our ambitions and intention as a Trust to deliver well-led, safe, reliable, and compassionate care in a transparent and measurable manner.

To determine our quality improvement priorities for 2023/24 we have consulted with several stakeholders including our Trust's quality committee, the Trust's Board, the Trust executive committee, commissioners, patient representatives (through our local Healthwatch group) and our council of governors. We have aligned our consultation with feedback from patient surveys and complaints as well as incidents. We have used our progress against last year's priorities to help decide which priorities need continuing focus in 2023/24 and used information gained by:

- **Review of data relating to quality to identify areas for improvement.**
- **Review of the most significant consequences of the COVID-19 pandemic.**
- **Incorporating relevant national priorities and objectives.**

We have continued to align our priorities to the three core dimensions of quality:

- **Patient experience - how patients experience the care they receive.**
- **Patient safety - keeping patients safe from harm.**
- **Clinical effectiveness - how successful is the care we provide?**

The quality committee on behalf of Trust's Board approved the priorities and there will be regular reports on progress to the committee throughout the year.

## Quality priorities 2023/24

### Patient experience

Quality priority one: we will improve care for people with LDA, autistic people and people on the autism spectrum across the Trust. We will support staff delivering this care.

Quality priority two: we will ensure carers are fully supported, involved, and valued across all our services by developing our carers support service in partnership with Southampton Hospitals Charity.

Quality priority three: we will put patients at the centre of transforming the way we deliver care, enabling their voices to improve the quality of care and outcomes for all.

### Patient safety

Quality priority four: we will work to support patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme.

Quality priority five: we will develop a culture where all clinical staff can respond to current needs of our diabetic community.

### Clinical effectiveness

Quality priority six: we will develop our clinical effectiveness process, connecting to The Trust's Always Improving approach to measuring, understanding, and using our outcomes to improve patient's care.

## Quality priorities

No 1	
Improvement priority	Core Dimension
<b>We will improve care for people with learning difficulties, autistic people, and people on the autism spectrum (LDA) across the Trust. We will support staff delivering this care.</b>	<b>Patient experience</b>
Rationale for selection	
<p>Research from the learning from deaths in patients with LDA (LeDeR) service improvement programme (<a href="https://leder.nhs.uk/">https://leder.nhs.uk/</a>) shows that people with LDA die earlier and do not receive the same quality of care as people without a learning disability or who are not autistic or on the autistic spectrum.</p> <p>The Care Quality Committee (CQC) and NHS England (NHSE) have both identified that people with LDA have faced huge inequalities when accessing and receiving health care and learning disability improvement standards have been developed to help NHS Trusts measure the quality of care, they provide to people with LDA.</p> <p>The role of the learning disability liaison service at UHS is to facilitate open and easy access for adults with LDA and their carers to the various departments within UHS. The team provides specialist knowledge and expertise to help people with LDA achieve a positive experience and clinically appropriate outcomes following admission and liaison with acute hospital services.</p> <p>They also support education and training for our staff, and work in partnership with the Southampton and Hampshire community LDA teams, allowing them to access the skills and resources associated with this multidisciplinary team.</p> <p>Although this is a vital service for people with LDA in our local community, we acknowledge we have not been able to focus on this work during the last few years while resources have been redirected to meet the overwhelming pressures caused by the COVID-19 pandemic.</p> <p>We are now committed to re-energising this work as a matter of priority during 2023/24 to meet the needs of this patient populations and their careers.</p>	
What we will do	
<p>Our LDA working group was suspended during the pandemic. We will relaunch the group to oversee this workstream and provide guidance and support.</p> <p>We will review findings from this year's learning disability/autism improvement standards benchmarking project undertaken at UHS and use this intelligence to identify where improvements are needed. We will generate a focused improvement action plan to drive the work forward.</p> <p>We will re-establish strong governance oversight of this work.</p> <p>We will deliver the Oliver McGowan mandatory training that considers the patient's rights, unique needs, and health vulnerabilities to at least one hundred staff members to ensure we are growing a workforce that is knowledgeable and skilled at meeting the needs of patients with LDA.</p> <p>We will continue to work in collaboration with our patient partners, their families, and carers to make sure their feedback and experience directly influences workstreams and co-design of service improvement.</p>	



## Progress metrics

The LDA working group will be restarted by May 2023.

An improvement action plan will have been generated by July 2023 with governance oversight to monitor progress. This oversight will include quality checkers, patient/carer and staff surveys / feedback, complaint themes and feedback via the LDA working group.

We will have re-launching the LDA champions role by September 2023.

We will aim to support 100 UHS staff through the training programme by March 2024.

By March 2024 we will have established patient partner roles within UHS and continue building links to our wider network of established patient, family, and carer groups to ensure representation at working groups and Trust board.

No 2

Improvement priority	Core Dimension
<p><b>We will ensure carers are fully supported, involved, and valued across all our services by developing our carers support service in partnership with Southampton Hospitals Charity.</b></p>	<p><b>Patient experience</b></p>
<p><b>Rationale for selection</b></p>	
<p>At the beginning of 2021 we launched our new carers strategy to develop and improve the care and support we provide to unpaid carers whilst their cared-for person receives treatment at the Trust.</p> <p>In the strategy we set out to learn from organisations that get it right (including community and mental health NHS Trusts, charities, and social care), and transfer that learning into an acute setting.</p> <p>The strategy is funded by our Southampton Hospitals Charity which exists solely to make a difference to patients, families, and carers using UHS services. Funding this project through the charity is fully in-line with the objectives and purposes of the Charity and is an opportunity for it to make a difference which is what our donors tell us they want their gifts to be used for.</p> <p>Our carers service is run by a team of volunteers under the supervision of our carers lead. The support it offers includes creating personalised plans to signpost carers to services best placed to help them, access to rest breaks and time away from the wards during long-stay in patient visits, blue badge parking, food vouchers, temporary bed, and advocacy to help ensure their voices are heard in the hospital and community.</p> <p>The pandemic disrupted our progress against our strategy, but by highlighting this as a quality priority, and with the commitment of support from our charity, we are going to accelerate our work to improve the support carers are provided.</p>	
<p><b>What we will do</b></p>	
<p>We will enhance our carers support service by recruiting a charity-funded carers support worker to work alongside our existing carers lead.</p> <p>We will collaborate with key stakeholders to continue offering concessions and vouchers for carers staying overnight in hospital to support their cared-for person</p> <p>We will work with local partners to create a clear and recognised 'pathway to support' that carers can access easily.</p> <p>We will review and relaunch our carers training package for staff to ensure that wherever carers interact with our services, the right support is available. We will aim for key staff in our staff in outpatient and day services (where carers may need more flexibility to attend with their person) to have completed the package.</p>	
<p><b>Progress metrics</b></p>	
<p>We will have appointed a charity-funded carers support worker and be able to articulate the added value. Carers will have a more comprehensive package of concessions and vouchers to help support their cared-for person.</p> <p>We will have developed and be able to describe our 'pathway to support.'</p> <p>We will have relaunched our carers training package and evidence numbers trained and be able to evidence added value.</p>	

No 3

Improvement priority	Core Dimension
<p><b>We will put patients at the centre of transforming the way we deliver care, enabling their voices to improve the quality of care and outcomes for all.</b></p>	<p><b>Patient experience</b></p>
<p><b>Rationale for selection</b></p>	
<p>The best care is care that which is delivered in collaboration and partnership with patients and their families and carers. Supporting them to manage their own health and make informed decisions about their care and treatment can improve outcomes and experience.</p> <p>Through shared decision making (SDM) and our QPSP programmes, we have already committed to involving our patients in improving the quality of care and how care decisions are made.</p> <p>We know there is still work to do in driving this agenda forward. We are planning to prioritise how we work this year with patients and communities to focus on where inequalities are and identify what improvements can be made.</p>	
<p><b>What we will do</b></p>	
<p>Continue to work across corporate and divisional services to embed patients and carers into quality and service improvement.</p> <p>Take forward our engagement with communities, working to ensure that a range of care experiences are considered and where possible, data is interrogated fully to ensure that communities are not disadvantaged.</p> <p>We will work with our Gypsy, Roma, and Irish Traveller community health liaison officer to ensure that these communities are engaged with and brought into work to improve the inclusivity of our services</p> <p>We will embed health inequalities focus within our patient reported outcome measures (PROMS) workstream, ensuring that outcome measures are fully analysed in detail to look at variations.</p>	
<p><b>Progress metrics</b></p>	
<p>We will be able to describe at least five projects which patients and carers have worked with the Trust to develop service improvement.</p> <p>We will be able to evidence at least five projects which have been developed with a range of our local communities.</p> <p>We will be able to show improved Gypsy, Roma, and Irish Traveller engagement by the introduction of new initiatives and positive feedback from these communities.</p> <p>PROMS data will demonstrate improved outcome measures.</p>	

No 4

Improvement priority	Core Dimension
<p><b>We will support patients, service users and staff to overcome their tobacco dependence via a smoking cessation programme.</b></p>	<p><b>Patient safety</b></p>
<p><b>Rationale for selection</b></p>	
<p>Smoking remains the leading preventable cause of premature death and disease, responsible for half the difference in life expectancy between the richest and poorest in society. Smoking tobacco is linked to over one hundred different conditions and just over 500,000 hospital admissions each year, with smokers being more likely to be admitted to hospital than non-smokers.</p> <p>There is good evidence that stopping smoking improves recovery for a range of acute conditions, and slower decline in chronic conditions. Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities</p> <p>We are increasingly looking after people with long-term health conditions, and we need to do more in creating an environment where people are supported to make healthier decisions. One in eight people in Southampton smoke, and smoking accounts for one in six of all deaths in Southampton which is higher than the national average.</p> <p>We believe becoming a smoke-free site and supporting people to overcome their tobacco dependency via a smoking cessation programme is a statement that looks after our community, our people, and our environment. In October 2022 we took our first step by establishing a tobacco dependency team, and by making our smoking cessation programme a quality priority this year we aim to continue to build on this promising start.</p>	
<p><b>What we will do</b></p>	
<p>We will develop a training programme for the UHS workforce to promote knowledge and skills at meeting the needs of our smoking population and aim for at least one hundred of our staff to have completed the training. The programme will include education about nicotine replacement therapy (NRT) prescribing where appropriate, and referral processes to specialist smoking cessation support for patients.</p> <p>We will appoint at least fifty staff champions for smoking cessation within all inpatient areas to ensure patients have access to timely support.</p> <p>We will improve our multidisciplinary team approaches to targeted smoking populations, notably mental health (51% mental health patients in Southampton smoke), drug and alcohol, and LGBTQ+ communities. By March 2024, all inpatients will have their smoking status recorded and have been offered specialist smoking cessation support with a tobacco dependency advisor. They will be offered nicotine replacement therapy and have access to continued support upon discharge.</p> <p>We will work with the digital/IT team to improve current IT systems to streamline the recording of patient smoking status, NRT dual therapy prescribing and referral processes.</p> <p>We will move towards a sustainable, substantive funding model to support the UHS smokefree agenda and any NHS long term plan requirements.</p> <p>We will work in partnership with local universities to ensure that medical students, nurses, and allied health professionals are trained in advice and intervention conversations to support service provision, peer education and a skilled workforce.</p>	

## Progress metrics

The training programme described above will have been developed and delivery target achieved.  
At least fifty smoking cessation champions will have been appointed.

Digital/IT improvement will be demonstrated, and we will be able to easily evidence the data.

We will see sustained or improved metrics for submission of monthly data to NHSE via our strategic data collection service.

We will be able to evidence an increase in NRT prescriptions via our internal electronic prescribing system.  
Sustained or improved metrics for 4/52 follow-up data will be evidenced to demonstrate successful quit rates following inpatient interventions.

Increased eQuest referrals data will be evidenced to illustrate the number of referrals and interactions with the TDT.

A funded model will have been agreed or in traction.

No 5

Improvement priority	Core Dimension
<b>We will develop a culture where all clinical staff can respond to current needs of our diabetic community.</b>	<b>Patient safety</b>
<b>Rationale for selection</b>	
<p>One in five inpatients at UHS has diabetes and we know that this will increase to approximately one in three inpatients within the next ten years.</p> <p>Errors and harm have occurred across UHS in recent years where attention to diabetes was neglected. We do not have an out-of-hours diabetes service cover at UHS and no current plan to fund one. Although this reflects a national picture, we are aware it may increase the possibility of risk.</p> <p>Given that it is unlikely the current UHS diabetes service will be able to review all patients with diabetes it is important that we are confident all clinical staff understand basic diabetes care for inpatients to enable them to safely support and deliver the most basic care needs for their patients.</p>	
<b>What we will do</b>	
<p>We will improve the knowledge and skills needed to review and care for individuals with diabetes who are in the inpatient setting through formal teaching sessions.</p> <p>We will further develop existing diabetes resources and 'app' based guidance where information on basic diabetes management is clearly presented.</p> <p>We will provide bespoke education for ward / clinical areas.</p> <p>We will be involved in the education for all newly qualified nurses and doctors as well as those joining the Trust from overseas who may be unfamiliar with UK diabetes clinical practices and expectations.</p>	
<b>Progress metrics</b>	
<p>We will be able to show we have delivered appropriate training and education for the relevant staff groups and have comprehensive records to records of training.</p> <p>We will assess staff confidence in diabetes care provision pre and post training event attendance.</p> <p>We will be able to evidence a reduction in inappropriate referrals to our service, as teams should be able to address the diabetes basics themselves using existing guidelines.</p> <p>We will see a reduction in the number, severity and nature of clinical incidents related to diabetes across inpatients.</p>	



No 6

Improvement priority	Core Dimension
<p><b>We will develop our clinical effectiveness process, connecting to the Trust's Always Improving approach to measuring, understanding, and using our outcomes to improve patient's care.</b></p>	<p><b>Clinical effectiveness</b></p>
<p><b>Rationale for selection</b></p>	
<p>As an ambitious organisation, we want to support our people to achieve world class outcomes by doing the right thing, at the right time, for the right person.</p> <p>Getting these elements 'right' is essential to being as effective as we can and to making a positive difference in the lives of the people and population we serve. By focusing on the outcomes, we help people to achieve, we can understand how effective we are and where we need to make improvements.</p> <p>We know that delivering effectiveness by 'doing the right thing at the right time for the right person' involves effort at every level of our organisation. We recognise there are many notable examples in our organisation of where teams deliver outstanding outcomes for the people they serve. However, there are also areas where this is not the experience of people using our services.</p> <p>Our aim is to be able to systematically measure and understand outcomes in all specialties across our organisation, benchmarking against our previous performance and best practice nationally to understand where we are achieving the best outcomes and where we need to improve for the people we serve.</p> <p>This will allow us to be assured we are a learning organisation that understands where it needs to improve and takes action to prioritise improvement activities as well as knowing when to celebrate and share our success.</p>	
<p><b>What we will do</b></p>	
<p>We will ensure the outcomes our services collect, and share are meaningful to patients.</p> <p>We will expand the collection of outcomes to ensure all specialties are reporting.</p> <p>We will support teams to share data over time and, where possible, benchmark against national/international data as well as our past performance.</p> <p>We will develop the clinical effectiveness process to support clinical, governance and management teams in planning services.</p> <p>We will connect our clinical outcomes with improvement and research priorities to create a continual learning approach.</p> <p>We will revise the clinical effectiveness strategy with a focus on linking outcomes, governance, and improvement, enabling world class care for our patients.</p> <p>We will develop a clear process to connect clinical outcomes to research and improvement teams.</p> <p>We will develop our approach to celebrating and communicating our outcomes outside of specialties.</p>	

## Progress metrics

We will have patient representative/s as a standing group member/s of our clinical assurance meeting for effectiveness and outcomes (CAMEO) panel. They will have attended 75% (9/12) of meetings.

We will be able to evidence we have increased the number of specialities reporting outcomes to 95% (currently 70/87, 81%).

We will be including PROMs within speciality outcomes reported at CAMEO. By March 2024 have 25% (22/87) of specialities will be reporting PROMS.

We will have successfully co-designed and implement an updated outcomes reporting tool for specialities that incorporates data over time. We will have 25% (22/87 specialities reporting using this).

A revised strategy will have been written and taken to Trust Board/Trust executive committee (TEC) for approval by December 2023.

An info graphic of key care group outcomes will be produced after each CAMEO and shared internally by September 2023.

## 2.2 Statements of assurance from the board

**This section includes mandatory statements about the quality of services that we provide relating to the financial year 2022/23. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the board of directors has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement**

### 2.2.1 Review of services

During 2022/23 UHS provided and/or sub-contracted 103 relevant health services (from total Trust activity by specialty cumulative 2022/23 contractual report). UHS has reviewed all the data available to them on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by UHS for 2022/23.

### 2.2.2 Participation in national clinical audits and confidential enquiries

During 2022/23 fifty-three national clinical audits and four national confidential enquiries covered NHS services that UHS provides.

During 2022/23 UHS participated in 96% of national clinical audits and 100% national confidential enquiries of which it was eligible to participate in.

NCEPOD studies participated in during 2022/23 were:

- Transition from paediatric to adult services.
- Crohns Surgery.
- Community acquired pneumonia.
- Testicular torsion.
- UHS fully supports the maternal, newborn, and infant clinical outcome review programme (MBRRACE-UK) and all the reviews that take place under this umbrella.

The national clinical audits that UHS participated in, and for which data collection was completed during 2022/23, are listed below (Figure 5) alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry if known at time of writing this report.

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**Figure 5: The national clinical audits that UHS participated in, and for which data collection was completed during 2022/23**

No	Total number of NCAs UHS were eligible to participate in (n=53)	Eligible (53)	Participated (49 = 92%)	% Actual cases submitted / expected submissions
1	Breast and Cosmetic Implant Registry	✓	✓	100%
2	Case Mix Programme (CMP) (ICNARC)	✓	✓	100%
3	Chronic Kidney Disease Registry - UK Renal Registry	✓	✓	100%
4	National Acute Kidney Injury Audit	✓	✓	100%
5	Elective Surgery (national PROMS Programme (Hips and Knees)	✓	✓	38% *
7	Emergency Medicine QIPs – Mental health self-harm	✓	✗	0% **
8	Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	✓	✗	0% ***
9	Falls and Fragility Fractures Audit Programme (FFFAP) national hip fracture database	✓	✓	100%
10	Falls and Fragility Fractures Audit Programme (FFFAP) fracture liaison database	✓	✓	100%
11	Falls and Fragility Fractures Audit Programme (FFFAP) National Audit of Inpatient Falls	✓	✓	100%
12	Inflammatory Bowel Disease (IBD) Registry	✓	✓	100%
13	LeDeR Learning from lives and deaths of people with a learning disability and autistic people	✓	✓	100%
14	Muscle Invasive Bladder Cancer at transurethral resection of the bladder (MITRE)	✓	✓	100%
15	National Adult Diabetes Audit – National pregnancy in diabetes audit	✓	✓	100%
16	National Adult Diabetes Audit –Inpatient safety audit	✓	✓	100%
17	National Asthma and COPD audit programme (NACAP) (asthma in children)	✓	✓	100%
18	National Asthma and COPD audit programme (NACAP) (asthma in adults)	✓	✓	100%
19	National Asthma and COPD Audit Programme (NACAP) (COPD secondary care)	✓	✓	100%
20	National Asthma and COPD Audit Programme (NACAP) Pulmonary rehabilitation	✓	✓	100%
21	National Audit of Breast Cancer in Older People (NABCOP)	✓	✓	100%
22	National Audit of Care at the End of Life (NACEL)	✓	✓	100%

## QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=53)	Eligible (53)	Participated (49 = 92%)	% Actual cases submitted / expected submissions
23	National Audit of Dementia (NAD)	✓	✓	Waiting to hear
24	National Cardiac Arrest Audit (NCAA)	✓	✓	100%
25	National Cardiac Audit Programme (NCAP) - Adult cardiac surgery	✓	✓	100%
26	National Cardiac Audit Programme (NCAP) - Cardiac Rhythm Management (CRM)	✓	✓	100%
27	National Cardiac Audit Programme (NCAP) - congenital heart disease (CHD) paed	✓	✓	100%
28	National Cardiac Audit Programme (NCAP) - Heart Failure audit	✓	✓	100%
29	National Cardiac Audit Programme (NCAP) - Acute Coronary Syndrome or Acute Myocardial Infarction	✓	✓	75%
30	National Cardiac Audit Programme (NCAP) - Percutaneous coronary interventions (PCI)	✓	✓	100%
31	National Child Mortality Database (NCMD)	✓	✓	100%
32	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✗	0% ****
33	National Emergency Laparotomy Audit (NELA)	✓	✓	100%
34	National Gastrointestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	✓	✓	100%
35	National Gastrointestinal Cancer Programme - National Oesophago-gastric Cancer (NOGCA)	✓	✓	100%
36	National Joint Registry	✓	✓	100%
37	National Lung Cancer Audit (NLCA)	✓	✓	100%
38	National Maternity and Perinatal Audit (NMPA)	✓	✓	100%
39	National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	✓	100%
40	National Ophthalmology Audit Database (adult cataract surgery only)	✓	✓	100%
41	National Paediatric Diabetes Audit	✓	✓	100%
42	National Perinatal Mortality Review Tool	✓	✓	100%
43	National Prostate Cancer Audit (NPCA)	✓	✓	100%
44	National Vascular Registry (NVR)	✓	✓	70%-85%
45	Neurosurgical National Audit programme	✓	✓	100%
46	Paediatric Intensive Care Audit Network (PICANet)	✓	✓	100%
47	Perioperative quality improvement programme (PQIP)	✓	✗	0% ****

# QUALITY ACCOUNT

No	Total number of NCAs UHS were eligible to participate in (n=53)	Eligible (53)	Participated (49 = 92%)	% Actual cases submitted / expected submissions
48	Respiratory Audit – Adult respiratory support audit to start Feb 2023	✓	✓	In process
49	Sentinel Stroke National Audit Programme (SSNAP) continuous SSNAP Clinical patient Audit, organisational audit	✓	✓	100%
50	Serious Hazards of Transfusion (SHOT) UK National haemovigilance scheme	✓	✓	100%
51	Society for Acute Medicine’s Benchmarking Audit (SAMBA)	✓	✓	100%
52	Trauma Audit and Research Network (TARN)	✓	✓	100%
53	UK Cystic Fibrosis Registry	✓	✓	100%

\*Participation rate lower than the national target due to waiting times and moving away from face-to-face pre-assessments. Provision of PROMS questionnaires are being monitored.

\*\* Royal College of Emergency Medicine (RCEM) for mental health is waiting for lead to be nominated and then data entry can commence. We have a year to submit all the data.

\*\*\*UHS are only participating in the organisational part of this audit. The patient part of the audit is time consuming (about 45 minutes per patient per consultation so around 10 hours/week), requires clinical knowledge and offers no benefit to patients or our service.

\*\*\*\*0% submission is on hold due to staff leaving and waiting for new staff to be trained.

\*\*\*\*\*UHS has not contributed towards this programme since the onset of the pandemic due to PQIP being set up as a National Institute for Health and Care Research (NIHR) clinical research network (CRN) supported research project with patient consent. They have not had the resources available due to the large data collection burden for each patient, and no specific funds associated with this project.

The reports of twenty national clinical audits were reviewed by the provider in 2022/23 and UHS intends to take the following action described below to improve the quality of healthcare provided.

**Figure 6: National Clinical Audit: actions to improve quality**

National audit title	Actions
1. Patient Reported Outcome Measures (Hip and Knee replacements)	<ul style="list-style-type: none"> <li>To analysis the monthly SNAP data collected by surgical pre-assessment for any problems.</li> <li>To improve the number of questionnaires being completed.</li> </ul>
2. Trauma Audit and Research Network (TARN) database	<ul style="list-style-type: none"> <li>To develop a Computerised Tomography (CT) pathway to allow patients to be sent straight to CT.</li> <li>To educate trauma and orthopaedics (T&amp;O) ANP's, major trauma (MT) advanced clinical practitioner (ACP)'s and T&amp;O doctors on performing tertiary surveys on major trauma patients</li> <li>Work on rehab pathways out of UHS/MTA and to work with subdural haematoma to utilise spinal rehab.</li> <li>Reconfiguration of Solent rehab services to take place in the coming year.</li> </ul>



National audit title	Actions
3. National Asthma and COPD Audit Programme (NACAP) Pulmonary rehabilitation report	<ul style="list-style-type: none"> <li>• To start using Incremental Shuttle Walk Test (ISWT) to comply with the exercise testing guidelines.</li> <li>• To produce a standardised exercise plans that can be customised as required.</li> <li>• To assess how to have time for leadership activities with a small team.</li> <li>• To review UHS SOP with other services to have an agreement on one standardised SOP.</li> </ul>
4. National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) Adult asthma and Chronic Obstructive Pulmonary Disease (COPD) organisational audit summary report	<ul style="list-style-type: none"> <li>• To make 7-day respiratory specialist advice available to all patients admitted with an asthma / COPD exacerbation.</li> </ul>
5. National Confidential Enquiry into Patients Outcome and Death (NCEPOD) Mental Healthcare in Young People and Young Adults (review)	<ul style="list-style-type: none"> <li>• Recruitment efforts currently in progress to source a child and adolescent mental health services (CAMHS) consultant lead.</li> <li>• CAMHS liaison nursing staff in process of exploring training options to improve practices around the prevention and management of violence and aggression in young people.</li> <li>• To review IT systems to enable better electronic record sharing between UHS and Solent.</li> <li>• To develop a mechanism and environment for confidential discussions.</li> </ul>
6. National Confidential Enquiry into Patients Outcome and Death (NCEPOD) Acute heart failure (review)	<ul style="list-style-type: none"> <li>• To tool out REACH-HF digital tool to improve compliance for patients accessing exercise-based programme or cardiac rehabilitation.</li> <li>• An EQ+ dashboard to be requisitioned to facilitate data collection on the total of heart failure patients under UHS care.</li> </ul>
7. NHS Resolution Safety Action 1: Is the Trust using the National Perinatal Mortality Review Tool to review perinatal deaths to the required	<ul style="list-style-type: none"> <li>• To audit quarterly to ensure UHS is compliant on using the tool.</li> </ul>
8. Surveillance of surgical site infections in NHS hospitals in England published July 2022	<ul style="list-style-type: none"> <li>• Communication to be made to the anaesthetist team to document temperatures intra-operatively as per NICE guidance.</li> <li>• The theatre infection control link nurse highlighted that the theatre forms do not have a section for documenting temperatures.</li> <li>• Theatre forms to be modified for the temperature of patient to be added.</li> </ul>
9. Royal College of Emergency Medicine (RCEM) Fractured Neck of Femur (#NOF)	<ul style="list-style-type: none"> <li>• Ongoing drive to improve documentation of observation and pain score by undertaking regular hot audits.</li> <li>• Two doctors are to undertake an analgesia for pain project to look at why UHS struggle to achieve adequate analgesia in patients with severe pain.</li> <li>• To feedback the outcome to local ambulance service.</li> <li>• Ongoing work as part of #NOF protocol to reduce time to x-ray.</li> <li>• To review #NOF protocol to try and improve time to admission.</li> </ul>

National audit title	Actions
10. Female Genital Mutilation (FGM) audit report 21/22	<ul style="list-style-type: none"> <li>To circulate reminder to all staff to fully document disclosures of FGM on the BadgerNet form through Theme of the Week.</li> </ul>
11. National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) Adult asthma report 21/22	<ul style="list-style-type: none"> <li>To increase nursing support to expand the 'in-reach' team which will help to increase compliance against KP4.</li> </ul>
12. National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) Child and Young Person Asthma Report 21/22	<ul style="list-style-type: none"> <li>To educate the CED team to use and correctly complete the audit proforma.</li> <li>To ensure CED staff are reminded and in teaching sessions should give patients steroids alongside their first inhaler.</li> <li>To give patients and carers smoking cessation advice by producing a poster with QR code which will be linked to the under-eighteen's stop smoking advice service.</li> <li>To ensure clinicians document that they have given stop smoking advice to patients and carers.</li> <li>Change of practice is planned to get parents to give their child the first inhaler in CED with a member of the CED team checking their inhaler technique.</li> </ul>
13. National Cardiac Audit Programme (NCAP) Heart Failure (HF) report September 2022	<ul style="list-style-type: none"> <li>Aiming to deploy DAWN HF system (IT solution) to record audit data in real-time.</li> </ul>
14. National Cardiac Audit Programme (NCAP) Adult Cardiac Surgery report published September 2022	<ul style="list-style-type: none"> <li>To push forward with the update on HICCS database so it will be compatible with the NICOR dataset.</li> <li>A project to look at stable angina in ED pathway to be completed.</li> <li>Initial meeting with stakeholders to discuss contracts and improving the pathway of management of patients on the Isle of Wight.</li> </ul>
15. National Paediatric Diabetes Audit (NPDA) Parent and Patient report experience measure published September 2022	<ul style="list-style-type: none"> <li>Paediatric diabetes team to review outcomes in more detail.</li> <li>Paediatric diabetes team to identify key areas for improvement by surveying more patients on key areas where we appear to have performed badly and then feed this into fortnightly team QI meetings.</li> <li>To feedback to Child Health management and COPD team regarding outpatients waiting area issues.</li> </ul>
16. National Vascular Registry (NVR) Report published November 2022	<ul style="list-style-type: none"> <li>To gain more theatre access time to increase theatres lists per week to meet the eight-week target.</li> <li>An increase in both middle grade and consultant level staff is required to be able to effectively run more theatre lists.</li> <li>To uplift staff numbers in radiology to be able to create a 24/7 service.</li> <li>To increase the number of staff that can enter data into the NVR as our data is incomplete and requires more resource.</li> <li>The data for the CQUIN for critical limb ischaemia has been questioned about its accuracy and is being reviewed.</li> <li>After March 2023 there is no provision for data entry into the NVR for radiology this requires review.</li> <li>Waiting to hear whether the business case for a new vascular lab has been agreed which will help with the outpatient podiatry problems.</li> </ul>

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National audit title	Actions
17. National Audit of Inpatient Falls	<ul style="list-style-type: none"> <li>To use the data through the Trust falls steering group to identify and support QI initiatives.</li> <li>To restart falls champions to support ward level involvement.</li> <li>To conduct a post falls management audit to understand post fall management generally and not just high harm falls.</li> <li>To regularly interrogate and thematic review of data to understand emerging themes.</li> </ul>
18. UK Cystic Fibrosis Registry	<ul style="list-style-type: none"> <li>To take forward a strategy to improve adherence assessment within the clinical service.</li> </ul>
19. National Cardiac Audit Programme - Acute Coronary Syndrome or Acute Myocardial Infarction	<ul style="list-style-type: none"> <li>An updated to the HICCS system is required and waited for</li> <li>To upload three years data once HICCS update has been completed.</li> </ul>
20. National Emergency Laparotomy Audit (NELA)	<ul style="list-style-type: none"> <li>To improve access to theatres.</li> <li>To improve management of patients with sepsis.</li> </ul>

The reports of sixty-four Trust-wide and local clinical audits were reviewed in 2022/23 and as result the Trust will take actions described below to improve the quality of healthcare provided

**Figure 7: Local Clinical Audit: actions to improve quality**

Audit title	Actions
1. Improving the detection and management of sepsis.	<ul style="list-style-type: none"> <li>To develop an automatic electronic escalation for all deteriorating patients, to enable timely recognition, escalation, and clinical review of the patient.</li> </ul>
2. Assessing generic medical record keeping standards on four orthopaedic wards	<ul style="list-style-type: none"> <li>To contact IT services to enquire whether patient location may be added to printed labels.</li> <li>To contact medical HR to enquire about the feasibility of providing junior doctors with stamps, with their name and GMC number on.</li> </ul>
3. SAVING BABIES LIVES Element 2A. Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction.	<ul style="list-style-type: none"> <li>To collaborate with the digital team to change the process around fetal growth risk assessments. We are 100% compliant for risk assessing at booking but need to change our processes for doing this at future contacts with women.</li> <li>Email to be sent to Saving Babies' Lives Care Bundle Version 2 lead highlighting the 16-20 weeks risk assessment tool findings.</li> <li>Continue to collaborate with the Badger maternity notes team to get communication out to staff and to audit data quarterly.</li> </ul>
4. Digital Documentation Audit	<ul style="list-style-type: none"> <li>To send communication to clinicians outlining the results and findings of the documentation audit, celebrating the improvements to documentation, and highlighting the areas for further improvement.</li> <li>Maternity digital team to continue data quality checking and targeted training and updating with the work force.</li> <li>The new digital obstetric consultant link to work with the digital team. This will improve streamlined documentation for the medical teams, improving navigation and use of the system.</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
5. Element 5 SAVING BABIES LIVES: Reducing preterm births	<ul style="list-style-type: none"> <li>To collaborate with the Badger maternity notes team and labour ward team to raise awareness of information recording.</li> <li>To re-audit in July for Q1 of 2022 after putting out communication to staff and raising awareness.</li> <li>To ensure staff training and updates to ensure that the documentation is in the correct place for future data collection.</li> </ul>
6. SAVING BABIES LIVES Element 4 Effective foetal monitoring during labour	<ul style="list-style-type: none"> <li>Staff training compliance to be escalated to the Trust Board around engaging the obstetric teams.</li> <li>Midwifery compliance to be reviewed to try and ensure staff are rostered appropriately.</li> <li>To get an update for the new medical devices database to capture information of staff training around the use of Continuous electronic foetal monitoring (CTG) machines.</li> </ul>
7. SAVING BABIES LIVES - ELEMENT 1 Reducing smoking in pregnancy	<ul style="list-style-type: none"> <li>To have regular updates with quality and assurance teams to ensure compliance figures are improving.</li> <li>Public health midwife is writing the guideline including SOP for smoking referral processes.</li> <li>To keep raising the awareness of carbon monoxide (CO) monitoring, now that community midwives have all got a CO monitor this should improve data and figures.</li> <li>Re-auditing per quarter to monitor compliance.</li> </ul>
9. SAVING BABIES LIVES Element 2A. Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction	<ul style="list-style-type: none"> <li>To continue to work around raising the awareness of the need to re-screen women for their risk of foetal growth restriction at 16-20 weeks.</li> <li>Communications to be sent out by the digital team to remind staff what is required at each antenatal visit.</li> </ul>
10. Adherence to Blood glucose monitoring (BGM) in patients started on Steroid treatment	<ul style="list-style-type: none"> <li>To present the results of the audit and recommendations to facilitate nursing education.</li> <li>To put poster of Joint British Diabetes Societies recommendations and promotion of blood gas monitoring prescription in clinical areas.</li> </ul>
11. Element 3 SAVING BABIES LIVES': Raising awareness of reduced fetal movement	<ul style="list-style-type: none"> <li>There are several discussions being had about how best to approach this poor compliance.</li> <li>Additional local audits to be conducted in response to our poor badger compliance.</li> <li>The quality and assurance teams to be made aware.</li> </ul>
12. Audit of High Impact interventions Urinary Catheter Care Bundle May 2022	<ul style="list-style-type: none"> <li>Divisions and care groups are required to review and discuss this report with areas taking action to address those clinical areas requiring support to provide assurance of compliance.</li> <li>Matrons / care group clinical leads to ensure all areas submit their audits on time to the infection prevention programme.</li> <li>Action plans and reaudit to be submitted for the four red areas.</li> <li>Reaudit to be completed for the two amber areas.</li> </ul>
13. UHS Sharps Audits May 2022	<ul style="list-style-type: none"> <li>Divisions and care groups are required to review and discuss this report with areas taking action to address those clinical areas requiring support to provide assurance of compliance.</li> <li>Twelve areas scoring between 85% and 94% will be required to reaudit within three months.</li> </ul>

Audit title	Actions
14. A clinical audit of documentation of consent for anaesthesia in elective surgical patients	<ul style="list-style-type: none"> <li>To improve preoperative information to patients by using the UHS website, videos, and links to Royal College of Anaesthetics (RCoA) Anaesthesia risks and events Infographic.</li> <li>To different preoperative assessment areas to ensure anaesthesia information is given and documented.</li> <li>Improve documentation of risk discussion by raising awareness among anaesthetists.</li> <li>The audit results to be presented to the department at departmental clinical governance meeting. To be circulated to all anaesthetic department members so that anyone who may miss the presentation were made aware of the findings.</li> <li>To re-audit regularly to seek improvement and maintain awareness.</li> </ul>
15. Improving Patient Safety of Acute Care Lumbar Puncture (LP)	<ul style="list-style-type: none"> <li>To standardise checklist approved via clinical governance team and publish it via Staffnet where it will be accessible to all UHS medical professionals.</li> <li>LP cerebrospinal fluid eQuest bundle to be made available.</li> <li>To facilitate LP pre-made kits available in AMU procedure room.</li> </ul>
16. Availability of Oral / Enteral Syringes at UHS	<ul style="list-style-type: none"> <li>To share results and recommendations with ward leaders to aid compliance.</li> <li>Medicines safety team to conduct spot checks on wards.</li> <li>Medicines safety team to provide wards with 10ml syringes where they were not available.</li> </ul>
17. SAVING BABIES LIVES': Element 3 Raising awareness of reduced fetal movements.	<ul style="list-style-type: none"> <li>To continue to raise awareness of baby movements through social media platforms.</li> <li>QR code for your babies' movements leaflet to be made available.</li> <li>Fetal movements to be a mandatory field of each antenatal contact and to be discussed at each appointment.</li> </ul>
18. UHS Trust wide Audit of Hand Hygiene Practice Quarter 1 2022/23	<ul style="list-style-type: none"> <li>Twenty-seven areas scored below the 60% and will need to review their individual reports and identify areas and actions for improvement as per hand hygiene improvement framework</li> <li>The report to be reviewed and discussed at infection prevention committee, with divisional representation, and improvement actions agreed.</li> </ul>
19. Audit of High Impact interventions Central Venous Catheter Care June 2022	<ul style="list-style-type: none"> <li>Fifteen areas to submit their audit submissions within the next month.</li> <li>Three areas scored between 85% and 94% are required to re-audit within three months.</li> <li>Five areas scored below 85% will be required to produce an action plan to address the non-compliance and provide evidence of implementation.</li> <li>To re-audit within one month ensuring compliance addressed through action plans.</li> </ul>
20. Audit of High Impact interventions Peripheral Intravenous Cannula Care June 2022	<ul style="list-style-type: none"> <li>For insertion - ten areas to submit their audits within the next month.</li> <li>Four areas scored below 85% will be required to produce action plan to address non-compliance and provide evidence of implementation.</li> <li>To re-audit within one month ensuring compliance addressed through action plan.</li> <li>For ongoing care five areas to submit their audit within the next month.</li> <li>One area scored between 85% and 94% area to re-audit within 3 months.</li> <li>Twelve areas scored below 85% and will produce an action plan to address non-compliance and provide evidence of implementation.</li> <li>To re-audit within one month ensuring compliance addressed through action plan.</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
21. Quality Improvement Project on Ward Transfer Process of Cardiology Patients from Coronary Care Unit/Cardiac High Care Uni	<ul style="list-style-type: none"> <li>To update responsible consultant name on Worklist and eCaMIS at the time of morning ward round on coronary care university and cardiac high dependency unit (CCU/CHDU).</li> <li>To use the transfer check list and check the consultant's name on Worklist and eCaMIS by on call CCU Registrar and Nurse in charge.</li> <li>To re-assess the data when transfer checklist form is ready and available to use.</li> </ul>
22. SAVING BABIES LIVES Care Bundle (Version 2) Element 4: Quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation	<ul style="list-style-type: none"> <li>To continue to re-audit quarterly.</li> <li>UHS to submit a variance document to support growth scans for women with a BMI &gt;40 from 32 weeks as incidence very low with BMI &gt;35 (0.003%).</li> </ul>
23. SAVING BABIES LIVES Element 4-Effective fetal monitoring during labour.	<ul style="list-style-type: none"> <li>To re-audit in a year or because of any incidents being recorded.</li> </ul>
24. Trust wide Bed Rail Audit	<ul style="list-style-type: none"> <li>To review if a bespoke UHS bed rail policy is needed and action accordingly.</li> <li>To create a staff education package on bed rail usage and risk assessment.</li> <li>To establish the different types of beds available at UHS and have clear processes in place for staff to be able to access an alternative as needed.</li> <li>To complete a more in-depth audit of bed rail usage which includes consideration of dementia / delirium in the patient's assessment and whether these outcomes are accurate.</li> </ul>
25. SAVING BABIES LIVES Element 5 Standard B: Reducing preterm birth	<ul style="list-style-type: none"> <li>To continue to audit quarterly.</li> <li>Work being done on labour ward to ensure prompt action on the delivery of babies where woman was given magnesium sulphate &lt;30 weeks, steroids, and intravenous antibiotics.</li> </ul>
26. Management of Anterior Cruciate Ligament injury in Children	<ul style="list-style-type: none"> <li>To develop an acute knee pathway.</li> </ul>
27. Element 3: Saving Babies Lives 28. Raising awareness of reduced fetal movements.	<ul style="list-style-type: none"> <li>To continue to look at ways of reporting reduced fetal movement to ensure we are raising awareness.</li> </ul>
29. Ockenden report, Immediate and Essential Action 5: Risk Assessment Throughout Pregnancy, Q33	<ul style="list-style-type: none"> <li>To continue to audit intended place of birth risk assessments.</li> <li>To collaborate with the digital team to raise awareness and education around recording this.</li> </ul>
30. An audit comparing the prescription of Prasugrel with Clopidogrel as antiplatelet of choice in the management of STEMI in the Emergency Department (ED)	<ul style="list-style-type: none"> <li>To send out email to members of staff updating /reminding them of the new guidelines/ treatment protocol.</li> <li>To update and circulate posters / visual cues in the ED reminding them of the current recommended treatment protocol.</li> <li>To discuss with ambulance crews on the possibility of them stocking prasugrel instead of clopidogrel as it is the new recommended drug of choice.</li> <li>To discuss with pharmacy to have ready availability of prasugrel in the ED drug stock.this.</li> </ul>



## QUALITY ACCOUNT

Audit title	Actions
31. Auditing the impact of implementing a 'finger food' menu in a sample of medicine for older people (MOP) patients	<ul style="list-style-type: none"> <li>• To feedback results to SERCO food suppliers.</li> <li>• To present audit findings at Dementia Working Group meeting.</li> <li>• To feedback results / audit to other interested parties.</li> <li>• Speech and Language Therapy and dietetics to consult with SERCO to create and implement a finger food menu on a wider Trust basis.</li> </ul>
32. SAVING BABIES LIVES' Element 1: Reducing smoking in pregnancy	<ul style="list-style-type: none"> <li>• To continue to re-audit and look at smoking referrals.</li> <li>• Consultant is reviewing stats of women smoking in pregnancy.</li> </ul>
33. Element four - Saving Babies Lives' - Effective fetal monitoring during labour.	<ul style="list-style-type: none"> <li>• To continue to monitor compliance and raise awareness about fresh eyes for intrapartum Cardiotocography (CTG)'s.</li> </ul>
34. Multi Professional Hand Hygiene Audit – in Patient Areas	<ul style="list-style-type: none"> <li>• Thirty areas will need to complete audit and send audit results to infection prevention team</li> <li>• Eleven areas scored between 85%-94% will need to complete a re-audit and care group managers / care group clinical leads to provide support.</li> <li>• Four areas scored below 84% and will be required to produce an action plan, re-audit and be referred to hand hygiene training.</li> </ul>
35. Multi Professional Hand Hygiene Audit – Outpatient Areas	<ul style="list-style-type: none"> <li>• Thirty-one areas will need to complete and send audit results to infection prevention team.</li> <li>• Three areas scored between 85%-94% will need to complete a re-audit and care group managers / care group clinical leads to provide support.</li> <li>• One area scored below 84% and will be required to produce an action plan, re-audit and be referred to hand hygiene training.</li> </ul>
36. Saving Lives HII 5 Ventilated Patients (Q27 - accepted alternative) Repeat audits	<ul style="list-style-type: none"> <li>• Areas involved in the care of ventilated patients, are to ensure work is ongoing to sustain 100% compliance as overall Trust score was 93%.</li> <li>• Two areas scored below 84% and will be required to produce an action plan and re-audit.</li> </ul>
37. Saving Lives HII 4 Surgical Site Infection. Acute contract. Repeat audits.	<ul style="list-style-type: none"> <li>• One area scored between 84% - 94% are required to review and discuss the findings and act to address suboptimal performance.</li> <li>• One area scoring below 84% and will be required to produce an action plan and re-audit.</li> </ul>
38. Trust Wide Audit of Cleanliness and Decontamination of Clinical Equipment September 2022	<ul style="list-style-type: none"> <li>• Those areas that did not submit an audit will require matrons / care group clinical leads to give support to participate in the infection prevention annual audit programme.</li> </ul>
39. UHS Personal Protective Equipment Audit September 2022	<ul style="list-style-type: none"> <li>• Divisions and care groups are required to review and discuss this report with non-compliant areas acting to address those clinical areas requiring support to provide assurance of compliance.</li> <li>• Seven areas scoring between 85% and 94% are required to re-audit within three months.</li> <li>• Four areas scored below 85% will be required to complete action plans and then to re-audit to ensure compliance.</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
40. Neurological assessment and documentation for patients admitted with tibia fracture	<ul style="list-style-type: none"> <li>To complete some teaching lectures about how to accurately assess and document neurological findings in trauma patients.</li> <li>Adding tick boxes for the peripheral nerves to the department trauma proforma for clerking to make sure each nerve is assessed and documented properly.</li> <li>To add sections in the operation notes and e-trauma to remind on-call team and operating surgeon to properly document peripheral neurological status of the patients.</li> </ul>
41. Does the University Hospital Southampton Emergency Department meet the RCEM national standards for patients with shoulder dislocations	<ul style="list-style-type: none"> <li>To re-audit against RCEM standards once Pentrox representative has attended and new staff have been trained.</li> </ul>
42. SAVING BABIES LIVES - ELEMENT 1 Reducing smoking in pregnancy.	<ul style="list-style-type: none"> <li>To have regular updates with quality and assurance team to ensure compliance figures are improving.</li> <li>Public health midwife is writing the guideline including SOP for smoking referral processes.</li> <li>To keep raising awareness of CO monitoring, now that community midwives have all got a CO monitor this should improve data and figures.</li> </ul>
43. SAVING BABIES LIVES Element 2A Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction (FGR)	<ul style="list-style-type: none"> <li>For staff training on patient information and digital team input for training around the small gestational age (SGA) guideline and new process change in relation to the FGR risk assessment.</li> </ul>
44. SAVING BABIES LIVES Element 5 Standard B: Reducing preterm birth	<ul style="list-style-type: none"> <li>To continue to audit quarterly.</li> <li>Ongoing work being done on labour ward to ensure prompt action on the delivery of magnesium sulphate &lt;30 weeks, steroids, and intravenous antibiotics.</li> </ul>
45. Auditing breakfast service offered to patients on an elderly care ward	<ul style="list-style-type: none"> <li>A further audit to be conducted by Band 5 staff members on menus available on medicine for older peoples (MOP) wards to ensure patients have a choice and meets nutritional needs.</li> </ul>
46. A re-audit of adult venous thromboembolism risk assessment compliance with NICE guidelines in the Medical for Older People department	<ul style="list-style-type: none"> <li>When changes in patients' weight and renal function occur, this should be documented in ward round notes on a weekly basis at least.</li> <li>Any changes to a patient's weight and / or renal function their venous thromboembolism (VTE) prophylaxis should be reviewed.</li> </ul>
47. Audit on appropriate labelling and diagnosis of IDA (iron deficiency anaemia) and parenteral iron replacement therapy in MOP patients	<ul style="list-style-type: none"> <li>A teaching and sharing audit presentation in MOP departmental teaching session to be conducted.</li> <li>To educate and promoting awareness and compliance of UHS adult monitor infusion guideline among healthcare professionals through teaching session and circulate in emails.</li> <li>A re-audit to be conducted after session to ensure improvement is made.</li> </ul>

Audit title	Actions
48. SAVING BABIES LIVES': Element 3 Raising awareness of reduced fetal movements.	<ul style="list-style-type: none"> <li>To continue to raise awareness of baby movements through social media platforms.</li> <li>QR code for 'your babies movements' leaflet will be made available.</li> <li>Fetal movements are a mandatory field for each antenatal contact and to be discussed at each appointment with pregnant person.</li> </ul>
49. Patient blood management in Neuro Intensive Care unit	<ul style="list-style-type: none"> <li>To discuss the findings of this audit in the next departmental audit meeting and suggest changes to practices.</li> </ul>
50. Auditing compliance of ward discharge for patients with dysphagia against the oropharyngeal dysphagia policy	<ul style="list-style-type: none"> <li>To feedback results to speech and language team (SLT) team.</li> <li>To circulate report to ward leads / matrons / divisional leads.</li> <li>To support SLT adding thickener to electronic prescribing system (JACS).</li> <li>To support pharmacist / medical teams to add thickener to medication to take home for patient discharge.</li> <li>To re-audit which will include the following: <ul style="list-style-type: none"> <li>- If patients are going to their discharge destination with tins of thickener.</li> <li>- If patients are going to their discharge destination with x2 beakers.</li> <li>- If patients have correct consistencies on their discharge letters.</li> <li>- If patients are having correct verbal handovers to discharge destination.</li> <li>- If patients who require thickener have it included on their TTOs.</li> <li>- If thickener is being prescribed on JAC by SLT.</li> </ul> </li> </ul>
51. Audit and Service development project: Breast Surgery Infection guideline – The development of MicroGuide protocol	<ul style="list-style-type: none"> <li>To develop a micro -guide breast specific chapter for primary and secondary breast infection.</li> <li>To develop the Microapp in conjunction with microbiology team and antimicrobial stewardship team.</li> <li>Audit results to be presented at departmental audit or M and M meeting.</li> </ul>
52. General Intensive Care Unit (GICU) Venous thromboembolism (VTE) Prophylaxis Audit	<ul style="list-style-type: none"> <li>To implement a pop-up window in EHR (Metavision) that appears after twelve hours of admission and does not disappear until a VTE assessment has been completed and documented. This EHR pop up should be a simple tick only window.</li> </ul>
53. SAVING BABIES LIVES' Element 1: Reducing smoking in pregnancy	<ul style="list-style-type: none"> <li>An action plan will be in place to improve staff training to support women with quitting smoking in pregnancy.</li> <li>To continue to re-audit and review smoking referrals.</li> <li>To continue to review CO monitoring in pregnancy at booking and 36 weeks appointments to increase compliance.</li> <li>To reaudit quarterly.</li> <li>Monthly data to be collected by public health midwife on new bookings.</li> <li>Regular updates with quality and assurance team to ensure compliance figures are improving.</li> <li>A smoking referral processes guideline to be written including standard operating procedure (SOP).</li> </ul>
54. Element 5 SAVING BABIES LIVES: Reducing preterm births	<ul style="list-style-type: none"> <li>To ensure staff training and updates are completed so that the documentation is in the correct place for future data collection.</li> </ul>

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Audit title	Actions
55. Arterial line transducer height in GICU	<ul style="list-style-type: none"> <li>• To discuss the findings with the general ICU lead matron.</li> <li>• To discuss the transducer levelling at every meeting for a week as a first line intervention.</li> <li>• To ensure if patients bed is moved the nursing team are alerted to this and they review the transducer levelling.</li> <li>• To re-audit in January 2023 to see if these interventions have improved compliance.</li> </ul>
56. SAVING BABIES LIVES Element 2A. Risk assessment, prevention, and surveillance of pregnancies at risk of Fetal Growth Restriction (FGR)	<ul style="list-style-type: none"> <li>• A new process changes in relation to the FGR risk assessment to be implemented.</li> <li>• New videos and documents to be produced.</li> <li>• New guideline to be made live as soon as possible.</li> </ul>
57. Infection, Prevention and Control (IPC) - Miscellaneous audits: sharps audit	<ul style="list-style-type: none"> <li>• Thirty-three non-submission areas to submit an audit within one month.</li> <li>• Eleven areas scored between 85% and 94% to submit a re-audit within three months.</li> <li>• Three areas scored below 85% to submit an action plan and re-audit within one month.</li> </ul>
58. IPC - Saving Lives HII 6 Urinary Catheter Care audit	<ul style="list-style-type: none"> <li>• Thirty-one areas of non-submission to submit an audit within 1 month.</li> <li>• One area scored below 85% to submit an action plan and re-audit within one month.</li> <li>• Ongoing care: fifteen areas of non-submission to submit an audit within one month.</li> <li>• One area scored between 85%-94% are required to re-audit within three months.</li> <li>• Seven areas below 85% to submit an action plan and re-audit within one month.</li> </ul>
59. IPC – Central Venous Catheter Care audit	<ul style="list-style-type: none"> <li>• Six areas of non-submission to submit and audit within one month.</li> <li>• Ongoing care: ten areas of non-submission to submit an audit within one month.</li> <li>• One area scored between 85%-94% are required to re-audit within three months.</li> <li>• Two areas scored below 85% to submit an action plan to address non-compliance and provide evidence of implementation and then to re-audit within one month.</li> </ul>
60. IPC – Peripheral Intravenous Cannula Care audit	<ul style="list-style-type: none"> <li>• Thirty-seven areas of non-submission to submit an audit within one month.</li> <li>• One area scored between 85%-94% are required to re-audit within three months.</li> <li>• Three areas scored below 85% to submit an action plan to address non-compliance and provide evidence of implementation and then to re-audit within one month.</li> <li>• Ongoing care: nineteen areas of non-submission to submit an audit within one month.</li> <li>• Three areas scored between 85%-94% are required to re-audit within three months.</li> <li>• Eight areas scored below 85% to submit an action plan to address non-compliance and provide evidence of implementation and then to re-audit within one month</li> </ul>

## QUALITY ACCOUNT

Audit title	Actions
61. IPC – Personnel Protection Equipment audit	<ul style="list-style-type: none"> <li>• Twenty-three areas scored between 85%-94% and two areas scored below 85% Divisions and care groups to review and discuss the report with areas acting to address those clinical areas requiring support to provide assurance of compliance.</li> </ul>
62. Immobilization techniques used for trauma patients attending CT imaging	<ul style="list-style-type: none"> <li>• To ensure radiographers transfer patients with multiple trauma injuries (standard level one trauma) to CT scanning table with scoop for patient safety.</li> <li>• ED to ensure that all patients with multiple trauma injuries attend CT scan with a scoop.</li> </ul>
63. Does the University Hospital Southampton Emergency Department meet the Royal College of Emergency Medicine (RCEM) national standards for patients with shoulder dislocations	<ul style="list-style-type: none"> <li>• To invite Pentrox representatives in to educate new staff.</li> <li>• To introduce a patient group directive (PGD) and then re-audit.</li> </ul>
64. VTE risk assessment in acute medical unit	<ul style="list-style-type: none"> <li>• To present the results at local departmental teaching.</li> <li>• To spread the message of good performance via poster to encourage clinicians to achieve 100%.</li> <li>• To provide regular reminders in daily morning and night handovers to do VTE risk assessment for admitted patients.</li> </ul>

## 2.2.3 Recruiting to research

The number of patients receiving relevant health services provided or subcontracted by UHS in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was over 10,000. We ranked fourteenth for total recruitment amongst all acute NHS Trusts in England and delivered the most COVID-19 studies.

More information about our commitment to research can be found in the section 'Our commitment to research' in part 3 of this report.

## 2.2.4 Commissioning for quality and innovation (CQUIN) payment framework

The CQUIN payment framework makes a proportion of NHS healthcare providers' income conditional upon achieving certain improvement goals. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.

NHS England define CQUIN as 'a mechanism to secure improvements in the quality of services better outcomes for patients and drive to transformational change by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

A proportion of UHS income in 2022/23 is conditional upon achieving quality improvement and innovation goals agreed between UHS and any person or body they entered a contract, agreement, or arrangement with for the provision of relevant health services through the CQUIN.

Further details of the agreed goals for 2022/23 and for the following twelve-month period are available electronically at NHS England » 2022/23 CQUIN. Of the CQUINs found in the link, income is conditional upon achieving for the following nine.

**Figure 8 : The CQUINS income is conditional upon achieving for**

NO.	CQUIN	CQUIN Aims
CCG1	Flu	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact.
CCG2	Appropriate antibiotic prescribing for UTI in adults ages 16+	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.
CCG3	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.
CCG7	Timely communication of changes to medicines to community pharmacists via the discharge medicine service	Achieving 1.5% of acute Trust inpatients having changes to medicines communicated with the patients chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.



## QUALITY ACCOUNT

NO.	CQUIN	CQUIN Aims
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.
PSS1	Achievement of revascularisation standards for lower limb Ischaemia	Following guidance published by the vascular society to reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia and in turn reduce length of stay, in-hospital mortality rates, readmissions, and amputation rates. Estimated annual savings are £12 million.
PSS2	Achieving high quality shared decision-making conversations in specific specialised pathways to support recovery	Achieving high quality shared decision making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits, and consequences of the options available to them about both their clinical condition and the consequences of the current pandemic. SDM enables health professionals to comply with the post-Montgomery legal requirement to take "reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments." SDM is not new; many of the policy and legal drivers have been in place for many years prior to COVID-19, but in 2021 the case for change is more compelling than ever. This is backed up by two highly significant regulatory publications that were published since the onset of the pandemic – the NICE Guideline on Shared Decision Making and the GMC Guidance on decision making and consent.
PSS3	Achieving progress towards Hepatitis C elimination within lead Hepatitis C Centres	In support of the NHS England and NHS Improvement public commitment to achieve hepatitis C elimination ahead of the WHO target of 2030 and be the first country in the world to do so. Supports the NHS Long Term Plan in reducing health inequalities as many of the groups most affected by HCV are not in regular contact with healthcare services and experience significant health inequalities. Increased clinical benefits as direct acting antiviral drugs are well established and have high cure rates. Finding and treating patients who are not aware of their HCV infection improves long term prognosis for patients and prevents onward transmission, additionally supporting prevention.
PSS5	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	<p>The aim of this indicator is to reduce the risks of harm to patients from a combination of not being categorised and then, should they have been categorised as priority 2 or 3, waiting longer than the clinically advised thresholds of four weeks and twelve weeks, respectively.</p> <ul style="list-style-type: none"> <li>• This indicator is in support of the national drive to improve the level of priority categorisation recording.</li> <li>• From a measurement perspective, it focuses on a set of pathways which have been identified as a priority for elective recovery within specialised commissioning, where we know historically there have been long waiting lists and/or waiting lists have been particularly challenged during the pandemic, and where risks of harm to patients are acutely high from exceeding clinical waiting time thresholds.</li> <li>• As at 19/12/21, 6,926, or 39%, of patients waiting to receive treatment in the selected pathways/procedures were recorded in the WLMDS without one or all a priority categorisation, procedure code and decision to admit date.</li> </ul>

## 2.2.5 Statements from the Care Quality Commission (CQC)

UHS is required to register with the CQC, and its current registration status is registered without conditions attached to the registration.

The CQC has not taken enforcement action against UHS during 2022/23.

UHS has not participated in any special reviews or investigations by the CQC during the reporting period. The registration details are available on the CQC website.

The CQC last inspected the Trust between December 2018 and January 2019. The inspection focused on the quality of four core services: urgent and emergency care, medicine, maternity, and outpatients, as well as management, leadership, and the effective and efficient use of resources. In January 2019 NHS Improvement carried out a Use of Resources (UoR) inspection and the CQC completed their inspection.

The report was published on the 17 April 2019 and the Trust was rated as 'good' overall and 'outstanding' for providing effective services.

All sites and services across the organisation are now rated as 'good' in the effective and caring domains, with Southampton General Hospital 'outstanding' in these areas.

As part of the report, the CQC also published the Trust's UoR report, which is based on an assessment undertaken by NHS Improvement of how effectively and efficiently Trusts are using resources.

UHS was rated as 'good' in the well-led category and for using its resources productively, with its combined UoR and quality rating now 'good.'

We are particularly pleased all our services are now rated either good or outstanding in the effectiveness and caring domains and to received positive feedback regarding the culture across teams and departments'.

**Figure 9: Overall rating for UHS**

Overall rating for this Trust	Good	
Are services at this Trust safe?	Requires improvement	
Are services at this Trust effective?	Outstanding	
Are services at this Trust caring?	Good	
Are services at this Trust responsive?	Requires improvement	
Are services at this Trust well-led?	Good	

We look forward to the next opportunity to have our services re-assessed and our ratings updated. In the interim we have been working hard to keep the CQC updated on developments in all its key lines of enquiry. We use regular bulletins, sharing of information and documents, remote update meetings and monthly update and escalation reports. We encouraged our staff to engage with the CQC 'because we all care' campaign, sending feedback and comments about their experience and views about the Trust and we continue to value a collaborative relationship.

## 2.2.6 Registration with the CQC

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high-quality care and encourages care services to improve.

Registration with the Care Quality Commission: UHS is required to register with the Care Quality Commission and its current registration status for locations and services is as below.

Regulated activity: Surgical procedures:

### Regulated activity: Surgical procedures:

**Provider conditions:** This regulated activity may only be carried on at the following locations:

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Regulated activity: Treatment of disease, disorder, or injury
- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Lymington New Forest Hospital - Surgical patient pathway and outpatients Wellworthy Road, Lymington, Hampshire SO41 8QD

**Regulated activity:** Maternity and midwifery services

- New Forest Birth Centre, Ashurst Hospital, Lyndhurst Road, Ashurst, Southampton SO40 7AR
- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA

**Regulated activity:** Diagnostic and screening services

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Royal South Hants Hospital, Brintons Terrace, Southampton SO14 0YG
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- New Forest Birth Centre, Ashurst Hospital, Lyndhurst Road, Ashurst, Southampton SO40 7AR

**Regulated activity:** Transport services, triage and medical advice provided remotely

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD
- Hampshire and Isle of Wight Air Ambulance (HIOWAA)

**Regulated activity:** Assessment or medical treatment for persons detained under the 1983 (Mental Health) Act Provider conditions:

- Princess Anne Hospital, Coxford Road, Southampton SO16 5YA
- Southampton General Hospital, Tremona Road, Southampton SO16 6YD

UHS was registered with the CQC since its inception in 2010 and has maintained its registration without conditions or enforcement action ever since, including 2022/23.

## 2.2.7 Payment by results

UHS was not subject to the Payment by Results (PbR) clinical coding audit report for 2022/23 by the Audit Commission.

The last PbR audit was in 2013/14 and no further external audits were recommended for the Trust, as we were found to be fully compliant. The Audit Commission has now ceased to exist; however, the Trust continues to maintain an internal audit programme, carried out by Approved NHS Digital Clinical Coding.

## 2.2.8 Data quality

Data quality refers to the tools and processes that result in the creation of the correct, complete, and valid data required to support sound decision-making.

UHS submitted records between April 2022 – Nov 2022 to the NHS-wide Secondary Uses Service for inclusion in Hospital Episode Statistics. As of November 2022 (latest reporting month) the percentage of records in the published data:

Which included a valid NHS number were:

- 99.4 % for admitted patient care.
- 99.7 % for outpatient care.
- 95.4 % for accident and emergency care.

which included a valid General Medical Practice Code were:

- 99.9 % for admitted patient care.
- 98.8 % for outpatient care.
- 98.7 % for accident and emergency care.

UHS will be taking the following actions to improve data quality:

- Analyse the data and classify the inaccuracies according to the key error codes.
- Identify areas of poor data quality and bad practices.
- Make recommendations to help improve the quality of data.
- To evidence the quality of data entry.
- Aim to help everyone at our Trust become a data quality CHAMP. CHAMP is a measure of how Complete, Honest, Accurate, Meaningful and Prompt our data is.

## 2.2.9 Data Security and Protection Toolkit (DSPT)

The DSPT is an online assessment tool that enables the Trust to measure its performance against the national data guardian’s ten data security standards. Submission of the DSPT is a mandatory annual requirement.

The Trust’s submitted its 2021/22 assessment in June 2022. The Trust was unable to provide the required level of assurance for one of the mandatory assertions. That assertion was 3.2.1 “Have at least 95% of all staff, completed their annual Data Security Awareness Training?”. An improvement plan was submitted and accepted by NHS Digital.

As a result, the Trust is ‘approaching standards and actions are in place to increase the percentage of staff completing their data security training. This includes regular reporting to senior management and a refresh of the online training package.

## 2.2.10 Learning from deaths

During 2022/23 2322 UHS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

**Figure 10: Number of deaths per quarter 2022/23**

Q1	Q2	Q3	Q4
592	645	650	434

By 31 March 2023, 2322, case record reviews and eighty-three investigations have been carried out in relation to the deaths included in Figure 10.

In eighty-three cases a death was subject to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 592 in the first quarter; 645 in the second quarter; 651 in the third quarter; and 434 in the fourth quarter.

Three, representing 0.1% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of zero representing 0.0% for the first quarter; two representing 0.09% for the second quarter; one representing 0.04% for the third quarter; and zero representing 0.0% for the fourth quarter.

These numbers have been estimated using the total incident investigations related to patient deaths referred to and investigated by the patient safety team using the structured judgement review (SJR) and root cause analysis (RCA) methodologies. These referrals come from medical examiners, adverse event reporting, child death and deterioration group (CDAD), clinical events reviews, the infection prevention team and clinicians involved in care.

From 01 April 2022 until current there were thirty-three investigations that the patient died as a direct result of the incident.

Examples of learning from case record reviews and investigations conducted in relation to the deaths identified is presented below:

**Figure 11: Examples of learning from cases**

Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
Storage of mixed doses of prophylactic and therapeutic Enoxaparin on medication trolley is likely to increase the risk of medication errors	The mixed storage of Enoxaparin in plastic containers on medication trolleys has been discussed at the nurse practice group but changes have yet to be adopted. Medicines pharmacy team are investigating options to reduce the risk of medication errors related to Enoxaparin and it has been agreed that therapeutic doses of Enoxaparin will not routinely be stocked on medication trolleys.	Case to be discussed at care group governance and learning disseminated via the UHS medication safety group.	Separating therapeutic doses of Enoxaparin reduces the immediate availability of mixed doses and the risk of a therapeutic dose being administered instead of a prophylactic dose.

## QUALITY ACCOUNT

Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
Management of foetal monitoring including criteria for starting foetal monitoring (CTG) for women who are not in labour, recognition of foetal monitoring abnormalities and appropriate escalation of concern	<p>Review and dissemination of guidelines re MDAU (maternity day assessment unit) practice.</p> <p>Establishment of a second check from senior colleague for all high risk CTGs.</p> <p>Feedback to staff to ensure that CTG monitoring is not discontinued when there has been a change in baseline which has not been reviewed by a senior obstetrician.</p> <p>Staff to undertake annual training within the foetal surveillance study day and must complete competency documents following completion of the course.</p> <p>CTG Sessions are also held every Tuesday for all staff to attend.</p> <p>Remind staff to use the antenatal CTG toolkit.</p> <p>Update guidelines to provide clearer guidance on foetal monitoring management plans.</p>	<p>Review and dissemination of guidelines re MDAU practice.</p> <p>Education for staff regarding CTG interpretation.</p> <p>Education of staff to remind them of the correct processes to call for NNU support for Cat 1 lower (uterine) segment caesarean section via 2222 (emergency) call not via local call bell system or telephone.</p> <p>Share learning via the Theme of the Week email and regional networks.</p>	<p>Improved communication and safety.</p> <p>Improved education and training. Improved guidance and clearer management plans.</p>
Pressures within ED due to increased attendances and high acuity of patients is impacting on their ability to deliver quality care	<p>Delivery of the ED work plan (develop primary care links, pathways within the department, mental health initiatives, workforce plan). This is shared and reviewed regularly with the executive team.</p>	<p>Multidisciplinary educational programme addressing strategies to mitigate/reduce cognitive errors.</p>	<p>Improved patient pathways.</p> <p>Improved patient safety and outcomes.</p> <p>Strategies on how to reduce distractions in the ED reduce the risk of patients coming to harm.</p>
Failure to clearly communicate when dual antiplatelet therapy can be stopped and re-started when needing neuro interventional radiology procedures	<p>Following any invasive procedure, recommencing of antiplatelet therapy should be included on the post-operative notes, under post-procedure instructions.</p> <p>To have a written standard operating procedure, to include named consultant for all neuro interventional patients.</p>	<p>Share learning of report with consultant radiology team to ensure this action is escalated and continuity of post operative instructions within the speciality.</p> <p>This case is to be presented at the next neurosurgical and stroke M&amp;M to discuss consultant handover between specialities and to agree communication lines that should be used for future patients. This will be minuted and highlighted through care group governance for Neurosciences.</p>	<p>Ensure all teams involved in the patient care have access to and can follow any instructions post invasive procedure.</p> <p>To mitigate any future events re-occurring and improve patient safety.</p>



Thematic learning	Summary of completed action(s)	How learning has been shared	Impact of action
Lack of formally agreed management guidelines for patients with sigmoid volvulus	To develop sigmoid volvulus management guidelines. Sigmoid volvulus medical checklist to be added to patient notes for all sigmoid volvulus patients.	Following the results of the volvulus management audit discussion to be held at endoscopy users' group.	Improved compliance with current policy and procedure and improved patient safety.
Fall risk assessment is not always completed in a timely manner as per hospital policy on transfer/post fall/following a change in clinical condition	Timely completion of assessments in line with Trust policy. Formal assessment of confusion / delirium. Provision of 'Baywatch' staffing (noting that in current staffing climate this may not always be achievable). Lying and standing BP completion. Neuro observations to be completed in line with policy. Timely provision of analgesia. Reassessments post fall of risk assessment tool (SIRFIT) / care plan / bed rail assessments.	Shared via safety huddles, peer review programmes and at clinical leader forums and governance groups.	Improved patient care tailored to individual needs. Falls mapping will be the process of a real-time review of each fall occurring on the ward to quickly identify learning as well as information that can be used to identify trends and themes.

Eight case record reviews and eight investigations completed after 1 April 2022 which related to deaths which took place before the start of the reporting period.

There are currently nine investigations ongoing which relate to deaths which took place during the reporting period, however final actions and therefore learning points are not yet available.

Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the SJR and RCA methodologies.

Zero representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient

## 2.2.11 Reporting against core indicators

Since 2012/13 NHS foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital to enable the public to compare performance across organisations.

The tables below provide information against several national priorities and measures that, in conjunction with our stakeholders, form part of our key performance indicators which are reported monthly to the Trust's board.

These measures cover patient safety, experience, and clinical outcomes. Where possible we have included national benchmarks or targets so that progression can be seen, and performance compared to other providers.

All the core indicators are updated with the most recent publications from NHS Digital/NHS England and NHS Improvement/Gov.uk

The following agreed metrics used in previous years are no longer available as we no longer collect this information:

- Groin hernia surgery and varicose vein surgery. In the past neither hernia repair nor varicose vein surgery were reported on in the quality accounts because the low numbers being performed meant it was not statistically significant. This was confirmed by checking the registries through NHS Digital for hernia and varicose vein surgery for 2017/18 and continues to date. There were only small numbers for hernia repair and no data available for varicose veins. Varicose veins are treated at UHS, but they are dealt with at the independent treatment centre.
- The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period: data has not been collected for the past two years. Our VTE programme continues and aims to reduce preventable harm to our patients by promoting timely and accurate VTE risk assessment and ensuring thromboprophylaxis is prescribed accurately and administered effectively when required.

## Core indicator 12a: the value and banding of the Summary Hospital-level Mortality Indicator (SHMI)

The SHMI reports on mortality at Trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated there. It covers patients admitted to hospitals in England who died either while in hospital or within 30 days of discharge.

NB: UHS is part of the acute (non-specialist) cluster now (1 of 136 organisations): the acute teaching Trusts cluster ended in 2014 when the NRLS had an internal reconfiguration of how they benchmark organisations. Figure 12: The value and banding of the Summary Hospital-level Mortality Indicator (SHMI)

SHMI	July 20 - June 21		August 20 – July 21		2022/23	
	Value	OD* banding	Value	OD* banding	Value	OD* banding
UHS	83.1	2	81.78	2	Awaiting data	Awaiting data
National Ave	100	2	100	2	Awaiting data	Awaiting data
Highest Trust Score	120.17	1	118.47	1	Awaiting data	Awaiting data
Lowest Trust Score	71.95	3	71.88	3	Awaiting data	Awaiting data
	Nov 20 - Oct 21		Dec 20 – Nov 21		Dec 2021 – Nov 22	
	Value	OD* banding	Value	OD* banding	Value	OD* banding
UHS	81.97	2	82.49	2	Awaiting data	Awaiting data
National Ave	100	2	100	2	Awaiting data	Awaiting data
Highest Trust Score	118.47	1	118.6	1	Awaiting data	Awaiting data
Lowest Trust Score	71.61	3	71.93	3	Awaiting data	Awaiting data

\*OD definition: the SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

## Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: performance data is consistently gathered, and data quality assurance checks made. Robust reporting and monthly scrutiny are carried out at multidisciplinary quality committees. We have reported a lower-than-expected SHMI ratio for the last three years.

UHS has taken the following actions to improve the SHMI indicator and so the quality of its services, by introducing, embedding, and developing the IMEG processes described in the Learning from deaths section of this quality report.

## Core indicator 12b: the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust

**Figure 13: The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust**

	February 20 - January 21	March 20 - February 21	2022/23	2022/23
UHS	41.5	41.6	Awaiting data	Awaiting data
National Ave	36.9	37.3	Awaiting data	Awaiting data
Highest Trust Score	62.3	62.38	Awaiting data	Awaiting data
Lowest Trust Score	7.2	7.8	Awaiting data	Awaiting data

	June 20 - May 21	July 20 - June 21	2022/23	2022/23
UHS	43.0	43.5	Awaiting data	Awaiting data
National Ave	38.0	39.1	Awaiting data	Awaiting data
Highest Trust Score	65.0	63.7	Awaiting data	Awaiting data
Lowest Trust Score	38.0	10.6	Awaiting data	Awaiting data

	November 20 - October 21	December 20 – November 21	2022/23	2022/23
UHS	35.9	34.9	Awaiting data	Awaiting data
National Ave	39.5	39.7	Awaiting data	Awaiting data
Highest Trust Score	63.9	64.4	Awaiting data	Awaiting data
Lowest Trust Score	11.5	11.2	Awaiting data	Awaiting data

## Regulatory/Assurance Statement:

UHS considers that this data is as described for the following reasons: the data is reviewed by the palliative care team, interrogated in line with the key lines of enquiry identified by that group and have reporting and governance arrangements and progress reports to the board.

UHS has taken the following actions to improve the percentage of patient deaths with palliative care coded and so the quality of its services, by working with NHS Digital and the specialist palliative care coding team and by continuing to monitor palliative care coding against national best practice to ensure that the number of expected deaths is accurately recorded.

**Core indicator 19: the percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period**

**Figure 14: The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period**

	2019/20	2020/21	2021/22	2022/23
Emergency readmissions, within 28 days (as average of monthly %)	11.76%*	12.4% April-Feb	11.83% Apr to Jan	11.50%

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: we have a process in place for collating data on hospital admissions from which the readmission indicator is derived. We have maintained our low unplanned readmission rate for both paediatric patients and adult patients with both rates remaining below national average throughout the year.

UHS has taken the following actions to improve the percentage of patients readmitted to a hospital, and so the quality of its services by working to ensure we treat and discharge patients appropriately so that they do not require unplanned readmission, working with partners in the system to address long-standing pressures around demand, capacity and patient flow and working closely with system partners to ensure safe discharge practice.

**The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends**

**Figure 15: The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends<sup>1</sup>**

Staff Recommends Care %	2020	2021	2022
UHS	86%	83.2%	78.8%
Best	91.8%	89.5%	86.4%
Worst	49.6%	43.5%	39.2%
Worst	74.3%	67%	61.9%

<sup>1</sup>Figures based on staff who completed the survey during the relevant year.

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: We use nationally reported and validated data from the national staff survey and our results perform well in comparison to other acute Trusts with improvement shown this year.

UHS has taken the following actions to improve the percentage of staff who would recommend the Trust as a care provider, and so the quality of its services by continuing to encourage participation in this survey and by developing local action plans and responses to the feedback received. Consolidating our initiatives, while continuing to pay attention to priority areas of the staff survey: bullying and harassment, health, and wellbeing.

**Core indicator 24: the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged two or over during the reporting period**

**Figure 16: The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged two or over during the reporting period**

	2019/20	2020/21	2022/23
UHS	12.3	38.7	14.12
National Average	13.2	45.6	16.47
Highest Trust Score	51	141	53.62
Lowest Trust Score	0	0	0
Lowest Trust Score (non-zero)	1.7	2.3	0.97

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: we use nationally reported and validated data; we monitor performance regularly through our Trust Infection Control Committees and daily and weekly taskforce meetings.

UHS has taken the following actions to improve the rate of C difficile infection, and so the quality of its services by: focusing on improving hand hygiene; adopting national and local campaigns including visual prompts and hand hygiene stations prominently positioned at entrances to the hospital and ward areas; raising the profile of infection prevention throughout the Trust and at board level; training staff on infection prevention and hand hygiene; focusing on high standards of cleanliness, screening of emergency and elective patients and focusing on effective antibiotic stewardship and ensuring that patients are effectively isolated and monitoring and feeding back on cases where inappropriate prescribing is a possible contributory factor.

**Core indicator 25: the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death**

**Figure 17: The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death**

	Oct19-Mar20	Apr 21-Mar 22	2022/23
<b>UHS</b>			
Rate Incidents per 1000 admissions	34.50	38.10	30.20
Number Incidents	6373	1153	11327
Number Severe Harm	43	78	77
% Severe harm or death	0.67%	0.78%	0.68%

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: We use the nationally reported and verified data from the National Reporting and Learning System (NRLS); our individual incident reporting data is made available by the NRLS every six months.

UHS has taken the following actions to improve these indicators, and so the quality of its services by continuing to encourage staff to report incidents of harm; the Trust routinely monitors incident rates and the proportion of incidents which result in severe death or harm.

## Other Information

**Figure 18: other information**

	2020/21	2021/22	2022/23
Serious Incidents Requiring Investigation (SIRI)	90	70	118
Never Events	1	6	3
Healthcare Associated Infection MRSA bacteraemia reduction	1	No available data	n/a
Healthcare Associated Infection Census" (as average of monthly %)	299%	No available data	No available data
Healthcare Associated Infection Clostridium difficile reduction	63	71	80
Avoidable Hospital Acquired 33* Grade III and IV Pressure Ulcers	20	No available data	191
Falls - Avoidable Falls	2	No available data	61

**Regulatory/Assurance Statement:**

UHS considers that this data is as described for the following reasons: we use nationally reported and verified data from the NRLS.

UHS intends to take the following actions to improve this percentage of patient safety incidents reported that resulted in severe/major harm or extreme harm/death and so the quality of its services by continuing to work to eliminate avoidable harm and improve outcomes.

## 2.2.12 Seven-day hospital services

The seven-day hospital services (7DS) programme was developed to support providers of acute services to deliver high quality care and improve outcomes on a seven-day basis for patients admitted to hospital in an emergency.

Ten 7DS clinical standards were originally developed and since 2015 trusts have been asked to report on four priority standards:

**Clinical standard 2: consultant-directed assessment.**

**Clinical standard 5: diagnostics.**

**Clinical standard 6: interventions.**

**Clinical standard 8: ongoing review**

The Trust currently meets all four of these standards and delivers a comprehensive 7DS which helps keep patients safe and helps with flow through the hospital seven days a week. This has been particularly important during our recovery from the COVID-19 pandemic, and while working to meet the national challenges around patient flow.

**Clinical standard 2:** All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

All emergency specialties have consultant on call rotas with either planned ward round review to support the standard or continuous review throughout the shifts. The timing of review is entered through the electronic system which enables monitoring.

In November 2019 UHS audited compliance and demonstrated we achieved the standard 95.52% of the time. On average patients waited 3 hours 17 minutes for an assessment, 3 hours 41 minutes on a weekday and 2 hours 20 minutes at the weekend. Further audits are planned during 2023/24.

**Clinical standard 5:** Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within one hour for critical patients.
- Within 12 hours for urgent patients.
- Within 24 hours for non-urgent patients.

UHS consistently achieves this standard across seven days a week, all specialties provide consultant cover and interventions seven days a week:

- Within one hour for critical patients.
- Within 12 hours for urgent patients.
- Within 24 hours for non-urgent patients.

We also provide many of these services for neighbouring trusts, including interventional radiology, MRI, interventional endoscopy, emergency surgery, percutaneous coronary intervention and complex cardio arrhythmia and microbiology.

**Clinical standard 6:** Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.



Due to radiology working practices and economies of scale UHS consistently achieves clinical standard 6 target across seven days a week for:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency surgery
- Emergency renal replacement therapy
- Urgent radiotherapy
- Stroke thrombolysis and 7-day mechanical thrombectomy cover.
- Percutaneous coronary intervention
- Cardiac pacing

**Clinical standard 8:** All patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway:

The Trust is meeting this standard by twice daily consultant reviews taking place in admission areas, intensive and high care areas, and once daily review in other inpatient wards.

UHS supported achieving this standard by implementing NEWS2 across all adult areas (excluding obstetrics) as described previously in this report. Patient acuity and needs are updated daily on the doctors' worklist application which provides detail on handover and to the on-call team. Patients requiring urgent review are seen by the duty team as highlighted through the national early warning score (NEWS2) or by the nursing team.

## 2.2.13 Freedom to speak up (FTSU)

The Trust is committed to continuing to promote an open and supportive culture to ensure that all employees, workers, and volunteers feel safe in speaking up about issues of the quality of patient care or safety. We recognised this culture as being vital in safeguarding patients from harm and promoting an environment where mistakes are acknowledged, learned from, and prevented from happening again.

The Trust has had its own FTSU Guardian as an independent and impartial source of advice for those wishing to speak up since October 2017. The role is supported by the FTSU national guardian's office, which is responsible for providing leadership, training, and advice to FTSU Guardians.

We have developed a network of fully trained FTSU champions so that all staff can access confidential and impartial support in times of need. This team of advisors are available to support staff who are subject to, or accused of, bullying, harassment, and discrimination whilst at work, staff who need advice on issues such as conflict in the workplace, and staff who are thinking of leaving UHS. During 2022/23 we continued to grow our community of champions and have increased the number of champions from 38 to 60. The champions are from inclusive backgrounds and cover a wide variety of areas at UHS.

The Trust provides FTSU awareness sessions at Trust induction to ensure that all new starters are aware of the FTSU guardian/champions and our raising concerns (whistleblowing) policy. We provide education to ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively. We also send out regular communications across the Trust to raise the profile and understanding of the raising concerns agenda.

We have a multidisciplinary approach to concerns raised through the monthly raising concerns (whistleblowing) steering group, chaired by an executive lead. The group shares key findings/recommendations from concerns that have been raised to foster a culture of openness, transparency, and learning from mistakes. The group

monitors evidence that investigations are evidence based and led by someone suitably independent in the organisation.

Our progress and performance are measured through our annual staff survey and FFT results as well as feedback from those who have raised concerns. Benchmarking concerns we have received against national FTSU guardian's office data and the regional FTSU guardian network helps us track our performance. High level findings are presented at Trust Board on a bi-annual basis and include overviews of the cases reported and any themes identified. We also discuss progress against the national FTSU office guidance for NHS Trusts and self-assessment tool, progress against key actions related to the vision and strategy and any relevant benchmarking or recommendations following national publications.

We continue to improve our resource page on our internal intranet with up-to-date information about our FTSU service, and promotional leaflets and posters available and displayed in all working areas.

**Speak up – we will listen**  
Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire board are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

**What concerns can I raise?**  
You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we deliver. Just a few examples of this might include (but are by no means restricted to):

- unsafe patient care
- unsafe working conditions
- inadequate induction or training for staff
- lack of, or poor, response to a reported patient safety incident
- suspicions of fraud (which can also be reported to our local counter-fraud team)
- a bullying culture (across a team or organisation rather than individual instances of bullying).

Remember that as a healthcare professional you may have a professional duty to report a concern. If in doubt, please raise it.

If your concern is related to your employment and affects only you, this type of concern is better suited to our grievance policy.


**How do I raise my concerns?**  
In most circumstances, the easiest way to get your concern resolved is to raise it with your line manager.

If you don't think it is appropriate to raise it with your line manager or they do not resolve it for you, you can use one of the options set out below:

- 1**    **Raise the matter with your line manager**
- 2**    **Contact our Freedom to Speak Up Guardian**  
Christine Mbabazi  
023 8120 4328 or 07818 521753  
Christine.Mbabazi@uhs.nhs.uk or RaisingConcern@uhs.nhs.uk
- 3**    **Contact our Executive Director**  
Gail Byrne, Director of Nursing  
023 8079 4953 Gail.Byrne@uhs.nhs.uk
- 4**    **Contact our Non-Executive Director**  
Cyrus Cooper  
Cyrus.Cooper@uhs.nhs.uk
- 5**    **Raise the concern externally; if the earlier steps have not been resolved the concern or there are pressing reasons to by-pass them**

**More about the Freedom to Speak Up Guardian**  
Christine Mbabazi is the Trust's Freedom to Speak Up (FTSU) Guardian. The role was established as a recommendation of the Francis review to work alongside NHS Trusts in becoming more open and transparent places to work.

If you are ever concerned about patient or staff safety and do not feel that your concerns are being adequately addressed, please contact Christine.



**Christine Mbabazi**  
07818 521753  
RaisingConcern@uhs.nhs.uk

“

I'm here to listen to any concerns that you have about working at the Trust

”

The Trust also has a raising concerns policy that establishes clear lines of escalation for concerns to be raised which are as follows:

- Raise the matter with your line manager.
- Contact the FTSU guardian or FTSU champion.
- Contact the executive director responsible for FTSU.
- Contact the non-executive director responsible for FTSU.
- Raise the concern externally.

The continuing effectiveness of this policy is reviewed at Trust Board on a bi-annual basis.

We continued to develop and strengthen our processes and structures. Having a FTSU guardian and champions has given confidence to individuals to raise issues that they would not have raised in the past because they are protected from any repercussions and have the advantage of either confidentiality or anonymity

## What our tell us



### 2.2.14 Rota gaps

The guardian of safe working is responsible for ensuring that working hours are safe for junior doctors; we know that this is important for patient and staff safety.

The guardian also helps support the implementation and maintenance of the contract for doctors in training, has independent oversight of junior doctors' working hours and works with the medical workforce team to identify any training opportunities.

The guardian provides a mechanism whereby safety concerns related to working hours and rota gaps can be identified, responded to, and addressed. A regular report is submitted to Trust Board which includes updates on rota compliance, vacancies/gaps and plans for improvement and junior doctor exception reporting.

We act each month to make sure that rota gaps are identified and filled wherever possible. We aim for proactive engagement with Health Education England (HEE) so we can accurately plan targeted campaigns for hard to recruit specialties and the judicious use of locums where necessary. We also embrace the UHS Fellowship and aim to offer the same safeguards for all our junior doctors whether in deanery training posts or not.

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.

The current vacancy rate is 8.42% which equates to seventy-four wte vacant posts. Recruitment continues for current vacancies and medical HR are working with departments to plan for future gaps. There are certain specialties where recruitment and retention are particularly challenging including acute medicine, emergency medicine, general medicine, and trauma and orthopaedic.

From the 1 July 2022 the NHS Professionals (NHSP) connect contract was ceased and all locum bank duties were processed through Medic OnLine and HealthRoster (software that was already procured and funded by UHS).

The expenditure for locums continues to be high, relating to covering both short-term vacancies and longer-term gaps in the rotas.

The changes in locum rates from September 2022 for doctors in training and subsequent communication have improved clarity for everyone involved and identified departments which have significant challenges in recruitment and retention.

Exception reporting continues to be both low risk and low cost to the Trust.

There is ongoing monitoring of exception reporting and appropriate support given to the consultant rota leads and the medical workforce team.

Medical recruitment remains a high priority for the Trust and there is continued vigilance around rotas, sickness, and sustainability of the working patterns of doctors in training.

Rota annualisation can help alleviate the problem of annual leave and the introduction of the 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.


Work is being carried out around the role of junior doctors, advanced nurse practitioners, physician assistants and a range of non-clinical roles.

These problems reflect the national picture and are well understood internally with improvement plans being generated and reviewed regularly to ensure that the building blocks for a successful junior doctor workforce are in place in UHS

# Part 3: Other information















## 3.1 Our commitment to safety

We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of safe care that we provide. We recognise the importance of a culture where staff are comfortable to report when things go wrong, and we work hard to ensure that the appropriate support for staff is available in an effective, efficient, and timely way. Individuals can share their experiences and provide feedback regarding any support they have received. We continually work to improve safety in the Trust, learn from incidents and celebrate successes.



University Hospital Southampton  
NHS Foundation Trust

### Our planned outcomes for next 2 years

<p><b>Strategic</b></p> <ul style="list-style-type: none"> <li> Adopting an <b>Systems based</b> approach to patient safety incidents.</li> <li> Delivering <b>patient safety education and coaching</b> to those involved in safety investigations, risk and governance to embed <b>PSIRF methodology</b> across the organisation and aligning with core behaviours of the UHS way of thinking.</li> <li> Resulting in an <b>just and learning culture</b> that allows us <b>learn, grow, heal and excel</b>, with patient safety at its core, to develop an engaged and ambitious workforce who consistently <b>deliver safe and outstanding care</b></li> </ul>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li> Patient safety investigation <b>focus on where there is greatest learning for the organisation</b></li> <li> A <b>range of tools</b> are used to learn from incidents and <b>regular thematic reviews</b> are carried out.</li> <li> <b>Patients involved in projects</b> that lead to improvements in patient safety</li> <li> All staff understand the <b>role in patient safety</b> and we <b>support</b> those staff involved in patient safety incidents</li> </ul>
<p><b>Quality</b></p> <ul style="list-style-type: none"> <li> <b>Build confidence, capability and capacity</b> for patient safety learning and improvement across the Trust so staff feel empowered to deliver PSIRF in their areas</li> <li> Build on our Educational offering PSII, human factors, appreciative inquiry for staff involved in patient safety</li> <li> Train <b>ALL</b> staff in level 1 patient safety</li> <li> Support and coach staff to deliver <b>PSII and local investigations</b> and ensure involvement of those affected</li> </ul>	<p><b>Effectiveness</b></p> <ul style="list-style-type: none"> <li> Measure <b>implementation effectiveness and organisational readiness</b> over the next year</li> <li> Measure <b>impact of PSIRF implementation</b>, including impact on patients and staff involved.</li> <li> Design and embed <b>robust measures</b> for every PSIRF investigations</li> </ul>

2

### **Patient Safety Incident Response Framework (PSIRF) implementation.**

The PSIRF was formally launched in September 2022, and we are working through the phases in line with NHSE ahead of the transition away from the serious incident framework in September 2023.

We have completed the orientation phase and highlight the following achievements:





We have provided multiple sessions on supporting our staff to understand PSIRF and we have also created a guide for staff:

During the orientation phase we held two workshops and have a further four planned for the diagnostic and discovery phase.

### PSIRF and the benefits to patient safety



writing root cause analysis reports which has helped release clinical time for our staff. Our after-action review method of evaluation takes the form of a facilitated discussion following the event we want to investigate. It looks at what we set out to do, what actually happened, what could have gone better and why and how we can do it better next time. They enable understanding of the expectations and perspectives of all those involved and captures learning, which can then be shared more widely. This new approach has been positively received and has created an opportunity to celebrate good practice as well as identifying any learning.

## What our staff tell us:



## Patient Safety Education and Human Factors

Human factors are those things that affect an individual's performance. We know that by understanding human factors and their impact on our working practices we can go a long way to reduce many preventable errors, lead to a much safer working environment, and improve team morale and wellbeing. In 2021 we facilitated seventeen staff to undertake human factors online training with an external company, leading to them being awarded the title of patient safety associates. We commenced our second cohort of training in 2022/23.

## Patient Safety Syllabus

The national patient safety syllabus takes a new approach to patient safety, putting emphasis on pro-active ways to identify risks to safe care, while also including systems thinking and human factors. Following the national launch of levels one and two of the patient safety syllabuses we have added it to our VLE and encouraged completion. The Trust is also contributing nationally to the evaluation of the first two levels. The syllabus is a first of its kind which will help identify risks proactively to prevent errors before they occur.

## Patient Safety Incident Investigation training

Over the last year we have been providing training in preparation for the new investigation styles we will need to adopt as part of the PSIRF. We run the training over two half day sessions, taking the students through a scenario-based teaching. To date we have training 110 staff, with many more sessions scheduled throughout 2023.

## Community of practice for patient safety and human factors

This valuable community continues to meet and now has over 130 members. The group meets regularly during the year with a range of topics covered including psychological safety, just culture and appreciative enquiry in the M&M process.



## Incident reporting

The Trust has continued its work in preparation for the transition to learning from patient safety events (LFPSE) which will replace the national reporting and learning system (NRLS) and has continued to foster a positive reporting culture and learning from incidents. We continue to see a high number of favourable events being reported across the Trust. Favourable event reporting forms (FERF) are a way to show formal appreciation for good aspects of all practice, as well as sharing learning.



## Quality and Patient Safety Partners (QPSPs)

Following a successful pilot in 2021 the Trust has recruited six quality and patient safety partners. We presented a poster on the pilot to the Institute for Healthcare Improvement conference in Gothenburg in June 2022. To meet the national requirement, we have two of our QPSP's sitting on our serious incident scrutiny group (SISG), and on our patient safety steering group. Our QPSP's are also supporting several projects across patient safety, transformation, and estates.

We were privileged to have a virtual meeting with Dr Henrietta Hughes, OBE, the first patient safety commissioner for England in December 2022. Dr Hughes' focus is putting patients first and giving them a voice, and we were included in the write up of her one hundred days report.



**'Getting it right for patients'**

One of my visits was to University Hospitals Southampton NHS Trust which has combined its patient safety partners programme with its quality improvement programme, creating Quality and Patient Safety Partners (QPSPs). These six volunteers come from a range of backgrounds and provide a unique insight into the work of the trust. They have undertaken the same patient safety training as staff and can access a mentor to support them in their work. For one, Linda Taylor, the trust listens to their views and trusts them. 'It works because we all have the same aim - getting it right for patients.'

The QPSPs point to their work on the multiple sclerosis workstream where their input into the understanding of the patient pathway is much more than just when patients enter and leave the hospital. It includes acting on early issues to reduce the chance of being admitted to hospital while helping patients to manage their condition at home after treatment.

Their next focus is on recruiting new QPSPs and ensuring they reflect the make-up of the trust's users, including its diverse population. They are also continuing their work as part of a patient safety partners network and are supporting other NHS trusts in developing similar programmes to put patient voice centre stage.

## **Patient safety case reviews**

To support improving the medical scrutiny of our patient safety case reviews we recruited four medical scoping leads during 2022/23. Each lead has one paid session each to help support reviews and lead on projects across patient safety.

## **LeDeR (Learning from deaths in patients with LDA and autism)**

Following a pause in 2021 we restarted our internal LeDeR reviews. Led by the patient safety team these reviews are multi professional with support from one of the divisional clinical directors, named nurse for adult safeguarding and the learning disability team. Our ambition is to include the views and feedback from the families over the next year.

## 3.2 Duty of candour

Duty of Candour, Regulation 20 of the health, and Social Care Act 2008, is a statutory requirement for all providers registered with the Care Quality Commission (CQC). It covers any patient safety incident that appears to have caused (or has the potential to cause) significant harm. It requires us to undertake an initial disclosure of the incident, provide a written account, complete an investigation share investigation findings and offer formal apologies.

At UHS we have worked hard to ensure that our staff are aware of their obligations against this regulation. Our 'being open policy: a duty to be candid' policy clearly outlines the requirements for the Trust to comply with Regulation 20. This includes both the statutory and professional requirements.

Our Staffnet provides up to date resources and advice, and we have an information leaflet to explain how we investigate and learn from incidents. This information includes how we will be open, involve our patients and their families and keep them updated. Every patient (or their family) is contacted by letter following a moderate or high harm incident and are invited to ask any questions they would like answered as part of the investigation. We offer to meet patients and families if they would find this beneficial.

Compliance for Duty of Candour is supervised by our divisional governance groups, and the corporate patient safety team ensures it is completed for any serious incidents that occur.

## 3.3 Our commitment to improve the quality of our patients' experience

### **Patient-Led Assessments of the Care Environment (PLACE) programmes**

Good environments matter to the care and experience of every NHS patient who should be cared for with compassion and dignity in a clean, safe environment. It is essential that we act on the clear message, directly from patients, about how the environment or services might be enhanced.

The care environment also impact on health outcomes, customer choice (patient and referrer), reputation, staff recruitment and retention. The standard of the Trust's environment forms an increasingly important part of external local and national guidance, quality measures and contractual obligations.

The environment consists of the physical estate (buildings, car parks etc), the condition of the accommodation where services are provided from (cleanliness, maintenance), and its overall appearance and accessibility (presentation and way finding etc).

PLACE programmes provide a framework for assessing quality against common guidelines and standards to quantify our environment, cleanliness, food, and hydration provision. They also look at the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

Assessments are carried out by teams made up of staff and members of the public (known as patient assessors). They provide motivation for improvement by providing a clear message, directly from patients, about how the quality of the environment or services might be improved.

National PLACE programmes were suspended during the pandemic, but we ran a modified version known as PLACE-LITE until this year, when we were able to restart the full programme. It was fantastic to welcome patient assessors back into the programme, with their valuable contribution being missed over the past couple of years. With representation from Healthwatch Southampton, Trust members, governors, independent representatives, and a previously untapped team from the Youth Ambassadors group we were well supported and are confident we had a genuinely representative sample of views. Next year we hope to invite external independent assessors to join our teams.

Each month we conduct an assessment in an agreed area (usually a care group) and provide that area with their results and a localized action plan for them to work to complete. We can then compare the care group results with the Trust- wide and national position to create a heat map for improvement projects.

During 2022/23 we assessed thirty-two areas across the Southampton General Hospital (SGH), Princess Anne Hospital (PAH), Royal South Hants Hospital (RSH), Lymington Hospital and the New Forest Birthing Centre (NFBC) sites.

### **Trust Amalgamated Scores**

The scores from all sites have been amalgamated to provide a single Trust position, which gives an overall Trust score. This table below shows the site scores for each assessment. The Red shaded scores are the annual average score for the SGH Place Lite assessments. This demonstrates reasonable confidence that our place lite programme is a fair reflection of the main results

**Figure 19: PLACE site scores for each assessment**

Site	Cleanliness	Food (taste)	Privacy & dignaty	Condition & Appearance	Dementia	Disability
SGH	98.51	91.24	81.97	96.23	82.57	85.83
SGH Lite	97.87	92.88	70.50	92.60	70.90	80.94
PAH	96.35	88.53	74.83	93.11	60.75	74.32
RSH	98.13		75.76	95.00	67.31	69.67
NFBC	100.00		78.05	93.33	77.27	48.00
Lym	98.75		88.64	96.47	78.79	81.67
<b>Trust</b>	<b>98.35</b>	<b>89.89</b>	<b>79.85</b>	<b>94.83</b>	<b>73.34</b>	<b>71.90</b>

The tables below identify the position in each of the key domains of the assessment and compare in red the average score for acute large teaching trusts.

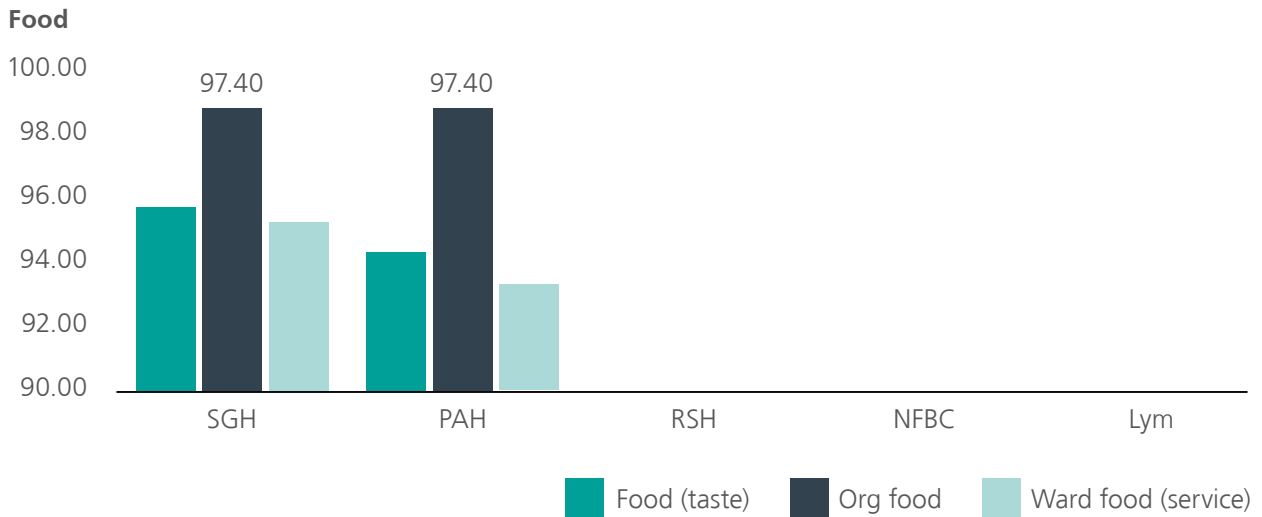
**Figure 20: Cleaning and Environment (ranking 139 / 222 all organisations)**

### Cleaning score

Princess Anne Hospital		96.52%
Royal South Hants Hospital		98.13%
Acute large / teach		98.16%
Southampton General Hospital		98.51%
Lymington Hospital (peripheral clinic)		98.75%
New Forest Birth Centre		100.00%

**Figure 21: Food and dining experience**

This combines both quality of food, the design and delivery of the meal service, and preparation of patients. This includes food temperature, serving style, taste, texture, suitability, through to clinical involvement in the preparation and readiness of the patient. It also considers disability and dementia aspects such as adaptive cutlery and suitable menus for example, finger foods. Only two sites currently provide inpatient food services.



**Figure 22: Privacy and dignity (ranking 188 / 222 all organisations)**

Privacy and dignity continue to provide challenges in the care environment, however, this more granular approach to the issues in individual care groups will enhance the speed of response compared to once annual assessments.

**Privacy, Dignity & Wellbeing Score %**



**Figure 23: Condition and appearance (ranking 142 / 222 all organisations)**

We are aware that much of our estate is old and well used, and it is an ongoing challenge to maintain it to the standards we and our patients expect. The audits have identified that a combination of issues impact on the condition and appearance of the site, from backlog maintenance issues, clutter, overcrowding, and a failure to report deteriorating items and areas. The local action plans address both the immediate remedial actions, but also the closer collaboration with departments at the time should enhance reporting and response.

**Condition, Appearance & Maintenance Score %**



**Figure 24: Dementia (ranking 142 / 222 all organisations)**

Considering patient needs in relation to dementia takes in a range of components, from location awareness, such as coloured rooms for easy identification, to helping orientation with date and time displays, familiar design, and even considers flooring to avoid confusion such as shiny floors being perceived as slippery, or apparent debris seen in patterns.

**Dementia Score %**



**Figure 25: Disability (ranking 138 / 222 all organisations)**

Consideration of disability, from access to chair heights is another area of improvement for us to focus on. Much of the learning that we have identified from past feedback and from PLACE LITE audits has been incorporated into the 'design guide' that estate projects is creating. This will enable us not only to remediate issues when identified but will proactively design out some issues where this is possible.

**Disability Score %**



The PLACE audits clearly show our areas of largest challenge are our environment, privacy and dignity, dementia, and disability. We are in the process of generating an improvement action plan to address this, and our PLACE assessors will be playing an important part in monitoring the quality of our improvements during 2023/24.



## 3.4 Our commitment to improving the environment for our patients

Delivering world class quality care is more than just about offering the most advanced treatments or delivering the best outcomes, it is also about doing all these things in a sustainable, environmentally responsible way.

We understand the negative impact of some of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same. Environmental sustainability and sustainable development are integral to all that we do here at UHS, and we feel it should factor into each decision we all make.



UHS has set out its response to the challenge of the NHS becoming the world’s first health service to reach carbon net zero with the launch of our own Green Plan which we published to coincide with World Earth Day 2022. Improving the health of our local communities and lessening the burden on our organisation and the NHS more broadly is the aim of our Green Plan, through achieving carbon net zero and resulting in healthier lives for our community and our people.

The Plan sets out the scale of the challenge, our commitment to reducing the impact on the environment and the steps we will collectively take to get there. As the largest employer in Southampton and with an energy consumption equivalent to all the households in Winchester combined, UHS recognises the influence it has on impacting the environment and population we serve.

Carbon dioxide is one of the most harmful greenhouse gasses. The term carbon emissions are often used as an umbrella term for all greenhouse gas emissions. Carbon net zero means achieving a balance of the amount of carbon emitted into the atmosphere, and the carbon removed from it.

Environmental change is a factor in some of the conditions that we treat our patients for, such as the impact of carbon dioxide in air pollution. By taking a proactive role in lessening our impact and being a leading influence in our community, we can go some way to preventing people becoming ill in the first place.

Our Green Plan outlines how we as an organisation are planning to help address these issues at a local level. We are focusing on estates and facilities, supply chains and procurement, travel and transport, biodiversity, food and nutrition and digital transformation. The work of the sustainability board and its sub-groups sit within the foundations for the future strategic pillar.

In March 2023 we were delighted to announce that UHS had been awarded £29.4m from the Public Sector Decarbonisation Scheme to fund a major new energy-efficient heating system fit for the future.

The new energy system at SGH will replace the current infrastructure, which is now approximately twenty-years-old and in need of a significant overhaul. The state-of-the-art new system will help UHS take great strides towards its pledge to become Net Carbon Zero by 2045 reducing CO2 emissions by an estimated 4881 tonnes per year.

## 3.5 Our commitment to staff

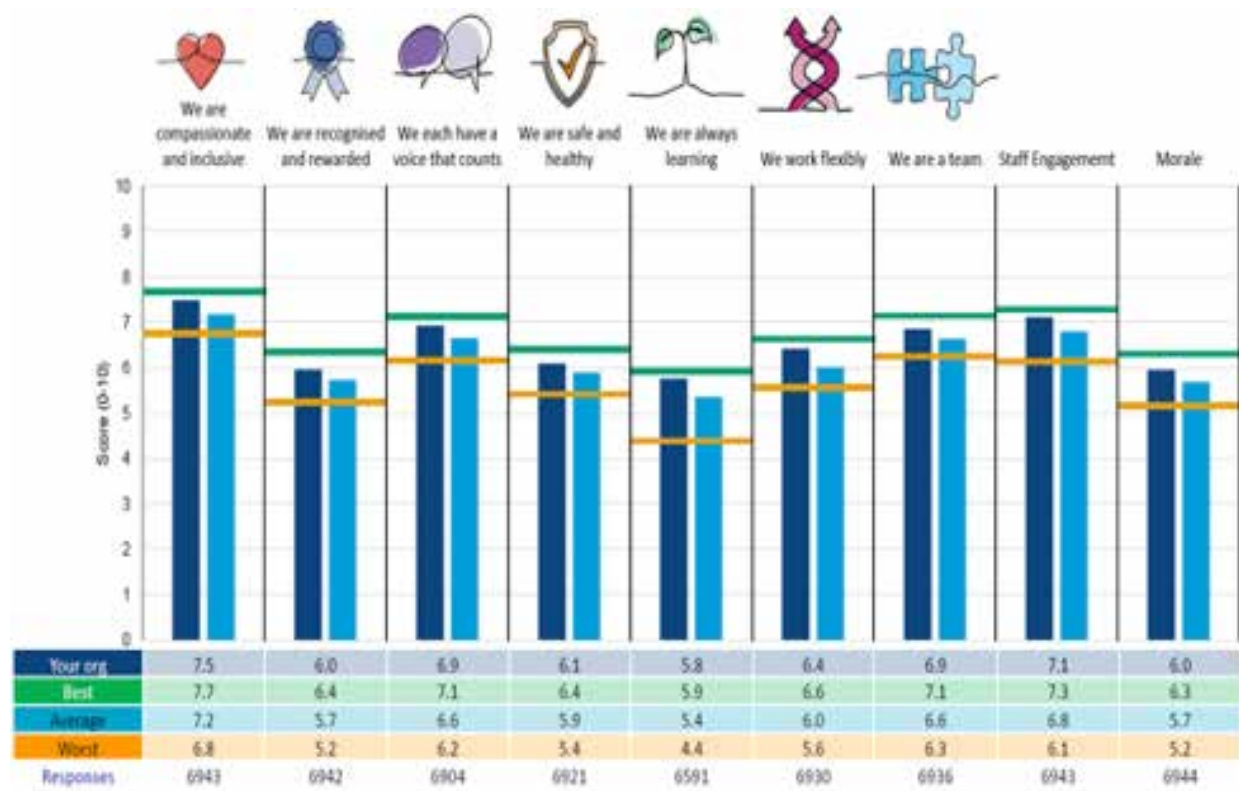
The annual NHS staff survey continues to be the largest mechanism which enables us to hear the experiences of our staff. We had over 7,000 voices heard in the survey this year, 54.7% of our staff, against a national median average response rate of 44%.

The NHS is continuing to recover from the impact of the COVID-19 pandemic and staff are reporting high levels of burnout, dissatisfaction with working conditions, with pay, and workforce shortages impacting on their ability to care for patients. The survey gives us an opportunity to improve what really matters to our staff and focus in on how we really can make UHS the best place to work.

Given the context we are operating in, with a cost-of-living crisis and a challenging labour market, we must focus on the elements we can control and acknowledge the elements outside of our control. For UHS, this is being proud about the purpose that unites us together - the amazing work we do for our patients and families, living our values, behaving with kindness and compassion to each other. We also acknowledge the importance of developing our leaders and managers to be the best they can be, developing a culture where people feel they belong at work, and feel included. We want UHS to be a place where people feel safe to speak up and concerns are acted upon, people feel supported, a place where people have opportunities for growth, development, and people feel valued for the work they do.

The questions in the survey are aligned to the themes of the nationally recognised People Promise. UHS scored above the average for all the themes plus measures of engagement and morale (see themes below, Figure 25), in our benchmark group consisting of 124 acute or acute community Trusts.

**Figure 25: Scores by People Promise themes**



Despite the challenges facing our staff, it is important that we celebrate where we have performed well as a Trust and the positives that our staff experience whilst working for UHS. UHS ranked the seventh highest Trust for recommendation as a place to work nationally, out of the 124 Trusts. Furthermore, UHS is now the top-rated acute Trust for recommendation as a place to work in the Southeast NHS region (out of 17 Trusts) and the highest rated acute Trust within Hampshire and Isle of Wight.

Other national rankings to be proud of are:



UHS scored the highest out of all 124 acute and acute community Trusts for there being opportunities to develop your career in the organisation (63.6%)

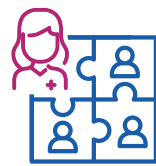


UHS ranked fourth in the benchmark group for staff agreeing that they achieve a good balance between their work and home life.

**Figure 26: UHS scored significantly above national average on the following questions**



**16.9% higher than average:**  
If a friend or relative needed treatment I would be happy with the standard of treatment provided by UHS at 78.8%, a decline of 4.4% from 2021



**8.1% above the average:**  
My organisation respects individual differences (cultures, backgrounds, working styles etc) at 77.4%, a slight increase from 2021



**9.8% above average:**  
Care of patients/ service users is the organisations top priority at 83.3%, a decline of 2.5% from 2021



**12.2% above the national average:**  
I would recommend UHS as a place to work at 68.7%, a decline of 3.3% from 2021

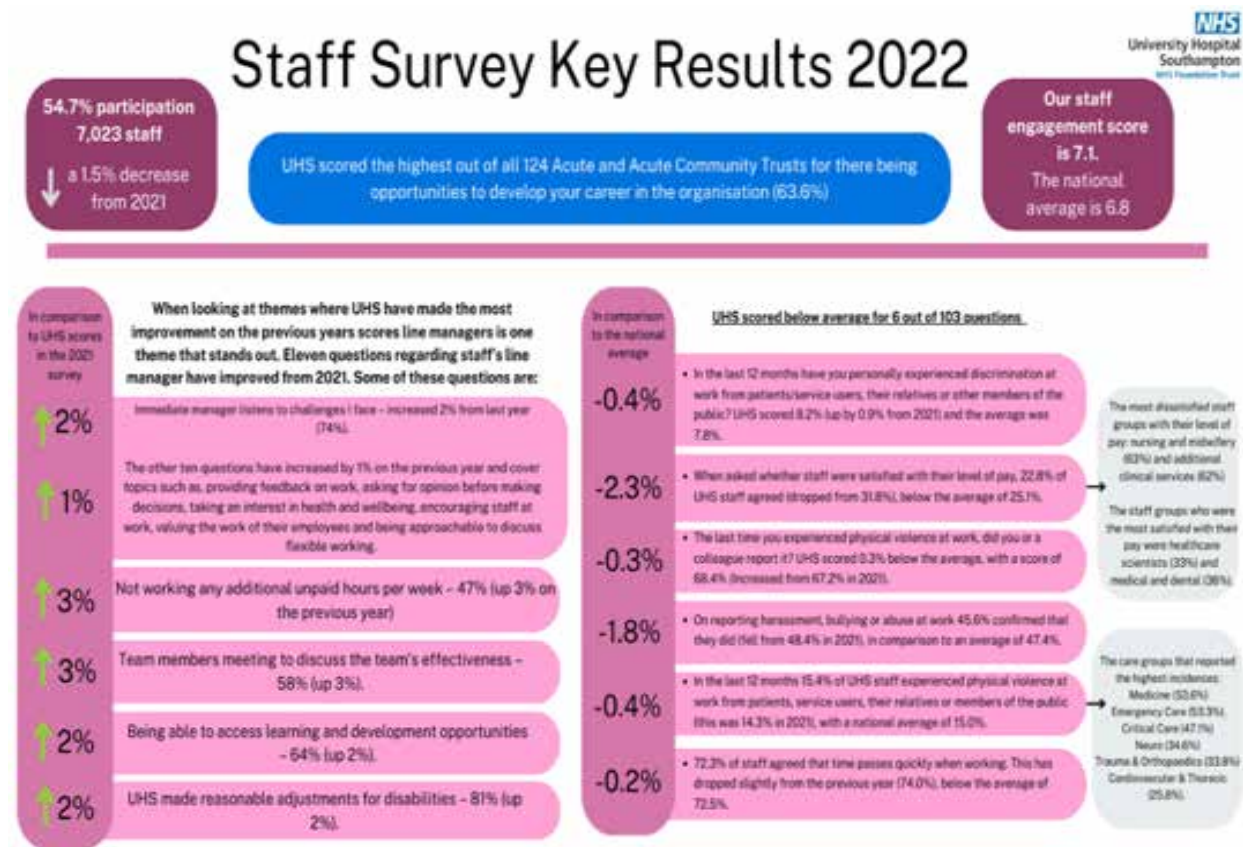


**8.7% above the average:**  
I feel safe to speak up about concerns at 69%, a slight decline from 2021

While the scores for most questions in the survey have remained unchanged from the previous year, we have made improvements on some questions. Questions surrounding line managers, team effectiveness, appraisals and making reasonable adjustments for disabilities have all improved. The results show the fruition of improvements made in response to the 2021 survey, where appraisals have been re-designed and re-launched with the aim of becoming more valuable to staff in terms of their career development and wellbeing. The scores also reflect the work on management development, education and career development, and inclusion and belonging that has also taken place.

Other headlines from our results include an above average engagement score (7.1, with a national average of 6.8). Figure 27 (below) also highlights where our results fell below average, demonstrating further areas that require improvement (such as the need to continue work on reducing violence and aggression from patients)

Figure 27: Key results 2022



Improvement is a continual process and measuring engagement throughout the year with the addition of the quarterly pulse survey allows us to sustain a constant understanding of staff experience. The nine engagement questions that make up the quarterly survey also form part of the annual staff survey.

The three quarterly surveys in 2022/23 have shown an increase in the question 'care of patients is my organisation's top priority' from 84.7% agreement in quarter one to 85.2% in quarter four. However, it does show a steady decrease in staff looking forward to going to work, which has declined by 2.3% between quarter one and quarter four.

It is crucial for team members to see the results and participate in thinking around some of the potential solutions, and where possible, get involved in creating them. Local improvement, where changes are driven locally are more likely to be sustained. At UHS we want everyone to be able to contribute towards making improvements and feel able to make changes in their role, team, department, and trust, embodying and living our Trust value 'always improving.' Each team will be reviewing the top three priorities that they established following the 2021 staff survey, measuring progress against the ones that still apply following the 2022 survey or amending priorities where these have changed following the recent results.

The delivery workstreams of our UHS People Strategy will move into the second year in 2023/24. The People Objectives 2023/24 and other UHS strategies will be informed by 2022 results. However, assurance is provided by the results that the work programmes remain the correct ones to respond to the feedback, and we continue as planned.

Figure 28 below demonstrates the actions already taken in relation to the People Strategy and outlines where we continue to focus moving forward.



Figure 28: Actions already taken in relation to the People Strategy and outlines where we continue to focus moving forward



## The Inclusion and Belonging Strategy and Belonging Blueprint

During 2022 we developed our staff inclusion and belonging strategy and belonging blueprint, both of which were signed off at Trust board in January 2023 and are now launching.

The inclusion and belonging strategy has five key themes:



1. A workforce reflecting our communities, at all roles at all levels, because research tells us that a diverse workforce reduces the likelihood of “group think.” A diverse workforce brings with it diversity of experience, and boots innovation, wellbeing, and positive working cultures.
2. Safe and healthy working environments free from all racism, aggression, hate and discrimination.
3. Recruitment processes which are free from bias and inclusive. We know that recruitment managers are more likely to recruit those that mirror their own cultural norms, and research also tells us that international colleagues may have a quite different perspective on what is considered a “cultural norm.” Evidence also tells us that males will often be more likely to apply for a job that their skills match by approximately 60% verses women who would only apply for a job if they matched above 80%.
4. Inclusive leadership and management. According to the Harvard Business Review (2023) “Teams with inclusive leaders are 17% more likely to report that they are high performing, 20% more likely to say they make high-quality decisions, and 29% more likely to report behaving collaboratively. What’s more, we found that a 10% improvement in perceptions of inclusion increases work attendance by almost 1 day a year per employee, reducing the cost of absenteeism”.
5. Networks that thrive and support creation of an inclusive and safe place to work. Having a community of people that you feel you have shared commonalities with can be powerful, for your wellbeing and for your sense of belonging. Having a network or community space in UHS, provides a platform to speak truth to power at the highest level of the organisation and can help change things for the better.

This year our ambition is to roll out a series of new projects aimed at improving the experience of our staff. These will include a values project to strengthen inclusivity and belonging in our Trust values, continuing to roll out Actionable Allyship training for all staff and establishing the divisional equality, diversity, and inclusion (ED&I) steering groups for local delivery of strategy.

We will launch a positive action leadership programme aimed at supporting leaders from underrepresented groups to progress and improve representation at senior levels and develop career development workshops and tools. We plan to introduce career coaching and reciprocal mentoring with people on the UHS senior leaders programme and as part of our leadership and talent plan, all leadership and management and talent interventions Trust-wide will have an inclusive leadership module and promote inclusive leadership throughout content delivery. Our recruitment processes will be assessed to identify points of potential bias in the process and areas of quick action to improve inclusivity and fairness, and we will also relaunch our recruitment training.

Staff networks remain important to us, so we will launch a revised approach to our networks using our internal Workplace app to improve engagement while developing our programme for network chairs. More resource will be made available to support the networks, and this will include some budget and administrative support.

We recognise the pressures staff can be under from violence and aggression, and we will continue to strengthen our approach to prevention, partner to improve police action, staff reporting and data trends.

We would also like to focus on improving the quality of data and information related to Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), talent and recruitment, experience which we supply in monthly reports to divisions to allow them to make more meaningful decisions around their local plans.

## The Belonging Blueprint

We recognise belonging can mean different things to different people. For many people of diverse ethnic backgrounds their belonging can be moulded by their heritage, but they are not always made to feel accepted. Belonging runs much deeper than where a person is born and is defined by the Cambridge Dictionary as:

“The feeling of being happy or comfortable as part of a particular group and having a good relationship with other members of the group because they welcome you and accept you. A sense of belonging is one of humanity’s most basic needs.”

Our UHS blueprint is a step-by-step guide to co-creating a culture of inclusion and belonging. It is centred on an outcome of inclusion and belonging for all marginalised groups and creating empathetic identities that bridge differences and promotes an inclusive and responsive culture.



## The support programme for the cost of living

In 2022/23 in response to the national cost of living crisis, we worked with our suppliers, local providers and in consultation with our staff-side partners, and staff, to deliver a raft of measures, backed by investment from the Trust. These were aimed at supporting our staff with costs associated with travel, food and drink, childcare, opportunities to earn more, access to discounts, financial advice, and crisis support for the most vulnerable.

### Food at work

Working with Serco, U staff were offered a discount of 60% in our Feast restaurant. In addition, our commercial team has worked with M&S, Subway, WH Smith, and Costa to ensure availability of discounted food at the end of the day.

### Travel to work

The Trust secured additional discounts on public transport with both BlueStar and City Bus with discounts for pre-paid monthly tickets. Our cycle to work scheme provided the option to pay-back bike loans over a longer period and there were low-cost bike options on the VIVUP benefits platform. Our brand-new park and ride at Adanac Park was also made available to all staff for the low cost of £2.50 per month.



## **Childcare at UHS**

We know that childcare is a significant cost for families working at UHS. The Trust Taplins Nursery (run by UHS) has always worked to maintain competitive prices compared to local providers whilst delivering a quality service to our people. To provide further support we rolled-back the price at our Taplins Trust Nurseries to April 2022.

## **Supporting those most in need**

Working in partnership with Southampton Hospitals Charity, we set up a range of hardship mitigation measures. This included a new, dedicated hardship fund which can provide access to vouchers for food bundles from our charity partners, free food at our restaurants, and consideration for hardship grants. These are designed to support unexpected one-off costs that place people into significant hardship.

## **A chance to earn more**

We always encourage our people to ensure they take the time out they are entitled to, to rest and recuperate, and annual leave is an important part of this. However, we also recognise that people do not always use their full leave entitlements each year. We have been asked by our people to consider mechanisms to sell annual leave that is not going to be used so introduced an opportunity for them to sell back any unused annual leave during two periods over the coming year. Selling annual leave will be capped to ensure people take their statutory entitlements and is an entirely personal choice.

## **Making money go further**

Working with our benefits provider VIVUP we secured a further 9% reduction on home electronics and white goods with the flexibility to pay back over 12 months. Staff can make extra savings at selected supermarkets and retailers by purchasing e-gift cards on Vivup. We reminded staff that any member of the NHS is entitled to purchase a Blue LightCard which provides a wide range of discounts on nationwide goods and services.

## **Tax re-claims on uniforms**

We encouraged staff required to wear a uniform to claim tax relief on the cost of their laundering.

## **Expert financial advice**

There is also a range of general support available to staff, and we now have advice and help available through organisations such as Barclays, as well as many charities. This is outlined in our financial wellbeing support pages available on Staffnet. In addition, NHS trusts in Hampshire and the Isle of Wight have partnered with the Citizens Advice Bureau to provide advice on financial matters.

The Leadership Plan (approved at People and OD Committee before Christmas and programmes are now in place) <http://staffnet/Media/Your-development/Leadership-Development-Plan.pdf>

## 3.6 Our commitment to education and training

Education and training are essential to support the delivery of high-quality healthcare and health improvement for our patients. Although the legacy of COVID-19 continues to have its impact on access to face to face education, training, and development, this year has seen us return to more normal educational activity. Despite ongoing challenges with services which are stretched because of our demand and capacity mismatch we have:

- Continued to innovate and expand our educational offerings with opportunities such as more apprenticeships, scientist training posts, medical support workers, and the development of T-level placements (placements which provide students with high-quality, meaningful training, not work).
- Improved the quality and use of workforce information to inform both workforce deployment to maintain safe staffing levels and planning.
- Focused on retaining our staff with initiatives such as the healthcare assistant hub.
- Embedded new roles into the organisation to deliver quality patient care and increase workforce capacity.
- Enhanced our strategic relationship with the University of Southampton.

### Skills for Practice

The UHS skills for practice team have continued to deliver and support several established education programmes to both internal staff and external partners. These programmes include Trust wide clinical skills programmes and development, training, and assessment for undergraduate medical students. A key achievement has been the delivery of objective structured clinical examinations (OSCE'S) to second, third and final year medical students March, April, May, and July 2022.

Skills for practice continues to operate the health care support worker hub, which is a drop-in service available to all support workers across the trust. It is made up of centre facilitators who teach the healthcare support worker induction and provide

### Apprenticeships

There are now 392 apprenticeships in progress across the Trust. This includes 174 registered nurse degree apprenticeship (RNDA) and twenty-three nursing associate apprenticeships. Over forty staff have now completed their nursing associate programme and forty-two have completed their RNDA programme and are now working as registered nurses in the Trust or within the local community.

The Trust also supports other clinical apprenticeships in occupational therapy, diagnostic radiology, operating department practitioners, advance clinical practice and within healthcare science.

The Trust's own apprenticeship centre has paused recruiting new learners whilst moving from City and Guilds to a new awarding body was finalised. Existing apprentices on the senior healthcare support worker (SHCSW) level 3 programme will be supported to complete their apprenticeship with City and Guilds. Pharmacy support worker Level 2 and SHCSW Level 3 apprenticeship programmes will re-commence with the centre in 2023.

Apprenticeships have provided opportunities for career development for support workers and other staff and is part of the Trust's approach to improve retention and build a sustainable workforce. Since 2017 over 55 UHS staff have completed their first apprenticeship and have progressed onto their second higher apprenticeship, with some staff now moving into their third apprenticeship.

## **Pre-registration Students**

Over the course of 2022/23, a key workstream at UHS has been around the articulation and alignment of the way in which capacity for learners is expressed. Most work has focused on the allied health professional (AHP) learner capacity as these groups move to a capacity per week mode. The nursing, midwifery and AHP capacity approach will then move into a HIOW project which is developing a placement capacity management system. This system will enable an understanding of HIOW capacity for placement for all pre- registration non-medical learners plus more importantly demonstrate utilisation of placements.

UHS has also been developing non-traditional placements, including within the central education team, patient safety for example as well as increasing traditional placement capacity. To support this UHS has revisited the roles and responsibilities of staff who are supervising and assessing learners. Further workstreams around this will emerge over 2023/24

## **Return to Practice**

The Trust supports small numbers of return to practice of nurses and allied health professionals, with three nurses about to return to the register having completed a Nursing and Midwifery Council accredited programme at Bournemouth University, with placements within the Trust. UHS have also supported an occupational therapist to return, and she has since taken up a post with the Trust. Work is ongoing to support returners in other fields, including midwifery.

## **Two-year technical programmes (T Levels) college students**

The Trust is working closely with local colleges and the wider ICB to provide industrial clinical placements for college students. These placements are key to supporting local 16–19-year-old learners with healthcare experience and has enabled them to achieve their care certificate. Four learners successfully applied for healthcare support worker posts within the Trust with two others moving to healthcare related undergraduate programmes at local universities.

These T level placements have covered a variety of clinical areas and specialisms including medicine, surgery, child health, neurology, trauma and orthopaedics, cancer care, cardiology, high dependency care, theatres, maternity, and therapies. The Trust has received positive evaluations around the quality and value of these placements from both the students and the clinical areas' perspectives.

## **Health Care Science**

The largest intake of scientist training programme (STP) trainees started in September 2022 with fifteen students across a range of disciplines including two in-service trainees in histopathology. These trainees continue to be supported both locally in their departments and centrally by the UHS healthcare science education lead. In-house train the trainer courses re-started in February 2023 to support UHS staff for training the STP's.

The first leadership course designed especially for healthcare scientists was run in July 2022 with twenty attendees. There was a waiting list, so a further course was purchased using the continual professional and personal development (CPPD) money.

In September 2022, the first output of seven pharmacy technicians from the new certificate in higher education in pharmacy technician practice level four apprenticeship was completed. One went onto the MPharm course and six remain working at UHS. The first joint GP/UHS post was completed in February 2023 and the pharmacy technician works full-time in the GP practice they trained in.

## **Professional Nurse Advocate (PNA)**

In line with new requirements in the NHS contract, the Trust has committed to the development of professional nurse advocates (PNA's) who are qualified to provide restorative supervision, quality improvement support and education support for all registered nurses to strengthen wellbeing and staff retention.

The funding for training is provided nationally and UHS has maximised the opportunity to support staff on this master's programme of study.

Since the initial group of six trainees started in 2021 the trust now has forty-two trainee and qualified PNA's across fourteen specialities.

## **Advanced Practice**

ANP's are a key part of the integrated workforce need as we see increasing complexity of patient pathways.

The Trust has continued to support the development of ANPs across a range of professional groups.

Increasing numbers of non-medical professionals are now supported to gain the additional skills to independently support a wide range of patient groups.

Our advanced practice steering group, which was established in 2020, coordinates the growth and development across these roles ensuring consistency of policy and practice and in 2022 have commissioned an evaluation and benchmark exercise of advanced practice to form the priorities for 2023/24.

The Trust is an active partner with the regional advanced practice faculty and ensures all opportunities for funding and support are accessed.

## **Medical Education**

Despite the considerable challenges we continued to face, the overall picture for learning and training in medical education remained positive during 2022/23., Overall, our GMC national training survey results compare favourably with other university teaching hospitals.

We continue to seek feedback from our growing group of locally employed doctors, which the GMC do not ask for feedback from. We will be publishing our own survey of locally employed doctors (LED) later this year.

Our areas of challenge are foundation posts in surgery and neurosurgery. There have also been areas of concern in trauma and orthopaedics. All areas have been visited by HEE in the last year, and their action plans in place to address these.

UHS continue to support all doctors in training, and our LED education charter ensures minimum standards for the training and education of all trainees.

We have developed our medical education research fellowship in collaboration with HEE and have successfully collaborated with University of Southampton to develop our own centre for medical education research, which will become a centre of excellence for postgraduate medical education research.

We have developed our educator development programme, and in addition to running our successful educational supervisors' updates in house, are now offering a one day "introduction to coaching" course, as well as a themed one-day course on inclusive leadership in healthcare education. The feedback from both has been outstanding.

We have had several changes in the director of medical education team this year. We are proud of the passion and commitment of the educators here at UHS and are confident that we have a strong commitment to training and education of doctors which will continue for years to come.

It has been a year of consolidation in strength for undergraduate medical education. We have further improved teaching feedback, in medicine and surgery. We have clarified the funding arrangement for specific elements of teaching and assessment including clinical exams. This has required some significant changes to working practices. We have re-established successful in person clinical exams. We have turned our focus forward to ways to manage the fluctuations in student numbers we will be facing over the coming five years.

The key new feature this year has been the appointment of two full time medical education fellows. They were appointed with the primary goal of improving the learning environment. They have been involved in delivery of education undergraduate but also postgraduate. They are also involved in research and evaluation of teaching and learning.

## **Workforce**

Workforce key performance indicators and workforce planning data are reported monthly to the trust executive committee (TEC) and the UHS Trust Board in line with our governance requirements, highlighting any risk areas. A monthly staffing status and patient safety report is also submitted. A daily COVID-19-related staffing absence report has been provided since 2020/21 which ran until January 2023. COVID-19 related sickness data continues to be reported via the people report.

Successful recruitment of registered nurses and doctors increased significantly this year, particularly overseas nurse recruitment:

- Additional clinical services, including healthcare assistants (HCAs), by eighty-eight wte.
- AHP's by forty-one wte.
- Recruitment drives for registered nurses resulted in 1038 extra nurses and reduced our vacancy rate to 113 (34%).
- Junior doctors increased by twenty-four wte.
- Medical consultants increased by twenty to thirty-one wte

## **Virtual teaching**

Virtual teaching is now established in all areas of the Trust, and there has been limited face to face teaching in certain areas with appropriate safeguards in place.

We have been successful in bidding for a large amount of financial support from HEE to fund simulation equipment which will be invaluable in helping trainees in craft specialties overcome some of the loss of practical skills that have taken place because of the pandemic.

We have now acquired a state-of-the-art cataract simulator for the eye unit, which will help trainees gain experience in the field of cataract surgery, which has become increasingly difficult in recent times.

## **Supernumary support for doctors**

We continue to invest in our medical workforce and recognise that doctors who are starting the careers in the NHS need additional support. In August 2022, the Trust board supported funding a month of supernumerary time for all our doctors new to the NHS on the Trust fellowship programme. The initial evaluation of this pilot is hugely positive and will form part of our proposals to set out standards of education and training for all our locally employed doctors. We believe that we are leading the way regionally in this initiative.

## **GMC national training survey results**

Our GMC national training survey results continued to be encouraging and compare us favourably with other University teaching hospitals in the overall standings. There are areas of concern in trauma and orthopaedics, and foundation posts in general surgery. Both areas are being evaluated for a workforce review, as it is accepted that the workload on juniors in both areas is a major source of concern.

The GMC trainer survey also showed concerns in oncology, which is being addressed with the approval for more consultant posts. Again, workload in these areas is impacted in the learning environment for both trainees and trainers.

## **Medical education research fellowship**

We were successful in collaborating with HEE on our first medical education research fellowship, and our first fellow started full time in October. It is hoped that this will be the start of closer collaboration between UHS and HEE Wessex and the Universities of Winchester and Southampton in developing high quality postgraduate medical education research that continues to drive excellence and innovative practice.

## **Reporting**

Workforce key performance indicators and workforce planning data are reported monthly to TEC and the UHS Trust Board in line with our governance requirements, highlighting any risk areas.

A monthly staffing status and patient safety report is also submitted. A daily COVID-19-related staffing absence report has been provided since 2020/21 which ran until January 2023. COVID-19 sickness data continues to be reported via the people report.

Our biggest staffing challenge in 2022/23 has been recruitment, and retention of health care assistants (HCAs). The 'additional clinical services' staffing group accounted for the highest turnover of 19% when split by staffing cohort, and this has resulted in concerted Trust-wide focus on reducing turnover for HCAs, including looking at health and wellbeing, career opportunities, peer support, and education, training, and development.

UHS completed and returned a self-assessment for NHSE and NHS Improvement (NHSI) levels of attainment, and an options paper was presented to the Trust investment group (TIG) for medic rostering and job planning to achieve compliance. Good progress was made in 2022/23 in rostering of the medic workforce, particularly our junior medical workforce.

## **Support for learners**

There have been several work streams in progress over 2021/22 to support learners including:

- Placement capacity increases. UHS is very aware of the need to increase placement capacity for all learners and has worked internally to raise awareness, support increases in placements capacity within existing areas whilst also looking to expand into new placements. Placements in research and specialist teams are now established and UHS will continue this work in to 2022/23.
- UHS has participated in a HEE Project to support the increase in capacity across all AHP groups whilst also working on the development of new programmes. This workstream will continue into 2022/23 supported by an associate director of AHP's who came into post in early 2022.
- Across HEE, placement providers have been reviewing and developing a new "risk based" approach to the quality of the learning environments supported by HEE which was introduced in September 2022.
- Working with HEI who are developing new programmes / initiatives including speech and language with AECC University and dietetic and nutrition (postgraduate), also with AECC University.

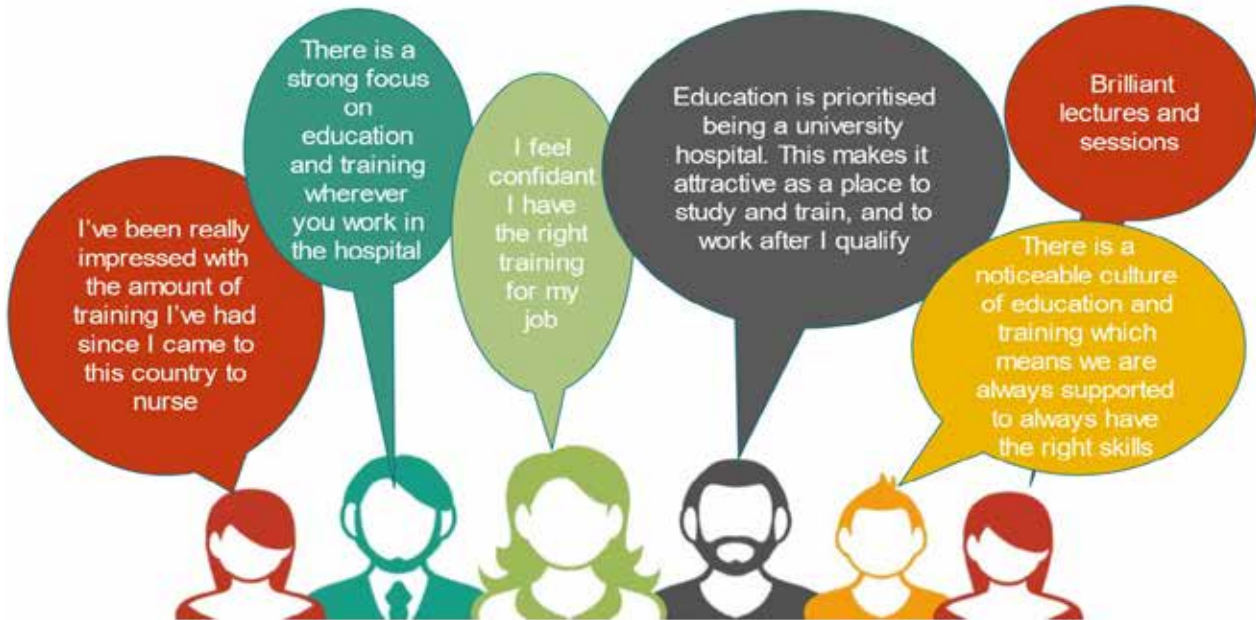
- Keeping HEI's up to date with regards to COVID-19 vaccination status for students, COVID-19 testing approaches and the risk assessments for learning environments so that learners are managed in the same way as our staff with the UHS COVIDZERO approach being central to our communications.

## Continual Professional and Personal Development (CPPD)

The focus of UHS has been to maximise all funding made available from HEE over the last three years. The Trust has received significantly more funding than in previous years and the management of this has been complex due to COVID-19, staff release, education provider ability to provide programmes /modules and the number of requests made over this period.

The team supporting CPPD, have made regular reports to UHS people board, where decisions have been agreed and taken forward to support staff to access learning which in turn support care of our patients.

### What our staff tell us:





## 3.7 Our commitment to clinical research

Our vision for research is to work with our partners at the leading edge of healthcare, realising the research potential in all areas of our hospital for the benefit of our patients and staff. Our aspiration is that every clinical area will be engaged in high quality research and every patient and member of staff should have the opportunity to be part of a research study. 2022/23 saw our research teams move beyond a pandemic footing. We launched and re-opened trials across our services and delivered more studies which addressed the COVID-19 threat. We worked hard to increase access and inclusion for across our research activity.

### **Sustaining our COVID-19 resilience**

COVID-19 remains a threat to health, and to the NHS. It is a very real danger to those least able to fight infections. We continued efforts to prevent and treat infection through vaccine and treatment studies.

The UHS-led COV-BOOST study bolstered national and global confidence. In April 2022 it reported persistent third dose immune responses for five vaccines. These included the three used in the UK booster programme because of COV-BOOST data.

Two weeks later data on fourth doses were published. These showed that the three vaccines used in the UK's spring 2022 booster programme drove immune responses exceeding that of a third dose.

Our treatment studies have continued to advance care for those worst hit by COVID-19. The Southampton-led ACCORD trial showed that bemcentinib improved patients' recovery from severe COVID-19. In January 2023, a global study co-led by Southampton showed that a common antibiotic helped patients avoid intensive care. In the same month, a trial combining two anti-virals, molnupiravir and Paxlovid opened. That study aims to prevent hospitalisation with severe COVID-19.

### **Opening research opportunities across services**

Our research tackling diverse, often rare conditions gives hope and delivers benefit across our services. It is why research is core to our world-class care and clinical leadership. It is why UHS patients gain access to the latest treatments and care. And it is why we can give those with no available treatment options hope through access to trials.

2022/23 saw new trials pioneering use of new treatments, devices, and approaches. These included:

- An in-womb sensor for understanding and tackling individuals' fertility issues.
- Tackling liver cancer by 'bathing' the liver in cancer drugs via dialysis.
- Development of a 'headphone' device for diagnosing life-threatening pressure inside the skull.
- Safely infecting healthy adults with whooping cough to test vaccines that could save babies' lives.
- Trialling vaccines for the leading cause of infant hospitalisation worldwide, Respiratory Syncytial Virus.
- Implanting new auto-defibrillating pacemakers into those at risk of cardiac arrest.

During the pandemic we were able to keep open our cancer studies for those who would come to harm without them. In 2022/23, we re-expanded this research, including our pioneering 'immunotherapy', using the body's own defences to fight cancer.

One such trial offers hope to people unresponsive to treatment for Diffuse large B cell lymphoma (a type of blood cancer). It combines chemotherapy with a drug that stops cancer cells silencing immune cells. Free to attack the cancer, they support the chemotherapy effects. A similarly smart fight is being taken to treatment-resistant tumours. This trial targets the hijacking of healthy cells to form fibrous 'shields' by tumours. Blocking a key enzyme in that process, they aim to open tumours to immune cell attack.

More ground-breaking immunotherapy saw Southampton awarded £2.2 million funding for an allergy trial. It is the first study funded by the Natasha Allergy Research Foundation. It extends our leadership in using very small amounts of food allergens in infancy to prevent severe allergy.

Our innovative Research Leaders Programme aims to support those looking to expand their research. This year saw the first ten clinicians, drawn from across services, complete the programme. Supporting their development, the scheme saw participants awarded over £2.6 million in new grants.

## **Research with impact**

As more studies restarted or opened, the results of others delivered real impact.

Our nutrition and lifestyle research reaches beyond the Trust, supporting our city and nation to be healthier. In August, our data showed almost half of the city's children are not meeting daily physical activity recommendations. Findings followed showing that under half of Southampton mothers met their activity needs. We also demonstrated benefits of vitamin D and dietary supplements in healthy childbirth.

Our leadership in asthma research continued, pinpointing risk factors for managing the condition. In May 2022 data showed that voice analysis could reveal worsening asthma. This was followed by findings linking lung infections in infancy with school-age asthma. In November we published data showing that obesity-driven gut damage worsens asthma symptoms.

In December 2022, a life-changing gene therapy gained US Food and Drug Administration (FDA) approval. That treatment is for people living with haemophilia B. They lack the blood clotting protein Factor XI, making even the smallest bruise life-threatening. Led in Southampton by Dr Rashid Kazmi, The HOPE-B trial showed that a one-time infusion of HEMGENIX raises factor IX levels. That persists over several years, with fewer and less severe bleeds. Replacing regular outpatient Factor XI infusions, it has transformed participants' life, career, and activity options.

Such advanced therapies are the focus for our Southampton emerging therapies and technologies centre (SETT). SETT provides structured support to turn these advances into first-in-field clinical services. UHS is preparing to offer Car-T cell cancer therapy services, based on the work supported by SETT. This complex treatment sees immune T cell extracted and modified to better attack cancer cells. They are re-introduced to the bloodstream after a few weeks, fighting the cancer.

## **Awards underlining quality**

A stream of awards and prizes underscored our research quality and leadership. In June 2022 Prof. Saul Faust's COVID-19 vaccine leadership was recognised with an OBE in the Jubilee honours list. Prof Faust led trials underpinning many vaccines' licensing, and global booster programmes. He also bolstered public confidence, clearly explaining vaccines and trials throughout.

The 2022 Nursing Times Awards saw UHS take the clinical research nursing award. It recognised our use of joint roles for collaboration, placing research within care settings and opening opportunities for clinical research. The competitive awards reward teams showing the highest quality of care and skills.

In July 2022 Dr Luise Marino received the British Dietetic Association's highest accolade. The Rose Simmonds award recognised research developing a tool for spotting nutritional risk in children during remote consultations. That software is known as paediatric remote malnutrition application (Pedi-R-MAPP). Dr Marinos' team adapted this from an adult application, created during the pandemic. It allows remote assessment of children's nutrition, and creation of care plans if needed.

December 2022 saw the iDx Lung trial take the 'Further, faster, together' award in the Cancer Research Horizons Innovation and Entrepreneurship Awards. iDx trialled innovative molecular tests in spotting lung cancer early when it is more easily treated. Key to the award was smart working with mobile CT scanner teams to improve access across the region.

## **Clear, open, and fair research**

We are committed to making our research as inclusive as possible. Over 2022/23 we continued work under the NIHR race equality framework (a self-assessment tool to help organisations improve racial equality in public involvement in health and care research). Training on supporting others experiencing racism was rolled out to research staff. This ran alongside work improving diversity monitoring in trials, and piloting multi-lingual communications.

Having a diverse range of people in research is key to advances that work for all. We collaborated with our local Integrated Care Board to develop this. Together with an alliance of voluntary organisations, we piloted engagement with diverse communities that provides the basis for sustainable research access.

We also invested further in our Patient Public Involvement and Engagement team. Together with our dedicated research communications team they are:

- Expanding our engagement with diverse groups.
- Building opportunities and support for public and patients to shape our research.
- Supporting our researchers to involve patients and public at every stage.

# Annex 1: Statements from relevant integrated care boards, local Healthwatch organisations and overview and scrutiny committees and Council of Governors

## Response to the Quality Report from NHS Hampshire and Isle of Wight Integrated Care Board.

**Hampshire and the Isle of Wight Integrated Care Board (ICB) are pleased to comment on the University Hospital Southampton NHS Foundation Trust's Quality Account for 2022/23.**

It is acknowledged that 2022/23 brought more challenges for the NHS and the Trust, with high emergency demand and patients on waiting lists against the continued issues and management of Covid-19. The ICB would like to formally thank University Hospital Southampton NHS Foundation Trust for working alongside system partners to continue to monitor the quality of care provided to all its patients with a focus on opportunities for shared learning and continuous improvement.

We are satisfied with the overall content of the Quality Report and believe that it meets the required mandated elements.

### **2022/23 Review of Quality Performance**

We supported University Hospital Southampton NHS Foundation Trust's eight quality priorities for Improvement during 2022/23, including:

- Recognising and responding to deterioration in patients
- Shared decision making (SDM)
- Working with our local community to expose and address health inequalities
- Ensuring patients are involved, supported, and appropriately communicated with on discharge.

The Trust reports achieving five of their priorities and partially achieving those relating to

- Developing a culture of kindness and compassion to drive a safety culture
- Improving mental health care across the Trust including support for staff delivering care
- Improving how the organisation learns from deaths.

The work delivered across all priorities has led to some considerable improvements which has and will continue to have a positive impact on both patient experience, safety and outcomes and staff well-being, for example:

- The Trust has successfully introduced NPEWS (National Paediatric Early Warning Scores) into their Southampton Children's Hospital and explored how NPEWS can be adapted for children with complex medical conditions requiring interventions as part of their normal care. A 24 hour paediatric outreach service has also been implemented providing early intervention and enhanced support to ward areas

- Shared decision making models have continued to grow providing more patient autonomy and communication and collaboration between healthcare providers and patients
- A programme of work to ensure involvement and participation activities that support the reducing health inequalities agenda, while also working to deliver responsive information and advice to patients, carers, and families
- Initiatives undertaken to ensure patients are involved, supported and appropriately communicated with on discharge including the establishment of a patient support hub which works collaboratively with patients and their families or carers, with both internal teams and external teams at Southampton City Council, Hampshire County Council, Solent, Southern Health NHS Foundation Trust and the ICB.

As well as the key areas identified for further improvement, it is recommended that the provider continues to measure the impact that the 2022/23 priorities have had on patient outcomes during 2023/24. The ICB commends the Trust on the positive testimonies from patients, carers and staff in relation to each of the priorities and looks forward to seeing the Trust further embed these priorities during 2023/24.

### **Care Quality Commission (CQC)/Improvement Plans**

The ICB notes that whilst there was a CQC visit to the Trust pertaining to a specific incident, there has not been a full CQC inspection or any enforcement action during 2022/23. We are pleased to see the continuation and commitment of delivering quality improvement plans throughout the year.

### **National Confidential Enquires, Audits and Local Audits**

We are pleased that the Trust participated in all relevant national confidential enquiries and 96% of national clinical audits for which they were eligible to participate.

It is noted that, where relevant, actions identified to improve practice and/or patient outcomes have been planned or are being undertaken, for example, to improve the number of patient reported outcome measure questionnaires for hip and knee replacement; ongoing work to improve documentation of observation and pain scores for patients with fractured neck of femur and further work to understand and improve post falls management for all falls.

The review of 64 local clinical audits during 2022/23 has led to the development of a number of actions to improve quality such as the Saving Babies Lives Care Bundle initiatives, development of an electronic automatic escalation for all deteriorating patients to enable timely recognition, escalation and clinical review and a refreshed focus on Trust wide hand hygiene practice.

### **Learning from Deaths**

The ICB notes the learning and actions taken by the provider in relation to learning from deaths. Awards underlying Quality

The ICB extends congratulations to the Trust for a number of national awards and prizes reflecting achievements in research quality and leadership.

### **Collaborative Working**

The ICB would like to thank the Trust for inviting us to participate in internal quality meetings to support our assurances processes. Thank you for continuing supporting local and system quality improvement by being an active, respected and valued member and participating in the:

- Local quality group
- Hampshire and Isle of Wight System Quality Group
- Hampshire and Isle of Wight Learning and Sharing Network
- Patient Safety Specialist Network

### **2023/24 Quality Priorities for Improvement**

The ICB are pleased to review the 2023/24 priorities and support the ambition of the six identified quality improvement areas, particularly the focus on the experiences of people with learning difficulties, autistic people, the diabetic community and support for carers

# QUALITY ACCOUNT

During 2023/24, the ICB look forward to sharing the improvements in relation to the delivery of time critical medications, as one of the agreed areas of System focus and the Trusts continued focus for improvement on infection prevention and control and the reduction in Healthcare-associated infections.

Overall, the Hampshire and the Isle of Wight Integrated Care Board are pleased to endorse the Quality Account for 2022/23 and look forward to continuing to work closely with University Hospital Southampton NHS Foundation Trust during 2023/24 in further improving the quality of care delivered to our population.

Finally, we would like to thank the Trust for their continued support and commitment to the delivery of safe, effective and patient-centred care during what has been another challenging year.

Yours sincerely



**Nicky Lucey**  
Chief Nursing Officer



**James House**  
Southampton Place Director

# Response to the Quality Report from Healthwatch Southampton

**Healthwatch Southampton (HWS) is pleased once again to comment on the quality account of the Trust for the year. As in previous years, the account is well laid out and generally, easy to read.**

The Chief Executives welcome is good to read, and we are especially pleased that the staff survey reports places UHS so highly. This reflects our observations when talking to staff. The account is well set out with the results from the year under review clearly explained in good detail. The table showing the overview of success is most helpful.

We were pleased to see the 'always improving strategy' given a priority and the subsequent achievements are impressive, especially considering the general pressure on staff during the year. and the redesign of the course was obviously a major factor. It is a pity that the objective to develop a culture of kindness and compassion has only been partially met but it is clear that operational pressures have been very high this year and have therefore affected the training. The priority to improve mental health care across the trust remains important and the key areas for further improvement have been identified. It is good to see that 'responding to deterioration in patients' has been achieved; it is especially pleasing to read that parents and carers can instigate a clinical review for children. It is also reassuring that the survival from cardiac arrest is much higher at UHS than the national average. Learning from deaths is not only important clinically but also from the view of the families and carers and we are pleased that they are now included in discussions about the care and treatment of loved ones. The fact that IMEG has expanded its scope to include all deaths is positive. We hope the trust will establish a learning from deaths steering group, and complete the other areas identified for improvement this year. It is good that the objective on shared decision making has been achieved and we welcome the intention to further expand. The various initiatives undertaken to expose and address health inequalities have been successful and we look forward to reading the proposed health inequality strategy Priority 8 'to ensure patients are involved, supported and appropriately communicated with on discharge' is important and reflects the fact that it is common theme from patient feedback: We are therefore especially pleased that various initiatives have been successful in achieving this objective.

As usual HWS was consulted on the quality priorities for the coming year and many of our comments have been reflected in the final quality priorities. The six priorities listed are all important. The format of the presentation is good with the rationale for selection, an explanation of what is to be done and the timeline to monitor progress consistent for each of the priorities.

It is understandable that for the last two years, resources have reflected on the pressures caused Covid-19 and good that the trust is now able to direct some effort to improving care for those with learning difficulties etc. Improving carer support is important and we are pleased that it is now viewed as a priority. Whilst we understand and applaud the involvement of the charity to help achieve this objective, we are concerned that such an important issue relies on charity funding. Priority three, to put patients at the centre of the way in which care, is delivered is obviously important which will be welcomed by many patients, but it must be recognised that some patients will find this difficult to appreciate and be reluctant to question professionals. The objective to develop the smoking cessation programme is understood; it is clear that tobacco smoking is responsible for many hospital admissions. It is right that people are supported in making healthier decisions, but care needs to be taken to avoid the thought that treatment might be withheld from those that are non-compliant. Diabetes is a major concern and the objective for all clinical staff to respond to the needs of diabetics is important and supported. Currently, Healthwatch Southampton is aware that some diabetic patients are very concerned by the apparent lack of knowledge of diabetes from some staff and this priority should help to address that. The final priority, to develop the clinical outcome process is ambitious but supported. Achieving world class outcomes worth pursuing.



Section 3 of the report contains some very interesting information. PLACE inspections were suspended during the pandemic, but UHS ran a modified form using staff members only. In the year under review, patient assessors were again able to participate and HWS was pleased to play its part in these inspections and will continue to do so this year. The adoption of the green plan is welcomed as an important contributor to environmental issues. There is no doubt that staff have suffered badly as a result of Covid-19 and other pressures on the NHS, so it is pleasing to hear of the commitment to staff, read the results of the Staff survey and the various initiatives to improve staff wellbeing. The commitment to staff education and training is important to ensure a well-qualified work force. We are pleased to read of the many important research studies.

Healthwatch Southampton will continue to work with the Trust to maintain and improve patient experience.

**H F Dymond OBE**  
**Chair Healthwatch Southampton**

# Response to the Quality Report from our lead governor on behalf of the Council of Governors

**Governors have had the opportunity to review and comment on the quality account to ensure that it provides a clear and balanced overview of the quality of care provided to patients at our hospitals. We recognise the tremendous amount of work that goes into producing the quality account and that this reflects the pressures and challenges faced by acute hospitals and other health and social care partners.**

With the relaxation of COVID-19 restrictions, Governors have recently returned to meeting onsite and are working on maximising opportunities to meet with staff and patients face to face. Throughout this period, we have continued to receive regular updates on quality and performance at council of governors' meetings and through our working groups. Our patient and staff experience working group has focused on patient and staff survey results, support provided to patients with disabilities through the patient support hub and staff wellbeing. We have also engaged with members through several virtual events such as Living with Diabetes and heart health and governors have attended community events, most recently at Peoples Pride. Over the coming months, we will be attending the Southampton City Council led Love Where you Live community events, to engage directly with the public to better understand barriers that may lead to health inequalities.

Governors were also consulted in the development of the quality priorities in 2023/24 and supported the key areas on which to focus in improving the quality of care provided to patients. We feel the six priorities champion the continuation of living the UHS way: Always Improving, Working Together and Patients First. We are also pleased to see the series of challenging and realistic measures to monitor the progress against the priorities set out in the quality account.

The quality account demonstrates the extensive quality improvement programme within the hospitals and the benefits being delivered through this. This reflects the inclusive, learning and open culture developed in the Trust over a number of years and the continued focus on providing high standards of care to patients in a sustainable way. Our recently publicised Inclusion and Belonging strategy is a great example of UHS's commitment to enhance staff engagement, recognising that staff who feel valued and safe, ultimately deliver better healthcare.

Even with the shift to learning to live with Covid, we acknowledge uncertain and challenging times within the health system remain. Governors have really been impressed with the continued dedication of the staff and the strength and support given by the executive teams.

**Kelly Lloyd**  
Lead Governor

# Response to the Quality Report from the Health Overview and Scrutiny Panel

**The Southampton Health Overview and Scrutiny Panel welcomes the opportunity to comment on the University Hospital Southampton NHS Foundation Trust Quality Account for 2022/23.**

We understand 2022/23 has been a period of considerable challenges for UHS and the wider NHS, reflecting the unprecedented demand for services, workforce challenges (including industrial disputes), and the ongoing response to the Covid-19 pandemic's legacy.

The panel recognises UHS has taken steps to address these challenges to meet the health requirements of our population in the most testing of circumstances, especially the system-wide response to meeting the significant demand for hospital beds during the winter of 2022/23.

We are encouraged by the Trust achieving five out of eight quality priorities set for 2022/23, especially given the pressures outlined above. We also welcome and support the commitment to deliver the three outstanding priorities in 2023/24.

Given the national context where NHS staff are reporting high levels of dissatisfaction, the results from the staff survey which ranked UHS seventh nationally for recommendation as a place to work out of 124 organisations in the acute sector must be commended. This reflects well on the work that has been undertaken by the Trust to support staff wellbeing.

The panel notes the quality priorities for 2023/24, and it particularly welcomes the commitment to ensure carers are fully supported, involved, and valued across all UHS services. This resonates with the findings from the 'Carer Friendly Southampton' inquiry undertaken by Southampton City Council in 2021.

However, as the panel advised last year, we are concerned that with the significant growth in waiting lists for diagnosis and treatment that the Trust has too many priorities and would benefit from focusing directly on this issue without spreading its aspirations too widely. It is vital to concentrate on the area that is arguably causing greatest concern, as remedying it will be the most effective measure of the Trust's success.

Whilst again expressing concerns about the number of priorities, it is encouraging to see a continued focus by UHS on improving the understanding of the diverse health and care needs of local communities and addressing inequalities. The impact of Covid-19 has exacerbated existing disparities across Southampton, and we support efforts that seek to address this issue in our city.

The committee looks forward to working closely and positively with UHS to explore how the Trust will be working as part of the Integrated Care System to address the backlog of people requiring treatment, whilst ensuring that the quality of health services for the people of Southampton improves.

Yours sincerely



**CLlr Warwick Payne**  
**Chair of the Health Overview and Scrutiny Panel**  
**Southampton City Council**

