

## Agenda Trust Board – Open Session

<b>Date</b>	25/07/2024
<b>Time</b>	9:00 - 13:00
<b>Location</b>	Anaesthetic Seminar Room (CE95/99), E Level, Centre Block, SGH/ Microsoft Teams
<b>Chair</b>	Jenni Douglas-Todd
<b>Apologies</b>	Gail Byrne (Natasha Watts to deputise)
<b>In attendance</b>	Kerrie Montoute, Head of Programmes, CDO Directorate at NHSE (shadowing Jenni Douglas-Todd)

- 1**  
9:00 **Chair’s Welcome, Apologies and Declarations of Interest**  
Note apologies for absence, and to hear any declarations of interest relating to any item on the Agenda.
- 2**  
**Patient Story**  
The patient story provides an opportunity for the Board to reflect on the experiences of patients and staff within the Trust and understand what the Trust could do better.
- 3**  
9:15 **Minutes of Previous Meeting held on 6 June 2024**  
Approve the minutes of the previous meeting held on 6 June 2024
- 4**  
**Matters Arising and Summary of Agreed Actions**  
To discuss any matters arising from the minutes, and to agree on the status of any actions assigned at the previous meeting.
- 5**  
**QUALITY, PERFORMANCE and FINANCE**  
Quality includes: clinical effectiveness, patient safety, and patient experience
- 5.1**  
9:20 **Briefing from the Chair of the Audit and Risk Committee (Oral)**  
Keith Evans, Chair
- 5.2**  
9:25 **Briefing from the Chair of the Finance and Investment Committee (Oral)**  
Dave Bennett, Chair
- 5.3**  
9:30 **Briefing from the Chair of the People and Organisational Development Committee (Oral)**  
Jane Harwood, Chair
- 5.4**  
9:35 **Briefing from the Chair of the Quality Committee (Oral)**  
Tim Peachey, Chair
- 5.4.1**  
**Maternity and Neonatal Safety 2024-25 Quarter 1 Report**

- 5.5 Chief Executive Officer's Report**  
9:45 Receive and note the report  
Sponsor: David French, Chief Executive Officer
- 5.6 Performance KPI Report for Month 3**  
10:15 Review and discuss the report  
Sponsor: David French, Chief Executive Officer
- 5.7 Break**  
10:45
- 5.8 Finance Report for Month 3**  
11:00 Review and discuss the report  
Sponsor: Ian Howard, Chief Financial Officer
- 5.9 People Report for Month 3**  
11:15 Review and discuss the report  
Sponsor: Steve Harris, Chief People Officer
- 5.10 Annual Complaints Report 2023-24**  
11:30 Receive and discuss the report  
Sponsor: Gail Byrne, Chief Nursing Officer  
Attendee: Natasha Watts, Interim Deputy Chief Nursing Officer
- 6 STRATEGY and BUSINESS PLANNING**
- 6.1 Corporate Objectives 2024-25 Quarter 1 Review**  
11:45 Review and feedback on the corporate objectives  
Sponsor: David French, Chief Executive Officer  
Attendees: Martin De Sousa, Director of Strategy and Partnerships/Kelly Kent, Head of Strategy and Partnerships
- 6.2 Research and Development Plan 2024-25**  
12:00 Discuss and approve the plan  
Sponsor: Paul Grundy, Chief Medical Officer  
Attendees: Karen Underwood, Director of R&D/Marie Nelson, R&D Head of Nursing and Health Professions
- 6.3 Board Assurance Framework (BAF) Update**  
12:20 Review and discuss the update  
Sponsor: Gail Byrne, Chief Nursing Officer  
Attendees: Craig Machell, Associate Director of Corporate Affairs and Company Secretary/Lauren Anderson, Corporate Governance and Risk Manager

- 7 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL**
- 7.1 Feedback from the Council of Governors' Meeting 24 July 2024 (Oral)**  
12:30 Sponsor: Jenni Douglas-Todd, Trust Chair
- 7.2 Register of Seals and Chair's Actions Report**  
12:35 Receive and ratify  
In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Reservation and Delegation.  
Sponsor: Jenni Douglas-Todd, Trust Chair
- 8 Any other business**  
12:40 Raise any relevant or urgent matters that are not on the agenda
- 9 Note the date of the next meeting: 10 September 2024**
- 10 Resolution regarding the Press, Public and Others**  
Sponsor: Jenni Douglas-Todd, Trust Chair  
To agree, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.
- 11 Follow-up discussion with governors**  
12:45

## Minutes Trust Board – Open Session

<b>Date</b>	06/06/2024
<b>Time</b>	9:00 – 13:00
<b>Location</b>	Conference Room, Heartbeat/Microsoft Teams
<b>Chair</b>	Jenni Douglas-Todd (JD-T)
<b>Present</b>	Gail Byrne, Chief Nursing Officer (GB) Keith Evans, Deputy Chair and NED (KE) David French, Chief Executive Officer (DAF) Paul Grundy, Chief Medical Officer (PG) Steve Harris, Chief People Officer (SH) Jane Harwood, NED/Senior Independent Director (JH) Ian Howard, Chief Financial Officer (IH) Tim Peachey, NED (TP) (until 12:00) Joe Teape, Chief Operating Officer (JT)
<b>In attendance</b>	Craig Machell, Associate Director of Corporate Affairs and Company Secretary (CM) Lauren Anderson, Corporate Governance and Risk Manager (LA) (item 6.3) Christine Mbabazi, Equality & Inclusion Advisor/Freedom to Speak Up Guardian (CM) (item 5.12) Jenny Milner, Associate Director of Patient Experience (JM) (item 5.11) Suzy Pike, Divisional Director of Nursing/Professions, Division B (SP) (item 5.13) Clare Rook, Chief Operating Officer, CRN: Wessex (CR) (item 6.1) Julian Sutton, Interim Lead Infection Control Director (JS) (item 5.10) 1 member of the public (item 2) 5 governors (observing) 6 members of staff (observing) 2 members of the public (observing)
<b>Apologies</b>	Dave Bennett, NED (DB) Diana Eccles, NED (DE) Alison Tattersall, NED (AT)

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

The Chair welcomed attendees to the meeting. There were no interests to declare in the business to be transacted at the meeting.

It was noted that apologies had been received from Diana Eccles, Alison Tattersall and Dave Bennett.

The Chair provided an overview of her activities since April 2024, including visits to hospital departments, meetings with peers and other key stakeholders.

### 2. Patient Story

Hannah Pilka was invited to relate the story of her father, Karol Pilka, who died suddenly in hospital on 31 December 2023. The care and compassion shown by the nurse caring for Karol Pilka was highlighted. This greatly assisted the family with the grieving process. The Trust's bereavement team was also praised.

The Board noted the importance of care and compassion by the Trust's staff.

**3. Minutes of the Previous Meeting held on 28 March 2024**

The draft minutes tabled to the meeting were agreed to be an accurate record of the meeting held on 28 March 2024.

**4. Matters Arising and Summary of Agreed Actions**

It was noted there were no matters arising or overdue actions.

**5. QUALITY, PERFORMANCE and FINANCE**

**5.1 Briefing from the Chair of the Audit and Risk Committee**

The chair of the Audit and Risk Committee was invited to provide an overview of the meeting held on 20 May 2024. It was noted that:

- The committee reviewed the Trust's National Cost Collection submission for 2023/24.
- A report on waivers of competitive tendering was received, and it was noted that these were mostly due to urgent requirements or where there was only a single supplier.
- The committee reviewed the Trust's draft Annual Report and Accounts for 2023/24.
- The draft internal audit report for 2023/24 was expected to provide a 'clean' opinion and there were no outstanding actions from previous audits.
- The Trust received a 'green' assessment from the review against the Counter-Fraud Functional Standard.

**5.2 Briefing from the Chair of the People and Organisational Development Committee**

The chair of the People and Organisational Development Committee was invited to provide an overview of the meeting held on 22 May 2024. It was noted that:

- The committee reviewed the People Report for Month 1 (item 5.9) and noted that performance in this area was positive.
- The additional workforce controls appeared to be working in terms of managing the size and composition of the Trust's workforce.
- The controls in respect of use of bank and agency staff also appeared to have had a significant effect.
- The committee received an update on the Trust's Inclusion and Belonging Strategy, noting that a number of initiatives were underway.
- The committee reviewed progress against the objectives for year three of the Trust's People strategy and expressed concern with the level of resource available to deliver these.

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

The chair of the Finance and Investment Committee was invited to provide an overview of the meeting held on 3 June 2024. It was noted that:

- The committee reviewed the Finance Report for Month 1 (item 5.7) and received an update in respect of the Trust's annual plan for 2024/25.
- The committee received an update on the Trust's Cost Improvement Programme, noting that it had achieved £2.5m to date out of the £82m target.
- UHS Estates was broadly on budget and was delivering and a positive report was also noted in respect of Wessex Procurement Limited.

#### **5.4 Briefing from the Chair of the Quality Committee**

The chair of the Quality Committee was invited to provide an overview of the meeting held on 3 June 2024. It was noted that:

- The committee noted an increase in the number of high-harm falls, which was a concern.
- The committee also expressed concern at the resource demand posed by Inquests and post-mortems, particularly in terms of the number of witnesses now being called by Coroners.
- The committee had reviewed a draft of the Trust's Quality Account for 2023/24.
- In reviewing the relative risk of mortality, it was noted that patients were 16% less likely to die at the Trust compared to the average mortality rate.
- In terms of infection prevention and control, it was noted that this was at a higher rate than was acceptable, although there was a national issue in terms of infection prevention and control (item 5.10).

#### **5.5 Chief Executive Officer's Report**

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

- It was the 80<sup>th</sup> anniversary of Operation Overlord, the Allied landings in Normandy.
- The Infected Blood Inquiry had published its report on 20 May 2024. As a result of which, the UK Government has established a compensation scheme for those impacted. In addition, NHS England had commissioned an ongoing patient support service for those affected, and it was expected that the Trust would be one of the two providers in the region offering this service.
- The Prime Minister had announced that a general election would be held on 4 July 2024. As a result, there were a number of implications for the Trust as a public body during the 'pre-election period'.
- Further industrial action by junior doctors was scheduled to take place between 27 June 2024 and 2 July 2024. The Trust was taking appropriate steps to manage this.
- Paula Melhuish, Deputy Director of Estates and Capital Development, had received the Outstanding Service Award from the Health Estates and Facilities Management Association on 13 May 2024.
- The Trust had been awarded additional capital funding due to its Emergency Department performance at the end of 2023/24. It was likely that some of this funding would be used to increase same-day emergency care capacity.
- The Trust's plan for 2024/25 had yet to be agreed in common with other trusts across NHS England.
- Discussions were ongoing in respect of the Integrated Care Board's transformation programmes, and it was noted that David French had been appointed to head the workforce transformation programme.

#### **5.6 Performance KPI Report for Month 1**

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

- The data for March 2024 showed that the Trust was in the top-half or top-quarter in terms of its comparative performance.
- There were 15 patients waiting longer than 78 weeks for a corneal transplant due to a lack of available materials beyond the Trust's control.
- Emergency Department performance had improved during May 2024 with use of surge capacity of only 14 per day (out of 50) and a reduction in the number

of patients with no criteria to reside of about 10%, although this was mostly due to the time of the year.

- The Trust's Diagnostics performance had been good over the period, with all but two areas achieving the 95% target. Recovery plans were in place for the areas not achieving the target and the Trust had informed trusts with cardiac magnetic resonance imaging capability that referrals would no longer be supported.
- The Trust's overall key performance indicators showed good or improving performance. However, there were concerns about the sustainability of this trajectory and some areas were vulnerable to loss of key personnel.
- The Quality Committee was to carry out a deep-dive into falls and pressure ulcers, and a hydration trial to reduce the number of falls was being considered.

The Board noted the reported ransomware attack against Synnovis on 3 June 2024, which had impacted trusts in London as well as the NHS Blood and Transplant service. It was noted that the Trust did use the supplier, but was unaffected by the incident. However, the impact on the NHS Blood and Transplant service would likely cause potential issues for the Trust in terms of the availability of blood and transplant services.

**Action:**

JT agreed to include Digital as an agenda item at a future Trust Board Study Session.

**5.7 Finance Report for Month 1**

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

- Planning for 2024/25 was still ongoing, and a further submission was to be made on 12 June 2024. As a result of the delays in the planning process, there was currently no formal reporting to NHS England.
- The Trust had recorded a deficit of £3.8m during the month, which was in line with its current plan.
- The Trust's underlying deficit was between £4-4.5m per month. However, during month 1, this was nearer to £6m due to lower elective recovery performance during the period.

**5.8 Break**

**5.9 People Report for Month 1**

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

- There had been an overall reduction in whole-time equivalents during April 2024, with a reduction in bank and agency use. It was noted that 60-80 agency staff were related to patients with a mental health-related care need.
- The Trust's annual workforce plan had been submitted, but this was reliant on delivery by the Integrated Care System on a number of assumptions in terms of patients with no criteria to reside and provision of mental health care.
- The Trust had received a silver award under the Defence Employer Recognition Scheme.

- The Trust was the second-lowest user of bank and agency staff in the south-east region. This represented a significant turnaround within a short period, although it was noted that there were some areas of fragility within the Trust.

#### **5.10 Infection Prevention and Control 2023-24 Annual Report**

Julian Sutton was invited to present the Infection Prevention and Control 2023/24 Annual Report, the content of which was noted. It was further noted that:

- There were a number of concerns stemming from application of 'fundamentals of care', such as a failure to apply risk reduction measures appropriately.
- There had been seven cases of Methicillin-resistant Staphylococcus aureus (MRSA) during the year.
- An update was provided in respect of the candida aureus outbreak, with approximately 70 patients colonised.
- Rapid upper gastro-intestinal tract testing had resulted in benefits due to the speed of detecting infections and/or ruling them out quicker, thereby freeing up capacity.
- An update was provided in respect of the incidence of measles since April 2024, which necessitated a significant amount of work to carry out contact tracing and to notify those potentially exposed.
- There was a general increase in the infection rate nationally, and the Trust generally was in the middle in terms of its performance, dependent on the particular infection category.

#### **5.11 Learning from Deaths 2023-24 Quarter 4 Report**

Jenny Milner and Paul Grundy were invited to present the Learning from Deaths report for Quarter 4, the content of which was noted. It was further noted that:

- In line with a national trend, there had been an increase in the number of deaths during the fourth quarter.
- A new application was being trialled to facilitate the sharing of the learnings from morbidity and mortality meetings. Work was also being carried out to standardise morbidity and mortality meetings, which would further facilitate the dissemination of learning.
- Due to performance by the current provider below the standard expected, the Trust was tendering for a new supplier for baby funerals.
- The Medical Examiner service was prepared for the changes due to be implemented nationally in September 2024 requiring the review of all deaths.
- Based on the whole-year average, the Trust had the fifth-lowest mortality rate in England.
- The Trust's bereavement service had some constraints on resources, which was impacting out-of-hours and weekend support.

#### **5.12 Freedom to Speak Up Report**

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

- Between the period November 2023 – May 2024, the Trust had recorded 56 Freedom to Speak Up cases, compared to 44 during the same period in 2022/23.



- The reintroduction of face-to-face meetings following the COVID-19 pandemic had resulted in quicker resolution of issues.
- The Trust was moving away from the term 'whistleblowing' owing to the possible negative connotations of the term, in favour of 'speaking up'.
- Investigations into cases raised via the Trust's Freedom to Speak Up service always had involvement by an individual who was independent.
- There was an issue with complaints found to be untrue where the complainant was anonymous and how to handle these cases, especially in terms of where an individual was subject to an unfounded allegation of wrongdoing.
- The cases raised were similar in terms of the themes as the rest of the country.
- Freedom to Speak Up should be a last resort, where possible, concerns should be dealt with at the local level.
- Although most cases were resolved satisfactorily, communicating the outcome could be a challenge due to the need to preserve confidentiality in respect of matters such as disciplinary processes.
- Support was provided to the Trust's Freedom to Speak Up champions, including mental health/wellbeing support where appropriate.

### **5.13 Fuller Inquiry Report**

Suzi Pike was invited to present the Fuller Inquiry Report, the content of which was noted. It was further noted that in November 2021, an independent inquiry was established to investigate how an NHS estates member of staff was able to carry out inappropriate and unlawful actions in the mortuary of Maidstone and Tunbridge Wells NHS Trust, and how and why this activity went unnoticed for so long. The inquiry was split into two phases, and this report was to provide detail of the 17 recommendations arising from the inquiry's phase one report and the Trust's response to these.

## **6. STRATEGY and BUSINESS PLANNING**

### **6.1 CRN Wessex 2023-24 Annual Performance Report**

Clare Rook and Paul Grundy were invited to present the CRN Wessex 2023/24 Annual Performance Report, the content of which was noted. It was further noted that:

- The network was assessed against three high-level objectives concerning recruitment onto commercial and non-commercial studies and experience survey participation rates.
- The network did not meet the objective in respect of open studies, but was close to the target for non-commercial studies. The network did achieve the experience survey participation objective.
- The changes in the research network were expected to result in positive opportunities, although were consuming significant amounts of time managing the HR aspects of the transition.

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

Lauren Anderson was invited to present the Board Assurance Framework (BAF) update, the content of which was noted. It was further noted that:

- The BAF had been reviewed and updated since it was last presented to the Board in March 2024.
- The likelihood rating of the Estates risk (risk 5b) had increased, resulting in an increase from 16 to 20.
- Work was being carried out to further embed the Trust's risk appetite and to link the Trust's operational risks with the BAF. This included consideration of the creation of an intermediate, division-level risk register in order to bridge the gap between the operational and BAF risks.

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

### 7.1 **Feedback from the Council of Governors' (CoG) Meeting 1 May 2024**

The Chair provided an overview of the Council of Governors' meeting held on 1 May 2024. It was noted that the Council of Governors had considered the following matters:

- A report from the Chief Executive Officer
- The Trust's 2024/25 corporate objectives
- Non-NHS activity
- The annual report and quality account timetable
- Terms of Reference
- Governor vacancies and elections
- Membership engagement

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

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

#### **Decision:**

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

## 8. **Any other business**

There was no other business.

## 9. **Note the date of the next meeting: 25 July 2024**

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

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

The meeting was adjourned.

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 28/03/2024 4.14 Guardian of Safe Working Hours Quarterly Report				
1127.	Junior Doctors	<ul style="list-style-type: none"> <li>● Grundy, Paul</li> <li>● Hulbert, Diana</li> </ul>	24/10/2024	■ Pending
<p><i>Explanation action item</i> Paul Grundy and Diana Hulbert agreed to include an item regarding junior doctors on a future Trust Board Study Session agenda.</p> <p>Update: Due to industrial action on 27 June, this item has been deferred to the next TBSS on 24/10/2024.</p>				
Trust Board – Open Session 06/06/2024 5.6 Performance KPI Report for Month 1				
1152.	Digital	<ul style="list-style-type: none"> <li>● Teape, Joe</li> </ul>	24/10/2024	■ Pending
<p><i>Explanation action item</i> JT agreed to include Digital as an agenda item at a future Trust Board Study Session.</p> <p>Update: This item is tentatively scheduled for TBSS on 24/10/2024.</p>				

Report to the Trust Board of Directors				
<b>Title:</b>	<b>Maternity &amp; Neonatal (MatNeo) Safety Report 2024-25 Quarter 1 (Qtr.1)</b>			
<b>Agenda item:</b>	<b>5.4.1</b>			
<b>Sponsor:</b>	<b>Gail Byrne, Chief Nursing Officer Emma Northover, Director of Midwifery and Professional Lead for Neonatal Services</b>			
<b>Author:</b>	<b>Jess Bown, Quality &amp; Safety Midwifery Matron Hannah Mallon, Quality &amp; Safety Neonatal Matron Marie Cann, MatNeo Safety Lead</b>			
<b>Date:</b>	<b>25 July 2024</b>			
<b>Purpose:</b>	<b>Assurance or reassurance</b> ✓	<b>Approval</b>	<b>Ratification</b>	<b>Information</b> ✓
<b>Issue to be addressed:</b>	<p>This report constitutes the agreed Maternity &amp; Neonatal (MatNeo) Services Qtr.1 safety report, provides a key overview of our services in, providing assurance to the members for the following:</p> <ol style="list-style-type: none"> <li>1. Perinatal Quality Surveillance Qtr.1 (<b>Appendix 1</b>)</li> <li>2. Serious Incidents (<b>Appendix 2</b>), Learning Slide (<b>Appendix 2a</b>)</li> <li>3. Perinatal Mortality Review Tool (PMRT) (<b>Appendix 3</b>)</li> <li>4. ATAIN Qtr.1 Report (<b>Appendix 4</b>)</li> <li>5. Quality &amp; Safety Shared Learning Slide (<b>Appendix 5 MNSI QRM</b>)</li> <li>6. Culture Score Survey</li> <li>7. MatNeo Service User Feedback (<b>Appendix 6 CQC Maternity Survey Improvement plan/Birth trauma enquiry response</b>)</li> <li>8. MNVP Update</li> <li>9. Trust Claims Scorecard</li> <li>10. Midwifery Staffing Report</li> <li>11. Maternity Safety Champions &amp; Quad Team Update</li> <li>12. NHSR (Maternity Incentive Scheme Year 6)</li> </ol> <p><b>NB</b> 2, 6, 7, 8, 9 &amp; 10 are reportable as per NHSR Year 6</p> <p><b>NB</b> Appendices 1-6 available in iBabs Documents.</p>			
<b>Response to the issue:</b>	<p><b>1. Perinatal Quality Surveillance – Maternity Neonatal Dashboard (Appendix 1)</b></p> <p>The Maternity &amp; Neonatal Dashboard provides a perinatal quality surveillance overview of indicators for our services. The dashboard outcomes continue to be scrutinised by the Quality and Safety Team and reported to the MatNeo Safety Champions. The following section of the report will provide an update on the key indicators. The remaining red flags on the dashboard are ‘ongoing’, with no new concerns identified. As requirements change additional indicators will be added with recent changes including:</p> <ul style="list-style-type: none"> <li>• Late fetal losses (16+0-23+6)</li> <li>• Intrapartum stillbirths</li> <li>• PROMPT obstetric emergencies training (work in progress)</li> <li>• Newborn Life Support (NLS) (Data coming)</li> <li>• Maternity Day Assessment Unit (MDAU) Triage times.</li> </ul>			

**1.1 % of Bookings by 9+6 weeks (NICE recommendation)**

Overall compliance for Qtr.1 was  $\uparrow$  31%. The action plan discussed in the previous report has been extended to continue for 3 months, taking us until the end of July 2024. This remains as a feature (Risk 815 Red 15) on the Risk Register until further notice.

NB. As a result of the action and improvement plan mentioned above the number of bookings in May was **633**, which is a significant increase from **448** in April. This increase should settle now that the backlog has been cleared.

April	May	June
5.8%	30% $\uparrow$	58% $\uparrow$

**1.2 Timeliness of testing KPI for sickle cell and Thalassemia screening**

Overall compliance for Qtr.1 was 36% $\uparrow$ . This surveillance indicator is set against a national benchmark and provides the indicator for the proportion of pregnant women and birthing people having had antenatal sickle cell and thalassemia screening for whom a screening result is available  $\leq 10$  weeks + 0 days gestation. This result enables prompt partner testing and the offer of prenatal diagnostic testing if required. The improvements seen in respect to compliance levels in screening have been as a direct result of the changes made to the booking processes. We anticipate further improvements to the screening data as service changes within the self-referral team become formalised.

April	May	June
6.4%	33% $\uparrow$	68% $\uparrow$

The action plan discussed in the previous report has been extended to continue for 3 months, taking us until the end of July 2024. This remains as a feature (Risk 37 Red 15) on the Risk Register until further notice. To note this indicator is intrinsically linked to the % of Bookings by 9+6 weeks and as this compliance increases so will screening compliance.

**1.3 Booked onto Continuity of Carer (CoC) pathway**

The Maternity Continuity of Care Model (MCoC) is a key model that ensures all families, particularly those most vulnerable, have safer and improved outcomes. The outcomes are as follows:

- Total booked onto a CoC pathway**  
Current rate for Qtr.1 is 13%, within the target being >35%.
- Global Majority booked onto a CoC pathway**  
Current rate for Qtr. 1 is 23%, which has increased from 14.7% in March, target being >51%. This workstream has additional team lead oversight to ensure we are targeting those most at risk.

April	May	June
24%	22% $\downarrow$	22%

- **Total booked who are living in IMD1 area booked onto a CoC pathway**  
Current rate for Qtr. 1 is 65%↑, these women/birthing people are being identified early to ensure they are booked onto a CoC pathway and close oversight by the senior leadership team and NEST team leads.

April	May	June
41%	56.5%↑	98%↑

#### 1.4 Education and Training

NHSR Year 6 - Safety Action 8 asks Trusts to evidence compliance of 90% for the 3 'in-house' one day multi-professional training days. The Quality and Safety Team have close oversight working with the education leads to ensure progress is maintained for training and education. The need has been identified early and provision sought for additional training days, due to increased acuity operationally and staff being redeployed to work clinically, with the additional resources we are on track to meet compliance by 30 November 2024.

#### 1.5 Neonatal Life Support (NLS)

NHSR Year 6 – Safety Action 8 also asks Trusts for evidence of compliance of 90% for neonatal life support. This is included within PROMPT for Maternity Services but is taught separately within Neonatal Services. Targeted education is planned for Autumn 2024 to ensure compliance will be met by the end of the reporting period (November 2024). The process for providing the annual NLS updates within Neonatal Services is being reviewed to apportion it across the year, which includes having an allocated time within the doctor's induction and adding to the rolling education rota.

### 2 Serious Incidents (SI) including Maternity and Newborn Safety Investigations (MNSI) and PMRT cases

**Appendix 2** provides assurance to the members that the appropriate reporting has taken place for Qtr.1. The report includes all new MNSI cases, of which there were 2, and any PSII cases. Also providing an update on all cases closed within the same timeframe, together with any thematic learning identified. Information will also be included which relates to new and closed perinatal mortality cases even where there are no patient safety care concerns for the service to continue to be transparent.

**2.1 Appendix 2** also includes a summary of the Moderate incidents reported in April/May 2024 to date.

There were 2 cases closed in Qtr.1 and the learning slides featured within the last report:

- MNSI 029127 case closed Trust shared learning slide
- MNSI 031668 case closed Trust shared learning slide.

**2.2 Appendix 2a** highlights the Iodine skin prep case learning slide which has been shared with the Local Maternity and Neonatal System (LMNS), case currently an ongoing PSII.

### 3 Perinatal Mortality Review Tool Report (PMRT)

See **Appendix 3** for a summary of Qtr.1 PMRT cases and learning. The MatNeo service can confirm that there is high level oversight of reported and processed cases to ensure reviews and feedback from and to families are captured within appropriate timeframes.

Case information is reviewed at a level where the service can look to identify any themes or vulnerable groups. Learning has been identified within the information and is shared with our LMNS.

**4 ATAIN Qtr.1 Report**

For Qtr.1 2024/25, there were a total of 41 unexpected admissions. The process for reviewing term admissions has changed and the reasons for admission have also been amended slightly. However, poor perinatal adaptation continues to be the most common reason for admission. **Appendix 4** provides a deep dive into Quarter 1 admissions.

**5 Quality and Safety Shared Learning**

Our service continues to drive quality and ensure that safe care is provided to our families. **Appendix 5** provides Committee members with an overview of the key learning from the Trust's quarterly MNSI review meeting.

**6 Perinatal Culture Score Survey**

The Trust is holding feedback sessions with the workforce, facilitated by Korn Ferry (the Score Survey provider), looking to obtain further narrative to support and inform the Change Team (improvement leads) to ensure meaningful results and a positive improvement.

**7 MatNeo Service User Feedback**

**7.1 Friends & Family**

Overall, for Qtr.1 the Friends and Family feedback continues to be above Trust target at 32.0% with 89% recommending our service. This feedback is reviewed by the senior team and any thematic concerns are identified and improvements planned.

**7.2 CQC Maternity Survey Action Plan**

**Appendix 6** outlines the Maternity Improvement Plan following the 2023 CQC Women's Experiences of Maternity Care Survey, combined with the themes identified in the recent Birth Trauma Enquiry report. Locally we have reviewed the results and have developed an action plan to address the findings.

**8 Maternity & Neonatal Voices Partnership (MNVP) Chair Update**

The Hampshire and Isle of Wight ICB advertised the MNVP chair role on the 24 May 2024, with the closing date of 7 July 2024, subject to recruitment the Trust hopes to have a chair in place soon to support the MatNeo Service to ensure the patient voice is heard and service user engagement in shaping our MatNeo service.

**9 Trust Claims Scorecard**

Qtr.1 Claims Scorecard will be reviewed by the Safety Champions and targeted interventions aimed at improving patient safety would be developed. This will come to the Quality Committee in August for noting as per NHSR Year 6 reporting requirements.



## 10 Midwifery Staffing Report

### 10.1 A clear breakdown of BirthRate Plus (BR+) or equivalent calculations to demonstrate how the required establishment has been calculated

In line with national drivers for assurance in relation to safe staffing levels within maternity services, UHS Maternity Services currently utilise BirthRate Plus (BR+) as a system and framework for workforce planning and strategic decision making. The last assessment of UHS Maternity Services by BR+ in 2018 suggested an overall clinical establishment based on a midwife V birth ratio of 1:24, calculated against an annual birth rate of 5500 births. At the time, the required total establishment as calculated by BR+ to ensure safe staffing levels equated to 226.55 WTE which was inclusive of support staff contribution. UHS recently commissioned a revised BR+ review in March 2024. Whilst we await our final report, early indicators show our service to be operating in a staffing deficit, which indeed feels accurate on a day-to-day basis. Despite a lower birthrate in 23/24 of around 5000, the growing complexity of maternity calls for more input and midwifery care hours throughout pregnancies across the service, whilst also increasingly requiring wider MDT input.

Birthrate Plus data shows that UHS continues to see a higher than average case mix with 77% of people falling within the highest acuity / care requirement categories compared to 68% in 2018. In July 2023, we saw a peak in this activity where 91% of women / birthing people delivered on our labour ward or in theatre. This rate has continued into 2024 with the average only falling to around 88% each month. Our normal birth rate has stabilised with an average of 45% however the rising trend we have seen over the last 12 months in caesarean section births, continues to be high and consistently account for over 40% of all births in our service.

### 10.2 In line with Midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations

Over the last 3 years, UHS Maternity Services have at times been working with midwife V birth ratios that are more suggestive of 1:27. This has felt uncomfortable but with contingency frameworks in place, the service has remained safe. With a vacancy rate of 22.49 WTE currently for registered staff we are presently operating a 1:29 midwife V birth ratio. This situation is further compounded by short-term sickness, an increased national demand for education and training and a high maternity leave rate of 9%. This inevitably results in a workforce that is significantly overstretched carrying an overall headroom percentage of 31%. We have increased staff support in the clinical environment in addition to pastoral and psychological support to enhance retention of the workforce. We are pleased to say that with this initiative, we have retained 100% of our newly qualified preceptees who started with us in November 2023.

UHS Maternity Services has a very detailed, robust escalation and contingency plan which is activated when the service is under pressure to maintain safety and improve maternal and neonatal outcomes. The leadership team, including the Director of Midwifery, commit to a high number of out of hours on calls to support the service when in escalation and when staffing does not match the acuity and activity across the acute clinical areas.



Whilst effective in bridging gaps for the most part, this is not a sustainable way of working and it is resulting in burnout across the midwifery leadership team.

**10.3 Where Trusts are not compliant with a funded establishment based on BirthRate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls**

In support of the BR+ acuity tool, UHS Maternity Services have developed a systematic process for workforce planning in the form of a monthly dashboard. This live data is reflective of total staff unavailability to include vacancy rates, sickness ratios, maternity leave, and study time, all of which is compared alongside the budgeted versus actual staffing establishment overall. The data recorded within the monthly dashboard is lifted directly from maternity E-rostering and ESR systems. As such the staffing ratios are recorded in real time and will represent staffing levels in their most accurate form.

The monthly dashboard not only records an accurate position for midwifery staffing at the current time but also offers a projected forecast for staff unavailability in the months going forward. This ensures and supports an ongoing process for rolling recruitment, involving both qualified and unqualified staff groups. Utilising the dashboard in this way will see the Maternity Service reduce the current vacancy rate down from a predicted 26.58WTE in October 2024 to fully recruited as per our current funded establishment by 1st February 2025, assuming that we are able to maintain engagement from all our new recruits.

With national evidence directly linking reduced midwifery staffing levels and poor maternity and neonatal outcomes for families, recruitment to clinical maternity roles, both registered and unregistered has been supported by the Trust Board and prioritised at recruitment panels. With this support, Maternity Services have continued to recruit to vacant posts and following a successful newly qualified midwife recruitment drive, we are expecting 34WTE B5 midwives to join UHS Maternity Services on our preceptorship programme in November 2024. Recognising the level of support that our new colleagues will need, and to create a balanced skill mix across our workforce, we also have a rolling B6 recruitment process which is returning a steady stream of experienced B6 midwives also joining our service.

**10.4 Midwifery red flag reporting – Evidencing compliance that all women / birthing people receive 1:1 midwifery care in active labour and the protected supernumerary status of the labour ward coordinator**

UHS Maternity Services record our staffing V acuity data every 4 hours across the intrapartum areas using the BR+ tool. Within our staffing template the labour ward coordinator is rostered and protected to maintain a supernumerary status at all times. This standard is achieved and maintained across the entirety of every shift, not just the start which is the reportable required standard. The skillset of this staff group is pertinent to the safe running of the labour ward, our most acute and high risk clinical area. The table below offers assurance to the Trust Board that UHS Maternity Services consistently meet this safety standard with no red flag events recorded for the whole of 2023 and to date in 2024.

The labour ward coordinator team recognise the specialist nature of their role and reliably respond to cover unexpected vacant shifts. Across our operational

and leadership teams, we have staff who also hold the labour ward coordinator skillset as a dual or previous role which offers extra flexibility and redeployment options at times where a substitute coordinator may be required.

At UHS, the labour ward coordinator does not take responsibility for any patients nor do they cover breaks for other members of staff enabling them to have continuous oversight of their clinical environment.

**Red Flag Report - Labour Ward (scheduled assessments only)**

Red Flag	Red Flag Description	2023 total	Jan	Feb	Mar	Apr	May
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0	0	0	0	0
RF10	Labour ward coordinator not supernumerary status	0	0	0	0	0	0

**Red Flag Report - Broadlands (scheduled assessments only)**

Red Flag	Red Flag Description	2023 total	Jan	Feb	Mar	Apr	May
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0	0	0	0	0

Another red flag that is closely monitored and reportable to the Trust Board as a measure of good practice is the assurance that all women / birthing people receive 1:1 care in active labour across all birth environments. At UHS Maternity Services we respond quickly and effectively to the fast paced, unpredictable nature of intrapartum care and evoke our maternity escalation plan to source additional midwives for intrapartum care. Currently midwives are redeployed often to meet the needs of the service which can cause uncertainty and frustration for them at times. Morale and job satisfaction levels are low amongst midwives who are continuously called upon for support, however all would agree that safe care is the priority. It is only through this escalation that we continue to provide safe care to the women / birthing people accessing our service in the right place, at the right time and by the right people. If we cannot provide 1:1 care in active labour, UHS Maternity Services will declare the highest level of escalation, OPEL 4, and look to divert incoming people in labour to neighbouring Trusts across the region.

Since the start of 2024, UHS Maternity Services have escalated to OPEL 4 on 23 occasions. Across the whole of 2023 OPEL 4 was declared 28 times. This is a significant and stark increase in service pressure that our Maternity Service

is experiencing with staffing and acuity accounting for the majority of cases. Whilst we report that we are compliant with providing 1:1 care in active labour and we are safe, we are seeing an increase in other reportable red flags such as delays in induction and being unable to facilitate birthplace choices.

### 10.5 Maternity Workforce Development – Next Steps/Way Forward

Over the last year, an extensive listening exercise has taken place to help inform the future direction and structure of the Maternity Service workforce. To align with current service needs, and with staff wellbeing as a central focus, the Director of Midwifery and Midwifery Senior Leadership Team are reviewing the way the service is delivered with the potential of a workforce restructure. Ensuring that an appropriately skilled practitioner is available to meet service demands in the most responsive and efficient way remains pivotal in the success of this potential project. This will be pertinent to models and pathways of care provision, operating both in and out of the hospital setting, including homebirth and intrapartum services within our low-risk birth centres. Drivers around flexible working, retention and restorative practice will all underpin the direction and future of the way in which we work.

In terms of strategic workforce planning, there is currently a significant focus around the issue of supply and demand for maternity staff, particularly registered midwives. Some options for workforce development see alternative training pathways for health care workers who previously may not have benefitted from such openings and include shortened midwifery conversion courses for registered nurses, return to practice midwifery courses, midwifery apprenticeship models and foundation programmes for aspiring maternity support workers.

It is anticipated that by broadening the gateway into careers within maternity services, whilst allowing training and education to be both accessible and affordable, a wider audience of prospective candidates will be achieved. In these current times where maternity workforce tensions are so prominent, we recognise that succession planning is of prime importance, and therefore are busy creating new opportunities for staff upskilling and professional development. UHS Maternity Services are committed to investing in their people and as such have dedicated programmes for career development starting at band 2 and progressing to band 9. Our prime focus is to consider new ways in which we can future proof our maternity services going forward, whilst investing wholly in the health and wellbeing of our existing workforce.

### 11 Maternity & Neonatal Safety Champions & Quad Team Update

Safety Champions	QUAD
Gail Byrne (Exec)	Bala Thyagarajan (Care Group Clinical Lead)
Tim Peachey (Non-Exec)	Ganga Verma (Obstetric Clinical Lead)
Victoria Puddy (Neonatal)	Hannah Kedzia (Care Group Manager)
Jillian Connor (Obstetric)	Marie Cann (Midwifery)
Marie Cann (Midwifery)	

The Safety Champions and Quad met on the 1 May 2024 for a joint meeting and safety walkabout of the service. There were no additional concerns or actions identified, just the ongoing challenges around staffing and estates recognised.

	<p><b>12 NHSR – Maternity Incentive Scheme year 6</b></p> <p>The last Quality Committee report provided an exception report for the 10 safety actions. The Trust met with the LMNS on the 27 June 2024 for the first quarterly review meeting, to assess progress against the 10 safety actions, and the trajectory for complete submission is on track. The next review meeting is planned for August, to review progress, ahead of end of the reporting period on the 30 November 2024.</p>
<p><b>Implications: (Clinical, Organisational, Governance, Legal?)</b></p>	<p>The risk implications for the UHS Trust and MatNeo services sit within several frameworks including:</p> <ul style="list-style-type: none"> <li>• <b>Reputational</b> – Safety concerns can be raised by the public to both NHS Resolution and the CQC.</li> <li>• <b>Financial</b> – Compliance with NHS Resolution Maternity Safety Actions to meet all ten safety actions remains to be an expectation for maternity safety requirements.</li> <li>• <b>Governance</b> – Safety concerns can be escalated to the Care Quality Commission for their consideration and to NHS England, the NHS Improvement Regional Director, the Deputy Chief Midwifery Officer, the Regional Chief Midwife.</li> <li>• <b>Safety</b> - Non-compliance with requirements or recommendations would have a detrimental impact on the women and their families leading to increased poor outcomes and staff wellbeing. MNSI can raise concerns regarding the safety of MatNeo services and instigate reviews.</li> </ul>
<p><b>Risks: (Top 3) of carrying out the change / or not:</b></p>	<p>Top Risks:</p> <ul style="list-style-type: none"> <li>• 788 (Red) Elective theatre capacity</li> <li>• 258 (Red) Maternity staffing</li> <li>• 259 (Red) Capacity and demand in Maternity services</li> <li>• 260 (Red) MDAU</li> <li>• 262 (Red) Induction of Labour</li> </ul>
<p><b>Summary: Conclusion and/or recommendation:</b></p>	<p>This Qtr.1 MatNeo services safety report provides an overview of the key safety workstreams and aims to provide committee members with the actions and mitigations in place to improve areas of significant concern. The report encompasses the perinatal quality surveillance minimum requirements and aims to fulfil the reporting requirements for NHSR MIS year 6.</p> <p>The report will continue to be adapted and responsive to safety concerns or issues within our service providing assurance around safety improvements impacting our families, services and staff. The MatNeo dashboard provides the board with the Perinatal Quality Surveillance information and will continue to be refined to provide a platform for clear oversight of key outcomes and measures. We continue to work on ways to ensure the dashboard clearly highlights any action and improvement plans where areas of risk have been identified.</p> <p>The information provided is for assurance and reassurance, whilst meeting the requirements of NHSR Year 6, and highlights the safety improvement work and learning from all aspects of the services including serious incident and MNSI cases. We ask members to continue to support the MatNeo Services and provide monitoring and scrutiny as required.</p>

Report to the Trust Board of Directors				
<b>Title:</b>	<b>Chief Executive Officer's Report</b>			
<b>Agenda item:</b>	<b>5.5</b>			
<b>Sponsor:</b>	<b>David French, Chief Executive Officer</b>			
<b>Date:</b>	<b>25 July 2024</b>			
<b>Purpose:</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>  <b>X</b>
<b>Issue to be addressed:</b>	<p>My report this month covers updates on the following items:</p> <ul style="list-style-type: none"> <li>• General Election</li> <li>• COVID-19 Inquiry</li> <li>• Forgotten Generation</li> <li>• Ligature Risk</li> <li>• Care Quality Commission</li> <li>• Haemophilia Treatment</li> <li>• LIMS system</li> </ul>			
<b>Response to the issue:</b>	The response to each of these issues is covered in the report.			
<b>Implications:</b> (Clinical, Organisational, Governance, Legal?)	Any implications of these issues are covered in the report.			
<b>Summary: Conclusion and/or recommendation</b>	The Board is asked to note the report.			

## General Election

On 4 July 2024, the UK's general election result was a clear mandate for the Labour party, returning 412 Members of Parliament which represents a 174-seat majority. Labour's manifesto commitments in terms of health included:

- Using spare capacity in the independent sector to ensure that patients are diagnosed and treated more quickly.
- Reform of the NHS to ensure that mental health is given the same attention and focus as physical health.
- Modernising the Mental Health Act to address treatment of people with autism and learning difficulties, and racial inequalities perpetuated by the Act.
- Implement professional standards and regulate NHS managers.
- Set an explicit target to close the black and Asian mortality gap.
- Implement the expert recommendations of the Cass Review, the independent review of gender identity services.
- Ensure the publication of regular, independent workforce planning across health and social care, and deliver the NHS Workforce Plan.
- Develop local partnership working between the NHS and social care on hospital discharge.

In the King's Speech on 17 July 2024, the government set out some 40 bills. These included a Tobacco and Vapes Bill (carried over from the previous Parliament) to ban under 15s from ever buying tobacco products, and a new Mental Health Bill to amend the Mental Health Act 1983 to reform treatment for mental health.

Wes Streeting has been appointed as the new Secretary of State for Health and Social Care, replacing Victoria Atkins. In one of his first acts, an independent investigation has been ordered into the state of the NHS, headed by former Parliamentary Under-Secretary of State in the Department of Health, Professor Lord Darzi. The aim of the report has been stated as being to provide a 'raw and honest assessment' of the issues facing the health service. Its findings will provide the basis for the government's ten-year plan to radically reform the NHS and build a health service that is fit for the future.

Along with CEO colleagues from the SE Region, I have been invited to a face to face meeting with SoS on the afternoon of 19 July. I will feedback on that meeting at the Board.

Locally, we have several newly appointed MPs in our area and we are engaging with them in a coordinated way other Trusts and the ICB.

## COVID-19 Inquiry

On 18 July 2024, the UK COVID-19 Inquiry published its first report. The key findings of the report into the UK's resilience and preparedness were:

- The system of building preparedness for the pandemic suffered from several significant flaws.
- Despite planning for an influenza outbreak, the UK's preparedness and resilience was not adequate for the global pandemic that occurred.
- Emergency planning was complicated by the many institutions and structures involved and the approach to risk assessment was flawed, resulting in inadequate planning to manage and prevent risks, and respond to them effectively.
- The UK government's pandemic strategy, developed in 2011, was not flexible enough to adapt.
- Emergency planning failed to put enough consideration into existing health and social inequalities and local authorities and volunteers were not adequately engaged.



- There was a failure to fully learn from past civil emergency exercises and outbreaks of disease.
- There was a lack of attention to the systems that would help test, trace and isolate.
- Ministers did not receive a broad enough range of scientific advice and often failed to challenge advice they did get.
- Advisers lacked freedom and autonomy to express differing opinions, which led to a lack of diverse perspectives. Advice was often undermined by 'groupthink'.

The report therefore recommends a major overhaul of how the UK government and devolved administrations prepare for whole-system civil emergencies.

The full report can be read at: <https://covid19.public-inquiry.uk/reports/>

### **Forgotten Generation**

On 15 July 2024, NHS Providers published a report on the impact of delays in accessing care on young people. The report, 'Forgotten Generation: Shaping Better Services for Children and Young People', can be read at: <https://nhsproviders.org/forgotten-generation-shaping-better-services-for-children-and-young-people>

Findings in the report, based on 134 responses to a survey of all regions and types of NHS trust carried out in April-May 2024, include:

- Nearly all trusts responding said that demand for children's and young people's services has increased since the COVID-19 pandemic.
- 86% said that waiting times for initial assessments had increased compared to pre-pandemic.
- 90% said that the health and wellbeing of children is not considered enough in national policy.
- 82% said they cannot meet current demand and 75% would be unable to meet anticipated demand in the next 12-18 months.
- 86% were concerned about the impact on staff morale of challenges providing care.

### **Ligature Risk**

On 23 May 2024, the Trust, in line with other providers, was requested by NHS England to provide certain information in respect of ligature risk and capital planning. This followed quality and safety-led discussions between NHS England and integrated care boards, which highlighted a need to better understand the level of capital funding required to manage inpatient ligature risk across all inpatient healthcare settings.

The Trust's response is set out in Appendix 1.

### **Care Quality Commission**

On 25 June 2024, Ian Trenholm, the Chief Executive of the Care Quality Commission (CQC), announced his intention to step down at the end of the month. The Deputy Chief Executive, Kate Terroni, will act as an interim Chief Executive.

On 16 July 2024, the CQC wrote to providers admitting that it had 'got things wrong' in the implementation of its new regulatory approach and that the new system had 'made things more difficult than they should be'. The letter also announced three urgent and immediate areas of action, including more inspections, increased support for providers, and solving issues with the CQC's providers' portal.

## Haemophilia Treatment

A 'life-changing' gene therapy for patients with haemophilia B is to be made available on the NHS. The National Institute for Health and Care Excellence (NICE) has approved the gene therapy Hemgenix for NHS use in England. This has the potential to significantly improve the lives of hundreds of people with the rare genetic bleeding disorder. Patients at University Hospital Southampton were among the first in the UK to receive the treatment, having taken part in a clinical trial. The lead for this research is Dr Rashid Kazmi, a Consultant Haematologist at UHS.

## Laboratory Information Management System (LIMS)

A new LIMS system was rolled out in UHS on 1 July. This roll-out is part of the implementation of a single system across all providers in Wessex plus Salisbury. The system was already live in Dorset, although changes needed to be made in the Dorset version to accommodate the tertiary pathology work undertaken at UHS. The intention is to implement in Isle of Wight next (September) followed by HHFT (end of year).

A huge amount of work has been undertaken by teams in pathology and IT, reflecting the complexity of the system and all the interfaces. The UHS roll-out has been smooth and successful internally within the hospital, although the interface with GP systems has been less smooth for GP initiated tests. We are liaising closely with colleagues in general practice and the ICB to understand and fix the issues, which are predominantly regarding the visibility of results in the practice systems. This is currently a very dynamic situation and we will update the Board further on the status at the Board meeting.



## Appendix 1

### Please could you provide the following information:

1. Responsible lead for ligature risk within the organisation  
Gail Byrne, Chief Nursing Officer  
Reporting is through Mental Health Board and then up to Quality Committee.
  
2. **Date of last ligature audit, for each site**
  - We have not completed audit of the UHS estate related to ligature risk but our current approach at UHS is person centred and focused on staff management of an environment that is full of ligature risks due to its primary purpose. We are an acute facility but acknowledge that there is an increasing risk with the number of mental health patients presenting to our service. We have a designated number of reduced ligature locations (although not designated section 136 areas), these are currently in our emergency department, Medical Assessment Unit and Child Health. We complete ligature audit assessments from a nursing / ward perspective (see enclosed attachment).  
An estates audit in of all our areas would need to be audited by an external organisation. We estimate that cost of such an audit would be in the region of £250k-£500k and would take 3-4 months to complete. We have approached NIFES, the company that do our six-facet survey, to ask for an estimate cost and time frame. Which we can provide when we receive.
  
3. **Confirmation that identified risks are included within the Board Assurance Framework and overseen by the Executive Group.**  
Yes, and from a governance perspective reporting is through Mental Health Board and then up to Quality Committee.

### For the next two financial years, 2024/25 & 2025/26, please provide:

1. Total estimated cost to address medium ligature risks.  
Please see above.
  
2. Total estimated cost to address high ligature risks.  
Please see above not known at this stage.

List all identified medium and high risks detailing where possible:

1. Immediate mitigations in place.
2. The medium-term and long-term actions required, including costs.
3. Identify whether actions are currently funded/unfunded within existing budget or planned.
4. Identify any existing risks with no mitigating actions in place.

Please see above

We would ask whether this is a National directive and whether the costs, which are currently prohibitive in a financially challenged NHS, would be supported centrally.

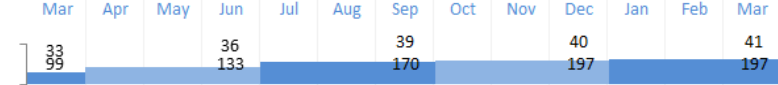
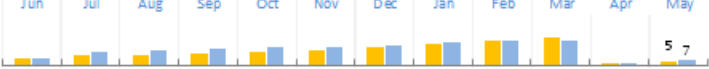
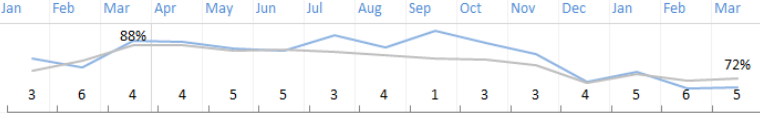


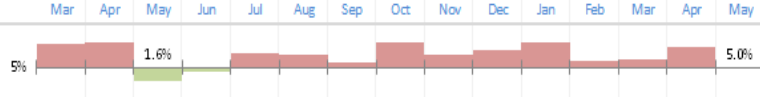
Report to the Trust Board of Directors				
<b>Title:</b>	<b>Performance KPI Report 2024-25 Month 3</b>			
<b>Agenda item:</b>	<b>5.6</b>			
<b>Sponsor:</b>	<b>David French, Chief Executive Officer</b>			
<b>Author</b>	<b>Sam Dale, Associate Director of Data and Analytics</b>			
<b>Date:</b>	<b>25 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b> Y	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>Issue to be addressed:</b>	The report aims to provide assurance: Regarding the successful implementation of our strategy That the care we provide is safe, caring, effective, responsive, and well led			
<b>Response to the issue:</b>	The Performance KPI Report reflects the current operating environment and is aligned with our strategy.			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	This report covers a broad range of trust performance metrics. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	This report is provided for the purpose of assurance.			
<b>Summary: Conclusion and/or recommendation</b>	This report is provided for the purpose of assurance.			

# Performance KPI Board Report

Covering up to  
June 2024

Sponsor – David French, Chief Executive Officer  
Author – Sam Dale, Associate Director of Data and Analytics

### Report guide

Chart type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line & bar Benchmarked		The line shows our performance, and the bar underneath represents the range of performance of benchmarked trusts (bottom = lowest performance, top = highest performance)
Control Chart		A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range).
Variance from Target		Variance from target charts is used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.

## Introduction

The Performance KPI Report is presented to the Trust Board each month to provide assurance:

- regarding the successful implementation of our strategy; and
- that the care we provide is safe, caring, effective, responsive, and well led.

The content of the report includes the following:

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

Due to the timing of the July 2024 Board meeting, the following RTT data points were not yet available for June 2024:-

- 31 - Patients on an open 18 week pathway (within 18 weeks)
- 32 - Total number of patients on a waiting list (18 week referral to treatment pathway)
- 33 - Patients on an open 18 week pathway (within 52 weeks)
- 34 - Patients on an open 18 week pathway (within 65 weeks)
- 35 - Patients on an open 18 week pathway (within 78 weeks)
- 35a - Patients on an open 18 week pathway (within 104 weeks)

Changes of note within the report itself: -

- Cancer metrics 39, 40 and 41 have been updated for the period October 2023 to March 2024 following the national Bi-annual data refresh.
- 12 – Watch and reserve antibiotics. The target has been adjusted to align with the national action plan of a 1% year on year reduction for five years.

## Summary

This month's spotlight report covers cancer performance. It highlights that the trust has performed well across 2024 for the three cancer waiting time standards that are national priorities for 2024/25, consistently ranking first when compared to peer teaching hospitals for the 28 day faster diagnosis element of the pathway. However, performance for the 31 day metric reduced in May 2024 moving UHS into the third quartile for the first time this year, as referrals continue to grow (particularly for tumour sites impacted by seasonality) and the overall cancer PTL increases. The paper outlines the challenges and performance position for each element of the pathway, alongside the actions being taken to ensure capacity and staffing levels are appropriate to cope with current demand. Detail is also provided by tumour site, outlining the challenges and pathway improvements being managed by the clinical and operational teams across the hospital and with primary care.

Areas of note in the appendix of performance metrics include: -

1. The Emergency Department (ED) four hour performance position reduced to 67.0% (June 2024) from 69.2% (May 2024) for type 1 attendances, however UHS remain in the top quartile when compared to peer teaching hospitals across the country.
2. Benchmarking information is now available for May 2024 and the organisation continues to rank in the top quarter for all the published RTT waiting list and diagnostic metrics (compared to peer teaching hospitals across the UK) except for patients waiting over 78 weeks which is in the second quartile. The latter metric is solely impacted by the national shortage of corneal tissue, however this is expected to improve from July onwards.
3. The volume of patients not meeting the Criteria to Reside in the hospital marginally increased in June 2024 averaging 223 which is a 2% increase compared to May 2024 and remains a significant impact on patient flow through the organisation.
4. The hospital reported two never events in June 2024.
5. The number of cases of Healthcare associated C.difficile continues to exceed the previous twelve months although we await confirmation of national set thresholds for 2024/25. All cases continue to be reviewed by the infection control team for assurance regarding antimicrobial prescribing and infection prevention and control practices.
6. The total number of women booked (as reported within the maternity metrics) increased in both May 2024 and June 2024. An action plan was implemented during May to aid capability to provide antenatal screening by the recommended gestation and to offer women an antenatal booking appointment by 10 weeks of pregnancy. The increase is therefore not due to a sudden influx of women entering the service, rather, it is the result of the teams dedicated planning and commitment to achieving the action plan.

### **Ambulance response time performance**

The latest unvalidated weekly data is provided by the South Central Ambulance Service (SCAS). In the week commencing 1<sup>st</sup> July 2024, our average handover time was 15 minutes 28 seconds across 698 emergency handovers and 17 minutes 31 seconds across 37 urgent handovers. There were 38 handovers over 30 minutes, and two handovers taking over 60 minutes within the unvalidated data for that week. In June, the average volume of weekly handovers over 60 minutes was 15 which was a significant increase on May (5.25 per week) impacted by a spike on the week beginning 10<sup>th</sup> June.

## Spotlight: Cancer performance

### 1. Introduction

**Cancer** is a complex group of diseases characterised by uncontrolled cell growth and the potential to invade or spread to other parts of the body. While the term encompasses more than 100 different types, all forms of cancer share the common feature of abnormal cell behaviour. These cancerous diseases have very different treatments and prognoses and, for most patients, the word cancer generates significant anxiety and fear.

UHS is one of twelve regional cancer centres in the UK offering treatment for rare and complex cancers as well as children's cancer and brain cancer. The hospital provides a broad spectrum of cancer care, from diagnosis and treatment to support and rehabilitation. With a focus on cutting-edge technology, multidisciplinary care and clinical research, the hospital is committed to offering high-quality care to cancer patients, striving to provide the most streamlined service to all patients referred to our service.

In October 2023, NHS England requested the prioritisation of three key cancer waiting time standards:-

- Faster Diagnosis Standard: Maximum 28-day wait for diagnosis from urgent GP referral and from NHS cancer screening programmes
- Maximum 62-day wait to first treatment from urgent GP referral, NHS cancer screening referral or consultant upgrade
- Maximum 31-day wait from decision to treat to any cancer treatment for all cancer patients

The standards are reflective of modern cancer care, with a greater focus on definitive diagnosis or treatment instead of process measures such as first appointments. They support equitable access to care by measuring waiting times for all patients, regardless of how they came to be on a waiting list for cancer diagnosis or treatment. They also give clinicians more encouragement and flexibility to adopt remote tests and efficient pathways.

Over the last six months, the organisation implemented multiple steps to further streamline patient pathways, increase capacity, and balance staffing levels with demand to improve compliance against the national standards. These action plans proved successful as our waiting times improved. Whilst the organisation continues to rank well against peer organisations, the organisation has faced challenges to maintain these levels of performance as urgent referrals continue to increase in 2024, alongside challenges in recruiting some groups of staff. The organisation has continued to prioritise cancer patients and their treatments through all periods of industrial action and all tumour sites and associated services are under constant monitoring and discussion through the performance management structure within the organisation.

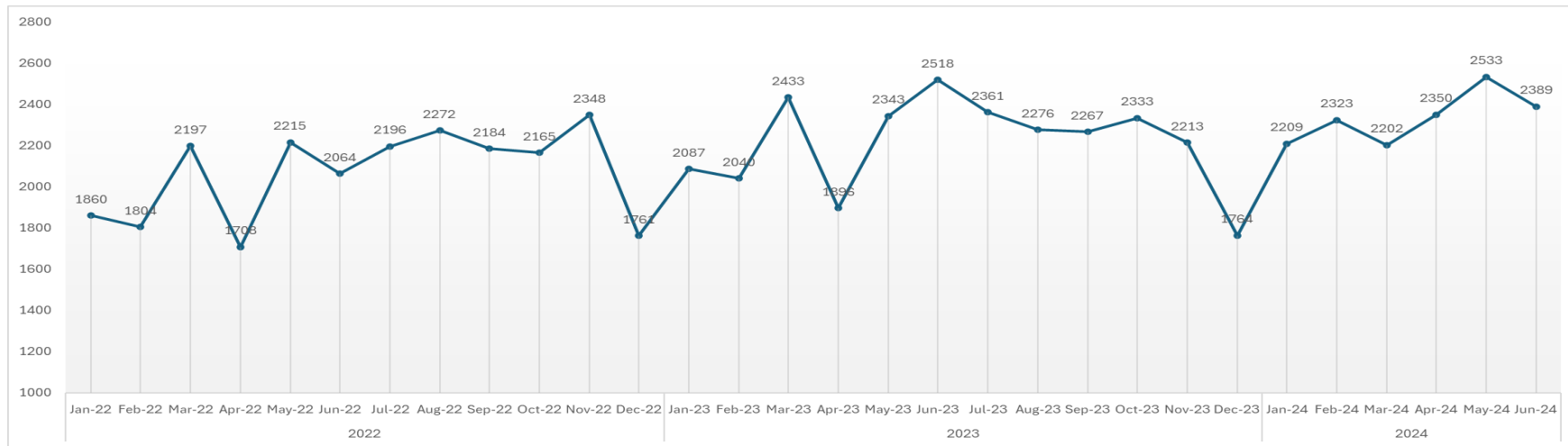
At the time of writing, the national statistics were available for May 2024 and it should be noted that the bi-annual refresh of national cancer statistics has been completed and published for the period October 2023 to March 2024. For May 2024, UHS reported 85.9% of patients met the 28 day faster diagnosis standard, against a national target of 77% by March 2025; 88.7% for 31 day waits against a national target of 96% and 69.7% for 62 day standard against a

national target of 70%. The hospital benchmarks itself against peer teaching hospitals and the most recent data (April 2024) places UHS in first place for 28 day faster diagnosis, the top quartile for 62 day standard but the third quartile for 31 day standard.

In this report, we provide additional data to illustrate the recent performance positions for key metrics, the overall referral trends, the waiting list size and national benchmarking. The report also provides narrative from key tumour sites and pathways to support a deeper understanding of the service pressures, pathway successes and future plans.

## 2. Cancer Referrals and PTL

Cancer referral volumes are impacted by several factors including public awareness and campaigns, seasonality, screening programmes and primary care practices. The national recommendations to primary care, for referral into an urgent suspected cancer service, are to have a positive diagnosis of cancer of between 4-8% depending on the tumour site. The pathway is intended to have high volumes of referrals and ideally to rapidly reduce in volume as the weeks pass and more patients are confirmed as not having cancer. Patients referred in with symptoms may have other non-cancer pathology and still require specialist diagnosis and treatment, and those patients are usually managed by transferring onto an elective (RTT) pathway and stopping the cancer pathway. The high volumes of cancer referrals therefore have a significant impact, even when there is no cancer present.

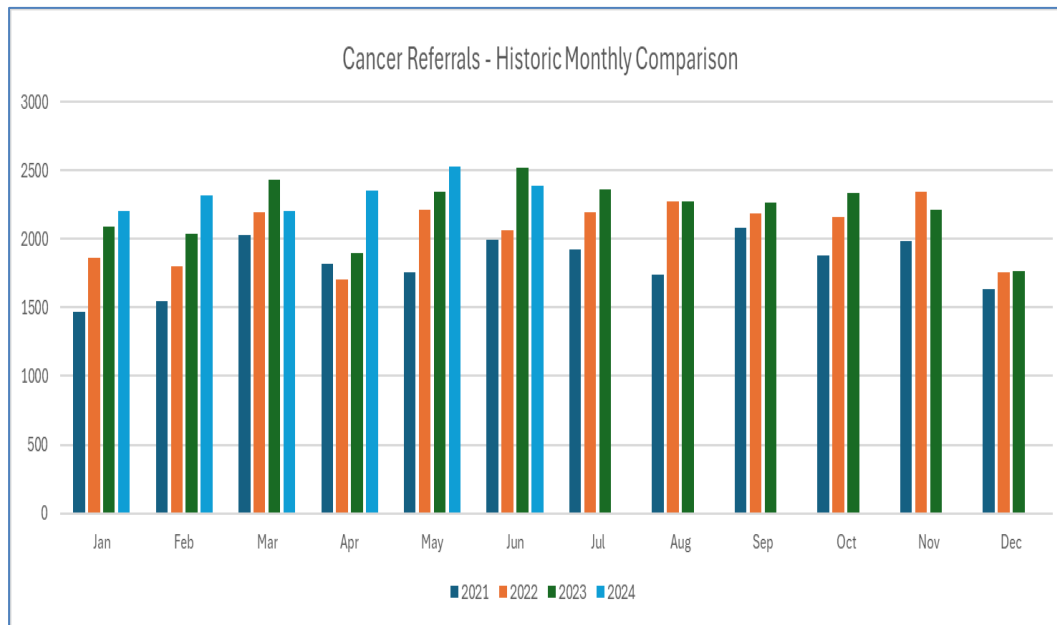


Graph 1: UHS urgent suspected cancer (USC) - referral volumes by month

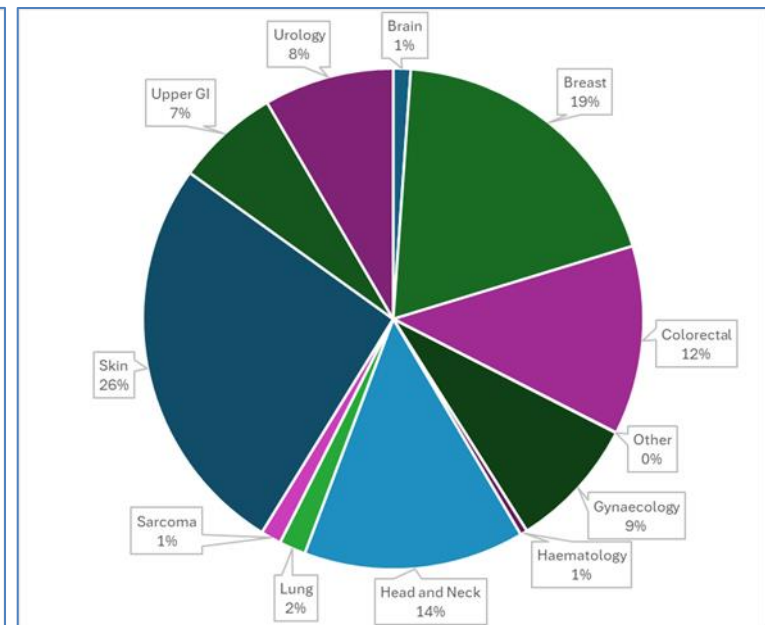


The hospital continues to see month on month volatility for referrals as illustrated in graph 1, but the first six months of 2024 indicate another period of overall referral growth. May 2024 saw the highest volume of referrals since the pandemic. In the 2024 (calendar) year to date, the trust received on average 2334 referrals per month which is 6% higher than 2023 (2211 per month) and 13% higher than 2022 (2064 per month).

Chart 3 illustrates the current breakdown of referrals by the specific service or tumour site they have been referred to. This split is based on the latest quarter (April 2024 to June 2024). We have seen significant areas of growth over the last two quarters in skin particularly, but also head and neck and urology. Whilst the increase in skin referrals is expected in quarter one due to the warmer weather, we have not seen a corresponding increase in confirmed cancers nor have we seen it within the head and neck cohort. The organisation works closely with primary care to constantly explore any further opportunities or education to streamline referral pathways.



Graph 2: UHS referrals trended by month



Graph 3: UHS referrals by tumour site

The overall waiting list size is heavily dependent on the number of urgent suspected cancer referrals and the speed of seeing these patients, as the majority of patients will leave the cancer waiting list at the point of being told that they don't have cancer. Throughout 2023 a series of actions plans were developed and agreed to support improvements across all tumour sites and cancer pathways. The success of these is reflected in the downward trend seen in the PTL in the second half of 2023 (Graph 4). However, the recent referral increases and seasonal pressures facing the organisation are now illustrated in an upward trend on the overall PTL.



Graph 4: UHS overall PTL trend line

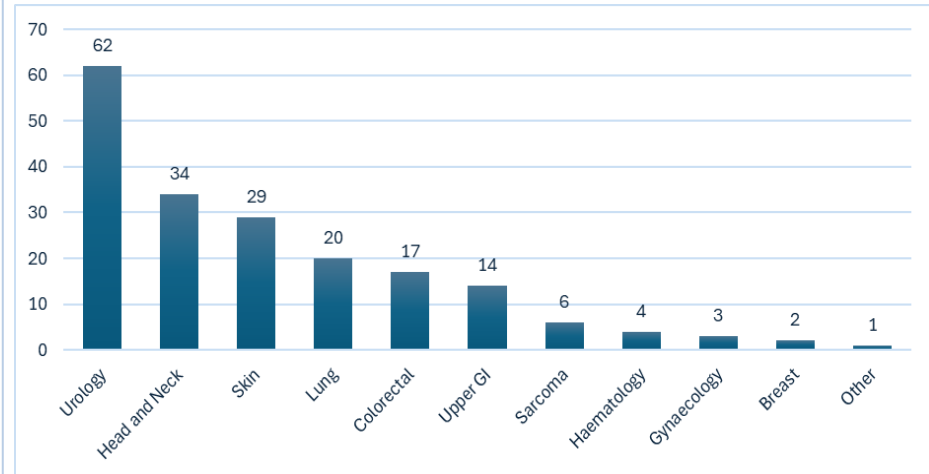
The number of patients waiting over 62 days from the date of receipt of referral is the subset of the PTL known as the backlog. The historic trend of the backlog is illustrated in Graph 5 alongside a breakdown of the tumour sites (graph 6) and their recent backlog volumes. The backlog has been as high as 350 but has come down significantly through 2023 as we have focussed on reviewing each of these patients and the barriers in their pathways. The composition of the backlog is mixed as it includes not only patients with cancer who are awaiting their first definitive treatment but also patients whose diagnostic pathway is complex and who may not have cancer.

It also includes patients who have had their first treatment, but who are awaiting pathological confirmation that this is, or is not cancer. Finally, it includes patients who have other comorbidities, and sometimes more than one primary cancer, where longer diagnostic pathways, and more inter-specialty

discussion is essential as well as time for patients to understand and then contribute to decision making. As a specialist centre, our backlog position is significantly influenced by late referrals from other trusts.



Graph 5: Trendline of cancer backlog



Graph 6: Breakdown of latest backlog by tumour site (7<sup>th</sup> July 2024)

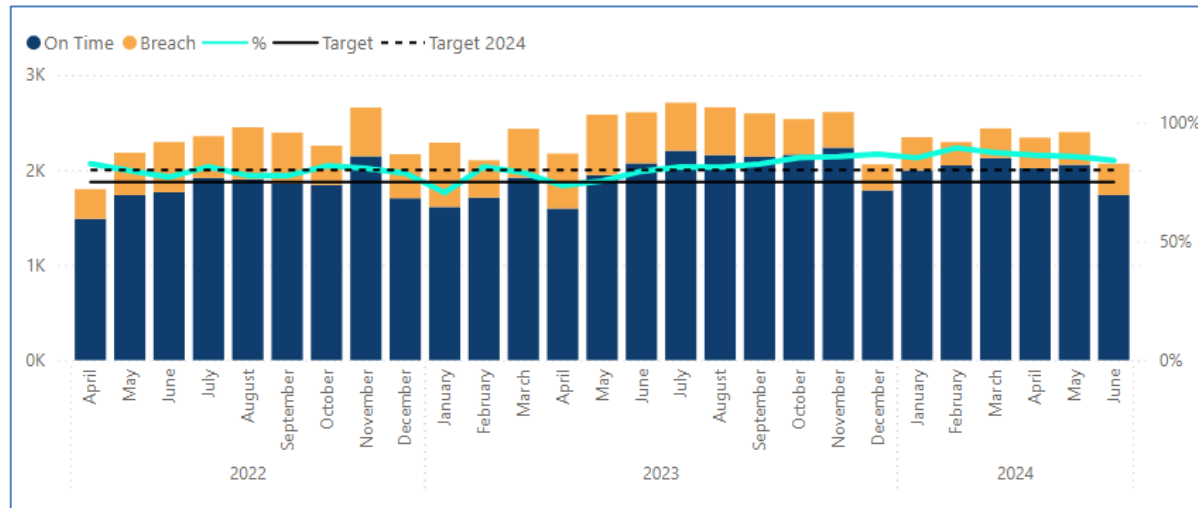
### 3. Performance Position

At the time of writing, the latest validated performance reports were available for May 2024.

#### 3.1. 28 day faster diagnosis

The 2024/25 national NHS priorities were to improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 with a target of 80% by March 2026. The hospital has delivered consistently well for this metric achieving above 85% for every month since October 2023 and ranking in first place when compared to 20 peer teaching hospitals since September 2023. The published performance for May 2024 is 85.9% and this level is expected to continue when reports are published for June 2024.

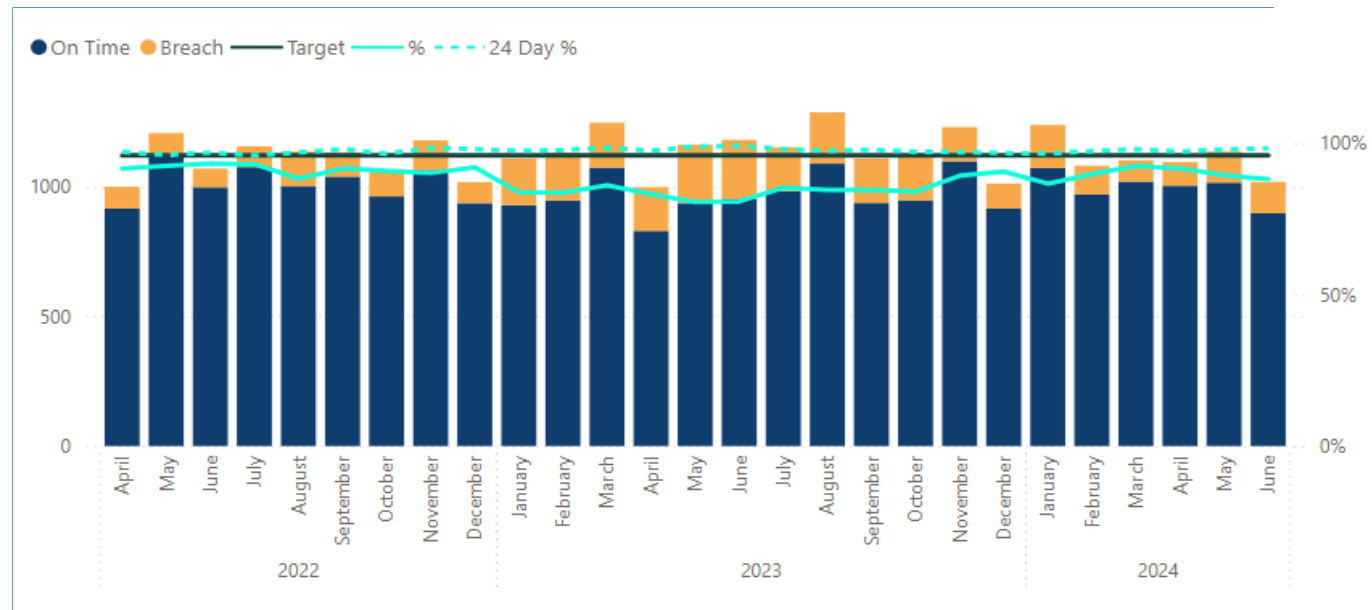
The Trust notes a small reduction in recent performance which is reflective of diagnostic capacity challenges especially in those areas where we have seen significant referral growth. However, a real success within this metric has been the effective use of tele-dermatology as patients can be directed straight to a surgical pathway or discharged following a specialist review of the photographs supplied with the referral. The constant refinement of these photos is crucial and part of ongoing work in primary care and supported by the Cancer Alliance. Current challenges to achieving an improving position are the time to first appointment caused by the rapid increase in referrals and delays within radiology and pathology departments.



Graph 7: 28 day faster diagnosis performance trend

### 3.2. 31 day standard

This standard is for treatment to commence within 31 days of a decision to treat and the national ambition is for trusts to deliver for 96% of patients. This time last year (May 2023) the hospital performance was at 79.8%, but a series of measures have driven a consistent improvement across the last twelve months, with the Trust achieving above 90% in March and April of 2024. In May 2024, the published performance marginally reduced to 88.7% whilst other teaching hospitals improved their position, which resulted in UHS moving into the third quartile when compared to peer teaching hospitals for the first time this year. Capacity constraints within radiotherapy (planning and treatment) and the robot for prostate surgery continue to be the main challenges to achieving this target with access to timely interventional radiology treatments and the expansion of robotic surgery to other tumour sites also presenting capacity challenges

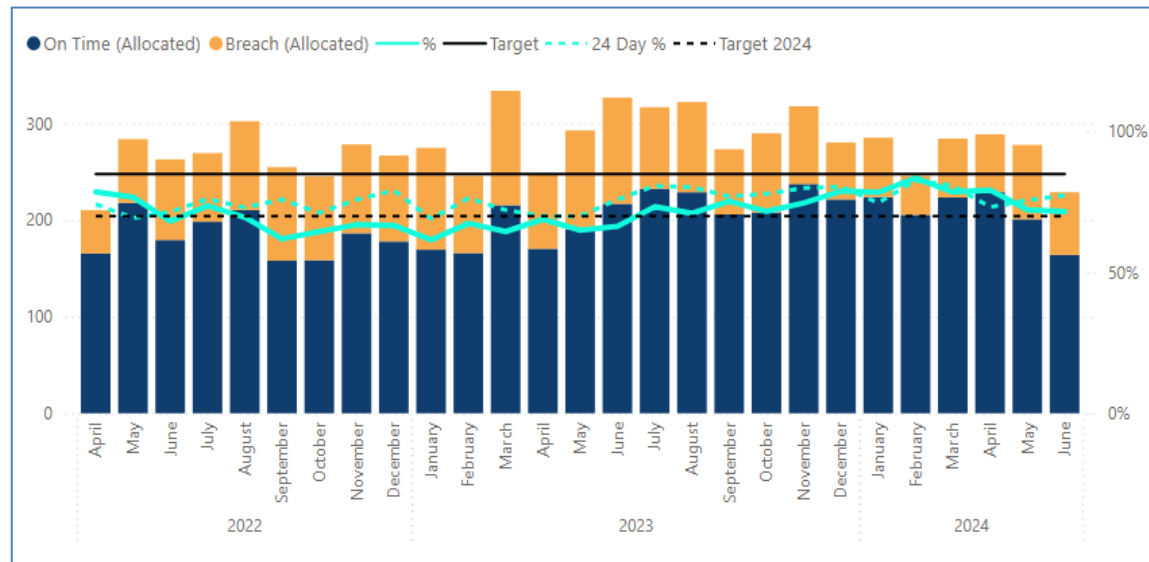


Graph 8: 31 day standard performance trend (including unvalidated June position)

### 3.3. 62 day standard

The 2024/25 national NHS priorities were to improve performance against the 62 day standard to 70% by March 2024. The hospital has achieved above 70% for every month since November 2023 and exceeded 80% in February 2024, however we have seen a performance reduction in recent months and the closing position for May 2024 is 69.7%. The latest comparator report (April 2024) shows UHS ranks in the top quartile when compared to peer teaching hospitals.

Many of the barriers to achieving the 62 day target have already been explained (volume and capacity), however there is an increased focus on ensuring that the most concerning patients are highlighted at the earliest opportunity and prioritised accordingly. Other areas being utilised to support the pathways are earlier interventions for other medical conditions, the use of formal frailty assessments to better equip patients for undertaking diagnostic procedures and more “straight to test” pathways. The trust also continues to work with primary care to ensure that patients are appropriately referred on a suspected cancer pathway.



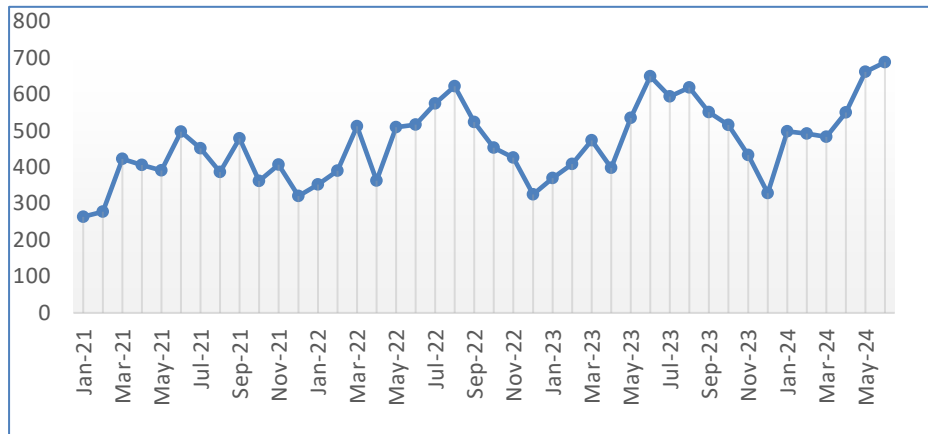
Graph 9: 62 day performance trend (including unvalidated June position)

## 6. Tumour and service site focus areas

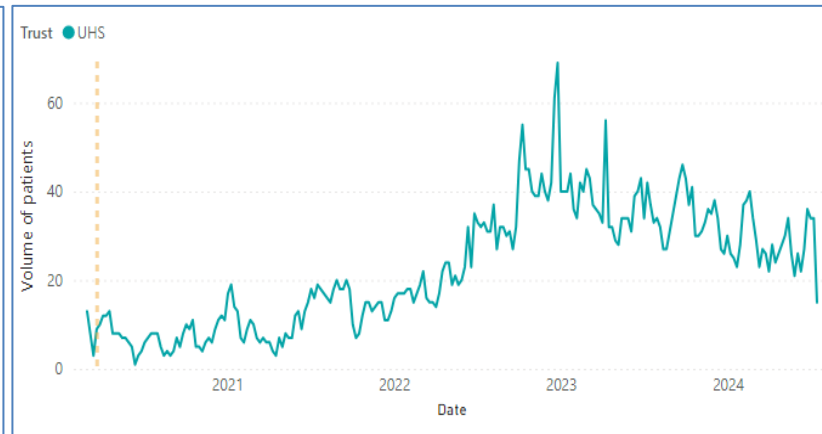
In this section we outline the referral trends and key drivers impacting waiting times by service alongside the key actions being explored to improve the position.

### 6.1 Lung

Theatre capacity for the lung and respiratory service has been challenging due to a range of factors including surgeon sickness, leave and anaesthetist shortages but it is noted that these are all hopefully short term. Access to the surgical robot also continues to be a pressure but the team is working with surgical care group colleagues on availability and prioritisation. The thoracic service continues to operate within four weeks of acceptance onto the waiting list (maximum of six weeks for patients requiring further investigations) but it should be noted that this prioritisation is impacting on non-cancer waits for thoracic patients.



Graph 10 – Referral trends (lung)

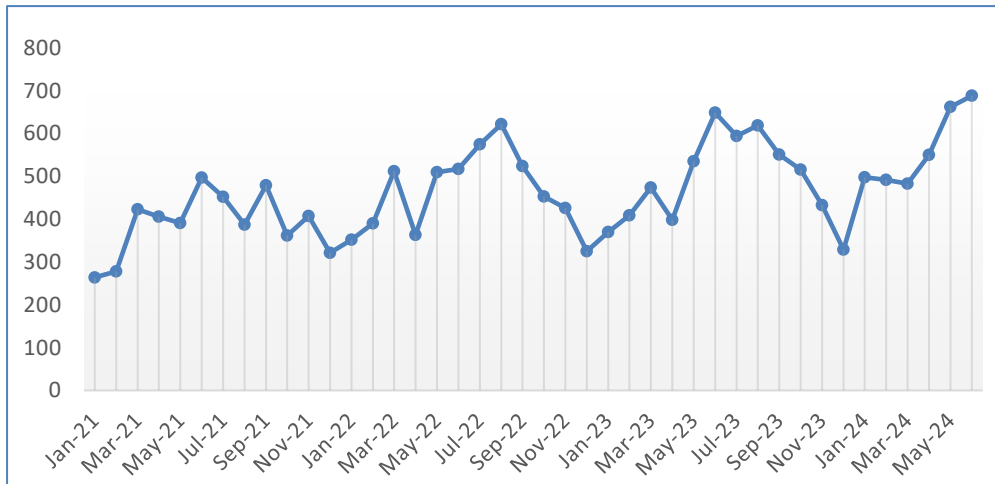


Graph 11 – backlog position (lung)

Outpatient clinic slots are being booked further out than anticipated (three to four weeks) but this is being reviewed with the access manager to understand if a different modality mix would be more effective. Changes to pathway management processes for external referrals have improved our 31-day performance and 24-day tertiary performance. This change has also been supported by a new meeting format to enable more accurate patient progress to be recorded and appropriate stops and delays to be reflected in the pathway. This has been the key operational success. The thoracic lead has aspirations of developing a lung cancer hub and this is being explored along with the introduction of new technology (robotic navigational bronchoscopy) but this is in the early stages of discussion. The approval (in principle) of the Targetted Lung Health Check business case has also highlighted the increasing pressure on theatre capacity to support demand and this will be reviewed at Clinical Prioritisation panel to inform next steps.

## 6.2 Skin

The trust has seen a significant increase in referral rates for urgent suspected cancer (USC) in this tumour site. The weekly average in June 2024 was 170 referrals compared to 121 seen in March 2024. If we compare this to last year’s referral numbers for the same months, the average in March 2023 was 105 and June 2023 was 158, so a significant change and challenge. The current baseline capacity in the service is below these high levels of demand. For example, in June, the service made 513 outpatient slots available including those generated through waiting list initiatives (WLIs) and the conversion of general slots, yet the service received 679 referrals in the month.



Graph 12 – Referral trends (skin)



Graph 13 – backlog position (skin)

A series of actions are being taken to realign capacity with demand. The service is converting ten new general dermatology slots to accommodate the increases in USC referrals, alongside additional WLIs at weekends and super Saturdays planned for July which will provide 94 extra slots. The temporary resourcing team are working to bring in an agency locum, but at the point of writing there have been no appropriate CVs. Recruitment to fill a consultant vacancy is also underway with interviews taking place in July.

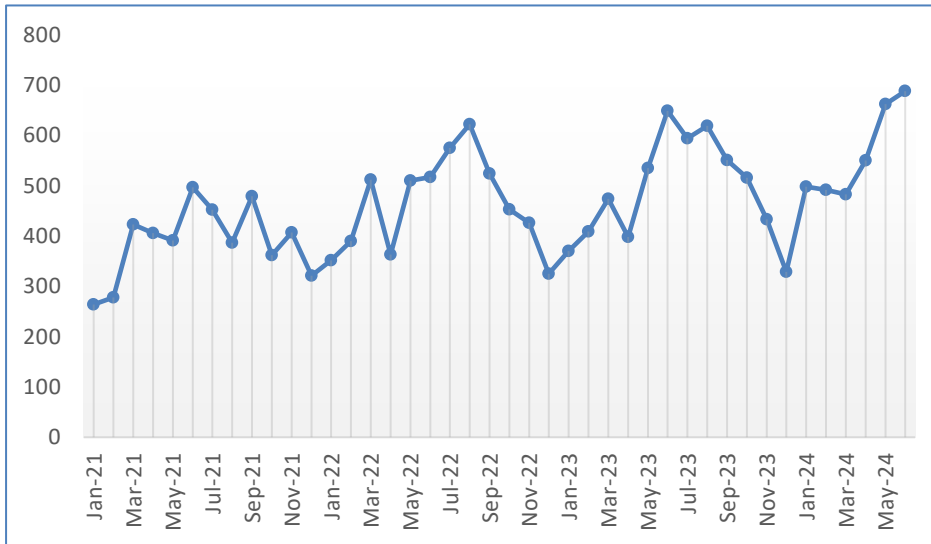
The Trust are exploring options for insourcing but also supporting primary care to improve image quality of tele-dermatology which may enable more diversions at triage (approximately 10% of referrals now no longer require an USC face to face appointment).

### 6.3 Urology

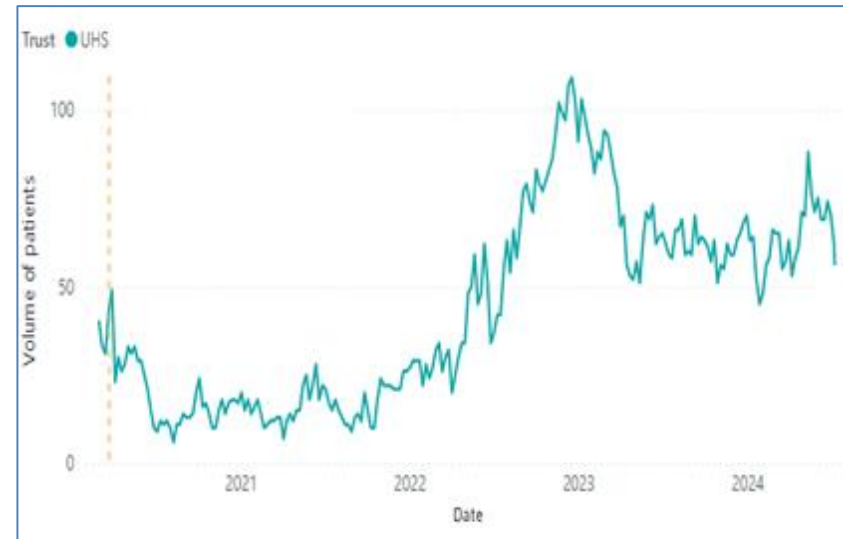
The urology service has faced performance and waiting list challenges in recent months with an increase in referrals seen since the start of 2024 against a backdrop of staffing vacancy challenges. There are currently 254 patients on the PTL with 62 patients on the backlog. The series of staff vacancies include maternity leave and sickness which has meant the service is reliant on ad hoc additional capacity to ensure they keep up with demand. The agreement to outsource robotic prostatectomies to Spire hospital has been extended for a further twelve months and additional capacity has been agreed to help reduce



the waiting list. The Prostate nurse led service is also currently under pressure, running with one nurse due to staff vacancies, sickness and maternity leave. Similar capacity issues exist for flexible cystoscopy and laser.



Graph 14 – Referral trends (urology)



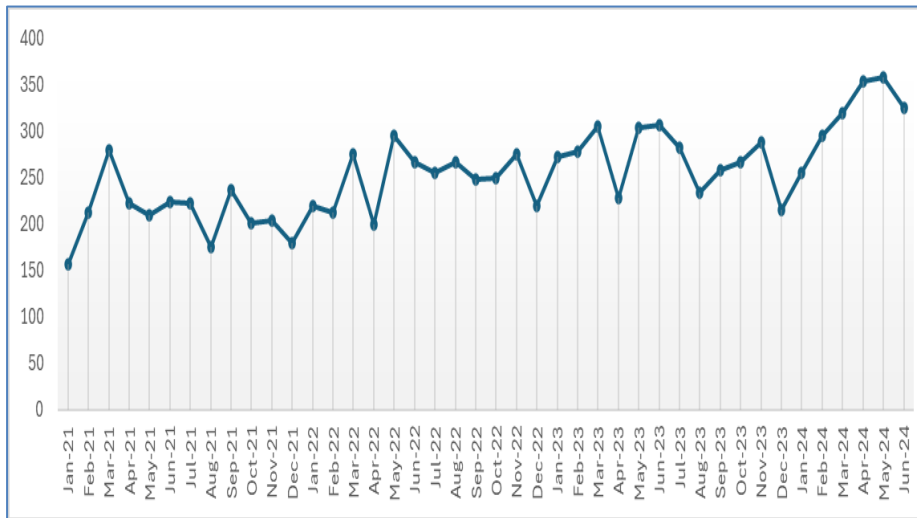
Graph 15 – Backlog position (urology)

Nevertheless recruitment requests are in process to fill the permanent nursing vacancies for the two week wait and biopsy services and a prostate surgeon is providing cover to ensure maintenance of biopsy capacity. There has been early success as part of a prostate reset project, with 15-20 patients being moved onto a PIFU (patient initiated follow up) pathway to create the capacity to enable other patients to be brought forward. A similar review process will shortly be undertaken with the flexible cystoscopy service.

### 6.4 Head and Neck

Head and neck cancer is a relatively uncommon type of cancer with around 12,400 new cases diagnosed in the UK each year. At the time of writing, the UHS service has a PTL of 335 with 22 patients on the backlog which is a reduction of almost 20% since the start of the 2024 calendar year. Overall the service is delivering first outpatient appointments within seven days of referral although this has been reliant on insourcing to Medinet to support the weekend service in the face of recent referral growth.

The current pathway challenges are delays for ultrasounds of the neck, histopathology post biopsy and ensuring outpatient capacity is available to meet fluctuations in demand within ENT. Recent staff vacancies are being addressed with a new booking clerk appointed to support the local anaesthetic maxillo-facial patients and recruitment for a locum consultant underway following approval. There is further recruitment in the pipeline following the loss of two junior doctors. A key improvement will also be the interventions of a new ENT tracker who will constantly review efficiency of patient pathways and ensure diagnostic result reviews are available promptly and prior to any scheduled outpatient appointments.



Graph 16 – Referral trends (head and neck)



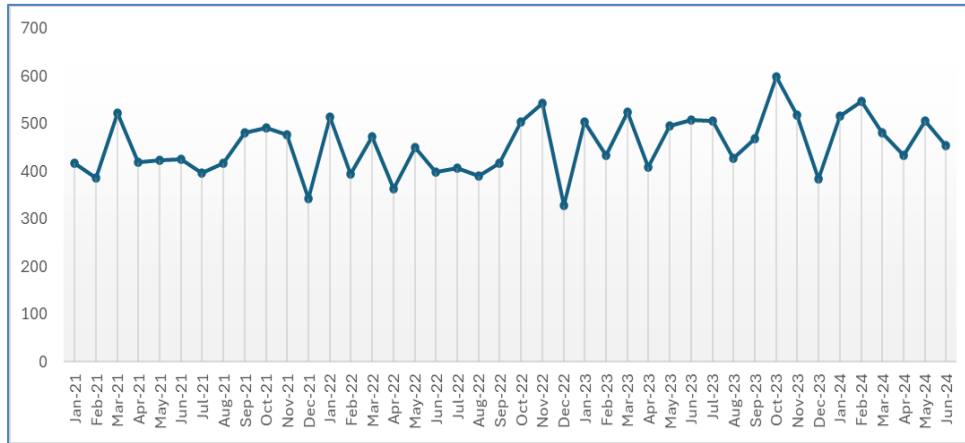
Graph 17 – Backlog position (head and neck)

### 6.5 Breast

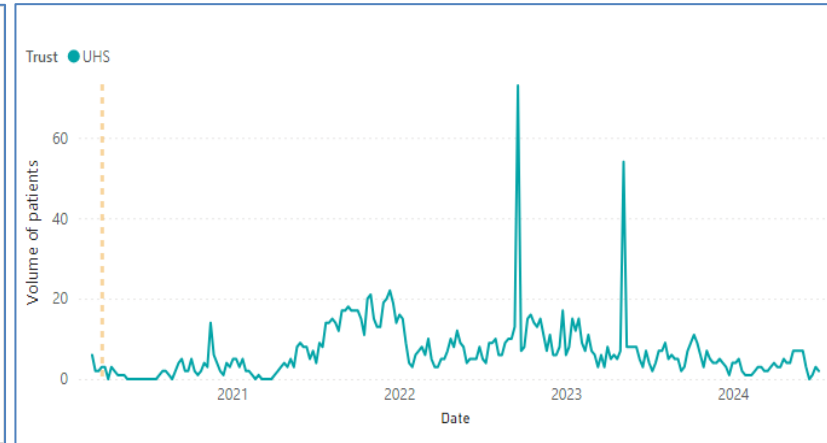
Referrals to the breast service have been volatile with a monthly range from 383 patients to 597 patients based on the last twelve months. This is alongside a small level of growth which has resulted in an increase in the overall PTL (361 at the start of July 2024). Nevertheless the backlog (graph 19) has been well managed and remained consistently low.

The service has seen strong benefits from the introduction of a cancer pathway navigator role which started in October 23 for a twelve month fixed term trial period, focusing on pathways between one stop clinics and treatment. The trust is exploring permanent funding options for retaining this role in the cancer team. First outpatients are being delivered between 15 and 16 days as part of a new one stop clinic approach, with continued focus on increasing

capacity. Where referral levels fluctuate and the first outpatient is trending over 16 days, the service step up use of WLIs to host triple clinic models supporting the one stop approach over weekends due to already working at full space capacity throughout the week.



Graph 18 – Referral trends (breast services)



Graph 19 – Backlog position (breast services)

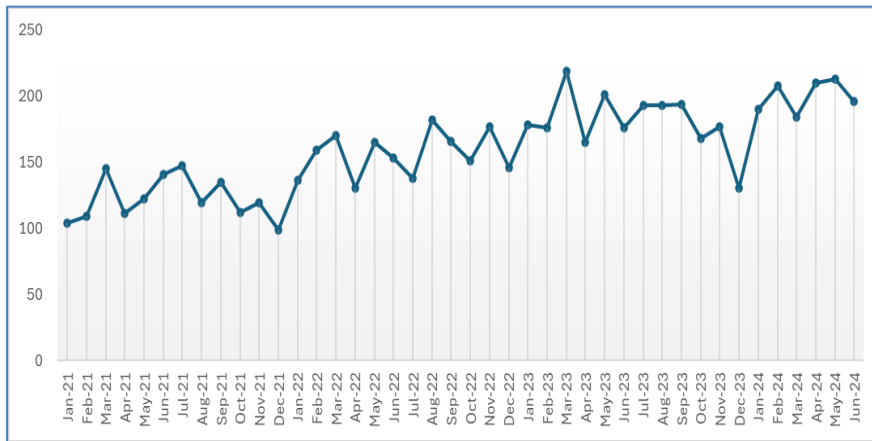
Rapid access pathways were implemented in January 24 (one stop pathways) and these have seen an increase in patient satisfaction and experience coupled with improved pathways and accessibility to imaging. The rapid access service is working to day 15-16 within a patient’s pathway which doesn’t align with historic two week wait expectations but has retained treatment within the 28 day standard. Continued work on imaging capacity will see a further improvement to wait times.

The implementation of a new imaging mammography system in April restricted capacity due to delays in set up and embedding of this trial site equipment, but this is now resolved with recognition of improved results from this scanning equipment. Leads are reviewing capacity and demand of imaging space with a view to repurpose flow and room availability, extending hours and increasing utilisation of clinics. There are plans being developed through a business case proposal to extend breast imaging to support phase two of the one stop clinics. The service is also investigating funding sources for an additional ultrasound system.

There is further transformation work ongoing focusing on theatre and outpatient utilisation and efficiency with a potential opportunity of 5% increase to capacity. This is alongside job plan reviews and the development of a business case to increase consultants able to support outpatient capacity shortfalls.

### 6.6 Gynaecology

We have seen a continual increase of referrals to the Gynaecology service (graph 20) with 234 patients on the PTL at the start of July 2024. This reflects a 74% increase compared to the start of the calendar year. Weekly oversight meetings are held with patient level reviews to ensure rigour and control alongside consultant led MDT reviews. The service has also noted real benefits from the temporary cancer pathway navigator role ensuring pathway efficiency, particularly on the lead up to treatment commencement. Again, options are being explored to secure permanent funding for this role in the cancer team. First outpatient appointments within gynaecology currently fluctuate around fourteen days and the implementation of ad hoc weekend working is under constant review to ensure appropriate alignment of capacity with the fluctuations in demand.



Graph 20 – Referral trends (gynaecology services)



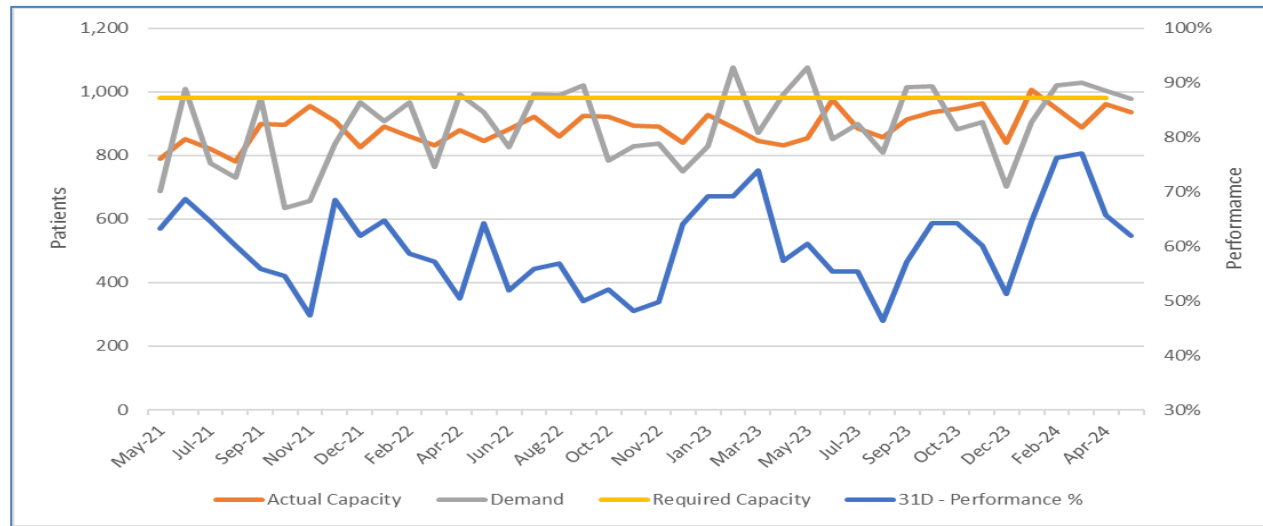
Graph 21 – backlog trend (gynaecology services)

Staff vacancies are being addressed with a new PSC appointment and the application of flexible sessions within job planning due to the demand fluctuations. Imaging teams are exploring options for additional ultrasound capacity through a review of the department’s footprint and potential repurposing of the ultrasound academy facility to utilise training scanners out of hours.

The transformation workstream looking at utilisation and efficiency for gynae (in line with GIRFT recommendations) has highlighted a potential opportunity of 8.6% increase to capacity. The service has secured theatre list capacity through the Lymington elective hub and which is working successfully. Clinicians are also reviewing procedures to assess suitability for completion in clinic rooms or outpatient facilities as opposed to theatre. This is part of our alignment with NICE and BADS guidance which focusses on completing procedures in the right environment in line with guidance and patient experience.

### 6.7 Radiotherapy

The Radiotherapy treatment pathway is extremely complex with many potential barriers to navigate, but the key driver impacting cancer waiting times is the capacity of the Linear Accelerator (LINAC). Demand and capacity modelling was completed in 2023 to estimate the capacity required to support consistent performance against the 31 Day Cancer Standard. Projects were put in place to deliver this capacity increase and graph 22 illustrates the impact on performance (blue line) in recent months as capacity (orange line) exceeded demand (grey line) albeit temporarily.

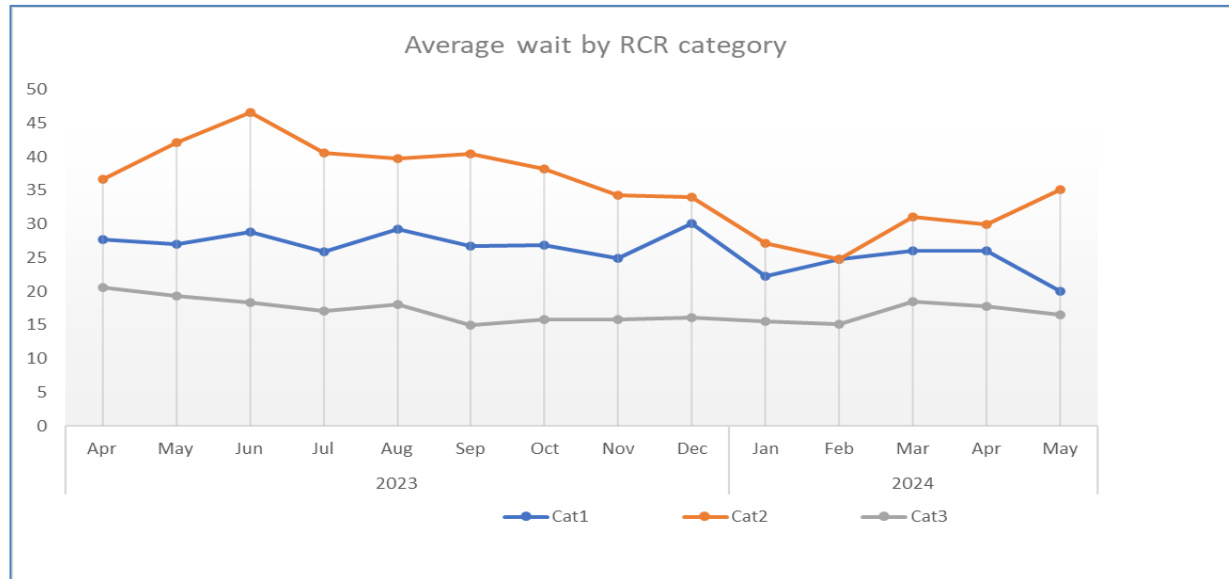


Graph 22 – LINAC demand, capacity and performance model

The increased capacity has been achieved primarily through an increased workforce which has allowed the working hours to be extended, as well as routine weekend working to deliver a 6-day service where possible with voluntary overtime. Recruitment has improved over the last six months through a combination of international recruitment and students who have trained locally and are now working with us. We continue to be supported by agency radiographers, this will gradually be reduced as newly recruited substantive staff gain competence and HCPC registration, to maintain capacity.

Average waits for treatment have reduced across all three patient categories since the same period in 2023. However, whilst category one and three patients have been appropriately prioritised for treatment, the category two patients (predominantly prostate and breast) have been and continue to be adversely affected by the prioritisation and fluctuation on category one and three patients. The below graph demonstrates the improved waiting times despite the most recent increase of wait times for category 2 patients, this has been in part due to access to timely CT planning scans as well as long fractionations for

the previous quarter’s increase in category one referrals. In terms of access to CT planning scans, one of our two CT scanners has significantly reduced functionality and a funding request was submitted in 2023 for early replacement of the machine to support efficiencies, shorten patient pathways and support 31-day Category 2 cancer performance. The CT scanner is anticipated to be funded for replacement in 2025-26.



Graph 23 – Waiting times by RCR category

Breast and prostate pathways are a current focus of attention. For breast, the average and median waits are reducing, with the breaching patients being actively managed. Saturday working allows patients to start on a Friday and in some circumstances avoid a weekend breach. Wessex Cancer Alliance are supporting by looking at the breast pathway and timings. Prostate radiotherapy referrals continue to increase illustrating the prostate demand on LINAC capacity in blue compared to overall LINAC demand in orange.

The implementation of prostate hypo-fractionation (SABR) has now commenced, with the first seven pilot patients having received treatment. This treatment delivery method is forecast to reduce prostate demand by 4-7% as the number of daily treatments (fractions) reduce from 20 to 5. A business case to fully implement this workflow will be submitted by the end of the summer. This pathway, which requires an additional MRI scan, may become significantly more attractive to patients than surgery and cannot be delivered on the current LINAC in Basingstoke.

## Conclusion

UHS continues to perform comparatively well against our peer hospitals when benchmarking the three key cancer standards, but is constantly monitoring the PTL and backlog to ensure the small drop in 31 day performance is understood and addressed. The overall positive position is despite continued growth in referrals and challenges in recruiting to some key specialities. There is potential to improve performance further and recognition that some cancer patients continue to wait too long.

Performance will continue to be managed via regular cancer performance meetings, supported by action plans at key tumour sites, with longer-term strategic changes discussed at the Trust's Cancer Board and with support from the Wessex Cancer Alliance. These forums will continue to drive improvements across all tumour sites.

## NHS Constitution - Standards for Access to services within waiting times

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

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

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

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

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

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

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

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

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



		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	4	4	4	5	4	4	4	4	4	4	4	4	4	4	4	≥92%	63.3%
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	9	14	13	10	15	6	9	7	6	4	3	7	4	9	5	≥70%	73.1%
39 - As of April 2024, YTD and Monthly targets changed from 85% to 70% in line with latest operational guidance																		
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	9	12	9	8	8	12	10	11	8	4	4	4	9	6	8	≥95%	67.4%
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	11	11	11	10	10	8	7	7	7	5	5	4	5	5	5	≤5%	10.3%
37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance																		

<b>Outcomes</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
1	HSMR (Rolling 12 Month Figure) - UHS HSMR (Rolling 12 Month Figure) - SGH																≤100	92.0	≤100
2	HSMR - Crude Mortality Rate																<3%	2.7%	<3%
3	Percentage non-elective readmissions within 28 days of discharge from hospital																-	12.4%	
		Q1 23-24			Q2 23-24			Q3 23-24			Q4 23-24			Q1 24-25			Quarterly target		
4	Cumulative Specialties with Outcome Measures Developed (Quarterly)																+1 Specialty per quarter		
5	Developed Outcomes RAG ratings (Quarterly)																		
<p>Red : below the national standard or 10% lower than the local target                      Amber : below the national standard or 5% lower than the local target                      Green : within the national standard or local target</p>																			

Safety		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target					
6	Cumulative Clostridium difficile <i>Most recent 12 Months vs. Previous 12 Months</i>	24	35	28	49	35	60	47	66	55	72	65	81	73	91	77	97	84	05	≤5	29	≤15		
7	MRSA bacteraemia	0	0	0	0	0	0	1	2	1	2	0	1	1	0	0	0	0	0	0	1	0		
8	Gram negative bacteraemia	14	19	27	16	21	15	25	18	17	20	19	15	31	25	25	0	0	0	0	0	0	0	
9	Pressure ulcers category 2 per 1000 bed days				0.23																		0.36	
10	Pressure ulcers category 3 and above per 1000 bed days				0.34																		0.25	
11	Medication Errors (severe/moderate)				3																		2	
12	Watch & Reserve antibiotics, usage per 1,000 adms <i>Most recent months vs. 2023/24</i>																						2,916	2,307
12 - Beginning June 2024, target and comparison changed in accordance with National Action Plan.																								

<b>Safety</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
13	Patient Safety Incident Investigations (PSIIs) (based upon month reported, excluding Maternity)																-	4	-
13a	Never Events																0	2	0
14	Patient Safety Incident Investigations (PSIIs)- Maternity																-	0	-
15	Number of falls investigated per 1000 bed days																-	0.09	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)																≥90%	94%	≥90%
17	Red Flag staffing incidents																-	32	-
<b>Maternity</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked																-	-	-
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.																-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women) % other																-	-	-

<b>Patient Experience</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.6%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.4%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	13.0%	≥35%
24	Total BAME women booked onto a continuity of carer pathway																≥51%	21.9%	≥51%
25	% Patients reporting being involved in decisions about care and treatment																≥90%	87.5%	≥90%
26	% Patients with a disability/reporting additional needs/adjustments met (total questioned at chart base)																≥90%	83.7%	≥90%
26 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
27	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)																-	161	-

<b>Access Standards</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 16)																≥95%	67.4%	≥95%
29	Average (Mean) time in Dept - non-admitted patients																≤04:00	03:16	≤04:00
30	Average (Mean) time in Dept - admitted patients																≤04:00	05:41	≤04:00
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥92%	63.3%	≥92%
32	Total number of patients on a waiting list (18 week referral to treatment pathway)																-	59,812	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≤1393	1743	≤1393

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
34	Patients on an open 18 week pathway (waiting 65 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	4	4	4	4	5	5	3	3	3	3	3	3	3	2	55	0	55	0
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	4	5	8	8	7	6	5	6	5	5	5	10	10	10	10	0	14	0
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	1	8	14	17	15	16	12	13	13	1	1	1	1	1	1	0	-	0
36	Patients waiting for diagnostics	9,983														9,339	-	9,339	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	11	11	11	10	10	8	7	7	7	5	5	4	5	5	10.7%	≤5%	10.3%	≤5%
37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance																			

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥70%	73.1%	≥70%
39 - From October 2023 data onwards, the 62 day standard metric published in NHS England data combines Urgent Suspected Cancer and Breast Symptomatic with previously excluded Screening and Upgrade routes.  As of April 2024, YTD and Monthly targets changed to 70% in line with latest operational guidance																			
40	Cancer 28 day faster diagnosis Percentage of patients treated within standard UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥77%	85.8%	≥77%
40 - As of April 2024, YTD and monthly targets changed from 75% to 77% in line with latest operational guidance																			
41	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)																≥96%	89.7%	≥96%
41	From October 2023 data onwards, the 31 day standard metric published in NHS England data combines First Treatment and Subsequent Treatment routes.																		



<b>Local Integration</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	218	-
48	Emergency Department activity - type 1 <i>This year vs. last year</i>																-	35,702	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations <i>This year vs. last year</i>																≥25%	25.8%	≥25%

<b>R&amp;D Performance</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	14	17	19	19	21	17	17	16	15	15	15	15	9	7	6	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	9	6	12	14	15	12	11	12	9	11	11	11	6	8	9	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection	25%	47%	59%	64%	46%	60%	67%	46%	88%	55%	50%	64%	50%	55%	47%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	50.7%	65.2%	84.7%	104.1%	45.8%	133.3%	133.3%	84.7%	65.2%	157.6%	75.0%	26.8%	119.5%	70.7%	23.6%	≥5%	-	-

<b>Digital</b>		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-	206,199	-
51	My Medical Record - UHS patient logins (number of logins made within each month)																-	34,283	-
51 - The YTD Figure shown represents a rolling average of MMR logins per month within the current financial year																			
52	Average age of IT estate Distribution of computers per age in years																-	-	-
53	CHARTS system average load times - % of pages loaded under 3s																		
53 -Data only available from April 2023 onwards.																			
From <b>April 2024</b> , metric was changed from % loading times <b>under 5s</b> to % loading times <b>under 3s</b>																			

<b>Report to the Trust Board of Directors</b>				
<b>Title:</b>	<b>Finance Report 2024-25 Month 3</b>			
<b>Agenda item:</b>	<b>5.8</b>			
<b>Sponsor:</b>	<b>Ian Howard – Chief Financial Officer</b>			
<b>Author:</b>	<b>Philip Bunting – Director of Operational Finance David O’Sullivan – Assistant Director of Finance – Financial Performance</b>			
<b>Date:</b>	<b>25 July 2024</b>			
<b>Purpose:</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information  X</b>
<b>Issue to be addressed:</b>	The finance report provides a monthly summary of the key financial information for the Trust.			
<b>Response to the issue:</b>	<p><b><u>Headlines</u></b></p> <p>UHS reported a financial position of:</p> <ul style="list-style-type: none"> <li>• M3 - £4.5m deficit (£1.8m adverse to plan)</li> <li>• YTD - £13m deficit (£3.8m adverse to plan)</li> </ul> <p>Whilst the position remains significantly challenging, we are also seeing some cautious early signs that the position is improving:</p> <ul style="list-style-type: none"> <li>• The Trust started the year with an underlying deficit of circa £7m, with underlying pressures from 23/24 being added to by real-terms funding reductions.</li> <li>• Our underlying position has improved over the last 2 months to £5.3m in M3. If the funding reductions were ignored this would be better than we achieved in any month last year.</li> <li>• The Trust continues to increase elective activity with ERF performance YTD at 128.4%. Performance has been reassessed following further national information and rephasing of the target. We are therefore achieving the stretching plan we set for Q1.</li> <li>• The Trust workforce position is well controlled, with workforce numbers and pay costs below plan to date. Our agency numbers have halved since summer 23 at &lt;80wte and remain &lt;1% of pay expenditure. Our bank usage has also decreased below plan.</li> <li>• Our transformation programmes are gaining momentum within the Trust, with promising early signs of improvement – notably: <ul style="list-style-type: none"> <li>○ Our LOS initiatives have supported a 5% reduction in P0 patients, unfortunately partially off-set by increased LOS in P1-P3 patients. The net 2% reduction has however supported the Trust utilising circa 20 less surge beds on average.</li> <li>○ Our theatres utilisation remains challenging for a number of reasons; however, some metrics are improving, for example average late starts.</li> <li>○ Our outpatients programme continues to deliver monthly increases in the number of first appointments and procedures, with our ratio already above the national target.</li> </ul> </li> <li>• We have reviewed our CIP reporting and have increased delivery linked to the above metrics, achieving £13.1m (vs. Q1 plan of £15.9m).</li> </ul> <p>Our position is however off plan as a result of:</p> <ul style="list-style-type: none"> <li>• An unplanned £1m cost pressure linked to Industrial Action in June, plus an element of announced pay awards for which we are not anticipating national funding to cover.</li> </ul>			

- £2.8m of undelivered CIP:
  - Income schemes have delivered in full.
  - Pay schemes have delivered in full, with some non-recurrent over-achievement.
  - Non-pay schemes have not delivered in full, off-set by additional pay delivery.
  - Unidentified CIP of £2.8m has not delivered within the Q1 position.

### Forward View

The position continues to look challenging as we move into Q2:

- Our UHS improvement programme targets ramp up as we move through the year. In particular, our ERF target increases further to an average for the year of 133%.
- Our CIP programme continues to work on new identification and derisking existing schemes. However, our unidentified value remains at £13.4m (reduced from £20.3m at plan). We are expecting this number to reduce during the year; however, the scale and pace required remain substantial.
- Our system-led transformation initiatives are targeted to start delivering improvements from Q2, particularly programmes on Non-Criteria to Reside and mental health. Programmes continue to be developed and progressed; however, delivery remains a substantial risk. Whilst we play a part in these programmes, delivery relies on system-wide improvements in care for patients and is therefore outside of our direct control.
- Appendix 1 shows the CIP plan for the year by quarter and split by category illustrating what is linked to system transformation, internal transformation or business as usual schemes. This includes an additional £2.1m system transformation initiatives to be delivered in Q2 above Q1 levels. UHS transformation programmes also ramp up by £0.5m and £1.1m of other Trust savings.

**Non-Criteria to Reside** – remains at circa 220 – no change from prior month. Impact of transformation targeted from Q2, but no sign of improvement currently, noting we remain above May 23 levels (200) and levels have not fully reduced following a spike over winter.

**Mental Health** – our usage of temporary staffing to support patients with mental health needs has remained broadly static so far in 24/25. No change from prior month.

The risk assessed level of CIP achievement therefore stands at £42m (50%) which would be £43m behind plan. In last months' report we highlighted that if we did not see improvements in the programme, we would be heading towards the intermediate risk scenario outlined in our plan (£66m deficit). Recognising the underlying position seen in M3 improves that position slightly to circa £60m.

In order to track close to our £14.5m deficit plan it is therefore imperative that further stretch initiatives, in particular system transformation initiatives, start to deliver, supporting continuation of the monthly improvements seen so far this year.

### Contracts Position

Our assessment of YTD performance highlights that we delivered £6.9m of valued activity above our block contracts in Q1. This is additional funding that would be received if we had remained on the previous PbR payment mechanism.

### Block overperformances by activity type

	M1	M2	M3	Ytd
Non Elective Spells	1,421,876	471,046	2,690,429	4,583,351
Follow Up Attendances	436,693	380,289	925,886	1,742,868
Other	-677,928	441,170	763,229	526,471
<b>Total</b>	<b>1,180,641</b>	<b>1,292,505</b>	<b>4,379,544</b>	<b>6,852,690</b>

#### Points to note:

- There are staffing pressures within our clinical coding teams, meaning we are relying on a broader scale of estimation than we would normally expect within our monthly reporting.
- The high level of NEL performance in M3 is being investigated to ensure our data quality is robust, noting the previous comment.
- Over-performance against our HIOW ICB block is estimated at >£9m, with under-performance against other commissioners partially offsetting the position. The position is estimated and likely to see some movement between commissioners once coding estimates are finalised.
- Our HIOW ICB contract value is agreed, although there remain some issues to resolve regarding Indicative Activity Plans within the contract.
- Our Specialised Services contract is not yet agreed, with a couple of specific issues where we have sought NHSE guidance.
- None of our contracts with other ICBs have yet been agreed. We have now written formally to chase responses to our contract offers.
- The gaps above are important for our financial position; however, are not material to the financial challenge outlined in this report.

#### Drivers of the Deficit

The drivers of our underlying deficit have built up across a number of years, notably:

- We are undertaking activity above block levels as outlined above.
- In recent years, UHS has had £20m of funding reductions above standard NHS efficiency requires linked to “convergence to fair shares” of funding allocations. The activity levels undertaken by UHS has increased at the same time, with the majority of our funding being within fixed block values.
- Growth in the number of patients with no criteria to reside (NCTR), resulting in additional costs of staffing bed capacity.
- Growth in the number of patients presenting with a mental health condition, requiring additional temporary staffing, often requiring agency staff with specialist expertise.
- Funding for nationally negotiated pay awards continues to fall short of our cost increases.
- Non-pay inflation has outstripped funding levels in previous years. UHS was particularly exposed to gas price increases linked to our energy infrastructure.
- Our physical estate causes some inefficiencies, for example downtime of theatres.
- Whilst we have made progress with our digital infrastructure, we have lacked the funding to fully invest in digital transformation.

We continue to benchmark as upper quartile within Model Hospital for our cost base compared to activity levels and scored a 91 in the last National Cost Collection exercise (operating 9% more efficiently than the national average). We are however striving for improvements where we know there are further opportunities that are within our control, which is where our focus is with our transformation programmes.

## Cash

Our cash position has deteriorated further than planned in month, with a cash balance of £21.5m, well below our “minimum cash threshold”. This is £17.5m behind our cash plan. There are a number of factors impacting this position which relate to timing, notably:

- We had yet to receive drugs overperformance payment for Q4 2023/24 from NHS England totalling £4.5m. This has now been paid in July.
- We have accrued £7.5m of ERF overperformance against target, for which no payment has yet been received. We assumed in our plan that payments would be timelier.
- We were anticipating a pro rata of £11.2m of cash support in July. However, that is yet to be confirmed and timing may be delayed.
- Contract uplift for the consultant pay award funding has yet to flow but we are incurring the costs (£0.6m YTD).
- Other areas of contract funding relating to Service Development Funding (SDF) have been slow to agree with commissioners (£5m in arrears).
- The timing of VAT refunds have been slightly delayed within income usually received in the last week of the month falling into the following month (£3m).

Following the drop in our cash position, we are taking the following actions:

- Review and chasing all cash payments due, including requesting cash funding for ERF overperformance and outstanding service development funding.
- Implementing daily and weekly reviews of cash balances and aligning payment runs.
- Requesting the agreed cash support is expedited and released.
- Undertake a formal review with a separate paper to be presented to F&IC in August including a revised cash forecast.
- Review of requests to NHSE for cash support to capital.
- Review of our capital programme to ensure both affordability and to request capital cash support from NHSE where appropriate.
- Review of requests to NHSE for revenue cash support, including reviewing new guidance.

## Capital

We have reviewed our capital programme forecast in month. This identified a number of areas of slippage, some of which are linked to delays from the Building Safety Act changes. There are also a number of cost pressures identified on specific programmes.

A further review is therefore being undertaken to consider mitigations of risks identified to ensure we are delivering our overall programming. We will report back to Trust Board on conclusion of this review.

## Next Steps

- We are continuing to prioritise focus on delivery of transformation programmes, with significant energy going in across the Trust.
- We are maintaining our performance on workforce through robust controls, which have been refreshed in month.
- We are engaged and supporting Tim Briggs review within HIOW, focussing on a number of specialties.
- We have requested and received support from the RSP programme to bring in additional resource to support GIRFT reviews. We have identified individuals who will be brought in to support this programme, which we hope will make a real difference.
- Reviews of productivity movements have been progressed, including a tool which compares

	<p>cost growth to cost-weighted activity movements at Care Group level. This is currently being rolled out to Divisions as a support tool to identify areas for improvement.</p> <ul style="list-style-type: none"> <li>• The Trust Savings Group process continues to provide governance and direction to a number of improvement programmes across the Trust.</li> <li>• We are currently considering whether external support would be helpful to the Trust where additional resource and expertise would add value and deliver improvements at pace. This is likely to be focussed on opportunities within non-pay expenditure and external contracts.</li> </ul>
Implications:	<ul style="list-style-type: none"> <li>• Financial implications of availability of funding to cover growth, cost pressures and new activity.</li> <li>• Organisational implications of remaining within statutory duties.</li> <li>• Trust remains within the NHSE Recovery Support Programme, until the system collectively achieves a run-rate break-even position.</li> </ul>
Risks: (Top 3) of carrying out the change / or not:	<ul style="list-style-type: none"> <li>• Financial risk relating to the underlying run rate and projected potential deficit if the run rate continues.</li> <li>• Cash risk linked to volatility above.</li> <li>• Inability to maximise CDEL (which cannot be carried forward) and the risk of a reducing internal CDEL allocation for 2024/25.</li> </ul>
Summary: Conclusion / recommendation	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the finance position.</li> </ul>



## Appendix 1 – 2024/25 CIP Plan by Category

	Q1	Q2	Q3	Q4	Total
<b>System Programmes:</b>					
Non Criteria to Reside	0	1,686	3,372	3,374	8,432
Mental Health	0	381	759	760	1,900
Service Development Funding	588	588	588	588	2,350
Corporate Stretch (Unidentified)	900	900	900	900	3,600
<b>Total System CIP Programmes</b>	<b>1,488</b>	<b>3,555</b>	<b>5,619</b>	<b>5,622</b>	<b>16,282</b>
<b>UHS Transformation Programmes:</b>					
Theatres	1,971	2,127	2,273	2,528	8,900
Outpatients	2,392	2,582	2,759	3,067	10,800
Flow	1,772	1,912	2,044	2,272	8,000
Corporate Reductions	443	478	511	568	2,000
<b>Total UHS Transformation Programmes</b>	<b>6,579</b>	<b>7,100</b>	<b>7,587</b>	<b>8,436</b>	<b>29,700</b>
<b>UHS BAU CIP:</b>					
Workforce Programmes	2,500	2,500	2,500	2,500	10,000
Non-Pay	3,062	3,063	3,063	3,063	12,251
Unidentified CIP	2,289	3,339	3,938	7,086	16,652
<b>Total BAU CIP Programmes</b>	<b>7,851</b>	<b>8,902</b>	<b>9,501</b>	<b>12,649</b>	<b>38,903</b>
<b>Total Planned CIP</b>	<b>15,917</b>	<b>19,556</b>	<b>22,706</b>	<b>26,706</b>	<b>84,885</b>
<b>Identified Subtotal</b>	<b>12,728</b>	<b>15,317</b>	<b>17,868</b>	<b>18,720</b>	<b>64,633</b>
<b>Unidentified Subtotal</b>	<b>3,189</b>	<b>4,239</b>	<b>4,838</b>	<b>7,986</b>	<b>20,252</b>

*NB: When signing off the plan there was £20m unidentified (including £3.6m relating to an ICB initiated corporate savings stretch). Work has progressed in year to reduce us amount to £13.4m as shown within current levels of identification within the finance report.*

Report to the Trust Board of Directors				
<b>Title:</b>	<b>People Report 2024-25 Month 3</b>			
<b>Agenda item:</b>	<b>5.9</b>			
<b>Sponsor:</b>	<b>Steve Harris, Chief People Officer</b>			
<b>Author:</b>	<b>Workforce Team</b>			
<b>Date:</b>	<b>25 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b> X	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>Issue to be addressed:</b>	<p>The <a href="#">UHS People Strategy</a> (World Class People) sets out our goals to support the delivery of the Trust's Corporate Strategy. The 5-year Strategy, based on the insights from our UHS people, was approved by the Trust Board in March 2022.</p> <p>Its key areas of THRIVE, EXCEL, and BELONG shape the work of people focus across UHS. The strategy reflects the priorities of the NHS national People Promise.</p> <p>The monthly people report summarises progress against the delivery of the critical metrics in the strategy. It is provided monthly to Trust Executive Committee and People and OD Committee. The information is based on June (M3)</p>			

<p>Response to the issue:</p>	<p><b>New style of People Report</b></p> <p>The people team have been working to review the monthly people report. This report represents phase one of a transition to a new style. The new report was well received by the Trust Executive Committee on 17 July who were very supportive of the developments that have been made.</p> <p>Developments include phase one of a people heat map, with data by care group against key KPIs of the People Strategy. This will continue to develop in partnership with the organisation, including a greater focus on qualitative elements in addition to quantitative metrics. The next version will also include the variation to the trusts' recently set AWL targets at Divisional and Care Group level.</p> <p>The report will aim to ensure a suitable balance between the metrics of the workforce plan, forecasting, sickness, turnover, and key culture and engagement intelligence in more detail going forward.</p> <p>Future spotlights on various areas will be included on a scheduled basis. This will include the outcomes of the Q2 pulse survey, triangulated against other people related intelligence such as our quarterly exit data, and other sentiment data collected through formal and informal routes. The Q2 survey is currently underway and will be available in August for reporting in September.</p> <p><b>Key items to note for Month 3 of the People Report</b></p> <ul style="list-style-type: none"> <li>• The Trust remains <b>under its overall workforce plan by 313 WTE</b> at the end of June. Substantive workforce continues to remain below plan by 161 WTE. The substantive workforce has returned to the same level as September 2023.</li> <li>• During the month <b>temporary workforce</b> usage increased in both bank and agency. Bank increases were underpinned by a period of increased surge capacity, greater mental health usage, and also the junior doctor strike.</li> <li>• Our <b>substantive workforce will increase</b> over the summer and autumn as newly qualified staff join. Our workforce plans are also predicated on the delivery of external system programmes to reduce NCTR and mental health presentation.</li> <li>• The people report will aim to identify the variations to plan and whether these are linked to external factors or those within UHS direct control.</li> <li>• The <b>affordable workforce plans</b> have been agreed with Divisions, and recruitment controls have been re-calibrated as a result, devolving more decisions for straight replacement essential recruitment back to local level within clear accountability limits.</li> <li>• In addition, the <b>ICB recruitment control panel</b> has been initiated for specific in-scope posts (Senior clinical A4C and corporate) where Trusts wish to recruit outside of NHS providers in Hampshire and the Isle of Wight. To date, all UHS posts put</li> </ul>
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	<p>forward to the ICB have been approved for external recruitment. The panel has also focused on opportunities for greater collaboration and system working on key roles.</p> <ul style="list-style-type: none"> <li>• There are areas of the Trust which remain under significant pressure. Maternity staffing remains a key risk, with support from the people team on temporary staffing, culture improvement, and sickness absence management.</li> <li>• In addition, work continues with general surgery medical teams, cardiac paediatric teams, and also the emergency department. <b>Violence and aggression</b>, particularly now in downstream medical wards, remains a key concern. The trust is pushing to ensure implementation of its warning and exclusion policy where this is appropriate for patients and service users who exhibit unacceptable behaviour to our staff.</li> <li>• <b>The Q2 pulse survey</b> is underway. A reduction in staff engagement remains a concern, and the Q2 results will help to give an indication of how this metric is trending ahead of the full staff survey in September.</li> </ul> <p>People Board and TEC have agreed the 24/25 objectives as part of year 3 of the People Strategy. These have also been reviewed at People and OD committee.</p> <p>Objectives include a focus on:</p> <ul style="list-style-type: none"> <li>• Delivery of our <b>workforce plan</b> including overall management of workforce within agreed cost envelope, and continued reductions in temporary staffing costs</li> <li>• To continue to focus <b>on attendance, wellbeing and turnover</b> to sustain below target.</li> <li>• Delivery of improved people development through the roll-out of an <b>electronic appraisal</b></li> <li>• Continued delivery of our new <b>leadership development</b> programmes</li> <li>• Review of capability and capacity to deliver the <b>long term NHS workforce plan</b></li> <li>• Improved <b>deployment and rostering of people</b></li> <li>• Targeted <b>action to improve staff experience</b> and increase participation rates in the staff survey</li> <li>• Continued increase in focusing on <b>celebrating our amazing workforce</b> and their achievements</li> <li>• Delivery of Year 2 of our <b>inclusion and belonging strategy</b> with a particular focus on the experience of staff with disabilities and long-term conditions.</li> </ul>
<p>Implications: (Clinical, Organisational, Governance, Legal?)</p>	<p>Implications are for good governance, meeting legal requirements, and providing safe clinical and organisational delivery.</p>

<p>Risks: (Top 3) of carrying out the change / or not:</p>	<p>Our strategic risks are set out in the UHS business assurance framework (BAF)</p> <p>Specifically for world class people:</p> <p>3a: We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.</p> <p>3b: We fail to develop a diverse, compassionate, and inclusive workforce, providing a more positive staff experience for all staff.</p> <p>3c: We fail to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust's longer-term workforce plan.</p>
<p>Summary: Conclusion and/or recommendation</p>	<p>Trust Board is required to:</p> <ul style="list-style-type: none"> <li>Note the feedback from the Chief People Officer and the People Report</li> </ul>

# UHS People Report

June 2024



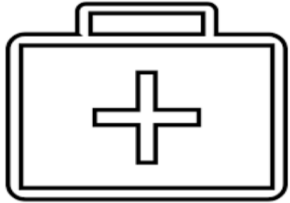
**WORLD CLASS PEOPLE**



# Summary



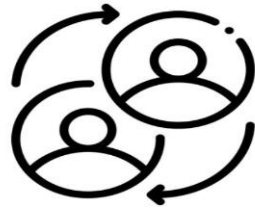
# PEOPLE REPORT OVERVIEW: 2024/25 M3 (JUN-24)



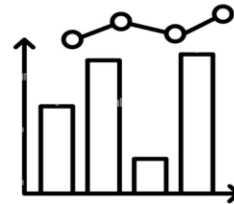
**In-month sickness (3.6%) below target**



**Reduced appraisal completion rates (75%)**



**R12m turnover rate (11.2%) below target**



**Substantive under 24/25 workforce plan**



**Two consecutive months of increase in bank but under plan**



**Marginal uptick in agency but under plan**

**Reduction of patient safety incidents from 75 to 62 in June**

**Pulse Survey for Q1 shows a further deterioration in engagement scores**

## Executive Summary

The Trust remains under its overall workforce plan by 313 WTE at the end of June. Substantive workforce continues to remain below plan by 161 WTE. During the month temporary workforce usage increased in both bank and agency. Bank increases were underpinned by a period of increased surge capacity, greater mental health usage, and also the junior doctor strike. Our substantive workforce will increase over the summer and autumn as newly qualified staff join. Our workforce plans are also predicated on the delivery of system programmes to reduce NCTR and mental health presentation.

The affordable workforce plans have been agreed with Divisions, and recruitment controls have been re-calibrated as a result, devolving more decisions for straight replacement recruitment back to local level. In addition, the ICB recruitment control panel has been initiated for specific in-scope posts (Senior clinical A&C and corporate) where Trusts wish to recruit outside Hampshire and the Isle of Wight. To date, all UHS posts put forward to the ICB have been approved for external recruitment.

There are areas of the Trust which remain under significant pressure. Maternity staffing remains a key risk, with support from the people team on temporary staffing, culture improvement, and sickness absence management. In addition, work continues with general surgery medical teams, cardiac paediatric teams, and also the emergency department. Violence and aggression, particularly now in downstream medical wards, remains a key concern. The trust is pushing to ensure implementation of its warning and exclusion policy where this is appropriate for patients.

The Q2 pulse survey is underway. A reduction in staff engagement remain a concern, and the Q2 results will help to give an indication of how this metric is trending ahead of the full staff survey in September.



# Overall Position



# WTE Movement

## Total Workforce

The total workforce remained **unchanged** at 13,335 WTE from M2 to M3

During this period, the substantive workforce decreased by **23 WTE**, while the overall temporary staffing increased by **23 WTE**

As of M3, we remain **under the total plan** (by 313 WTE)

## Substantive WTE

Substantive WTE **reduced by 23 WTE** from M2 to M3

The largest reductions occurred in **Nursing and Midwifery Registered (-9 WTE)** and **Admin and Clerical (-8 WTE)**.

Add Prof Scientific and Technic, Allied Health Professionals, Medical and Dental, and Additional Clinical Services all saw marginal reductions ranging from 1 to 4 WTE. **THQ** had the most significant reduction at **-14 WTE**.

Additionally, there were more leavers in June (107 WTE) compared to May (88 WTE)

## Bank & Agency WTE

**Bank** usage **increased** from May to June by 3% (670 to 689 WTE)

Increased demand in June has resulted in higher RN bank usage

**Agency** usage **increased** in June by 4% compared to May 2024 (76 to 79 WTE)

Increased **mental health demand** resulted in more temporary staffing usage in June 2024

Category	WTE	Comments
Admin and Clerical WTE reduction	(8)	31 WTE left UHS in June; 14 of which were in THQ
Nursing and Midwifery Registered WTE reduction	(9)	41 WTE left UHS in June, many due to voluntary resignations or retirement
Other staff group WTE reduction	(6)	Fewer starters in June compared with May across other staffing groups
Increase in bank usage	20	Increase in bank usage for June 2024 compared with May 2024, particularly for nursing and HCAs
Increase in agency usage	3	Slight increase in agency usage for June 2024 compared with May 2024

# WTE Delivery against 2024/25 Plan

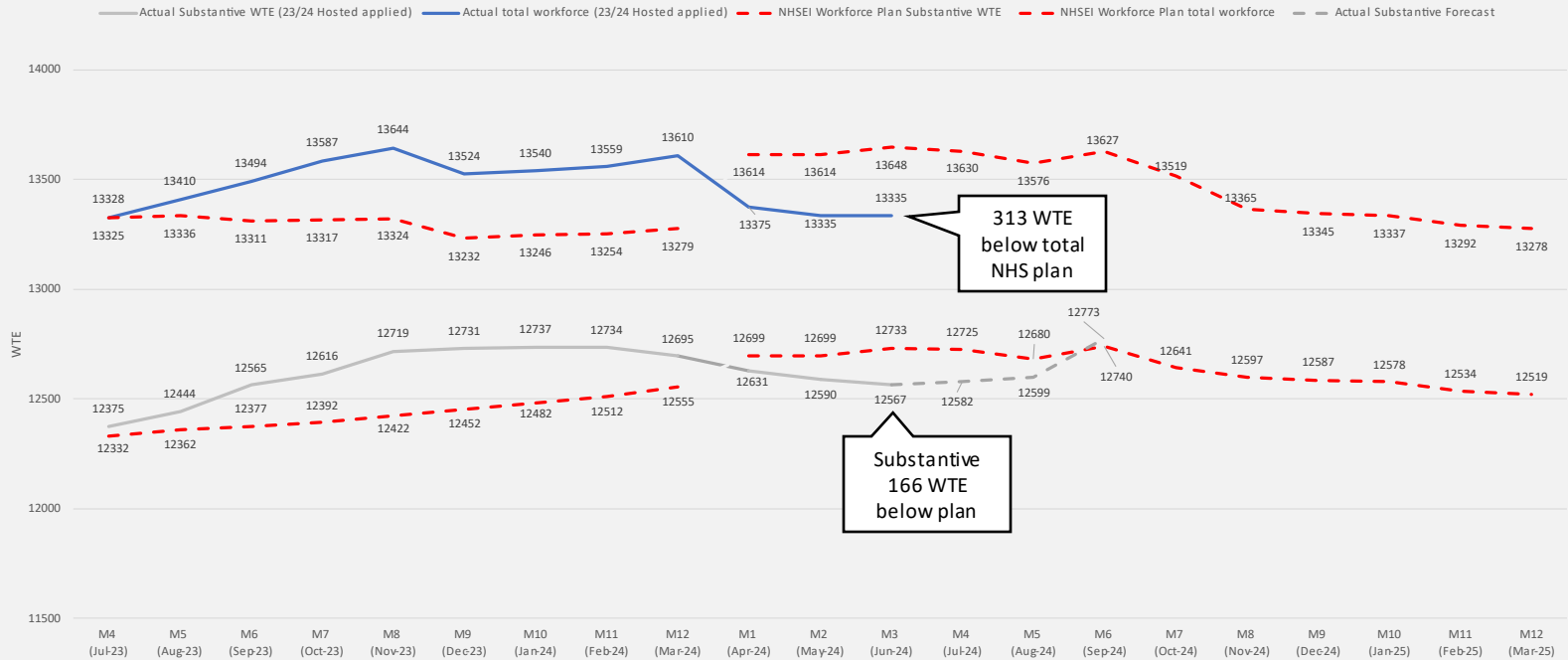
As of June 2024 (2024/25 M3), our total workforce WTE is 313 below planned levels. This is attributed to reduced surge capacity in 2024/25, lower mental health patient needs compared with the previous year, and the ongoing impact of recruitment controls. The Admin and Clerical staff group is particularly affected, reaching its lowest point since April 2023. There has also been steady progress in reducing bank and agency staff from 2023/24 until April 2024. However, from May 2024, there has been a slight increase in bank and agency staffing

The variance includes the following:

- Substantive WTE is **166 WTE** below plan, primarily due to a higher number of leavers and fewer starters in June compared to May. We anticipate 100 NQNs starting in September and October, with annual plans estimating demand at this level. Ongoing work with divisions aims to assess the impact of future and planned WTE given the new affordable workforce limits (AWL)
- Bank WTE is **99 WTE** below plan. There was a slight increase in RN bank staff from May to June due to higher demand in June
- Agency WTE is **48 WTE** below plan; from May to June, RN agency staff increased slightly from 31 to 36 WTE, while HCA agency staff decreased from 26 to 25 WTE

# Workforce Trends: Total & Substantive

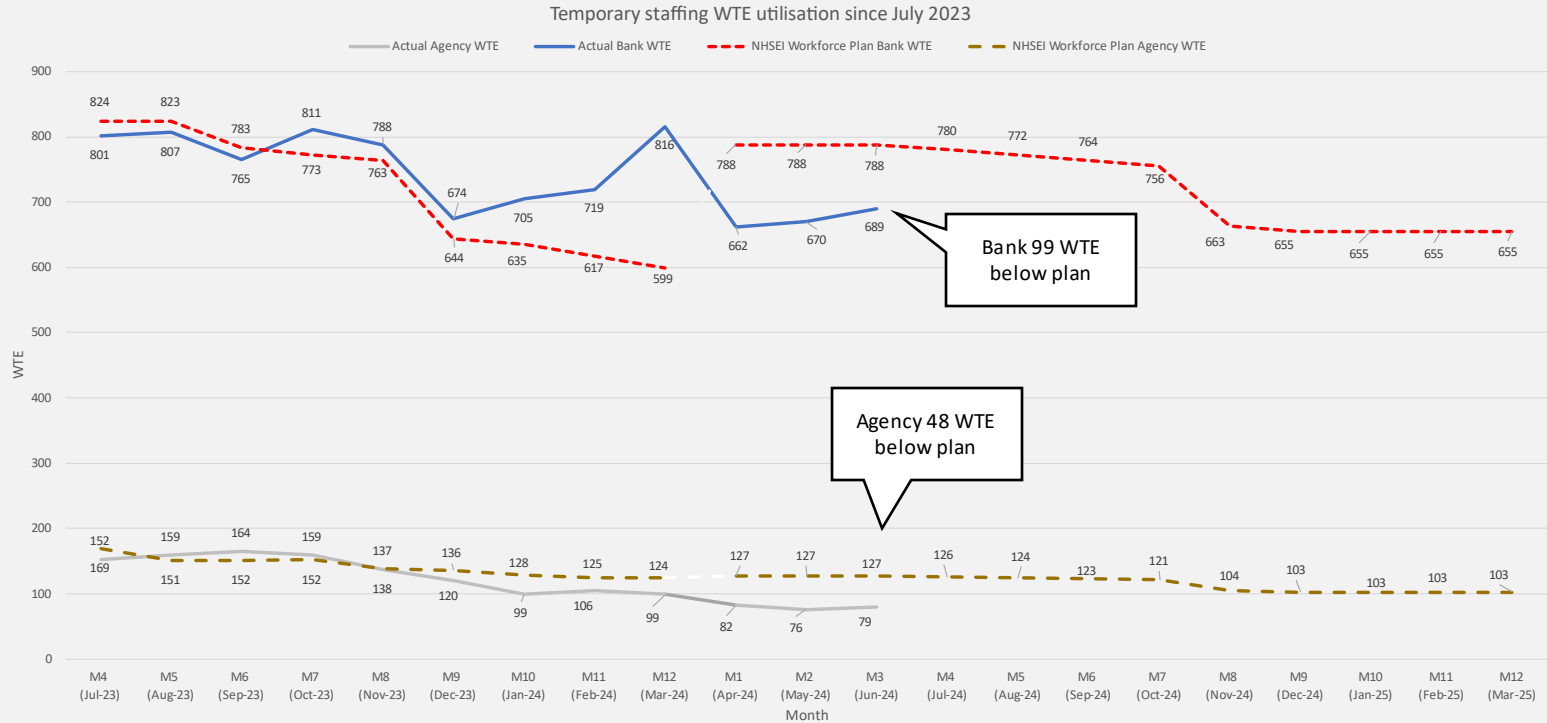
Workforce Movement since July 2023 (Total and substantive)



Source: ESR as of June 2024

NB: Please note that the hosted service criteria in 2024/25 is the same as in 2023/24

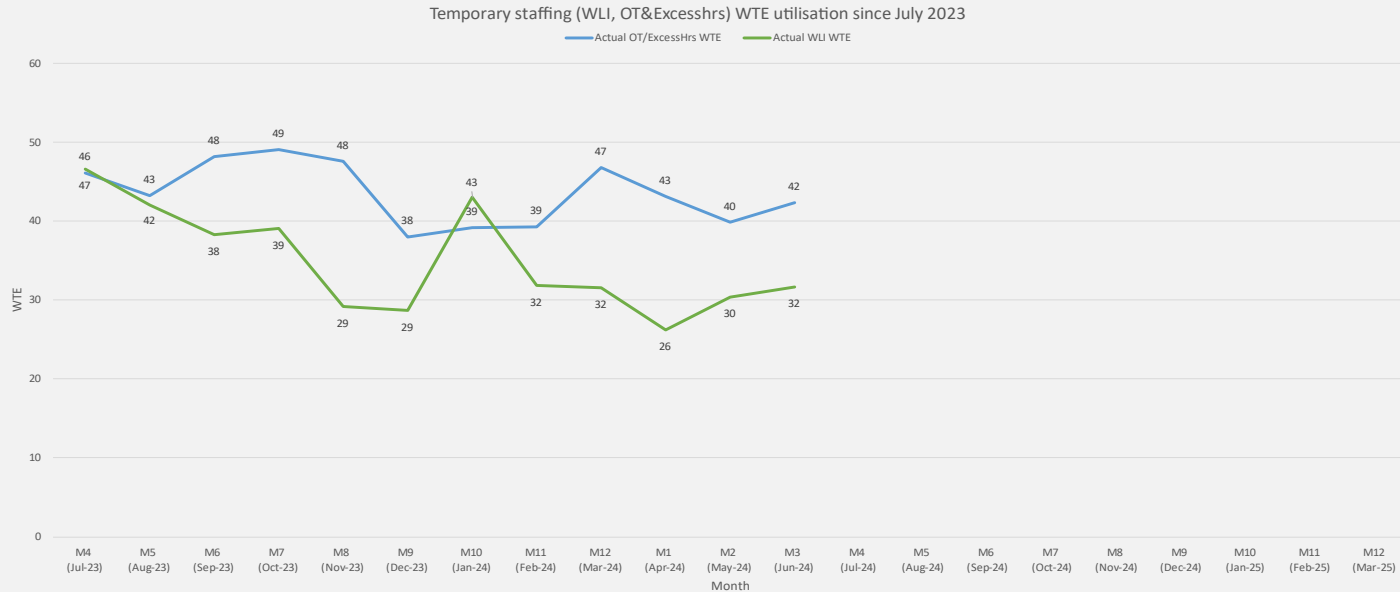
# Workforce Trends: Bank & Agency



Source: NHSP Bank + THQ Medical Bank & Agency (NHSP Agency & 247 Agency) as of June 2024

# Workforce Trends: WLI and Overtime

WLI Movement	M11 – M12	M12 – M1	M1 – M2	M2 – M3	M3 – M4	M4 – M5	M5 – M6	M6 – M7	M7 – M8	M8 – M9	M9 – M10	M10 – M11	M11 – M12	M12 – M1	M1 – M2	M2 – M3	2023/24 M12 – 2024/25 M3
	Total																
	16	-17	1	3	7	-4	-4	1	-10	-1	14	-11	0	-5	4	2	1



Source: Healthroster as of June 2024; retrospective WLI figures have been updated from May 2023

# Quarterly People Heatmap – 2024/25 Q1

**THRIVE**

**EXCEL**

**BELONG**

	AWL as of M3	% Turnover	Vacancy Rate (AWL - WTE Worked)	Apprentice numbers	Appraisals completed	Sickness absence	% Flexible working requests approved	Pulse Survey *- Recommendation as a place to work	Pulse Survey - Staff Engagement	Pulse survey - sense of belonging	% of staff at Band 7 and above (BAME)	% of staff band 7 and above LID
UHS Overall		11.22%		429	74.70%	3.60%	93.20%	63.8%	6.85	66.0%	11.3%	12.2%
Division A Overall		9.5%		51	69.1%	3.5%	100.0%	60.7%	6.66	63.1%	14.2%	13.8%
Critical Care		10.1%		17	69.5%	3.1%	100.0%	63.3%	6.52	59.8%	8.0%	10.7%
Ophthalmology		10.2%		10	52.4%	4.3%	100.0%	67.9%	6.97	65.8%	13.3%	6.7%
Surgery		13.3%		21	57.7%	2.8%	100.0%	57.6%	6.44	63.9%	7.7%	13.8%
Theatres & Anaesthetics		6.5%		38	81.7%	4.0%	100.0%	57.8%	6.78	64.1%	33.3%	22.2%
Division B - Overall		10.9%		110	72.1%	3.8%	87.1%	60.2%	6.75	63.6%	12.7%	14.5%
Cancer Care		9.8%		16	63.3%	3.8%	95.2%	55.5%	6.63	58.1%	17.8%	17.1%
Emergency Care		12.1%		20	75.1%	3.8%	72.4%	64.0%	6.69	65.6%	8.8%	23.5%
Medicine		9.3%		41	88.3%	3.6%	100.0%	67.5%	7.23	69.7%	22.7%	9.1%
H&IOWAA		11.0%		0	90.3%	0.0%	-	-	-	-	0.0%	10.7%
Pathology		13.0%		25	61.1%	3.7%	88.2%	57.1%	6.47	63.1%	11.5%	9.9%
Specialist Medicine		10.1%		8	69.2%	4.0%	86.7%	58.2%	6.73	62.7%	10.0%	14.3%
Division C - Overall		11.6%		90	73.0%	3.3%	97.9%	63.2%	6.83	63.1%	9.9%	12.3%
Child Health	Under development	8.8%	Under development	32	69.1%	3.9%	100.0%	55.1%	6.62	61.8%	3.7%	13.6%
Clinical Support		13.4%		44	76.7%	1.9%	95.2%	71.4%	6.97	64.0%	13.2%	10.4%
Women & Newborn		10.7%		14	74.0%	4.3%	100.0%	60.4%	6.88	63.3%	6.5%	17.1%
Division D - Overall		11.0%		102	82.7%	3.8%	100.0%	62.2%	6.77	68.1%	16.0%	14.2%
CV&T		11.0%		45	78.2%	3.8%	100.0%	67.1%	6.97	67.5%	18.9%	16.8%
Neuro		11.7%		25	88.2%	4.7%	100.0%	52.7%	6.48	63.4%	19.7%	12.7%
Radiology		9.9%		13	88.6%	3.8%	100.0%	65.0%	6.89	75.0%	9.0%	11.5%
T&O		10.7%		19	82.9%	3.4%	100.0%	64.1%	6.70	66.3%	19.4%	9.7%
THQ - Overall		13.3%		86	78.9%	3.6%	95.5%	69.3%	7.11	72.1%	10.1%	12.4%
Chief Finance Officer		7.7%		10	73.9%	2.6%	-	71.2%	7.21	70.2%	9.1%	12.1%
Chief Operating Officer		9.7%		1	59.6%	5.0%	-	70.0%	6.90	70.0%	10.3%	10.3%
Clinical Development		18.7%		0	76.5%	0.9%	100.0%	69.4%	7.00	73.0%	8.9%	26.7%
Estates		14.5%		21	73.0%	5.9%	100.0%	52.4%	6.42	62.5%	4.3%	8.5%
Informatics / Digital		7.2%		12	78.0%	1.7%	100.0%	67.9%	7.09	69.2%	16.0%	6.2%
People / HR		18.7%		15	81.1%	3.4%	100.0%	76.5%	7.37	79.0%	2.6%	18.4%
R&D		16.9%		13	90.6%	3.6%	100.0%	75.3%	7.39	77.5%	14.8%	9.9%
Training & Education		11.8%		14	96.1%	2.7%	100.0%	75.6%	7.11	76.1%	11.1%	11.1%

NB: Care groups and THQ departments of < 50 WTE have been excluded from the above

\* Pulse Survey participation rate was 22% (3,228 of 14,548 eligible staff headcount)



THRIVE

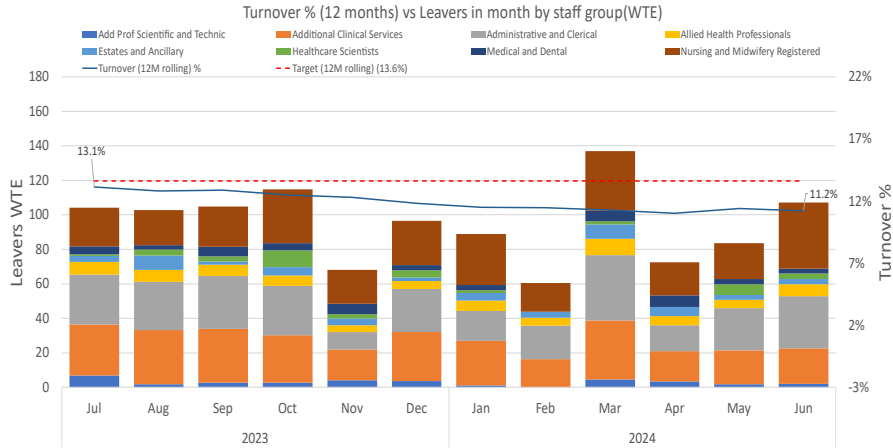


# Substantive SIP by Staffing Group

Substantive Monthly Staff in Post (WTE) for last 12 months													
	2023/24 M4 (Jul)	2023/24 M5 (Aug)	2023/24 M6 (Sep)	2023/24 M7 (Oct)	2023/24 M8 (Nov)	2023/24 M9 (Dec)	2023/24 M10 (Jan)	2023/24 M11 (Feb)	2023/24 M12 (Mar)	2024/25 M1 (Apr)	2024/25 M2 (May)	2024/25 M3 (Jun)	M2 to M3 movement
Add Prof Scientific and Technic	380	386	393	402	404	403	402	401	402	397	400	396	-3 ↓
Additional Clinical Services	2129	2124	2153	2143	2143	2146	2158	2152	2136	2135	2134	2130	-4 ↓
Administrative and Clerical	2287	2282	2295	2298	2321	2328	2317	2304	2288	2248	2230	2223	-8 ↓
Allied Health Professionals	690	691	699	703	702	698	698	700	696	703	700	699	-1 ↓
Estates and Ancillary	386	380	380	382	382	385	382	380	380	374	372	373	1 ↑
Healthcare Scientists	491	494	493	490	496	493	497	497	498	499	495	498	3 ↑
Medical and Dental	2061	2109	2120	2134	2145	2137	2161	2183	2184	2165	2163	2161	-2 ↓
Nursing and Midwifery Registered	3908	3935	3987	4009	4072	4086	4069	4060	4053	4052	4039	4030	-9 ↓
Students (Apprentices)	43	43	43	54	53	53	53	58	58	58	58	58	0 ↔
<b>Grand Total</b>	<b>12375</b>	<b>12444</b>	<b>12565</b>	<b>12616</b>	<b>12719</b>	<b>12731</b>	<b>12737</b>	<b>12734</b>	<b>12695</b>	<b>12631</b>	<b>12590</b>	<b>12567</b>	<b>-23 ↓</b>

Source: ESR substantive staff as of June 2024; includes consultant APAs and junior doctors' extra rostered hours, excludes Wessex AHSN, UEL and WPL (same criteria as 23/24). Numbers relate to WTE, not headcount.

# Turnover



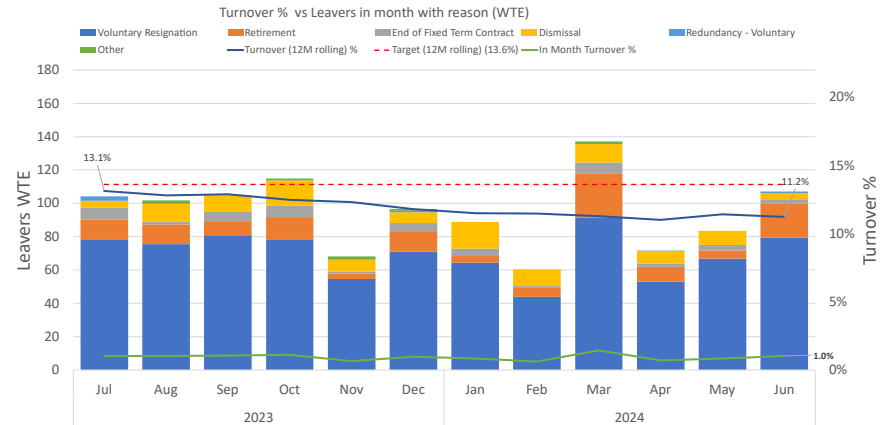
In June 2024, UHS had a total of 107.1 WTE leavers. The highest number of leavers was at THQ, with 25.6 WTE leavers. Within THQ, the Admin & Clerical staff group had the most significant turnover, accounting for 13.9 WTE leavers. Our local turnover target for 2024/25 is <13.6%

Division B had the second highest number of leavers (23.9 WTE); with the largest contributions to turnover being Nursing and Midwifery (8.7 WTE leavers) and Additional Clinical Services (8.0 WTE leavers).

Turnover for the divisions is as follows:

- **Division A: 19.7 leavers**
- **Division B: 23.9 leavers**
- **Division C: 21.1 leavers**
- **Division D: 16.8 leavers**

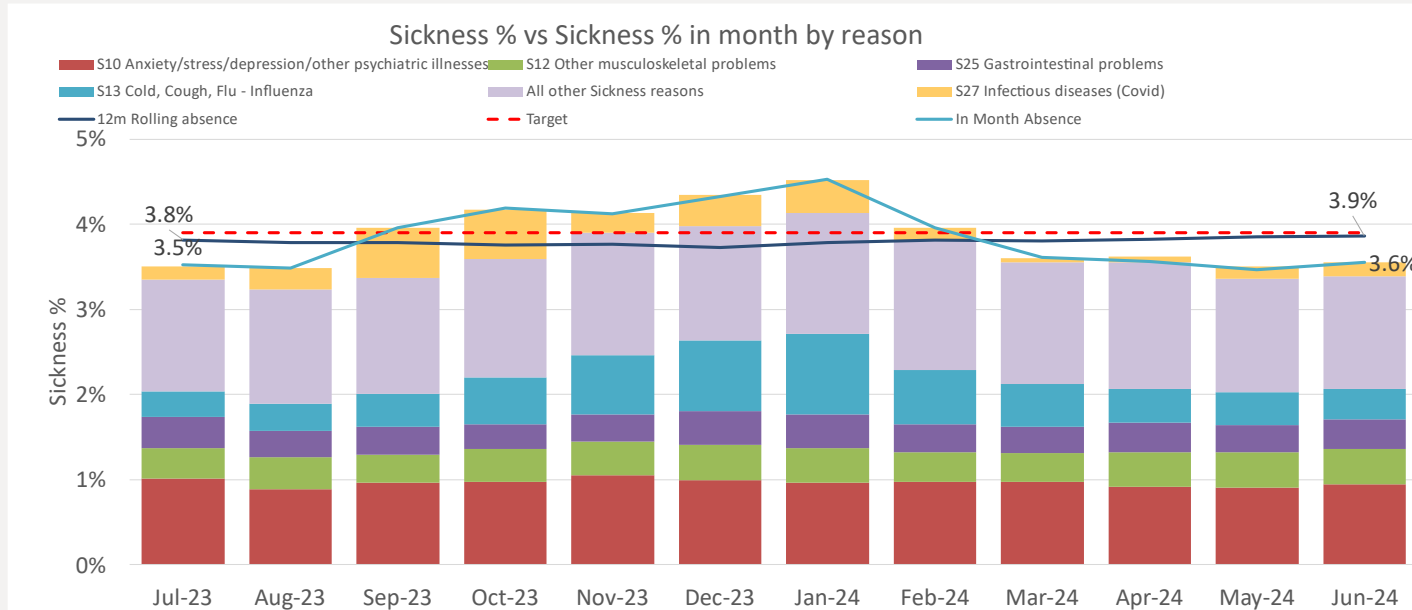
Staffing group	Leavers (WTE) in month	Turnover in month	Turnover 12m rolling %
Add Prof Scientific and Technic	2.1	0.3%	8.8%
Additional Clinical Services	20.5	1.2%	16.6%
Administrative and Clerical	30.2	1.2%	13.0%
Allied Health Professionals	7.1	1.8%	10.4%
Estates and Ancillary	3.0	1.3%	13.6%
Healthcare Scientists	3.0	0.6%	9.1%
Medical and Dental	3.0	0.4%	5.5%
Nursing and Midwifery Registered	38.2	1.3%	8.9%
<b>UHS total</b>	<b>107.1</b>	<b>1.0%</b>	<b>11.2%</b>



Source: ESR – Leavers Turnover WTE, ESR Staff Movement June 2024 (excludes junior doctors & hosted services)

# Sickness

Current in-month sickness: 3.6% | rolling 12-month sickness: 3.9%



# Temporary Staffing

## TEMPORARY RESOURCING

### Qualified nursing demand/fill (WTE) status:

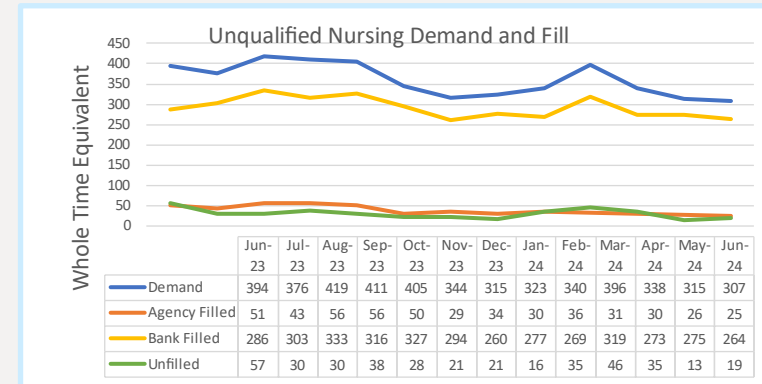
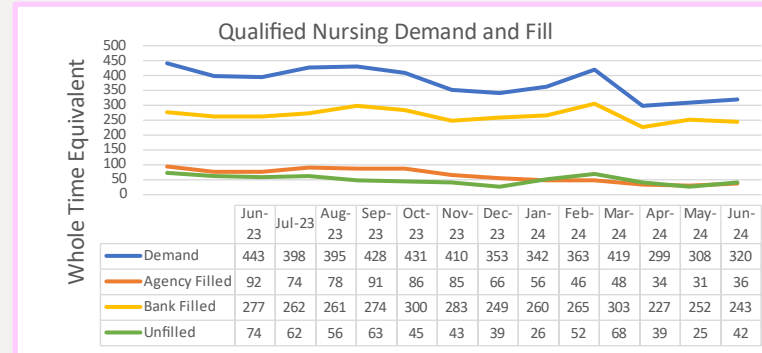
- Demand increased from 308 in May to 320, of which, bank filled 243 (down 9 WTE), agency filled 36 (up 5 on prior month) and 42 remained unfilled (up 17 from prior month).
- Bank fill for qualified nursing decreased from 81.8% in May to 75.7% in June.
- Demand for Registered Nurses in June 2024 is 123 WTE lower than June 2023.

### HCA demand/fill (WTE):

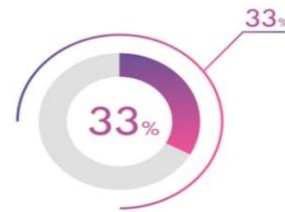
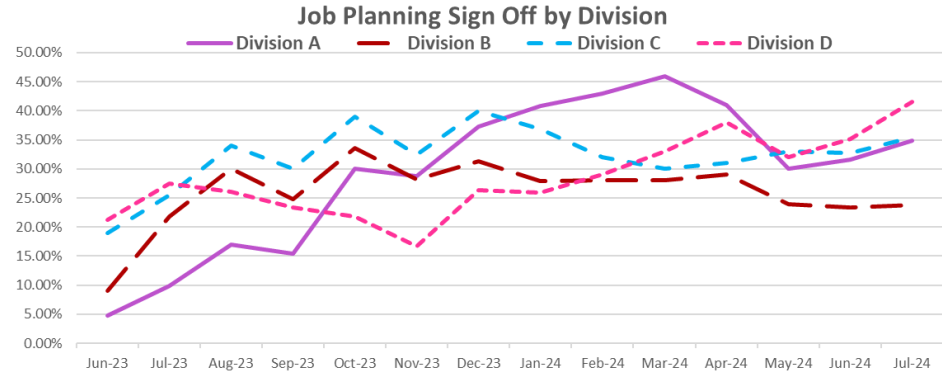
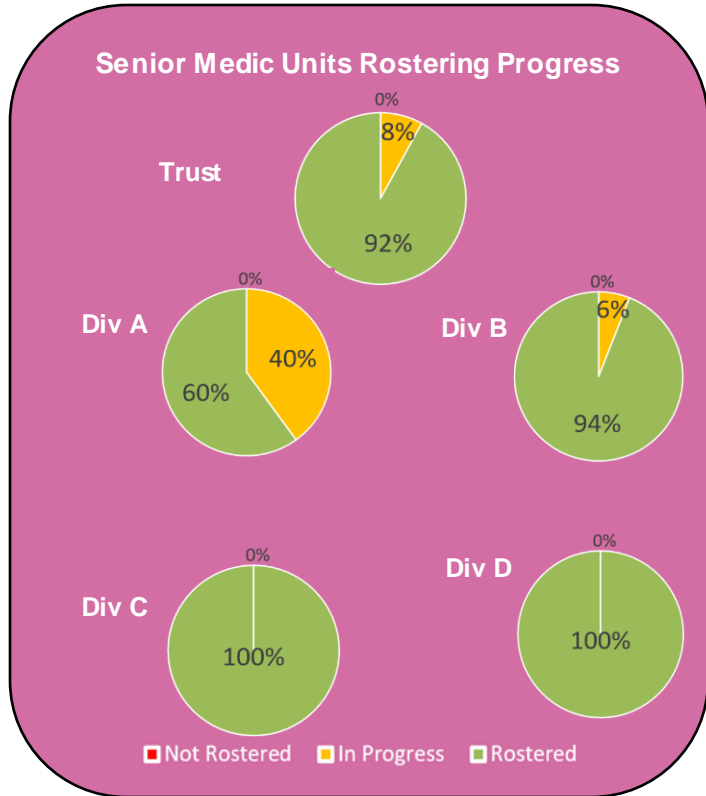
- Demand decreased from 315 in May to 307 in June, of which, bank filled 264, while agency filled 25 WTE (25 WTE were MH HCA's) and 19 remained unfilled.
- Bank fill for HCA decreased from 87.5% in May to 85.9% in June.
- Demand for HCA's is 87 WTE lower than in June 2023.

### Actions:

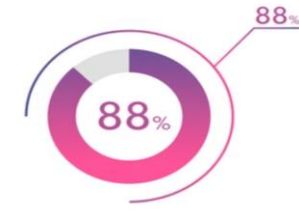
- Agency rate reduction plan – NHSi cap compliance for majority of shifts.
- All nursing shifts are within the SE collaborative rate ceiling.
- Off Framework agency (TNS) removed from the cascade 1<sup>st</sup> July.
- Migration of Mental health agency workers to NHSp on going.
- Plan to remove agency from cascade for mental health care support workers.



# Workforce Deployment and Medic Online Utilisation



Signed off Job Plans



Active Job Plans

- Job planning sign off levels have increased 3% to 33%
- Active Job Plans down 1% to 88%
- Very high numbers awaiting Manager Sign off (25%)
- Options to change Job Planning Cycle and Renewal, agreed by LCNC sub-group on the agenda for Friday 26<sup>th</sup> July
- Significant system error with Job Plan website, resolved after challenging delay



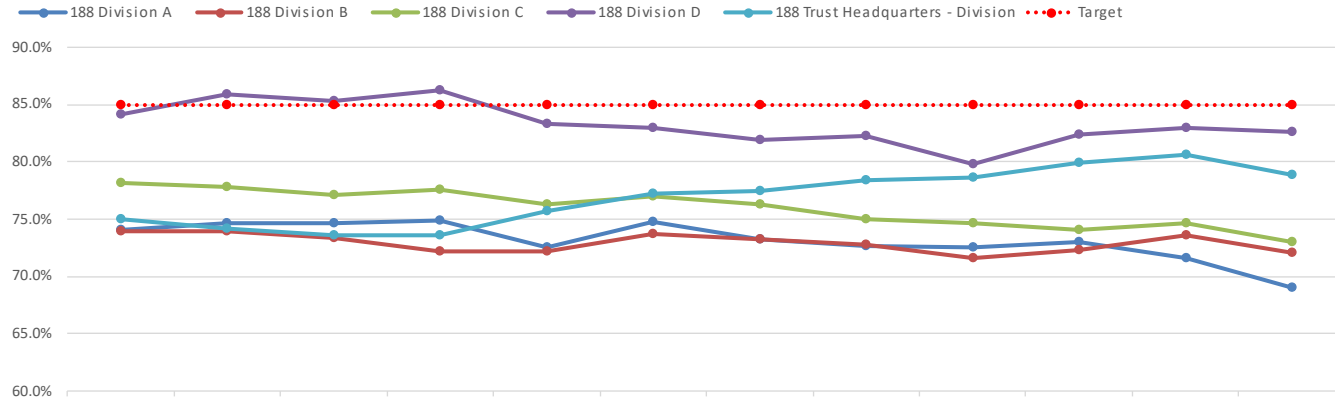
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# Appraisals

## Summary

The Trust's appraisal completion rate is 75% (617 appraisals completed) as of June 2024 (previously 75% in May 2024).

Divisional Appraisal Trend



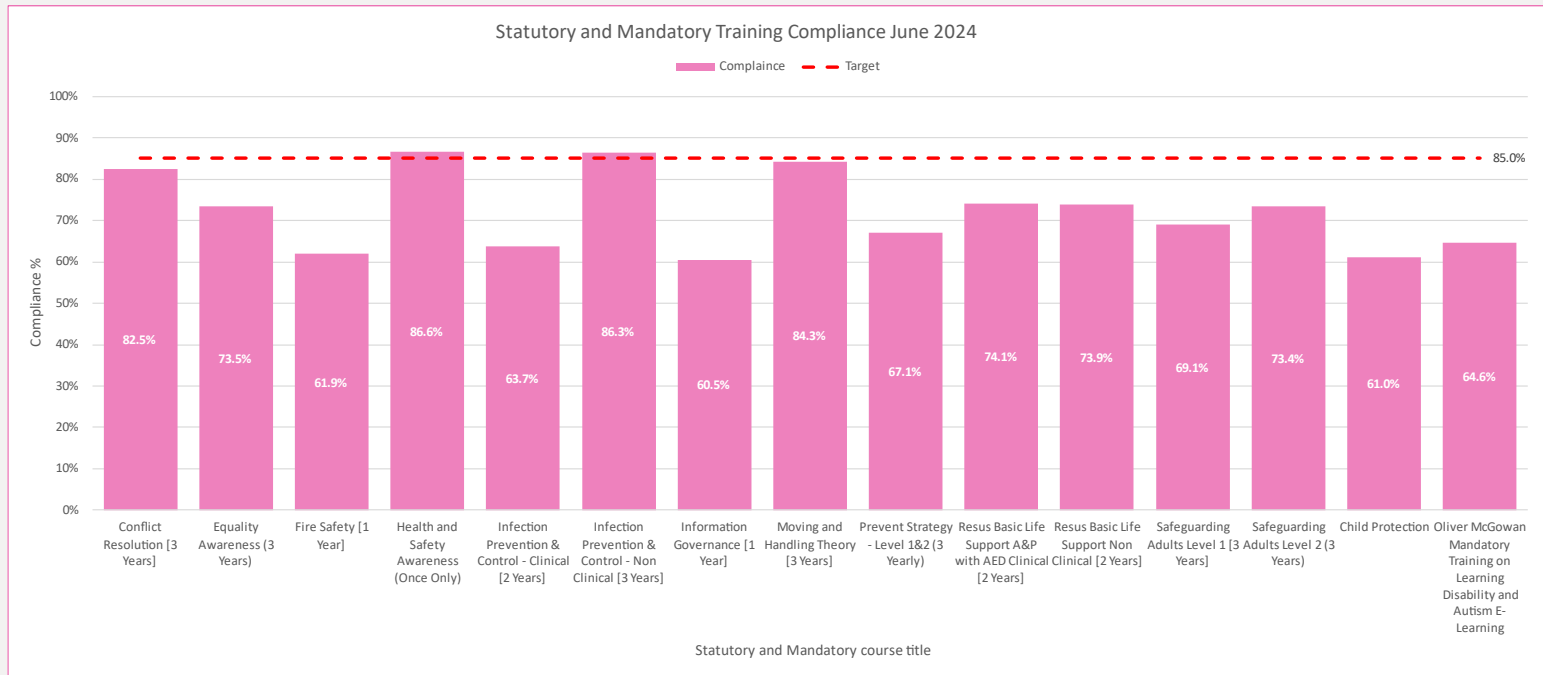
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
188 Division A	74.1%	74.6%	74.6%	74.8%	72.6%	74.7%	73.3%	72.6%	72.6%	73.0%	71.6%	69.1%
188 Division B	74.0%	73.9%	73.4%	72.2%	72.2%	73.7%	73.2%	72.8%	71.6%	72.3%	73.6%	72.1%
188 Division C	78.2%	77.8%	77.1%	77.6%	76.3%	77.0%	76.3%	75.0%	74.7%	74.0%	74.7%	73.0%
188 Division D	84.1%	85.9%	85.3%	86.2%	83.3%	82.9%	81.9%	82.3%	79.8%	82.4%	83.0%	82.7%
188 Trust Headquarters - Division	75.0%	74.2%	73.6%	73.6%	75.7%	77.2%	77.4%	78.5%	78.6%	80.0%	80.6%	78.9%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Source: ESR – Appraisal data for Divisions A, B, C, D and THQ only June 2024

# Statutory & Mandatory Training

The Trusts average completion rate for June 2024 is 71.4%, lower than May 2024 at 72.2% with two of fifteen measures above the 85% target.

The audiences for both Safeguarding Adults and Children is currently under review.

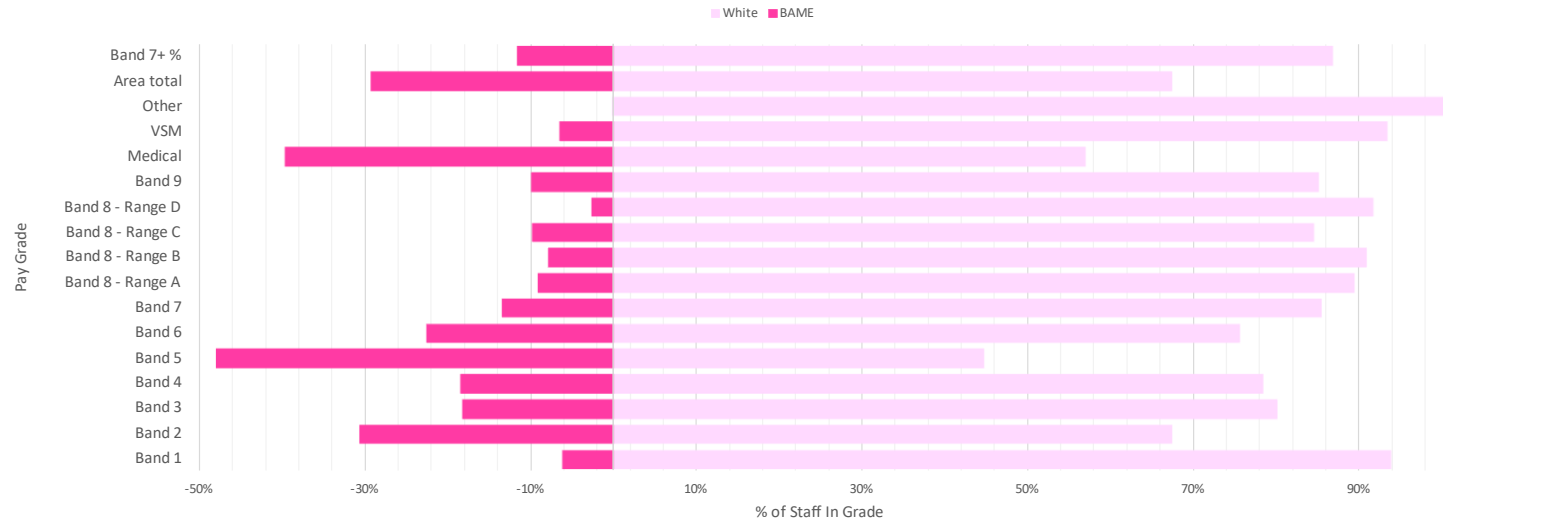




BELONG

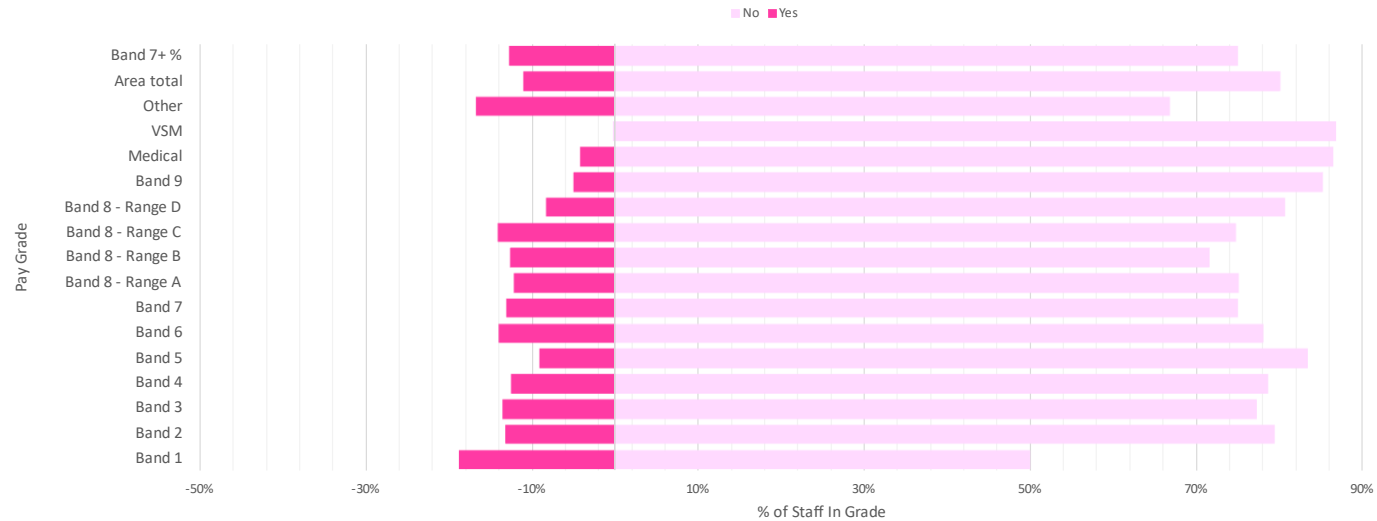
# Staff in Post - Ethnicity

Diversity breakdown by  
All UHS UHS  
Ethnic Origin And Payscale of substantive staff  
Percentage split breakdown

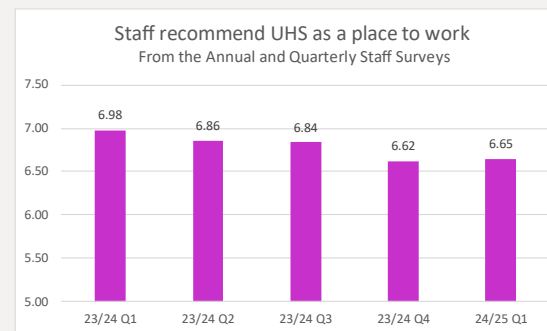
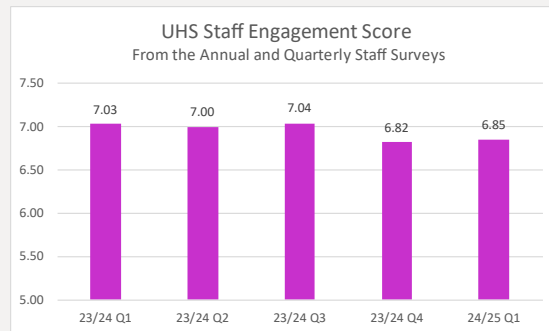
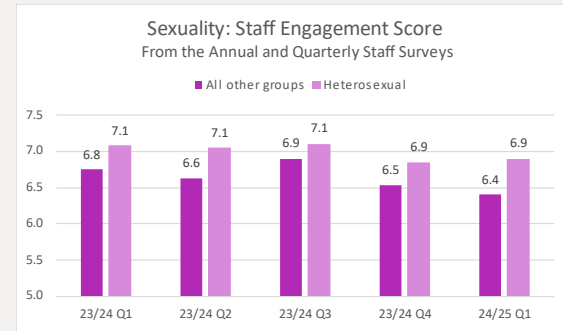
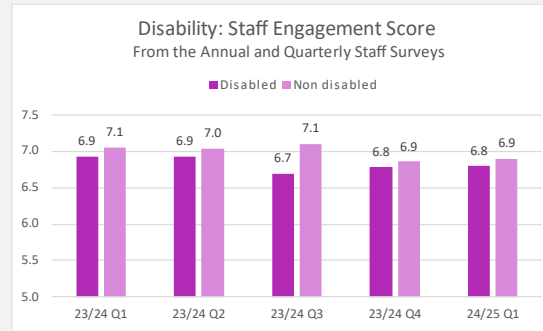
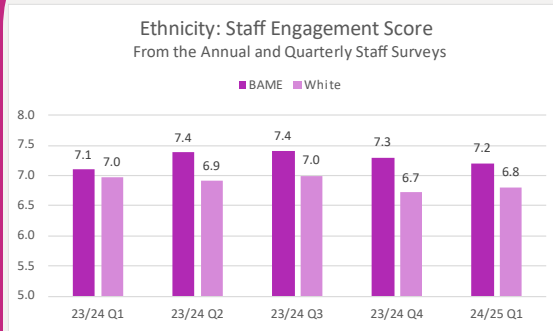


# Staff in Post – Disability Status

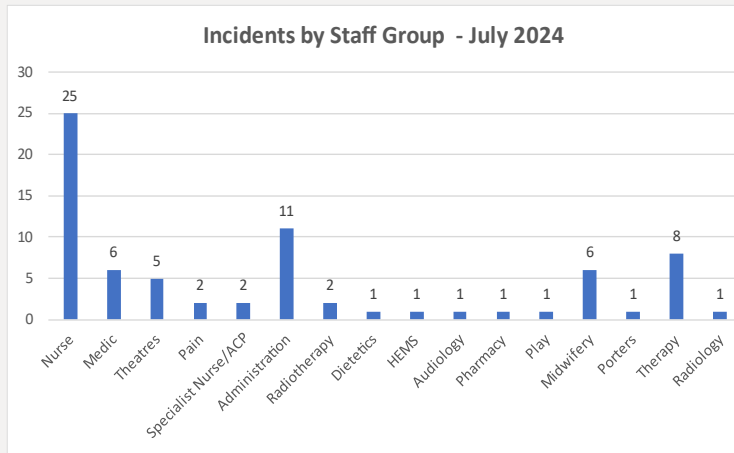
Diversity breakdown by  
All UHS UHS  
Disability And Payscale of substantive staff  
Percentage split breakdown



# Pulse Survey – 2024/25 Q1



# Patient Safety – Incidents & Red Flags



**Incidents by Division June 2024 vs May 2024**

Month Incident occurred	Division A	Division B	Division C	Division D	THQ	Trust total
June 2024	15	17	30	11	2	75
<b>Total</b>	<b>15 ↓ (18)</b>	<b>17 ↑ (12)</b>	<b>30 ↑ (28)</b>	<b>11 ↑ (3)</b>	<b>2 ↑ (1)</b>	<b>75 ↑ (62)</b>
Month Incident occurred	Division A	Division B	Division C	Division D	THQ	Trust total
May 2024	18	12	28	3	1	62
<b>Total</b>	<b>18 ↓ (19)</b>	<b>12 ↔ (12)</b>	<b>28 ↓ (32)</b>	<b>3 ↑ (2)</b>	<b>1 ↓ (10)</b>	<b>62 ↓ (75)</b>

Source: Safeguard System June 2024

# Patient Safety – Incidents & Red Flags cont.

## DIVISIONAL BREAKDOWN:

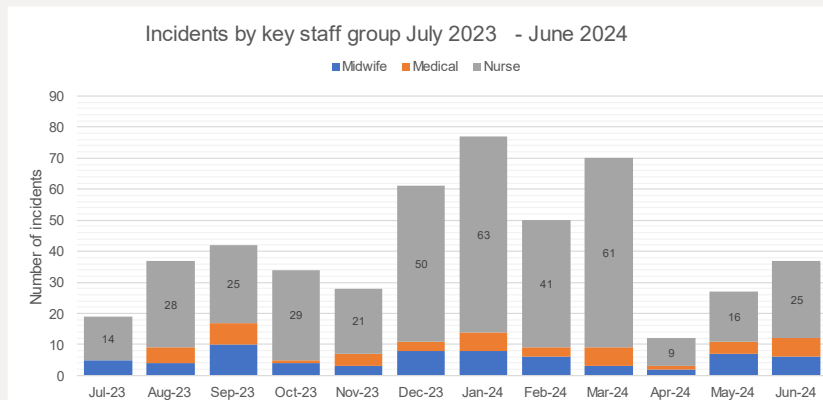
**Div A:** Fifteen incidents reported in June 2024, down slightly from the 18 in May. For a 2nd month there were no red flags reported.

**Div B:** Seventeen incidents reported in June 2024 (up on the 12 in the previous month). Red flags were up to 10 from the low of 4 reported in the previous month. This is a more normal level for the Division and were spread across all 4 reported categories.

**Div C:** Thirty incidents reported in June 2024, a slight rise on the 28 reported in May. There were no red flags.

**Div D:** Eleven incidents reported in June 2024 (up from 3 in the previous month). There were 6 red flags raised in the month.

**THQ:** Two incidents reported in June 2024 (up from 1 in the previous month). The incidents were reported from Portering and from HR linked to recruitment to an audiology newborn screening post.



June 2024	Red flag category	Number of reports	Div A	Div B	Div C	Div D
	Delay in medication	1	0	1	0	0
Delay in pain relief	5	0	3	0	2	
Delay in observations	5	0	3	0	2	
Less than 2 registered	5	0	3	0	2	
<b>Total</b>	<b>16</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>6</b>	

May 2024	Red flag category	Number of reports	Div A	Div B	Div C	Div D
	Delay in medication	1	0	1	0	0
Delay in pain relief	2	0	1	1	0	
Delay in observations	1	0	1	0	0	
Less than 2 registered	3	0	1	2	0	
<b>Total</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>0</b>	

Source: Safeguard System June 2024

# Appendices

# Workforce Risk – Board Assurance Framework

BAF Reference	Risk description	Monitoring committee	Current risk rating (Impact x Likelihood)	Target risk rating (I x L)	Current assurances and updates
<b>3a</b>	We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles	People & OD Committee	<b>4 x 5 = 20</b>	<b>4 x 3 = 12</b>	Extensive recruitment controls in place; affordable workforce limits being agreed with divisions and THQ; workforce plan 24/25 submitted to ICB; plan for nursing recruitment agreed for 24/25, including IENs, NQNs and domestic recruitment
<b>3b</b>	We fail to develop a diverse, compassionate and inclusive workforce, and fail to provide a positive experience for all staff	People & OD Committee	<b>4 x 3 = 12</b>	<b>4 x 2 = 8</b>	Staff survey results published in Mar-24 and shared with TEC, People Board and Trust Board; areas of concern reflected in 24/25 People Objectives; full action plan for surgical training is being implemented; Year 1 of Inclusion & Belonging Strategy completed
<b>3c</b>	We fail to create a sustainable and innovative education and development response to meet current and future workforce needs	People & OD Committee	<b>4 x 3 = 12</b>	<b>3 x 2 = 6</b>	New national education funding contract; TNA process completed for 24/25, allocations will be made when funding confirmed



# UHS Workforce Plan 2024/25

## WTE Movement Summary

Total reduction of -333 WTE  
Substantive reduction of 176 WTE  
Bank reduction of 133 WTE  
Agency reduction of 24 WTE

## KPIs

Sickness – **3.9%**  
Turnover – **13.6%**

## Governance

Via the People Board, Trust Savings Group, FIC, PODC, TEC

### Substantive

Substantive WTE baseline is M12's closing position (12,695 WTE) and is projected to be 12,519 WTE (a **reduction of 176 WTE**). **NQNs** (100 WTE), **IENs** (108 WTE), and **business case growth** (135 WTE) are included in growth

### Bank

Bank WTE baseline is 788 WTE and is projected to be 655 WTE by March 2025 (a **reduction of 133 WTE** or 17%). Bank WTE has grown from December 2023 to March 2024 by 20% from 674 to 816 WTE

### Agency

Agency WTE baseline is 127 WTE and is projected to be 103 WTE by March 2025 (a **reduction of 24 WTE** or 19%). Agency WTE throughout 2023/24 has been steadily reducing by over 40% and we closed agency under plan last year

### Total WTE

By March 2025, there will be a total WTE **reduction of 333 WTE** from the baseline of 13,610 WTE (M12) to 13,277 WTE. Each of substantive, bank and agency are expected to reduce, with a bigger focus on temporary resourcing

## Risks

Ensuring safe staffing  
Affordability of workforce versus demand  
System delivery of NCTR and Mental health reductions

## Assumptions

National assumption of low/no Covid impact and low/negligible industrial action impact. There will be 50% reduction in **ncTR** and **mental health** (and WTE associated with both) and a stretch ambition of -120 WTE

## Data Sources

Metric	Data Source	Scope
<b>Industrial Action</b>	HealthRoster	All staff rostered for strike action during IA periods
<b>Substantive Staff in Post (WTE)</b>	ESR (Month-end contracted staff in post; consultant APAs; junior doctors' extra rostered hours)	For 24/25 Exclusions: Honorary contracts; Career breaks; Secondments; CLRN; WPL; Wessex AHSN and list of Hosted networks within Divisions.
<b>Additional Hours (WTE)</b>	Overtime & Excess Hours; WLIs; Extra Duty Claims; non-contracted APAs	For 24/25 Exclusions: CLRN; WPL; Wessex AHSN and list of Hosted networks within Divisions.
<b>Temporary Staffing (WTE)</b>	<u>Bank</u> : NHSP; MedicOnline  <u>Agency</u> : Allocate Staff Direct (Medical & Non-medical); all other framework and non-framework agencies	Exclusions: Vaccination activity
<b>Turnover</b>	ESR (Leavers in-month and last 12 months)	Trainee/junior doctors excluded
<b>Sickness</b>	ESR (Sickness absence in-month and last 12 months)	No exclusions
<b>Appraisals</b>	ESR (Appraisals completed in-month and last 12 months)	AfC staff only
<b>Statutory &amp; Mandatory Training</b>	VLE	No exclusions
<b>Staff in Post (Ethnicity &amp; Disability)</b>	ESR	No exclusions
<b>Pulse Survey</b>	Picker (Qualtrics)	No exclusions
<b>Care Hours PER Patient Day (CHPPD)</b>	HealthRoster (In-month shifts) eCamis (In-month daily patient numbers)	Clinical inpatient wards, Critical Wards, and ED only



**WORLD CLASS PEOPLE**

<b>Report to the Trust Board of Directors</b>				
<b>Title:</b>	<b>Annual Complaints Report 2023-24</b>			
<b>Agenda item:</b>	<b>5.10</b>			
<b>Sponsor:</b>	<b>Gail Byrne, Chief Nursing Officer</b>			
<b>Author:</b>	<b>Jenny Milner, Associate Director of Patient Experience</b>			
<b>Date:</b>	<b>25 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b> <b>X</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>Issue to be addressed:</b>	All NHS providers are required to produce an annual complaints report. This duty is set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.			
<b>Response to the issue:</b>	<p>The annual complaints report highlights:</p> <ul style="list-style-type: none"> <li>Complaints received have decreased slightly, with the total for the year at 403.</li> <li>Concerns raised via PALS have decreased in the year compared to the previous year, however there have been some data discrepancies due to the recording of all general enquires into PALS as per the Parliamentary and Health Service Ombudsman (PHSO) standards and miscommunication regarding terminology, this is now resolved and discussed in the report.</li> <li>The % of complaints upheld or partially upheld has decreased compared to the previous year and remains lower than the national average.</li> <li>The Parliamentary and Health Service Ombudsman (PHSO) formally reviewed of 4 cases. Of these, 2 cases were closed, and 2 cases were partially upheld.</li> <li>UHS aligns with the national picture around complaint themes, with clinical treatment, communications and patient care remaining the top themes locally and nationally.</li> </ul>			
<b>Implications:</b> (Clinical, Organisational, Governance, Legal?)	This report is a statutory requirement.			
<b>Risks:</b> (Top 3) of carrying out the change / or not:				
<b>Summary:</b> Conclusion and/or recommendation	Trust Board is asked to receive this report as fulfilling the requirements set out within the NHS complaints regulations.			

# Annual complaints report 2023/24

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## Purpose of report

This report provides information about the complaints received to University Hospital Southampton NHS Foundation Trust in the period of April 2023 to March 2024. The report fulfils the requirement of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

## Definition of terms

### *Complaint- Taking a Closer Look*

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

### *Complaint – Early Resolution*

A complaint that can be managed more quickly and less formally by the Patient Advice and Liaison Team (PALS).

### *Parliamentary and Health Service Ombudsman*

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

## Complaints activity

### Received:

	20/21	21/22	22/23	23/24
<b>Complaints – Taking a Closer Look</b>	<b>344</b>	<b>388</b>	<b>413</b>	<b>403</b>
<b>Complaints – Early Resolution (previously concerns prior to March 2023).</b>	<b>1605</b>	<b>2434</b>	<b>2048</b>	<b>1546</b>
<b>Total</b>	<b>1949</b>	<b>2822</b>	<b>2461</b>	<b>1949</b>

In March 2023 there was a change to the way our Trust counted complaints. The Ombudsman introduced new complaint standards which meant that any expression of dissatisfaction needed to be counted as a complaint. This meant that PALS had to re-categorise some concerns into Complaints Early Resolution and label other contacts as Everyday Conversations (non-complaints) which are not part of this report.

Unfortunately, during April to October 2023, the PALS team took the PHSO definition literally and most concerns raised into the Trust were counted as Early Resolutions or Complaints in error. Due to a significant longstanding backlog in PALS, they did not have the resource to reassess each case and relabel the cases correctly. This has made the data difficult to compare to previous years. However, the number of Complaints (Taking a Closer Look) have remained at a comparably higher level.

## Upheld:

	20/21	21/22	22/23	23/24
<b>Complaints received</b>	<b>344</b>	<b>388</b>	<b>413</b>	<b>403</b>
<b>Complaints upheld</b>	<b>41</b>	<b>41</b>	<b>44</b>	<b>39</b>
<b>Complaints partially upheld</b>	<b>164</b>	<b>125</b>	<b>163</b>	<b>133</b>
<b>% of complaints upheld</b>	<b>60%</b>	<b>43%</b>	<b>50%</b>	<b>42%</b>
<b>National comparison</b>	-	<b>66%</b>	<b>60%</b>	<b>49.5%</b>

The percentage of complaints upheld or partially upheld has reduced to 42% in 23/24, a decrease that places us below the national mark. The PALS team continue to deal with a large volume of resolvable concerns before these issues reach the complaints stage. As an indicator of the robustness of our investigations, the PHSO (see next section) reviewed 2 complaints referred to them that were partially upheld.

## Complaint themes

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

<b>UHS</b>	<b>NHS nationally</b>
Clinical Treatment	Clinical Treatment
Communication	Communication
Patient care	Patient Care

These have been the Trust's top three or four themes for the past 5 years. Data published by NHS Digital for 2022/23 (last data available) and benchmarks UHS with national NHS complaint themes. It is difficult to extrapolate patterns within complaints as in most cases complaints concern a very personal experience within a service or services. The complaints team monitor the distribution of complaints and report to both divisional and care group levels on activity. This ensures that should a broader theme emerge, or a service see a disproportionate rise in cases it would be picked up. Quality of care complaint themes are now fed into the 'Fundamentals of Care' programme and used as case studies to share learning.

Emerging themes regarding volumes of complaints for Surgery Outpatients, Specialist Medicine Outpatients and Neurosciences Outpatients have been flagged via reporting and governance.

## Parliamentary and Health Service Ombudsman (PHSO):

### Review of PHSO cases

	20/21	21/22	22/23	23/24
<b>Complaints closed</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>Complaints upheld</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Complaints partially upheld</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>

The Trust currently has 6 open complaints under investigation with the PHSO.

No complaint referred to an Ombudsman has fully upheld for over 7 years. In 23/24 2 cases were taken by the Ombudsman to conclusion. Where complaints have been partially upheld, the Ombudsman will issue the Trust with an action plan or remedial action.

## **2 partially upheld outcomes**

One complaint (PHSO) was regarding a mother and daughters account of a consultation and the distress this caused immediately afterwards and has remained constant ever since. The failing was identified as the consultation did not meet the clinical standard to adequately explore the patient's history and symptoms to arrange suitable investigations. The consultation and subsequent clinic letter did not provide the patient and their family with the information that they needed to know. Recommendations: apology, acknowledge failure, action plan and £100+250 remedy to the parties.

The second complaint (investigated by ISCAS) was regarding a patient who experienced a lack of onward referral for tests or clinic letter being written which led to a delay in receiving results and receiving medications recommended whilst remaining 'very symptomatic'. The patient was also unhappy with the management of her complaint. Recommendations: revisit the complaint policy to align with ISCAS code, £450 goodwill payment

**Report to the Trust Board of Directors**

<b>Title:</b>	<b>Corporate Objectives 2024-25 Quarter 1 Review</b>			
<b>Agenda item:</b>	<b>6.1</b>			
<b>Sponsor:</b>	<b>David French, Chief Executive Officer</b>			
<b>Author:</b>	<b>Martin de Sousa, Director of Strategy and Partnerships</b>			
<b>Date:</b>	<b>25 July 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b> X	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>

**Issue to be addressed:** Each year our corporate objectives are set to reflect both our strategy and our operating environment. The 2024/25 Corporate Objectives were approved by the UHS Board in April 2024.

**Response to the issue:** This paper provides an update on progress with our corporate objectives for quarter 1 of 2024/25. Quarter 1 shows positive progress across a number of our objectives, and we are currently reporting as on track with 11 of our 16 objectives. This includes ongoing good performance on waiting times, continued progress with our R&D strategies and positive developments in other areas.

Our major risks of achievement lie in expected areas; our financial position (with the added context of our Integrated Care System position), the related impact on workforce, and our ability to reduce nCTR numbers through system working. There are further risks that are highlighted against areas where we are currently on track but recognise upcoming challenges during the year.

A summary of achievement by corporate ambition is below:

Ref	Corporate ambition	Leads	Number of Objectives for 2024/25	Q1 Green	Q1 Amber	Q1 Red
1	Outstanding patient outcomes, safety and experience	COO/CNO	4	4	0	0
2	Pioneering research and innovation	CMO	2	2	0	0
3	World class people	CPO	3	2	1	0
4	Integrated networks and collaboration	COO/CMO	2	1	1	0
5	Foundations for the future	CFO/CEO/CNO/CMO	5	2	2	1
<b>Totals</b>			16	11	4	1
			% against 25 Objectives	69%	25%	6%

RAG Rating for corporate objectives updates	In Year Updates	Q4 Update
Green	On track to be delivered in full	Achieved in Full
Amber	Minor Delays/or shortfall in target	Partially Achieved
Red	Significant delays/or shortfall in target	Not Achieved



	<p>The agreed objectives have been RAG rated:</p> <p><b>Green</b> = On track to be delivered in full</p> <p><b>Amber</b> = Minor delays/or shortfall in target</p> <p><b>Red</b> = Significant delays/or shortfall in target</p>
<p>Implications: (Clinical, Organisational, Governance, Legal?)</p>	<p>Achieving appropriate corporate objectives which are aligned to our Values, Strategic Ambitions, Legal and Regulatory requirements will have positive impacts.</p>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<p>In the absence of this process, we would risk:</p> <ul style="list-style-type: none"> <li>• failing to take the right steps, over the next year, in order to support achievement our longer-term strategic ambitions.</li> <li>• not being able to appropriately monitor progress and make corrective adjustments when required</li> </ul>
<p>Summary: Conclusion and/or recommendation</p>	<p>The Board is asked to note the progress made delivering the corporate objectives to date.</p>

**Appendix 1 – Corporate Objectives and Quarter 1 updates in full**

**Strategic Theme One - Outstanding Patient Outcomes, Safety and Experience**

Ref	Lead	Objective	Q1 Update
1(a)	CNO	Establish an integrated approach to quality management through review of current governance structures, aligning work in the domains of safety, outcomes, experience, and improvement and consolidation of management information in a quality dashboard.	An integrated quality report has been commissioned by TEC and is in design including a supporting dashboard. Site visits to learn from other Trusts approaches have taken place in Q1 with others planned for Q2. A draft for a future quality management system was presented at TOG in July
Ref	Lead	Objective	Q1 Update
1(b)	COO	Treat patients according to need but aim to meet national target of zero 65 week waiters by end of September 2024, and continued reduction of longer waiters subsequent to this.	Currently on plan to achieve no 65 week breaches by the end of September other than for corneal grafts (driven by a national shortage of graft material). However, there remains a degree of risk in the position.
Ref	Lead	Objective	Q1 Update
1(c)	COO	Reduce length of stay across elective and non-elective pathways by focusing on inpatient flow improvement	On plan. Flow programme objectives for 2024/25 agreed. Length of stay for patients on pathway 0 is reducing, although being offset by an increase in length of stay for patients on pathways 1-3. UHS COO leading a group with the local system with agreed actions to try to improve n-ctr position.

Ref	Lead	Objective	Q1 Update
1(d)	CNO/CMO	Improve patient experience and outcomes through continued implementation of the 'Fundamentals of Care' programme.	Fundamentals of Care' (FOC) launched in February 24. The campaign launch was successful and well received and theory behind the 8 commitments has been well embedded. The next phase is the 'What Matters To Me?' project focusing on patient centred care. This phase focuses on recognition that all quality projects should reflect the FOC principles.

**Strategic Theme Two - Pioneering Research and Innovation**

Ref	Lead	Objective	Q1 Update
2(a)	CMO	Deliver year 4 of the research and innovation investment plan, including the Southampton Emerging Therapies and Technologies Centre (SETT), Research Leaders programme (RLP) and delivery infrastructure. Anticipate an impact on growth in activity and the financial return from the investment as a result of staffing challenges across the research infrastructure.	On track. Cohort 4 of RLP started Q1. Cohort 1 RLP ROI discussions and onward planning in progress. ROI metric setting in progress for annual report. SETT delivery on track, risk register in progress, performance dashboards in place. Activity growth and financial return from the investment case is being closely monitored.
Ref	Lead	Objective	Q1 Update
2(b)	CMO	<p>Deliver Year 2 of the five-year R&amp;D strategy implementation plan (revised) for Research for Impact.</p> <ul style="list-style-type: none"> <li>• Develop a set of initiatives to recognise and reward staff for engaging in research.</li> <li>• Show a clear return on investment of the Research Leaders Programme.</li> <li>• Develop a set of initiatives with QI, education, and innovation teams to develop an approach to collaborative / system working.</li> <li>• Agree UHS/UoS collaborative clinical research centres of excellence and areas of strategic growth.</li> </ul>	<p>In progress/on track. Working group is being established in Q2 tasked with developing the set of initiatives for recognising and rewarding staff. Mechanisms are being developed with cohort 1 of the RLP to capture and track ROI. Workshops with QI and Innovation taken place, with funding / resources being secured to take forward.</p> <p>The joint research vision, developed with UoS was taken to the Senior Operational Group in June 24 and will be finalised by Joint Research Strategy Board in July 24 with collaborative research centres of excellence and areas of strategic growth identified.</p>

Strategic Theme Three - World Class People

Ref	Lead	Objective	Q1 Update
3(a)	CPO	To deliver a workforce plan for UHS for 2024/25 which is safe, sustainable and affordable.	<p>Workforce plan agreed per division/THQ area in Q1. Revised recruitment controls agreed and implemented. Workforce numbers have remained under target in Q1.</p> <p>Despite the positive start, there is risk to this position in future months due to reliance on delivery of ICS-wide schemes to support safe and appropriate workforce reductions (e.g. nCTR reduction and mental health)</p>
Ref	Lead	Objective	Q1 Update
3(b)	CPO	To deliver targeted improvements in staff experience, engagement, and culture in line with the UHS People Strategy and Belonging and Inclusion Strategy.	<p>Action plan response to staff survey agreed at TEC. £250k funding from charity agreed to support staff wellbeing in 24/25. UHS Week and UHS Champions Awards scheduled for October 2024.</p> <p>2nd cohort of the Positive Action Leadership Programme has been launched for applications, programme commences in September. Team Leaders Programme and Operational Leaders Programme continue in Q1. Coaching Culture: Faculty of internal UHS accredited coaches now available and a 2nd cohort onto the L5 Coaching is being recruited to.</p> <p>Delivery of schemes relating to staff improvements within the People Directorate are constrained by funding and controls on workforce affecting capacity in the current context.</p> <p>Q1 Pulse Staff Survey results show staff engagement scores continue to see a small reduction from previous year.</p>

Ref	Lead	Objective	Q1 Update
3(c)	CPO	To sustain turnover at less than 13% and maintain sickness absence under 4% to March 2025.	Both turnover and sickness absence have remained on track below target in Q1. Sickness in month is currently 3.6% and Turnover is 11.2%.

**Strategic Theme Four - Integrated Networks and Collaboration**

Ref	Lead	Objective	Q1 Update
4(a)	CMO	Work in partnership with acute trusts, working directly with priority areas to progress joint network strategies with the principle aim to create capacity onsite. Internally embed networking frameworks to drive delivery and demonstrate progress against the UHS maturity networks.	On track: INC Board agreed priority areas of focus for 24/25- Plastics, Pelvic Floor, Urology and Upper GI. Cases of support for Pelvic Floor and UGI agreed internally and circulated to partners. Successful stakeholder day for Plastics held with Salisbury in Q1 and full strategic case being drafted. Regular network meetings underway with UHD and Salisbury focussing on priority pathways. ICB workplan also being finalised, with a link to refresh of the Acute Provider Collaborative.
Ref	Lead	Objective	Q1 Update
4(b)	COO	Work with the Local Delivery System on vertical integration to reduce the number of patients without criteria to reside in UHS.	UHS COO has set-up a group in the Local Delivery System focussed on a few key actions that can be collectively taken to reduce admissions and the number of patients not meeting the criteria to reside. However, there remains risk about whether these will be enough, particularly as there has been a reduction in out of hospital capacity, with further reductions planned

Strategic Theme Five - Foundations of the Future

Ref	Lead	Objective	Q1 Update
5(a)	CFO	Deliver a stretching financial plan for 2024/25, including identifying what needs to be true to recover to a sustainable financial position and exit RSP. This will be supported by delivery of the CIP plan and improvements in productivity across all Divisions/Departments.	UHS' financial position is a £13m deficit at the end of Q1, £3.8m adverse to plan YTD. There has been a month-on-month improvement in the underlying position, and we have maintained workforce numbers within the agreed targets. The key contributor to the position relates to delivery of CIP to date, against what we recognised was a challenging plan when agreed.
Ref	Lead	Objective	Q1 Update
5(b)	CEO	Engage the organisation in the challenge to manage demand so that capacity and demand are in equilibrium. Stop the PTL growth by Q3 and begin to see a reduction of the PTL in Q4.	PTL was static and beginning to reduce in Q4 23/24 but has begun to rise again in Q1 24/25. This is driven by capacity and demand issues in a few specific specialties. Transformation Team are focussing effort in these areas as part of the overall OP workstream to support with managing demand.
Ref	Lead	Objective	Q1 Update
5(c)	CNO	Deliver the aims of the 24/25 Transformation programmes and Always Improving strategic priorities. Realise targeted reductions in length of stay and outpatient follow-up and increases in theatre utilisation whilst increasing our maturity against the NHS Impact framework	All transformation programmes are mobilised and positive movement in metrics for all programmes is being seen (5% LoS reduction for P0, lowest DNA rate since Covid, more cases per 4hr session from 1.5 to 1.7). Additional assurance through Care Group Improvement Meetings chaired by COO. Held TBSS focussed on NHS Impact and our improvement culture



Ref	Lead	Objective	Q1 Update
5(d)	CFO	Deliver the prioritised 2024/25 capital programme and set a prioritised capital plan for 2025/26, as well as setting aspirations for future year programmes.	On track: Work underway on capital schemes. Additional national capital secured for the Emergency Department - planning underway for this, will present a challenge to deliver in year. There are risks to delivery including Building Safety Regulations sign-off delays. BSR sign-off achieved for Neonates in June 2024 but still awaited for other projects. Slippage on other schemes also currently being assessed.
Ref	Lead	Objective	Q1 Update
5(e)	CMO	Complete Year 2 of the Public Sector Decarbonisation Scheme	Most of the work programmes are underway, with most of the Air Handling Units (AHU), Split AC's and 40% of the lights installed. The Solar on Car Park 4 and cladding works are progressing, however there are risks to delivery including securing the route for the Low Temperature Hot Water (LTHW) pipework.

Report to the Trust Board of Directors				
<b>Title:</b>	Research and Development Plan 2024-25			
<b>Agenda item:</b>	6.2			
<b>Sponsor:</b>	Paul Grundy, Chief Medical Officer			
<b>Author:</b>	Karen Underwood, Director of R&D; Chris Kipps, Clinical Director of R&D; Laura Purandare, Deputy Director of R&D; Marie Nelson, R&D Head of Nursing and Health Professions			
<b>Date:</b>	25 July 2024			
<b>Purpose:</b>	Assurance or reassurance	Approval  X	Ratification	Information
<b>Issue to be addressed:</b>	<p>The purpose of this paper is to inform Trust Board of the plans for 2024-25 to enable delivery against the Corporate Objectives and to seek approval from Trust Board for the UHS R&amp;D Annual Plan 2024-25.</p> <p>The proposed corporate objectives for R&amp;D covered by the 2024-25 annual plan are:</p> <p>2(a) Deliver year 4 of the research and innovation investment plan, including the Southampton Emerging Therapies and Technologies Centre (SETT), Research Leaders programme (RLP) and delivery infrastructure. Anticipate an impact on growth in activity and the financial return from the investment as a result of staffing challenges across the research infrastructure.</p> <p>2(b) Deliver Year 2 of the five-year R&amp;D strategy implementation plan (revised) for Research for Impact.</p> <ul style="list-style-type: none"> <li>• Develop a set of initiatives to recognise and reward staff for engaging in research.</li> <li>• Show a clear return on investment of the Research Leaders Programme.</li> <li>• Develop a set of initiatives with QI, education, and innovation teams to develop an approach to collaborative / system working.</li> <li>• Agree UHS/UoS collaborative clinical research centres of excellence and areas of strategic growth.</li> </ul> <p>To view a full copy of the R&amp;D Annual Plan 2024-25 please see Appendix 1.</p>			
<b>Response to the issue:</b>	<p>To deliver the Research for Impact strategy the key priorities for 2024-25 are:</p> <p><b>INSPIRE</b></p> <ul style="list-style-type: none"> <li>• Deliver year 4 of the research and innovation investment plan including the Southampton Emerging Therapies and Technologies Centre (SETT), Research Leaders programme (RLP) and delivery infrastructure.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Develop a set of initiatives to recognise and reward staff for engaging in research.</li> <li>• Apply for a NIHR Commercial Research Delivery Centre (CRDC) in (Q1/Q2).</li> <li>• Submit renewal for NIHR Applied Research Collaborative (ARC), call anticipated Q3/Q4.</li> </ul> <p><b>ENGAGE</b></p> <ul style="list-style-type: none"> <li>• Develop strategies to increase the number of UHS patients being approached and participating in research studies, and a system to capture at a Trust-wide level.</li> <li>• Develop strategies to increase the number and diversity of individuals and public partners actively engaged in our research.</li> <li>• Develop systems to capture research participation and socioeconomic &amp; protected characteristics data.</li> <li>• Ensure we offer a diverse research portfolio to provide research opportunities for our patients.</li> <li>• Deliver a consensus statement addressing collaborative working across improvement, innovation, research and teaching to deliver a learning health care system.</li> <li>• Through the Joint Research Vision agree the strategic areas of growth across the UHS/UoS partnership and look to strengthen the partnership by realising research opportunities outside of existing areas (e.g. operational, health inequalities and sustainability research).</li> </ul> <p><b>DELIVER</b></p> <ul style="list-style-type: none"> <li>• Focus on effective and efficient clinical research delivery over the coming year to bring us back to (and exceed) our pre-pandemic performance.</li> <li>• Current workforce challenges provide the impetus to streamline processes and seek efficiency savings to maximise performance.</li> <li>• Continue to deliver the pharmacy action plan to resolve the studies in set up backlog, clearing all historical studies while maintaining ongoing provision.</li> <li>• Develop a set of peer benchmarking metrics.</li> <li>• Develop mechanisms to capture research impact.</li> </ul>
<p>Implications: (Clinical, Organisational, Governance, Legal?)</p>	<ul style="list-style-type: none"> <li>• R&amp;D is 'mission critical' for a University Teaching Hospital and core to the UHS strategy</li> <li>• R&amp;D drives efficiencies and improves value for money</li> <li>• R&amp;D creates the clinical services that will be funded in the future</li> <li>• R&amp;D active organisations have:             <ul style="list-style-type: none"> <li>○ Better patient outcomes</li> <li>○ Better workforce recruitment and retention</li> </ul> </li> </ul>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<p><b>Risks of NOT delivering against the Annual Plan</b></p> <ul style="list-style-type: none"> <li>• We fail to secure on-going investment to support our pioneering research and innovation, driving clinical services of the future.</li> <li>• We fail to realise the full benefits of being a University teaching hospital, working with regional partners to accelerate research, innovation and adoption meeting the health and care needs of our population.</li> </ul>

	<ul style="list-style-type: none"><li>• Lost opportunity to involve patients and staff in R&amp;D leading to poor patient outcomes and negative impact on recruitment and retention of staff</li></ul>
Summary: Conclusion and/or recommendation	<b><u>Recommendation:</u></b> Trust Board is asked to approve the R&D Annual Plan 2024-25.



## RESEARCH FOR IMPACT

R&D Annual Plan

2024-25

# Research for Impact

## R&D Annual Plan 2024-25

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### 1. Foreword

Pioneering Research and Innovation is one of five pillars in our strategic framework supporting our Trust ambition of World Class People delivering World Class Care and is vital to the successful delivery of the Trust's strategy.

As a leading UK teaching hospital known for research excellence, we are committed to enhancing our local, regional, and international reputation through the quality and impact of our research. We aim to constantly surpass the benchmarks set by our peers to be a leader in the field.

The new five-year Research Strategy: Research for Impact, which built on the successes of Research for All takes forward our research ambitions in the post pandemic era. Working in partnership with the University of Southampton, known for its world-leading research, we will identify collaborative clinical research centres of excellence and areas of future strategic growth to increase the relevance, quality and impact of the research we do to deliver world class care.

**Research For Impact (2023-28) Vision:** We deliver research with impact to help bring the future of healthcare closer to today.

**Our mission is to seamlessly integrate delivery of research that supports and enhances our clinical services to achieve world class care.**



### RESEARCH FOR IMPACT

A key focus for the first half of 2024-25 will be ensuring alignment of R&D work programmes with the strategic implementation plan for delivering the Research for Impact strategy and creating collaborative working groups to take forward key pieces of work.

The UHS R&D annual plan reflects on key achievements in 2023-24 and sets out the programme of work for 2024-25 supporting the delivery of the overall R&D ambition.



## 2. Summary of 2023/24 Activities

### 2.1 Key Highlights

#### Research Participation Milestone

In December 2023, we celebrated reaching the milestone of **250,000 people** taking part in National Institute for Health and Care Research (NIHR) studies at UHS. The achievement was featured in a special report by BBC South Today, including a visit to the NIHR Southampton Clinical Research Facility.

#### Hosting Research Infrastructure (see Appendix 7 for updated Research Infrastructure diagram)

- UHS was formally announced as the awarded host for the new Regional Research Delivery Network (RRDN South Central) in the Autumn of 2023. Work is underway creating the new organisational structure before the network transitions in October 2024. The RRDN South Central will serve Buckinghamshire, Oxfordshire, West Berkshire, Hampshire and the Isle of Wight.
- A contract for the 18-month extension of the ARC (1<sup>st</sup> Oct 2024 – 31<sup>st</sup> March 2026) was signed in the autumn with a core budget confirmed of just under £2.7m, and additional funding of £600k for extension of the Dementia Capacity Building Programme (including Co-Ordinating Centre), Social Care Initiative £260k and currently under consideration and not yet awarded, a Mental health Research Hubs £340k. A request to extend the ARC National Priorities Programme in Ageing and Dementia and the associated funding was submitted to NIHR in January 2024, attracting £880k which has now been confirmed.
- In addition, both the CRF and BRC have received funded extensions from the NIHR. Going forward, NIHR infrastructure award periods will run for 7 years.
- The Wessex research hub model pioneered by UHS and led by Professor Saul Faust and Dr Patrick Moore is now seen as the exemplar delivery model for regional clinical trials and puts Wessex in an advantageous position to support the delivery of UK Vaccine Innovation Pathway (the UK's first clinical trial delivery accelerator (CTDA)) being developed as part of the Government response to Lord O'Shaughnessy's independent review into commercial clinical trials in the UK.
- Southampton Clinical Trials Unit won the tender to coordinate the NHS Cancer Vaccine Launch Pad (CVLP) in January 2024. The CVLP is a platform facilitating access to clinical trials of personalised cancer vaccine treatments. At UHS, we are leading on this regionally, and are currently the highest recruiting centre to the platform in UK.
- UHS, led by Professor Chris Kipps, will be part of the NIHR Dementia Translational Research Collaboration Trials Network (D-TRC-TN). This is a coordinated network of dementia trials sites across the UK., with £50m of new funding for the initiative at the start of this year. It aims to build capacity and expertise, so that more people with dementia can take part in research.

#### Involvement in national groups

Our research leaders continue to work at a national level, ensuring that Southampton's voice helps to drive national research agendas and initiatives, including: University Hospital Association R&D Directors group, UKRD, R&D Forum, NIHR Springboard Programme Advisory Group, Health Research Authority (HRA) and cCOG working groups, NIHR Chief Nurse meetings, NIHR Academy Forum and NIHR Clinical Research Facility network.

## NIHR recognition

Adding further to our collaborative research efforts, 4 Southampton professors were recognised as outstanding research leaders by the NIHR this year, being appointed as NIHR Senior Investigators (two of these appointments were renewals). This brings the total number of Southampton professors holding this prestigious title to 11 investigators out of a national faculty of 200.

## Regulatory Inspections

In May 2023 we hosted an MHRA inspection, our first since 2017. This inspection focussed on regulatory compliance for our sponsored studies. We had three major findings which are being addressed, and no critical findings. This was a fantastic outcome, given the complexity of these protocols and that these studies were running in the height of the pandemic.

In February 2023 we underwent a Health and Safety Executive and DEFRA GMO inspection relating to the Pertussis challenge study. This study used a genetically modified version of the live attenuated *B pertussis* bacteria as a vaccine. There were no major findings arising from this inspection and only two recommendations which have been incorporated into processes.

## Research Reset – maximising efficiencies.

- In May 2023 the [Government's response](#) to [Lord O'Shaughnessy's review](#) of commercial research in the UK was published. As a trust always looking to maximise efficiencies through innovative practice, we welcomed the review and the government response. We have implemented the National Contract Value Review (NCVR) process locally, providing feedback to DHSC, participating in national working groups, and are currently participating in a pilot with commercial sponsors on the use of NCVR in early phase and Advanced Therapy (ATMP) studies.
- In Q1 the NIHR announced incentivisation funding for Trusts who were able to meet the objective of 80% of open studies delivering on track and to time and target. We exceeded this target, attracting a one-off payment of £75k to support study delivery.
- A specialty review project (cancer, neurology, surgery and gastroenterology) is underway to inform strategies and process changes to increase participant recruitment.
- A process streamlining project management group, with representatives from across the research infrastructure (including integral support departments), are reviewing our processes across the research infrastructure to remove duplication and ensure processes are aligned, effective and efficient whilst maintaining high quality and pragmatic, excellent research governance standards.

## Community Engagement in Research

Our community engagement, led by the **Southampton Centre for Research Engagement & Impact (SCREI)**, seeks to increase involvement, engagement and participation in research that closely aligns with community's priorities. Building trust and relationships is the cornerstone of this work. We use a participatory, learning and action model that promotes co-production, inclusion and sustainability.

Our Raising Voices in Research (RVIR) collaboration has been seeking to ensure our research reaches a diverse range of people and communities. Funded by the NHS England Research Engagement Network (REN) development programme it brings UHS R&D together with HloW ICB, Action Hampshire, University of Winchester **and** 15 local Voluntary Community and Social Enterprise (VCSE) organisations to date. Outputs from the RVIR project to date include:



- Community insights on accessibility and involving under-served communities.
- The Research Pledge - defining principles for fair, open and accessible community research.
- A Local Plan for Research - outlining how to develop local community-driven research.
- A new platform for researcher-community interaction - RViR Research Collaborative.
- The Research Adaptation Programme (RAP) - piloting the Local Plan for Research and Pledge.
- 10 researchers matched to 14 VCSEs co-produced RViR Training for researchers.

### **Wessex Research Hub Model**

The collaborative Wessex research hub model, established by UHS in response to the COVID-19 pandemic, is moving under Wessex Health Partners. The model expanded this year to encompass West Dorset, with a research hub co-located with the vaccine delivery centre now operational in Weymouth. Plans are also in development for new hubs in the north of the region hosted by Hampshire Hospitals and to the west hosted by Salisbury Hospital.,

A focus on equality, diversity and inclusion, ensuring equal opportunities for participation in trials has led to the hub model being expanded beyond physical buildings, with two research buses formally launched in February 2024. The buses will enable us to take research opportunities closer to our participants and communities underserved by research rather than expecting them to travel to us to participate in health research opportunities.

### **Wessex Health Partners**

UHS along with UoS is one of the founding partners of Wessex Health Partners, a strategic alliance of health and care organisations, Universities and Health Innovation in Wessex, which aims to accelerate, through partnership working, improvement in health and care through research, innovation and training.

### Key highlights 23/24

- WHP/Integrated Care System workstream established supporting ICBs to meet their leadership responsibility and statutory obligation to ‘maximise the benefits of research and innovation’ resulting in a number of ‘firsts’ for example:
  - Regular ICB support of research funding applications and deployment of innovation
  - Dorset ICB Research Strategy aligned with WHP strategy published.
  - HIOW ICB R&I board paper and commitment to R&I strategy, maturity matrix and developing a learning health system.
  - R&I ‘hard-wired’ into governance structure of ICBs/ICSSs e.g. NHS Dorset Strategic Objectives Oversight Committee, HIOW Strategy Leads, NHS Dorset and HIOW Women’s Health Hub Programme Boards.
- Pan-Wessex collaborative funding application success 34 Wessex collaborative funding bids received WHP support, resulting in 10 successful applications with combined value of > £17M.
- Launched WHP/WEMN pilot for seed-funding, resulting in 21 collaborative expressions of interest involving all of the WHP founding partners.
- Established Wessex Experimental Medicine Network (WEMN).
- Transition of Wessex Research Hubs and Buses oversight to WHP commenced.
- Profile of WHP strategic alliance increased through communications activities and regional, national, and international meetings and conferences.
- Pan-Wessex network development and learning events, focused on system priorities.

## 2.2 Research Portfolio

Returning to pre-pandemic research activity levels has remained a challenge this year, although we have seen a marked improvement in our national performance (see below), due to the impact of the recruitment pause on our capacity to set up and deliver research studies our national recruitment performance ranking has not improved as much as we had anticipated (see below).

Comparative CRN Recruitment Performance – non-weighted (ranking – top 10)



Comparative CRN Recruitment Performance – weighted (ranking – top 5)



- The total number of participants recruited into NIHR portfolio studies 2023-24 was 11,854 - 61% of 2023/24 target (pre-pandemic five-year average of 19,510 participants). A further 1,750 participants were recruited into non-portfolio research studies.
- Opened 218 new studies – 77% of our 2023/24 target (pre-pandemic five-year average of 284 studies).

The national portfolio reset process has resulted in more studies which were failing to recruit close this year, with work planned nationally in 2024-25 to reduce the number further. Challenges remain with participant recruitment processes for some trials in the post pandemic NHS environment, virtual clinics limit the integration between clinical care and research with research staff unable to approach patients during routine diagnostic appointments. This is being addressed in two ways:

1. An internal QI programme focussed on specific specialties to understand the challenges, put actions into place and then monitor these has been initiated. As part of this, plans to integrate research further with MyMedical record and other software is being explored.
2. R&D continue to have presence as part of the outpatient transformation programme and are engaging with the UHS Digital Days to articulate the advantages for research integration further.

## 2.3 Delivery Against Corporate Objectives

2.3.1 Corporate Objective 2(c) Deliver year 3 of the research and innovation investment plan including the Southampton Emerging Therapies and Technologies Centre (SETT), Research Leaders programme (RLP) and delivery infrastructure.

### SETT centre key achievements in 23/24

The SETT centre supported the We are UHS week with 2 live webinars ('Transforming lives through advanced therapies' and 'Our AI future: How could Artificial Intelligence transform UHS?') and a poster display. The AI webinar was one of the most popular webinars of the week.

This year saw successful recruitment to a range of planned posts to increase capacity and acquire key skills (ATMP fellow, data scientists, project managers and ATIMP QA lead). There has been a step-change within SETT this year with governance strengthened and all workstreams operational and delivering studies and projects (see Appendix 5).

### Emerging Therapies

- UHS is now part of Midlands and Wales Advanced Therapy Treatment Centre (ATTC) which as part of the Advanced Therapy Treatment Centre (ATTC) Network has secured £17.9m of new funding. As part of the ATTC we are growing our reputation as a gene and cell therapy centre, maximising the opportunity for new studies and working in partnership with national teams.
- The new electronic paperwork has been piloted and is reducing duplication in the set-up pathway.
- Increased the number and range of studies/specialties carried out at UHS (24 studies to date across Oncology, Haematology, Rheumatology and Ophthalmology specialties with a growing portfolio of Respiratory studies in the pipeline for 24/25), increasing study income and clinical care impact.
- The phase 3 ASCENT study for Neovascular age-related macular degeneration is in set up with the potential to significantly improve patient care experience and reduce cost to the NHS.

### MedTech

- The MedTech pathway is defined and streamlined for SMEs to engage with SETT.
- Standard IRAS/protocol templates in place supporting PIs to quickly and efficiently complete paperwork.
- MedTech Committee established to support growth of study pipeline in 2024 providing governance and strategic oversight.
- Strategic partnership working with UoS School of Healthcare Enterprise and Innovation.
- The study pipeline is growing, supported 4 grant applications, 16 EOIs and 6 studies are in set up. Including: -
  - ID-Health polypill – worked to support SME and partners who then received Innovate UK funding for further development.
  - HUMA SMART-MG – working to support the development and set up of this part of this multicentre national trial to develop and test AI evaluation of Myasthenia gravis. UHS will be the lead site in 2024.
  - Kidney sensor for intrarenal temperature and pressure during surgery – successful working with the IDC and industry to develop process and identify funding to bring this to a UHS clinical trial in 2024.

## Data and AI

- National work with Health Data Research UK (HDR UK) and 8 other regional data groups in 2023 has been published - informing NHS policy and improvements in patient care.
- Data Access Committee established with oversight of strategic alignment, feasibility and growth of data studies.
- Demonstration of abilities in the extraction of clinical data with automation and at scale, data hosting in secure data environments and management of PI access and analysis.
  - Generation of over 105 thousand lines of code written to extract over 16 billion rows of data extracted relating to 125K patients on 31 projects linking with 12 organisations.
  - Automated data extracts to support patient identification expediting high volume study recruitment. Including:
    - **SMA** newborn screening for spinal muscular atrophy (champion study) automated - proactive identification of participants resulted in over 2,000 patients identified and recruited in first few months.
    - **Charmer** Changing prescribing behaviours in older people - Automated data extraction of inpatient data resulted in 214 recruits in first week.
- Software and tools developed in the team including Andromeda are in use across the trust and working with wider commercial partners to develop for use in the SDE and nationally.
- LLM server business case and project plan to develop expertise and tools for the automated extraction of unstructured data from UHS systems (over 90% clinical data held in pdfs).
- Wessex Secure Data Environment (SDE) programme:
  - Funding confirmed, SDE section 251 approved by CAG and minimal viable product under construction.
  - Programme board implemented and Technical and operational working groups established.

## Research Leaders Programme (RLP) key achievements in 23/24

Some of the key achievements of the Research Leaders Programme this year are listed below (see Appendix 6 for further information).

- We have now appointed to Cohort 4 of the Research Leaders Programme, with 31 individuals now on the RLP.
- 18 grants (totalling £6.2m) have been awarded to date to RLP members including 4 fellowships to date securing long term funding for research time. New fellowships awarded to:
  - **Catherine McKenzie C3** – NIHR Senior Clinical and Practitioner Research Award (SCPRA).
  - **Jessica Bate C1** – NIHR Senior Clinical and Practitioner Research Award (SCPRA).

(**Stephen Lim C1** and **Dushi Ahilanadan C1** are also fellowship award holders as discussed in last year's annual plan.)
- PhD student supervision.
- Supervising and supporting clinical nurse specialists, registrars and junior doctors to carry out clinical research projects.
- **Judith Cave C3** - set up a Medical Education Research Group.
- **Linden Stocker C3** - developed new protocols in Women and Newborn speciality.
- **Bhaskar Somani C1** - registered 2 Patents registered and secured £15m funding.
- **Stephen Lim C1** - appointed NIHR ARC Ageing and Dementia Theme Lead and is the new lead of Academic Geriatric Medicine.

- **Sophie Fletcher C1** - reformed and now co-chair the RCRG (Respiratory Clinical Research Group) an approval and planning forum for Respiratory Research at UHS/BRC.
- **Katherine Lachlan C1** - new PTEN Rare Disease Collaborative Network lead. (PTEN is a multifunctional tumour suppressor gene commonly lost in human cancers.)

## Delivery Infrastructure

In addition to the research reset projects which significantly involve the delivery teams, we implemented new strategies to continue to address oncology pharmacy capacity issues. This included the appointment of a new member of staff dedicated solely to the creation and approval of clinical trial prescriptions and worksheets. Since this appointment at the start of Q4 23/24 several oncology studies which have been in the set-up process backlog for considerable time have been cleared. The true impact of this strategy should start to be realised within Q1 of 2024/25. The aim is to start increasing the number of studies in set up incrementally within 24/25, however staff recruitment and vacancy rates remains a challenge to achieving this.

## Return on Investment

### Research and Development Financial Plan Update 2024/25 Financial Year

#### Original Investment Plan 20/21 Financial Year

	Year 1 21/22	Year 2 22/23	Year 3 23/24	Year 4 24/25	Year 5 25/26	Total
Income £m's	£26.34	£27.57	£30.46	£32.81	£35.94	£153.12
Expenditure £m's	£28.92	£30.63	£33.71	£36.31	£39.21	£168.78
<b>Trust I&amp;E Position £m's</b>	<b>-£2.58</b>	<b>-£3.06</b>	<b>-£3.25</b>	<b>-£3.50</b>	<b>-£3.27</b>	<b>-£15.66</b>
Contribution to Trust Overheads	£1.20	£1.20	£1.20	£1.20	£1.20	£6.00
<b>Net Trust I&amp;E Position £m's</b>	<b>-£1.38</b>	<b>-£1.86</b>	<b>-£2.05</b>	<b>-£2.30</b>	<b>-£2.07</b>	<b>-£9.66</b>

#### Investment Actuals & Forecast 24/25 Financial Year

	Year 1 21/22 Actuals	Year 2 22/23 Actuals	Year 3 23/24 Actuals	Year 4 24/25 Forecast	Year 5 25/26	Total
Total Income £m's	£46.45	£44.66	£43.50	£41.00	-	£175.61
Total Expenditure £m's***	£48.46	£46.96	£45.90	£43.12	-	£184.44
<b>Underlying Trust I&amp;E Position £m's</b>	<b>-£2.01</b>	<b>-£2.30</b>	<b>-£2.40</b>	<b>-£2.12</b>	-	<b>-£8.83</b>
Movement in Provisions (one-off)*	£0.00	£0.00	£1.40	£0.00	-	£1.40
<b>Trust I&amp;E Position £m's</b>	<b>-£2.01</b>	<b>-£2.30</b>	<b>-£1.00</b>	<b>-£2.12</b>	-	<b>-£7.43</b>
Contribution to Trust Overheads**	£1.20	£1.20	£1.20	£1.80	-	£5.40
<b>Net Trust I&amp;E Position £m's</b>	<b>-£0.81</b>	<b>-£1.10</b>	<b>£0.20</b>	<b>-£0.32</b>	-	<b>-£2.03</b>
<b>Allocation to UHS Divisional Workforce****</b>	<b>£4.09</b>	<b>£4.52</b>	<b>£5.59</b>	<b>£4.96</b>	-	<b>£19.16</b>

\* In 23/24 Provisions totalling £1.4m were released into the R&D position to support the Trusts finances

The release of these funds improved the R&D position from an underlying £2.4m deficit to a £1.0m deficit in year

\*\* Overheads contributions have increased for 24/25 Financial year by £0.60m up to £1.80m

\*\*\* The above figures include Principal Investigator Expenditure not included in original investment plan figures

\*\*\*\* States research allocations to divisions funding workforce costs to deliver research projects

### 2.3.2 Corporate Objective 2(e) Strengthen and broaden the UHS-UoS partnership through mapping alignment and characterising our Research Centres of Excellence

Work has continued as part of the joint UHS / UoS Senior Operations Group research priority work programme. A joint strategic vision has been drafted and is currently out for review with the Joint Strategy Research Board (JSRB) and will be presented to the UHS / UoS Senior Operational Group in June 2024. JSRB will be asked to agree potential new centres of research excellence and future growth opportunities to enable the partnership to focus on these key strategic areas in the future.

## 3. Challenges in 2023-24

### 3.1 Workforce

The impact of the recruitment controls on vacancy rates in both the research and clinical support services workforces have had a significant impact on capacity to deliver research and have meant that our performance in 2023/24 has not improved as much as we had anticipated. Though some recruitment is now proceeding, it will still be a few months before new staff are in post and have undergone induction.

We continue to scrutinise staff survey results with aligned action plans implemented throughout the research infrastructure and a quality improvement project around appraisals carried out this year. This helps to ensure that we maintain a focus on staff health and wellbeing.

### 3.2 Impact on Delivering the Research Strategy

This year saw the approval and launch of the new five-year R&D Strategy: Research for Impact. During the first half of the year, we created an implementation plan to capture and track progress with achieving the 32 key performance indicators. The capacity constraints detailed in 3.1 above mean our capacity for delivery of the strategy in 23/24 have been constrained. The annual workplan template for 24/25 is aligned to the implementation plan to ensure a focus on the priority areas required for the future successful delivery of the strategic aims.

### 3.3 Grants and Early Career Researchers

Whilst there has been an increase in the number of grants and personal awards applied for and secured this year with the RLP cohorts and SoAR's support and facilitation offered having a significant impact, the trajectory is not back to the desired pre-pandemic position. The clinical demands on our investigators have led to fewer grant applications being submitted, with some submissions rushed and at late notice. In addition, we continue to see the impact of the pandemic on the grants held by our early career researchers. Impacted grants have had extensions (often at no-cost) awarded and fellowships have been extended. Charities have had less income available for research, from covid closures and reduced fundraising and now the cost-of-living crisis impact. In line with the new R&D strategy: Research for Impact, in 24/25 we will focus on initiatives to increase the number of successful grant applications and the total value of income.

### 3.4 Support Department Capacity Constraints

**Pharmacy:** Pharmacy has continued to encounter capacity constraints this year. While issues have continued within oncology pharmacy, constraints have arisen with advanced therapy and clinical trials pharmacy due to staff vacancies.

Oncology Pharmacy: capacity to deliver set-up oncology studies has been an on-going challenge at UHS and is reflective of a national crisis. Acute Trusts and Cancer specialist hospitals (e.g. the Royal Marsden and the Christie) are reporting similar capacity constraints, staff shortages and study set up backlogs. Our Chief Pharmacist is part of national discussions with Chief Pharmacist colleagues around the country to galvanise strategies to address this, and the R&D Directors are part of similar discussions in their national groups.

- Additional funding secured from the NIHR Clinical Research Network saw the creation of two additional, regional posts, based at UHS focussed on clinical trial prescription and worksheet sign off. These posts mean that we will be in a good position to clear the oncology backlogs. A key piece of work for 2024-25 will be to restore confidence in our abilities to set up and deliver oncology research with critical internal and external stakeholders, enabling us to accelerate the oncology trials portfolio.
- There should be more capacity within the team by Q2 which will enable additional slots for new study set up.

Advanced Therapies: There have been challenges within the advanced therapy medicines clinical trials team this year which have resulted in the reduction of our ATIMP portfolio against our ambition – to have an ATIMP study open within each division this year. We have a strong pipeline of studies and the opportunity to bid for additional investment from Moderna within ATIMP pharmacy specifically in Q1 24/25. If successful, this investment will help to grow the team to support growth and the delivery of the ATIMP portfolio within UHS and create opportunities for collaborative working within our Wessex Research Hub model - and the ability to offer study participation to more patients.

**Imaging:** Our Research Imaging Lead have initiated a plan to aim to bring MRI and CT imaging for commercial trials back in house, reducing the reliance on external providers and retaining more income and capacity build arising from research imaging internally. It is anticipated that scan reporting will remain an outsourced activity in 2024-25. We will review the impact of the change at the end of Q1 and determine how much imaging we have been able to accept and initiate a plan to increase this.

- Imaging Guided Research Biopsies: Capacity constraints have been experienced with imaging guided biopsies for research due to a lack of capacity within the clinical service. We are investigating the possibility of utilising space within the Clinical Research Facility for post procedure observations which could mitigate this.
- Radiology Reporting: Capacity constraints within neuroradiology have also impacted trial set up portfolio due to lack of capacity for reporting. Successful recruitment to vacancies will enable these constraints to ease, and we continue to explore outsourcing options in the interim.
- PET Scanning capacity: In addition, where clinical trials require PET scans, delays are being experienced with effective study set up and capacity constraints cited by the provider. Scoping work undertaken this year revealed this to be a national issue with the provider and national discussions have been initiated by the Health Research Authority, to which we have contributed. Regional dialogue has also been initiated with the provider following discussions with the NIHR CRN Industry team.

### 3.5 Finances

During the year, there was more COVID related grant and study income, specifically COV-BOOST grant and income from the Wessex SDE, which has resulted in more income than we forecast during budget setting.

- Full year income of £44.8m (up £0.2m from 22/23 £44.6m) and consisted of:
  - Commercial income £6.5m (down £0.4m from 22/23 £6.9m)
  - Non-commercial income £21.1m (down £2.3m from 21/22 £23.4m).
  - NIHR income £16.8m (up £2.5m from 22/23 £14.3m).
- Full year expenditure of £45.9m (£1.0m less than 22/23):
  - R&D Pay costs £18.4m (£1.2m more than 22/23 £17.2m)
  - Non pay costs £20.7m (£3m less than 22/23 £23.7m)
  - Contribution to Trust and Divisions £6.8m (£1.1m more than 22/23 £5.7m). This includes a contribution to overheads; support department infrastructure plus pay and non-pay costs to deliver studies.

## 4. R&D Corporate Objectives for 2024-25

Our overarching ambition is to be a leading teaching hospital with a growing, reputable and innovative research and development portfolio that attracts the best people and efficiently delivers the best possible research, treatments and care for our patients.

Our corporate objectives provide us with a focus on effective and efficient clinical research delivery over the coming year to bring us back to (and exceed) our pre-pandemic performance. The current workforce challenges provide the impetus to streamline processes and seek efficiency savings to maximise performance and ensure we offer a diverse research portfolio to provide research opportunities for our patients.

**Pioneering research and innovation - a leading teaching hospital with a growing reputable and innovative research and development portfolio that attracts the best staff and efficiently delivers the best possible treatments and care for our patients.**

<b>Ambition 1</b>	We will recruit and enable people to deliver pioneering research in Southampton
<b>Ambition 2</b>	We will optimise access to clinical research studies for our patients.
<b>Ambition 3</b>	We will enable innovation in everything we do, and ensure that 'cutting edge' investigations and treatments are delivered in Southampton



Ref	Lead	New Objective for 2024-25
2(a)	CMO	Deliver year 4 of the research and innovation investment plan, including the Southampton Emerging Therapies and Technologies Centre (SETT), Research Leaders programme (RLP) and delivery infrastructure. Anticipate an impact on growth in activity and the financial return from the investment as a result of staffing challenges across the research infrastructure.
Ref	Lead	
2(b)	CMO	<p>Deliver Year 2 of the five-year R&amp;D strategy implementation plan (revised) for Research for Impact.</p> <ul style="list-style-type: none"> <li>• Develop a set of initiatives to recognise and reward staff for engaging in research.</li> <li>• Show a clear return on investment of the Research Leaders Programme.</li> <li>• Develop a set of initiatives with QI, education, and innovation teams to develop an approach to collaborative / system working.</li> <li>• Agree UHS/UoS collaborative clinical research centres of excellence and areas of strategic growth.</li> </ul>

## 4.1 Key Initiatives for 2024-25

The key priorities for the next year are summarised below.

### 4.1.1 Strategic & Operational

Research for Impact (2023-28) strategy: We will ensure ongoing alignment of the strategy implementation plan and implement tracking and monitoring of strategic KPIs with the annual workplan. We will be establishing baselines and metrics by which to monitor progress with meeting some of the KPIs agreed as part of the strategy in the first part of the year. These include:

- Developing a set of peer benchmarking metrics.
- Develop mechanisms to capture research impact.
- Develop and implement systems for data capture to track numbers, career progress and impact of recipients of research training awards and clinical academic post holders.
- Develop systems to capture research participation and socioeconomic & protected characteristics data.

Our focus this year will be on the following:

- Develop a set of initiatives to recognise and reward staff for engaging in research.
- Deliver a consensus statement addressing collaborative working across improvement, innovation, research and teaching to deliver a learning health care system.
- Develop strategies to increase the number of UHS patients being approached and participating in research studies, and a system to capture at a Trust-wide level.
- Develop strategies to increase the number and diversity of individuals and public partners actively engaged in our research.

UK Clinical Research Resilience, Recovery & Growth (RRG) Programme: The UK research ecosystem continues to work together on a coordinated, coherent programme of work addressing capacity and growth of the UK clinical research delivery system. At UHS, workstreams have continued to take forward year two of the five-year implementation programme, contributing to national working groups to influence national decision making and reviewing local implications of national strategies.

Lord O'Shaughnessy's review into commercial clinical trials in the UK: The recommendations within the report are being adopted within and are aligned with our strategy implementation plan, with actions and objectives featuring throughout the annual R&D workplan and senior manager appraisals.

The RRG workstreams are aligned with the strategic plans outlined within the new Research Strategy and influence the work plans for 2024-25.

Optimise UHS Research Portfolio: Our ongoing goal for 24/25 remains continuing to restore and exceed pre-pandemic levels of research activity while aligning the research portfolio to strategic priorities.

- We will determine the desired balance of commercial & non-commercial portfolios across UHS during Q1 and ensure operational and performance monitoring is aligned with achieving that balance.
- We will also develop a set of peer benchmarking metrics before the end of the year.

Research Infrastructure: For NIHR research infrastructure competitions launched from 1<sup>st</sup> April 2024 DHSC will consider whether applying organisations sponsored study portfolios are at/near 80% of open studies are on-track in terms of planned recruitment or that there is demonstration of significant progress (10% increase) from the September 2023 baseline towards the 80% target. At the time of the letter, UHS performance was at 75%, but UHS have achieved 80% by Q4 23/24. NHS Trusts and Universities not meeting the target or not able to demonstrate significant progress by the time of applying for the infrastructure award will only be able to apply for 90% of the funding envelope set out in the guidance for the scheme. Since the announcement, actions have been taken by both UHS and UoS to ensure the Southampton portfolio remains on track and that we remain eligible for the full infrastructure award funding envelopes.

NIHR Commercial Research Delivery Centre (CRDC): An opportunity presents itself in Q2 2024-25 to apply for a NIHR Commercial Research Delivery Centre (CRDC). The Wessex Research Hub model will position us well for a regional hub and spoke application with UHS as the host organisation. This would bring the hub model under new NIHR infrastructure funding and governance and bring heighten the visibility of the collaborative regional work undertaken in Wessex to both government and industry, increasing the opportunities for growth of a regional commercial portfolio.

NIHR Regional Research Delivery Network (RRDN): With the NIHR Clinical Research Network contract ending in 2024/25 and new RRDNs being created to support the delivery of the best health and social care research for the public, work is underway creating the new structure before the network starts in October 2024. The RRDN South Central RRDN will serve Buckinghamshire, Oxfordshire, West Berkshire, Hampshire and the Isle of Wight. This presents new opportunities for collaborative research with new regional partners with our relationship with Oxford partners being strengthened over the last year. We will maintain our current excellent working relationships with organisations in west Wessex through our collaborative working under Wessex Health Partners

NIHR Applied Research Collaborative (ARC) Wessex: Professor Catherine Bowen (Health Sciences UoS) has been appointed as the Deputy Director and Director Designate for NIHR ARC Wessex to focus initially on a stakeholder review and to lead on the submission for a new ARC programme, call anticipated Autumn 2024.

### Digital Adoption

One of the major findings during the MHRA inspection in 23/24 related to the lack of use of a validated electronic document management system. Following a exploration of available systems to digitise essential research documentation, this year we will procure Florence Healthcare Inc. (Florence)'s Site Enablement software platform. This system encompasses digital preservation which will eventually reduce not only the amount of paper used during a research study, but also reliance on paper storage.

### Research Delivery

- Explore and identify collaborative working opportunities within UHS and regionally to increase participant recruitment. To include extended working beyond core hours, use of research hubs and buses and increased use of Participant Identification Centre (PIC) sites.
- Develop and implement strategies and tools to maximise oversight and activity of study delivery while streamlining processes to increase efficient working,
- Work with Advanced Clinical Practitioners to develop and implement a plan to engage and support ACPS to contribute to Clinical Research whilst supporting their Professional Development.
- Develop a robust activity and workforce plan within pharmacy and resolve the studies in set up backlog, clearing all historical studies while maintaining ongoing provisions.
- Integrate robust documented study dissemination plans into study set up utilising Study delivery plan and SCREI Resources.

Organisational Development/Culture: We will support the further integration of research into everyday business at UHS, liaising with staff groups across the organisation to achieve this. We will also aim to foster a culture of compassionate and collective leadership, psychological safety and inclusivity within teams.

### Community Engagement

Following the Raising Voices in Research (RVIR) collaboration work discussed in section 2.1 in 23/24, work this year will focus on the implementation of interim programmes, the drafting of our Community Engagement Strategy and on the phase 3 submission. We also intend to further expand 'seldom heard' groups. From a research staff perspective, as part of our action plan as a pilot site for the NIHR Race Equality Framework, 95% of research staff have attended the Actionable Allyship training. This year all research staff will have attended the training and an evaluation will be undertaken to ascertain the next steps required for our workforce.

#### **4.1.2 Strengthen our existing and develop new partnerships.**

- Through the Joint Research Vision align and agree the strategic areas of growth across the UHS/UoS partnership and look to strengthen the partnership by realising research opportunities outside of existing areas (e.g. operational, health inequalities and sustainability research).
- Continue the implementation of UHS/UoS joint research function projects, presenting longer-term proposals to Joint Research Strategy Board.

- With the senior leadership team now in place, continue to expand activity and reach of Wessex Health Partners in particular seeking to combine the 'one NIHR' offer with Health Innovation Wessex expertise to support our Integrated Care Boards to meet their statutory responsibility to 'Maximise the benefits of research and innovation'.
- Longer term ambition to seek Academic Health Science Centre (AHSC) status at next renewal call.
- Strengthen a sustainable and resilient Wessex research hub delivery model, moving under Wessex Health Partners for regional clinical trials which will also be used as the delivery vehicle in Wessex for the UK Government's strategic 10-year commercial vaccine clinical trial programme with Moderna and Biontech. An application has been submitted for funding via the Vaccine Innovation Pathway. We should hear the outcome of this in Q1/Q2.
- Develop systems to capture research participation and socioeconomic & protected characteristics data, initiating a pan-infrastructure UHS-UoS diversity data project, reporting findings and an action plan to RDSG in Q2 before implementing recommendations in the latter half of the year.

#### 4.1.3 Deliver year 4 plan for R&I Business Case for new infrastructure and activity

- Consolidation and business as usual are the key themes for the Southampton Emerging Therapies and Technology Centre (SETT Centre), as we look to future sustainability beyond the investment case for the centre. There are planned roles in supporting ATTC development funding and the Wessex Secure Data Environment.
  - Emerging therapies: Implement a streamlined review and approval set up process for ATMPs, incorporating digital tools. We will also develop and implement a study intensity tool for the planning and delivery of ATMP studies. We will aim to have at least one new study in active set up each month.
  - MedTech & Innovation: Ensure at least one new study is scoped, awarded or opened each month. We will also expand the team to include a theme lead and fellow.
  - Data & AI: Ensure that governance processes are updated linking to the SDE programme and enable a phased transfer of projects from the trusted research environment to the SDE. We will also expand the study pipeline.
- Continue to deliver the Research Leaders Programme (RLP), delivering cohorts 1-4 and awarding cohort 5 in 24/25. Longer term sustainability of the RLP initiative beyond the investment case will be a further focus this year.

UHS Divisional priorities, as identified by the R&D Divisional Leads working with divisional teams, are provided in more detail in Appendix 3.

## 5. Budget setting 2024-25

Budget setting for 2024-25 is in line with previous years' annual budget setting process. A high-level summary of the budget is provided in Appendix 4.

### 5.1 R&D Budget Setting

This is the fourth year of the five-year Trust investment plan, with a Trust investment budget of £1.760m. In addition, the Trust have also provided £0.35m PI fund budget and £0.008m Excess Treatment Cost, which is the national threshold. They have also provided budget of £0.67m against provisions and SDE overheads provided to the trust in 2023-24. Therefore, the total expenditure budget is £2.787m. All other expenditure plans must be within forecasted income.

### 5.2 R&D Income

Total income is projected to be £40.3m which is £4.5m (10%) lower than the 2023-24 actuals. This is detailed in Appendix 6, summarised as:

- NIHR income is £17.2m which is £0.4m (2%) more than 2023-24 actuals (£16.8m) due to a 6% increase to the NIHR CRN award.
- Commercial and non-commercial study income is projected to be £23m which is £4.6m (17%) lower than 2023-24 actuals (£27.6m), as most COVID related studies and grants are now closed or closing, including COV-BOOST.

### 5.3 R&D Expenditure

Total expenditure is forecasted to be £43.1m, which is £2.8m (6%) lower than 2023-24 actuals (£45.9m), this consists of:

- Pay of £17.8m which is £0.6m (3%) less than 2023-24 actuals, due to the recruitment freeze meaning posts are likely to be vacant for longer which has been incorporated into budget setting. To note, at the time of writing this, the pay award has not been confirmed, however, an estimate of an increase of 2.1% has been included.
- Non- pay of £18.5m which is £2.1m (11%) less than 2023-24 actuals, largely due to lower COVID study and grant costs.

As income follows activity, research active departments across UHS will realise the benefits from all income streams. The strategy adopted by the Trust of reinvesting R&D income in resource to deliver activity, has resulted in year-on-year benefits to clinical research and thus patients, whilst also minimising the risk to the overall financial position of the Trust. The budgets set ensure that:

- All income is spent in accordance with funders' requirements.
- Income offsets all direct and indirect expenditure incurred, including a contribution to overheads.
- Contract commercial income is distributed with the 'profit' re-invested in delivering research for patients.
- Key research activity targets for 2024-25 are achieved.

- R&D budgets are set in detail and in consultation with Divisional Finance Managers as part of the Trust annual budget setting timetable.
- Budgets within R&D are signed off by the relevant budget holder.

## 6. Trust Board Key Performance Indicators

Performance against the following key performance indicators will be reported monthly to Trust Board. More detailed metrics are monitored monthly by the R&D Steering Group. The KPIs will be reviewed during 2024/25 to ensure that they remain fit for purpose and aligned with national strategic research priorities.

No	Title	Subtitle	Description	Target
1	Comparative CRN recruitment performance	Non-weighted	Where UHS is ranked amongst acute Trust for absolute (non-weighted) recruitment to all commercial and non-commercial NIHR portfolio studies.	Top 10
		Weighted	As above for weighted recruitment which takes account of the increased complexity expected in a clinical academic centre. Important for future CRN funding.	Top 5
2	Performance in initiating clinical trials		Number of days taken to set up a clinical trial, negotiate costs and execute the contract. Important for sponsor confidence in UHS as a site.	80% of studies taking $\leq$ 40 days
3	Increase in income	Monthly increase in income % YTD increase in income %	Percentage of new income target achieved with investment	23% increased income with investment

## Appendix 2 – Research Impact

### **‘Revolutionary’ cancer treatment**

The first patient to receive chimeric antigen receptor T-cell (CAR T) therapy at UHS says the pioneering treatment has given him his life back. Peter Garland, 71, was diagnosed with lymphoma and had chemotherapy. But after a brief period in remission, he was told his cancer had returned. Following CAR T-cell therapy, he is now enjoying life to the max and celebrating being cancer-free.

UHS is the first hospital Trust in the southeast to offer the therapy, meaning patients from across the region no longer have to travel to London. It comes after involvement in research studies into CAR T-cell therapies, such as the TRANSFORM trial. Researchers continue to investigate CAR T-cell therapies in other trials at the Southampton Emerging Therapies and Technologies (SETT) centre. CAR T is the newest treatment being delivered by the Blood and Marrow Transplant and Cellular Therapy (WBMT&CT) programme team at UHS. In its first year, 21 patients have received the treatment.

### **Gene therapy ‘cure’**

A ‘functional cure’ for the blood clotting disorder haemophilia A is gaining approval around the world following our research. The treatment, known as Roctavian, has been approved by the US Food and Drug Administration (FDA) and European Medicines Agency (EMA) this year for patients with the condition. It will mean patients no longer need to have regular injections, or avoid certain activities, to prevent potentially life-threatening bleeds. The landmark moments come after years of research, led in Southampton by Dr Rashid Kazmi.

### **Preventing breast cancer**

Dozens of UHS patients helped study a drug to prevent breast cancer that is now available to nearly 300,000 women in England. Anastrozole is a treatment for hormone-sensitive breast cancer. It was approved in November 2023 as a preventative option for post-menopausal women at increased risk of developing the disease. The decision is based on evidence from the international IBIS-II study. This showed the drug can halve this risk, with minimal side effects. Breast cancer is Britain’s most common cancer with around 55,000 new cases each year. About one in seven women in the UK will develop the disease in their lifetime.

### **Predicting blindness**

Southampton researchers are using eye scans to predict which patients with age-related macular degeneration (AMD) are most at risk of blindness. The PINNACLE study is using machine learning, a branch of Artificial Intelligence (AI), to analyse high resolution images of the inside of the eye. It has recently been extended. It is led by Professor Andrew Lotery. AMD is a common condition that reduces a person’s central vision. It usually first affects people in their 50s and 60s, and often gradually gets worse or ‘progresses’. The exact cause is unknown. As well as UHS, the study is also being run at Moorfields Eye Hospital, Medical University of Vienna and University Hospital Basel.

### **Skin conditions**

Research has found a drug used to treat high blood pressure can help women with persistent acne. Professor Miriam Santer co-led the trial that was run by the Southampton Clinical Trials Unit (CTU). She is part of the NIHR Southampton Biomedical Research Centre (BRC) hosted by UHS. The clinical trial showed that spironolactone is an effective treatment for the skin condition. The Eczema Care

Online (ECO) website, that has also been developed through our BRC, has now benefited over 35,000 people living with eczema. Research published in January 2024 suggests that NHS savings enabled by these visits could range from £700,000 to over £1 million.

### **Good nutrition**

Southampton researchers have developed a digital tool to support nutrition focused assessments in children. Good nutrition is important for children's growth and development. This can be difficult to assess during remote consultations. A team of international nutrition experts and dietitians in Southampton have developed a nutritional awareness tool to help this challenge. It is known as the Pediatric Remote Malnutrition Application (Pedi-R-MAPP). The app has been advanced with global partners, iterated in workshops and trialled with hundreds of patients at Southampton Children's Hospital.

### **Award-winning research**

Pioneering staff from across our research community have been recognised for their advances with national and international awards in 2023-24:

- Growing research into a rare lung disease was recognised in two prestigious honours in December 2023. Dr Sophie Fletcher and her research fellows have won NIHR British Thoracic Society Clinical Research Network awards. Dr Fletcher is making great strides with protected time and support from the UHS Research Leaders Programme.
- Dr Helena Fisk was honoured in March 2024 for presenting her work at the Houses of Parliament. She was presented The Nutrition Society STEM4Britain Award. The prize recognises scientific excellence at an early career stage in nutritional science.
- Dr Fisk's research focuses on understanding associations between the immune system, inflammation and disease, particularly in relation to ageing and obesity. She also received The British Nutrition Foundation (BNF) Drummond Early Career Scientist Award in November 2023.
- There have been several honours this year for senior scientists in our NIHR Southampton BRC. Professor Nicholas Harvey was presented the prestigious 2023 OrtoMed Medal. This is selected by the Italian Society of Orthopaedics, Medicine and Rare Skeletal Diseases. Professor Philip Calder has been awarded the international Hagler Fellowship. Professor Cyrus Cooper has been recognised with the Linda Edwards Award. This is the Royal Osteoporosis Society's highest honour.
- Our clinical research nurses were also shortlisted for two awards at this year's Student Nursing Times Awards. UHS was a finalist for Student Placement of the Year. Alice Martindale was shortlisted for Student Nurse or Midwife of the Year.



## Appendix 3 – Annual plan 2024-25 Divisional Priorities

Divisional Plans 2024/25	Q1	Q2	Q3	Q4
<b>Division A</b>	Gather lists of: current PIs participating in the Research Leaders Programme (RLP), studies registered for the Associate PI scheme and staff currently participating in Associate PI scheme, supporting individuals to increase study portfolios.	Open 1 commercial study in Critical Care/Anaesthetics Report on commercial income across the division and identify any possibilities for increase Identify high recruiting studies looking for new sites	Increase PIs participating in RLP Increase PIs participating in Associate PI Scheme Encourage more PIs in Division A to take on studies.	Aim to have 80% of Commercial studies meeting Time to Target Match or exceed commercial portfolio recruitment from 23/24 Increase commercial income for Div A. Open at least one high recruiting study with a target of over 100
<b>Division B</b>	To assimilate a Research Facilitator into Division B and maintain current timelines for R&D set up in the interim.	Maintain current timelines for R&D set up Capitalise on the Commercial EOLs received in Respiratory	Reduce the backlog for study set up	Aim to have 80% of Commercial and Non-commercial studies meeting Time to Target By end of FY 24-25, to have matched our pre-covid commercial portfolio recruitment from 2019-2020
<b>Cancer</b>	<b>Create baseline data:</b> Studies led by UHS/UoS CIs. Review split between tumour sites. where the commercial research lies within the cancer tumour groups. How many studies each PI has in set-up/open/in follow-up	<b>Review:</b> Split between tumour groups and processes. How UHS/UoS CI studies are prioritised. Portfolio balance and workload plans – implementing improvement plans, Prioritisation process for RLPs	<b>Evaluate:</b> Processes, the commercial portfolio and progress with plans. Progress with pipeline and studies opened for PIs on RLP. Re-adjust prioritisation depending on the outcome of the evaluation.	<b>Evaluate:</b> Processes, readjusting as necessary. Performance this year compared to previous years. Whether PIs on RLP have been able to open more studies.
<b>Division C</b>	<b>To optimise;</b> R&D time to open new studies - aim to met 80% of studies meeting 40 day set up target.	<b>To work with the Div C researchers to;</b> Identify high recruiting studies to open on the portfolio for 2024/25	<b>To work with R&amp;D/ SoAR to ensure;</b> All staff both clinical and non-clinical / research and non-research are equipped with research know-how relevant to their roles within Div C	<b>To work with;</b> Increased the no. of studies we have opened in 24/25 compared to 19/20 utilising the increased set-up time
<b>Division D</b>	To assimilate a Research Facilitator into Division B and maintain current timelines for R&D set up in the interim.  To develop and publish posters promoting research in different areas of the Division.	Aim to increase portfolio recruitment in RLP areas. To have commercial Parkinson's Disease in our pipeline. Increase the number of studies in the pipeline for T&O. Increase the number of studies in the pipeline for Radiology.	Increase the number of C&Cs to exceed the average of the last 3 years. Identify / develop high recruiting studies to open on the portfolio for 2024/25 Increase the number of associate PI trainees	Match our pre-covid commercial portfolio recruitment from 2019-2020 Achieve T2T of 80% for Commercial and Non-commercial studies. To increase commercial income by 10%

## Appendix 4 – R&D Budget Summary 2024-25

	2024-25
R&D Income source	Estimated £m
<b>Income</b>	
CRN core ABF	6.96
CRN additional (e.g. SGLs)	0.19
CRN Clinical Support	0.11
CRN Fellows	0.34
Commercial study income	7.20
Non-Commercial study income	4.29
NIHR grants	4.22
Other grants	1.04
RCF Funding (estimated)	2.11
NIHR Infrastructure Awards*	13.82
<b>Total Income</b>	<b>40.33</b>

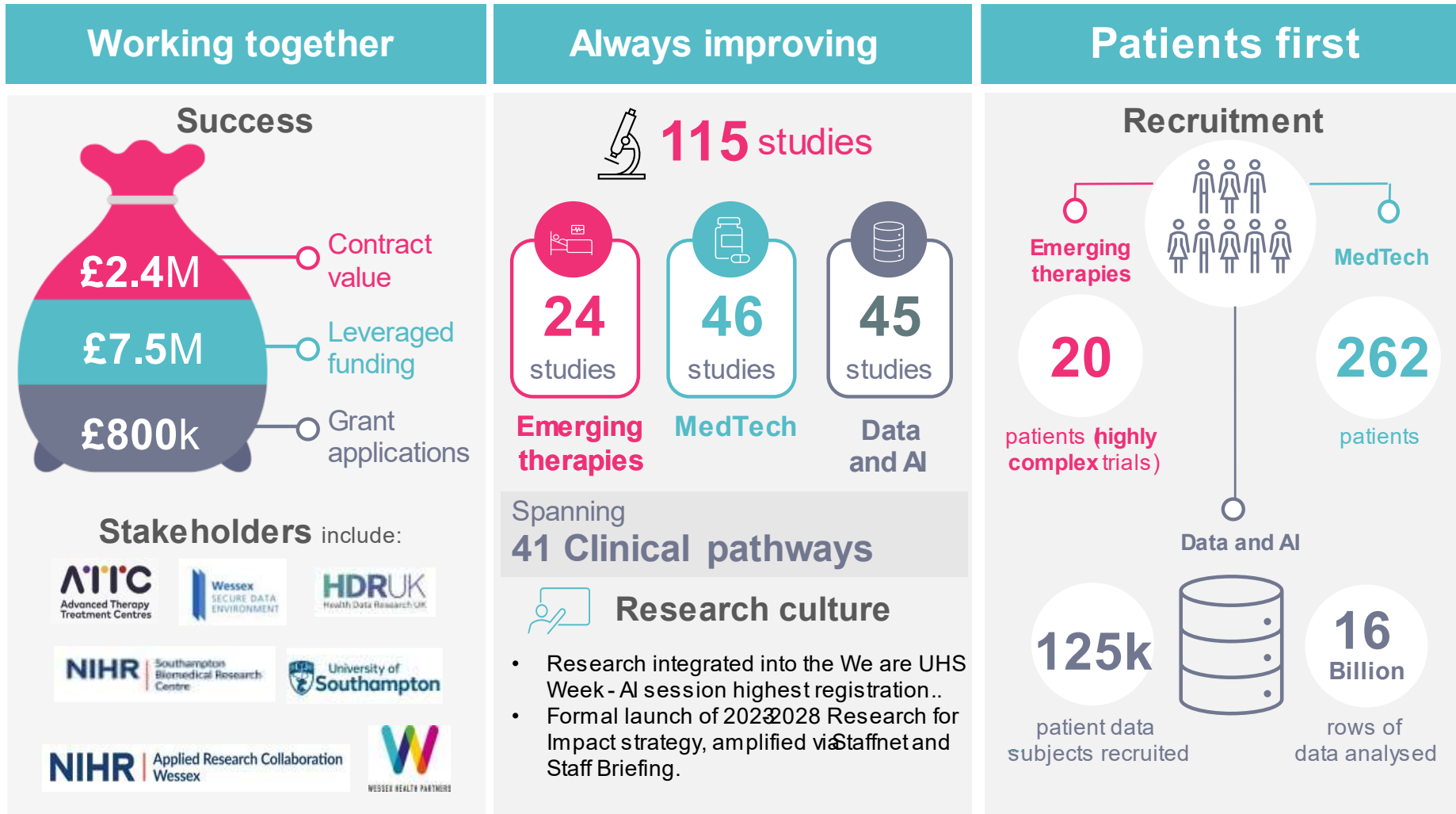
<b>Expenditure</b>	
Div A pay & non pay	0.42
Div A pay & non pay	1.69
Div A pay & non pay	1.52
Div A pay & non pay	1.29
Excess Treatment Costs - cross division***	0.01
THQ non pay	1.84
Contributions to Trust	6.77
ATIMP	0.43
CRF	4.16
BRC	4.74
SCREI	0.22
ECMC	0.20
Patient Participant Involvement team	0.08
SOAR	0.12
RLP	0.21
Strategic Development fund	0.02

Strategic Leadership team	0.26
SETT	0.84
CRN DL and SGLs	0.16
Non-medical trustwide delivery teams	7.68
Trust wide research fellows	0.50
PI funds	0.84
R&D central office	2.75
External study costs	13.03
<b>Sub total R&amp;D</b>	<b>32.54</b>
<b>Total Expenditure</b>	<b>37.90</b>
<b>Net Budget**</b>	<b>2.79</b>

\*NIHR Infrastructure Awards - BRC £5,237,668. CRF £2,143,842. ECMC £200,664, ARC £3,640,500

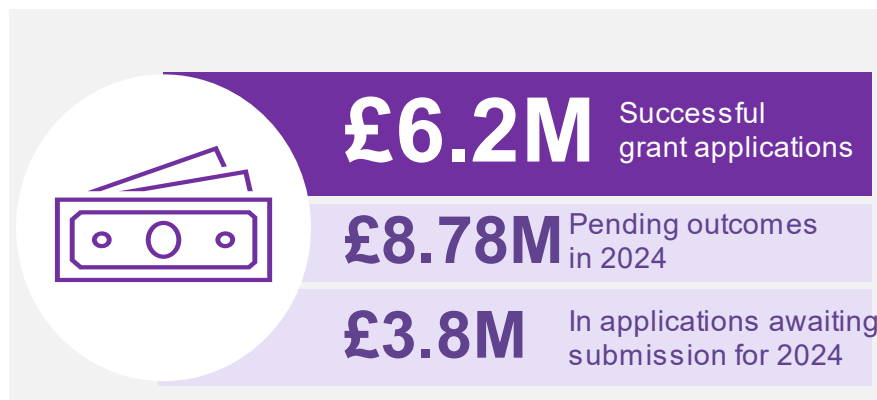
\*\*Net Budget - PI funds £350k + ETCs £80k + investment case £1,760k, £669k Provision/SDE contributions

\*\*\* Excess Treatment Costs - National threshold £8k, any more will be funded by CRN



# RLP in numbers

Figures from Jan 2022 – April 2024



Appendix 7 – UHS/UoS / Regional Research Infrastructure



Report to the Trust Board of Directors				
<b>Title:</b>	<b>Board Assurance Framework (BAF) Update</b>			
<b>Agenda item:</b>	6.3			
<b>Sponsor:</b>	Gail Byrne, Chief Nursing Officer			
<b>Author:</b>	Lauren Anderson, Corporate Governance & Risk Manager Craig Machell, Associate Director of Corporate Affairs and Company Secretary			
<b>Date:</b>	25 July 2024			
<b>Purpose:</b>	Assurance or reassurance  ✓	Approval	Ratification	Information  ✓
<b>Issue to be addressed:</b>	The Board Assurance Framework (BAF) provides assurance against the achievement of our strategic objectives; highlighting those that are at risk of not being delivered. The BAF provides evidence to support the annual governance statement and is a focus of CQC and audit scrutiny. This report sets out the strategic risks, control framework, sources of assurance and action plans. The BAF is a dynamic document that will reflect the Trust's changing strategic position.			
<b>Response to the issue:</b>	The BAF has been developed with input from responsible executives and relevant stakeholders. It satisfies good governance requirements on information and scoring. The report has been updated following discussions with the relevant executives and their teams.			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	The ability of the Board to effectively manage strategic risk is fundamental to the delivery of the Trust's strategic objectives and is a core element of the CQC's 'well led' inspection process. An organisation that does not monitor its strategic risk through a Board Assurance Framework or similar document may not be aware of key risks or may not understand failures in the control environment and actions planned to address these failures.			
<b>Summary: Conclusion and/or recommendation</b>	Trust Board is asked to note the updated Board Assurance Framework and information contained within this report.			

## 1. Purpose

- 1.1. The University Hospital Southampton Board Assurance Framework (BAF) identifies the strategic ambitions and the key risks facing the organisation in achieving these ambitions. The full BAF is provided as appendix A.
- 1.2. This document seeks to provide assurance to the Board that the Trust is appropriately sighted on, and working to mitigate, key strategic risks through an appropriate governance structure. Each risk detailed within the BAF is overseen by a sub committee of board.
- 1.3. When reviewing the BAF the Board are asked to consider:
  - the level of assurance provided by the BAF and those areas or actions around which further assurance may be required;
  - the appropriateness and timeliness of key actions to develop either the control or assurance framework for these strategic risks, and
  - any risks to the delivery of our strategic objectives that are not currently included in the Board Assurance Framework, or key operational risks not identified.

## 2. Key updates

- 2.1. The board last received the BAF in June 2024. Since then all risks have been reviewed by the responsible executive(s) and updated where appropriate.
- 2.2. Key changes to individual strategic risks are shown within the current assurances and updates on each risk within the BAF.
- 2.3. There have not been any changes to risk ratings, target risk ratings, or target dates since the committee last received this report.
- 2.4. At present there are 5 risks which sit outside of the Trust's stated risk appetite, however all of them have target ratings which do sit within either the tolerable or optimal appetite, along with actions identified to achieve this.
- 2.5. Further planned development work to strengthen the assurance provided within the BAF, and how it is used, includes:
  - Assessing the identified gaps in controls against the action plan to ensure that all identified gaps which are within the organisation's remit to mitigate are addressed. Where there are gaps which the organisation is unable to directly address (for example where wider system work is required) this gap in delivering mitigations should be articulated.
  - Reviewing how assurances are articulated to focus on assurance rather than reassurance using a 1<sup>st</sup>/2<sup>nd</sup> (internal) 3<sup>rd</sup> (external) assurance framework.
  - Ensuring that aspirations and actions are differentiated and that actions have target timeframes so that progress can be monitored.
  - Further steps to the above 2 points could include assessment of assurances and actions against hierarchy pyramids to assess the strength of these.
  - Introduction of an agenda annex for the Board and sub committees which maps individual agenda items to BAF risks, to promote risk-based discussions and decision making (Q3).



- 2.6.** Work has progressed to create stronger connections between the operational risk register and BAF with all critical risks mapped to a strategic risk. The digital system, Ulysses Safeguard, which holds the risk register has now been updated to reflect the current strategic risks and allow digital coding and reporting. Further work is planned to introduce an intermediary level of risk which collates the operational risks into a collective divisional oversight framework. To facilitate this work, steps are underway to review and update the risk scoring matrix and recalibrate the critical risk register to ensure that the organisation's key concerns are reflected.

# UHS Board Assurance Framework (BAF)

Updated July 2024

The Board Assurance Framework (BAF) is a dynamic document which provides assurance against the achievement of our strategic objectives, highlighting those risks that may threaten delivery.

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

## 1. Outstanding patient outcomes, safety, and experience

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

## 2. Pioneering research and innovation

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

## 3. World class people

- 3a: We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.
- 3b: We fail to develop a diverse, compassionate, and inclusive workforce, providing a more positive staff experience for all staff.
- 3c: We fail to create a sustainable and innovative education and development response to meet the current and future workforce needs identified in the Trust's longer-term workforce plan.

## 4. Integrated networks and collaboration

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

## 5. Foundations for the future

- 5a: We are unable to deliver a financial breakeven position, resulting in: inability to move out of the NHS England Recovery Support Programme, NHS England imposing additional controls/undertakings, and a reducing cash balance impacting the Trust's ability to invest in line with its capital plan, estates/digital strategies, and in transformation initiatives.
- 5b: We do not adequately maintain, improve, and develop our estate to deliver our clinical services and increase capacity.
- 5c: Our digital technology or infrastructure fails to the extent that it impacts our ability to deliver care effectively and safely within the organisation
- 5d: We fail to prioritise green initiatives to deliver a trajectory that will reduce our direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045.

# Executive Summary

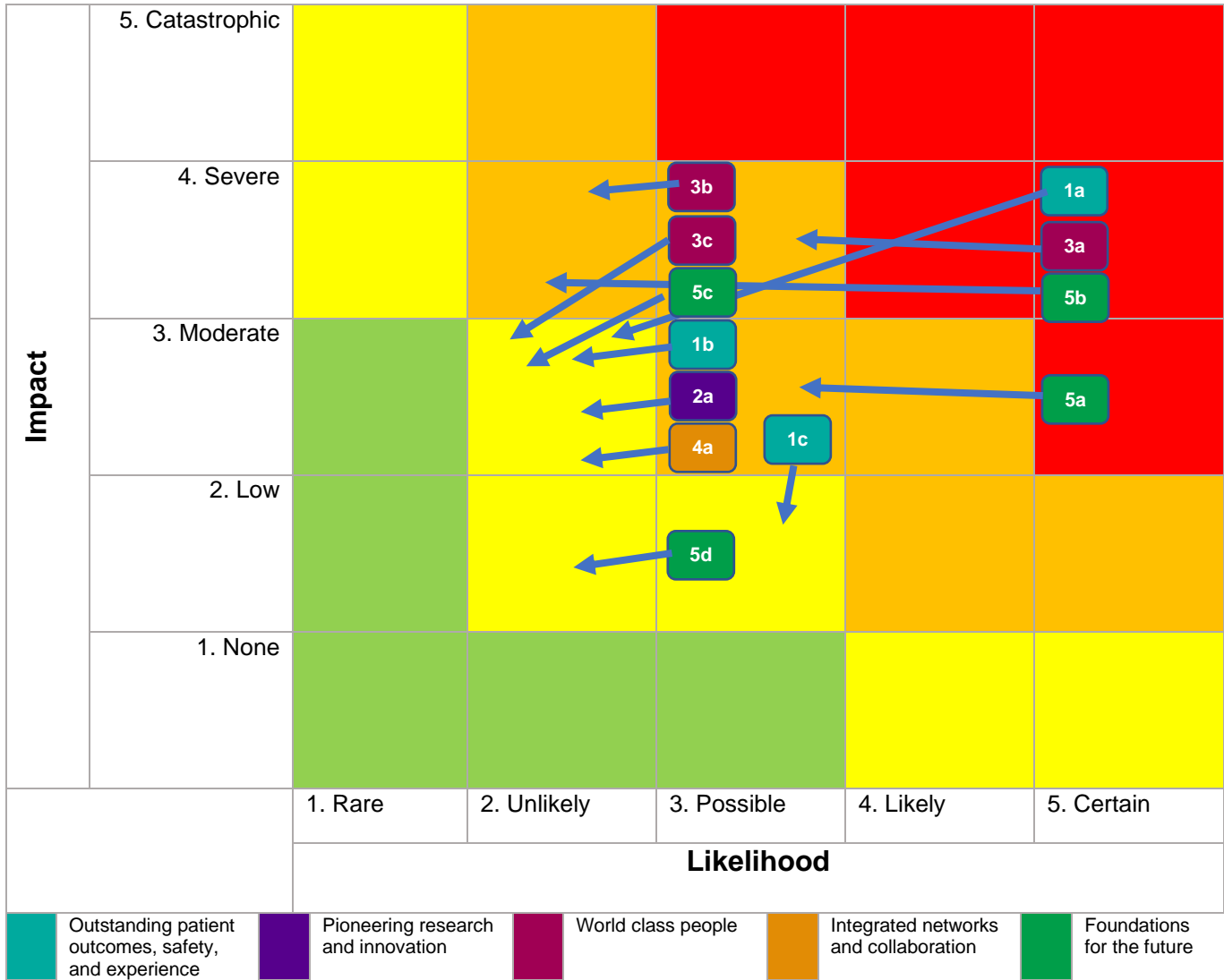
There are 4 critical strategic risks with a red risk rating above 15. These are:

- 1a) Capacity (4 x 5 = 20)
- 3a) Staffing (4 x 5 = 20)
- 5a) Finances (3 x 5 = 15)
- 5b) Estates (4 x 5 = 20)

At present there are 5 risks with a current risk rating outside of the optimal or tolerable appetite. These are: 1a, 1c, 3a, 5a, and 5b. All of these risks are being actively treated with the aim of reducing the risk score and all risks set out within the BAF have a target risk rating which sits within the optimal or tolerable risk appetite.

# Trajectory

The heatmap provided below demonstrates the current risk rating based on the impact and likelihood, along with an arrow illustrating the target score to be achieved through implementation of planned actions and mitigations.



**Outstanding patient outcomes, safety, and experience**

**1a) Lack of capacity to meet current demand resulting in avoidable patient harm**

**Monitoring committee:** Quality Committee

**Executive leads:** COO, CMO, CNO

Cause	Risk	Effect
If there is inadequate capacity due to increasing demand, suboptimal flow, and limited resources (including funding, workforce, estate, and equipment);	This could lead to an inability to respond to emergency demand in a safe, timely and appropriate manner, delays in elective admissions and treatment, and delays in timely diagnostics;	Resulting in avoidable harm to patients and increased incidents, complaints, and litigation.
Category	Appetite	Status
Safety	Minimal <i>The current risk rating is outside of the stated risk appetite. The target risk rating is within the tolerable risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Target risk rating (I x L)	
4 x 5	April 2022	4 x 5	July 2024	3 x 2	April 2025
20		20		6	

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
		4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20

**Current assurances and updates**

This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required. The controls and actions have been updated to reflect ongoing transformational work across inpatients, outpatients, and operating services, as well as capital funding awarded for development of a multi-speciality same day emergency care unit.

**Key controls**

Clinical Prioritisation Framework.  
Triage of patient lists based on risk of harm with consultant led flagging of patients of concern.  
Capacity and demand planning, including plans for surge beds and specific seasonal planning.  
Patient flow programme to reduce length of stay and improve discharge. This is governed through the Inpatient Steering Group (IPSG) with senior clinical and non-clinical leadership including the CNO, deputy CMO, and deputy COO. Targeted workstreams underpinning the objectives include criteria led discharge and discharge lounge use.  
Outpatients and operating services transformation programme focused on improving utilisation of existing capacity and reducing follow up demand.  
Use of independent sector to increase capacity.  
Urgent and Emergency Care Board established to drive improvements across UEC pathways.  
UEC recovery plan to support improvements across UEC pathways.  
UEC standards have been developed and implemented with guidance for site management to

**Gaps in controls**

Excess demand in community and social care combined with cuts to Hospital Discharge Funding may further increase the number of patients in hospital not meeting the criteria to reside.  
Limited funding, workforce, and estate to address capacity mismatch in a timely way.  
Lack of local delivery system response and local strategy to manage demand in our emergency department as well as to address delays in discharge from the acute sector. However emerging NHS HIOW transformation programmes are focussed on discharge, planned care, local mental health care, and urgent and emergency care.  
Challenges in staffing ED department during periods of extreme pressure.  
Ongoing industrial action through 23-24 and into 24-25 presents significant risk to the Trust's ability to meet ongoing demand on our services.  
Staff capacity to engage in quality improvement projects due to focus on managing operational pressures.  
Workforce and recruitment controls result in ward leaders working within the safe staffing numbers as

ensure that we admit the right patient to the right place. Monitored through patient flow programme board. Rapid Improvement Plans to support improvements across cancer pathways.	opposed to in a solely supervisory capacity reducing their ability to plan discharges and oversee flow.
<b>Key assurances</b>	<b>Gaps in assurances</b>
Clinical Assurance Framework, reported quarterly to the executive. Reported bi-weekly via CPRP. Harm reviews identifying cases where delays have caused harm. Weekly divisional performance meetings with a particular focus on cancer and long waiting patients. Live monitoring of bed occupancy and capacity data. Monitoring and reporting of waiting times. Implementation of PSIRF with oversight of red incidents at TEC. Transformation programme work plans.	Local system plans to reduce patients without a criteria to reside are emerging but currently lack detail to provide assurance.
<b>Key actions</b>	
<p>Establish local delivery system plan for reducing delays throughout the hospital.</p> <p>Deliver ERF targets for 2024/25 to secure additional funding and address waiting lists.</p> <p>Deliver plans to hit the trajectory of no patients waiting over 65 weeks by September 2024.</p> <p>Community Diagnostic Hub opening in Q4 2024/5 to provide additional diagnostic capacity. Previously scheduled for 2023/4 however this has been delayed following redesign.</p> <p>New theatres and MRI suite open in 2024.</p> <p>Engagement in the NHSE Further Faster programme for elective care.</p> <p>Delivery of improvement work in 2024/25 on patient flow and optimising operating services and outpatients.</p> <p>An external visit from the Emergency Care Intensive Support Team took place in February 2024 and we have now received their report with findings and recommendations to review and implement. The Emergency Department Team have clear actions to take forward as well as some Trust wide schemes.</p> <p>The Trust has been awarded capital funding to build a multi-speciality SDEC unit to support the emergency department through provision of alternate presentation options for patients requiring urgent care. Plans to be developed with a projected timeframe of March 2025.</p>	

Linked operational risks				
No.	Title	Current risk rating	Target risk rating	Target Date
74	If there is a continued demand for SDU bed Capacity for inpatients there will be an impact on elective admission flow, patient experience, financial cost and staff well-being	3 x 5 = 15	3 x 3 = 9	31/08/2024
95	Delays in discharge of children and young people with acute mental illness or behavioural disturbance may impact on capacity within the Children's hospital.	3 x 5 = 15	2 x 3 = 6	31/12/2024
187	Inability to deliver critical services within the emergency department due to increased demand, overcrowding and inadequate flow out of the department, which is resulting in harm to patients.	5 x 5 = 25	4 x 3 = 12	28/11/2024
218	Patients will experience loss of vision if additional outpatient follow up capacity is not identified.	5 x 3 = 15	4 x 3 = 12	30/06/2024
259	Capacity and Demand in Maternity Services	4 x 4 = 16	2 x 2 = 4	31/07/2024
470	Risk to reputation and patient safety due to insufficient theatre capacity across Child Health, resulting in long waiting times for surgery.	4 x 4 = 16	3 x 2 = 6	30/09/2024
652	Prostate cancer capacity	4 x 4 = 16	3 x 2 = 6	31/07/2024
687	Impact on patient care due to delayed recovery discharges, because of lack of patient flow throughout the hospital.	3 x 5 = 15	3 x 1 = 3	31/12/2024

697	Delays in surgery for paediatric congenital cardiac patients due to lack of capacity and a growing waiting list	$5 \times 4 = 20$	$3 \times 2 = 6$	26/04/2024
766	Inability to deliver a critical service to those with a life threatening illness/injury due to our resuscitation bays being overcrowded. Compromised ability to function as the Regional Major Trauma Centre.	$5 \times 5 = 25$	$4 \times 2 = 8$	30/06/2024
788	Elective caesarean section list capacity	$3 \times 5 = 15$	$2 \times 2 = 4$	21/09/2024
804	Congenital cardiac (adult & paed) surgery demand	$4 \times 4 = 16$	$4 \times 2 = 8$	01/09/2024
814	Inability to provide a safe pleural service	$4 \times 4 = 16$	$2 \times 2 = 4$	01/01/2025
816	Inability to discharge patients due to non-criteria to reside status and/or ineffective processes will compromise effective flow and result in patient harm, a suboptimal patient experience, and insufficient admitting capacity	$5 \times 4 = 20$	$3 \times 2 = 6$	31/03/2025

Outstanding patient outcomes, safety and experience													
1b) Due to the current challenges, we fail to provide patients and their families / carers with a high-quality experience of care and positive patient outcomes													
Monitoring committee: Quality Committee						Executive leads: COO, CMO, CNO							
Cause			Risk				Effect						
If demand outstrips capacity, and/or we have insufficient workforce to meet the demand,			This could result in an inability to provide a fully comprehensive, and exceptional, experience of care,				Resulting in not fully meeting the needs of our patients and their families and carers, which may lead to an increase in complaints and poor feedback. Additionally, patents may suffer delays, complications, poorer outcomes, and longer lengths of stay if their needs are not addressed at the earliest opportunities.						
Category			Appetite				Status						
Experience			Cautious <i>The current risk rating is within the tolerable risk appetite and the target risk rating is within the optimal risk rating.</i>				Treat						
Inherent risk rating (I x L)			Current risk rating (I x L)				Target risk rating (I x L)						
3 x 3 9		April 2022	3 x 3 9		July 2024		3 x 2 6		December 2024				
Risk progression: (previous 12 months)		Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
		3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9
Current assurances and updates													
<ul style="list-style-type: none"> <li>This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required. The controls and actions have been updated to reflect the need to seek and embrace patient involvement in key strategies and projects and how this will be achieved.</li> <li>A successful initiative in May 2024 was the 'Patient Experience Week' celebrations, in which each Division had their own celebration day with a 'thank you' drop in session tailored for each division and show casing FFT results and learning from complaints.</li> </ul>													
Key controls						Gaps in controls							
Trust Patient Safety Strategy and Experience of care strategy. Organisational learning embedded into incident management, complaints and claims. Learning from deaths and mortality reviews. Mandatory, high-quality training. Health and safety framework. Robust safety alert, NICE and faculty guidance processes. Integrated Governance Framework. Trust policies, procedures, pathways and guidance. Recruitment processes and regular bank staff cohort. Culture of safety, honesty and candour. Clear and supportive clinical leadership.						No agreed funding for the quality of outcomes programme to go forward beyond this year. Patient experience strategy is out of date and now not in keeping with national and local objectives. New strategy to be co-designed with involved patients. There are no involved patients embedded on estates works and projects. The implementation of QPSPs (quality safety partners) will support the transition for the Trust. Currently there are no SOPs/Frameworks for involved patients. The role of Head of Inequalities was not invested in after the charity funded project 2022-23. The Head of Patient Involvement role was not replaced in Sept 2023 and therefore there is limited capability to engage the local community.							



<p>Delivery of 23/24 Always Improving Programme aims.                  Involvement of patients and families through our Quality Patient Safety Partners (QPSPs) in PSSG, SISG and Quality Improvement projects.                  Implementation of PSIRF.                  Patient Involvement and engagement in capital build projects                  Working with communities to establish health inequalities and how to ensure our care is accessible and equitable.                  Maternity safety champions.</p>	<p>Staff capacity to engage in quality improvement projects due to focus on managing operational pressures .                  Reduction in head count (decreased bank utilisation) due to the measures taken because of financial challenges.                  Reduction in SDM delivery team due to financial challenges and temporary vacancies/sickness.</p>
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<p>Monitoring of patient outcomes.                  CQC inspection reporting: Good overall.                  Feedback from Royal College visits.                  Getting it right first time (GIRFT) reporting to Quality Committee.                  External accreditations: endoscopy, pathology, etc.                  Kitemarks and agreed information standards.                  Clinical accreditation scheme (with patient involvement).                  Internal reviews into specialties, based on CQC inspection criteria.                  Current and previous performance against NHS Constitution and other standards.                  Matron walkabouts and executive led back to the floor.                  Quality dashboard, KPIs, quality priorities, clinical audits and involvement in national audits.                  Performance reporting.                  Governance and oversight of outcomes through CAMEO and M+Ms                  Patient Safety Strategy Oversight Committee                  Transformation Oversight Group (TOG) including TOG dashboard to oversee impact.                  Established governance oversight and escalation from ward to board through care group and divisional governance groups, as well as the Quality Governance Steering Group and the Quality Committee (sub committee of the board).                  Providing other avenues of FFT feedback that suits the needs of our demographic, or example SMS surveys, ensuring our care is informed by ours patients voice</p>	<p>Ongoing industrial action through 22-23 and 23-24, and into 24-25 presents risk to the Trust's ability to meet ongoing demand on our services.                  There is no additional resource to support patient feedback with community engagement. The average reading age of Southampton is 7-10 yr. age, so therefore there needs to be officers reaching out personally to get feedback on care.</p>
<p><b>Key actions</b></p>	
<p><b>Introducing a robust and proactive safety culture:</b>                  Implement plan to enable launch of PSIRF in Q3 2023/24 and continued implementation and embedding into 2024/25.                  Embed learning from deaths lead &amp; lead medical examiner roles (primary and secondary care) and develop objectives and strategy.                  Introduce thematic reviews for VTE.                  Implement the second round of Ockenden recommendations – completed.</p> <p><b>Empowering and developing staff to improve services for patients</b></p>	



Ongoing completion of SDM project, data analysis and formulate plan for ongoing roll-out, predominantly focussed on specialist services. Engagement and rollout within adult congenital heart disease, head and neck cancer, and also orthopaedics across the ICS. To embed as business as usual from April 2024. Baseline assessments and two quarters' submissions have completed and this will form part of the CQINN this year.

**Always Improving programme**

Delivery of 23/24 aims of patient flow, outpatient and optimising operating services programmes and associated quality, operational and financial benefits (incl. Outpatient follow-up reduction).

Further development of our continuous improvement culture to ensure a sustained focus on quality and outcomes.

Increase specialties contributing to CAMEO. We are developing a new strategy linking outcomes, transformation, and safety.

Actively managing waiting list through points of contact, escalating patients where changes are identified. Ongoing harm reviews for p2s and recurring contact for p3 and p4 patients.

Always Improving self-assessment against NHSE guidance to be taken to Trust Board in December.

Fundamentals of care programme roll out across all wards.

**Patient experience initiatives**

Roll out of SMS and other feedback mechanisms, offering clinical teams targeted response surveys to ensure specific care needs are not only identified they are also addressed. This in part has started, the ED SMS survey has proven to be a success and yielded a 700% improved response rate for ED. The learning from this has now been shared trust wide and Eye Casualty and Ophthalmology are now next to move to FFT SMS, which captures a wider demographic of patients.

Experience of Care team to provide meaningful patient feedback to individual services through Div Gov and local level groups to disseminate and support service improvement through codesign and patient experience. This is ongoing work, there have been several vacancies in the Experience of Care, but with the recruitment of a new Head of Patient Experience there is now a renewed focus to provide divisional tailored reports at care group and divisional level.

We are Listening events to be held in local community areas to capture protected characteristic patients that may not explore traditional complaint routes into the Trust. This is an aspiration however currently there is no resource to do this with loss of Head of Patient Involvement.

Measures in place to identify and share thematic learning. There has been a refresh on the 'Learning from Death' and 'Experience of Care', with both board reports now reporting on patients lived experiences and including cross sections of patient experience related AERS which previously did not feature. For example, there is a now a review of AERs relating to End of Life care and a current theme on deaths outside of a side room/private area.

Linked operational risks				
No.	Title	Current risk rating	Target risk rating	Target Date
38	Timeliness of screening for sickle cell and thalassaemia in early pregnancy	3 x 5 = 15	2 x 2 = 4	31/12/2024
440	Children and young people with acute mental illness or behavioural disturbance will be at increased risk of harm if there are no dedicated CAMHS facilities and insufficient CAMHS staffing at Southampton Children's Hospital; this risk will be exacerbated if there are also delays in their discharge.	4 x 5 = 20	2 x 3 = 6	28/06/2024
645	Increase in mental health patients and ligature risk in ED and AMU	3 x 5 = 15	2 x 2 = 4	30/06/2024
765	Risk to patient safety and patient experience due to a lack of plasma exchange provision for children at UHS	4 x 4 = 16	4 x 2 = 8	31/01/2024
815	Poor compliance with NICE guidance for antenatal bookings	3 x 5 = 15	2 x 2 = 4	31/12/2024

**Outstanding patient outcomes, safety and experience**

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

**Monitoring committee:** Quality Committee

**Executive leads:** CNO, COO

Cause	Risk	Effect
If there are gaps in compliance with IPC measures and policy, either due to increased working pressures, or a lack of awareness or understanding,	Patients may acquire a new infection whilst in hospital and there may be nosocomial outbreaks of infection,	Resulting in patient harm, longer lengths of stay, a detrimental impact to patient experience if visiting restrictions are necessitated, and an operational impact as bays and wards are closed.
Category	Appetite	Status
Safety	Minimal <i>The current risk rating is outside of the stated risk appetite. The target risk rating is within the tolerable risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Target risk rating (I x L)	
3 x 3 9	April 2022	3 x 3 9	July 2024	2 x 3 6	April 2025

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9

**Current assurances and updates**

- Isolation policy for patients with infectious conditions updated and published in June 2024 with focused rollout and launch activities scheduled for July 2024.
- Focused activity/support to wards by the Infection Prevention Team in Q1 to support improvements in application of measures to prevent MRSA acquisition – ward reviews/ feedback, education, training and awareness,
- Increased number of cases of measles in May/June resulted in a number of exposure incidents to other patients and staff – actions/processes further reviewed and updated as a result including introduction of a measles triage/screening tool, increased awareness amongst admitting teams, re-enforcement of PPE requirements.
- Monthly infection prevention and control newsletter continues to be issued in response to current trends, themes, and need. June covered cleaning & decontamination of patient care equipment. July to focus on assessment and care of patients with suspected/confirmed infectious conditions alongside launch and rollout of the revised isolation policy.

Key controls	Gaps in controls
Annual estates planning, informed by clinical priorities. Digital prioritisation programme, informed by clinical priorities. Infection prevention & control agenda, annual work plan, audit programme. Local infection prevention support provided to clinical teams. Compliance with NHSIE Infection Prevention & Control Assurance Framework. Focused IP&C educational/awareness campaigns e.g. hand hygiene, 'Give up the gloves' winter virus. campaigns. PPE requirements, specifically the requirement for use of gloves, updated in the Trust	Transmissibility of respiratory virus infections (e.g. COVID-19, Influenza, RSV), Norovirus and other infections.  Resurgence of infections such as measles and pertussis plus emergence of newer infections e.g. Candida Auris and increased national prevalence of multi-drug resistant organisms such as CPE.  Familiarisation with response to resurgence of infections such as norovirus, measles, pertussis plus new infections.

<p>Isolation policy (published June 2024) to support the 'give up the gloves' campaign.</p> <p>Digital clinical observation system.</p> <p>Implementation of My Medical Record (MMR).</p> <p>Screening of patients to identify potential transmissible infection and HCAs.</p> <p>Programme of monitoring/auditing of IP&amp;C practice and cleanliness standards.</p> <p>Review of incidents/outbreaks of infection and sharing learning and actions.</p> <p>Risk assessments in place for individual areas for ventilation, bathroom access, etc. to ensure patient safety.</p> <p>Guidance disseminated around identifying potential cases of measles and pertussis and monitoring symptoms following a national and local increase in presentations. Supported by national messaging and encouragement of vaccinations.</p> <p>Education and support provided to clinical areas not meeting expected cleanliness standards, providing by EMT and external providers.</p> <p>The fundamentals of care continue to be rolled out which includes embedding expected IPC measures This also addresses learning from the recent MRSA BSIs and other infections e.g. risk reduction measures for MRSA, focus on hand hygiene practice and correct PPE.</p>	<p>Challenges in the ability to isolate patients presenting with suspected infection due to limited infrastructure in some areas e.g. limited single rooms/demand on single rooms.</p> <p>IPC measures are reliant on people and their actions will be influenced by human factors, therefore 100% compliance cannot be enforced.</p>
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<p>Infection Prevention Committee and IP&amp;C Senior Oversight Group. Hand hygiene, IP&amp;C and cleanliness audits.</p> <p>Patient-Led Assessment of the Care Environment.</p> <p>National Patient Surveys.</p> <p>Capital funding monitored by executive.</p> <p>NHSE/I infection prevention &amp; control assurance framework compliance reporting to executive, Quality Committee and Board.</p> <p>Clinical audit reporting.</p> <p>Internal audit annual plan and reports.</p> <p>Finance and Investment Committee oversight of estates and digital capital programme delivery.</p> <p>Digital programme delivery group meets each month to review progress of MMR.</p> <p>Quarterly executive monitoring of Estates KPIs (maintenance, cleanliness, fire safety, medical devices, etc.).</p> <p>Ongoing focus on hand hygiene by the IPT and Divisions/Care groups – improvements starting to be seen in hand hygiene practice (as demonstrated in audits) and evidence of ongoing focus within clinical areas to drive improvements in practice.</p>	<p>Ward and bay closures due to norovirus outbreaks.</p> <p>Increase in cases of C.Diff, MRSA BSIs (blood stream infections) and other gram negative BSI above national set thresholds.</p> <p>Not all areas consistently submitting IP&amp;C audits to demonstrate assurance of expected IP&amp;C practices.</p>

### Key actions

Ongoing programme of IP&C policy review to ensure alignment with national infection prevention & control manual for England and other national guidance. e.g. standard infection control precautions policy, high consequences infectious disease policy, policy for the management of patients with unexplained/unexpected diarrhoea and/or vomiting.

Ongoing focused IP&C education and awareness campaigns supported by internal and external communications plan.

Re-enforce processes to ensure all areas submit required audits to demonstrate assurance of IP&C practice standards and follow up/support provided by the IPT.

Delivery of IPT work plan to support improvements in practice (MRSA focus in Q1, Isolation care focus in Q2).

Follow-up/review of all new cases of Cdifficile & MRSA for assurance that expected standards are in place to reduce risk of onward transmission.

Ongoing review of new cases of healthcare associated bloodstream infections (E-Coli, klebsiella, pseudomonas, MRSA, MSSA, VRE) to identify potential gaps in practice, learning and actions for improvement.

Monthly Infection Prevention Newsletter to provide updates/education and share learning.

**Pioneering research and innovation**

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

**Monitoring committee:** Trust Board

**Executive leads:** CMO

Cause	Risk	Effect
If there is: <ul style="list-style-type: none"> <li>insufficient research workforce and limited capacity in clinical support services;</li> <li>an organisational culture which does not encourage and support staff to engage with research and innovation.</li> </ul>	This could lead to: <ul style="list-style-type: none"> <li>an inability to set-up and deliver research studies in a safe and timely manner;</li> <li>a lack of development opportunities for staff which impacts the next generation of researchers and innovators.</li> </ul>	Resulting in: <ul style="list-style-type: none"> <li>failure to deliver against existing infrastructure awards;</li> <li>impact our national ranking;</li> <li>reduced access for patients to innovative new treatments;</li> <li>reputational damage to our university teaching hospital status and ability to secure funding awards in the future.</li> </ul>
Category	Appetite	Status
Technology & Innovation	Open <i>Both the current and target risk ratings are within the optimal risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Target risk rating (I x L)	
4 x 2	April 2022	3 x 3	9	3 x 2	January 2025
8		9	2024	6	2025

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3
	9	9	9	9	9	9	9	9	9	9	9	9

**Current assurances and updates**

This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required. The action plan has been updated to reflect recent progress and the next planned steps.

Key controls	Gaps in controls
Research strategy, approved by Board and fully funded. Always improving strategy, approved by the board and detailing the UHS improvement methodology. Partnership working with the University and other partners. Clinical academic posts and training posts supporting strategies. Secured grant money. Host for new regional research delivery network, supporting regional working. Local ownership of development priorities, supported by the transformation team.	Operational pressures, limiting time for staff to engage in research & innovation. Limited capacity to support new studies and research areas, relating to hard to recruit areas, turnover, and existing clinical priorities. Research priorities with partners not necessarily led by clinical or operational need. No overarching strategy to support innovation. Impact of recruitment processes on vacancy rates in research workforce and clinical support services is impacting performance, with vacancy rates having a particular impact in R&D office and clinical trials pharmacy. Recruitment proceeding and appointment to vacancies, with an agreed pathway for research posts going forward.
Key assurances	Gaps in assurances
Governance structure surrounding University partnership.	Limited corporate approach to supporting innovation across the Trust.

<p>Board to Council meetings.                  Joint Senior operational group.                  Joint Research Strategy Board.                  Joint executive group for research.                  Joint executive group for innovation.                  Joint Innovations and Commercialisation Group – UHS/UoS.                  Monitoring research activity funding and impact at R&amp;D steering group.                  MHRA inspection and accreditation.                  Strategy and transformation process.                  CQC review of well-led criteria, including research and innovation.                  R&amp;D Trust Board KPI's being monitored closely to benchmark our performance nationally. In 24/25 we are seeing the impact of the focus on our recruitment with improvement in our national performance.</p>	<p>National benchmarking: previously ranking was below optimal although improvements are being seen since September 2023. Action plan underway.</p>
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**Key actions**

Staff survey to test staff engagement and understanding of innovation at UHS.  
 Deliver R&I Investment Case.  
 Ongoing work to review investment and return.  
 International Development Centre, attracting external funding to support staff in pursuing innovation.  
 Execute an agreed joint programme of work with partners through establishing executive group for education.  
 Maximise the benefits of the newly established Wessex Health Partnership as a founding member.  
 Supporting departments in increasing recruitment and retention through work with R&D to create innovative roles.  
 Review the Trust's approach to corporate-wide innovation.  
 Processes being streamlined and new digital tools being adopted to increase clinical research delivery efficiency.  
 Joint Research Vision, developed with University of Southampton, went to Senior Operational Group in June 2024, and will be finalised by Joint Research Strategy Board in July 2024.  
 UHS led on a regional bid for an NIHR Commercial Clinical Research Delivery Centre (submitted 02/07/2024) for £4.7m supported by all Wessex NHS Partners, Dorset and HIOW ICBS, Wessex Health Partners and Heath Innovation Wessex. Outcome expected Autumn 2024.  
 Seeking funding from Wessex Health Partners to take forward outputs from Innovation workshop - to develop processes for UHS/UoS partnership and in the longer term a UHS innovation strategy.  
 QI & R&D continuing to work together to identify opportunities and strategic approaches to work collaboratively together.



World class people													
3a) We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles													
Monitoring committee: People & Organisational Development Committee								Executive leads: CPO					
Cause		Risk				Effect							
Nationally directed financial restraints limiting workforce size and growth pose a risk, and this is compounded in some hard to fill professions and specialities by national and international shortages;		This could result in an inability to recruit the number and skill mix of staff required to meet current demand;				This may result in a suboptimal patient care and experience and may be damaging to staff engagement and morale.							
Category		Appetite				Status							
Workforce		Open <i>The current risk rating is outside of the stated risk appetite. The target rating is within the tolerable risk appetite.</i>				Treat							
Inherent risk rating (I x L)		Current risk rating (I x L)				Target risk rating (I x L)							
4 x 4 16		4 x 5 20				4 x 3 12							
April 2022		July 2024				March 2026							
Risk progression: (previous 12 months)		Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
		4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20
Current assurances and updates													
<ul style="list-style-type: none"> <li>This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required.</li> <li>There are extensive recruitment controls in place presently which have been necessary to slow overall headcount growth in light of nationally directed financial pressures. However, this results in a tension between current clinical and operational demand and the workforce available.</li> <li>ICB wide transformation programme established with leadership including the UHS CEO. The focus is on grip and control of temporary staffing use, including supply issues, and corporate services.</li> <li>ICB recruitment panel established to limit recruitment within HIOW for specific roles.</li> <li>Affordable workforce limits have now been agreed with all divisions and THQ.</li> <li>Workforce plan for 2024/25 submitted to ICB.</li> <li>Current turnover rate is acceptable at 11.5% and we are meeting the sickness target (rolling average of 3.8%).</li> <li>Plan for nursing recruitment agreed for 2024/25 including overseas recruitment, newly qualified recruitment, and domestic recruitment to ensure the overall nurse vacancy position is sustained.</li> </ul>													
Key controls						Gaps in controls							
New 5-year People Strategy and clear objectives for Year 2 monitored through POD. Recruitment and resourcing processes. Workforce plan and overseas recruitment plan. General HR policies and practices, supported by appropriately resourced HR team. Temporary resourcing team to control agency and bank usage. Overseas recruitment including a reduced level of nurse vacancies. Recruitment campaign.						Completion and sign off of divisional and THQ affordable workforce limits underway. Completion of objectives for South-East temporary collaborative for 2024/25. People report for Board to be refreshed.							

<p>Apprenticeships.</p> <p>Recruitment control process to ensure robust vacancy management against budget.</p> <p>Workforce reviews to respond to specific recruitment and retention issues (e.g. the ACP review).</p> <p>Improved data reporting.</p>	
<b>Key assurances</b>	<b>Gaps in assurances</b>
<p>Fill rates, vacancies, sickness, turnover and rota compliance .</p> <p>NHSI levels of attainment criteria for workforce deployment.</p> <p>Annual post-graduate doctors GMC report.</p> <p>WRES and WDES annual reports - annual audits on BAME successes.</p> <p>Gender pay gap reporting.</p> <p>NHS Staff Survey results and pulse surveys.</p> <p>Joint finance and Workforce working group on data assurance.</p> <p>Temporary staffing collaborative diagnostic analysis on effectiveness.</p>	<p>Universal rostering roll out including all medical staff.</p> <p>Review of implications for education and training infrastructure from national workforce plan.</p>
<b>Key actions</b>	
<p>Approval of Year 3 objectives supporting delivery of the Trust's People Strategy.</p> <p>Deliver workforce plan for 2024/25 including increasing substantive staff in targeted areas offset by reducing temporary agency spend.</p> <p>To develop and implement Divisional Workforce Plans.</p> <p>Completion of objectives for South-East temporary collaborative for 2024/25.</p> <p>To implement a range of programmes to ensure turnover remains below 13.6%.</p> <p>To implement a range of measures to ensure our staff absence remains below 3.9%.</p> <p>To implement a range of measures to improve medical deployment. Ensure accuracy of leave allocation and recording for medical staff via Health roster for all care groups. Increase use of Health roster across medical staff groups.</p> <p>Review and refresh of the People report to Board (Q2 2024/25)</p>	

Linked operational risks				
No.	Title	Current risk rating	Target risk rating	Target Date
258	Maternity Staffing during peaks of activity	4 x 5 = 20	5 x 1 = 5	31/10/2024
578	Impact of reduced critical care outreach team service due to vacancy rate and skill mix on patient safety for adult deteriorating patients and ward based teams across UHS and personal health and wellbeing impact on CCOT ACPs.	4 x 4 = 16	2 x 2 = 4	31/12/2024
677	Workforce Resourcing - Insufficient resilience in the UHS network team to support mission critical infrastructure.	5 x 3 = 15	2 x 3 = 6	31/03/2024
705	Significant Risk to Service Provision for Neuroradiology	4 x 5 = 20	3 x 3 = 9	31/05/2024
746	Risk of harm to patients on a suspected cancer pathway if they are not triaged appropriately (PSC)	4 x 4 = 16	5 x 1 = 5	27/09/2024



**World class people**

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

**Monitoring committee:** People & Organisational Development Committee      **Executive leads:** CPO

Cause	Risk	Effect
If longstanding societal and NHS wide challenges surrounding inclusion and diversity, and current operational pressures on the NHS post covid, are not mitigated;	There is a risk that we will not recruit a diverse workforce with a range of skills and experience, and that we will not develop and embrace a positive and compassionate working culture where all staff feel valued;	Resulting in a detrimental impact to staff morale, staff burnout, higher absence and turnover, and the potential for reputational risk and possible litigation. This in turn has an impact on our patients when staff capacity cannot match clinical requirements, as we need to look after our staff to enable them to look after our patients.
Category	Appetite	Status
Workforce	Open <i>The current risk rating is within the tolerable risk appetite and the target risk rating is within the optimal risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Target risk rating (I x L)	
4 x 3 12	April 2022	4 x 3 12	July 2024	4 x 2 8	March 2027

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12

**Current assurances and updates**

- This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required.
- Staff survey was published in March 2024 and results have been shared with TEC, People Board, and Trust Board. Areas of concern and required improvement reflected in People objectives for 2024/25.
- NHSE review of surgical training has resulted in enhanced monitoring from the GMC. Full action plan being implemented including completion of workshops with all consultants working within the area.
- Year 1 of the inclusion and belonging strategy complete; year 2 objectives set out for 2024/25 to be implemented.

Key controls	Gaps in controls
<p><b>Great place to work including focus on wellbeing</b> UHS wellbeing plan developed. Guardian of Safe Working Hours. Re-launched appraisal and talent management programme. Comprehensive employee recognition programme embedded including monthly staff spotlight and annual awards.</p> <p><b>Building an inclusive and compassionate culture</b> Inclusion and Belonging Strategy signed off at Trust Board. Creation of a divisional steering group for EDI. FTSU guardian, local champions and FTSU policies.</p>	<p>Ensure each network has dedicated leadership to continue to support well-functioning and thriving networks. Coverage of allyship training to increase to 80% compliance by 31/03/2025. Launch of digital appraisal process. Improving implementation of national improving working lives actions for junior doctors following national letter May 2024.</p>

<p>Diversity and Inclusion Strategy/Plans. Collaborative working with trade unions. Launch of the strategic leaders programme with a cohort of 24 across UHS. Senior leader programme launched. Positive action programme completed. Nurse specific positive action programme also launched. All leadership courses now include management of EDI issues and allyship training has been rolled out across the organisation with good uptake.</p>	
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<p><b>Great place to work including focus on wellbeing</b> Annual NHS staff survey and introduction of quarterly pulse engagement surveys. Guardian of Safe Working Hours report to Board. Regular communications monitoring report Wellbeing guardian. Staff Networks. Exit interview process. Wellbeing Guardian and wellbeing champion.</p> <p><b>Building an inclusive and compassionate culture</b> Freedom to Speak Up reports to Board. Qualitative feedback from staff networks data on diversity. Annual NHS staff survey and introduction of quarterly pulse engagement. Listening events with staff, regular executive walkabouts, talk to David session. Insight monitoring from social media channels. Allyship Programme. Gender Pay Gap reporting. External freedom to speak up and employee relations review.</p>	<p>Maturity of staff networks</p> <p>Maturity of datasets around EDI, and ease of interpretation</p>
<p><b>Key actions</b></p>	
<p><b>Building an inclusive and compassionate culture</b></p> <p>Deliver year 2 objectives of the Inclusion and Belonging strategy by March 2025:</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• To get to 85% of all staff having completed the Actional Allyship Training by March 2025.</li> <li>• To implement the 1st phase recommendations of the Inclusive Recruitment Programme</li> <li>• To deliver improvement plan in terms of experience of people with disabilities and long-term illness.</li> <li>• To deliver a programme of work to meet the NHSE Sexual Safety Charter standards and increase sexual safety at UHS.</li> <li>• Refresh the underpinning behaviours of our Trust Values and produce a new behaviours framework. This will underpin future leadership development and OD interventions.</li> </ul>	
<p><b>World class people</b></p>	

**3c) We fail to create a sustainable and innovative education and development response to meet the current and the future workforce needs identified in the Trust's longer term workforce plan**

**Monitoring committee:** People & Organisational Development Committee **Executive leads:** CPO

Cause	Risk	Effect
If there is: <ul style="list-style-type: none"> <li>Limited ability to recruit staff with suitable skills to support education;</li> <li>Lack of current national education financing and changes in the way the education contract will function;</li> <li>Inflexibility with apprenticeship regime;</li> </ul>	This may be: <ul style="list-style-type: none"> <li>A lack of development for staff affecting retention and engagement;</li> <li>Reduced staff skills and competencies;</li> <li>Inability to develop new clinical practices.</li> </ul>	This could result in: <ul style="list-style-type: none"> <li>An adverse impact of quality and effectiveness of patient care and safety;</li> <li>An adverse impact on our reputation as a university teaching hospital;</li> <li>Reduced levels of staff and patient satisfaction.</li> </ul>
Category	Appetite	Status
Workforce	Open <i>The current risk rating is within tolerable appetite and the target risk rating is within optimal appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Long term target (I x L)	
3 x 3	April	4 x 3	July	3 x 2	March
9	2022	12	2024	6	2025

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12	4 x 3 12

**Current assurances and updates**

- This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required.
- New national education funding contract published for consultation 29 Feb. Reduced resources and higher levels of control included.
- Reported inability of staff to participate in statutory, mandatory, and other training opportunities.
- TNA process completed for 2024/25.
- National CPD guidance for 2024/25: scope of application is limited by rigid national rules.
- Discussions with the Southampton Hospital Charity re: £100k charitable funding for training.

**Key controls**

Education Policy  
 New leadership development framework, apprenticeships, secondments  
 In-house, accredited training programmes  
 Provision of high quality clinical supervision and education  
 Access to apprenticeship levy for funding  
 Access to CPD funding from NHSE WTE and other sources  
 Leadership development talent plan 2024/25  
 Executive succession planning  
 VLE relaunched to support staff to undertake self-directed learning opportunities.

**Gaps in controls**

Quality of appraisals  
 Limitations of the current estate and access to offsite provision  
 Access to high-quality education technology  
 Estate provision for simulation training  
 Staff providing education being released to deliver education, and undertake own development  
 Releasing staff to attend core training, due to capacity and demand  
 Releasing staff to engage in personal development and training opportunities  
 Limited succession planning framework, consistently applied across the Trust.  
 Areas of concern in the GMC training survey

**Key assurances**

**Gaps in assurances**

<p>Annual Trust training needs analysis reported to executive.                  Trust appraisal process                  GMC/NETs Survey                  Education review process with NHSE WTE.                  Utilisation of apprenticeship levy.                  Talent development steering group                  People Board reporting on leadership and talent, quarterly</p>	<p>Need to develop quantitative and qualitative measures for the success of the leadership development programme.                  Review of implications for education and training infrastructure from national workforce plan.</p>
<p><b>Key actions</b></p>	
<p>To increase the proportion of appraisals completed and recorded to 85% and increase staff quality perceptions on appraisal by March 2025.</p> <p>Take specific targeted action to improve areas of low satisfaction in the GMC survey.</p> <p>To continue to build the education strategic partnerships and capacity for delivery of the NHS workforce plan and UHS People Strategy Including:</p> <ul style="list-style-type: none"> <li>• Continuing to develop our formal partnership with the new UTC</li> <li>• Developing a partnership agreement with South Hampshire Colleges Group</li> <li>• Developing a stronger partnership with Solent University</li> <li>• Reviewing the education infrastructure requirements to support increases in placement capacity and quality (including T Level placements), preceptorship, apprenticeships and internationally educated registrants.</li> <li>• Preparing UHS for changes to the national apprentice model in 25/26</li> </ul> <p>To continue to develop the skills and capability of line managers through roll out of the leadership and management framework. Specifically to:</p> <ul style="list-style-type: none"> <li>• Deliver a second year of leadership development framework including Strategic and Senior Leaders programmes, Operational Leaders and Implement Team Leaders Programmes.</li> <li>• Run 2nd cohort of Human Leaders and integrate psychology and trauma informed approaches to leadership programmes.</li> <li>• Roll out of a targeted programme of development for Care Group Clinical Lead</li> </ul>	

**Integrated networks and collaboration**

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

**Monitoring committee:** Quality Committee | **Executive leads:** CEO, CMO, Director of Networks & Strategy

Cause	Risk	Effect
Historical structures and culture have not encouraged or enabled collaborative networked pathways.	Growth in benign non-specialist activity could prevent UHS capacity being available for tertiary activity which can only be done at UHS.	Waiting times and outcomes for our tertiary work would be adversely impacted.  Efficiencies arising from consolidation of specialities would not be realised.

Category	Appetite	Status
Effectiveness	Cautious <i>The current risk rating sits within the tolerable risk appetite and the target risk rating sits within the optimal risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Long term target (I x L)	
3 x 3 9	April 2022	3 x 3 9	July 2024	3 x 2 6	April 2025

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9	3 x 3 9

**Current assurances and updates**

This risk has been reviewed with the executive leads and minor changes made to the controls, assurances, and actions, to ensure it is up to date. Significant work is underway to advance integrated and networked care and progress continues to be made. There is an expectation that this will take time to establish and embed as it is a complex workstream due to the number and nature of stakeholders and the need to engage and negotiate with them, both internally and externally.

Key controls	Gaps in controls
Key leadership role within local ICS Key leadership role within local networked care and wider Wessex partnership UHS strategic goals and vision Establishment and development of Hampshire and Isle of Wight Acute Provider Collaborative (HIoW APC) Establishment of UHS Integrated Networks and Collaboration Board focussing on delivery of the four network types, (Integrated community, Hospital networks, Specialised services and Diagnostic networks) Participation in the Tim Briggs 'Further Faster' initiative is helpfully facilitating clinically led discussions with increased pace for dermatology, orthopaedics, ENT, spinal and ophthalmology. The primary purpose of the initiative is to increase productivity by, for example, increasing the number of cataracts performed on a list, but discussion for several specialties includes where services should be delivered. The UHS CEO is the	Potential for diluted influence at key discussions Arrangements for specialised commissioning – delegated from centre to ICS – historically national and regional, rather than local Form and scope of role for HIoW APC in relation to ICS and other acute provider collaboratives Work to develop a shared pharmacy model with Portsmouth has been delayed, and the Trust is looking at alternative options. The costs associated with the Elective Hub in Winchester may have been underestimated. Additional funding sources may need identifying. Engagement and pace from organisations we are looking to partner with is not within our control.

<p>SRO for this project and is ensuring alignment with UHS and overall ICB strategy.</p> <p>Network arrangements in Urology, pelvic floor and plastics have also been prioritised for focus during 2024/25.</p> <p>A new programme oversight role has been appointed to the ICB to enable progress on clinical networks. We are engaging with this post; sharing priorities, opportunities and challenges with a view moving forward networks within HIOW ICB.</p>	
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<p>CQC and NHSE/I assessments of leadership CQC assessment of patient outcomes and experience National patient surveys Friends and Family Test Outcomes and waiting times reporting Integrated networks and collaborations Board set up for regular meetings at executive level</p>	<p>Trusts all under significant operational and financial pressure which is challenging prioritisation on elective networking. Specialised Commissioning budget delegation deferred until April 2024. Ability to network is difficult and manifests in capacity challenges.</p>
<p><b>Key actions</b></p>	
<p><b>Integrated Networks and Collaboration</b></p> <p>Urology Area Network plan agreed. Progress had stalled due to lack of programme management resource and clinical lead stepping down. This programme has now picked up again and new workstreams have been agreed. Challenges to moving forward related to aligning clinician’s availability across multiple organisations.</p> <p>Support for networks from clinical programme team continues. This is challenging due to lack of resources from other organisations and constrained resource within the UHS team. Integrated networks and collaboration project management post recruited to.</p> <p>Business case for future working of the Southern Counties Pathology Network due for consideration by Trust Board in Q1 of 2024/25.</p> <p>Business case development for aseptic services and elective hub by HIOW APC has been approved and is moving into the implementation phase.</p> <p>Further development of HIOW APC to drive improvements in outcomes</p> <p>Clinical leaders ICS forum has been started, this group is an opportunity to gain clarity on board level agreement on network opportunities and ways forward.</p> <p>NHSE has approved the business case for the Elective Hub, this is a significant step forward and now moving ahead.</p> <p>Tim Briggs, National Director of Clinical Improvement, and team supporting HIOW on 'Further Faster' programme.</p> <p>Mr AK, Ophthalmology clinical lead, leading improvement work focussed on theatre productivity and point of access for cataract referral.</p> <p>ICS agreement on clinical specialty focus including dermatology, ophthalmology, UGI and pelvic floor.</p> <p>Funding for dermatology AI pathway secured.</p> <p>HIOW ICS have recruited a new interim programme lead for clinical networks. We are engaging with this programme to support our networking ambitions.</p> <p>A high level options paper has been developed for Upper GI across UHS and UHD, this will be coming to executives for review before development into a full case.</p> <p>We have agreed to join in a collaborative with Salisbury NHSFT, enabling joint governance of clinical networking arrangements between our two organisations and regular review of opportunities. Principles for collaboration and TORs for a board have been developed. We are waiting on Salisbury’s response on these to move forward with arranging regular board meetings.</p> <p>A Pelvic floor networks away day has been booked for end of May, with attendees across acute, primary and community care and the ICB.</p>	

Work has begun on reviewing the Plastics model for UHS and Salisbury. A detailed review has been completed of activity against plan for all plastics services. An away day has been booked to review opportunities to improve services across both sites.

Planning underway to increase performance and meet targets for the Elective Recovery Fund supported by a common assumption across the system and leadership from David French for the ICS elective programme.

The strategic intent is to bring the two ISTCs (RSH and St Mary's) back into NHS control when the current contracts with PPG expire. Commissioners are aligned and will support the change contractually.

Discussions with UHD re: UGI surgery underway and ongoing. The ICB and NHSE South East region have also requested that UHS work in collaboration with Portsmouth in consideration to UGI.



**Foundations for the future**

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

- Inability to move out of the NHS England Recovery Support Programme.
- NHS England imposing additional controls/undertakings.
- A reducing cash balance impacting the Trust’s ability to invest in line with its capital plan, estates/digital strategies, and in transformation initiatives.

**Monitoring committee:** Finance & Investment Committee      **Executive leads:** CFO

Cause	Risk	Effect
Due to existing and growing financial pressures including unfunded activity growth, system pressures (NCtR), workforce growth above funded levels, and challenges with the NHS payment infrastructure.	There is a risk that we will be unable to deliver a financial breakeven position;	This may result in the measures outlined above regarding the Recovery Support Programme, and the Trust’s inability to invest and grow due to a reducing cash balance.

Category	Appetite	Status
Finance	<b>Cautious</b> <i>The current risk rating sits outside of the stated risk appetite, however the target risk rating is within the tolerable risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Long term target (I x L)	
4 x 5	April 2022	3 x 5	July 2024	3 x 3	April 2025
20		15		9	

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	4 x 5 20	3 x 5 15	3 x 5 15	3 x 5 15	3 x 5 15

**Current assurances and updates**

- The risk rating remains unchanged, with a reduced risk score targeted by April 25 should we be successful in delivering our operation plan.
- Controls and assurances have been updated to reflect changes as we move into a new financial year.
- There is a lack of assurance over system-wide plans to deliver reductions in NCTR, mental health and corporate collaborations, worth £14m within our plan submission.
- System transformation programmes are currently forming new Delivery Units within each organisation. We have updated controls, but also reflected an assurance concern that this may divert resource away from existing trust-led initiatives.

**Key controls**

Internal

- Financial strategy and Board approved financial plan.
- Trust Savings Group (TSG) oversight of CIP programme.
- Transformation Oversight Group (TOG) overseeing delivery of transformation programmes including financial benefits.
- Implementation of revised recruitment controls, including setting revised divisional Affordable Workforce Limits
- Robust business planning and bidding processes

**Gaps in controls**

Internal

- Remaining unidentified and high-risk schemes within CIP programme.
- Ability to control and reduce temporary staffing levels.

System wide/external

- Elements of activity growth unfunded via block contracts.
- Lack of progress with out of hospital model to support reductions in NCTR and Mental Health.



<ul style="list-style-type: none"> <li>• Robust controls over investment decisions via the Trust Investment Group and associated policies and processes</li> <li>• Monthly VFM meetings with each Care Group</li> </ul> <p><b><u>System wide/external</u></b></p> <p>Financial Recovery Programmes / Transformation Programmes:</p> <ul style="list-style-type: none"> <li>• Planned Care</li> <li>• Urgent &amp; Emergency Care</li> <li>• Discharge</li> <li>• Local Care</li> <li>• Workforce</li> <li>• Mental Health</li> </ul> <p>Formation of new Delivery Units &amp; mapping of UHS resources to support delivery.</p> <p>Improved “grip and control” measures with consistent application across all organisations.</p>	
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<ul style="list-style-type: none"> <li>• Regular finance reports to Trust Board &amp; F&amp;IC</li> <li>• Divisional performance on cost improvement reviewed by senior leaders – quarterly.</li> <li>• Trust Savings Group oversight of financial recovery plan and CIP programme actions</li> <li>• F&amp;IC visibility and regular monitoring of detailed savings plans</li> <li>• Capital plan based on cash modelling to ensure affordability.</li> <li>• Regular reporting on movements in overall productivity.</li> </ul>	<ul style="list-style-type: none"> <li>• Current short-term nature of operational planning</li> <li>• System wide plans under development to work collaboratively focussing on reduction in NCTR, and mental health, however there remains a lack of assurance around the detail to ensure delivery.</li> <li>• Lack of reporting on system transformation initiatives to individual Trust Boards.</li> <li>• Concern over any further industrial action not incorporated into plan.</li> <li>• Concern that pay awards will not be fully funded.</li> <li>• Formation of Trust delivery units may take resource away from Trust programmes / lack of additional resource to deliver programmes.</li> </ul>
<p><b>Key actions</b></p>	
<ul style="list-style-type: none"> <li>• Finalise 24/25 plan to be agreed with NHSE - complete</li> <li>• Set Divisional/Directorate budgets and ensure appropriate sign-off of budgets, inclusive of revised AWL limits – complete.</li> <li>• Reset CIP and transformation programmes based on 24/25 targets - complete.</li> <li>• Review formation of Delivery Units to support system transformation programmes.</li> <li>• Reset organisational focus onto flow, theatres and outpatients' transformation programmes.</li> </ul>	

Foundations for the future													
5b) We do not adequately maintain, improve, and develop our estate to deliver our clinical services and increase capacity													
Monitoring committee: Finance & Investment Committee							Executive leads: COO						
Cause		Risk				Effect							
If the cost of maintenance of our estate outweighs the available funding or does not offer value for money, or the works are too extensive to be able to complete without disruption to clinical services.		There is a risk that our estate will prohibit delivery and expansion of clinical services. Key areas of concern are an insufficient electrical supply, aged electrical systems, inadequate and aged ventilation systems, and aged water and sewage distribution.				This would result in an inability to meet the growing needs of our patients and potential health and safety risks to patients, staff and visitors if the estate is not fit for purpose.							
Category		Appetite				Status							
Effectiveness		Cautious <i>The current risk rating sits outside of our stated risk appetite. The target risk rating sits within our tolerable risk appetite.</i>				Treat							
Inherent risk rating (I x L)		Current risk rating (I x L)				Long term target (I x L)							
4 x 4 16 April 2024		4 x 5 20 July 2024				4 x 2 8 April 2027							
Risk progression: (previous 12 months)		Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
		4 x 4 16	4 x 4 16	4 x 4 16	4 x 4 16	4 x 4 16	4 x 4 16	4 x 4 16	4 x 4 16	4 x 4 16	4 x 4 16	4 x 5 20	4 x 5 20
Current assurances and updates													
This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required. It is recognised that whilst the level of risk can be difficult to quantify, it is undoubtedly high and has a direct impact on the quality of patient care and experience. For example, whilst the cause of nosocomial infections may be multifactorial, we are aware that one of the factors will be ventilation within the hospital. A recent example of this is the Candida Auris outbreak on D4.													
Key controls						Gaps in controls							
Multi-year estates planning, informed by clinical priorities and risk analysis Up-to-date computer aided facility management (CAFM) system  Asset register (90% in place)  Maintenance schedules  Trained, accredited experts and technicians Asset replacement programme						Missing funding solution to address identified gaps in the critical infrastructure. Missing funding solution to address procurement of new system. Timescales to address risks, after funding approval. Continuing revenue budget pressures to reduce costs as infrastructure is getting more costly to maintain Operational constraints and difficulty accessing parts of the site affecting pace of investment including refurbishment. Lack of decant facilities Requires new CAFM system installing to fully understand gaps and address outstanding assets. Reactive system requires re-prioritisation review. Planned maintenance will drop out of the asset register work.							

<p>Construction Standards (e.g. BREEM/Dementia Friendly Wards etc.)</p> <p>Six Facet survey of estate informing funding and development priorities</p> <p>Estates masterplan 22-23 approved.</p> <p>Clear line of sight to Trust Board for all risks identified.</p>	<p>Recruitment controls inhibiting recruiting to key roles. Derogation policy to be introduced.</p> <p>Lack of Estates strategy for the next 5 years</p> <p>Missing process to highlight all 12+ risks from the six facet survey.</p> <p>Missing funding solution to deliver strategy.</p>
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<p>Compliance with HTM / HBN monitored by estates and reported for executive oversight</p> <p>Patient-Led Assessments of the Care Environment. Reported to QGSG.</p> <p>Statutory compliance audit and risk tool for estates assets</p> <p>Monitoring at Finance and Investment Committee, including progress of capital investment and review of critical infrastructure risk and updates to Six Facet survey</p> <p>Quarterly updates on capital plan and prioritisation to the Board of Directors</p>	<p>Derogation policy to be introduced.</p> <p>Gap in funding to respond to issues.</p> <p>Funding streams to be identified to fully deliver capacity and infrastructure improvements</p> <p>The annual six facet survey has recently been completed and is being used to facilitate risk-based prioritisation of funding through the Trust Investment Group (TIG). This has highlighted 17 new operational risks which are being assessed ahead of addition to the operational risk register.</p> <p>Although UHS is an acute physical health facility, there is a growing ligature risk due to the increasing numbers of mental health presentations. It is recognised that as the organisation is not a mental health facility, the organisation is not a ligature free environment, therefore some level of risk is present in the majority of treatment areas. However there are some designated ligature reduced treatment areas across the organisation with additional controls in place focussed on patient centred care and management. There hasn't been an estates ligature audit to fully ascertain the extent of this risk but estimated costs and a timeframe for this have been requested from an external provider following NHS England enquiries. It is currently unclear whether this audit will be mandated by NHS England and if so whether there will be any financial provision to support this.</p>
<p><b>Key actions</b></p>	
<p>Commence work on the estates strategy following the finalisation and agreement of the estates masterplan, including engagement with all clinical and non-clinical divisions. Being developed alongside the ICB infrastructure plan. Currently paused as funding has been withdrawn.</p> <p>Identify future funding options for additional capacity in line with the site development plan.</p> <p>Delivery of 2024/25 capital plan</p> <p>Implement the HLOW elective hub.</p> <p>Deliver £4.2m of critical infrastructure backlog maintenance. £3.5m in 2025/26.</p> <p>Agree plan for remainder of Adanac Park site</p> <p>Site development plan for Princess Anne hospital.</p>	

Linked operational risks				
No.	Title	Current risk rating	Target risk rating	Target Date
34	Imminent failure of the pharmacy logistics robot	3 x 5 = 15	2 x 2 = 4	31/10/2024
260	Insufficient space in the induction of Labour Suite.	4 x 4 = 16	3 x 1 = 3	31/12/2024
262	Insufficient space on Maternity Day Unit	4 x 4 = 16	5 x 1 = 5	31/12/2024
489	Inadequate Ventilation in in-patient facilities	5 x 3 = 15	5 x 1 = 5	31/10/2024
548	HV West side transformer circuit breaker trip not operating	4 x 4 = 16	4 x 1 = 4	31/08/2024
817	Lack of UPS backup on power failure	5 x 3 = 15	5 x 1 = 5	30/09/2024

**Foundations for the future**

**5c) Our digital technology or infrastructure fails to the extent that it impacts our ability to deliver care effectively and safely within the organisation**

**Monitoring committee:** Finance & Investment Committee **Executive leads:** COO

Cause	Risk	Effect
If there are inhibitors to implementing and sustaining digital technology either due to funding, capacity, technology, or resource constraints	This could mean that our digital technology or infrastructure is unable to support the Trust in delivering clinical, financial, or operational objectives	Resulting in an inability to deliver the right level of patient care required in line with Trust strategy
Category	Appetite	Status
Technology & Innovation	<b>Open</b> <i>The current risk rating is within the tolerable risk appetite and the target risk rating is within the optimal risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Target risk rating (I x L)	
3 x 4	April 2022	4 x 3	July 2024	3 x 2	March 2025
12		12		6	

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12	3 x 4 12

**Current assurances and updates**

This risk has been reviewed in July 2024 with no revisions to the ratings or target dates required. Minor amendments have been made to the controls and assurances to reflect the current position.

Key controls	Gaps in controls
<p><b>Implementation and sustainability of digital technology</b></p> <ul style="list-style-type: none"> <li>Inpatient noting for nursing has been rolled out to all appropriate wards, and further developments are being made. Doctors rollout being assessed</li> </ul> <p><b>Cyber Risk</b></p> <ul style="list-style-type: none"> <li>Cyber security infrastructure refreshed and in place.</li> <li>Staff training on cyber risks, with regular refreshers and clear policies.</li> <li>Key cyber roles recruited to, with one remaining outstanding.</li> </ul> <p><b>Loss of access to critical IT systems</b></p> <ul style="list-style-type: none"> <li>Absolute back-ups of data created.</li> <li>Business continuity plans developed for Digital team and Wards.</li> <li>Robust system and regression testing completed on system developments.</li> <li>Scenario testing completed.</li> </ul>	<p><b>Implementation and sustainability of digital technology</b></p> <ul style="list-style-type: none"> <li>Funding to cover the development programme, improvements, and clinical priorities.</li> </ul> <p><b>Cyber Risk</b></p> <ul style="list-style-type: none"> <li>Funding: cyber security and recovery capability requires ongoing investment and development.</li> <li>Ability to enforce more robust training due to lack of time for staff training.</li> <li>Penetration testing contract expires in October 2024, with no funding to renew until 2025/26.</li> </ul> <p><b>Loss of access to critical IT systems</b></p> <ul style="list-style-type: none"> <li>Time to fully stress test business continuity plans.</li> </ul>

<p><b>Failure in physical network infrastructure</b></p> <ul style="list-style-type: none"> <li>All Digital UPS tested.</li> <li>Investment cases for key infrastructure (air cooling and data centres) being developed.</li> </ul> <p><b>Single points of failure in staffing</b></p> <ul style="list-style-type: none"> <li>Partial implementation of Digital workforce plan.</li> </ul>	<p><b>Failure in physical network infrastructure</b></p> <ul style="list-style-type: none"> <li>The current Data Centre is end of life and requires a capital plan for replacement.</li> <li>There is currently no phased replacement of switch and network equipment.</li> </ul> <p><b>Single points of failure in staffing</b></p> <ul style="list-style-type: none"> <li>Financial constraints impacting ability to implement workforce plan needed to underpin strategy.</li> </ul>
<p><b>Key assurances</b></p> <p>Finance oversight provided by the Finance and Investment Committee</p> <p>Quarterly Digital Board meeting, chaired by the CEO</p>	<p><b>Gaps in assurances</b></p> <p>Funding to cover the development programme, improvements, and clinical priorities</p> <p>Difficulties in understanding benefits realisation of digital investment.</p> <p>ICB outline business case funding for EPR</p>
<p><b>Key actions</b></p> <ul style="list-style-type: none"> <li>Ongoing recruitment of key Digital resource to mitigate operational risk.</li> <li>Inpatient noting for doctors scheduled for 24/25</li> <li>Replacement of key clinical systems to more modern systems: OpenEyes, LIMS, Alcideon scheduled in 24/25</li> <li>Development of Single EPR across HIOW to provide a more modern EPR</li> <li>Identify opportunities for funding for digital transformation and programmes.</li> </ul>	

Linked operational risks				
No.	Title	Current risk rating	Target risk rating	Target Date
650	Accommodation / Infrastructure - The trust's data and communications centre facilities are no longer suitable for supporting mission-critical IT services. There is an element of resilience across the network but all of the facilities described have significant problems.	4 x 4 = 16	3 x 1 = 3	31/03/2024
677	Workforce Resourcing - Insufficient resilience in the UHS network team to support mission critical infrastructure.	5 x 3 = 15	2 x 3 = 6	31/03/2024

**Foundations for the future**

**5d) We fail to prioritise green initiatives to deliver a trajectory that will reduce our direct and indirect carbon footprint by 80% by 2028-2032 (compared with a 1990 baseline) and reach net zero direct carbon emissions by 2040 and net zero indirect carbon emissions by 2045**

**Monitoring committee:** Trust Executive Committee      **Executive leads:** CMO

Cause	Risk	Effect
If we fail to deliver the current decarbonisation plan and build upon it to meet 2032 target.	This could lead to increased costs, reputational damage and potentially subject UHS to national scrutiny.	Resulting in higher costs, reduced national standing and reduced resilience to climate change
Category	Appetite	Status
Technology & Innovation	Open <i>Both the current and target risk rating is within the optimal risk appetite.</i>	Treat

Inherent risk rating (I x L)		Current risk rating (I x L)		Long term target (I x L)	
2 x 3 6	April 2022	2 x 3 6	July 2024	2 x 2 4	December 2024

Risk progression: (previous 12 months)	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6	2 x 3 6

**Current assurances and updates**

- Current decarbonisation plan does not complete journey to Net Zero and further steps will require funding to be sourced. Continuing to identify funding opportunities.
- Progress EPC Works: Veolia on site, established, met year one programme which lines us up to meet interim benefits in year 2.
- Delivered additional LED lighting replacement at PAH utilising grant sources to reduce energy usage.
- Travel plans progressing well nearing final draft, and sustainable travel promotions through various avenues.
- Clinical Sustainability plan yet to be completed though several actions underway.
- Have now developed a dashboard-based set of metrics reporting to sustainability board.
- To develop metrics and establish governance processes in respect of the Trust's Green Plan and other related strategies.

Key controls	Gaps in controls
Governance structure including Sustainability Board (with patient representation).  Clinical Sustainability Lead  Appointment of Executive, Non-Executive and Council of Governors Lead(s) for Sustainability in post.  Green Plan	Clinical Sustainability Plan/Strategy (CSP) Long-term energy/decarbonisation strategy Communications plan.  Capacity and reach of the clinical sustainability lead as there are not designated leads/champions within each speciality to influence this change.  Do not have a fully funded plan to achieve the national targets set out.
Key assurances	Gaps in assurances
Progress against the NHS direct emission net zero target by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.  Progress against the NHS indirect emissions target to be net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.	Definition of and reporting against key milestones.

<p>Quarterly reporting to NHS England and NHS Improvement on sustainability indicators.</p> <p>Green Plan and Clinical Sustainability Programme has been approved by Trust Investment Group and Trust Board.</p>	
<p><b>Key actions</b></p>	
<p>Agree further funding requirements to commence the delivery of the strategies and identify opportunity. (Explore Low carbon skills funding)</p> <p>Progress improvements to the Trust's estate and energy supply, including use of funding from the Public Sector Decarbonisation Scheme.</p> <p>Continue to further develop metrics and establish governance processes in respect of the Trust's Green Plan and other related strategies.</p> <p>Finalise energy performance contract to deliver a responsive and progressive energy plan.</p>	



Report to the Trust Board of Directors				
Title:	Register of Seals and Chair's Actions			
Agenda item:	7.2			
Sponsor:	Jenni Douglas-Todd, Trust Chair			
Date:	25 July 2024			
Purpose:	Assurance or reassurance	Approval	Ratification Y	Information
Issue to be addressed:	This is a regular report to notify the Board of use of the seal and actions taken by the Chair in accordance with the Standing Financial Instructions and Scheme of Delegation for ratification.			
Response to the issue:	The Board has agreed that the Chair may undertake some actions on its behalf.			
Implications: (Clinical, Organisational, Governance, Legal?)	Compliance with The NHS Foundation Trust Code of Governance (probity, internal control) and UHS Standing Financial Instructions and Scheme of Delegation.			
Risks: (Top 3) of carrying out the change / or not:				
Summary: Conclusion and/or recommendation	The Board is asked to <b>ratify</b> the Chair's action and application of the seal.			

## 1 Chair's Actions

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

- 1.1 **Award of call-off contract** for the annual maintenance/service of diabetes pumps from Insulet International Ltd at a cost of £571,791 excluding VAT, based on projected number of patients. Approved by the Chair on 4 June 2024.

## 2 Signing and Sealing

- 2.1 **Lease** of Retail Unit on Level E, Princess Anne Hospital, Southampton, Hampshire, SO16 5YA, between University Hospital Southampton NHS Foundation Trust (Landlord) and WH Smith Hospitals Limited (Tenant). Seal number 276 on 12 July 2024.
- 2.2 **Licence for Alterations** (for works inside and outside the Premises) relating to Retail Unit, Level E, Princess Anne Hospital, between University Hospital Southampton NHS Foundation Trust (Landlord) and WH Smith Hospitals Limited (Tenant). Seal number 277 on 12 July 2024.

## 3 Recommendation

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