

## Agenda Trust Board – Open Session

<b>Date</b>	05/11/2024
<b>Time</b>	9:00 - 11:30
<b>Location</b>	The Ark Conference Centre, HHFT/Microsoft Teams
<b>Chair</b>	Jenni Douglas-Todd
<b>Apologies</b>	Diana Eccles

- 1 Chair’s Welcome, Apologies and Declarations of Interest**  
9:00 Note apologies for absence, and to hear any declarations of interest relating to any item on the Agenda.
- 2 Minutes of Previous Meeting held on 10 September 2024**  
Approve the minutes of the previous meeting held on 10 September 2024
- 3 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.
- 4 QUALITY, PERFORMANCE and FINANCE**  
9:10 Quality includes: clinical effectiveness, patient safety, and patient experience
  - 4.1 Briefing from the Chair of the Audit and Risk Committee**  
Keith Evans, Chair
  - 4.2 Briefing from the Chair of the Finance and Investment Committee**  
Dave Bennett, Chair
  - 4.3 Briefing from the Chair of the People and Organisational Development Committee**  
Jane Harwood, Chair
  - 4.4 Briefing from the Chair of the Quality Committee**  
Tim Peachey, Chair
  - 4.5 Chief Executive Officer's Report**  
9:25 Receive and note the report  
Sponsor: David French, Chief Executive Officer
  - 4.6 Performance KPI Report for Month 6**  
9:35 Review and discuss the report  
Sponsor: David French, Chief Executive Officer

- 4.7 Finance Report for Month 6**  
9:55 Review and discuss the report  
Sponsor: Ian Howard, Chief Financial Officer
- 4.8 ICB Finance Report for Month 6**  
10:10 Receive and discuss the report  
Sponsor: Ian Howard, Chief Financial Officer
- 4.9 Recovery Support Programme (RSP) Undertakings - Self Assessment**  
10:20 Review and discuss the self-assessment  
Sponsor: David French, Chief Executive Officer
- 4.10 People Report for Month 6**  
10:30 Review and discuss the report  
Sponsor: Steve Harris, Chief People Officer
- 4.11 Cancer Patient Experience Survey Results 2023**  
10:45 To receive and discuss the results  
Sponsor: Gail Byrne, Chief Nursing Officer  
Attendee: Ali Keen, Head of Cancer Nursing
- 5 STRATEGY and BUSINESS PLANNING**
- 5.1 Corporate Objectives 2024-25 Quarter 2 Review**  
11:00 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
- 5.2 Board Assurance Framework (BAF) Update**  
11:10 Review and discuss the update  
Sponsor: Gail Byrne, Chief Nursing Officer  
Attendee: Craig Machell, Associate Director of Corporate Affairs and Company Secretary
- 6 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL**
- 6.1 Feedback from the Council of Governors' (CoG) Meeting 23 October 2024 (Oral)**  
11:15 Sponsor: Jenni Douglas-Todd, Trust Chair
- 6.2 Register of Seals and Chair's Actions Report**  
11:20 Receive and ratify  
In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Reservation and Delegation.  
Sponsor: Jenni Douglas-Todd, Trust Chair
- 7 Any other business**  
11:25 Raise any relevant or urgent matters that are not on the agenda

**8**            **Note the date of the next meeting: 7 January 2025**

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

**9.1**        **CRN: Wessex 2024-25 Q2 Performance Report**

Note the report

Sponsor: Paul Grundy, Chief Medical Officer

**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.

## Agenda links to the Board Assurance Framework (BAF)

5 November 2024 – Open Session

Overview of the BAF				
Risk	Appetite (Category)	Current risk rating	Target risk rating	
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.	Minimal (Safety)	4 x 5 20	4 x 2 6	Apr 27
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.	Cautious (Experience)	3 x 3 9	3 x 2 6	Mar 26
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.	Minimal (Safety)	4 x 4 16	2 x 3 6	Apr 27
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.	Open (Technology & Innovation)	3 x 3 9	3 x 2 6	Mar 25
3a: We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.	Open (workforce)	4 x 5 20	4 x 3 12	Mar 26
3b: We fail to develop a diverse, compassionate, and inclusive workforce, providing a more positive staff experience for all staff.	Open (workforce)	4 x 3 12	4 x 2 8	Mar 27
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.	Open (workforce)	4 x 3 12	3 x 2 6	Mar 25
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.	Cautious (Effectiveness)	3 x 3 9	3 x 2 6	Apr 25
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.	Cautious (Finance)	3 x 5 15	3 x 3 9	Apr 25
5b: We do not adequately maintain, improve and develop our estate to deliver our clinical services and increase capacity.	Cautious (Effectiveness)	4 x 5 20	4 x 2 8	Apr 27
5c: Our digital technology or infrastructure fails to the extent that it impacts our ability to deliver care effectively and safely within the organisation,	Open (Technology & Innovation)	3 x 4 12	3 x 2 6	Apr 27
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.	Open (Technology & Innovation)	2 x 3 6	2 x 2 4	Dec 24

Agenda links to the BAF					
No	Item	Linked BAF risk(s)	Does this item facilitate movement towards or away from the intended target risk score and appetite?		
			Towards	Away	Neither
4.6	Performance KPI Report for Month 6	1a, 1b, 1c			x
4.7	Finance Report for Month 6	5a			x
4.8	ICB Finance Report for Month 6	5a			x
4.9	Recovery Support Programme (RSP) Undertakings – Self Assessment	5a	x		
4.10	People Report for Month 6	3a, 3b, 3c			x
4.11	Cancer Patient Experience Survey Results	1b			x
5.1	Corporate Objectives 2024-25 Quarter 2 Review	All			x



## Minutes Trust Board – Open Session

<b>Date</b>	10/09/2024
<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>	Dave Bennett, NED (DB) Gail Byrne, Chief Nursing Officer (GB) Jenni Douglas-Todd, Chair (JD-T) Diana Eccles, NED (DE) (9:00-10:00 and 12:00-13:00) Keith Evans, Deputy Chair and NED (KE) David French, Chief Executive Officer (DAF) Paul Grundy, Chief Medical Officer (PG) Steve Harris, Chief People Officer (SH) Jane Harwood, NED/Senior Independent Director (JH) Ian Howard, Chief Financial Officer (IH) Tim Peachey, NED (TP) Joe Teape, Chief Operating Officer (JT) Alison Tattersall, NED (AT)
<b>In attendance</b>	Martin De Sousa, Director of Strategy and Partnerships (MDeS) Craig Machell, Associate Director of Corporate Affairs and Company Secretary (CM) Lauren Anderson, Corporate Governance and Risk Manager (LA) (item 6.1) Jane Fisher, Head of Health and Safety Services (JF) (item 7.2) Danielle Honey, Named Nurse for Safeguarding Children (DH) (item 5.13) Diana Hulbert, Guardian of Safe Working Hours and Emergency Department Consultant (DHu) (item 5.10) Duncan Linning-Karp, Deputy Chief Operating Officer (DLK) (item 5.5) Corinne Miller, Named Nurse for Safeguarding Adults (CMi) (item 5.13) Jenny Milner, Associate Director of Patient Experience (JM) (item 5.11) Jessica Bown, Midwifery Quality Assurance and Safety Matron (shadowing Gail Byrne) 1 member of the public (item 2) 5 governors (observing) 1 members of staff (observing) 2 members of the public (observing)
<b>Apologies</b>	Diana Eccles, NED (DE) (from 10:00-12:00)

- 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.
- 2. Patient Story**  
 Allan Peters was invited to relate his experience as a cancer patient, who had been diagnosed with stage 4 lymphoma, and, in particular, his experience of CAR-T cell therapy, which had been successful, with no reappearance of the cancer for more than a year.

It was noted that the patient had had a positive experience with staff, and, when he collapsed, had been impressed by the reaction of a student nurse.

**3. Minutes of the Previous Meeting held on 25 July 2024**

The draft minutes tabled to the meeting were agreed to be an accurate record of the meeting held on 25 July 2024.

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

It was noted that action 1165 could be closed, and the relevant paper had been updated with the correct information.

There were no other matters arising or actions overdue.

**5. QUALITY, PERFORMANCE and FINANCE**

**5.1 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 19 August 2024. It was noted that:

- The committee had reviewed the Finance Report for Month 4 (item 5.7), noting that whilst the Trust was slightly off-plan, it was maintaining its trajectory in terms of an improved position.
- The Trust was making progress in terms of its Always Improving programme with some reduction in length of stay.
- There were a number of risks to the Trust's achievement of its 2024/25 plan, including costs incurred from industrial action, insufficient funding for the pay award, and non-delivery of system transformation programmes. The Trust was also delivering £10m of unpaid activity.
- The committee received a report from Estates, noting that there had been an improvement in the Trust's ability to recruit staff.

**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 21 August 2024. It was noted that:

- The committee had reviewed the People Report for Month 4 (item 5.9), noting that the Trust was below its target workforce level, although there had been an increase in use of bank staff due to the holiday period. The Trust was benefitting by £1.5m a month from these savings in staff numbers.
- It was expected that the Trust would go above its planned staff numbers in September 2024 due to factors such as higher than assumed numbers of patients having no criteria to reside.
- The committee received an update on violence and aggression in the context of the recent riots.

**5.3 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 19 August 2024. It was noted that:

- The committee reviewed the Trust's main quality indicators and noted that the indicators in respect of infection prevention were of concern. However, there had been a reduction in Emergency Department waiting times.
- The Trust's progress in implementing the measures under 'Martha's Rule' was noted.
- The committee received the annual medical safety report and reviewed consultant job planning.
- There had been difficulties with porting over documents to a new IT system in Ophthalmology.

#### 5.4 **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:

- The 2024/25 pay award for Agenda for Change staff was due to be paid in October. In addition, the Government had made an offer to junior doctors, which appeared likely to be acceptable. There were concerns about the extent to which these pay awards would be fully funded.
- The Trust had been formally notified of a collective pay grievance for healthcare support workers, which potentially impacted over 1,000 staff and was for up to six years of back pay.
- The civil unrest in late July 2024 had had a significant impact on staff, especially from those from black and minority ethnic communities.
- The New Hospitals programme had been paused, and the situation regarding the proposed new hospital near Basingstoke was unclear. Separately, the 'Save Winchester Action Group' had written to board members of the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) expressing concerns about the proposed downgrade of Winchester hospital.
- The Care Quality Commission had published its adult inpatient survey for 2023, which showed a deterioration in people's experiences since 2020.
- The Trust's aseptic unit had received a positive audit report and had been assessed as being 'low risk'.
- An inspection of the Trust's mortuary arrangements had been carried out by the Human Tissue Authority in August 2024. The outcome was awaited.
- The NHS's long-term plan process had commenced, with an expected emphasis on digital and moving away from hospitals to focus on the community and prevention.
- The report by Lord Darzi on the NHS had been published. This indicated a variation in both quality of and access to NHS services across the country.
- A workshop was scheduled in October 2024 regarding violence and aggression, with the focus now being on there needing to be a limit on what the Trust will tolerate and there being consequences, including exclusion of individuals.

#### 5.5 **Patient Safety and Quality of Care in Pressured Services**

Joe Teape was invited to present the paper 'Patient Safety and Quality of Care in Pressured Services', the content of which was noted. It was further noted that:

- NHS England had sent all integrated care boards, integrated care partnerships, regional directors and NHS trusts and foundation trusts a letter on 26 June 2024 regarding urgent and emergency care, and requiring boards to assure themselves that the Trust is doing all it can to provide alternatives to Emergency Department attendance and admission, and to maximise in-hospital flow.
- The Trust chose to queue patients in the Emergency Department, rather than in ambulances in order to be able to release ambulances. It was considered that this approach was safer than having patients remain in ambulances.
- The Trust was able to provide good assurance based on its performance against the standards.
- The HIOW ICB was proposing to introduce an initiative to reduce ambulance delays whereby patients would be released to the Emergency Department after 45 minutes.

## 5.6 Performance KPI Report for Month 4

Joe Teape was invited to present the Performance KPI Report for Month 4, the content of which was noted. It was further noted that:

- The Trust was in the top quartile for seven out of nine measures. Of those where the Trust was below top quartile, one was 78-week waits due to the shortage of corneal transplant material, and the other was the 31-day standard, although improvement was expected.
- The Trust was aiming to reduce its 65-week waiters to single digits by the end of September 2024.
- There had been an increase in the relative mortality rate, the causes of which were being investigated.
- The Trust had not had to open surge capacity.
- Ward D4 had been closed for deep-cleaning to tackle candida auris.

In terms of the spotlight on waiting lists, it was noted that:

- The Trust's waiting list had increased slightly in year by c.1,500, although the growth was in outpatients waits, not patients waiting for a procedure.
- There was an opportunity to triage referrals, with use of advice and guidance for General Practitioners in particular. However, it was noted that GPs were not obliged to accept advice and guidance as an alternative to a referral, and the expected industrial action by GPs was seen as a risk.
- The Trust had been successful in stabilising its waiting list, it would now be necessary to reduce it from c.60k to c.40k in order to meet the 18-week Referral To Treatment standard.

### Action:

Gail Byrne agreed to look into the increase in 'red flag' staffing incidents in July 2024.

## 5.7 Finance Report for Month 4

Ian Howard was invited to present the Finance Report for Month 4, the content of which was noted. It was further noted that:

- The Trust had recorded an in-month deficit of £3.9m and £16.9m year-to-date. The monthly position continued to improve month-on-month, and the Trust's cost base remained relatively stable.
- The Trust's Elective Recovery performance would be key to achievement of its 2024/25 plan. There remained significant uncertainties in respect of the costs of industrial action, pay award funding, payments for 2023/24 Elective Recovery Funding (ERF), and 2024/25 ERF.
- The reasons for the Trust's variance to plan were largely driven by costs of industrial action, pay awards, unidentified Cost Improvement Programme (CIP), and non-delivery of system mental health and non-criteria to reside programmes.
- Identification of CIP and pay controls were working well, and the Trust had delivered 126% ERF performance.
- The Trust was anticipating a deficit of £3.8m and 128.5% ERF performance in Month 5.

## 5.8 Break

## 5.9 People Report for Month 4

Steve Harris was invited to present the People Report for Month 4, the content of which was noted. It was further noted that:

- At the end of July 2024, the Trust was 288 Whole Time Equivalent (WTE) below its overall workforce plan. However, over the following months a significant increase in workforce numbers was expected due, largely, to the onboarding of newly-qualified nurses.
- The Trust's plan was predicated on the delivery of system programmes to reduce the number of patients having no criteria to reside and mental health patients. The assumed improvements in mental health patient numbers represented approximately 160 WTE.
- There was a dispute with the Trust's porters, with Unite threatening industrial action.

#### **5.10 Guardian of Safe Working Hours Quarterly Report**

Diana Hulbert was invited to present the Guardian of Safe Working Hours Quarterly Report, the content of which was noted. It was further noted that:

- The previous year had been a difficult one for foundation year doctors due to the industrial action and associated press around this.
- Changes in the structure of doctors' postings and training had resulted in a loss of the previously firm structure and had generated uncertainty for those impacted. It was necessary to ensure that F1 and F2 doctors felt part of the UHS family.
- Improvements in the induction process for F1 doctors were required. A two-week shadowing period had been received positively.

#### **5.11 Learning from Deaths 2024-25 Quarter 1 Report**

Jenny Milner was invited to present the Learning from Deaths report for Quarter 1 of 2024/25, the content of which was noted. It was further noted that:

- Nationally, the Trust continues to benchmark lower than the expected death rates.
- The morbidity and mortality reviews process required refining, as sharing of learning could be inconsistent as was the quality of reviews. A mobile application was being developed to help share learnings.
- A recurrent theme had emerged via incident reporting in respect of out-of-hours paediatric palliative care advice and support, as no out-of-hours service had been commissioned.
- There had been an increase in the number of complaints relating to the location of the death due to a lack of side rooms. Similarly, there was a lack of private spaces to have sensitive conversations.
- A palliative care box had been trialled on Ward D3. Use of charity funding was being considered to enable this to be rolled out elsewhere.

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

Paul Grundy was invited to present the Medical Appraisal and Revalidation Annual Report, the content of which was noted. It was further noted that:

- The report was intended to enable the Trust to provide assurance that its professional standards processes meet the requirements of the Medical Profession (Responsible Officers) Regulations 2010 and related guidance.

- This was the second year of using a portal as part of the appraisals process, which had resulted in an improved user experience.
- Compliance rates had continued to improve, and there was a good process in place to remind individuals to complete their appraisals.
- There had been an increase in the number of appraisers and these were well-rated.

**Decision:**

Having reviewed the Annual Report, the Board approved the Statement of Compliance tabled to the meeting, and authorised either the Chair or Chief Executive Officer to sign the Statement on behalf of the Trust.

**5.13 Safeguarding Annual Report 2023-24**

Corinne Miller and Danielle Honey were invited to present the Safeguarding Annual Report for 2023/24, the content of which was noted. It was further noted that:

- There had been a continued increase in activity across most services, and there had been a sustained increase in the number of Deprivation of Liberty Safeguards (DoLS) applications across the Trust along with requests for support with complex Mental Capacity Act case management.
- The year had been challenging due to a loss of key staff.
- The Trust had undertaken work to update its policies and Level 3 Safeguarding Adult Training had been rolled out via the Virtual Learning Environment (VLE).
- A key area of work had been to review the pathway for adults with local authorities. The response from local partners remained challenging due, largely, to budgetary constraints at these other organisations.
- The Trust's children's safeguarding team had carried out the self-assessment audit required by section 11 of the Children Act 2004, which highlighted no areas of specific concern or gaps. There had been an 28% increase in referrals as well as an increase in the level of complexity.
- The adult safeguarding team had won the 'UHS Champions Team of the Year' award.

**6. STRATEGY and BUSINESS PLANNING**

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

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

- All risks had been reviewed by the relevant Executive Director(s) since the BAF was last presented to the Board, with an extensive review having been carried out in December 2023 and in April 2024.
- Following review by the Finance and Investment Committee in August 2024, risk 5c had been modified to better reflect the Trust's estates-related risks.
- The NHS was designing a dynamic risk assessment framework.
- Work was ongoing to compare the Care Quality Commission's Well-Led framework with the Trust's BAF, and to identify any gaps.

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

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

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

#### **Decision:**

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

### **7.2 Health and Safety Annual Report 2023-24**

Jane Fisher was invited to present the Health and Safety Annual Report for 2023/24, the content of which was noted. It was further noted that:

- There continued to be a number of incidents of late reporting of work-related absence, although steps were being taken to streamline the process and to make reporting easier.
- There had been a number of losses in staff over the year, which had impacted the FFP3 mask-fitting team in particular.
- Improved training had been made available through the Virtual Learning Environment, and health and safety training received was now listed as a skill on staff members' HealthRoster profile.
- Thirty-nine incidents had been reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- The main causes of injuries were as a result of collisions, slips, trips and falls, sharps, and incidents of violence and aggression. With the exception of the latter, these incidents were generally accidents or a result of human error, with nursing and healthcare assistants being the most likely groups to be injured.

### **7.3 People and Organisational Development Committee Terms of Reference**

It was noted that the People and Organisational Development Committee had reviewed its terms of reference at its meeting held on 21 August 2024.

#### **Decision:**

Following discussion, it was further noted that whilst the committee had proposed no changes to the terms of reference, it was agreed that the terms of reference should include specific reference to the CQC's quality statements given the emphasis within the CQC's latest framework on equality, diversity and inclusion related matters.

## **8. Any other business**

There was no other business.

## **9. Note the date of the next meeting: 5 November 2024**

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

The item circulated to the Board for reading was noted. There being no further business, the meeting concluded.

11. **Resolution regarding the Press, Public and Others**

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

The meeting was adjourned.

DRAFT



List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 06/06/2024 5.6 Performance KPI Report for Month 1				
1152.	Digital	● Teape, Joe	27/02/2025	■ 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: Item tentatively scheduled for TBSS on 27/02/2025.</p>			
Trust Board – Open Session 25/07/2024 5.4 Briefing from the Chair of the Quality Committee (Oral)				
1163.	Impact of technology	● Machell, Craig	27/02/2025	■ Pending
	<p><i>Explanation action item</i> Craig Machell agreed to add an item covering the impact of technology over the next 5-10 years to a future Trust Board Study Session agenda.</p> <p>Update: Item tentatively scheduled for 27/02/25 Study Session.</p>			
Trust Board – Open Session 10/09/2024 5.6 Performance KPI Report for Month 4				
1175.	'Red flag' staffing incidents	● Byrne, Gail	05/11/2024	■ Pending
	<p><i>Explanation action item</i> Gail Byrne agreed to look into the increase in 'red flag' staffing incidents in July 2024.</p>			

**Agenda item 4.1**

<b>Committee Chair's Report to the Trust Board of Directors</b>		
<b>5 November 2024</b>		
<b>Committee:</b>	<b>Audit and Risk Committee</b>	
<b>Meeting Date:</b>	<b>14 October 2024</b>	
<b>Key Messages:</b>	<ul style="list-style-type: none"> <li>• The committee reviewed the year end process for 2023/24, and associated 'lessons learned'. Many of the issues encountered ought to be mitigated by the introduction of a new finance system, together with a 'rehearsal' of the year end accounts process to be carried out early in 2025.</li> <li>• The Trust's National Cost Collection submission for 2024 went well with no validation errors requiring re-submission and data quality was good. Whilst the output will be presented to the Finance and Investment Committee, initial indications were that the Trust was more efficient than the average.</li> <li>• The committee received an update on the Procurement Act 2023 and the potential impact on the Trust. It was noted that the additional reporting requirements had been delayed until February 2025 due to issues with the digital reporting platform development.</li> <li>• The committee received updates in respect of Information Governance and Legal.</li> <li>• The committee received an update on Data Quality, including work ongoing to review cancer waiting times data.</li> <li>• A report on a local proactive exercise in respect of Bank/Agency staff identity fraud showed that whilst the Trust was following the majority of the recommendations to reduce the risk of this type of fraud, current practice could be improved. The committee agreed with the report.</li> </ul>	
<b>Assurance:</b> <i>(Reports/Papers reviewed by the Committee also appearing on the Board agenda)</i>	<b>6.2 Board Assurance Framework (BAF)</b>	<b>Level of Assurance: Substantial</b>
	<ul style="list-style-type: none"> <li>• All risks had been reviewed with the relevant executive director(s).</li> <li>• It is intended that agenda items at Board meetings will be more clearly linked to the BAF risks.</li> <li>• In addition, division-level 'BAFs' are under consideration to provide a clearer idea of overall risk at the divisional level to bridge the gap between the operational risk register and Board-level BAF.</li> <li>• 90% of operational risks had been reviewed, an indicator of well-embedded risk management within the organisation.</li> </ul>	
<b>Any Other Matters:</b>	<p>The Trust's Fraud, Bribery &amp; Corruption Annual Report 2023/24 highlighted no particular areas of concern.</p> <p>The committee reviewed the performance of the Trust's internal and external auditors. In addition, the committee held a discussion with the external auditors without management present.</p>	

<b>Substantial Assurance</b>	There is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risk of failure of the continuous and effective achievement of the objectives of the process, which at the time of our review were being consistently applied.
<b>Reasonable Assurance</b>	There is a series of controls in place, however there are potential risks that may not be sufficient to ensure that the individual objectives of the process are achieved in a continuous and effective manner. Improvements are required to enhance the adequacy and effectiveness of the controls to mitigate these risks.

<b>Limited Assurance</b>	Controls in place are not sufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Immediate action is required to improve the adequacy and effectiveness of controls.
<b>Not Applicable</b>	Where assurance is not required and/or relevant.

**Agenda item 4.2**

<b>Committee Chair’s Report to the Trust Board of Directors 5 November 2024</b>		
<b>Committee:</b>	<b>Finance and Investment Committee</b>	
<b>Meeting Date:</b>	<b>21 October 2024</b>	
<b>Key Messages:</b>	<ul style="list-style-type: none"> <li>• The Trust has received significant additional cash in October 2024 through deficit support funding and additional payments for 2023/24 ERF performance. The Trust’s financial position remains challenging with a year-to-date deficit of £8m.</li> <li>• The Always Improving programme continues to make progress, but will need to go further and faster.</li> <li>• The Trust’s data centre arrangements remain a risk and design work is ongoing in respect of a solution. The risk associated with cyber incidents also remains high.</li> <li>• The committee supported a business case for possible expansion of UHS Pharmacy Limited and recommends it to the Board.</li> <li>• The committee reviewed the proposed financial recovery plan and recommends to the Board its submission to the ICB.</li> <li>• The main risk to the achievement of the Trust’s 2024/25 plan remains the need for the ICS transformation programmes to deliver.</li> </ul>	
<b>Assurance:</b> <i>(Reports/Papers reviewed by the Committee also appearing on the Board agenda)</i>	<b>5.8 Finance Report for Month 6</b> <table border="1" style="float: right;"> <tr> <td><b>Level of Assurance:</b> <b>Substantial</b></td> </tr> </table> <ul style="list-style-type: none"> <li>• The Trust has received £11.2m of deficit support funding as well as £6.5m of additional funding in respect of 2023/24 Elective Recovery performance.</li> <li>• The year-to-date deficit is c.£8m, with an underlying deficit of c.£6m per month.</li> <li>• The Trust’s monthly income remains strong and ERF performance in September 2024 was 130%. However, costs are gradually increasing, and further investigation is required into pay expenditure.</li> <li>• The full amount of 2024/25 CIP has now been identified.</li> <li>• The most significant risk to the Trust’s achievement of its 2024/25 plan remains delivery of the system transformation programmes.</li> </ul>	<b>Level of Assurance:</b> <b>Substantial</b>
	<b>Level of Assurance:</b> <b>Substantial</b>	
	<b>6.2 Board Assurance Framework</b> <table border="1" style="float: right;"> <tr> <td><b>Level of Assurance:</b> <b>Reasonable</b></td> </tr> </table> <ul style="list-style-type: none"> <li>• Risks 5a, 5b and 5c have been updated, following discussions with the respective Executive Directors.</li> <li>• Risk 5a will be reassessed following the Trust’s self-assessment against the Recovery Support Programme undertakings to ensure that the risk rating and target are appropriate.</li> <li>• A new scoring framework is being developed to improve consistency in the rating of risks.</li> </ul>	<b>Level of Assurance:</b> <b>Reasonable</b>
<b>Level of Assurance:</b> <b>Reasonable</b>		
<b>Any Other Matters:</b>	The additional cash received in October 2024 means that it is now likely that the Trust will not need additional cash until February 2025, whereas this was previously expected to be the case in November 2024. The Trust has in place effective controls to monitor its cash position, and a regular report on cash will be provided to the Finance and Investment Committee.	

<b>Substantial Assurance</b>	There is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risk of failure of the continuous and effective achievement of the objectives of the process, which at the time of our review were being consistently applied.
<b>Reasonable Assurance</b>	There is a series of controls in place, however there are potential risks that may not be sufficient to ensure that the individual objectives of the process are achieved in a continuous and effective manner. Improvements are required to enhance the adequacy and effectiveness of the controls to mitigate these risks.
<b>Limited Assurance</b>	Controls in place are not sufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Immediate action is required to improve the adequacy and effectiveness of controls.
<b>Not Applicable</b>	Where assurance is not required and/or relevant.

Agenda item 4.3

<b>Committee Chair's Report to the Trust Board of Directors 5 November 2024</b>		
<b>Committee:</b>	<b>People and Organisational Development Committee</b>	
<b>Meeting Date:</b>	<b>21 October 2024</b>	
<b>Key Messages:</b>	<ul style="list-style-type: none"> <li>• The Trust remains below its plan in terms of workforce numbers. However, from October 2024 onward, this position is expected to change.</li> <li>• The risk of non-delivery of ICS transformation programmes is significant. The Trust has assumed a significant reduction in workforce based on delivery of these schemes.</li> <li>• The committee examined the progress against actions designed to improve the lives of resident doctors. It was noted in particular that there was an issue with a lack of availability of office/desk space.</li> <li>• The Trust had been notified that Unite was commencing a ballot of its members commencing on 21 October 2024 as part of the ongoing dispute with porters.</li> </ul>	
<b>Assurance:</b> <i>(Reports/Papers reviewed by the Committee also appearing on the Board agenda)</i>	<b>5.11 People Report for Month 6</b>	<b>Level of Assurance: Substantial</b>
	<ul style="list-style-type: none"> <li>• The Trust was 249 WTE below its plan. However, this position was expected to change significantly with the onboarding of newly qualified nurses etc. in the autumn.</li> <li>• In addition, the Trust's plan assumed that the ICS transformation programmes would begin to deliver significant reductions from October 2024 onward.</li> <li>• Turnover and sickness remain below target at 11.1% and 3.6% respectively. Bank and agency rates also remain low.</li> <li>• Appraisal rates remain low at 73%. The Trust was considering a move away from the current ESR system in order to make the appraisal process easier.</li> </ul>	
<b>Any Other Matters:</b>	The Trust had held constructive discussions with Unison as part of the Band 2/3 pay dispute.	

<b>Substantial Assurance</b>	There is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risk of failure of the continuous and effective achievement of the objectives of the process, which at the time of our review were being consistently applied.
<b>Reasonable Assurance</b>	There is a series of controls in place, however there are potential risks that may not be sufficient to ensure that the individual objectives of the process are achieved in a continuous and effective manner. Improvements are required to enhance the adequacy and effectiveness of the controls to mitigate these risks.
<b>Limited Assurance</b>	Controls in place are not sufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Immediate action is required to improve the adequacy and effectiveness of controls.
<b>Not Applicable</b>	Where assurance is not required and/or relevant.

**Agenda item 4.4**

<b>Committee Chair's Report to the Trust Board of Directors 5 November 2024</b>		
<b>Committee:</b>	<b>Quality Committee</b>	
<b>Meeting Date:</b>	<b>14 October 2024</b>	
<b>Key Messages:</b>	<ul style="list-style-type: none"> <li>• The Trust was making good progress against its 2024/25 Quality Priorities.</li> <li>• There were concerns regarding the consistency of approach to infection prevention and control in the Trust. Action plans were being produced and the 'Fundamentals of Care' programme is also intended to address many of these concerns.</li> <li>• A never event due to wrong site surgery had been recorded. This is the fifth never event reported during 2024.</li> <li>• The closure of Ward D4 had not been effective in eradicating the candida auris infection with four new cases reported.</li> <li>• There was insufficient resource to roll out National Safety Standard for Invasive Procedures (NatSSIPS) 2 in a comprehensive and systematic manner.</li> <li>• In its review of mental health work, the committee noted the following top three risks: lengths of wait for onward care; parity of esteem for patients; and the level of support from local mental health trusts.</li> </ul>	
<b>Assurance:</b> <i>(Reports/Papers reviewed by the Committee also appearing on the Board agenda)</i>	<b>6.2 Board Assurance Framework</b>	<b>Level of Assurance: Reasonable</b>
	<ul style="list-style-type: none"> <li>• Risks 1a, 1b, 1c and 4a have been updated, following discussions with the respective Executive Directors.</li> <li>• It was agreed that the likelihood of achieving the target risk level for risk 1c (infection prevention and control) by April 2025 should be reviewed.</li> </ul>	
<b>Any Other Matters:</b>	<ul style="list-style-type: none"> <li>• Staffing remains the main concern for the Trust's Maternity services.</li> <li>• The possibility of support from Salisbury NHS FT to manage the increasing number of caesarean sections was being explored.</li> </ul>	

<b>Substantial Assurance</b>	There is a robust series of suitably designed internal controls in place upon which the organisation relies to manage the risk of failure of the continuous and effective achievement of the objectives of the process, which at the time of our review were being consistently applied.
<b>Reasonable Assurance</b>	There is a series of controls in place, however there are potential risks that may not be sufficient to ensure that the individual objectives of the process are achieved in a continuous and effective manner. Improvements are required to enhance the adequacy and effectiveness of the controls to mitigate these risks.
<b>Limited Assurance</b>	Controls in place are not sufficient to ensure that the organisation can rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Significant improvements are required to improve the adequacy and effectiveness of the controls.
<b>No Assurance</b>	There is a fundamental breakdown or absence of core internal controls such that the organisation cannot rely upon them to manage the risks to the continuous and effective achievement of the objectives of the process. Immediate action is required to improve the adequacy and effectiveness of controls.
<b>Not Applicable</b>	Where assurance is not required and/or relevant.

<b>Agenda item 4.5 Report to the Trust Board of Directors, 5 November 2024</b>				
<b>Title:</b>	<b>Chief Executive Officer's Report</b>			
<b>Sponsor:</b>	<b>David French, Chief Executive Officer</b>			
<b>Author:</b>	<b>Craig Machell, Associate Director of Corporate Affairs</b>			
<b>Purpose</b>				
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>	
			x	
<b>Strategic Theme</b>				
<b>Outstanding patient outcomes, safety and experience</b>	<b>Pioneering research and innovation</b>	<b>World class people</b>	<b>Integrated networks and collaboration</b>	<b>Foundations for the future</b>
x		x	x	x
<b>Executive Summary:</b>				
<p>The CEO's Report this month covers the following matters:</p> <ul style="list-style-type: none"> <li>• Autumn Statement</li> <li>• Portering Dispute</li> <li>• BAM Dispute</li> <li>• Change NHS</li> <li>• Review into the Operational Effectiveness of the Care Quality Commission</li> <li>• Proposed Legislative Changes</li> <li>• New Hospital Programme – Hampshire Together</li> <li>• Hampshire and Isle of Wight Healthcare</li> <li>• Charity Priorities</li> <li>• Staff Survey</li> <li>• National Patient Safety Award</li> </ul>				
<b>Contents:</b>				
Chief Executive Officer's Report				
<b>Risk(s):</b>				
N/A				
<b>Equality Impact Consideration:</b>		<b>YES / NO / N/A</b>		



## Chief Executive Officer's Report

### Autumn Statement

On 30 October 2024, the Chancellor of the Exchequer presented her Autumn Statement. The statement was said to be based on the principles of restoring economic stability and increasing investment. A summary can be found from NHS Providers website:

[autumn-budget-2024-on-the-day-briefing.pdf](#)

The statement set out measures to raise an additional £40bn in taxation. This includes an increase in employer's national insurance contributions by 1.2% to 15% from April 2025, increases in the rates of capital gains tax, changes to inheritance tax, abolition of the non-domicile tax regime, increased stamp duty on second homes, an increase in the rate of the windfall tax on energy companies, and removal of the VAT exemption for private schools.

The Chancellor said that she would reduce wasteful spending and has set a 2% productivity savings target for all departments.

The Government will publish its ten-year plan for the NHS in Spring 2025 and re-committed to reducing waiting times to 18 weeks by delivering on its manifesto commitment for 40,000 extra hospital appointments each week.

The key announcements for health and care include:

- Day-to-day spending for the Department of Health and Social Care will increase by £22.6bn from 2023/24 to 2025/26. This is a two-year average real terms NHS growth rate of 4% – the highest since 2010 (excluding the years affected by the COVID-19 pandemic).
- Capital spending will increase by £3.1bn in 2025/26 (compared to 2023/24 outturn) – rising to £13.6bn. This is a two-year average real terms growth rate of 10.9%, although it is still lower than the overall value of the maintenance backlog (£13.8bn). This includes £1.5bn for new surgical hubs and diagnostics scanners, and £1bn towards backlog maintenance.

There remains some uncertainty regarding the implications of the additional revenue funding and whether any of the funding announced will provide in-year relief in addition to values already confirmed as part of pay award and Elective Recovery Framework funding.

Overall, the commitment to additional capital and revenue investment to the NHS is extremely welcome. We will assess the implications for HIOW ICS and to UHS over the coming weeks and months.

The national proposed rise in the minimum wage to £12.21 in April 2025 will exceed the current lowest level within the NHS of £12.08. The national staff council will be working with NHS unions to review the implication of this and how it is addressed at a national level.

### Portering Dispute

The Trust has been formally notified by UNITE the union that it has initiated a strike ballot of its members employed within the portering department at University Hospital Southampton. The ballot commenced on 21 October and will run until 11 November 2024.

UNITE is balloting members on a range of issues including conduct, culture and working conditions. Prior to the ballot, and having been made aware of staff concerns, the Trust commissioned an independent external review, seeking views of all the portering department.

The ballot has attracted media coverage from the BBC and some other local sources, and the Trust provided a response to the issues raised.

The Trust is in active discussions with UNITE and local portering representatives to address the issues being raised and will continue to work constructively to resolve the dispute.

Meanwhile, the Trust is actively considering plans to ensure patient services and safety are maintained in the event a strike takes place. This will include enacting the Trust's business continuity processes through the hospital incident management structure. The Board will be kept informed as plans are finalised and on conclusion of the ballot.

### **BAM Dispute**

While the Trust was proceeding with the development of the east wing annex, concerns were raised by external structural engineers over the capacity of the existing building to cope with the expected additional weight the development would put on the existing structure.

In 2022, the Trust raised a formal issue with BAM, the principal contractor of the existing east wing annex building. Over the last two years the Trust, with the support of DAC Beachcroft, has been trying to get BAM's representatives to the mediation table to resolve the issues raised on the building. In September 2024, the decision was taken to commence arbitration proceedings against BAM Construction over the inability to agree to a mediator or mediation date. The Trust continues to work closely with DAC Beachcroft during this process, aiming for completion in early 2025.

### **Change NHS**

On 21 October 2024, the Department for Health and Social Care launched an online portal for individuals to share their views, experiences and ideas to assist in the development of the Government's 10 Year Health Plan. Staff and members of the public have been asked to:

- Give their views on the NHS and health and care.
- Tell the Government what they feel is working well and what needs improving.
- Share their experiences.
- Post their ideas for improving health and care in the future.

More information can be found at: [Change NHS: help build a health service fit for the future - GOV.UK](https://www.gov.uk/change-nhs)

### **Review into the Operational Effectiveness of the Care Quality Commission**

On 15 October 2024, the Government published an independent report by Dr Penny Dash, who had been commissioned in May 2024 to review the operational effectiveness of the Care Quality Commission (CQC). The review heard from over 300 people from across the health and care sectors and within the CQC, and analysed the CQC's performance data.

The review found significant failings in the internal workings of the CQC, which have led to a substantial loss of credibility, a deterioration in the CQC's ability to identify poor performance and support a drive to improve quality. The review summarised these failings as follows:

- Poor operational performance – there has been a stark reduction in activity compared with 2019.
- Significant challenges with the provider portal and regulatory platform.
- Delays in producing reports and poor-quality reports.
- Loss of credibility within the health and care sectors due to the loss of sector expertise and wider restructuring, resulting in lost opportunities for improvement.
- Concerns around the single assessment framework and its application.
- Lack of clarity regarding how ratings are calculated and concerning use of the outcome of previous inspections to calculate a current rating.
- There are opportunities to improve the CQC's assessment of local authority Health and Care Act 2022 duties.
- ICS assessments are in early stages of development with a number of concerns shared.
- The CQC could do more to support improvements in quality across the health and care sector.
- There are opportunities to improve the sponsorship relationship between the CQC and the Department of Health and Social Care.

The full report can be read at: [Review into the operational effectiveness of the Care Quality Commission: full report - GOV.UK](#)

### **Proposed Legislative Changes**

The Government has proposed a number of significant reforms to employment legislation through its Employment Rights Bill. These changes include:

- From 2026, employees will have immediate entitlement to paternity leave, unpaid parental leave, and bereavement leave from the first day of employment. Protections for pregnant women and mothers will also be strengthened.
- 'Exploitative' zero-hours contracts will be banned, giving workers the right to move to guaranteed hours contracts after a 12-week reference period.
- Employees will have the right to bring claims for unfair dismissal from the first day of employment, whilst allowing statutory probation periods in which a lighter-touch dismissal process applies.
- Ending unscrupulous 'fire and rehire' practices and introducing new processes for collective redundancies.
- Establishing the Fair Work Agency to enforce minimum wage, statutory sick pay, and holiday pay policies.
- By 2026, statutory sick pay will be strengthened by removing the lower earnings limit and cutting the waiting period.
- Flexible working will become the default option, with further details to be developed in consultation with employers and unions in 2025.
- A full review of the parental leave system and a review of carers' leave will begin in 2025, with changes expected to be implemented by 2026.
- New measures for reasonable notice of shift changes and compensation for last-minute cancellations will be implemented by 2026.

The Bill was introduced into the House of Commons on 10 October 2024. Further detail on many of the policies in the Bill will be provided by regulations after Royal Assent. The Government expects to begin consulting on the majority of the reforms in 2025. It is expected that most of the reforms will take effect no earlier than 2026.

In addition, large employers will, from Autumn 2024, be required to report on their ethnicity and disability pay gaps in much the same way as they have previously had to provide gender pay gap reports.

A review of health and safety regulations is expected to commence in 2025 with changes expected by 2026 to address neurodiversity, extreme temperatures and long-COVID.

The Government also plans to introduce a statutory code of practice in respect of the 'right to switch off' (i.e. employees not being contacted outside of working hours) in 2025.

It is also expected that the Freedom of Information Act will be extended to private companies with public contracts and to publicly funded employers by 2025.

UHS is currently reviewing the implications of the proposed Bill on its current policy and practice. The national terms and conditions of employment for all NHS staff already provide many aspects which are more generous than the current statutory minimums which means many aspects should be cost neutral. UHS has already focused on flexible working, agile working, and deploys its bank workers in a responsible way. NHS Employers and NHSE will be leading reviews of the implications on national policy and procedure and providing guidance and implementing any national contractual changes accordingly.

The proposed changes in employment tribunal eligibility from day one will undoubtedly give rise to more cases being brought against Trusts. When employment tribunal thresholds were previously lower, UHS had almost double the number of cases at any one time.

The assessment of implications will be taken through People Board and People and Organisational Development Committee.

### **New Hospital Programme - Hampshire Together**

On 20 September 2024, the Government launched its review into the New Hospital Programme. The purpose of the review is to consider the options for putting the programme onto a realistic, deliverable and affordable footing. The review will assess the appropriate schedule for delivery of schemes in the context of overall constraints to hospital building and wider health infrastructure priorities while also looking at where improvements can be made. All remaining hospitals in the programme without a full business case approval for their main build phase will be in scope – this includes the potential new hospital in Hampshire. The timing for the conclusion of the review is not clear.

The Hampshire Together programme is currently working on the Decision Making Business Case for its new hospital investment whilst it awaits a conclusion on the review. UHS and Hampshire Hospitals NHS FT held a workshop to discuss further clinical collaboration in September 2024 and plan to work further on this as an action to mitigate changes in patient flows resulting from a new hospital, linked to the overall programme.

### **Hampshire and Isle of Wight Healthcare**

The new combined community provider Hampshire and Isle of Wight Healthcare NHS Foundation Trust was launched on 1 October 2024. The provider brings together existing community, mental health and learning disability services across the county. The new organisation will employ around 12,500 people and have a turnover of approximately £800m. Operationally, core services will be organised on a geographical basis, with some specialist services more widely. The organisation is currently developing a new five-year strategy and a public engagement process is underway for this (“Shaping Our Future”).

### **Charity Priorities**

UHS has been working with the Charity to establish some longer-term priorities for major fundraising. The Charity has been keen to establish these so that it can begin aligning resources with the aim of fundraising over multiple years. Following discussion, a provisional plan has been agreed to focus on support for refurbishments, the surgical robotics programme, and a patient cinema in the short-term, and to prioritise a new Day Unit for the Children’s Hospital as the major medium-term aspiration (3-5 years). Beyond this timeline there is particular interest from the Charity to support a new Breast Unit although this will require development of an estate plan. Each of these priorities is subject to an individual case being developed and approved through normal Trust governance. An ongoing process to review and refresh priorities on a regular basis has been agreed with the Charity.

### **Staff Survey**

The national NHS staff survey launched on 20 September 2024. This is an important tool in assessing annual progress against the Trust’s People Strategy, the national NHS People Promise, and also how the Trust compares against its peers. Staff have been sent an email with a link to complete the survey, which asks a range of questions about their experience of working at the Trust set against the national People Promise. Paper surveys have been used in some areas of the Trust in an attempt to drive up participation. The people team have also been out to teams with laptops to help to support completion rates.

The survey runs till 28 November 2024, with the full results being publicly available in February 2026.

### **National Patient Safety Award**

On 16 September 2024, UHS won the 'Patient Involvement in Safety' award at the Health Service Journal's Patient Safety Awards. The Trust's quality and patient safety partners (QPSP) programme was recognised for its outstanding contribution to patient safety, culture, and care.

<b>Agenda item 4.6 Report to the Trust Board of Directors, 5 November 2024</b>				
<b>Title:</b>	Performance KPI Report 2024-25 Month 6			
<b>Sponsor:</b>	David French, Chief Executive			
<b>Author:</b>	Sam Dale, Associate Director of Data and Analytics			
<b>Purpose</b>				
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>	
<b>x</b>				
<b>Strategic Theme</b>				
<b>Outstanding patient outcomes, safety and experience</b>	<b>Pioneering research and innovation</b>	<b>World class people</b>	<b>Integrated networks and collaboration</b>	<b>Foundations for the future</b>
<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>
<b>Executive Summary:</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, whilst providing assurance regarding the successful implementation of our strategy and that the care we provide is safe, caring, effective, responsive, and well led.				
<b>Contents:</b>				
The content of the report includes the following: <ul style="list-style-type: none"> <li>• An 'Appendix,' which presents monthly indicators aligned with the five themes within our strategy</li> <li>• An overarching summary highlighting any key changes to the monthly indicators presented and trust performance indicators which should be noted.</li> <li>• A 'Spotlight' section which this month focusses on the performance position for our Emergency Department</li> <li>• An 'NHS Constitution Standards' section, summarising the standards and performance in relation to service waiting times</li> </ul>				
<b>Risk(s):</b>				
Any material failures to achieve Trust performance standards present significant risks to the Trust's long-term strategy, patient safety and staff wellbeing.				
<b>Equality Impact Consideration:</b>			<b>NO</b>	

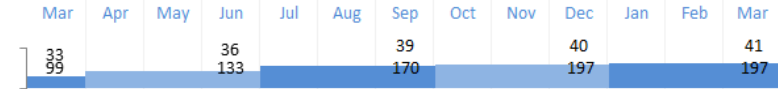




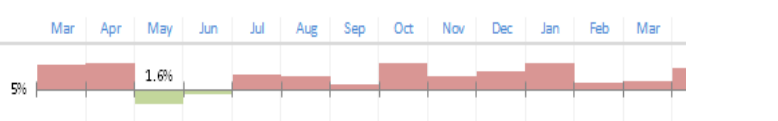
# Performance KPI Board Report

Covering up to  
September 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.

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

- Data validation: the number of Gram Bacteria cases reported for August 2024 has been restated from 19 to 22. This is a reporting correction following the implementation of a new Laboratory Information Management System (LIMS) and associated reporting.

## Summary

This month's spotlight report explores UHS recent performance within the Emergency Department.

The ED spotlight highlights that:

- September 2024 performance for patients spending less than four hours in ED was 65.5% for Type 1 attendances (67.9% for all types) against the national target of 78%. The performance for Type 1 attendances ranks UHS in fourth place when compared to other teaching hospitals and sixth against all hospitals within the South East Region.
- Throughout the 2024/25 financial year, Type 1 attendance volumes have averaged at 385 per day. This is a 5% increase on the equivalent period in 2023/24 and a 21% increase when compared to pre-COVID volumes.
- Key challenges to performance remain the overall attendance growth, an increase in patients with enhanced care needs, mental health attendances and flow through the hospital as admission rates increase whilst the volume of patients with no criteria to reside remain high.
- The paper highlights successful interventions across multiple specialties evidenced in the increased use of Same Day Emergency Care (SDEC), an increase in weekend discharges and a reduction in length of stay.
- The paper outlines the position on ambulance handovers and the plans to link closely with South Central Ambulance Service (SCAS) to perform a "perfect week" to improve dual sign off, ensure more accurate handover data and review best practice and standard operating procedures.

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

1. The overall RTT waiting list remained stable compared to the previous month, reporting 59,653 in September 2024 compared to 59,649 for August 2024 and 63.5% of patients receiving treatment within 18 weeks of referral.
2. The trust reported just two patients waiting over 78 weeks for September 2024. Both patients were within Ophthalmology and awaiting national release of corneal transplant tissue by the NHS Blood and Transfusion service.
3. The trust reported seventeen patients waiting over 65 weeks for September 2024 against the national ambition of zero. Fifteen of these patients were also awaiting corneal tissue release - the remaining two patients reflected a complex joint case within Gynaecology and Colorectal services and a Paediatric Cardiac surgical case which had to be delayed due to the patient's condition at pre-assessment. The latest comparator information available for this metric (August 2024) showed that UHS ranked in first place when compared to twenty equivalent teaching hospitals across the UK.
4. There was an improvement in all three Cancer performance metrics for the latest validated position (August 2024). The organisation reported 82.0% for 28 day faster diagnosis, 96.1% for 31 day standard and 77.6% for 62 day standard. The Trust ranks in the top quartile for two metrics and second quartile for the third metric when compared to peer teaching hospitals for all key cancer metrics for the latest available month (August 2024).

5. The number of patients on the diagnostic waiting list bounced back following the reduction seen in August 2024 (8352 patients) to 8947 patients at the end of September. The majority of the increase is within imaging services (CTs, MRIs and Non Obstetric Ultrasound). Performance levels remained consistent at 87.3%.
6. The average number of patients per day not meeting the Criteria to Reside in hospital increased to 214 in September 2024 compared to 201 in August 2024.
7. The trust has reported one Never Event for September and zero Patient Safety Incident Investigations for September 2024.

## Spotlight: Emergency Department (ED) Performance

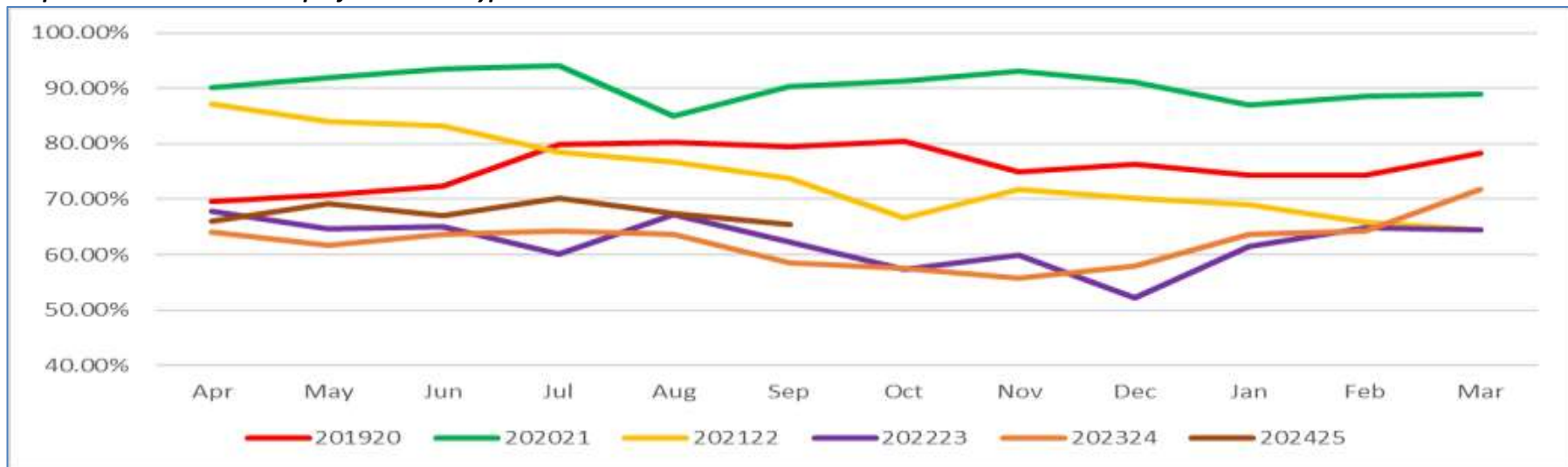
### 1. Performance Overview

The national ED target for 2024/25 is for 78% of all patients to be seen and admitted, transferred or discharged within 4 hours of arrival, as a system position. The expectation is this milestone is achieved in March 2025.

In September 2024, UHS was not meeting this national ED target and stood at 65.50% (Type 1) of patients seen within 4 hours (graph 1). Type 1 (main ED attendances) 4 hour performance for 2024/25 to the end of September (cumulatively) is 67.55%. This compares to September 2023 Type 1 performance of 58.60% (in month) and 62.65% (cumulatively April-Sept).

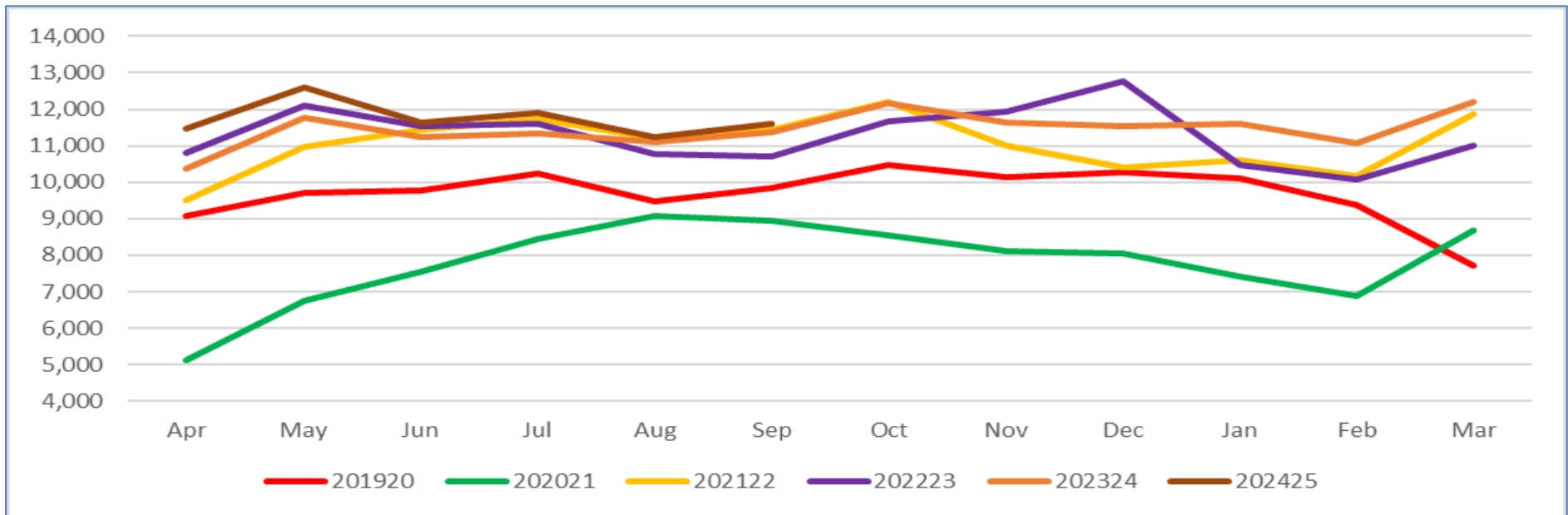
Whilst performance has dipped from March 2024 our current type 1 performance is strong compared to the same time as last year the combined UEC performance to include UHS T1, T2 and UTCs (RSH & Lymington) was 79.62% for the month of September 2024 which compares favourably to the 78% target.

**Graph 1: Trended ED 4 hour performance – Type 1**



From April to September 2024 UHS has averaged 385 Type 1 ED attendances per day (graph 2), compared to an average of 369 for the same time-period in 2023/24 which represents a 5% increase. Post Covid growth (2019/20 to current) now reflects a total increase of 21% for Type 1 attendances to the emergency department.

**Graph 2: Trended ED Attendances – Type 1**

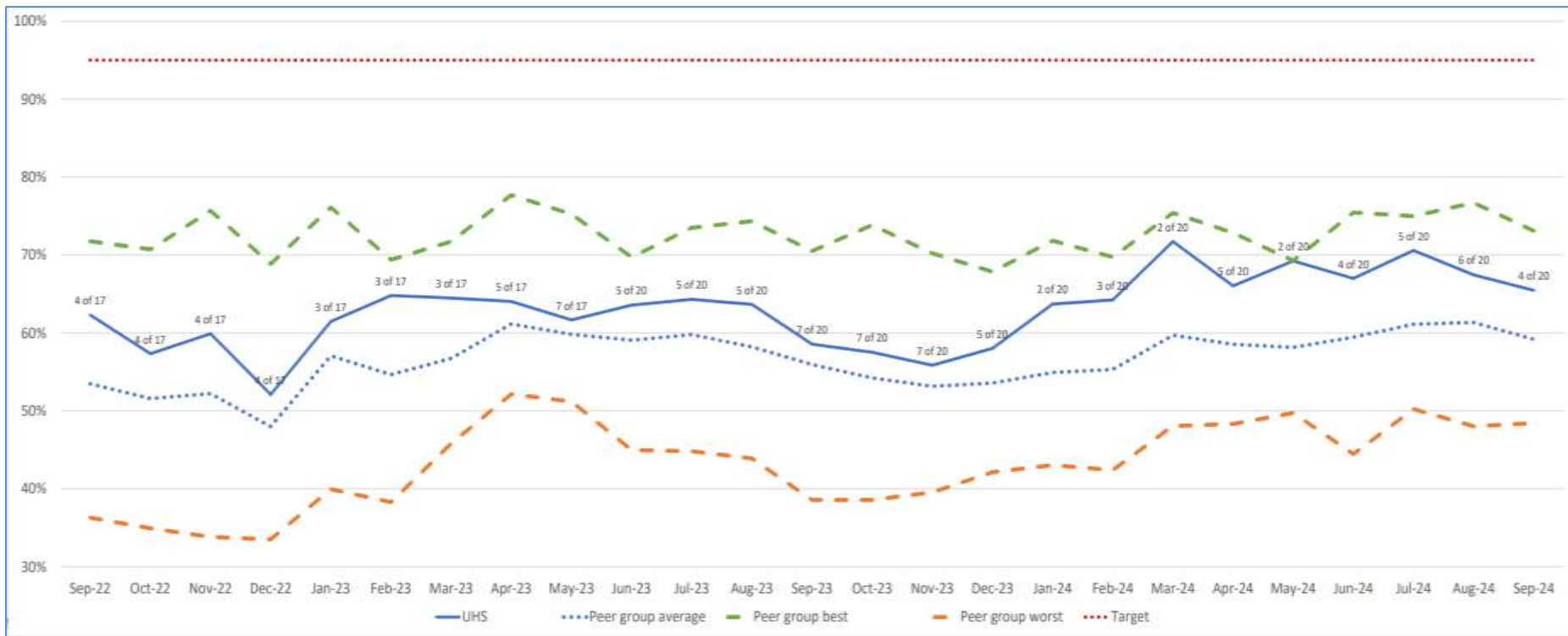


In October 2024, type 1 attendances have been consistently over 400 per day which is placing a significant strain on the Emergency Department and subsequent pressures on downstream capacity and flow through UHS.

## 2. Performance Comparators

Despite the ongoing attendance and performance challenges, UHS remains in a good position for four hour performance when compared to teaching hospitals across the country. The hospital is consistently in the top quartile and placing 4<sup>th</sup> out of 20 hospitals in the latest available comparator report which covers September 2024.

**Graph 3: Teaching Hospital Performance Comparison (4<sup>th</sup>/20 for September 2024, 2<sup>nd</sup>/20 for March 2024, 7<sup>th</sup>/20 in October 2023)**



Similarly, the organisation benchmarks well for 4hr performance when compared to other hospitals across the South East region, ranking 6<sup>th</sup> out of 17 hospitals for the latest published comparator month (September 2024).

**Graph 4: South-East Region Performance Comparison (6<sup>th</sup>/17 for Sept 2024, 4<sup>th</sup>/17 for March 2024, was 12<sup>th</sup>/17 for October 2023)**



### 3. Operational Pressures and Workstreams

The pressures facing the hospital ED department have been detailed in previous reports to Trust Board and they fundamentally remain the same.

In summary, these are:-

- Attendance growth – 21% compared to pre-covid, with a daily average of 385 compared to 318 pre-covid, although in the month of October 2024 we have seen daily attendances of well over 400. The current rise in attendances is being seen in the ambulatory pathway resulting mainly from patient walk-ins with average time to initial assessment increasing by 4 minutes and average time to decision increasing by 16 minutes in September 2024.
- Continued rise in patients with enhanced care needs and mental health attendances impacting the associated length of stay in the ED, but also the knock-on impact on assessment areas and downstream wards.
- Flow through the Emergency Department with average admission rates now up to 32% for 2024/25, resulting in 12% increase in admissions when compared to April 2023 to Sept 2023 coupled with a stubborn number of patients (often 230+) with no criteria to reside remaining in the hospital. Thus meaning an increase of beds being occupied within the hospital.

#### What are we currently doing about these challenges?

As a Trust there is heavy focus and scrutiny on the inpatient flow programme which aims at reducing length of stay trust wide by 5%. This will not only support the ED and non-elective flow but also increase access to elective services. The programme initiatives have been shared in previous updates to Trust Board.

There have been a number of successes across multiple specialties. For example, the surgery care group have established Same Day Emergency Care (SDEC) capacity in their own inpatient footprint to support the management of non-elective patients to reduce time spent in the Emergency Department to allow for direct access pathways for primary care and for SCAS in the future. The stroke team are also piloting an SDEC function in the ED footprint starting in November.

The care groups of acute and emergency medicine who account for circa. 70% of all emergency admissions in the Trust have been working on a number of initiatives as part of a continuous improvement programme to support emergency flow alongside the trust wide inpatient flow programme.

Successes so far include:

- A reduction in length of stay (LoS) of 5.06% (0.32 of a day) compared to LoS baseline in medicine.



- Increase in SDEC (frailty and medical) utilisation of 28% in terms of increased volumes with an admission avoidance rate of 30%, an increase of 3% from 2023.
- Increase in home before lunch of 0.5% above baseline with average performance currently at 16.23%, with MOP wards consistently achieving over the 25% trust target.
- Average time of discharge is now 15:47 for the current financial year and a focus for further improvement in medicine linked to our board rounds project.
- Weekend discharges are now currently averaging 20 more per weekend than of the 24 month rolling average.
- Increase in use of discharge lounge on G level where for the last 8 weeks the average number of patients per week has increased by 20% against the 12 month average although still more to do to increase utilisation.

Next steps for the care groups over winter are to:

- Further expand on the Specialist Medicine Day Unit (SMDU) concept to increase discharge, bring back patients and reduce admissions.
- Focus on push model to increase bed utilisation and reduce time of patients moving downstream from AMU once beds are available.
- Forensic focus on long length of stay (LLOS) reviews for patients on D & G level wards for pathway zero patients.
- Improve on board rounds within medicine to support reducing length of stay and failed discharges on the day for non-complex and complex patients.

The senior ED have prioritised four main workstreams resulting from the Emergency Care Intensive Support Team (ECIST) visit and subsequent feedback to focus on in 2024/25 related to:

- 1) Consultant of the Day (COD) leadership** – the aim of this workstream is to clarify and, where appropriate, standardise the role of the COD, focusing on how the department is run, how escalation takes place and what are the ‘must do’ actions in any shift. While recognising there will be acceptable levels of variation in any team, the goal is to codify what the minimum standards are. It will also review the ECIST recommendation about zoning to help alleviate the pressure on the consultant of the day. This workstream will remain ongoing and continuous.
- 2) Flow – front door, ambulatory & minors** – ECIST feedback highlighted that there was a lack of clear definitions in key areas such as pitstop and ambulatory majors, leading to an inconsistent approach at times. This workstream will review pathways and clarify and codify the purpose and role of each zone, and those working in it. In August 2024, a pilot commenced in this area of the department utilising full QI methodology and supported by the Trust Transformation team.

So far, the data is beginning to show that the changes made are positively impacting on patient experience and flow throughout the department.

## For ambulatory patients:

- More patients are being seen within 60 minutes and fewer patients are being seen in less than 4 hours.
- There has been a reduction for time spent in the department by 31 minutes from before this change was implemented.
- Patients receive a senior review more quickly, 45 mins quicker on average than pre-change.
- Time to ECG has reduced from 51 minutes down to 29 minutes.
- The number of investigations being performed on patients is decreasing.

## For the minors patients:

- The data is showing a minimal amount of disruption to the 4-hour performance and volume of daily breaches.
- Time to senior review has maintained its performance averaging monthly between 90 and 100mins since May 2024.

## Other benefits felt across the department:

- There is improved teamwork between different roles within the department as teams are sharing the spaces. This has helped to upskill some members of the nursing team, Emergency Nurse Practitioners (ENPs) have been able to share their experience and knowledge more easily and this model has given foundation doctors some more exposure to the minors' pathway.
- Due to more cross team working, it has been easier to communicate quickly with staff in other teams.
- The See and Treat room is being used between 10:00-18:00 for the minors' pathway which means patients can be seen and/or removed from the waiting room or the flow of the department earlier in their journey. Also, patients can have investigations ordered and analgesia given ahead of being seen.

- 3) Use of clinical decisions unit (CDU)** - ECIST questioned the need for a CDU, and whether the space would be better repurposed for another use. There are a number of potential options for the space, but there is also potential risk as the current CDU provides additional capacity for patients who otherwise might wait in majors or would need a hospital bed. This workstream will review that recommendation and come up with a series of options to respond to the feedback.
- 4) Flow in and out of Pitstop** – At times pitstop can delay offloading of ambulances even when there is space in majors, because of the need to triage patients. A new triage model has, while reducing risk in the waiting room, also potentially increased the pressure on ambulance holds. This workstream will review flow into and out of pitstop, to agree a process that provides appropriate triage, reduces risk in the waiting room but also reduces ambulance delays.

Broadly, this work has focussed on the specific roles of those working within pitstop, standardising the processes and assessments undertaken. The nurse in charge role has been split within the overall workforce allocation, allowing one individual to focus on ambulance handovers whilst the other oversees the clinical work in the area. Although still relatively early, this work is beginning to yield benefit and can be seen below.

The clinical leaders in the ED, supported by the Care Group Management Team and Transformation Team continue to take forward these workstreams via weekly oversight meetings to include the Divisional Management Team and regularly sessions with the wider ED workforce.

The COO led Urgent & Emergency Care (UEC) Board continues to meet to discuss feedback on the Emergency Department and trust wide workstreams to support performance against the 4hr emergency access target with two clear aims and objectives of the next 12 months to eradicate corridor care and have zero ambulance handover delays above the 15mins allowance.

#### **4. Ambulance Handovers**

The ambulance handover performance Target is for "All handovers must take place within 15 minutes with none waiting more than 30 minutes". Ambulance handovers are a current focus area for NHS England and is also one of the key focus areas within the national priorities for 2024/25. UHS has constantly performed very well in relation to measures of timely ambulance handover and continues to do so compared to peers.

Whilst UHS continues to perform well compared to peers for ambulance handover times discussions are currently ongoing between UHS, SCAS & the ICB around a "withdrawal 45" mandate. This effectively means any ambulance crew waiting for 45mins to handover to UHS ED team would request an immediate handover to support the crew getting back on the road.

This mandate is currently being worked through as whilst initially it would cause more concern for partner organisations in HIOW, due to the fact UHS currently cohort up to 6 patients with one SCAS crew inside UHS ED to allow up to 5 crews to return to the road, leaving 1 crew behind, this may not be possible going forward under this mandate.

Therefore plans are being drawn up which could mean UHS look after the current SCAS cohorted patients and identify a second cohort area inside UHS ED to support any risk of SCAS needing to withdrawal support post 45 minutes with any one patient. This could lead to capacity risk, financial risk and also a risk to staff wellbeing at UHS and also mean we hold more ambulances up to the 45 minutes to provide processing capacity in pitstop.

The table below has been provided by the SCAS operational team to show current handover volumes and performance against the current targets. This information goes up to August 2024 and is unvalidated by UHS.

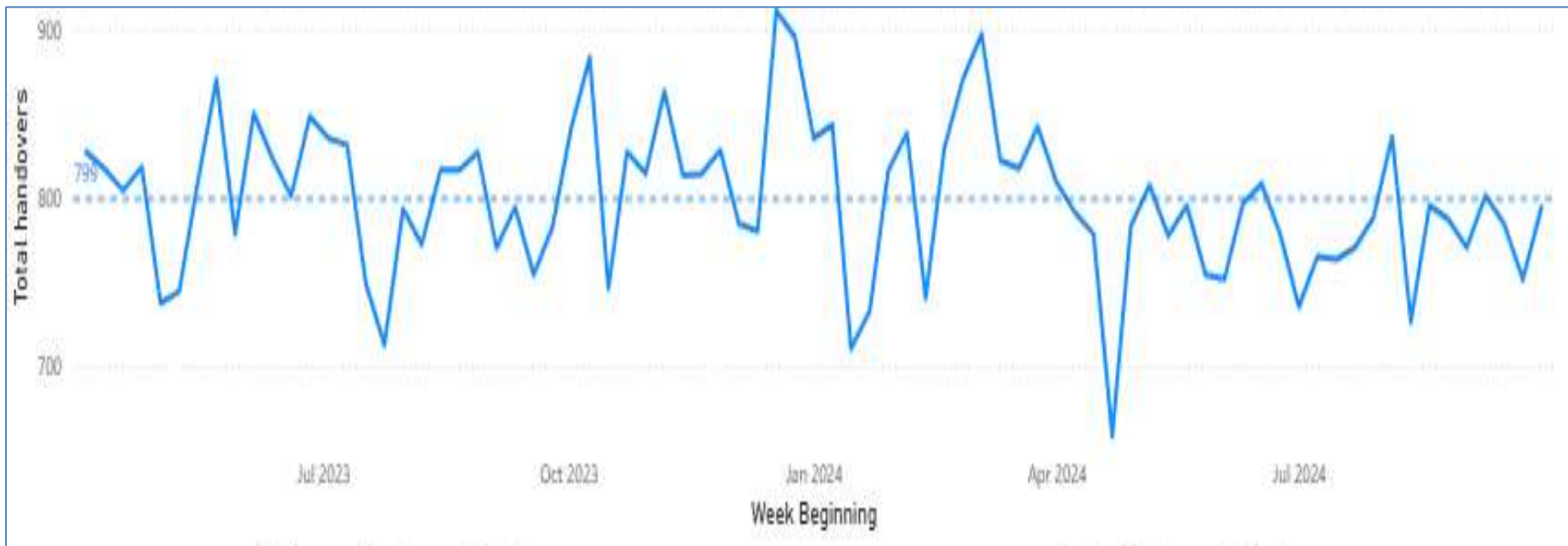


Over the last 4 weeks we know our handover performance has deteriorated linked to the rise in ED attendances and the impact this has had on ED processing capacity and trust wide flow.

We are currently linking in with SCAS to perform a "perfect week" to better implement dual sign off with the emergency department, to ensure more accurate data quality, agreeing a 'capacity full' protocol with SCAS and the wider system, and work between SCAS and the emergency department to review best practice.

As previously highlighted when SCAS crew(s) support with cohorting inside UHS ED the released crews are back on the road but will show as in UHS and contribute to the officially recorded handover and therefore appear to breach the 15/30mins targets,

**Graph 5: Total Ambulance handovers per week (unvalidated)**



The graph above continues to highlight total handovers covering April 2023 to the end of September 2024 by week.

## 5. Conclusion

UHS continues to perform comparatively well when measured against the emergency access target. Significant work is taking place within the Emergency Department, to improve streaming within and flow out of the department, as well as faster decision making.

Across the rest of the Trust, a focus on increasing the availability and use of SDECs, reducing length of stay and putting in pathways other than the Emergency Department will also continue to support improvements in the emergency access target. However, these are offset by a significant, unplanned and unfunded growth in attendances that presents a real challenge. If this pattern continues there is a real risk this winter of a deterioration of emergency access performance, and also an impact on the elective programme.

## 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>

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD
31	% Patients on an open 18 week pathway (within 18 weeks ) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	≥92%	63.7%
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)	10	15	6	9	7	6	4	3	7	4	9	7	6	6	77.6%	≥70%	74.5%
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)	8	8	12	10	11	8	4	4	4	9	6	8	6	10	6	≥95%	67.6%
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	10	10	8	7	7	7	7	5	4	5	5	5	6	6	5	≤5%	11.4%
37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance																		



Outcomes		Month												Monthly target	YTD	YTD target			
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun				Jul	Aug	Sep
1	HSMR (Rolling 12 Month Figure) - UHS HSMR (Rolling 12 Month Figure) - SGH													≤100	89%	≤100			
2	HSMR - Crude Mortality Rate													<3%	2.2%	<3%			
3	Percentage non-elective readmissions within 28 days of discharge from hospital													-	12.0%				
		Q2 23-24			Q3 23-24			Q4 23-24			Q1 24-25			Q2 24-25			Quarterly target		
4	Cumulative Specialties with Outcome Measures Developed (Quarterly)													+1 Specialty per quarter					
5	Developed Outcomes RAG ratings (Quarterly)	100%	37			41			41			36			39				
		75%	75			67			62			77			79				
		50%	333			335			334			342			319				x
		Red : below the national standard or 10% lower than the local target Amber : below the national standard or 5% lower than the local target Green : within the national standard or local target																	

Safety		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target									
6	Cumulative Clostridium difficile  Most recent 12 Months vs. Previous 12 Months	47	66	55	72	65	81	73	91	77	97	84	05	4	12	12	19	27	29	35	38	49	51	60	61	≤5	61	≤25
7	MRSA bacteraemia	0	0	0	1	2	1	2	0	1	1	0	0	0	0	0	1	0	2	0	0	0	0	0	1	0	2	0
8	Gram negative bacteraemia	16	21	15	28	20	18	22	19	16	31	25	25	29	22	35	0	≤19	167	≤106								
9	Pressure ulcers category 2 per 1,000 bed days	0.21															<0.3	0.41	<0.3									
10	Pressure ulcers category 3 and above per 1,000 bed days	0.34															<0.3	0.31	<0.3									
11	Medication Errors (severe/moderate)	3															≤3	10	18									
12	Watch & Reserve antibiotics, usage per 1,000 adms Most recent months vs. 2023/24	2,692															<2569	2,542	<2665									
12 - Beginning June 2024, target and comparison changed in accordance with National Action Plan.																												

<b>Safety</b>		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
13	Patient Safety Incident Investigations (PSIIs) (based upon month reported, excluding Maternity)																-	4	-
13a	Never Events																0	3	0
14	Patient Safety Incident Investigations (PSIIs)- Maternity																-	0	-
15	Number of falls investigated per 1,000 bed days																-	0.12	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)																≥90%	95%	≥90%
17	Red Flag staffing incidents																-	91	-
<b>Maternity</b>		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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>		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients																≤5%	0.8%	≤5%
22	FFT Negative Score - Maternity (postnatal ward)																≤5%	2.5%	≤5%
23	Total UHS women booked onto a continuity of carer pathway																≥35%	13.4%	≥35%
24	Total BAME women booked onto a continuity of carer pathway																≥51%	20.7%	≥51%
25	% Patients reporting being involved in decisions about care and treatment																≥90%	87.8%	≥90%
26	% Patients with a disability/reporting additional needs/adjustments met (total questioned at chart base)																≥90%	88.3%	≥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)																-	352	-

<b>Access Standards</b>		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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)	8	8	12	10	11	8	4	4	4	9	6	8	6	10	65.5%	≥95%	67.6%	≥95%	
29	Average (Mean) time in Dept - non-admitted patients	03:36															03:41	≤04:00	03:17	≤04:00
30	Average (Mean) time in Dept - admitted patients	06:01															05:41	≤04:00	05:29	≤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)	5	4	4	4	4	4	4	4	4	4	4	4	4	4	63.4%	≥92%	63.7%	≥92%	
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	59,253															59,653	-	59,653	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	3	3	3	2	2	2	2	3	3	4	3	2	2	2	1,937	1,144	≤1393	1144	≤1393

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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	5	5	3	3	3	3	3	3	3	2	2	1	1	17	0	17	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)	8	7	6	5	6	5	5	5	10	10	10	11	9	9	2	0	2	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)	17	15	16	12	13	13	1	1	1	1	1	1	1	1	0	0	-	0
36	Patients waiting for diagnostics	8,557															-	8,947	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	10	10	8	7	7	7	7	5	4	5	5	5	6	6	12.7%	≤5%	11.4%	≤5%
37 - As of April 2024, YTD and Monthly Target changed from 1% to 5% to reflect latest guidance																			

		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target																																																																																																																
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<b>R&amp;D Performance</b>		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	19	21	17	17	16	15	15	15	15	9	7	6	9	9	8	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	14	15	12	11	12	9	11	11	11	6	8	9	10	10	10	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection	64%	46%	60%	67%	46%	88%	55%	50%	64%	50%	55%	47%	100%	44%	38%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	104.1%	45.8%	133.3%	133.3%	84.7%	65.2%	157.6%	75.0%	26.8%	119.5%	70.7%	51.2%	90.2%	80.5%	13.4%	≥5%	-	-



<b>Local Integration</b>		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	214	-
48	Emergency Department activity - type 1 <i>This year vs. last year</i>																-	70,576	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations <i>This year vs. last year</i>																≥25%	25.5%	≥25%

<b>Digital</b>		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)																-	209,848	-
51	My Medical Record - UHS patient logins (number of logins made within each month)																-	35,704	-
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>																			

Report to the Trust Board of Directors																																				
<b>Title:</b>	Finance Report 2024-25 Month 6																																			
<b>Agenda item:</b>	4.7																																			
<b>Sponsor:</b>	Ian Howard – Chief Financial Officer																																			
<b>Author:</b>	Philip Bunting – Director of Operational Finance David O’Sullivan – Assistant Director of Finance – Financial Performance																																			
<b>Date:</b>	5 November 2024																																			
<b>Purpose:</b>	Assurance or reassurance	Approval	Ratification	Information  X																																
<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><u>Headlines</u></p> <p>UHS has now received £11.2m of deficit support funding which means the plan has now changed from a £14.5m deficit to a £3.3m deficit. This has been accounted for in full in M6 with cash received in October. The plan phasing for the second half of the year remains unchanged with a breakeven plan across months 7-12.</p> <p>UHS are reporting a headline financial position of:</p> <table border="1" data-bbox="323 1149 1201 1344"> <thead> <tr> <th>Financial Position – Pre-Deficit Support</th> <th>M6</th> <th>YTD</th> <th>Annual</th> </tr> </thead> <tbody> <tr> <td>Plan</td> <td>-1.4</td> <td>-14.5</td> <td>-14.5</td> </tr> <tr> <td>Actual Surplus / (Deficit)</td> <td>1.5</td> <td>-19.2</td> <td></td> </tr> <tr> <td>Variance</td> <td>2.9</td> <td>-4.7</td> <td></td> </tr> </tbody> </table> <table border="1" data-bbox="323 1384 1201 1550"> <thead> <tr> <th>Financial Position - After Support</th> <th>M6</th> <th>YTD</th> <th>Annual</th> </tr> </thead> <tbody> <tr> <td>Re-set Plan</td> <td>9.8</td> <td>-3.3</td> <td>-3.3</td> </tr> <tr> <td>Actual Surplus / (Deficit)</td> <td>12.6</td> <td>-8.0</td> <td></td> </tr> <tr> <td>Variance</td> <td>2.9</td> <td>-4.7</td> <td></td> </tr> </tbody> </table> <p>Two significant one offs in M6 have helped improve the financial position:</p> <ul style="list-style-type: none"> <li>• Elective Recovery Fund income for 23/24 of £4.2m has been reported in month on top of £2.3m already within the YTD position. £6.5m has now been confirmed as the total excess overperformance that was not accounted for in the previous year. This will be funded by adjusting the 24/25 ERF target.</li> <li>• Industrial Action funding of £1m has been received to offset costs and lost income from June/July.</li> </ul> <p>After adjusting for the above and excluding the deficit support funding the deficit in month would have been £3.7m, which is a marginal run rate improvement on the previous month.</p> <p>Whilst the additional non-recurrent funding has improved the Trust’s position, UHS remains £4.7m behind plan at M6. This is primarily driven by:</p>				Financial Position – Pre-Deficit Support	M6	YTD	Annual	Plan	-1.4	-14.5	-14.5	Actual Surplus / (Deficit)	1.5	-19.2		Variance	2.9	-4.7		Financial Position - After Support	M6	YTD	Annual	Re-set Plan	9.8	-3.3	-3.3	Actual Surplus / (Deficit)	12.6	-8.0		Variance	2.9	-4.7	
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- £4.8m of non-delivery of System Transformation programmes, in particular Non-Criteria to Reside and Mental Health patient numbers remain significantly above plan.
- The Spec Comm ERF target was increased by £1.2m after the Plan submission.

The Trust is continuing to substantively deliver on financial improvements where outcomes are within its direct control. For example:

- The Trust has delivered LOS improvements for P0 patients of 5%.
- We have delivered a significant improvement to our outpatient ratio, undertaking more first appointments, procedures and advice & guidance.
- The Trust has implemented new workforce controls embedded within Divisions, which have been widely supported. We are significantly below our pay expenditure plan.
- We are currently utilising agency for 0.8% of our total workforce, significantly below the national target of 3.2%. Our temporary staffing remains below plan.
- UHS is performing well on ERF activity through transformation programmes and other initiatives, with YTD performance at 128% of baselines, above the overall national target of 107% (although marginally below our plan).
- UHS has delivered £32m CIP by M6, which is above the trajectory from 23/24.
- Since March 24, our ERF performance has increased by 12%, and at the same time our staffing levels have reduced by 2%.

#### **In-Month & YTD Position**

Income performance remains strong, albeit slightly behind plan, with Elective Recovery Funding performance at 130% in month and 128% YTD. This has generated income of £14m in overperformance YTD and continues to show month on month improvement.

Pay costs remain favourable to plan YTD although there were increases in medical staffing spend in month due to junior doctor rotations. WTE numbers remain relatively flat however and overall pay is £4.8m behind plan YTD.

Non pay expenses are reporting a £14m adverse variance YTD with the majority of this relating to unidentified CIP that was planned for within this category (£10m YTD / £20m FY). Savings have however been achieved in other areas offsetting this variance. We are currently working with Deloitte to review further savings opportunities.

The underlying position, removing all further one-off items of income and expenditure, shows consistency at c£6m per month deficit. This has been revised slightly since month 5 due to the application of backdated costs to prior months.

#### **Block Contract Overperformance**

An assessment of YTD performance highlights that the trust delivered £17m of valued activity above block contracts in months 1 - 6. This is additional funding that would be received if the trust had remained on the previous PbR payment mechanism. Although there is no funding solution within HIOW to resolve this it remains part of the financial narrative and a significant challenge for the system.

#### **Funding Agreements**

There were a number of items where we were seeking clarity on funding for the remainder of 2024/25. Several of these have now been resolved with the below points to be noted.

- ERF adjustment for 23/24 actual outturn and industrial action funding have now been confirmed as stated above.
- ERF performance to date in 2024/25 has yet to be shared – it is normally 3 months in

	<p>arrears, but we have yet to receive any information YTD. We are estimating performance using local data. For every month that information is delayed we are increasing the level of risk and potential variation within our reported numbers.</p> <ul style="list-style-type: none"> <li>• Specialised Commissioning ERF target – NHSE have rejected our contractual challenge, meaning the target that was increased by £1.2m after the plan submission will remain.</li> <li>• Pay award funding – we have now received confirmation of the value of funding to be received in relation to confirmed 24/25 pay awards. However, we are awaiting confirmation of Education &amp; Training funding, and we also need to track funding uplifts to other income streams such as R&amp;D and Private Patients. The scale of 24/25 pay award costs to the trust is c£50m per annum.</li> </ul> <p>The remaining factors may cause some volatility in reported financial positions in coming months. We will ensure our underlying position takes these movements into account.</p> <p><b><u>Risks</u></b></p> <ul style="list-style-type: none"> <li>• Several areas of pay dispute continue in discussion with unions and may have in year recurrent and non-recurrent impacts on expenditure.</li> <li>• There are seasonality risks that may mean surge capacity costs increase and elective income cannot be maintained at prior month levels.</li> </ul> <p><b><u>Cash</u></b></p> <p>The Trusts underlying deficit continues to drive a deterioration in the month-on-month cash position. A more detailed cash update has been provided separately to the committee this month following several material changes to funding.</p> <p><b><u>Capital</u></b></p> <p>Capital expenditure of £17.5m YTD is slightly behind plan (£4.3m variance), however leaves over £44m to be spent across the remainder of 24/25 (excluding IFRS 16 capital additions/remeasurements). Changes to the Building Safety Act have created delays and overspends in several key projects notably the Neonatal expansion.</p> <p>Trust Investment Group reviewed the most likely forecast that illustrated a projection that the capital expenditure plan for 24/25 would be delivered, although noted risk of any further slippage. However, a pressure has been created for 25/26 with slippage greater than planned. This will be reviewed in the context of capital planning and prioritisation for 25/26 over the coming months.</p>
<p>Implications:</p>	<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>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<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>
<p>Summary: Conclusion / recommendation</p>	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the finance position.</li> </ul>

## Integrated Care Board

# Board Meeting in Public

<b>Title of paper</b>	ICS Public Board Finance Report		
<b>Agenda item</b>	(number)	<b>Date of meeting</b>	Click or tap to enter a date.
<b>Lead</b>	Martin Sheldon	<b>Clinical Sponsor</b>	(if applicable)
<b>Author</b>	Graham Groves Jo Roberts, Vicki Mussert-Campbell, Jon Vaughan, Lindsay Jones		
<b>Purpose</b>	For Information		

### Executive Summary

The purpose of the Month 6 (M6) Finance Report for Hampshire & Isle of Wight Integrated Care System (ICS) is to provide details of the financial position and system recovery plan for the ICS as at the end of September 2024.

There were a number of funding changes at month 6. £70m of Deficit Cash Support funding was received, in line with commitments made by NHS England during planning. This took the Hampshire and Isle of Wight system plan to a combined £0 breakeven position for the year. The system will continue to track against the original £70m deficit plan as well as the new breakeven plan.

At M6, the Hampshire and Isle of Wight system in-month position is a surplus of £58.5m compared to a planned surplus of £48.0m, a positive variance to plan of £10.5m. The in-month surplus position is largely due to the phasing of the deficit cash support but also the impact of the 2023/24 Elective Recovery Funding income and Industrial Action income being received in M6 and played into the month in full.

The ICS is reporting a year-to-date deficit of £20.4m at the end of September 2024, compared to a planned year-to-date deficit of £15.3m, so an adverse variance to plan of £5.1m.

The ICS, following receipt of the £70m cash support, now has a combined £0 (breakeven) forecast outturn, and it forecasts achievement of this by financial year end 2024/25.

The report also summarises key quality indicators relating to safety, effectiveness and patient experience.

### Recommendations

- 1 Each Board needs assurance that their organisation is going to deliver on their operating plan, and that appropriate mitigations and recovery plans are in place where required.
- 2 Each Board needs assurance from their executives on their organisation's contribution to each system transformation

	programme, and that the programme(s) that their executives are leading on will deliver the planned outcomes and cost improvements, with an appropriate plan in place for any shortfalls.
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<b>Strategic objectives</b>
1. To make best use of our resources, living within our means
<b>Risks to the strategic objectives</b>
<input checked="" type="checkbox"/> 4B) There is a risk that the Integrated Care System's NHS financial plans are insufficient or do not deliver as planned to achieve the individual organisation and/or system financial plans.
<b>Regulatory and legal implications (e.g., NHS England/Improvement ratings, Care Quality Commission essential standards, competition law etc)</b>
The system remains in System Oversight Framework (SOF) 4 as a result of our financial and operational performance
<b>Financial implications / impact (e.g., cost improvement programmes, revenue/capital, year-end forecast)</b>
As described in the executive summary and paper
<b>Specific communications and stakeholder/staff engagement implications</b>
<b>Patient / staff implications (e.g., linked to NHS Constitution, equality and diversity)</b>
All decisions arising from our financial recovery process will be subject to assessment of their impact on quality across the system and appropriate organisational and system governance.
<b>Equality and quality impact assessment</b>
As above
<b>Data protection impact assessment</b>
None
<b>Previous considerations by the Board</b>
<b>Background papers / supporting information</b>

**Integrated Care Board**  
**Finance Report for**  
**Hampshire and Isle of Wight Integrated Care System**  
**September (Month 6) 2024/25**

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## 1. Purpose

- 1.1 The purpose of the Month 6 (M6) Finance Report for Hampshire & Isle of Wight Integrated Care System (ICS) is to provide an overview of the financial position and system recovery plan for NHS organisations within the Hampshire and Isle of Wight ICS as at the end of September 2024.
- 1.2 This report has been shared with all NHS organisations in the system, to ensure Boards are able to gain assurance and hold their organisation(s) to account for delivery of their operating plan as well as their contribution to recovery of the whole system.

## 2. Background

- 2.1 The final agreed system plan for 2024/25 is a £70m deficit, consisting of a £9.6m surplus plan for NHS Hampshire and Isle of Wight (the Integrated Care Board), and a combined provider deficit plan of £79.6m. This plan was agreed on the basis that NHS England would provide £70m of non-recurrent deficit support funding, enabling our plan to reduce to £0 (breakeven).
- 2.2 In month 6, NHS England confirmed the anticipated £70m in non-recurrent deficit support. This support requires a matching improvement in our plan, taking the Hampshire and Isle of Wight system plan to a combined £0 breakeven plan for the financial year. The £70m cash support is repayable as part of national business rules on repayment of deficits, and will not reduce the Hampshire and Isle of Wight system historic deficit.
- 2.3 The whole system continues to be in the NHS England (NHS E) Financial Recovery programme. This requires additional assurance and reporting requirements to NHSE as well as controls around decision making.

### 3. Discussion

#### 3.1 Integrated Care System Financial Overview

3.1.1 There have been a number of funding changes to the financial position in month 6 (September). In addition to the £70m deficit support funding, which has been allocated to organisations with planned deficits, NHS England also released funding for 2024/25 Industrial Action and confirmed the 2023-24 Elective Recovery Fund (ERF) activity positions which resulted in additional income. The Industrial Action and 2023/24 ERF funding streams have been included in full in the M6 Year-To-Date (YTD) position, given that they relate to events which have already taken place and for which the costs have already been incurred.

3.1.2 The £70m deficit cash support funding resulted in the ICS being required to improve its combined annual plan from £70m deficit to breakeven, and our M6 reporting is against this revised breakeven plan. Whilst the Hampshire and Isle of Wight system combined is reporting against a breakeven position for this financial year, there are some organisations that are reporting a surplus and some a deficit financial position. Table below shows how the deficit cash support funding has been phased into the financial position:

Organisation	M6	M7	M8	M9	M10	M11	M12	Full Year
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Hampshire and Isle of Wight ICS	55,282	2,435	2,265	5,339	2,198	1,795	684	69,998

3.1.3 The table below summarises the ICS financial position reported at month 6 (September 2024). In September itself, the ICS reported a surplus of £58.5m against a planned surplus of £48.0m, so a positive variance to plan of £10.5m.

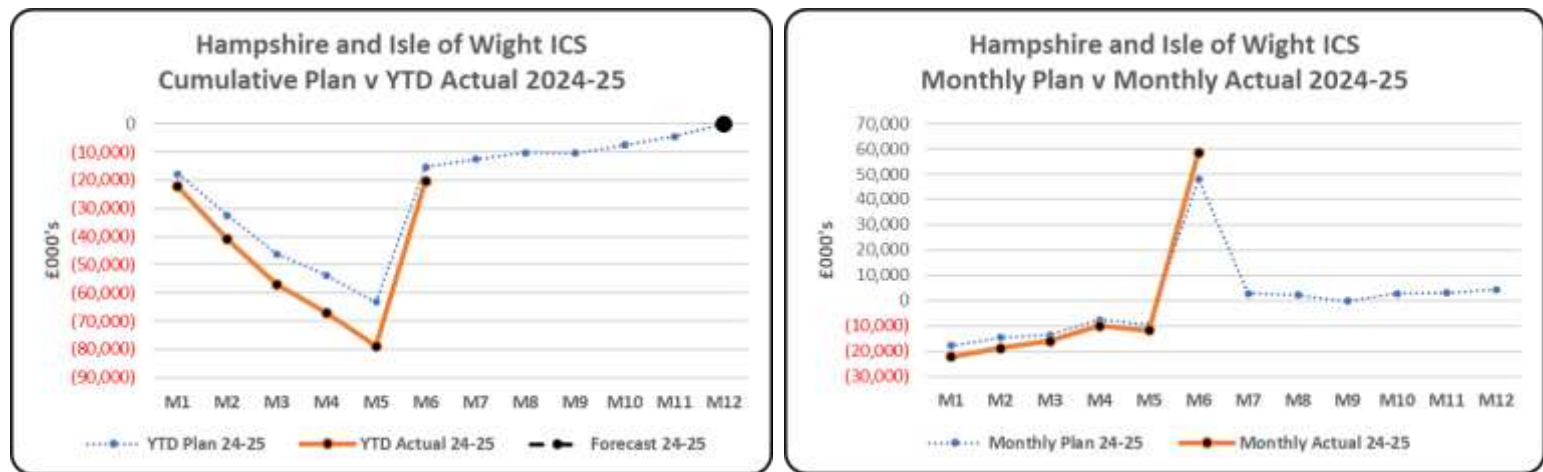
Organisation	In Month			Year to date			Forecast Outturn		
	In Month	In Month		YTD	YTD		Annual	Forecast	
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Outturn £'000	Variance £'000
Hampshire and Isle of Wight ICS Total	£48,046	£58,503	£10,457	(£15,292)	(£20,378)	(£5,086)	£0	£0	£0

3.1.2 The system is currently reporting a year-to-date deficit of £20.4m at month 6 compared to a planned £15.3m deficit, therefore a £5.1m adverse variance to plan.

3.1.3 The ICS is forecasting to achieve its current plan of a combined breakeven position.

3.1.4 The ICS will continue to prioritise the implementation of the agreed system plan and transformation programmes to support achievement of our financial plan in financial year 2024/25.

3.1.5 The graphs below summarise the ICS position reported at month 6:



3.1.6 Non-recurrent support funding has been received from NHS England to help mitigate the impact of the Industrial action that took place in June and July that caused increased costs and reduced income e.g. due to cancelled elective activity. Some organisations have also reported under-delivery of cost improvement plans and other pressures. The ICB is working with providers who are off-plan to put in place additional support. All providers continue to forecast achievement of their plans by year-end.

3.1.7 The ICS and all its constituent NHS organisations must continue to prioritise the implementation of the agreed system plan and transformation programmes to support achievement of each organisation’s financial plan in financial year 2024/25. All system transformation savings are embedded within the financial plans of Hampshire and Isle of Wight organisations, so system success is reliant upon every organisation delivering on their commitments.

### 3.2 System Actions to Support Financial Recovery

3.2.1 In 2023/24, additional controls were required by NHS England as a consequence of our deficit plan. Individual providers may also have had enhanced conditions as described in undertakings letters and where revenue or capital cash support was required, additional conditions will apply, including assessment of affordability of capital plans. All our existing system business rules, conditions and controls remain extant in 2024/25.

3.2.2 System financial recovery and delivery of our system transformation programmes is overseen by a monthly System Recovery and Transformation Board, which is attended by all Provider Chief Executives and chaired by the ICB Chief Finance Officer and Deputy CEO.

3.2.3 System leaders have agreed additional steps in 2024/25 to strengthen our delivery of plans, including:

- A system vacancy control panel, to review any proposed external recruitment and identify opportunities to resource from within the existing NHS workforce
- Chief executive-level leadership for each system transformation programme
- Organisation and system-level delivery units focused on our system transformation programmes, coordinated by a system Programme Management Office (PMO).

3.2.4 Additional external support has been commissioned for some system organisations, either to support continued delivery of their 2024/25 plan, or to support recovery where organisations are already materially off-plan.

3.2.5 During October, all organisations (individually and collectively) are in the process of recovery planning for the second half of 2024/25, to de-risk existing plans and identify additional mitigations to close the current unmitigated risk.

### 3.3 System Transformation Programmes

3.3.1 Our system plan for 2024/25 is intended to address the challenges impacting our financial position which required a system response. Together we identified six key programmes for corrective action to reduce our system deficit in 2024/25 and enable delivery of each organisation’s operating plan. Our system transformation programmes are:

<b>Programme</b>	<b>Lead Chief Executive</b>	<b>Lead ICB Executive</b>
Discharge	Penny Emerit	Caroline Morison
Local Care	Alex Whitfield	Lara Alloway
Urgent and Emergency Care	David Eltringham	Nicky Lucey
Mental Health	Ron Shields	Nicky Lucey
Planned Care	David French	Lara Alloway
Workforce (including Corporate Right-Sizing)	David French	Danny Hariram

3.3.2 Each transformation programme reports on progress and key metrics into the monthly System Transformation and Recovery Board, which is attended by all Provider Chief Executives. Reporting is supported by a system Programme Management Office.

### 3.4 Elective Recovery Fund

3.4.1 The Elective Recovery Fund (ERF) aims to increase elective activity in the NHS by providing additional funding to Integrated Care Boards (ICBs). The funding is

uncapped meaning that additional funding can be given to ICBs and NHS Providers that exceed their individual targets.

- 3.4.2 Each organisation has a specific target level of activity growth (compared to 2019/20) above which additional income is earned. For Hampshire and Isle of Wight as a whole, our target level is 108.7% of 2019/20 activity, but our operating plans for 2024/25 were based on achieving 119.9%. At Month 6, initial data shows achievement of 119.2%.
- 3.4.3 It is important to note that as at M6, NHS Hampshire and Isle of Wight has not received any national data from NHS England to confirm the year-to-date activity being reported by our providers, or the final ERF performance targets for 2024/25.

## 4. Quality

### 4.1 Regulatory

Care Quality Commission: there have been no new Care Quality Commission reports published in relation to Hampshire and Isle of Wight NHS providers. The outcome of the Care Quality Commission focused visit to Portsmouth University Hospitals NHS Trust in February 2024 has not yet been published.

### 4.2 Patient Experience

Friends and Family Test Performance (based on April 2024 data): the national Friends and Family data is one tool used across the NHS to hear about experiences of care. Friends and Family Test positive responses generally remain good across all providers. The Board is asked to note the following exceptions:

- Emergency Department (national positive results = 79%):
  - two Trust's data was showed a declining position in positive feedback for the emergency department, but currently remain above the national rate
  - despite continuing to be lower than the national positive rate, one Trust has been demonstrating an improving position.
- Inpatient (national positive results = 95%):
  - one Trust were performing above the national positive result with performance at 98%, despite reports of increasing numbers of patients on the ward
  - one acute Trust was performing lower than the national rate at 92%.
- Postnatal Community (national positive results = 93%):
  - despite being just below the national positive rate, one Trust was showing an improving position at 92%.
- Mental Health (national positive results = 85%):
  - two Trusts performed below the national positive response.
- Ambulance (national positive = 86%):
  - Hampshire and Isle of Wight patients gave their ambulance service 100% positive responses. Please note response rates are very low.

Mixed-Sex Accommodation Breaches (July 2024): despite the challenges in relation to flow within hospitals, two of the acute Trusts are reporting no occurrences of unjustified mixing in relation to sleeping accommodation.

### **4.3 Safety**

Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections: 2023/24 saw an increase in Methicillin-resistant Staphylococcus aureus (MRSA) Blood Stream Infection, in particular healthcare associated cases. There is an improving trend in cases with a reduction from 29 cases in the rolling 12 months June 2023 to July 2024 to 26 cases in the 12 months between October 2023 to September 2024.

NHS Hampshire and Isle of Wight Infection Prevention and Control team continue to link with the Trust for oversight and to support improvements through the sharing of learning from themes.

Clostridium difficile infection rate: the monthly trajectory for Clostridium difficile is 44 – the September 2024 data currently shows that we have not exceeded this. Performance is currently 15% above the 6-monthly trajectory.

Overall, Hampshire and the Isle of Wight is following the same trend as other areas in the South East Region – learning seems to imply increased complexity, frailty and acuity of patients post pandemic and decreased conditioning of the population.

Norovirus: Norovirus continues to circulate with rates above the 5-year seasonal average since week 48, 2023. Local trusts have reported outbreaks of Norovirus in recent weeks, but all have put in place precautions to control and prevent spread which has been successful in reducing spread within the trusts.

NHS Hampshire and Isle of Wight Infection Prevention and Control Team continue to remind Adult Social Care providers of the precautions they need to have in place. The UK Health Security Agency have recently published their Care Home Winter preparedness pack for 2024/25 which has been shared widely and is hosted on the ICB's webpage.

The NHS Hampshire and Isle of Wight Infection Prevention and Control team will be providing an outbreak update on the Care Home Infection Control Leads Forum in October and an update session at the upcoming Care Home Virtual event.

Never Events: In total, during 2024/25 (to the end of September), nine Never Events have been reported on the Strategic Executive Information System (StEIS) across the Hampshire and Isle of Wight System, with all acute providers having reported at least one incident.

The following System actions are in place:

- the System focus on embedding National Safety Standards for Invasive Procedures 2 (NatSSIPs2) continues and is formalised as part of the quality schedules in the 2024/25 contract. Quality leads are monitoring the Board reporting requirement of this indicator and initial quality performance metrics

which will support assurance for improvement processes. Progress will be included in future quality metric reports.

- providers reporting a surgical Never Event during 2024/25 are required to share their latest safe surgical audit relating to the area in which the incident occurred in addition to the investigation outcome.
- the next Patient Safety Specialist Network meeting (29 October 2024) will include a focus on the role of the Patient Safety Specialist in relation to safety culture work and sustainable actions to improve surgical safety within Trusts.
- the quality team is linking with the Wessex Patient Safety Collaborative to support the wider sharing of learning.
- a Hampshire and Isle of Wight System learning event will be held at the beginning of 2025/26.

Harm because of ambulance delays: The System risk rating for risk 847 will be reviewed due to the risk of urgent and emergency care performance and flow. Transformation Programmes remain focused on delivering improvements to system flow and urgent and emergency care performance.

Referral to Treatment harm reviews: during September 2024, no completed Referral to Treatment harm reviews were submitted to NHS Hampshire and Isle of Wight. Providers are reminded to follow the agreed Hampshire and Isle of Wight harm review process.

#### **4.4 Clinical Effectiveness**

Standardised Hospital-level Mortality Indicator (SHMI) – May 2023 - April 2024: all providers are reporting 'as expected' or 'lower than expected' mortality rates.

National Hip Fracture database – 30-day mortality: the latest data from the national hip fracture database shows that all Hampshire and Isle of Wight acute providers continue to be below the national mortality 30-day rate.

#### **4.5 Quality Impact Assessments**

NHS Hampshire and Isle of Wight have a weekly panel in place which reviews all Quality Impact Assessments that are linked to our financial recovery (i.e., not linked to a usual business case) and financial recovery savings that exceed £50,000 requiring higher level Integrated Care Board or potential Integrated Care System scrutiny. The panel reviews all Quality Impact Assessments that meet the above criteria and makes recommendations based on the information presented.

There were no Quality Impact Assessments formally submitted by Hampshire and Isle of Wight providers for review at the panel during September 2024.



## 5. Recommendations

- 5.1 Each Board needs assurance that their organisation is going to deliver on their operating plan, and that appropriate mitigations and recovery plans are in place where required.
- 5.2 Each Board needs assurance from their executives on their organisation's contribution to each system transformation programme, and that the programme(s) that their executives are leading on will deliver the planned outcomes and cost improvements, with an appropriate plan in place for any shortfalls.



Report to the Trust Board of Directors				
Title:	Recovery Support Programme (RSP) Undertakings – Self Assessment – Updated Response			
Agenda item:	4.9			
Sponsor:	David French – Chief Executive			
Author:	Ian Howard – Chief Financial Officer			
Date:	5 November 2024			
Purpose:	Assurance or reassurance	Approval  x	Ratification	Information  X
Issue to be addressed:	<p>In September 2023, NHS England wrote to HIOW ICB under the Recovery Support Programme, including requirements for self-assessments against formal undertakings.</p> <p>In June 2024, HIOW ICB submitted a self-assessment both of itself and on behalf of all providers. UHS considered its response at its Trust Board on 6<sup>th</sup> June 2024, which was incorporated into the return.</p> <p>On 29<sup>th</sup> August 2024, NHSE wrote to all organisations within HIOW ICS responding to the self-assessment (Appendix One). The letter incorporated key issues and actions required, noting that it contained generalised feedback across the ICS; however, the ICB and all providers (i.e., the system) should respond to.</p> <p>Within the letter, NHSE outlined:</p> <ul style="list-style-type: none"> <li>• Considerable progress on financial governance.</li> <li>• All provider CEOs have taken leadership roles for whole system transformation priorities.</li> <li>• Clinical, financial and operational leads alongside programme management colleagues have been deployed to deliver the system transformation priorities.</li> <li>• Despite these measures, the deficit was worse than plan. Learning lessons and strengthening whose system governance arrangements is critical.</li> <li>• Planned transformational changes and associated financial benefits were not delivered.</li> <li>• The system recovery plan was not sufficiently robust to be approved by NHSE and was received late by NHSE.</li> <li>• Essential messages on collective action, pace and grip have been given by NHSE in 3 national escalation RSP meetings.</li> </ul> <p>With regards to the undertakings self-assessment, NHSE highlighted:</p> <ul style="list-style-type: none"> <li>• The issues above and how the board has discharged their responsibilities in the undertakings isn't acknowledged clearly in the self-assessment.</li> <li>• Concern that the Board is not fully engaged in the critical self-reflection expected of an organisation subject to enforcement action.</li> </ul>			

	<ul style="list-style-type: none"> <li>• The self-assessment is strong on internal organisational actions but the whole system leadership, system working and transformation are not addressed sufficiently in the self-assessments. This includes the ICB’s role as system leader and Trusts’ roles in system leadership and working together to deliver system recovery as their “main effort”.</li> <li>• Concern regarding the absence of reference to the system work in the self-assessments.</li> <li>• Lack of evidence that this has contributed to materially different information going to board or any refocusing of boards’ time on this.</li> <li>• Self-assessments reflecting undertakings as completed when they are still ongoing or not yet resolved, highlighting a lack of recognition or understanding of the enforcement action. This includes unsubstantiated comments that the Board has complied with the undertakings to date, despite material variations from plan during the year. This related to HIOW ICB assessing all financial governance and reporting actions as “complete”.</li> </ul> <p>As a result of the above concerns, NHSE view is that Boards are not making sufficient effort to scrutinise, hold to account and enable their organisation’s contribution to the whole-system priorities.</p> <p>All Boards have been asked to review and revisit their focus and Board time devoted to shared/whole system priorities, their organisation’s contribution to these and how the Board supports this, accountability for delivery and anything needed from other partners to help deliver this. This includes consideration of a monthly system financial position report from the ICB.</p> <p>All changes must be made and demonstrably in place by no later than October 24, and a resubmission of self-assessments is required to be submitted to NHSE by 30<sup>th</sup> January 2025.</p>
<p>Response to the issue:</p>	<p>HIOW ICB have provided a timeline of required actions to deliver a revised self-assessment return to be approved by the HIOW ICB Board on 8<sup>th</sup> January 2025. This requires providers to revise self-assessments and sign these off at November 2024 Board meetings.</p> <p>The provider self-assessments will be subject to review, challenge and clarity as part of the HIOW ICB review process. Any changes will be presented to UHS Trust Board on 7<sup>th</sup> January 2025.</p> <p>There is in itself a dichotomy in that the System response to a challenge on working together effectively is responded to through individual self-assessments of contributions, rather than a collective response. However, the NHSE requirement is for individual organisations to assess their response to formal Undertakings, as well as an ICB self-assessment. HIOW ICB will therefore collate responses, allowing individual assessments whilst ensuring consistency where appropriate. We have also agreed across Providers to share self-assessment responses (albeit noting UHS Board comes first).</p> <p>In this pack we have provided:</p> <ul style="list-style-type: none"> <li>• Appendix 1 – NHSE letter on Undertakings.</li> </ul>

	<ul style="list-style-type: none"> <li>• Appendix 2 – ICB self-assessment timeline.</li> <li>• Appendix 3 – Revised self-assessment.</li> <li>• Appendix 4 – Evidence pack of Board agenda items &amp; minutes of discussions. (Redacted)</li> <li>• Appendix 5 – HIOW ICB previous response including exit criteria. (Redacted)</li> </ul> <p>In response to the specific challenges from NHSE:</p> <ul style="list-style-type: none"> <li>• We have provided evidence that the Trust is fully engaged and has changed its agenda significantly to focus on system-wide issues.</li> <li>• However, the response acknowledges that the Board has expressed concerns regarding the delivery of system-wide programmes, particularly linked to out of hospital capacity and affordability. We are however making progress with system partners and continue to collectively focus on delivery on these priorities.</li> <li>• The assessment highlights the appetite for continuing to increase reporting on the system transformation programmes to Trust Board as part of the monthly ICB report.</li> </ul> <p>We believe the revised submission outlines the Trust commitment to working collectively as a system to resolve the major collective challenges and deliver the outcomes targeted from the system transformation programmes. We also believe it shows commitment to complying with the Undertakings, whilst also highlighting some of the main challenges and risks to delivery.</p>
<p>Implications:</p>	<p>Regulatory – compliance with formal undertakings. Financial – not achieving financial recovery plan and impact on cash.</p>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<p>If the ICB and the Trust does not use finite resources productively and improve the value for money achieved, there is a risk that we:</p> <ul style="list-style-type: none"> <li>• Will not recover from our current financial challenge,</li> <li>• Will not achieve an acceptable recovery in services,</li> <li>• Will not be able to invest in service or capital improvements.</li> </ul>
<p>Summary: Conclusion and/or recommendation</p>	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• Comment on the revised self-assessment (Appendix 3).</li> <li>• Consider whether there are any further requirements for information or governance in response to the undertakings and feedback from NHSE.</li> <li>• Approve submission of the self-assessment to HIOW ICB to form part of the overall ICS submission.</li> </ul>

David French  
Chief Executive Officer  
Jenni Douglas-Todd  
Chair  
University Hospital Southampton NHS  
Foundation Trust

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29 Aug 2024

Dear David and Jenni,

### **Response to self-assessment on Enforcement Undertakings for University Hospital Southampton NHS Foundation Trust**

I am writing in response to the self-assessment submitted to NHSE on 14 June on your behalf via the Integrated Care Board. The self-assessment was for providers to consider the agreed undertakings under s.106 of the 2012 Act, to underpin your commitments to deliver financial recovery through joined-up system working. In addition, we asked you to self-assess on how your board has refocused to address the Recovery Support Programme and system recovery. This letter summarises the key issues from NHS England's review of your self-assessment and action needed. It may contain some generalised feedback that Hampshire and Isle of Wight (HloW) Integrated Care Board (ICB) and all providers (together, the System) should respond to.

We note that you shared this self-assessment through your own governance and Trust board and the ICB then collated these representations into a collective response. The completed system template was then reviewed and signed off by NHS HloW's board on the 12 June 2024.

#### **Overview**

There have been some areas of considerable progress since the ICB, and providers entered the Recovery Support Programme (RSP) and agreed enforcement undertakings focused on financial governance. The ICB, in collaboration with each provider, established financial grip and control as a key component of financial recovery in 2023–24. The system took a collaborative, 'all-in' approach to move into the Recovery Support Programme (RSP) in summer 2023 and all Boards gave commensurate undertakings to NHS England to deliver system-wide financial recovery. All enforcement undertakings were published on the NHS England website under the provider directory available [here](#). All provider CEOs have taken a leadership role for whole system transformation priorities with clinical, financial, and operational leads and programme management colleagues deployed to deliver these priorities. Recent steps to involve primary care and social care colleagues across all six whole-system transformation priorities is a positive step.

The steps the ICB took during 2023/24 through grip and control, and MARS enabled it to achieve a surplus for the financial year. Through the MARS scheme 125 people left at a much reduced cost to compulsory redundancy. The ICB is now working on the next phase of major reorganisation to ensure that the organisation is fit for purpose and to deliver Running Cost Allocation reduction requirements.

However:

- Despite the steps the system took, the year-end deficit was significantly worse (£28m) than plan and means that learning the lessons and strengthening whole system governance arrangements for delivery is critical. The outturn of £28m off £105m deficit plan in 2023/24.
- Planned transformational changes and associated financial benefits were not delivered in 2023/24. Importantly, the learning exercise you have undertaken as a result has helped the HIOW system to strengthen accountability and the delivery unit approach for 2024/25.
- Because of the above, the System recovery plan was not sufficiently robust to be agreed by NHSE in 2023/24. You shared draft versions of the refreshed 2024/25 system recovery plan; however, the complete recovery plan was not received against the planned 30 June submission deadline although now under final NHSE review.
- The essential messages on collective action, pace and grip have been given at least 3 times on 29/09/23, 16/11/23 and 29/04/24, in national escalation RSP meetings that the CEOs attended.

These issues and the impact they have for how the board has discharged their responsibilities in the undertakings isn't acknowledged clearly in the self-assessment, which we feel leaves an important gap in the assessment that we had expected the board to have reflected on and ensured was addressed through your organisation's self-assessment. We are concerned by the omission and feel it suggests the organisation is not fully engaged in the critical self-reflection we expect of an organisation subject to enforcement action.

There is a strong focus throughout the self-assessment on what your organisation has done internally to deliver financial improvements during 2023/24. This is a critical element of financial recovery, and it's positive to see this well covered, however it largely reflects what the Trust was already doing before the whole system recovery approach was launched.

The focus of whole system recovery and the Recovery Support Programme is whole system leadership, system working and transformation as the missing ingredient to financial recovery in HIOW. This vital role and responsibility of the ICB and all providers is not addressed sufficiently in the self-assessments. This includes the ICB's role as system leader and convenor, and Trusts' roles in providing whole system leadership and working together with the ICB to deliver system recovery as their 'main effort.' While this work has been taking place during the year under the purview of the HIOW Executive Leadership Group, we are concerned by the absence of reference to this in the self-assessments or evidence that this has contributed to materially different information going to boards, or a refocusing of boards' time on this. Action by ICB and all trusts to address that is needed as a priority as set out in recommendations below.

In a number of instances, boards assessed undertakings had been completed when, by their nature they are ongoing or not yet resolved, including agreement of the system recovery plan with NHS England, and delivery of that plan. This is concerning and, in our view, shows a lack of recognition for and understanding of the enforcement action in place and the seriousness of that action. Some included unsubstantiated comments that the board was confident it had complied in full with the undertakings to date, despite their organisations departing materially from plan during the year while known opportunities to improve their financial position going undelivered during the year.

It is important that the system understands the seriousness of the enforcement action in place and the consequences of a failure to comply with the agreed undertakings. If an organisation fails to comply with enforcement undertakings, NHS England will consider escalating enforcement action in order to remedy the non-compliance using the regulatory powers available to it under the Health & Care Act 2012. This could include NHS England taking action to strengthen leadership or governance arrangements where any organisation is not taking the steps needed to work as a system and demonstrate proper delivery of the requirements of the agreed undertakings.

It should be noted that any exit from the Recovery Support Programme will not automatically trigger compliance with the enforcement undertakings for each organisation. Therefore, a further review will be required by NHS England.

### **Action needed and Recommendations**

Based on the self-assessments and our review of Board papers, we are not satisfied that the boards have fully complied with their undertakings to date as they relate to whole system working, development, resourcing and delivery of the whole system recovery plan and their organisation's contribution to this, over and above what they were already doing at an organisational level before the undertakings were agreed. As it currently stands and based on the evidence available to us, our view is that Boards are not making sufficient effort to scrutinise, hold to account and enable their organisation's contribution to the whole-system priorities all have signed up to. By evidencing regular board discussions and ownership for the wider system working and recovery will support the assurance to NHS England.

If there is anything you feel we have not considered when forming our view, please do let us know.

Action to address these issues by the ICB and each provider is essential. All Boards should review and revisit their focus and Board time devoted to shared/whole system priorities, their organisation's contribution to these and how the Board supports this, accountability for delivery and anything needed from other partners to help deliver this.

To facilitate this, the ICB will produce a monthly summary report setting out the whole system financial position, delivery progress, key risks, and mitigations across the whole system transformation priorities. This report will be disseminated to all trust Boards to aid discussions on whole system recovery and organisational contributions to this. We would expect to see evidence in board minutes that the report was considered.

These changes need to be made and demonstrably in place by no later than October 2024 for the ICB and all HIOW providers. All providers and the ICB are asked to complete a new Self-Assessment and submit to the regional NHSE Team by 30 January 2025.

NHS England will then review the undertakings in place, consider compliance, and consider next steps accordingly.

Ongoing partner engagement and involvement in delivery of the system recovery plan, as set out in the undertakings from all boards, remains a pre-requisite to good partnership working and a joined-up approach to recovery.



## Closing remarks

I would like to thank you and the ICB for the continued work together on delivery of a significant and essential recovery agenda, underpinning by the Recovery Support Programme. There remains work to be completed as outlined above to ensure board governance and oversight is demonstrably focused on whole system recovery and your organisation's contribution to it, in line with the agreed undertakings in place.

We are very happy to meet with you to discuss anything in this letter and practical next steps if that would be helpful.

Yours sincerely

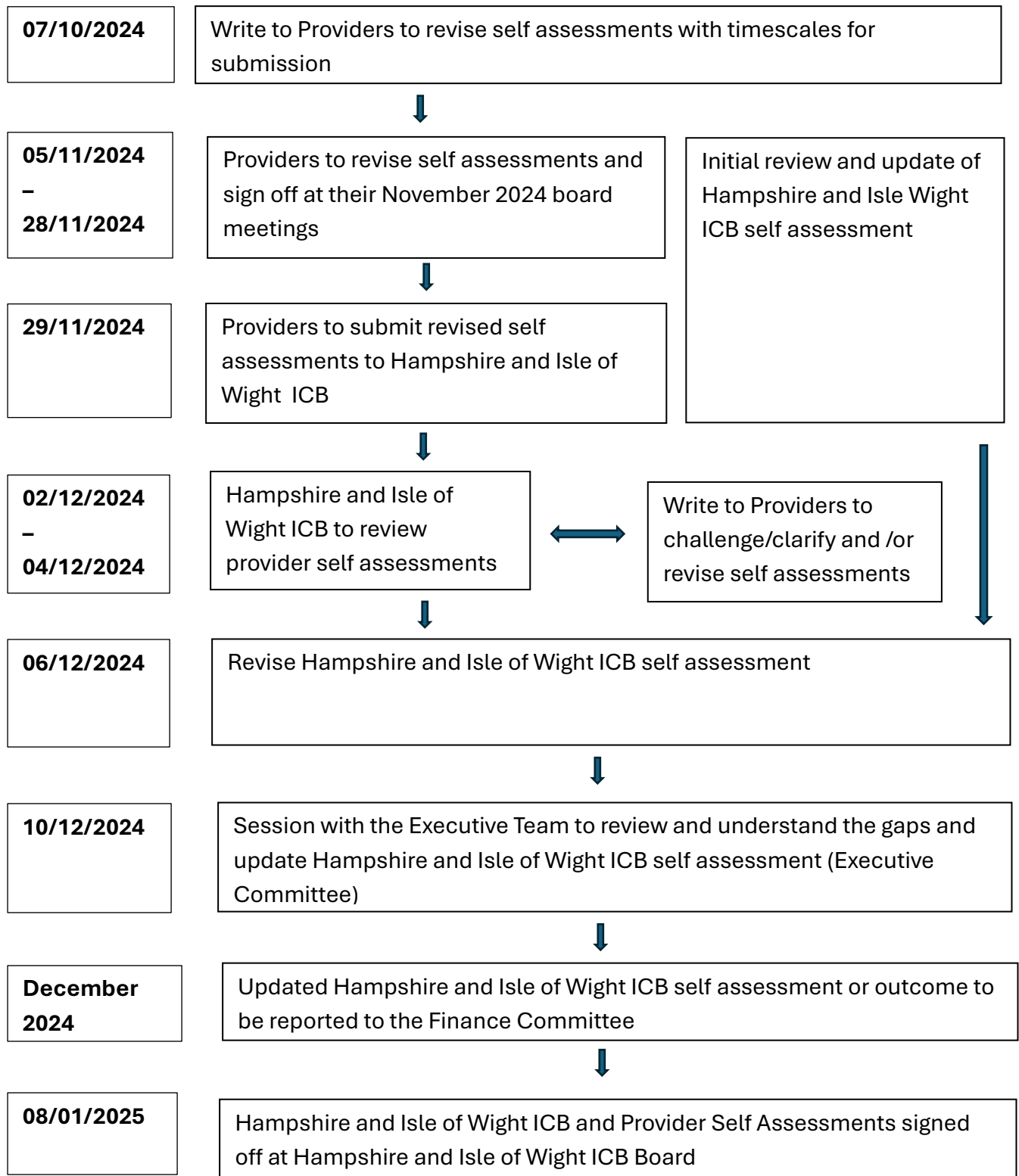
A handwritten signature in black ink, appearing to read 'David Radbourne', with a long horizontal line extending to the right.

**David Radbourne**  
**Regional Director Director of Strategy and Transformation – South East**

cc: Anne Eden, Regional Director, NHSE SE  
Karen Geoghegan, Director of Finance, NHS SE  
Peter Cutler, System Improvement Director  
Tom Edgell, Director System Coordination, NHSE SE  
Rachel-Louise Barlow Deputy Director System Coordination, NHSE SE

Appendix 2

**Hampshire and Isle of Wight ICB and Provider Revised Self Assessment Timeline**





## Appendix 3 – RSP Undertakings – UHS Board Self-Assessment

### Key Lines of Enquiry

Undertaking	June 24 Response	Updated Response	Evidence
<p>1 – How have you reorientated the Boards business to refocus on system recovery priorities? Consider the agreed enforcement undertakings and the Recovery Support Programme (RSP).</p>	<p>The Board has received a regular report on the RSP, including its progress and its transformation programmes. Furthermore, the Trust's CEO leads two of the ICS transformation programmes and provides regular updates to the Board on the progress of the RSP as a whole.</p> <p>The Board regularly reviews both the Trust's and the wider system's financial position, particularly in terms of the discussions regarding annual planning and budgeting.</p> <p>In addition, the regular UHS 'People' report has focused on the need to control workforce numbers in the context of the challenges faced by UHS and the system.</p> <p>The Finance and Investment Committee of the Board reviews the financial performance of the organisation, trends, contributory factors, and cost improvement programme identification and delivery, monthly. Formal papers and minutes support these reviews, Board are briefed accordingly.</p> <p>The Finance and Investment Committee of the Board also reviews the plans and progress of the organisation's transformation programmes, and the cost improvement programme as a whole, in greater detail quarterly. Formal papers and minutes support these reviews, Board are briefed accordingly.</p>	<p>UHS Trust Board has reviewed its agenda and reorientated business of the Board to be focussed on system recovery priorities.</p> <p>Discussion on ICS priorities can be evidenced from every Trust Board meeting since June 2023, including quarterly papers on Recovery Support Programme and System &amp; Transformation Programme updates. This has now been diarised for every Board meeting going forwards.</p> <p>The Board has supported the appointment of UHS Executives as part of the leadership for each of the six transformation programmes. Each Executive is reporting back to Board regularly on progress.</p> <p>The Board has highlighted concerns regarding deliverability of some of the programmes, particularly where additional community / local authority capacity that may be required is considered unaffordable. Further discussions with partners across the system may be required to support delivery of the programmes and therefore full compliance with the enforcement undertakings.</p>	<p>Appendix 1 – timetable of Trust Board agenda items and minutes of discussions.</p> <p>Progress on the Recovery Support Programme / HIOW System &amp; Transformation programmes was considered quarterly. However, this has now changed to every Board meeting following the new ICB finance report.</p>

<p>2 – How would you rate your progress as a Board in complying with the enforcement undertakings?</p>	<p>A detailed self-assessment of progress against the enforcement undertakings is provided on a separate tab labelled "UHS"</p>	<p>UHS Board believes it is compliant with enforcement undertakings in the actions it has taken to both support the transformation and recovery programmes and to realign the agenda of Trust Board. We have also complied with all system requirements including grip and control measures (e.g., system recruitment control panel).</p> <p>However, the financial position remains off-plan, and therefore the Trust and ICS partners are likely to remain subject to undertakings until improvements are delivered.</p> <p>UHS has recently submitted a Financial Recovery Plan (approved by Trust Board) to HIOW ICB for consideration, which outlines what would need to be true to move UHS to a run-rate breakeven position. This is supported by system improvements to reduce NEL demand, NCTR and MH demand on the hospital.</p>	<p>Appendix 1 – timetable of Trust Board agenda items and minutes of discussions.</p> <p>Financial Recovery Plan submitted to HIOW ICB in October 2024.</p>
<p>3 - What date did you originally present the enforcement undertakings to your board?</p>	<p>Draft undertakings were presented to the Board on 29 June 2023 in closed session and a paper (supplied by the ICB) was presented in the open session on 27 July 2023.</p>	<p>Draft undertakings were presented to the Board on 29 June 2023 in closed session and a paper (supplied by the ICB) was presented in the open session on 27 July 2023.</p>	<p>Appendix 1 – timetable of Trust Board agenda items and minutes of discussions.</p>
<p>4 - How many times have you presented updates to the Board on system recovery, RSP and enforcement undertakings in the last 12 months?</p>	<p>Between 29 June 2023 and 6 June 2024, RSP updates were presented six times as a formal agenda item.</p>	<p>Between 29 June 2023 and 6 June 2024, RSP updates were presented six times as a formal agenda item. A further update was provided in July 2024 and September 2024 (every Board meeting).</p>	<p>Appendix 1 – timetable of Trust Board agenda items and minutes of discussions.</p>
<p>5 - How have you monitored progress against enforcement undertakings in the last 12 months?</p>	<p>The Board has received a regular report on the RSP as a formal agenda item, based on reports produced by the ICB to give a system-wide picture.</p>	<p>The Board has received a regular report on the RSP as a formal agenda item, based on reports produced by the ICB to give a system-wide picture.</p>	<p>Appendix 1 – timetable of Trust Board agenda items and minutes of discussions.</p>
<p>6 - How have you as a Board considered the risks of achievement of the RSP exit criteria which the enforcement undertakings are aligned to and</p>	<p>The Trust's Board Assurance Framework has as one of the Trust's strategic risks that the Trust is unable to achieve a 'financial breakeven position resulting in: Inability to move out of the NHS England Recovery</p>	<p>The Trust's Board Assurance Framework (BAF) has as one of the Trust's strategic risks that the Trust is unable to achieve a 'financial breakeven position resulting in: Inability to move out of the NHS England Recovery</p>	<p>Appendix 1 – timetable of Trust Board agenda items and minutes of discussions.</p>

<p>the overarching system recovery priorities?</p>	<p>Support Programme; NHS England imposing additional controls/undertakings;' The BAF is a regular Board agenda item and this specific risk is also reviewed by the Finance and Investment Committee.</p>	<p>Support Programme; NHS England imposing additional controls/undertakings;' The BAF is a regular Board agenda item and this specific risk is also reviewed by the Finance and Investment Committee.</p> <p>Trust Board also considers the achievements of the RSP exit criteria (effectively to achieve a run-rate breakeven position) as part of it's regular financial updates, including the Financial Recovery Plan submitted in October 2024.</p>	<p>Financial Recovery Plan submitted to HIOW ICB in October 2024.</p> <p>Board Assurance Frameworks reports to Trust Board (papers publicly available from Open Board)</p>
<p>7 - Do you feel the RSP and undertakings approach has helped the work of the Board? If yes please explain, if no please explain why?</p>	<p>This Board feels that the RSP approach has complemented the focus on governance, performance and improvement that we expect within our organisation. We look forward to further engagement with RSP and colleagues across HIOW ICS, as we work to secure solutions to the challenges we face as a system together.</p>	<p>The Board feels that the RSP approach has complemented the focus on governance, performance and improvement that we expect within our organisation.</p> <p>Specifically, Trust Board welcomes the system focus on transformation programmes to provide alternative care pathways for patients away from a hospital setting (NCTR, MH, ED/NEL).</p> <p>Trust Board has also welcomed support from RSP to fund Deloitte to support non-pay savings delivery and provided additional resource as part of the GIRFT programme.</p> <p>We look forward to further engagement with RSP and colleagues across HIOW ICS, as we work to secure solutions to the challenges we face as a system together.</p>	<p>Terms of reference for Deloitte review (available on request)</p>
<p>8 – Any additional comments?</p>			

## 7.1 – Recovery Plan

Undertaking	June 24 Response	Updated Response	Evidence
<p>7.1.1 – To develop a single system Recovery Plan that brings together the ICB, Trusts and additional system wide recovery initiatives. Including:</p>	<p>UHS is engaging with ICB to agree strategies and share details of planned actions, within the System Recovery Plan and its constituent Programmes.</p>	<p>UHS worked closely across HIOW ICS system partners to submit a plan that incorporated collective System Recovery actions and improvements.</p> <p>UHS is engaging with HIOW ICB and system providers in developing a Financial Recovery Plan. As part of this plan, UHS has identified what would need to be true for the Trust to achieve a breakeven position.</p>	<p>Annual Planning documents.</p> <p>Financial Recovery Plan submitted to HIOW ICB in October 2024.</p>
<p>7.1.1.1 – Actions to address the key financial issues with a high-level milestone plan for the system to return the system to a breakeven financial position.</p>	<p>In the last 12 months UHS has progressed a range of plans and actions to address key financial issues. High-level milestones / planned impacts are reflected within our Annual Plan agreed with HIOW ICB. Within UHS, progress has been overseen by the Board and delivery of financial improvement programmes supported and driven at Exec. Director led fora e.g. Trust Savings Group, Transformation Oversight Group. Plans are not sufficient to achieve breakeven for FY 24/25 but do target a return to monthly breakeven during the year.</p>	<p>UHS has a number of delivery plans and milestones across its improvement programmes:</p> <ul style="list-style-type: none"> <li>• Internal transformation programmes – reported through Trust governance (Transformation Oversight Group, Trust Savings Group).</li> <li>• System transformation programmes – reported through system governance (System Transformation &amp; Recovery Board).</li> </ul> <p>These plans and milestones have been included in our Financial Recovery Plan (&amp; supplementary information) submitted to HIOW ICB in October 2024.</p>	<p>Annual Planning documents.</p> <p>Programme plan documentation (available on request).</p> <p>Financial Recovery Plan submitted to HIOW ICB in October 2024.</p>
<p>7.1.1.2 – Details of how the system will deploy sufficient resources to ensure implementation of the Recovery Plan.</p>	<p>Transformation Programmes within UHS are supported with dedicated resources / roles provided by the Trust. A Cost Improvement Programme PMO supports budget holders and programme leads with the identification, project management and recording of CIP schemes / values. Capacity for other financial improvement initiatives is considered by executives on a case by case basis. UHS seeks to balance resources to drive the recovery plan, with adhering to workforce plans and controls, and maintaining continuity of safe service delivery. UHS also contributes significant</p>	<p>UHS internal programmes have a well-developed and resourced programme resource. This has been augmented by Deloitte support on non-pay.</p> <p>System transformation programmes have been supported, with a UHS Executive lead nominated for each programme. The UHS CEO is also providing leadership across two programmes. Each programme has resources identified including programme management resource to support delivery.</p>	<p>UHS Team structures, ICS Programme Leadership Structures.</p>

	leadership time to leading and collaborating on system priorities across the ICS.		
7.1.1.3 – A description of systems and processes the system will use to gain assurance on the delivery of the Recovery Plan with governance arrangements for approval and delivery of the Recovery Plan.	The Board has received a regular report on the RSP, including its progress and its transformation programmes. Furthermore, the Trust's CEO leads one of the ICS transformation programmes and provides regular updates to the Board on the progress of the RSP as a whole.	UHS has a number of governance mechanisms to report and gain assurance across its improvement programmes: <ul style="list-style-type: none"> <li>• Internal transformation programmes – reported through Trust governance (Transformation Oversight Group, Trust Savings Group).</li> <li>• System transformation programmes – reported through system governance (System Transformation &amp; Recovery Board), attended by UHS CEO.</li> </ul>	Programme plan documentation (available on request).  Financial Recovery Plan submitted to HIOW ICB in October 2024.
7.1.1.4 – Establishing immediately necessary 'grip and control' actions, followed by transformational initiatives and options such as financially sustainable clinical services, clinical support services and corporate services. Timescales to be agreed with NHS England	'Grip and control' actions at UHS over the last 12 months have included: <ul style="list-style-type: none"> <li>- Non-pay expenditure control including blocking purchase of many items</li> <li>- Further controls, and initiatives to reduce demand, for temporary workforce use. Previously low rates have been reduced even further.</li> <li>- Additional recruitment controls, particularly in relation to non-clinical and more senior roles. Followed by recruitment pause and very close management of all appointments to align with WTE plan. Revised approach to management of staffing levels established for 24/25 onwards.</li> <li>- Short-term actions to a) reduce education time, to mitigate clinical capacity lost through industrial action and achieve progress in reducing waiting list sizes b) focus remaining unbooked outpatient capacity on first attendances predominantly, reduces the waiting time for first appointments following referral and provides a financial benefit.</li> </ul>	UHS and HIOW ICB / ICS partners maintain strong "grip and control measures" across the system, including: <ul style="list-style-type: none"> <li>• System Recruitment Control Panel – ICS panel that approves recruitment outside of HIOW footprint.</li> <li>• Any net investment &gt;£50k goes to HIOW ICB for approval.</li> <li>• South East Temporary Staffing Collaborative to agree consistent approaches / rates (chaired by UHS CPO).</li> <li>• Temporary non-pay expenditure controls including blocking catalogue items.</li> <li>• Wessex Procurement Ltd (Joint Venture with Hampshire Hospitals) to deliver savings / purchase at lowest prices.</li> <li>• No PO No Pay policy.</li> <li>• New affordable workforce limits for care groups &amp; divisions to manage within – embedded.</li> <li>• New controls and mechanisms for reducing temporary staffing usage.</li> <li>• New controls and mechanisms for managing Mental Health demand for temporary resourcing, utilising HCA's where possible.</li> <li>• Back-office savings target supported by new controls and MARS programme.</li> </ul>	UHS Board Papers / Minutes  System Recruitment Control Panel – Terms of Reference  South East Temporary Staffing Collaborative – Terms of Reference  Trust Savings Group papers  System Transformation & Recovery Board papers  Trust Oversight Group papers  Financial Recovery Plan submitted to HIOW ICB in October 2024.

	<p>UHS is collaborating with partners within HIOW and a wider geography to promote more sustainable clinical services e.g. T+O, clinical support services e.g. Pathology, and Corporate services e.g. Procurement, Finance.</p>	<ul style="list-style-type: none"> <li>• Ongoing rostering review &amp; improvements.</li> </ul> <p>Transformation programmes are underway including:</p> <ul style="list-style-type: none"> <li>• 6 System Transformation &amp; Recovery Programmes</li> <li>• 3 UHS internal Transformation Programmes (Theatres, Outpatients, Inpatient Flow)</li> <li>• GIRFT programme</li> <li>• Tim Briggs programme</li> </ul>	
<p>7.1.2 – When developing the plan, the Licensee will, working with the ICB and other system providers, engage effectively with key stakeholders, including commissioners, and will reflect their views appropriately in the Plan.</p>	<p>UHS is engaged with partners, and considers their views and needs, as part of recovery and system planning. Key collaborative commitments have been agreed by HIOW ICB and system partners prior to reflecting benefits within UHS plans e.g. NCTR acute hospital occupancy reduction, reduction in Mental Health related demand / care being met in acute hospitals.</p>	<p>UHS continue to engage closely with partners, in particular focussed on the 6 System Transformation and Recovery Programmes.</p> <p>Commitments from the programmes to savings have been discussed and agreed across all partner organisations as part of the planning process.</p>	<p>System Transformation &amp; Recovery Board papers</p>
<p>7.1.3 – The Licensee will, working with the ICB and other system providers, ensure the system demonstrates to NHS England a period of successful implementation of the Recovery Plan and assurance of continued focus, capability and capacity to sustainably maintain financial recovery and deliver the Recovery Plan</p>	<p>UHS substantially delivered its financial commitments in 2023/24. A range of financial pressures e.g. variance to agreed system plan for NCTR reduction, increase in temporary workforce due to mental health demand in acute hospital, and higher rate of inflation , were mitigated though non-recurrent opportunities and actions.</p> <p>Progress has been made toward sustainable recovery e.g. reversing growth and achieving reduction in the size of elective waiting lists, reduction in the scale of the underlying financial deficit during the year, further improvement of processes + capacity for productivity improvement and workforce management, whilst maintaining performance (very positive when benchmarked with peer teaching hospitals), quality and outcomes.</p>	<p>UHS has delivered a financial position to M6 that has a circa £4m variance to financial plan, including being substantially below workforce plan for the first half of the year. Whilst UHS savings programmes have predominantly delivered and additional CIP has been identified since the plan, savings programmes linked to reductions to NCTR and MH have proven more challenging to deliver. Despite best endeavours and collective working across the system, numbers remain higher than targeted within our plan, with the cost pressure being felt within acute Trusts.</p> <p>Progress continues to be made and we have a continued focus on the issues. These are targeted within our Financial Recovery Plan.</p>	<p>Financial Recovery Plan submitted to HIOW ICB in October 2024.</p>

	We intend to continue working the ICB and ICS colleagues to deliver sustainable financial and service performance as a system during 24/25.		
7.1.4 – The board of the Licensee will, working with the ICB and the boards of the other system providers, keep the Recovery Plan under continuous review and will update it as required. Any proposed updates will be subject to the review and approval by NHS England.	UHS will continue to contribute towards the system Recovery Plan, through both organisation specific and collaborative initiatives, to ensure that it achieves the level of clarity and specificity required by RSP. Within UHS the last 12 months have seen further progress in terms of the level of our ambition for improvement, and specificity of our plans. UHS Board The UHS Board regularly reviews both the Trust's and the wider system's progress, as previously reported.	As required by NHSE, UHS have recently written an updated Financial Recovery Plan for H2, focussed on what needs to be true to improve to an underlying breakeven position going forwards.  We are currently working with system partners to identify the actions to support delivery of the plan.  We continue to keep progress under regular review, with updates to Trust Board and to NHSE as required.	Financial Recovery Plan submitted to HIOW ICB in October 2024.

## **7.2 – System Improvement Director and NHS England**

<b>Undertaking</b>	<b>June 24 Response</b>	<b>Updated Response</b>	<b>Evidence</b>
7.2.1 – The Licensee will, along with the ICB and other system providers, co-operate and work with the relevant System Improvement Director, as and when appointed by NHS England to oversee and provide independent assurance to NHS England on the Licensee's actions to deliver its financial recovery, including the Recovery Plan. The Licensee will similarly cooperate with the NHS England team.	UHS has co-operated with the System Improvement Director and provided our information to support independent assurance as and when requested. We look forward to continuing to work with the new System Improvement Director in 24/25, and the HIOW systems colleagues, as we continue our financial recovery journey.	UHS are continuing to engage: <ul style="list-style-type: none"> <li>• CEO leadership of 2 transformation programmes.</li> <li>• Executive team input across all programmes.</li> <li>• Support from RSP in reviewing procurement.</li> <li>• Support from RSP in providing resource to support GIRFT reviews.</li> <li>• Support from RSP for Deloitte to review non-pay savings opportunities across the Trust.</li> <li>• Attendance and support to ICB governance including the System Recovery &amp; Transformation Board.</li> </ul>	RSP Director engagement

<p>7.2.2 – The Licensee will provide the System Improvement Director and the NHS England team supporting them with full access to the Licensee’s key personnel, meetings, resources, Board members, advisers and information, as well as any other members of its staff considered necessary by NHS England.</p>	<p>UHS has co-operated with the System Improvement Director and NHS England team. Access to individuals and information is facilitated as and when required.</p>	<p>UHS has co-operated with the System Improvement Director and NHS England team. Access to individuals and information is facilitated as and when required.</p>	<p>RSP Director engagement</p>
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## **8 – Reporting**

<b>Undertaking</b>	<b>June 24 Response</b>	<b>Updated Response</b>	<b>Evidence</b>
<p>8.1 – The Licensee will provide regular reports to NHS England on its progress in complying with the undertakings set out above and will attend meetings, or, if NHS England stipulates, conference calls, as required, to discuss its progress in meeting those undertakings. These meetings will take place once a month unless NHS England otherwise stipulates, at a time and place to be specified by NHS England and with attendees specified by NHS England.</p>	<p>UHS has contributed reports to NHS England when requested and ensured that UHS is appropriately represented by Executive / Non-Executive Directors at meetings with NHS England and HIOW ICB.</p>	<p>UHS has contributed reports to NHS England when requested and ensured that UHS is appropriately represented by Executive / Non-Executive Directors at meetings with NHS England and HIOW ICB.</p>	<p>UHS CEO attendance at RSP meetings ICB Finance Report</p>



8.2 – Upon request, the Licensee will provide NHS England with the evidence, reports or other information relied on by its Board in relation in assessing its progress in delivering these undertakings.	Reports to Board are published on the UHS public website. Any reports or other information considered in 'closed' session are available to NHS England upon request.	Reports to Board are published on the UHS public website. Any reports or other information considered in 'closed' session are available to NHS England upon request.	Appendix 1 – timetable of Trust Board agenda items and minutes of discussions.
8.3 – The Licensee will comply with any additional reporting or information requests made by NHS England.	UHS has supported requests for reporting / additional information when requested by NHS England.	UHS has supported requests for reporting / additional information when requested by NHS England.	NHSE / ICB / UHS Tripartite assurance meetings
8.3.1 – compliance with the health care standards binding on the Licensee and;	UHS continues to have governance in place through which to assure the delivery of relevant health care standards.	UHS continues to have governance in place through which to assure the delivery of relevant health care standards.	Performance reporting published in Open Board papers on website, other information available on request.
8.3.2 – compliance with all requirements concerning quality of care.	UHS continues to have governance in place through which to assure the delivery of relevant requirements concerning quality of care.	UHS continues to have governance in place through which to assure the delivery of relevant requirements concerning quality of care.	Quality Committee papers available on request.

<b>Agenda item 4.10 Report to the Trust Board of Directors, 5 November 2024</b>				
<b>Title:</b>	People Report 2024-25 Month 6			
<b>Sponsor:</b>	Steve Harris, Chief People Officer			
<b>Author:</b>	Matthew Kelly, Interim Head of Workforce			
<b>Purpose</b>				
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>	
<b>x</b>				
<b>Strategic Theme</b>				
<b>Outstanding patient outcomes, safety and experience</b>	<b>Pioneering research and innovation</b>	<b>World class people</b>	<b>Integrated networks and collaboration</b>	<b>Foundations for the future</b>
		<b>x</b>		
<b>Executive Summary:</b>				
<p>The Trust remains below its overall NHSE workforce plan by 249 WTE at the end of September. Substantive workforce grew during September by 52 WTE however the level of growth was less than the last forecast. This was due to changes in start dates for NQNs which is phased between September and October. The trust remains below its workforce plan to date. However, it is anticipated that the substantive workforce will continue to increase as the remainder of the NQNs and NQMs start.</p> <p>Our NHSE workforce plans are predicated on the delivery of system-wide programmes to reduce nCTR and mental health presentation. Significant workforce reductions are associated with system schemes and at present do not show material signs of delivery. As a result, after October, we are forecasting we will be above our NHSE workforce plan.</p> <p>These forecasts assume a stable level of bank and agency. Discussions at TEC have focused on how we safely ensure conversation of bank as new substantive NQNs come on stream after supernumery periods.</p> <p>Turnover and sickness remain stable and below target. Appraisal rates remain behind target (73%). Under reporting due to system issues is believed to still be an issue. A new appraisal system, which moves away from the use of ESR, has been developed and has been reviewed at People Board in late October prior to consideration of role out.</p>				
<b>Contents:</b>				
The report contains workforce data and reporting set out against our People Strategy, Thrive, Excel and Belong pillars.				
<b>Risk(s):</b>				
<p><b>3a:</b> We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.</p> <p><b>3b:</b> We fail to develop a diverse, compassionate, and inclusive workforce, providing a more positive staff experience for all staff.</p> <p><b>3c:</b> 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>				
<b>Equality Impact Consideration:</b>		EQIA assessments undertaken as required for specific streams within the People Strategy		



**WORLD CLASS PEOPLE**

# UHS People Report

September 2024



# Summary



# PEOPLE REPORT OVERVIEW: 2024/25 M6 (SEP-24)



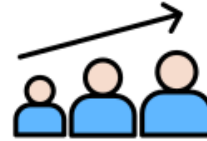
**In-month sickness (3.6%) below target**



**Appraisal completion rates remained the same in September (73%).**



**R12m turnover rate (11.1%) below target**



**Substantive workforce currently under NHSE 24/25 workforce plan but forecasted to exceed plan from October**



**Bank usage reduced from prior month and is now below plan. Plan significantly reduces in Q3 and Q4**



**Reduction (-2 WTE) in agency; staffing. Agency remains under plan**

**Decrease in patient safety incidents from 77 to 73 in September**

**Pulse Survey for Q2 shows a stable engagement score**

## Executive Summary

The Trust remains below its overall NHSE workforce plan by 249 WTE at the end of September. Substantive workforce grew during September by 52 WTE however the level of growth was less than the last forecast. This was due to changes in start dates for NQNs which is phased between September and October. The trust remains below its workforce plan to date. However, it is anticipated that the substantive workforce will continue to increase as the remainder of the NQNs and NQMs start.

Our NHSE workforce plans are predicated on the delivery of system-wide programmes to reduce nCTR and mental health presentation. Significant workforce reductions are associated with system schemes and at present do not show material signs of delivery. As a result, after October, we are forecasting we will be above our NHSE workforce plan.

These forecasts assume a stable level of bank and agency. Discussions at TEC have focused on how we safely ensure conversation of bank as new substantive NQNs come on stream after supernumery periods.

Divisions are currently operating within their agreed AWL limits, and the monthly finance and workforce meetings are being used as a positive mechanism for reviewing this position.

Turnover and sickness remain stable and below target. Appraisal rates remain behind target (73%). Under reporting due to system issues is believed to still be an issue. A new appraisal system, which moves away from the use of ESR, has been developed and is to be discussed at People Board in late October prior to consideration of role out.

The annual staff survey began on 20 September. Take up is currently 30% with promotion and support from the People team across the Trust.

UNITE have now issued the Trust with their intention to formally ballot staff for industrial action in the portering department. The external culture and service review is making good progress and is due to complete in early November. There have been a range of actions taken forward by EFCD and the HR team, and plans for business continuity management will commence.

Formal negotiations are ongoing with unison in relation to the Band 2/ Band 3 HCSW issue. These discussions have been productive and positive to date, but a deal has not yet been reached.

# Overall Position



# WTE Movement (M5 to M6)

## Total Workforce

The total workforce **increased by 3 WTE** to 13,378 WTE from M5 to M6.

During this period, the substantive workforce increased by **52 WTE**, while the overall temporary staffing decreased by **49 WTE**.

As of M6, we remain **under the total plan** (by 249 WTE). The Admin and Clerical workforce increased by 11 WTE, while Nursing and Midwifery had a net growth of 0 WTE, Additional Clinical Services saw a reduction of 1 WTE.

## Substantive WTE

**Substantive WTE increased by 52** between August and September. Of this increase, **19 WTE** came from the **Medical and Dental staff group in Division C** (Child Health), while **THQ** saw an increase of **10 WTE** in the **Admin & Clerical** staff group, a notable increase compared to the total 2 WTE increase between July and August.

As part of an ongoing data cleansing project in ESR, approximately 100 WTE of AHPs, previously categorised under incorrect occupation codes, have now been correctly classified. This adjustment shows a decrease in APST and an increase in AHPs. It is important to note that this change does not affect the overall number of leavers or starters, as it is solely a correction of occupation codes.

There was a total of **187 WTE starters** in September 2024 (excluding Junior Doctors).

## Bank & Agency WTE

**Bank** usage **decreased** from August to September by 6% (791 to 747 WTE; a 44 WTE reduction).

Bank usage for Additional Clinical Services staff group decreased significantly by 42 WTE in September.

Reduced availability in September has resulted in lower bank usage.

**Agency** usage **decreased** in September by 8% compared to August 2024 (58 to 54 WTE; a decrease of 4 WTE).

# WTE Delivery against 2024/25 Plan

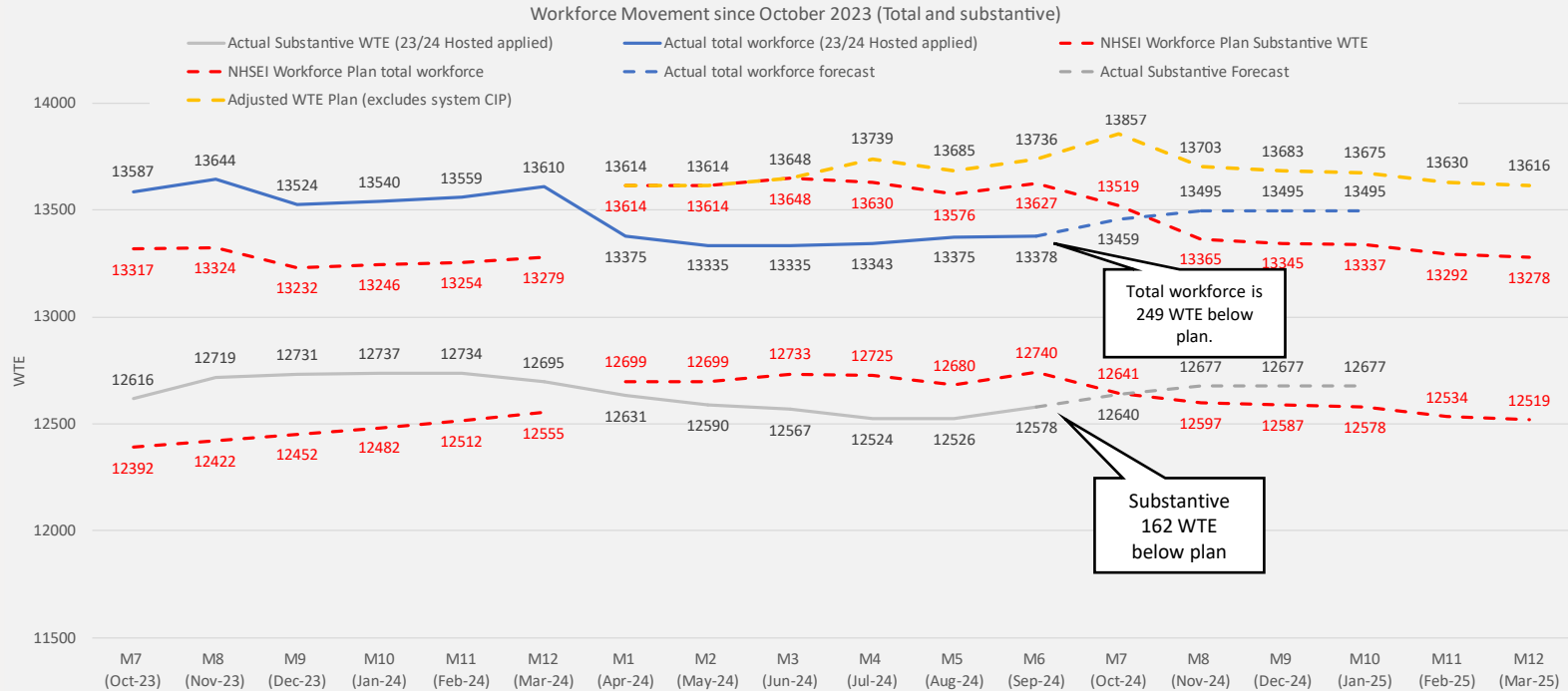
As of September 2024 (2024/25 M6), our total workforce is 249 WTE below planned levels. This is largely attributed to the ongoing impact of substantive recruitment controls, which have particularly impacted the Admin and Clerical staffing group; A&C staffing is currently at its lowest point since April 2023. After cumulative net reductions since December 2023 (eight consecutive months of reductions), A&C workforce increased by 11 WTE in M6. Bank trends in 2024/25 YTD have been increasing since April 2024, after exceeding the plan by 19 WTE in M5, Bank dropped below the planned levels in M6 to 764 WTE (17 WTE below plan). Agency WTE has broadly been reducing in 2024/25 YTD and is significantly under plan by 69 WTE, despite volatility in mental health needs during this time.

## The total WTE variance against plan includes the following:

- Substantive WTE is **162 WTE** below plan. 100 NQNs were anticipated to have started between September and October, with annual plans estimating demand at this level. There is ongoing work with divisions to assess the impact of future and planned WTE given the affordable workforce limits (AWL).
- Bank WTE is **19 WTE** below plan. Additional Clinical Services decreased in Bank usage by 42 WTE (12%), while Nursing and Midwifery staff group usage increased by 15 WTE (6%) from month 5 (August 2024).
- Agency WTE is **17 WTE** below plan; from August to September, Nursing and Midwifery staff group decreased in Agency usage by 2 WTE (11%), while Additional Clinical Services agency staff decreased by 4 WTE.

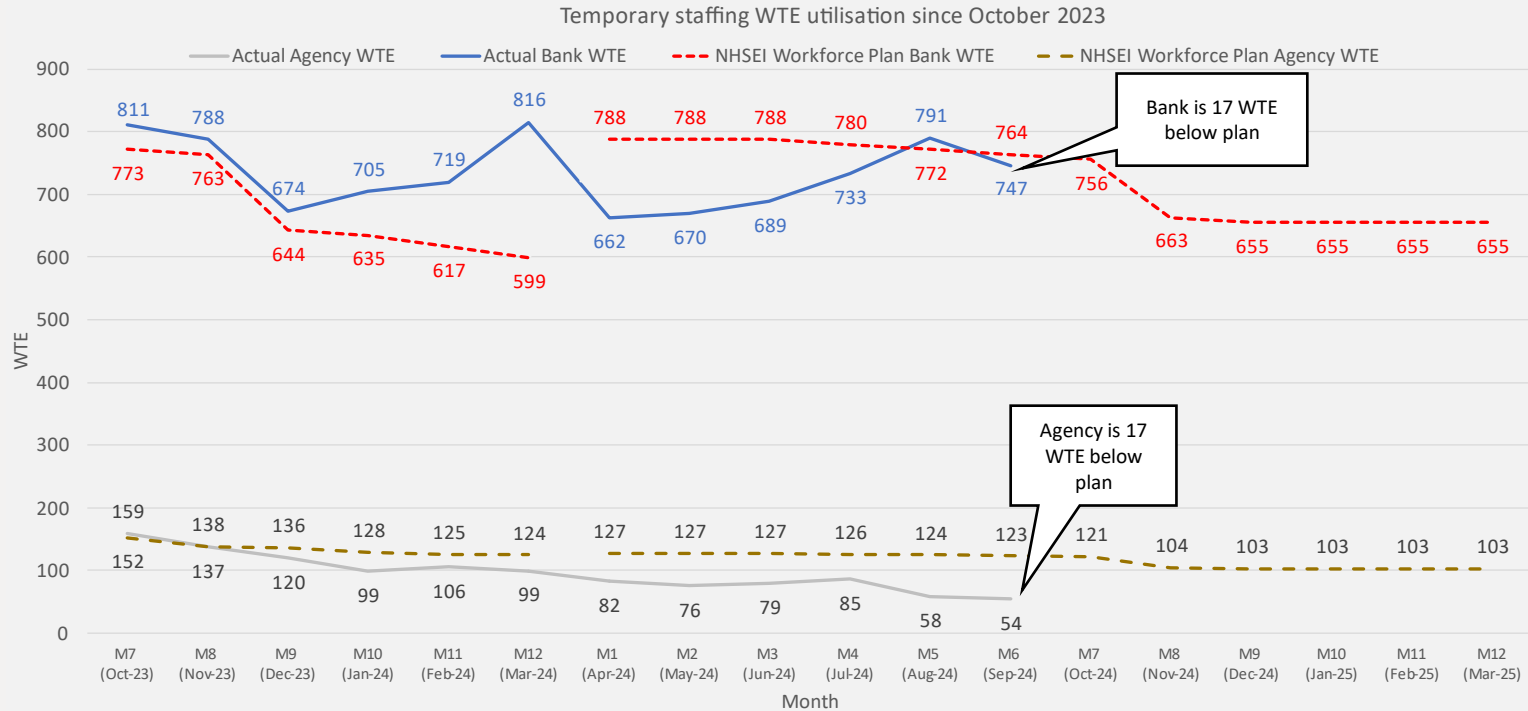


# Workforce Trends: Total & Substantive



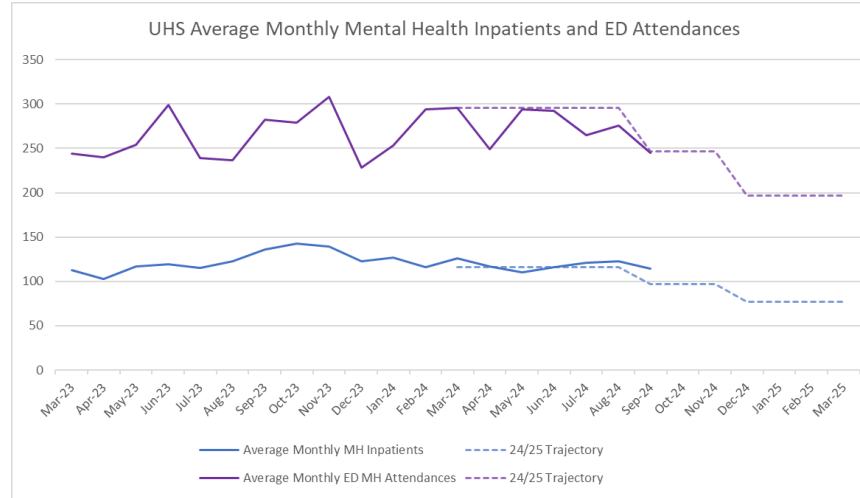
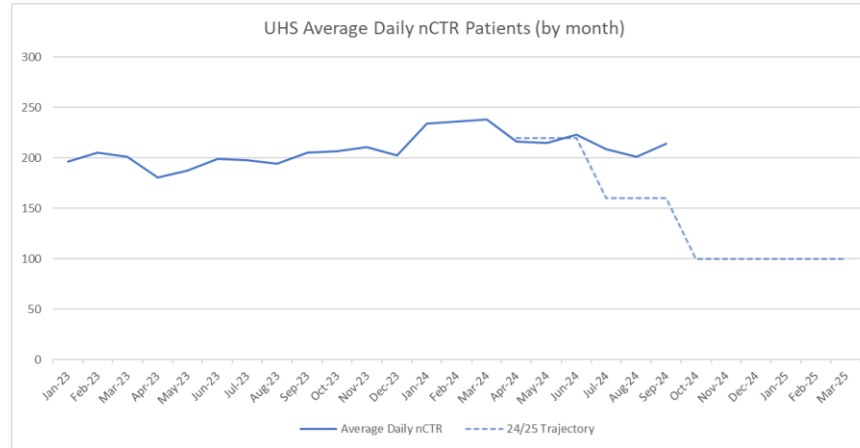
Source: ESR as of September 2024. Please note that the total workforce forecast is based on expected substantive starters and September B&A actuals  
 NB: Please note that the hosted service criteria in 2024/25 is the same as in 2023/24

# Workforce Trends: Bank & Agency



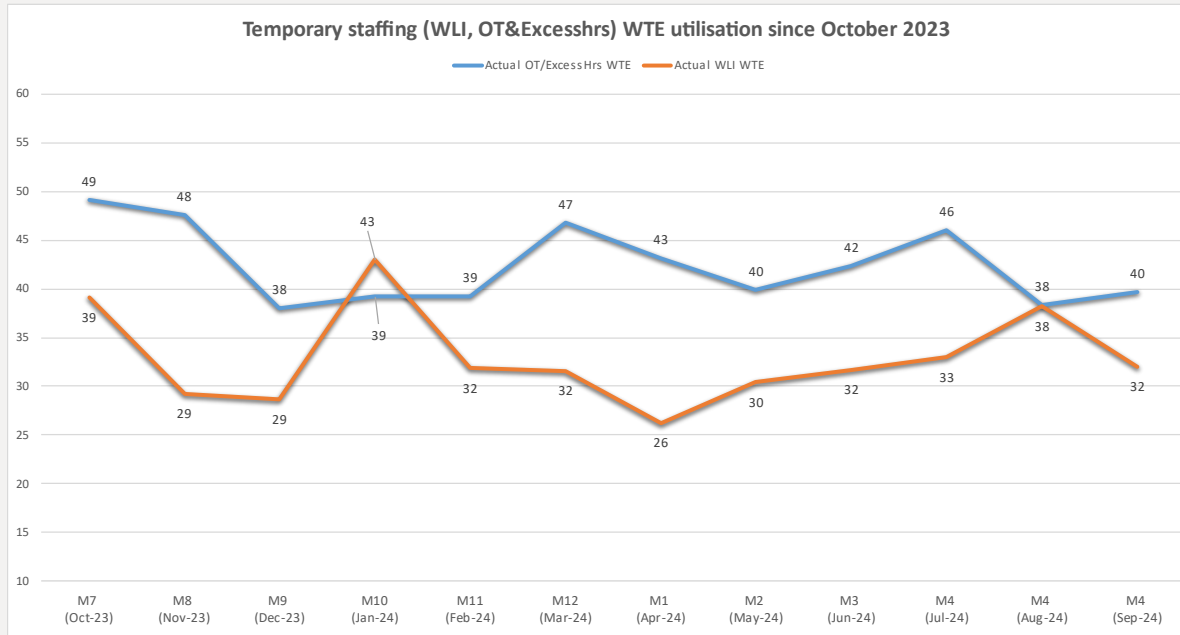
Source: NHSP Bank + THQ Medical Bank & Agency (NHSP Agency & 247 Agency) as of September 2024

# Delivery against Schemes (nCTR & MH)



# Workforce Trends: WLI and Overtime

WLI Movement	M5 – M6	M6 – M7	M7 – M8	M8 – M9	M9 – M10	M10 – M11	M11 – M12	M12 – M1	M1 – M2	M2 – M3	M3 - M4	M4 - M5	M5 - M6	M12 - M6
	-3	1	-10	-1	14	-11	0	-6	5	3	0	5	-7	-1



Source: Healthroster as of September 2024; retrospective WLI figures have been updated from October 2023

# Quarterly People Heatmap – 2024/25 Q2 (NOTE: Pulse Survey outcomes updated to July 2024)

**THRIVE**

**EXCEL**

**BELONG**

	AWL as of M5 (August 24)	% Turnover	Vacancy Rate (AWL - WTE Worked)	Apprentice numbers (WTE)	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
<b>UHS Overall</b>	13332	11.06%	434	619.4	72.90%	3.90%	68.90%	64.1%	6.84	65.2%	12.0%	13.1%
<b>Division A Overall</b>	2514	9.3%	33	82.8	68.2%	3.9%	51.9%	57.3%	6.56	61.8%	14.7%	12.5%
<b>Critical Care</b>	659	10.0%	-13	19.7	71.6%	3.8%	0.0%	72.6%	6.75	65.9%	7.8%	9.1%
<b>Ophthalmology</b>	324	12.0%	16	10.2	43.9%	4.4%	75.0%	54.8%	6.72	67.1%	14.3%	7.1%
<b>Surgery</b>	596	10.9%	0	18.5	67.5%	3.2%	36.4%	51.6%	6.34	56.4%	7.7%	15.4%
<b>Theatres &amp; Anaesthetics</b>	921	6.8%	27	33.5	75.1%	4.2%	56.7%	53.2%	6.51	58.8%	33.9%	16.1%
<b>Division B - Overall</b>	3546	11.0%	40	131.0	71.2%	4.2%	78.0%	61.9%	6.73	60.9%	13.4%	14.2%
<b>Cancer Care</b>	783	9.4%	-20	24.1	63.5%	4.3%	82.4%	53.2%	6.31	51.6%	18.3%	17.5%
<b>Emergency Care</b>	726	12.5%	-2	17.9	70.9%	4.2%	88.6%	57.9%	6.30	56.4%	10.1%	21.5%
<b>Medicine</b>	824	10.8%	2	37.5	85.5%	4.3%	8.3%	73.6%	7.22	71.9%	25.6%	7.0%
<b>H&amp;IOWAA</b>	0	9.8%	0	1.0	90.0%	1.5%	100.0%	-	-	-	0.0%	10.7%
<b>Pathology</b>	624	12.7%	9	40.5	57.3%	4.4%	91.3%	60.2%	6.71	61.0%	12.2%	9.9%
<b>Specialist Medicine</b>	641	9.8%	-1	4.7	78.5%	4.0%	85.7%	64.1%	7.03	64.7%	9.7%	12.5%
<b>Division C - Overall</b>	2830	11.7%	82	148.6	69.7%	3.8%	70.5%	63.6%	6.79	63.5%	9.8%	12.4%
<b>Child Health</b>	923	9.7%	25	35.4	64.7%	3.9%	71.4%	60.4%	6.72	61.7%	4.3%	13.6%
<b>Clinical Support</b>	905	13.9%	34	85.6	76.6%	2.7%	76.5%	68.6%	6.86	65.3%	13.2%	10.3%
<b>Women &amp; Newborn</b>	875	9.6%	22	22.2	68.9%	4.9%	70.8%	60.2%	6.75	63.0%	5.5%	17.8%
<b>Division D - Overall</b>	2519	11.1%	97	105.6	81.4%	3.8%	70.3%	66.6%	6.90	70.1%	15.5%	13.7%
<b>CV&amp;T</b>	943	10.4%	34	47.6	78.8%	3.9%	75.0%	73.6%	7.12	72.0%	18.7%	15.8%
<b>Neuro</b>	486	12.2%	7	19.6	83.2%	4.4%	75.0%	57.6%	6.69	65.2%	19.4%	13.9%
<b>Radiology</b>	538	9.9%	34	17.7	86.8%	3.0%	75.0%	68.6%	6.84	75.4%	7.3%	9.8%
<b>T&amp;O</b>	469	12.6%	14	15.4	79.6%	4.2%	40.0%	64.4%	6.89	67.0%	20.0%	10.0%
<b>THQ - Overall</b>	1753	12.0%	182	148.0	76.6%	3.8%	62.2%	67.3%	7.07	69.2%	10.2%	13.3%
<b>Chief Finance Officer</b>	125	8.3%	0	16.0	61.2%	2.7%	-	64.3%	7.17	73.3%	9.5%	14.3%
<b>Chief Operating Officer</b>	87	9.6%	4	3.0	56.4%	4.9%	-	66.7%	7.02	66.7%	11.1%	7.4%
<b>Clinical Development</b>	81	18.2%	-4	1.0	61.6%	2.8%	0.0%	66.7%	7.15	71.1%	10.9%	26.1%
<b>Estates</b>	347	13.8%	79	47.0	83.1%	6.0%	87.5%	56.6%	6.83	61.0%	2.2%	10.9%
<b>Informatics</b>	269	6.2%	19	22.9	71.8%	1.8%	66.7%	66.2%	6.99	68.5%	16.0%	7.4%
<b>People / HR</b>	172	16.5%	19	19.0	79.3%	3.4%	25.0%	74.3%	7.31	71.1%	2.7%	18.9%
<b>R&amp;D</b>	397	14.7%	25	10.0	87.7%	3.9%	71.4%	75.3%	7.21	72.7%	14.8%	11.1%
<b>Training &amp; Education</b>	226	6.8%	18	16.4	92.1%	2.9%	100.0%	79.4%	7.61	70.6%	10.5%	10.5%

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

\* Pulse Survey participation rate was 21% (3,037 of 14,401 eligible staff headcount)



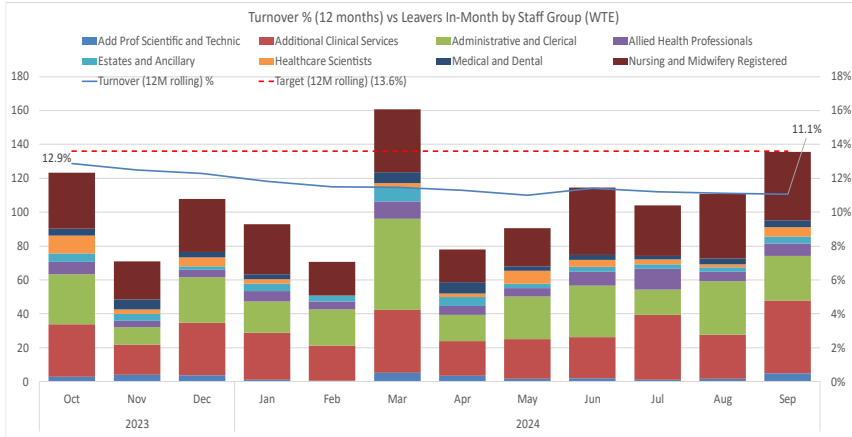
THRIVE

# Substantive SIP by Staffing Group

Substantive Monthly Staff in Post (WTE) for last 12 months													
	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)	2024/25 M4 (Jul)	2024/25 M5 (Aug)	2024/25 M6 (Sep)	M5 to M6 movement
Add Prof Scientific and Technic	402	404	403	402	401	402	397	400	396	396	401	301	↓ -100
Additional Clinical Services	2143	2143	2146	2158	2152	2136	2135	2134	2130	2117	2099	2098	↓ -1
Administrative and Clerical	2298	2321	2328	2317	2304	2288	2248	2230	2223	2214	2199	2210	↑ 11
Allied Health Professionals	703	702	698	698	700	696	703	700	699	688	686	808	↑ 122
Estates and Ancillary	382	382	385	382	380	380	374	372	373	376	373	370	↓ -3
Healthcare Scientists	490	496	493	497	497	498	499	495	498	496	497	495	↓ -1
Medical and Dental	2134	2145	2137	2161	2183	2184	2165	2163	2161	2155	2217	2240	↑ 24
Nursing and Midwifery Registered	4009	4072	4086	4069	4060	4053	4052	4039	4030	4025	3998	3998	↑ 0
Students	54	53	53	53	58	58	58	58	58	58	58	58	→ 0
<b>Grand Total</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>12524</b>	<b>12526</b>	<b>12578</b>	<b>↑ 52</b>

Source: ESR substantive staff as of September 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



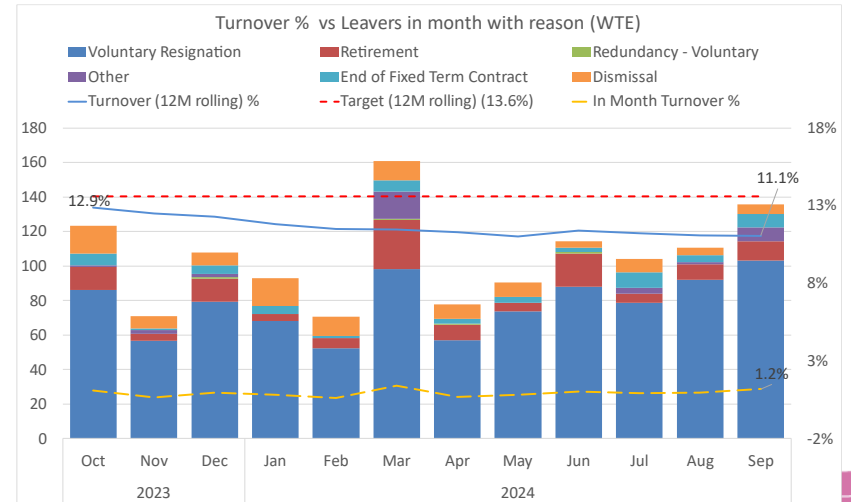
In September 2024 there was a total of 136 WTE leavers, 26 WTE more than August 2024 (110 WTE). The highest since March 2024. Division C recorded the highest number of leavers (34 WTE). Within Division C, the Nursing and Midwifery Registered staff group had the highest number of leavers (8 WTE), followed by the Additional Clinical Services staff group at 7 WTE.

Divisions B and D had the second and third highest number of leavers (33 and 26 WTE respectively); with the largest numbers being Additional Clinical Services staff group in both Divisions (11 WTE leavers in Div B and 11 WTE leavers in Div D).

Total leavers by division is as follows:

- **Division A: 22 leavers**
- **Division B: 32 leavers**
- **Division C: 34 leavers**
- **Division D: 26 leavers**

Staffing group	Leavers (WTE) in month	Turnover In-Month	Turnover 12m rolling %
Add Prof Scientific and Technic	5.0	1.7%	8.1%
Additional Clinical Services	42.8	2.0%	16.2%
Administrative and Clerical	26.4	1.1%	12.4%
Allied Health Professionals	7.4	0.9%	10.9%
Estates and Ancillary	4.1	1.1%	12.6%
Healthcare Scientists	5.6	1.1%	9.2%
Medical and Dental	4.2	0.5%	5.1%
Nursing and Midwifery Registered	40.2	1.0%	9.5%
<b>UHS total</b>	<b>135.6</b>	<b>1.2%</b>	<b>11.1%</b>

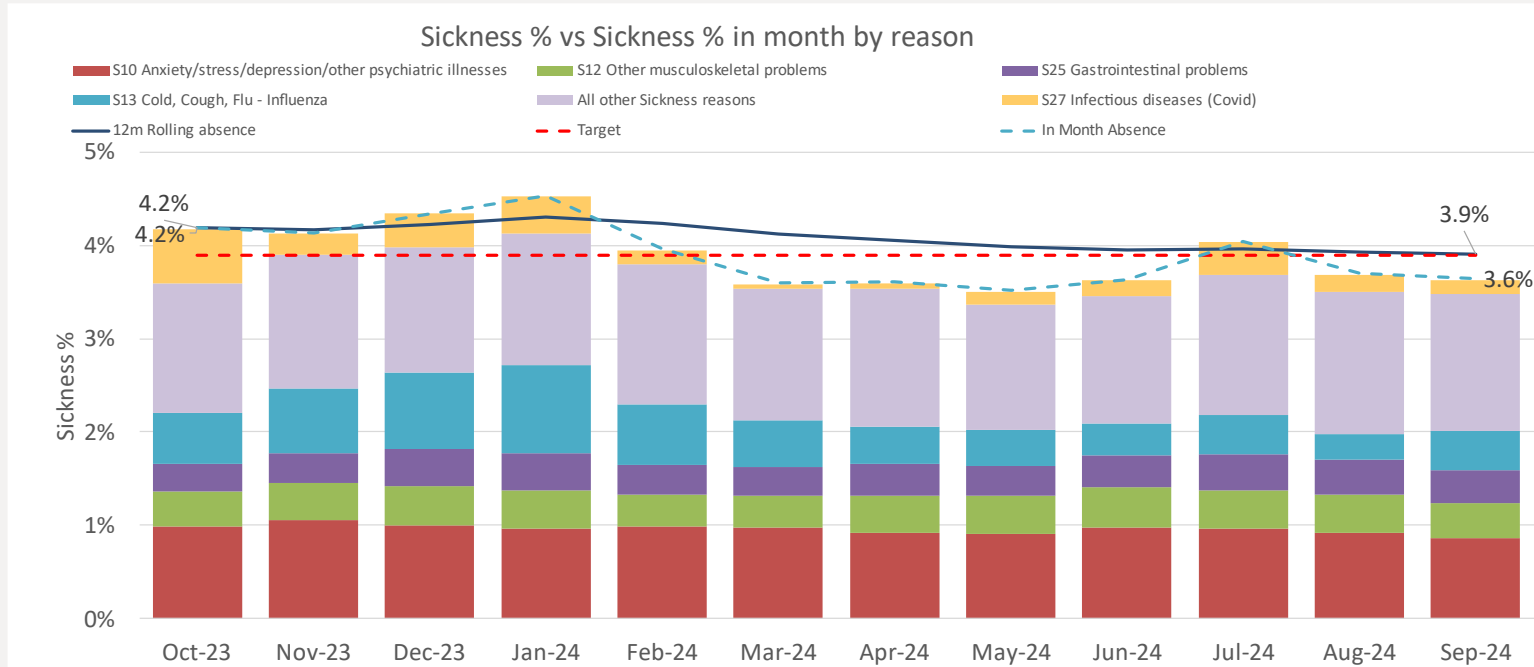


Source: ESR – Leavers Turnover WTE, ESR Staff Movement September 2024 (excludes junior doctors & hosted services)



# Sickness

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



Source: ESR – September 2024

# Temporary Staffing

## TEMPORARY RESOURCING

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

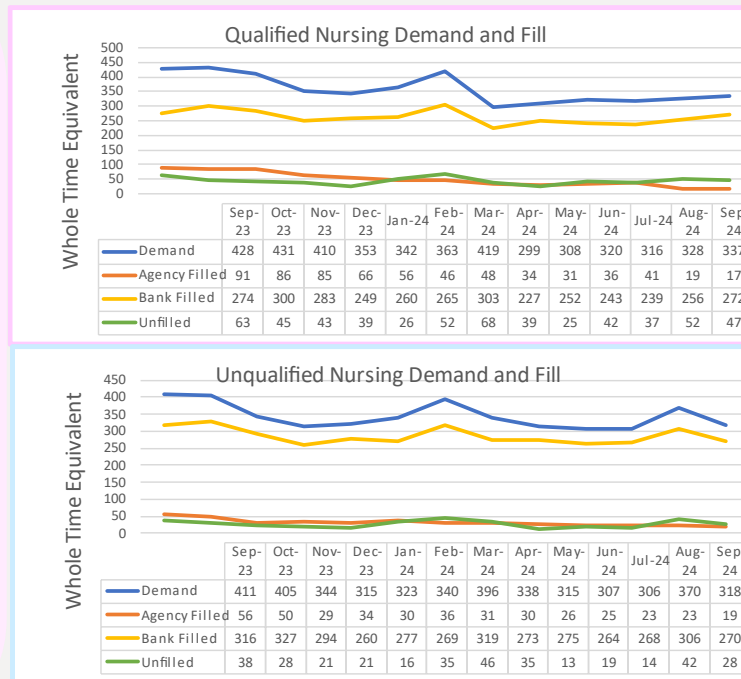
- Demand increased from 328 in August to 337 in September (increase of 9), of which bank filled 272 (increase of 16 on prior month), agency filled 17 (down 2 on prior month) and 47 remained unfilled (5 WTE decrease on prior month).
- Bank fill for qualified nursing increased by 2.2% on prior month (78.1%)
- Demand for September 2024 is 91 WTE lower than September 2023.

### HCA demand/fill (WTE):

- Demand decreased from 370 in August to 318 in September, of which bank filled 370, agency filled 19 WTE (all mental health HCA's) and 28 remained unfilled.
- Bank fill for HCA increased by 2.5% to 85%.
- Demand for HCA's is 93 WTE lower than in September 2023.

### Actions:

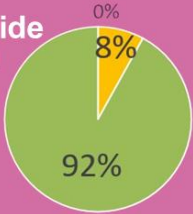
- Agency rate reduction plan – NHSi cap compliance for majority of shifts.
- All nursing shifts are within the SE collaborative rate ceiling and agencies have further reduced to meet 1st October step downs.
- Migration of Mental health agency workers to NHSp on going for both Registered and Unregistered.



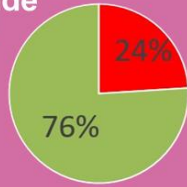
# Workforce Deployment and Medic Online Utilisation

## Senior Medic Rostering Progress:

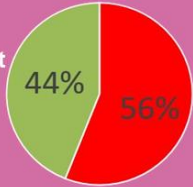
Trust Wide  
Units Total



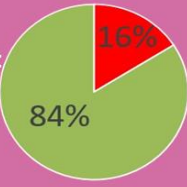
Trust Wide  
Headcount Total



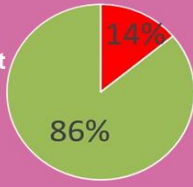
Div A  
Headcount



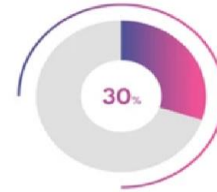
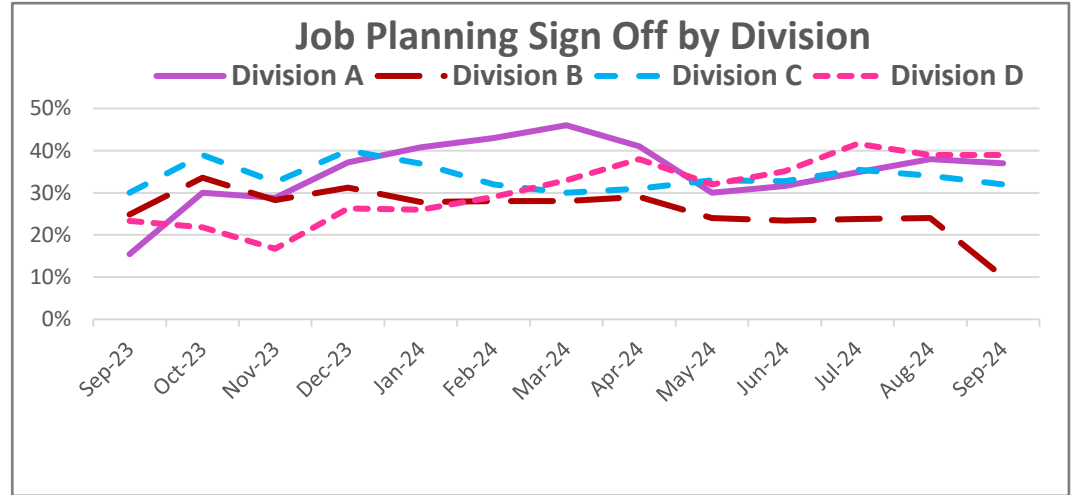
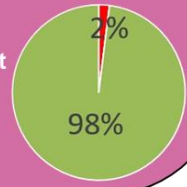
Div B  
Headcount



Div C  
Headcount



Div D  
Headcount



Signed off Job Plans



Active Job Plans

- Job planning sign off levels at 30%
- Active Job Plans steady at 88%.
- High numbers awaiting Manager Sign off
- 50% of Job Plans Extended following the new offer to continue Signed off Job Plans for the coming year.
- 30 seconds of Job Planning newsletter, Drawing attention to the process of moving to less than full time
- Division C Consistency Report : High numbers awaiting manager sign off, 36% of the division over 12 PAs

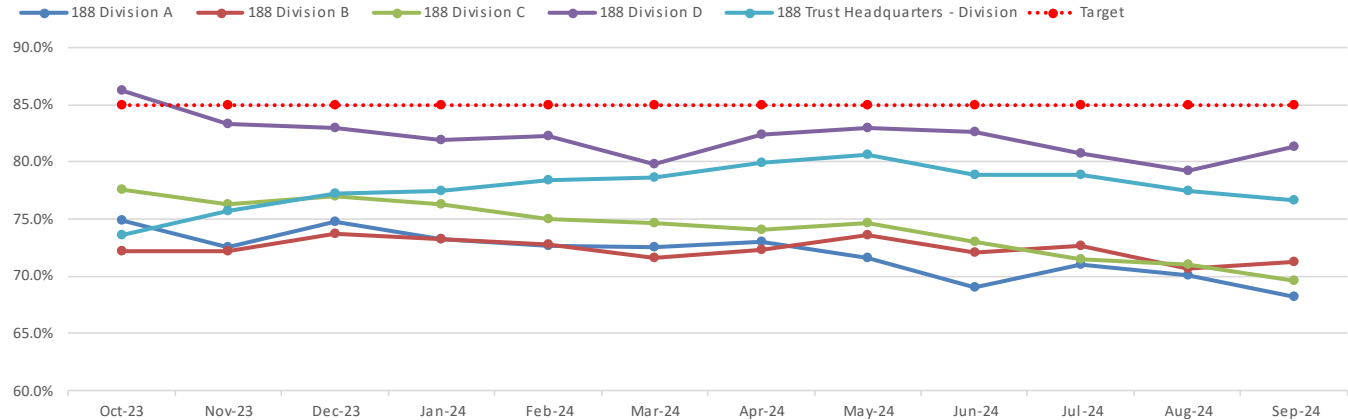
EXCEL

# Appraisals

## Summary

The Trust's appraisal completion rate is 73% (593 appraisals completed) as of September 2024 (same level 73% in August 2024).

Divisional Appraisal Trend

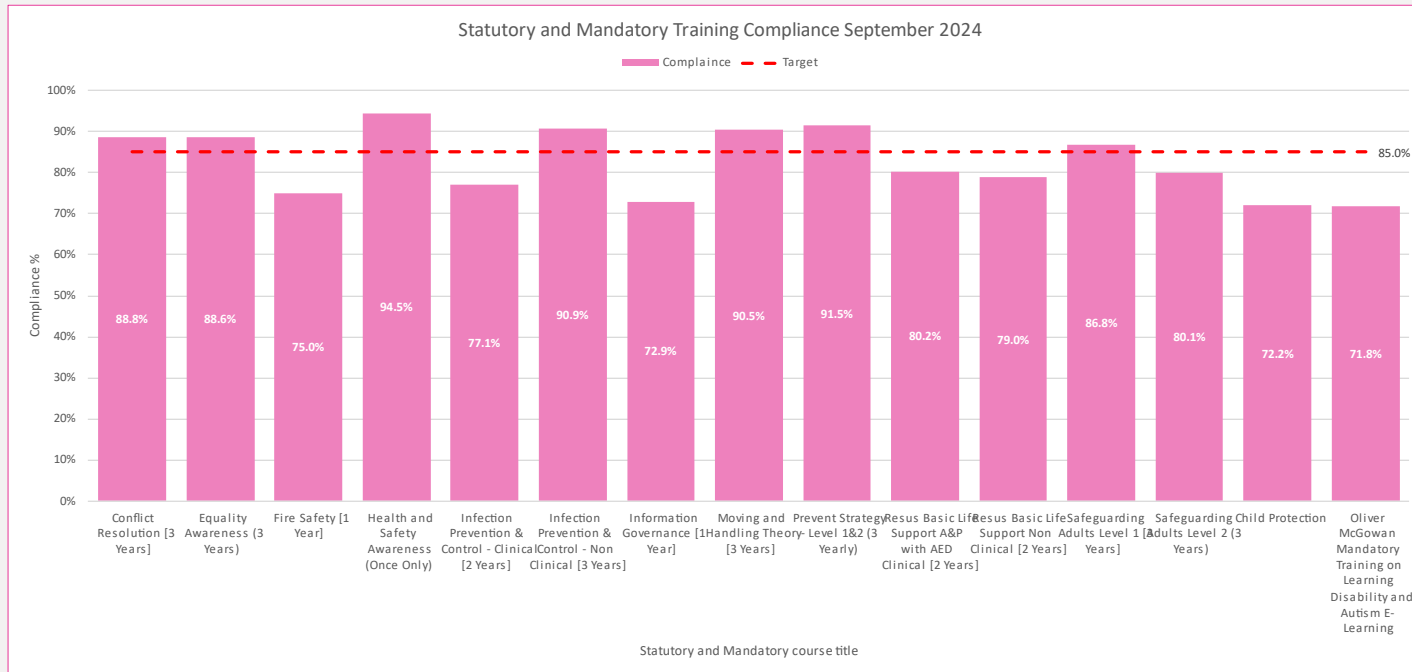


	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
188 Division A	74.8%	72.6%	74.7%	73.3%	72.6%	72.6%	73.0%	71.6%	69.1%	71.0%	70.1%	68.2%
188 Division B	72.2%	72.2%	73.7%	73.2%	72.8%	71.6%	72.3%	73.6%	72.1%	72.7%	70.6%	71.2%
188 Division C	77.6%	76.3%	77.0%	76.3%	75.0%	74.7%	74.0%	74.7%	73.0%	71.5%	71.1%	69.7%
188 Division D	86.2%	83.3%	82.9%	81.9%	82.3%	79.8%	82.4%	83.0%	82.7%	80.8%	79.2%	81.4%
188 Trust Headquarters - Division	73.6%	75.7%	77.2%	77.4%	78.5%	78.6%	80.0%	80.6%	78.9%	78.8%	77.4%	76.6%
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 (excluding Medical and Dental staff group) August 2024

# Statutory & Mandatory Training

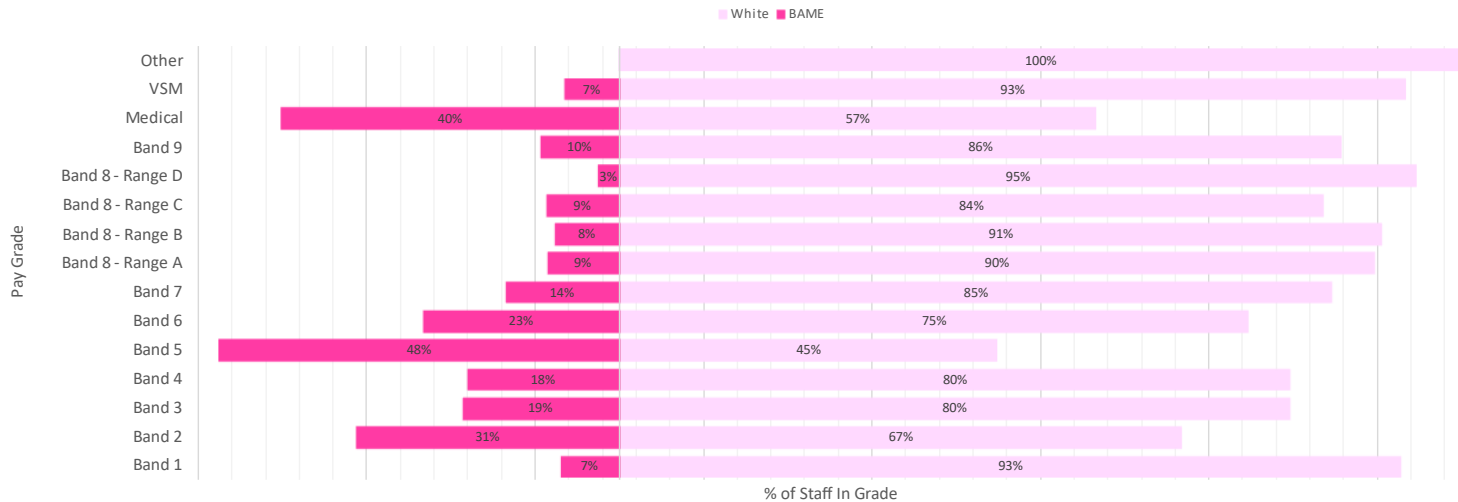
The Trust's average completion rate for September 2024 is 81.8%, higher than August 2024 at 80.8% with 7 of 15 measures above the 85% target. Please note that the audiences for both Safeguarding Adults and Children is currently under review.



BELONG

# Staff in Post - Ethnicity

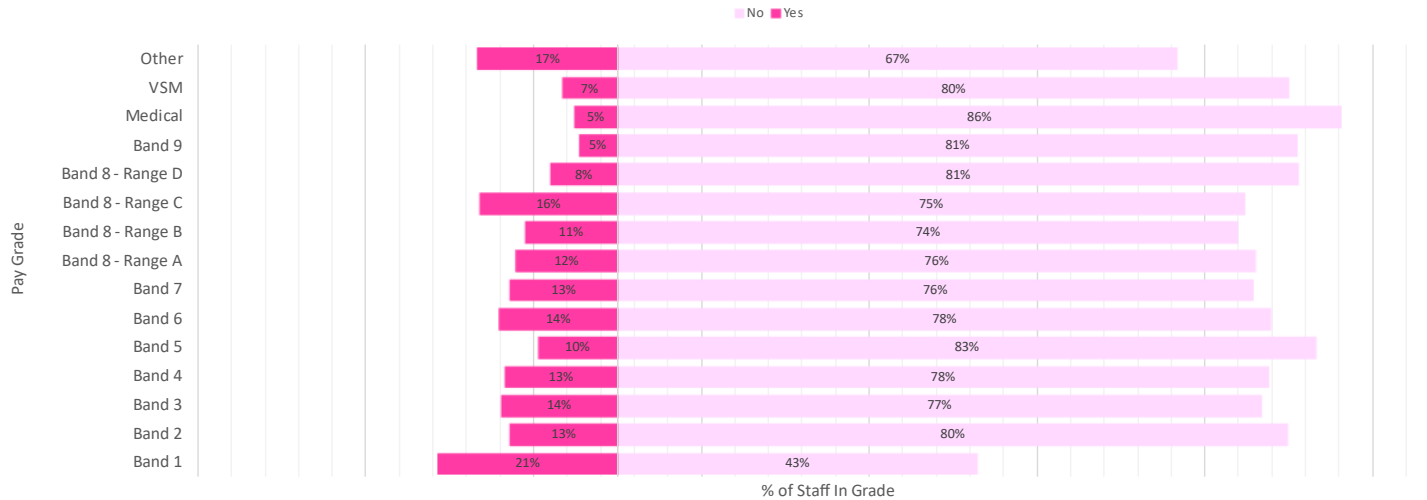
Diversity breakdown by  
All UHS UHS  
Ethnic Origin And Payscale of substantive staff  
Percentage split breakdown



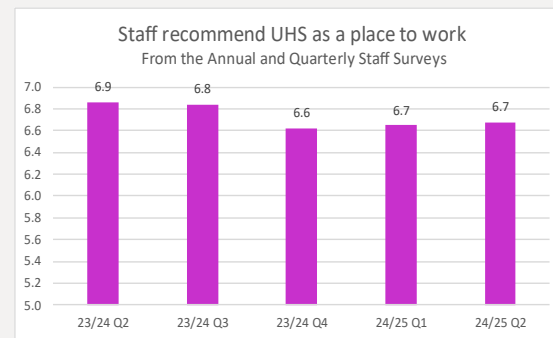
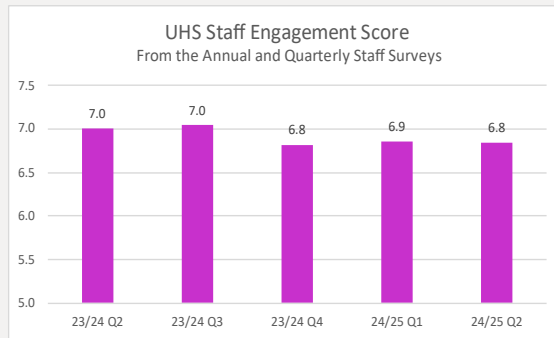
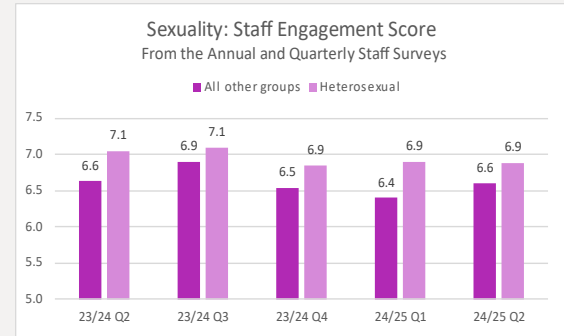
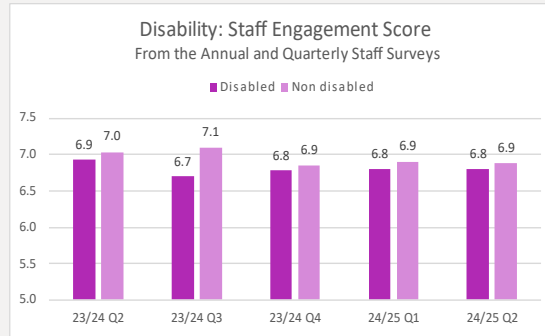
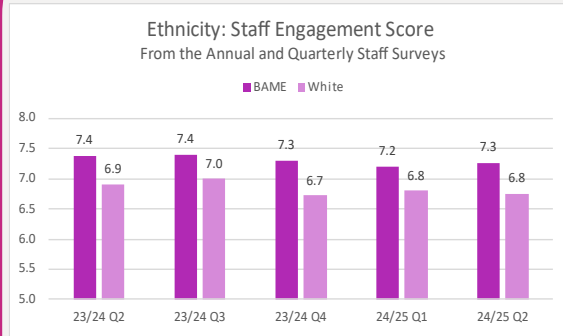


# Staff in Post – Disability Status

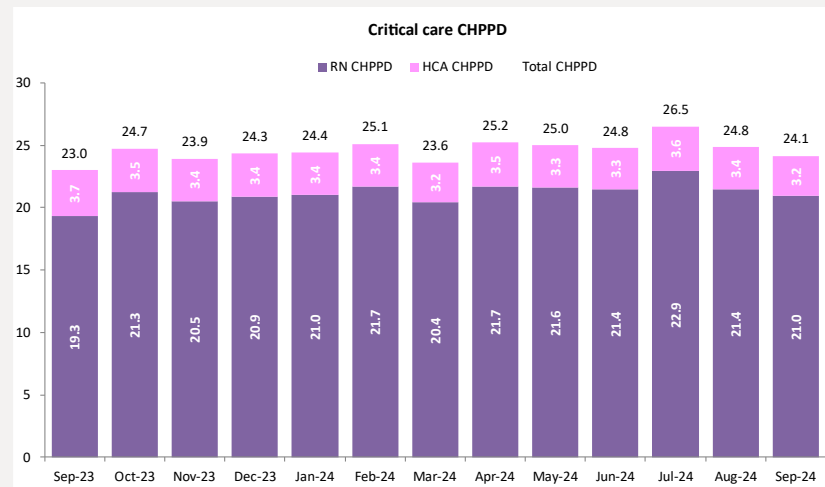
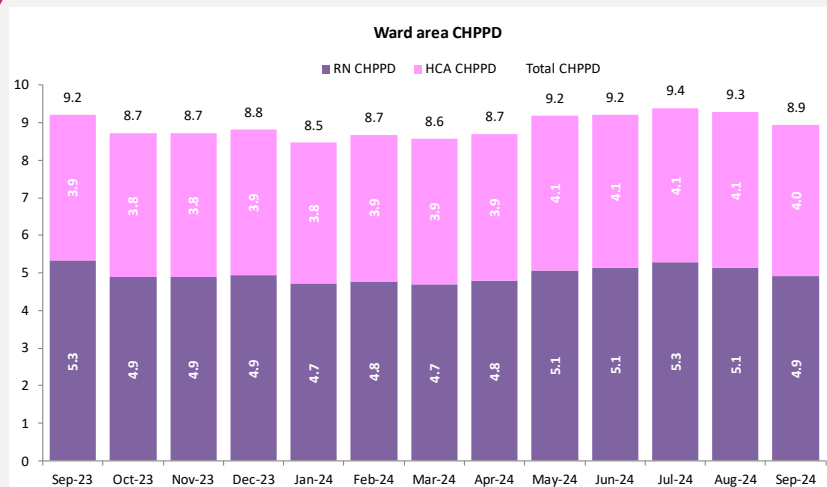
Diversity breakdown by  
All UHS UHS  
Disability And Payscale of substantive staff  
Percentage split breakdown



# Pulse Survey – 2024/25 (July 2024)



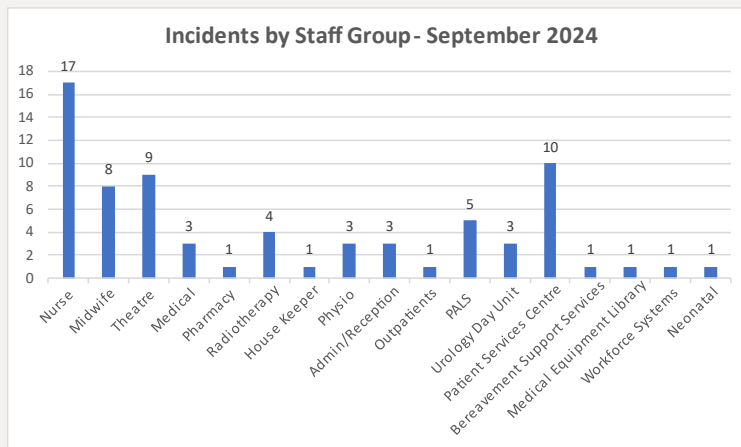
# CHPPD



The Ward areas total CHPPD rate in the Trust reduced by 0.4 in September to 8.9 from 9.3. Lowest it's been in four months RN reduced from 5.1 to 4.9, while HCA reduced from 4.1 to 4.0.

The CHPPD rate in Critical care reduced overall by 0.7 in September 2024. RN 21.0 (previously 21.4), HCA reduced from 3.4 to 3.2. Overall, 24.1 (previously 24.8). Staffing on intensive care and high dependency units is always adjusted depending on the number of patients being cared for and the level of support they require.

# Patient Safety – Staffing Incidents & Red Flags



**Incidents by Division September 2024 vs August 2024**

Month Incident occurred	Division A	Division B	Division C	Division D	THQ	Trust total
Sep 2024	12	15	26	10	10	73
Total	12 ↓ (18)	15 ↓ (19)	26 ↓ (31)	10 ↑ (6)	10 ↑ (3)	73 ↓ (77)

Month Incident occurred	Division A	Division B	Division C	Division D	THQ	Trust total
Aug 2024	18	19	31	6	3	77
Total	18 ↑ (15)	19 ↓ (21)	31 ↓ (32)	6 ↓ (9)	3 ↓ (5)	77 ↓ (82)

Source: Safeguard System September 2024

# Patient Safety – Staffing Incidents & Red Flags cont.

## DIVISIONAL BREAKDOWN:

### Div A:

Twelve incidents reported in September 2024, down on the 18 in the previous month. There were no red flags reported.

### Div B:

Fifteen incidents reported in September (down from 19 in the previous month). Red flags were also down from 12 to 5 slightly from 14 to 12 and were spread across all 4 reported categories.

### Div C:

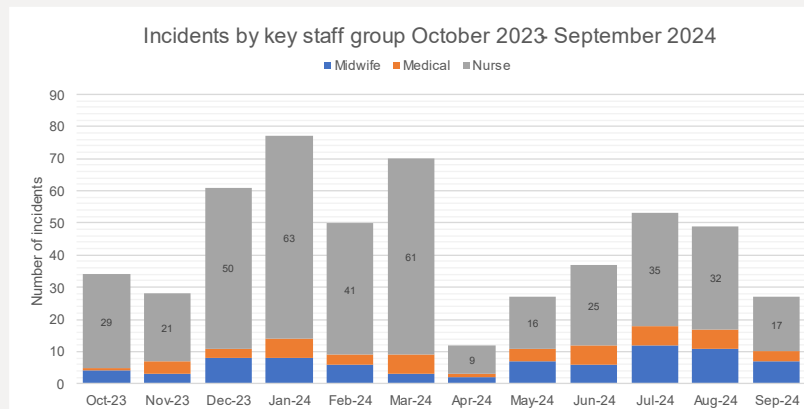
Twenty-six incidents reported in September, down from 31 in the previous month. There were no red flags reported.

### Div D:

Ten incidents reported in September 2024 (up from the 6 reported in the previous month). Red flags reduced, with 1 reported (down from 6).

### THQ:

Ten incidents reported in September 2024 (up from 3 in the previous month). The incidents were reported a wide range of services.



September 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	2	0	0
	Delay in observations	2	0	2	0	0
	Less than 2 registered	1	0	0	0	1
<b>Total</b>		<b>6</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>

August 2024	Red flag category	Number of reports	Div A	Div B	Div C	Div D
	Delay in medication	7	1	3	1	2
	Delay in pain relief	10	1	5	2	2
	Delay in observations	7	1	3	1	2
	Less than 2 registered	2	0	1	1	0
<b>Total</b>		<b>26</b>	<b>3</b>	<b>12</b>	<b>5</b>	<b>6</b>

Source: Safeguard System September 2024

# Appendices

## 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>National Cancer Patient Experience Survey 2023</b>			
<b>Agenda item:</b>	<b>4.11</b>			
<b>Sponsor:</b>	<b>Gail Byrne, Chief Nursing Officer</b>			
<b>Author:</b>	<b>Alison Keen, Head of Cancer Nursing</b>			
<b>Date:</b>	<b>5 November 2024</b>			
<b>Purpose:</b>	<b>Assurance or reassurance  x</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>Issue to be addressed:</b>	<p>This report provides feedback from the National Cancer Patient Experience Survey 2023.</p> <p>The 2023 survey involved 132 NHS Trusts. Out of 121,121 people, 63,428 people responded to the survey, yielding a response rate of 52%.</p> <p>At UHS 1,064 patients responded out of a total of 1,835 patients, resulting in a response rate of 58%.</p> <p>The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged after an inpatient episode or day case attendance for cancer related treatment in the months of April, May, and June 2023. The fieldwork for the survey was undertaken between November 2023 and February 2024.</p> <p>The overall results were good meaning that for UHS 15 out of 59 questions scored above the expected range; showing us to be positive outliers, with a score statistically significantly higher than the national mean. This indicates that UHS performs better than Trusts of the same size and demographics. We had no scores below the expected range.</p> <p>The overall opportunities for improvements are based around feedback on administrative systems and communication around appointments.</p> <p>Additional areas of improvement were:</p> <ul style="list-style-type: none"> <li>• Problems parking at the hospital</li> <li>• Noisy conditions on wards particularly at night.</li> <li>• Smoky environment at the main entrance of the hospital</li> </ul> <p>The overall acknowledgement of best practice relates to kindness and compassion and respect and dignity.</p>			
<b>Response to the issue:</b>	<ul style="list-style-type: none"> <li>• Care group leads and divisional heads have been given specific feedback to be able to identify action plans.</li> <li>• Sharing the results with key stakeholders in organisations by breaking the survey into themes to present.</li> <li>• Sharing the positive praise to named individuals.</li> </ul>			

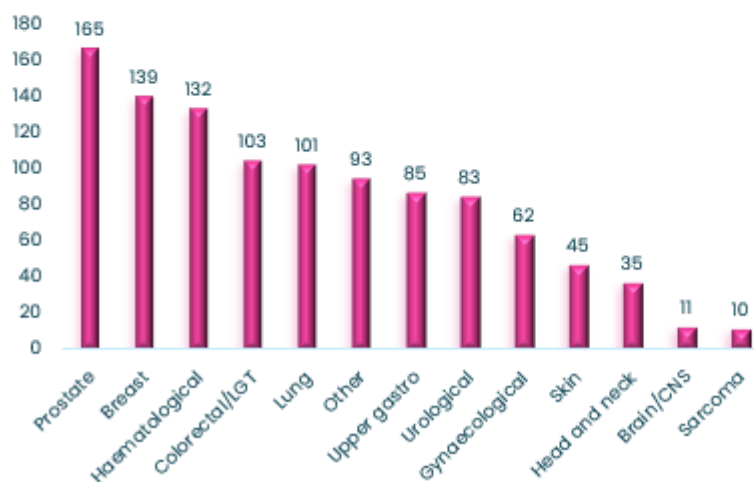
<p>Implications: (Clinical, Organisational, Governance, Legal?)</p>	<ul style="list-style-type: none"> <li>• Survey results to be shared at divisional level and clinical leaders and update on actions fed up to QGSG.</li> </ul>
<p>Risks: (Top 3) of carrying out the change / or not:</p>	<ol style="list-style-type: none"> <li>1. Unable to demonstrate listening and enacting actions as a result of feedback.</li> <li>2. Unable to give patient feedback direct to clinical teams.</li> <li>3. Threat to overall reputation and CQC assessments.</li> </ol>
<p>Summary: Conclusion and/or recommendation</p>	<p>Overall UHS benchmark alongside with other Trusts on the feedback from patients experiencing inpatient care.</p>

The experiences of patients with cancer within the University Hospital Southampton NHS Foundation Trust:

analysis of full report and free text data from the National Cancer Patient Experience Survey 2023

## Findings

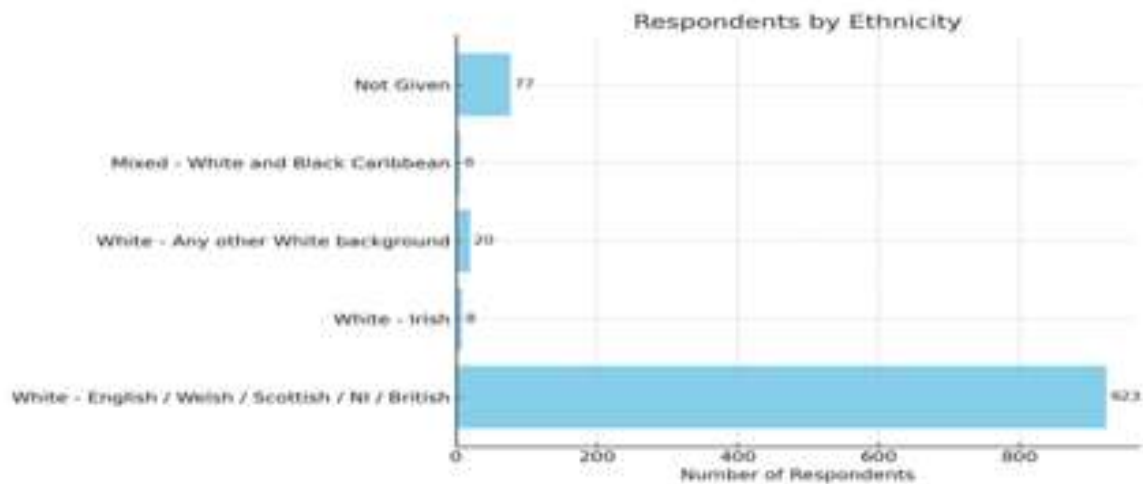
- 1064 patients responded to the survey. This represented a 58% response rate compared with 52% nationally.
- Respondents by Tumour Group



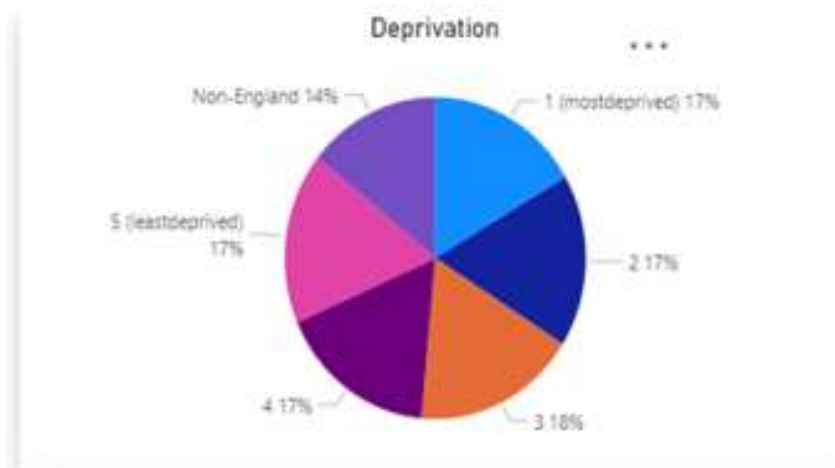
The site specific groups scoring the lowest were brain, sarcoma and skin – they also had the smallest number of respondents.

Overall UHS scored highly with 15 responses above the normal range and 0 responses below the normal range. This is an improvement on last year's survey results.

## Demographics



The numbers of patients from ethnic backgrounds were small and analysis has not provided any meaningful insight.



There Were no obvious patterns to show overall differences in experience between the least and most deprived populations.

### **Long Term Conditions**

Having cancer and a long term condition meant that patients generally had a poorer experience of care – particularly regarding information and communication.

However, this group of patients scored highly for being treated with respect whilst in hospital and having confidence and trust in the staff looking after them.

### **Gender**

Only men and women included, some patients omitted to provide gender.

In general women scored lower than men, especially around communication and information.

### **The impact of age.**

The overall care for patients aged 35-44 scored 8.6 out of 10

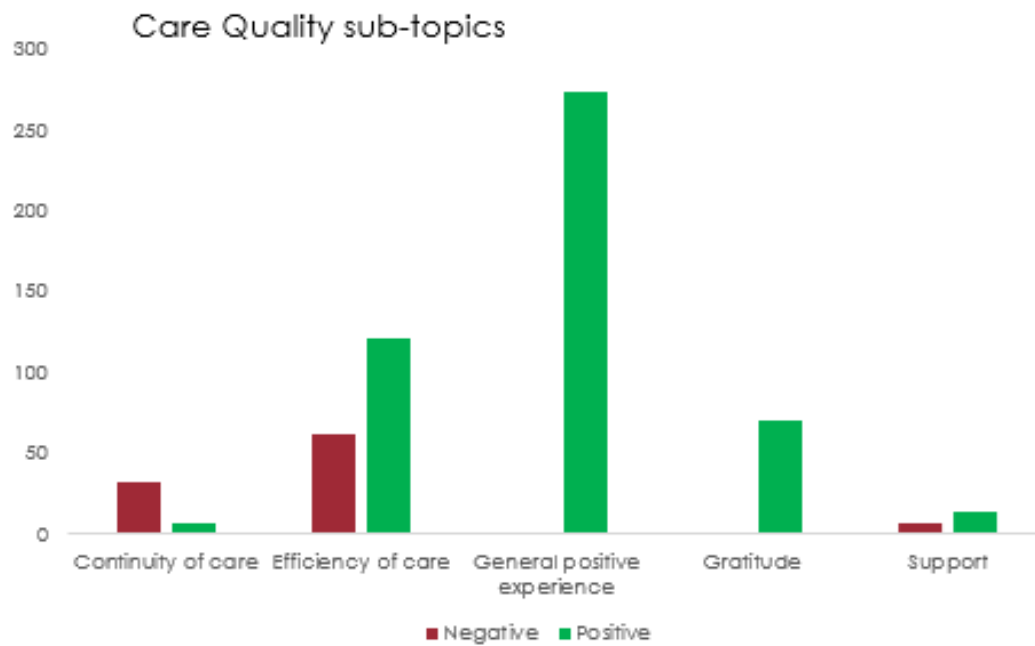
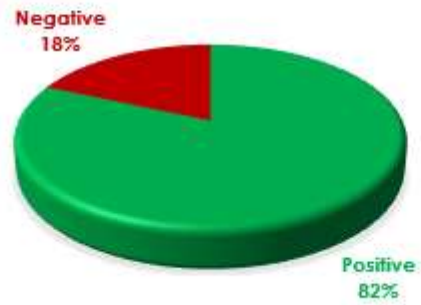
Patients over 85 scored 8.5

The scores for other age groups were higher.

## Findings from free text patient comments

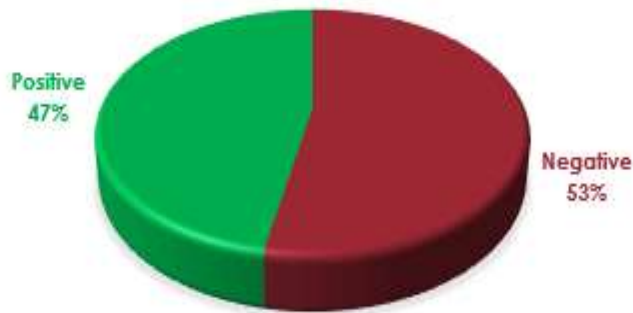
### THEME: Care Quality

386 comments, of which 71 were negative and 315 were positive.

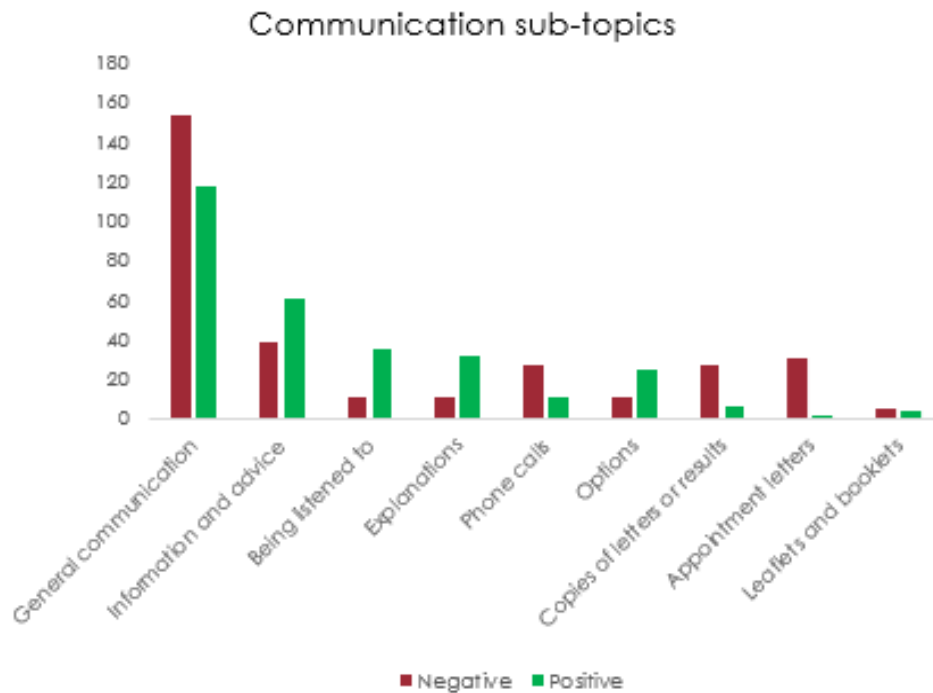


**THEME: Communication and Information**

329 comments, of which 173 were negative and 156 were positive.



Although there was slightly more negative than positive feedback under this theme 61% of feedback associated with communication within hospitals was positive. GPs and pharmacies on the other hand were more likely to receive negative feedback.



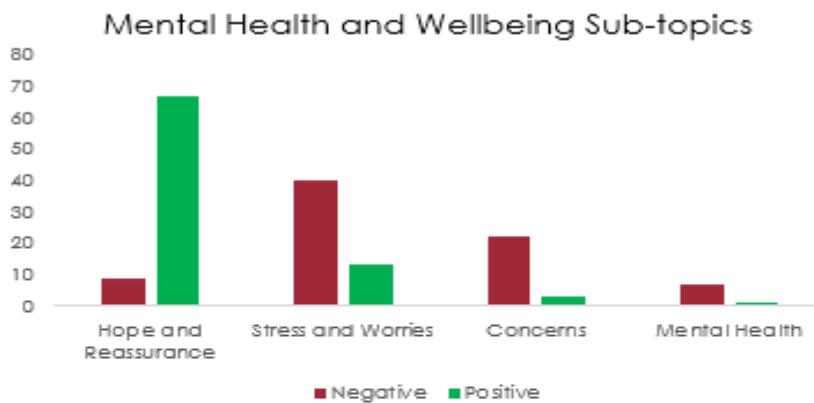
## THEME: Waiting times and delays

There were a total of 243 comments made, of which 110 were negative and 133 were positive.



### An example of positive feedback

*From diagnosis to surgery, on to chemotherapy and subsequently immunotherapy, I have received prompt, informative, efficient, professional care. All members of every team (Radiography/Respiratory/Surgical/Oncology) have made me feel that my wellbeing and care is of importance to them and that I am a name, not just a number on a hospital database. My whole experience since February 2023 has been one of positives, too numerous to list."*



Respondents were more likely to mention hope and reassurance as a positive, and stress, worries and concerns as a negative. This is perhaps to be expected, but we have considered the underlying factors which might contribute to this.



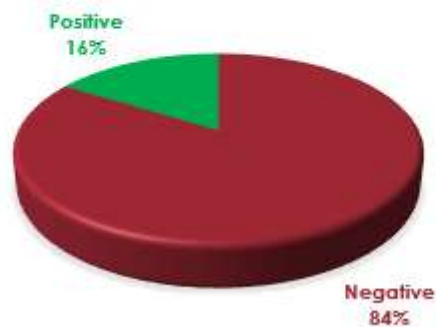
## THEME: Appointments

90 responses were coded under this theme, 66 of which were negative and 24 positive.



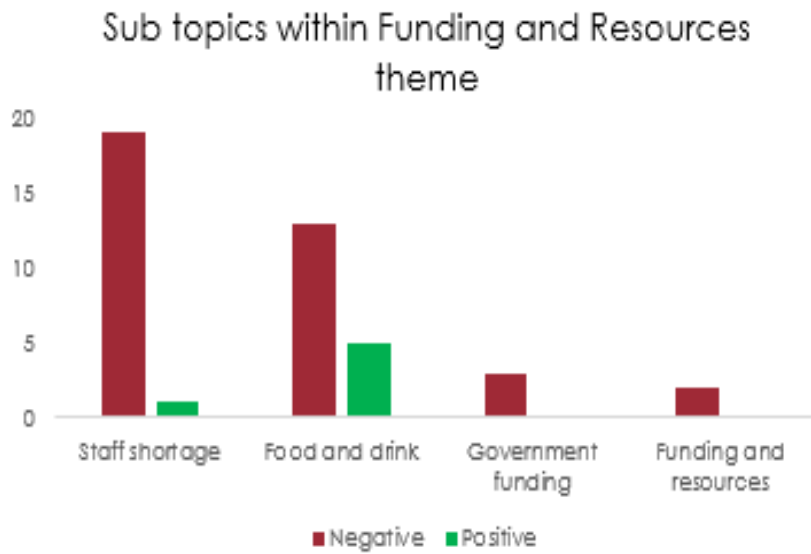
## THEME: Administration

A total of 62 comments were coded against the Administration theme, 52 of which were negative and 10 positive.



### Main points

- Excessive bureaucracy
- Confusion over appointment letters, and unexpected appointment cancellations
- Problems with IT systems
- Difficulties over GP letters not being received or read by consultants



**THEME: Staff**

268 comments, of which 25 were negative and 243 were positive.



Feedback on staff was overwhelmingly positive. “Kind, caring and compassionate” was the most common quality attributed to staff within positive commentary.

## **Conclusion**

Most of the feedback comments were positive. The qualitative data highlights several areas of strong practice:

- Care quality in general with many respondents expressing gratitude for the care they received and a significant number not being able to identify anything negative to report about their experience at all.
- Staff quality, with particular emphasis on kindness and compassion
- More positive than negative commentary on waiting times indicating that though patients may have had prior expectations of long delays within the system, these fears were not always realised.
- Where communication was person-to-person the patient experience was generally good

The data highlighted several areas of potential improvement, and within these, communication and information were often contributory factors:

- A perceived lack of “joined-up” thinking – departments and healthcare partners not communicating effectively with each other, and letters between GPs and hospital consultants being delayed, lost, or not read.
- IT issues – discrepancies between what information was available to different members of the care team and to patients.
- Perceived bureaucracy in the appointment booking process.
- Confusion in the aftercare and recovery phase, where patients were unsure who would be providing care and on what timescale.
- Difficulty contacting staff for reassurance, for example about side effects and medication issues, or facing a long wait for treatment or test results.

Where patients had access to a single point of contact who could help them navigate the care pathway, this tended to generate positive feedback and may be a way for the Trust to harness an area of strength (staff) to address some of the issues raised.

**With thanks to Georgios Fragkou and Sonia Cardoso from the Cancer Information and analytics team and Jayne Charles from ‘Helpandcare’ and Emma Leatherbarrow, Equality Lead at the Wessex Cancer Alliance**

**Agenda item 5.1 Report to the Trust Board of Directors, 5 November 2024**

<b>Title:</b>	<b>Corporate Objectives 2024-25 – Quarter 2 Review</b>
<b>Sponsor:</b>	<b>David French, Chief Executive Officer</b>
<b>Author:</b>	<b>Kelly Kent, Head of Strategy and Partnerships</b>

<b>Purpose</b>			
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>
<b>X</b>			

<b>Strategic Theme</b>				
<b>Outstanding patient outcomes, safety and experience</b>	<b>Pioneering research and innovation</b>	<b>World class people</b>	<b>Integrated networks and collaboration</b>	<b>Foundations for the future</b>
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

**Executive Summary:**

This paper provides an update regarding progress against our Corporate Objectives for Quarter 2 for 2024-25. During Q2, there has been a positive increase to 75% of the Q2 objectives which were noted as on track to be delivered in full.

A scoring summary of progress is below:

Ref	Corporate ambition	Leads	Number of Objectives for 2024/25	Q1 Green	Q1 Amber	Q1 Red	Q2 Green	Q2 Amber	Q2 Red
1	Outstanding patient outcomes, safety and experience	COO/CNO	4	4	0	0	4	0	0
2	Pioneering research and innovation	CMO	2	2	0	0	2	0	0
3	World class people	CPO	3	2	1	0	2	1	0
4	Integrated networks and collaboration	COO/CMO	2	1	1	0	1	1	0
5	Foundations for the future	CFO/CEO/CNO/CMO	5	2	2	1	3	0	2
<b>Totals</b>			16	11	4	1	12	2	2
			% against 16 Objectives	69%	25%	6%	75%	13%	13%
<b>RAG Rating for corporate objectives updates</b>		<b>In Year Updates</b>	<b>Q4 Update</b>						
Green		On track to be delivered	Achieved in Full						
Amber		Minor Delays/or shortfalls	Partially Achieved						
Red		Significant delays/or shortfalls	Not Achieved						

**Contents:**

Summary of progress  
Appendix 1-5 Updates in full by strategic theme

**Risk(s):**

Objectives relate directly to all BAF risks

<b>Equality Impact Consideration:</b>	<b>NO</b>
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## Background

The 2024/25 Corporate Objectives were approved by the UHS Board in April 2024 and were noted to be highly focused and within the confines of the overall financial position.

## Quarter 2 Update

This paper provides an update regarding achievements of Quarter 2 for 2024-25.

During Q2, there has been a positive increase to 75% of the Q2 objectives which were noted as on track to be delivered in full. The areas with the highest on track objectives are: -

**Outstanding patient outcomes, safety, and experience** with all 4 objectives on track; seeing improvements on the overall PTL figures, also improvement with length of stay following all the continued efforts around the improvement programmes.

**Pioneering research and innovation** also have both their objectives on track and forecasting strong progress through 24/25.

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

- World Class People
- Integrated Networks and Collaboration
- Foundations of the future

**World Class People:** the highest risk relates to delivery of the workforce plan- although much work has been completed in bringing the workforce plan to fruition, there is significant risk to year-end delivery as plans are predicated on the delivery of system-wide programmes to reduce nCTR and mental health presentation.

Pace of delivery on some areas relating to staff experience, engagement and culture has been constrained by resources through recovery workforce controls. Some key replacement posts are expected to commence during Q3 and Q4 which will support further improvement.

Sickness and appraisal are successfully achieving target and have been for the first half of this year.

**Integrated networks and collaboration:** greatest risk of non-achievement is the objective to reduce NCTR patient numbers. Progress has been made in establishing a formal group and investigating the issues and barriers using evidence and data. However, the realisation of reduction in number of patients without criteria to reside is likely to take longer to come to fruition.

**Foundations of the Future:** The NHS/Trust financial position is a recognised risk within this strategic ambition. Year-end delivery is a risk, and subject to further financial recovery actions in the second half of 24/25. Complications have also developed with the decarbonisation scheme such that this is now red-rated due to significant risk to delivery of the de-steaming project.

## Summary

The Board is asked to note the progress made delivering the corporate objectives in the context of the agreed objectives being deliberately stretching.

**Appendix 1 – Corporate Objectives and Quarter 2 updates in full**

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

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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	On track - Work continues on refining the draft integrated quality report with key stakeholders. Integrated quality report planning to go to TEC in Q3 with visits to other sites still planned for learning. Further plans to integrate quality approaches and functions planned for Q3 and Q4	On track to meet objective for year end.
Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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.	Progress has continued to be positive in this area. There are currently a very small number of outstanding 65 week waiters, with 20 awaiting corneal grafts and 1 from another specialty. Our performance in this area remains among the best in the region.	On track to meet objective for year end.

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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.	On track. LoS currently 2.9% lower than last year creating capacity for elective activity, reduced escalation capacity open and absorbing increased non-elective demand. We still have c.220 NCTR patients in beds so a Complex discharge workshop is planned in November to tackle this with system partners	On track to meet objective by year end.
Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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 was successful and well received and theory behind the 8 commitments 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.	'What Matters to Me' is now in pilot on E7 and G7. We have actively recruited volunteers in to support project and will be evaluating after all the phases of project completed, March 2025 we then plan to roll out to care groups and the wider Trust .	On track to meet objective by year end.

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

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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.	On track. New Project Manager to support development and implementation of new RLP awardees tracking due to start in post in Q3. SETT delivery on track, inaugural SETT conference planned for start of Q3. Activity growth and financial return from the investment case is being closely monitored, staffing has been challenging over the last two quarters. Whilst vacancies are now being filled, vacancy rates have had an impact on activity levels.	On track to delivery objective by year end.
2(b)	CMO	Deliver Year 2 of the five-year R&D strategy implementation plan (revised) for Research for Impact. <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>	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. 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.	In progress/on track. Implementation plan underway with baseline for relevant KPIs identified, agreed and being monitored. RLP ROI metrics have now been agreed with RLP Cohort 1 ROI 1:1 discussions completed enabling post RLP plans to be formulated. The joint research vision between UHS and UoS has been approved by the Joint Research Strategy Board, mapping of interdisciplinary and operational projects across the partnership is ongoing.	On track to meet objective by year end.



**Strategic Theme Three - World Class People**

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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>	<p>The Trust remains below its overall NHSE workforce plan by 249 WTE at the end of September. Agency, bank and substantive are currently all below plan. It is anticipated that the substantive workforce will continue to increase as the remainder of the Newly Qualified staff (Nurses, midwives, and AHPs) commence during the autumn.</p> <p>Divisions continue to work against their agreed AWL targets with oversight from the monthly Finance and Workforce combined meetings.</p> <p>From October it will become more challenging to remain within our overall plan as the numbers are predicated on the delivery of system-wide programmes to reduce nCTR and mental health presentation.</p>	Risk in achieving target by year end due to reliance on system-wide programmes

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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>	<p>Annual Staff Survey launched in September and closes end of November. Various engagement methods deployed to encourage participation. Preparations have been ongoing during Q2 for WeAreUHS week to be held 14th to 18th October including the annual WeAreUHS Champions awards. This year the champions awards had a record breaking 604 nominations made.</p> <p>The 2nd cohort of Positive Action Leadership has commenced with 24 participants. During Q2 we hit a milestone of 10,000 having attended UHS allyship training within the last two years. 72% of staff against a target of 85% by the April 2025. Impact analysis of allyship training has now started with the outcome due end of March 2025.</p> <p>Hospital Charity grants have provided for range of staff wellbeing, recognition and celebration purposes, as part of this a number of staffrooms refurbishments have been identified, scoping has taken place in Q2, and works will be started in Q3.</p> <p>During July the annual Resident Doctor awards took place - this was a well attended and popular event and has become an established feature in recognising the contribution of this workforce.</p> <p>Pace of delivery has been constrained by resources through recovery workforce controls. Some key replacement posts are expected to commence during Q3 and Q4.</p>	Some improvements being delivered but some constrained by resource within People directorate

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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%.	Both turnover and sickness absence have remained on track below target in Q2. Sickness in month is currently 3.6% and Turnover is 11.1%.  The Trust launches both its Flu and COVID vaccination programmes during October.	On track for delivery by year end.

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

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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 group also being formed.	<p>On track- progress is being made in all priority areas:</p> <p>Plastics- working group in place with attendance across UHS and Salisbury, potential future service models being finalised with business case to follow</p> <p>Urology- Progress is challenging due to conflicting pressures and availability to attend meetings across all trusts. Urology has been listed within the ICB priority programme</p> <p>Upper GI- successful meeting with representatives across UHD and UHS have confirmed commitment to move forward together and to integrate PHU into this work. Agreed on initial areas of focus including on call and MDTs.</p> <p>Pelvic floor- Successful stakeholder day held. Steering and working groups established monthly. Good lines of communication established with Dorset and Hampshire ICBs. Agreed to work towards ambitious timeframe for initial model to be ready for January.</p>	On Track

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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	The Southampton and South West Hampshire Delivery Unit is now established chaired by Dr Mark Kelsey from Southern Health. A plan for the system based on the ICB transformation themes is in place and progressing. UHS are undertaking a discharge pathways workshop with all partners in October / early November to audit discharge delays with an aim to reach consensus as to whether these are occurring due to capacity or process issues (or both). This in turn will be used to refine plans and priorities for winter 2024/25.	Minor delays/shortfall in target - Progress is being made in establishing a formal group and investigating the issues and barriers using evidence and data. However the realisation of reduction in number of patients without criteria to reside is likely to take longer to come to fruition.

Strategic Theme Five - Foundations of the Future

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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.	<p>UHS financial position is an £8m deficit after Half 1, which is £4.7m adverse to plan. This has been supported by non-recurrent national deficit funding.</p> <p>Whilst improvements have been made, the underlying position remains challenging at c£6m per month deficit.</p> <p>The drivers of the deficit are primarily system-wide pressures, with the Trust effectively “overtrading” by undertaking activity beyond funded levels.</p> <p>The Trust is currently producing a Financial Recovery Plan in conjunction with HIOW partners, which is focussed on identifying what factors need to be true to achieve a break-even run-rate position by Q4.</p>	Shortfall on target likely due to the current position and dependent on the ability to deploy Financial Recovery Plan.

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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.	PTL has remained static in Q2 at around 40k patients. Transformation Team continue to deliver a number of initiatives to support referral management. Continued growth in a key few areas which remain focus within UHS and also through ICS/GIRFT workstreams.	Growth of PTL has been reduced this year. Moving to reduction in PTL will require a further step-change in demand/capacity balance.
Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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	Improvements in key metrics have sustained in Q2 and we anticipate partial delivery in all programmes of work (2.86% reduction in LoS, 52.7% New & OPROC appts and 788 additional theatre cases year to date). NHS IMPACT improvement guides have been released nationally and are guiding planning process for 25/26.	On track to meet objective at year end.

Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
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.	<p>The Trust has encountered delays to programmes due to new Building Safety Regulator procedures.</p> <p>However, we remain on-track overall to utilise our full CDEL allocation in 2024/25. The new Aseptic Unit at Adanac Park is on track to deliver on time &amp; budget. The Neonates project is continuing on a revised schedule following previous delays. We are finalising plans for investment of national funding into our ED.</p>	On track to meet objective at year end.



Ref	Lead	Objective	Q1 Update	Q2 Update	End of Year Forecast
5(e)	CMO	Complete Year 2 of the Public Sector Decarbonisation Scheme	<p>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.</p>	<p>Most of the decarbonisation work programmes are underway, with Solar PV, LED lighting and R22 air conditioning replacement and general improvements in the energy centre are rated green for delivery within project timelines and Salix requirements.</p> <p>Delivery of the Lab and Path cladding &amp; windows, the heat pump building and air handling units have faced a number of significant issues, although we can still deliver in time to recover the Salix funding, although the trust capital contribution will need to roll into 2025/26.</p> <p>Achievement of the low temperature hot water system to facilitate de-steaming has been severely disrupted due to the deteriorated state of the steam duct tunnels, which require substantial remediation to make safe for the works. While extensive progress has been made in establishing the remediation required, and the proposal to achieve this, it will require additional capital funding to deliver and as such is currently red rated, and reviews are underway to determine viability.</p>	<p>Currently red rated by Estates team due to de-steaming issue</p>

<b>Agenda item 5.2 Report to the Trust Board of Directors, 5 November 2024</b>				
<b>Title:</b>	<b>Board Assurance Framework (BAF)</b>			
<b>Sponsor:</b>	<b>Gail Byrne, Chief Nursing Officer</b>			
<b>Author:</b>	<b>Lauren Anderson, Corporate Governance &amp; Risk Manager Craig Machell, Associate Director of Corporate Affairs</b>			
<b>Purpose</b>				
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>	
<b>x</b>			<b>x</b>	
<b>Strategic Theme</b>				
<b>Outstanding patient outcomes, safety and experience</b>	<b>Pioneering research and innovation</b>	<b>World class people</b>	<b>Integrated networks and collaboration</b>	<b>Foundations for the future</b>
<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>
<b>Executive Summary:</b>				
<p>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.</p> <p>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.</p> <p>The Board is asked to note the updated Board Assurance Framework and information contained within this report.</p> <p>It is noted that this Board meeting launches the BAF agenda annex of which the purpose is to link agenda items requiring decision making to BAF risks where applicable, to support informed decision making.</p>				
<b>Contents:</b>				
Paper Appendix A – The full Board Assurance Framework				
<b>Risk(s):</b>				
All BAF risks are contained within this report as well as the linked operational risks where applicable.				
<b>Equality Impact Consideration:</b>			N/A	

## 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 September 2024. Since then all risks have been reviewed by the responsible executive(s) and/or committees, 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. The risk rating for one risk has increased since the committee last received this report. This is risk 1c relating to infection prevention, which has been reassessed as 16 (severe x likely) in recognition of the impact and frequency at which this may be seen. Previously this risk was assessed to be 9 (moderate x possible).
- 2.4. All target dates for mitigation are currently under review, and in particular the target dates for risks 1a, 1b, and 1c have been extended beyond the current financial year in recognition of the ongoing work required.
- 2.5. 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.
- 2.6. Introduction of an agenda annex for the Board and sub committees is taking place this month. This will map individual agenda items to BAF risks, to promote risk-based discussions and inform decision making. Development of a dynamic risk assessment may support this where decisions are needed which may have a detrimental effect on one risk to the benefit of another.
- 2.7. 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.

# UHS Board Assurance Framework (BAF)

Updated October 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

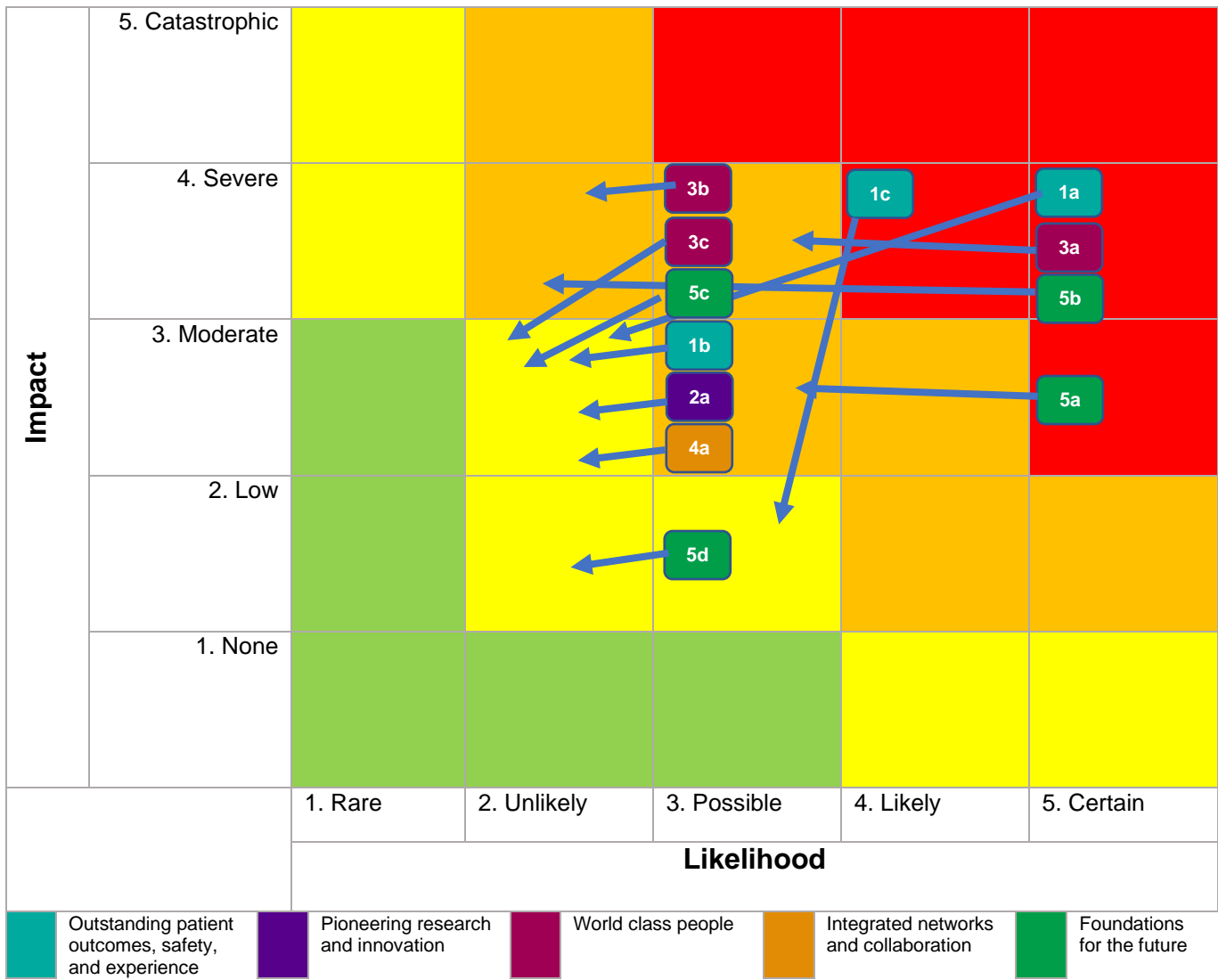
There are 5 critical strategic risks with a red risk rating above 15. These are:

- 1a) Capacity (4 x 5 = 20)
- 1c) Infection Prevention (4 x 4 = 16)
- 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 20	April 2022	4 x 5 20	August 2024	3 x 2 6	April 2027

Risk progression: (previous 12 months)	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 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 October 2024 at the Quality Committee and by the relevant executive lead. The projected date for achievement of the intended target rating has been extended from 2025 to 2027 in recognition of the continued capacity challenges both at UHS and in the wider system.

Current updates include:

- There is a current push from the ICB for all ambulances to be handed over within 45 minutes of arrival and the division B management team, overseen by the CEO and CNO, are currently developing a plan to support this.
- The Trust is also receiving ongoing requests to support other providers with mutual aid in respect of elective recovery, and non-elective transfers, which is increasing demand further.
- The HIOW ICB undertook an ED quality assurance visit in September 2024 and formal feedback is awaited.

**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.

**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.

<p>Urgent and Emergency Care Board established to drive improvements across UEC pathways.</p> <p>UEC recovery plan to support improvements across UEC pathways.</p> <p>UEC standards have been developed and implemented with guidance for site management to ensure that we admit the right patient to the right place. Monitored through patient flow programme board.</p> <p>Rapid Improvement Plans to support improvements across cancer pathways.</p>	<p>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.</p> <p>Staff capacity to engage in quality improvement projects due to focus on managing operational pressures.</p> <p>Workforce and recruitment controls result in ward leaders working within the safe staffing numbers as opposed to in a solely supervisory capacity reducing their ability to plan discharges and oversee flow.</p>
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<p>Clinical Assurance Framework, reported quarterly to the executive. Reported bi-weekly via CPRP.</p> <p>Harm reviews identifying cases where delays have caused harm.</p> <p>Weekly divisional performance meetings with a particular focus on cancer and long waiting patients.</p> <p>Live monitoring of bed occupancy and capacity data.</p> <p>Monitoring and reporting of waiting times.</p> <p>Implementation of PSIRF with oversight of red incidents at TEC.</p> <p>Transformation programme work plans.</p> <p>An assurance paper was taken to Trust Board in September 2024 in response to a recent BBC Dispatches documentary secretly filmed at Royal Shrewsbury Hospital showing significant delays in urgent and emergency care, and subsequent letter from NHSE outlining steps acute organisations must take to mitigate against potential similar concerns.</p>	<p>Local system plans to reduce patients without a criteria to reside are emerging but currently lack detail to provide assurance.</p>
<p><b>Key actions</b></p>	
<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 - complete. Update October 2024: excluding corneal patients, this was achieved except for 2 patients (cardiac and gynae) remaining.</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 scheduled to open in September 2024 - complete.</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. Revised pathways have been trialled in ambulatory majors and pitstop both demonstrating improved safety and more timely access. Pilot is being reviewed with a view to implement.</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 work commencing February 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
259	Capacity and Demand in Maternity Services	4 x 5 = 20	2 x 2 = 4	30/03/2025
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	31/12/2024
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 x 4 = 20	3 x 2 = 6	31/07/2024
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 x 5 = 25	4 x 2 = 8	31/12/2024
788	Elective caesarean section list capacity	3 x 5 = 15	2 x 2 = 4	21/09/2024
804	Congenital cardiac (adult & paed) surgery demand	4 x 4 = 16	4 x 2 = 8	30/09/2025
814	Inability to provide a safe pleural service	4 x 4 = 16	2 x 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 x 4 = 20	3 x 2 = 6	31/03/2025
822	Ophthalmology Glaucoma Capacity	4 x 4 = 16	4 x 4 = 16	30/06/2025
823	Ophthalmology Medical Retina Service Capacity	4 x 4 = 16	4 x 2 = 8	30/09/2025
840	Paediatric haemodialysis capacity	4 x 4 = 16	2 x 2 = 4	28/02/2025
850	Inability to effectively run the pelvic floor service due to staffing and capacity	3 x 5 = 15	2 x 2 = 4	31/08/2025

**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, patients 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	<b>Cautious</b> <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	October 2024	3 x 2 6	March 2026

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

**Current assurances and updates**

- This risk has been reviewed by the Quality Committee and responsible executive leads in October 2024. The target date to mitigate the risk has been considered as it had an imminent date of December 2024, however work is still ongoing. Therefore this has now been extended to March 2026.

**Key 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.  
 Delivery of 23/24 Always Improving Programme aims.

**Gaps in controls**

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 Head of Patient Involvement role was not replaced in Sept 2023 and therefore there is limited capability to engage the local community.  
 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.  
 There is no longer any dedicated resource for SDM due to recruitment restraints and prioritisation of work.

<p>Involvement of patients and families through our Quality Patient Safety Partners (QPSPs) in PSSG, SISG and Quality Improvement projects.</p> <p>Implementation of PSIRF.</p> <p>Patient Involvement and engagement in capital build projects</p> <p>Working with communities to establish health inequalities and how to ensure our care is accessible and equitable. Health inequalities board established with sponsors for priorities, health inequalities liaison role sitting within patient experience, and allocation of dedicated time across multiple roles in the clinical strategy and BI teams.</p> <p>Maternity safety champions.</p>	<p>The clinical strategy team can only respond to small, adhoc, requests for support.</p>
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<p>Monitoring of patient outcomes with QPSP input.</p> <p>CQC inspection reporting: Good overall.</p> <p>Feedback from Royal College visits.</p> <p>Getting it right first time (GIRFT) reporting to Quality Committee.</p> <p>External accreditations: endoscopy, pathology, etc.</p> <p>Kitemarks and agreed information standards.</p> <p>Clinical accreditation scheme (with patient involvement).</p> <p>Internal reviews into specialties, based on CQC inspection criteria.</p> <p>Current and previous performance against NHS Constitution and other standards.</p> <p>Matron walkabouts and executive led back to the floor.</p> <p>Quality dashboard, KPIs, quality priorities, clinical audits and involvement in national audits.</p> <p>Performance reporting.</p> <p>Governance and oversight of outcomes through CAMEO and M+Ms</p> <p>Patient Safety Strategy Oversight Committee</p> <p>Transformation Oversight Group (TOG) including TOG dashboard to oversee impact.</p> <p>Health Inequalities Board</p> <p>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).</p> <p>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>Patient experience week (May 2024) evidencing and celebrating FFT and sharing learning from complaints.</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.</p> <p>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></p> <p>Implement plan to enable launch of PSIRF in Q3 2023/24 and continued implementation and embedding into 2024/25.</p>	

Embed learning from deaths lead & lead medical examiner roles (primary and secondary care) and develop objectives and strategy.

Introduce thematic reviews for VTE.

Implement the second round of Ockenden recommendations – completed.

### **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).

Embedding ‘voice of the patient’ into all improvement activities through aligning each Division with a QPSP who will champion patient insight and involvement.

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

Introducing exec and senior leadership team walkabouts focussed on improvement.

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 2023.

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.

### **Health inequalities Programme**

The UHS health inequalities programme and board have been initiated with key priorities crossing how we enable change within our organisation, how we have impact on nationally recognised drivers of health inequalities with high prevalence in Southampton, data and measurement and engagement and communications.

A health inequalities liaison post has been recruited within patient experience. They will be working with the clinical strategy team and transformation to support the organisation to understand health inequalities, to recognise inequalities within their service provision, to make changes to reduce the impact of health inequalities and to escalate challenges and risks as required. These actions will support to improve the experience and outcomes of our patients.

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	31/12/2024
645	Increase in mental health patients and ligature risk in ED and AMU	3 x 5 = 15	2 x 2 = 4	31/12/2024
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	30/08/2024
805	Clinical harm and never events may occur if NATSIPPS2 cannot be embedded due to insufficient resource	3 x 3 = 9	3 x 1 = 3	31/12/2024
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	4 x 4 16	October 2024	2 x 3 6	April 2027		

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

- Following review at the Quality Committee and by the responsible executives, the risk rating has been increased from 9 (moderate x possible) to 16 (severe x likely) to recognise the impact and frequency of infection. The target date to mitigate this risk has also been extended from April 2025 to April 2027.
- Targeted work is underway in response to covert surveillance audits where the results have been lower than anticipated. The Chief Nursing Officer and Head of Infection Prevention have met with the ward leaders and matrons in these areas to discuss the findings, and are writing out to the organisation (and NHSP and Serco) to highlight the key themes and shared learning.
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**Key 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 Isolation policy (published June 2024) to support the 'give up the gloves' campaign.  
 Digital clinical observation system.  
 Implementation of My Medical Record (MMR).

**Gaps in controls**

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.  
 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>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>Focussed activity/support to wards by the Infection Prevention Team in response to need, including ward reviews/feedback and education and training.</p> <p>Monthly infection prevention and control newsletter continues to be issued in response to current trends, themes, and need.</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>Lack of established administrative support with appropriate capacity to facilitate timely contact tracing. Requirement and mitigations to be scoped.</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>
<p><b>Key actions</b></p>	

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	October August 2024	3 x 2
8				2024	March 2025

Risk progression: (previous 12 months)	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 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 October 2024 and the target date for risk mitigation has been extended from January to March 2025. Controls, assurances, and actions have been updated to reflect the current position. A previous gap in assurance has now been updated to reflect that we are now meeting the Trust Board KPI for recruitment ranking (improvement from 16<sup>th</sup> in 23/24 to 8<sup>th</sup> in September 2024) and weighted recruitment has improved (from 13<sup>th</sup> in 23/24 to 10<sup>th</sup> in September 2024).

**Key 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.

**Gaps in controls**

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. Vacancies being filled, but R&D turnover still higher than Trust average or target.

Key assurances	Gaps in assurances
<p>Governance structure surrounding University partnership.</p> <p>Board to Council meetings.</p> <p>Joint Senior operational group.</p> <p>Joint Research Strategy Board.</p> <p>Joint executive group for research.</p> <p>Joint executive group for innovation.</p> <p>Joint Innovations and Commercialisation Group – UHS/UoS.</p> <p>Monitoring research activity funding and impact at R&amp;D steering group.</p> <p>MHRA inspection and accreditation.</p> <p>Strategy and transformation process.</p> <p>CQC review of well-led criteria, including research and innovation.</p> <p>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>Limited corporate approach to supporting innovation across the Trust.</p> <p>National benchmarking: previously ranking was below optimal although improvements are being seen since September 2023. Action plan underway. Now meeting Trust Board KPI for recruitment ranking (improvement from 16<sup>th</sup> in 23/24 to 8<sup>th</sup> September 2024) and weighted recruitment has improved (from 13<sup>th</sup> in 23/24 to 10<sup>th</sup> September 2024).</p>
Key actions	
<p>Staff survey to test staff engagement and understanding of innovation at UHS.</p> <p>Deliver R&amp;I Investment Case. Annual Plan approved by TB which includes investment RoI evaluation.</p> <p>Established mechanisms to capture RoI on investment are now built into annual planning process. International Development Centre, attracting external funding to support staff in pursuing innovation.</p> <p>Execute an agreed joint programme of work with partners through establishing executive group for education.</p> <p>Maximise the benefits of the newly established Wessex Health Partnership as a founding member. WHP Annual Review starting to identify RoI, UHS ongoing commitment being sought for next 3 year term.</p> <p>Supporting departments in increasing recruitment and retention through work with R&amp;D to create innovative roles. Staff engagement initiatives to be present to TBSS in February 2025.</p> <p>Review the Trust's approach to corporate-wide innovation.</p> <p>Processes being streamlined and new digital tools being adopted to increase clinical research delivery efficiency. On-going improvement programme, but impact being felt as seeing improved recruitment ranking.</p> <p>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 January 2025.</p> <p>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.</p> <p>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. Links to review of corporate wide innovation approach above.</p>	

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		April	4 x 5		October		4 x 3		March				
16		2022	20		2024		12		2026				
Risk progression: (previous 12 months)		Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 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 October 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. The current workforce forecast anticipates growth above plan through into Q3 24/25 as has been seen in Q2.</li> <li>Unite union have initiated a strike ballot of its members employed within our portering department. This is in response to a range of issues including culture, capability and capacity. These issues were identified by UHS prior to the ballot through listening to staff concerns and this prompted UHS commissioning an independent external review earlier this year. Discussions and negotiations are underway with Unite and portering representatives, and the ballot will run until 11 November. Therefore, should the members vote to strike, this may occur from the end of November onwards.</li> <li>Discussions and negotiations also continue with Unison regarding the national dispute around banding, duties and pay for band 2 and 3 HCA staff.</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. Apprenticeships.						Completion of objectives for South-East temporary collaborative for 2024/25. People report for Board to be refreshed. Phase 1 completed – phase 2 underway.							

<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> <p>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.</p> <p>ICB recruitment panel established to limit recruitment within HIOW for specific roles.</p> <p>Affordable workforce limits have now been agreed with all divisions and THQ.</p> <p>Workforce plan for 2024/25 submitted to ICB.</p> <p>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.</p>	
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Key assurances	Gaps in assurances
<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>

Key actions
<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 Phase 1 completed. Phase 2 underway.)</p>

Linked operational risks				
No.	Title	Current risk rating	Target risk rating	Target Date
20	Potential for mis-diagnosis from non-optimised imaging or unnecessary radiation exposure due to staffing levels in Radiation Protection	3 x 4 = 12	1 x 5 = 5	01/10/2025

67	There is a risk that Consultant demand v capacity shortfall will be the cause of non covered sessions. This includes all areas that require anaesthetic support, such as theatres; POAC - gen and PAH; Critical care; POM etc.	2 x 4 = 8	3 x 2 = 6	31/12/2024
86	Reduced skill mix, education and experienced critical care nursing staff	4 x 3 = 12	3 x 2 = 6	31/12/2024
167	MRI physics staffing risk	4 x 2 = 8	2 x 1 = 2	22/07/2024
180	Lack of pathology staff and inappropriate skill mix	3 x 4 = 12	3 x 2 = 6	30/09/2024
286	Inadequate staffing in Nuclear Medicine Physics for the size and complexity of the expanded service	3 x 4 = 12	3 x 3 = 9	31/12/2024
458	Demand for therapy input exceeding available workforce capacity putting patients at risk of ELOS and suboptimal input.	3 x 4 = 12	2 x 2 = 4	31/12/2024
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
604	Risk in epilepsy service	3 x 3 = 9	2 x 2 = 4	30/11/2023
623	Insufficient reporting capacity (Specialist radiologist reporters)	4 x 3 = 12	2 x 1 = 2	30/09/2024
646	Reduced ACP Cover across Neurosciences care group	3 x 3 = 9	4 x 1 = 4	28/02/2025
661	Insufficient Medical staff to safely manage patient activity within cancer care	4 x 3 = 12	2 x 3 = 6	31/01/2025
662	Cellular Pathology Staffing and Capacity	4 x 5 = 20	Under review	31/03/2025
684	Difficulty recruiting B4 mechanical and electrical trade staff	4 x 3 = 12	4 x 1 = 4	30/09/2024
711	Insufficient staff resource in Robotic SFA to meet the Robotic service demand	2 x 4 = 8	3 x 1 = 3	31/03/2025
712	Risk to patient safety due to no designated junior doctors on the major trauma unit	4 x 3 = 12	4 x 2 = 8	29/02/2024
726	Ophthalmology clinical/AHP workforce	4 x 3 = 12	4 x 1 = 4	31/01/2025
729	Neuro critical care technologists (NCCT) providing 24 hour care and cover seven days a week service to NICU currently not possible	3 x 2 = 6	3 x 1 = 3	31/10/2024
748	There is a risk that patients may be cancelled, have peri-op complications, or longer hospital stays due to staffing concerns within the perioperative care and perioperative assessment clinic service	3 x 4 = 12	2 x 1 = 2	31/05/2024
776	Insufficient clinical pharmacy workforce	3 x 4 = 12	3 x 3 = 9	31/03/2025
782	Paediatric dietetics staffing risk	3 x 4 = 12	2 x 3 = 6	01/09/2024
783	Adult dietetics staffing risk	3 x 4 = 12	2 x 3 = 6	01/09/2024
785	The provision of the congenital cardiac service in theatres may be affected due to high vacancy and slow throughput of learners	3 x 2 = 6	3 x 1 = 3	30/11/2024
791	Patient services centre staffing risk	3 x 3 = 9	2 x 3 = 6	01/11/2024
797	Paediatric Speech and Language Therapy Staffing Risk	3 x 4 = 12	2 x 3 = 6	31/12/2024
798	SACT CNS team	3 x 4 = 12	3 x 3 = 9	31/01/2025
820	CED consultant under staffing due to vacancies and also increased capacity	4 x 3 = 12	3 x 1 = 3	31/10/2024
825	Risk to patient safety due to inconsistent SHDU medical cover and deanery trainees expected to cover core medical working patterns	3 x 3 = 9	2 x 2 = 4	31/12/2024
837	Quality of patient care and the wellbeing of staff may be compromised if recruitment controls on the nursing workforce are not implemented safely with appropriate oversight and flexibility to meet individual services needs	3 x 4 = 12	3 x 2 = 6	31/03/2025

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		October 2024		4 x 2 8		March 2027			
Risk progression: (previous 12 months)		Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 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													
<ul style="list-style-type: none"> <li>This risk has been reviewed in October 2024 with no revisions to the ratings or target dates required.</li> <li>We Are UHS week was held in October with a number of celebrations and initiatives that took place to showcase and recognise our workforce. This included the UHS champions award ceremony.</li> <li>Many events and initiatives also took place throughout October to mark Black History Month, including exhibitions and Q&amp;A panels.</li> <li>Charitable funding has been allocated to complete the refurbishment of the Muslim prayer facilities at UHS for both staff and patients, to ensure the facilities are fit for purpose. The intention is to complete this ahead of Ramadan (commencing end of February/early March 2025).</li> <li>A working group has been set up focussing on improving the working facilities for resident doctors to ensure a sense of belonging.</li> </ul>													
Key controls						Gaps in controls							
<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.						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><b>Building an inclusive and compassionate culture</b></p> <p>Inclusion and Belonging Strategy signed off at Trust Board.</p> <p>Creation of a divisional steering group for EDI.</p> <p>FTSU guardian, local champions and FTSU policies.</p> <p>Diversity and Inclusion Strategy/Plans.</p> <p>Collaborative working with trade unions.</p> <p>Launch of the strategic leaders programme with a cohort of 24 across UHS.</p> <p>Senior leader programme launched.</p> <p>Positive action programme completed.</p> <p>Nurse specific positive action programme also launched.</p> <p>All leadership courses now include management of EDI issues and allyship training has been rolled out across the organisation with good uptake.</p> <p>A review of long term illness and disability has been undertaken to utilise external expertise to help review our approaches to reasonable adjustments.</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></p> <p>Annual NHS staff survey and introduction of quarterly pulse engagement surveys.</p> <p>Guardian of Safe Working Hours report to Board.</p> <p>Regular communications monitoring report Wellbeing guardian.</p> <p>Staff Networks.</p> <p>Exit interview process.</p> <p>Wellbeing Guardian and wellbeing champion.</p> <p><b>Building an inclusive and compassionate culture</b></p> <p>Freedom to Speak Up reports to Board.</p> <p>Qualitative feedback from staff networks data on diversity.</p> <p>Annual NHS staff survey and introduction of quarterly pulse engagement.</p> <p>Listening events with staff, regular executive walkabouts, talk to David session.</p> <p>Insight monitoring from social media channels.</p> <p>Allyship Programme.</p> <p>Gender Pay Gap reporting.</p> <p>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>Areas for improvement identified through the annual staff survey (March 2024) – remedial action reflected within the People objectives for 2024/25.</p> <p>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.</p> <p>An independent external review has highlighted issues relating to culture, capability, and capacity within the UHS portering service. Work is underway to address these concerns including negotiations with the Unite union who are undertaking a strike ballot of its members within the UHS portering team.</p>

**Key actions**

**Building an inclusive and compassionate culture**

Deliver year 2 objectives of the Inclusion and Belonging strategy by March 2025:

This includes:

- To get to 85% of all staff having completed the Actional Allyship Training by March 2025.
- To implement the 1st phase recommendations of the Inclusive Recruitment Programme
- To deliver improvement plan in terms of experience of people with disabilities and long-term illness.
- To deliver a programme of work to meet the NHSE Sexual Safety Charter standards and increase sexual safety at UHS.
- Refresh the underpinning behaviours of our Trust Values and produce a new behaviours framework. This will underpin future leadership development and OD interventions.

**Linked operational risks**

No.	Title	Current risk rating	Target risk rating	Target Date
834	Muslim patients, staff and visitors will have a detrimental experience if UHS cannot provide appropriate prayer facilities	2 x 5 = 10	2 x 2 = 4	31/12/2025



**World class people**

**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 2022	4 x 3	October 2024	3 x 2	March 2025
9		12		6	

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

**Current assurances and updates**

- This risk has been reviewed in October 2024 with no revisions to the ratings required.
- A review is underway within T&D to look at the infrastructure and longterm workforce plan.
- There has been agreement at TEC to utilise additional undergraduate education funding to recruit additional capacity with clinical education (clinical fellows).

Key controls	Gaps in 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. TNA process completed for 2024/25.	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

	<p>National CPD guidance for 2024/25: scope of application is limited by rigid national rules.</p> <p>New national education funding contract published for consultation 29 Feb. Reduced resources and higher levels of control included.</p>
<b>Key assurances</b>	<b>Gaps in assurances</b>
<p>Annual Trust training needs analysis reported to executive.</p> <p>Trust appraisal process</p> <p>GMC/NETs Survey</p> <p>Education review process with NHSE WTE.</p> <p>Utilisation of apprenticeship levy.</p> <p>Talent development steering group</p> <p>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.</p> <p>Review of implications for education and training infrastructure from national workforce plan.</p> <p>There is a reported inability of staff to participate in statutory, mandatory, and other training opportunities.</p>
<b>Key actions</b>	
<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>	

Linked operational risks				
No.	Title	Current risk rating	Target risk rating	Target Date
173	Patients may not be safeguarded appropriately if staff are unaware of their duties and do not have the correct knowledge and skillset due to being non compliant with Safeguarding Adults, MCA, & DOLs training.	3 x 3 = 9	3 x 1 = 3	31/12/2025
777	Loss of externally funded Obs and Gynae ultrasound training	2 x 3 = 6	2 x 2 = 4	01/10/2024
833	Safeguarding children Statutory Training Compliance Levels are below required.	4 x 3 = 12	4 x 1 = 4	31/05/2025

**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 Strategy & Partnerships

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	April 2022	3 x 3	October 2024	3 x 2	April 2025
9		9		6	

Risk progression: (previous 12 months)	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 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 continually reviewed and updated with the executive leads throughout 2024/25 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.

During the latest review it has been considered whether the target date for risk mitigation, which is April 2025, should be revised. At present it has been agreed that no change is required, as although (as set out above) this workstream is continually evolving and it is anticipated that this will take a long time, it is also anticipated that key priority workstreams such as Upper GI and Ophthalmology will show made positive advancements and risk reductions by the start of the next financial year.

It is noted that, as referenced within BAF entry 1a, a current strain on capacity at UHS is the increasing number of requests for mutual aid in respect of elective recovery. This further highlights the importance of integrated care and networked pathways to aid mitigation of this issue and resultant risk, ensuring that provision of care is responsive to patient need and that the right patient is seen in the right place and at the right time.

Key controls	Gaps in controls
<ul style="list-style-type: none"> <li>Key leadership role within local ICS</li> <li>Key leadership role within local networked care and wider Wessex partnership</li> <li>UHS strategic goals and vision</li> <li>Establishment and development of Hampshire and Isle of Wight Acute Provider Collaborative (HloW APC) to drive improvements in outcomes.</li> <li>Establishment of UHS Integrated Networks and Collaboration Board</li> <li>Collaborative CMO/ Director of Strategy meetings have begun/ are being arranged with partner organisations in over to agree priorities and ensure</li> </ul>	<ul style="list-style-type: none"> <li>Potential for diluted influence at key discussions</li> <li>Arrangements for specialised commissioning – delegated from centre to ICS – historically national and regional, rather than local.</li> <li>Engagement and pace from organisations we are looking to partner with is not within our control.</li> <li>Resource within the UHS clinical programme team can prove challenging.</li> </ul>

<p>there is executive commitment to delivering network models.</p> <ul style="list-style-type: none"> <li>• ICS agreement on clinical specialty focus including dermatology, ophthalmology, UGI and pelvic floor.</li> <li>• Support for networks from clinical programme team continues. Integrated networks and collaboration project management post recruited to.</li> <li>• 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.</li> <li>• 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. Positive outcomes are being seen from this work as UHS has successfully increased the number of cataract operations undertaken which has resulted in an increased number of referrals due to reduced waiting times, with NHS referrals now outweighing private referrals Further targeted work includes introduction of a Single Point Of Access for ENT to establish a network for procedures of limited clinical value. The UHS CEO is the SRO for this project and is ensuring alignment with UHS and overall ICB strategy.</li> <li>• Network arrangements in Urology, pelvic floor and plastics have also been prioritised for focus during 2024/25.</li> <li>• 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.</li> <li>• The 'Acute Clinical Services Operating Model programme' has been initiated with agreed focus areas from providers and the ICB, these are Breast surgery, Upper GI, Pelvic floor, Urology, Ophthalmology, Dermatology and Orthodontics</li> </ul>	
<p><b>Key assurances</b></p>	<p><b>Gaps in assurances</b></p>
<ul style="list-style-type: none"> <li>• CQC and NHSE/ I assessments of leadership</li> <li>• CQC assessment of patient outcomes and experience</li> <li>• National patient surveys</li> <li>• Friends and Family Test</li> <li>• Outcomes and waiting times reporting. Included within cases for change being built for networks.</li> <li>• Integrated networks and collaborations Board set up for regular meetings at executive level</li> </ul>	<ul style="list-style-type: none"> <li>• Trusts all under significant operational and financial pressure which is challenging prioritisation on elective networking.</li> <li>• Specialised Commissioning budget delegation deferred externally until April 2025.</li> <li>• Ability to network is difficult and manifests in capacity challenges.</li> <li>• Currently there are no established metrics regarding the establishment of networks due to the significant length of time it takes to set the networks up, however work is underway to set up quarterly objectives and consider KPIs to evidence whether networks being set up are on track.</li> </ul>
<p><b>Key actions</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>	

Business case for future working of the Southern Counties Pathology Network due for consideration by Trust Board in Q3 of 2024/25.

Business case development for aseptic services and elective hub by HloW APC has been approved and is moving into the implementation phase.

NHSE has approved the business case for the Elective Hub, this is a significant step forward and now moving ahead. This is expected to open May 2025.

Mr AK, Ophthalmology clinical lead, leading ongoing improvement work focussed on theatre productivity and point of access for cataract referral.

A high level options paper has been developed for Upper GI across UHS and UHD. This has been shared with executives and broadly agreed between CMOs and Directors of strategy. A detailed options appraisal to follow this which UHS are committed to provided, but will require continued engagement from UHD too. The ICB and NHSE South East region have also requested that UHS work in collaboration with Portsmouth in consideration to UGI and as of October 2024, 2 consultant meetings have been held between UHS and Portsmouth to progress this.

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.

A Pelvic floor networks away day was held at the end of May 2024 and was well attended by representatives across care settings and the region. A paper outlining the model in more detail is in draft in preparation for sharing with all linked providers and ICBs.

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 held to discuss challenges and opportunities and to gain agreement on a way forward. A case for change paper is now being developed, setting out proposal for a single plastics service between Salisbury and UHS. Plastic leadership has been strengthened within UHS to support this change, oversight will now sit within division D.

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. Work is underway to align with commissioners and to support the change contractually.

Once networks have been established, define a core set of KPI metrics to be monitored and reported through INC board.

Following conversations between clinical leads at UHS and HHFT regarding future networking opportunities that may arise because of and in advance of the development of a new HHFT hospital in North Hampshire (2032 onwards), individual speciality clinical leads have been asked to continue exploring and progressing this.

**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	October 2024		3 x 3	April 2025
20			15			9	

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

**Current assurances and updates**

- A cash flow forecast review is currently being undertaken. Following completion of this the current and target risk ratings will be reviewed to ensure they are reflective of the current and projected position.
- Following the financial self-assessment undertaken and submitted to NHSE in June 2024, NHSE have written to the HIOW ICB to express concern that boards have not fully complied with their undertakings to date and further work and improvements are required. In response, a further self-assessment will be taken to UHS Board in November 2024 for discussion and approval. This will then be shared through the ICB before being submitted to the NHSE regional team by the end of January 2025.
- Following an updated Recovery Support Programme meeting with NHSE, HIOW ICS have been asked to submit a Financial Recovery Plan to NHSE in October. UHS have been formally asked to submit a Financial Recovery Plan for consideration by HIOW ICB as part of this process.
- Throughout Q3 2024/25 UHS will work with Deloitte to review non pay spend and identify opportunities to maximise benefits.

Key controls	Gaps in controls
<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>• Financial strategy and Board approved financial plan.</li> <li>• Trust Savings Group (TSG) oversight of CIP programme.</li> <li>• Transformation Oversight Group (TOG) overseeing delivery of transformation programmes including financial benefits.</li> <li>• Implementation of revised recruitment controls, including setting revised divisional Affordable Workforce Limits</li> </ul>	<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>• Remaining unidentified and high-risk schemes within CIP programme.</li> <li>• Ability to control and reduce temporary staffing levels.</li> </ul> <p><b>System wide/external</b></p> <ul style="list-style-type: none"> <li>• Elements of activity growth unfunded via block contracts.</li> <li>• Reliance on external organisations and partners to support reductions in NCTR and Mental Health. Emerging NHS HIOW</li> </ul>



<ul style="list-style-type: none"> <li>• Robust business planning and bidding processes</li> <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>transformation programmes focus on this but currently lack detail to provide assurance.</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>• Full financial report for the system to Trust Board.</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>• 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> <li>• Continue to implement and monitor workforce controls throughout 2024/25 to slow growth and reduce spend.</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		<b>Cautious</b> <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		4 x 5 20					4 x 2 8						
April 2024		October 2024					April 2027						
Risk progression: (previous 12 months)		Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 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 5 20	4 x 5 20	4 x 5 20	4 x 5 20
Current assurances and updates													
This risk has been reviewed in October 2024 with no revisions to the ratings or target dates required. This continues to be a critically rated risk for the organisation with the limiting factor in mitigation being adequate funding.													
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  Construction Standards (e.g. BREEM/Dementia Friendly Wards etc.) Six Facet survey of estate informing funding and development priorities						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. Recruitment controls inhibiting recruiting to key roles. Derogation policy to be introduced.							



Estates masterplan 22-23 approved. Clear line of sight to Trust Board for all risks identified.	Lack of Estates strategy for the next 5 years  Missing funding solution to deliver strategy.
<b>Key assurances</b>	<b>Gaps in assurances</b>
Compliance with HTM / HBN monitored by estates and reported for executive oversight Patient-Led Assessments of the Care Environment. Reported to QGSG. Statutory compliance audit and risk tool for estates assets Monitoring at Finance and Investment Committee, including progress of capital investment and review of critical infrastructure risk and updates to Six Facet survey Quarterly updates on capital plan and prioritisation to the Board of Directors	Derogation policy to be introduced.  Gap in funding to respond to issues.  Funding streams to be identified to fully deliver capacity and infrastructure improvements  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.
<b>Key actions</b>	
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. Identify future funding options for additional capacity in line with the site development plan. Delivery of 2024/25 capital plan Implement the HIOW elective hub. Deliver £4.2m of critical infrastructure backlog maintenance. £3.5m in 2025/26. Agree plan for remainder of Adanac Park site Site development plan for Princess Anne hospital.	

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	28/02/2025
548	HV West side transformer circuit breaker trip not operating	4 x 4 = 16	4 x 1 = 4	31/11/2024
817	Lack of UPS backup on power failure	5 x 3 = 15	5 x 1 = 5	31/03/2025
846	PAH – General ward areas and Neonatal Unit air handling units beyond service life	5 x 3 = 15	5 x 1 = 5	01/12/2025

**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. Key areas of concerns are the ability to provide reliable and fit for purpose hardware and infrastructure, defence against cyber threats, and being able to recruit and retain the right number of staff with the right skill mix.		Resulting in an inability to provide and maintain the digital infrastructure required to facilitate outstanding patient care, and leading to incidents which would require reporting to national governing bodies.										
Category	Appetite		Status										
Technology & Innovation	<p style="text-align: center;">Open</p> <p style="text-align: center;"><i>The current risk rating is within the tolerable risk appetite and the target risk rating is within the optimal risk appetite.</i></p>		Treat										
Inherent risk rating (I x L)		Current risk rating (I x L)		Target risk rating (I x L)									
3 x 4 12		4 x 3 12		3 x 2 6									
April 2022		October 2024		April 2027									
Risk progression: (previous 12 months)		Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 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**

In response to discussion at the Finance & Investment committee in August 2024 the description of the risk has been updated to greater reflect the key concerns:

- Ability to provide reliable and sustainable hardware (end user devices and network infrastructure) due to a funding gap.
- The risk of cyber security not being managed appropriately due to the absence of the correct hardware (as above) and funding to allow ongoing development.
- Provision of a skilled and comprehensive workforce due to the competitive nature of the industry and funding to support recruitment and retention.

The risk rating remains moderate at 12 (4 x 3) with an intention to reduce this to 6 (3 x 2) however the target date for this mitigation has been extended in recognition of the gaps in controls and extent of the risk.

Further review and development of this risk is planned to better understand and articulate challenges around system interfaces and ensure that learning from recent incidents is considered within this.

Key controls	Gaps in controls
<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>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 due to absence of funding.</li> </ul>

<ul style="list-style-type: none"> <li>Replacement of key infrastructure on a case-by-case basis once it fails.</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>Single points of failure in staffing</b></p> <ul style="list-style-type: none"> <li>Partial implementation of Digital workforce plan.</li> <li>Prioritisation of key posts.</li> <li>Upskilling existing staff to provide cross cover.</li> </ul> <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>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>	<ul style="list-style-type: none"> <li>Windows 10 is end of life in October 2025 with no funding available to replace all devices with Windows 11. Some mitigations underway including purchase of additional RAM and hard drives, and upgrading suitable equipment, however not all equipment is suitable for this.</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>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. This, alongside the rigidity of the AFC banding structure, can result in difficulties attracting skilled staff in a competitive industry.</li> <li>Digital apprentices hired in September 2023, but will require time to train. Funding not currently available for additional apprentices.</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> <li>ICB outline business case funding for EPR</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>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>Digital risks and actions reviewed weekly on UHS Digital leadership team call.</p> <p>UHS Digital risk and benefit manager in post to manage digital risk alongside operational Digital teams.</p> <p>UHS Digital projects and programmes follow standardised project management delivery mechanism which includes risk management embedded as part of their delivery processes (APM, Prince2, Agile, etc).</p> <p>Standardised change control, testing, and assurance processes implemented across the Development team.</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>

NHSE annual DPST assessment completed to highlight gaps in services. Business Continuity Plans in place for clinical areas in the event of IT outages.	
<b>Key actions</b>	
<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: Alcideon scheduled in April 2025</li> <li>• Lessons learned from LIMS project being shared across UHS Digital, Estates, and other major project teams.</li> <li>• Procurement of Single EPR across HIOW to provide a more modern EPR</li> <li>• Identify opportunities for funding for digital transformation and programmes.</li> </ul>	

<b>Linked operational risks</b>				
<b>No.</b>	<b>Title</b>	<b>Current risk rating</b>	<b>Target risk rating</b>	<b>Target Date</b>
123	Cyber Security - IT systems unavailability in paperless environment	3 x 3 = 9	3 x 1 = 3	21/02/2025
129	Workforce Resourcing - UHS does not have sufficient Clinical Safety Officer cover for deployment and use of clinical systems. This is detailed within legislation: - DCB0129: Clinical Risk Management - Its Application in the Manufacture of Health IT Systems, and - DCB0160: CRM - Its Application in the Deployment and Use of Health IT Systems.	4 x 3 = 12	2 x 2 = 4	31/03/2025
282	Workforce Resourcing - There is a risk that the ophthalmology service is not appropriately supported by IT systems to safely deliver current activity.	3 x 4 = 12	2 x 2 = 4	20/01/2025
556	Workforce Resourcing - Risk to provision of Pathology test results (all departments) if there are delays or errors in the implementation of the new Path IT system	4 x 3 = 12	4 x 1 = 4	31/12/2024
634	Accommodation / Infrastructure - Fibre optic cabling at the ONH	4 x 3 = 12	4 x 3 = 12	29/09/2025
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	29/09/2025
653	Accommodation / Infrastructure - No suitable IT storage and distribution space available within the footprint of SGH	3 x 4 = 12	3 x 3 = 9	27/01/2025
676	Cyber Security - UHS does not sufficiently manage the increased threat from cyber risk.	4 x 4 = 16	2 x 3 = 6	31/12/2025
677	Workforce Resourcing - Insufficient resilience in the UHS network team to support mission critical infrastructure.	5 x 3 = 15	2 x 3 = 6	30/12/2024
679	Accommodation / Infrastructure - Single point of failure on the UHS network (external connections)	4 x 3 = 12	4 x 1 = 4	31/03/2026
709	Workforce Resourcing - There is inconsistency in the sharing and coding of co-morbidities, diagnoses, allergies and past medical history within and between different clinical systems - potentially resulting in critical patient information being missed pre, during and post treatment	3 x 4 = 12	2 x 1 = 2	30/12/2024
736	Accommodation / Infrastructure - Supply of Multitone Devices - Bleeps	3 x 4 = 12	1 x 2 = 2	29/09/2025
743	Accommodation / Infrastructure - Excessive heat generated from the failure of air-conditioning units in the ICU Data Centre (aka Comms/Server Room) can lead to unplanned shutdown of critical IT systems	3 x 4 = 12	2 x 1 = 2	18/11/2024

757	Cyber Security - The Trust has unsupported server operating systems leaving us exposed to cyber attack.	4 x 2 = 8	2 x 1 = 2	31/12/2024
800	Cyber security - Vulnerability with the Ivanti preventing remote iPad use	3 x 4 = 12	2 x 1 = 2	30/12/2024
829	Cyber Security - Windows 11 Roll-out before Win10 EOL	4 x 3 = 12	2 x 2 = 4	14/10/2025

**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, as well as adding to risks of worse health for our local population and staff, and increased risk of major climate change consequences.	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	October 2024	2 x 2 4	December 2024

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

The risk has been reviewed in October 2024 with no revisions to the risk rating required. Minor updates to controls have been made.

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

**Key actions**

Agree further funding requirements to commence the delivery of the strategies and identify opportunity. (Explore Low carbon skills funding)

Progress improvements to the Trust's estate and energy supply, including use of funding from the Public Sector Decarbonisation Scheme.

Continue to further develop metrics and establish governance processes in respect of the Trust's Green Plan and other related strategies.

Finalise energy performance contract to deliver a responsive and progressive energy plan.

<b>Agenda Item 6.2 Report to the Trust Board of Directors, 5 November 2024</b>				
<b>Title:</b>	<b>Register of Seals and Chair's Actions Report</b>			
<b>Sponsor:</b>	<b>Jenni Douglas-Todd, Trust Chair</b>			
<b>Author:</b>	<b>Craig Machell, Associate Director of Corporate Affairs</b>			
<b>Purpose</b>				
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>	
		x		
<b>Strategic Theme</b>				
<b>Outstanding patient outcomes, safety and experience</b>	<b>Pioneering research and innovation</b>	<b>World class people</b>	<b>Integrated networks and collaboration</b>	<b>Foundations for the future</b>
				x
<b>Executive Summary:</b>				
<p>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.</p> <p>The Board has agreed that the Chair may undertake some actions on its behalf.</p> <p>There have been no Chair's actions since the last report.</p> <p>The report provides compliance with The NHS Foundation Trust Code of Governance (probity, internal control) and UHS Standing Financial Instructions and Scheme of Delegation.</p>				
<b>Contents:</b>				
Paper				
<b>Risk(s):</b>				
N/A				
<b>Equality Impact Consideration:</b>			N/A	



## 1 Signing and Sealing

- 1.1 **Duty of Care Deed** between Guy Rutherford Management Limited (the Sub-Contractor), Willmott Dixon Construction Limited (the Contractor) and University Hospital Southampton NHS Foundation Trust (the Beneficiary) relating to a new Sterile Services Facility and Aseptic Pharmacy and Offices at Adanac Park, Nursling, Southampton. Seal number 281 on 24 September 2024.
- 1.2 **Duty of Care Deed** between Dudley's Aluminium Limited (the Sub-Contractor), Willmott Dixon Construction Limited (the Contractor) and University Hospital Southampton NHS Foundation Trust (the Beneficiary) relating to a new Sterile Services Facility and Aseptic Pharmacy and Offices at Adanac Park, Nursling, Southampton. Seal number 282 on 24 September 2024.
- 1.3 **Duty of Care Deed** between Mitie Technical Facilities Management Limited (the Sub-Contractor), Willmott Dixon Construction Limited (the Contractor) and University Hospital Southampton NHS Foundation Trust (the Beneficiary) relating to a new Sterile Services Facility and Aseptic Pharmacy and Offices at Adanac Park, Nursling, Southampton. Seal number 283 on 24 September 2024.
- 1.4 **Lease** relating to land for an electricity substation site including cable easements at the east side of Adanac Drive, Nursling, Southampton between University Hospital Southampton NHS Foundation Trust (the Landlord) and The Electricity Network Company Limited (the Tenant) and Just Retirement Limited (the First Grantor) and University Hospital Southampton NHS Foundation Trust and Prime Infrastructure Management Services 4 Limited (the Second Grantor). The lease updates the document sealed on 6 August 2024 (seal number 279) with the addition of the Second Grantor. Seal number 284 on 29 October 2024.

## 2 Recommendation

The Board is asked to ratify the application of the seal.

<b>Agenda Item 9.1</b>		<b>Report to the Trust Board of Directors, 5 November 2024</b>		
<b>Title:</b>	Clinical Research Network Wessex 2024-25 Q2 Performance Report			
<b>Sponsor:</b>	Mr Paul Grundy, Chief Medical Officer			
<b>Author:</b>	Clare Rook, Network Director, SC RRDN Graham Halls, Business Intelligence Manager, CRN Wessex			
<b>Purpose</b>				
(Re)Assurance	Approval	Ratification	Information	
			x	
<b>Strategic Theme</b>				
Outstanding patient outcomes, safety and experience	Pioneering research and innovation	World class people	Integrated networks and collaboration	Foundations for the future
x	x			
<b>Executive Summary:</b>				
<p>This report provides the UHS Board of Directors with an overview of health and care research activities within the Wessex region during the first two quarters of the 2024/25 financial year. It also introduces the transition of National Institute of Health and Care Research (NIHR) Clinical Research Network Wessex to the NIHR South Central Regional Research Delivery Network (SC RRDN) from quarter three.</p> <p><b>Key points to highlight:</b></p> <ul style="list-style-type: none"> <li>● Wessex achieved all of the NIHR High Level Objectives, including study delivery for both commercial and non-commercial research.</li> <li>● Participant in research experience feedback was positive, with high satisfaction rates. Areas for improvement include communication with participants during and after studies.</li> <li>● Wessex has the highest monthly recruitment in England among clinical research network regions when adjusted for population size. However, the number of recruiting studies has decreased in Wessex, particularly for non-commercial research.</li> <li>● Commercial research recruitment is strong, driven largely by the DISCOVER ME genetics screening study which is taking place in Wessex GP practices.</li> </ul> <p><b>Next steps for SC RRDN:</b></p> <ul style="list-style-type: none"> <li>● Monitor the reduction in the number of recruiting studies, particularly non-commercial, and investigate potential causes.</li> <li>● Continue to improve participant communication during and after studies, potentially through influencing early study design through conversations with sponsors and study leadership.</li> </ul> <p><b>Board requests:</b></p> <ul style="list-style-type: none"> <li>● The Board should please acknowledge the strong performance in study delivery and participant experience, and the high recruitment rate in the region.</li> <li>● The Board should please be aware of the transition to SC RRDN and the anticipated increase in recruiting studies in the region.</li> </ul>				
<b>Contents:</b>				
Clinical Research Network Wessex 2024-25 Q2 Performance Report, Appendix 1 – CRN Wessex Risk Register, Appendix 2 - Glossary.				
<b>Risk(s):</b>				
1b, 2a				
<b>Equality Impact Consideration:</b>			N/A	

**NIHR** | Clinical Research  
Network Wessex

# Clinical Research Network Wessex 2024-25 Q2 Performance Report

Clare Rook, Network Director  
Graham Halls, Business Intelligence Manager  
November 2024

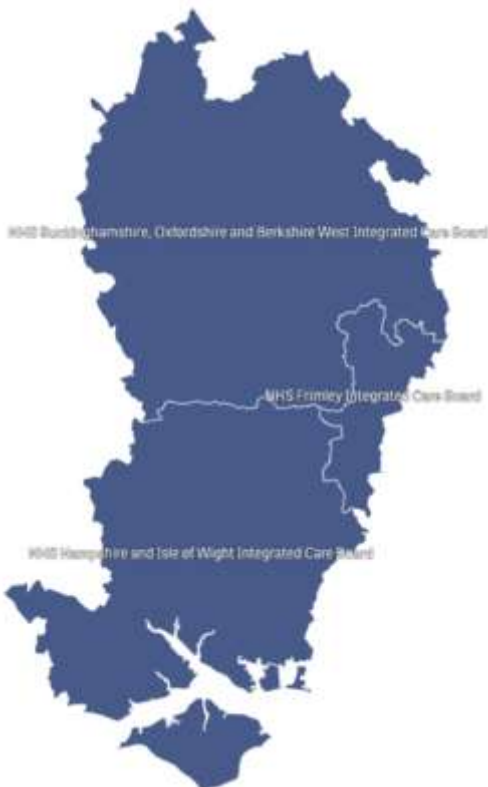


## Introduction

This report informs the UHS Board of Directors of the health and care research activities within the Wessex region (Hampshire, Isle of Wight, Dorset and South Wiltshire) which was covered by National Institute of Health and Care Research Clinical Research Network Wessex (NIHR CRN Wessex) during the first two quarters of the 2024/25 financial year.

This report includes the performance against the NIHR High Level Objectives. Also included is general health and care research activity in Wessex during quarter one to two of the 2024/25 financial year (April to September 2024), unless otherwise stated.

From quarter three of the 2024/25 financial year (October 2024), NIHR CRN Wessex transitioned to NIHR South Central Regional Research Delivery Network (SC RRDN), which now has a geographical area that includes three NHS integrated care boards (ICB):



- Buckinghamshire, Oxfordshire and Berkshire West
- Frimley
- Hampshire and Isle of Wight.

*Figure 1 - Map of the NIHR South Central Regional Research Delivery Network region*

More information on SC RRDN will be provided in the quarter three report to the UHS Board of Directors, scheduled for March 2025. In the interim, the NIHR website describes the role of the NIHR Research Delivery Network, which includes NIHR SC RRDN ([NIHR Research Delivery Network website](#)).

## Key issues

### National areas of strategic focus for health research

The Department of Health and Social Care (DHSC) and the National Institute of Health and Care Research (NIHR) published seven areas of strategic focus for the NIHR in a paper titled [Best Research for Best Health: The Next Chapter](#) (Figure 2). These focus areas guide how CRN Wessex, and its partner organisations deliver NIHR-supported research activities in Wessex. These priorities will continue for NIHR SC RRDN.

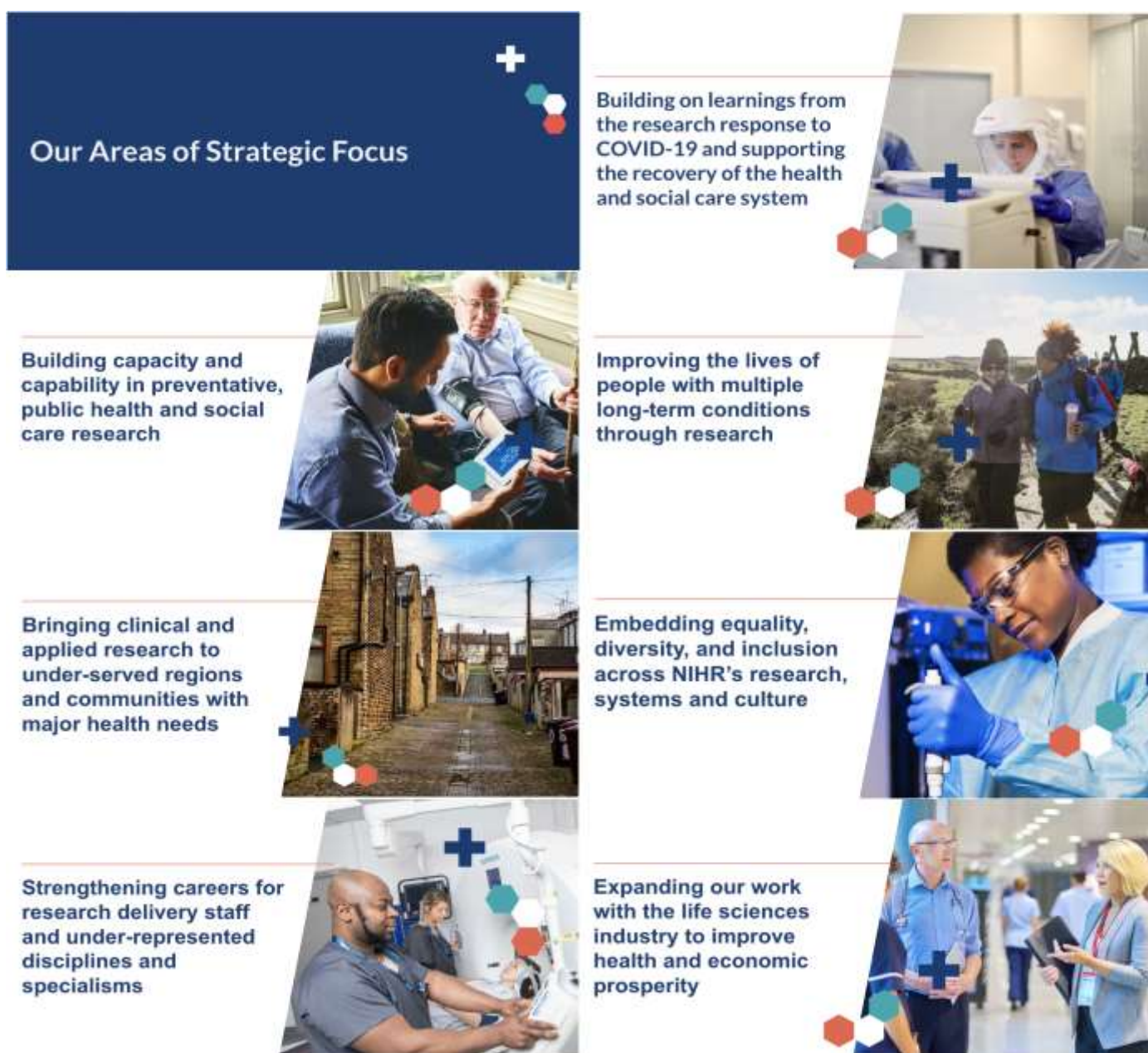


Figure 2 - NIHR Areas of strategic focus from *Best Research for Best Health: The Next Chapter*.



## NIHR High Level Objectives (HLOs)

The NIHR High Level Objectives are provided in Figure 3, with Wessex and English (all CRN regions combined) performance linked to ambitions agreed with the UK Government Department of Health and Social Care.

Objective	Measure	Ambition	Wessex	England
<b>Study delivery</b>	Support sponsors to deliver NIHR CRN Portfolio studies to recruitment target	Percentage of <b>open to recruitment commercial</b> contract studies which are predicted to achieve their recruitment target	80%  (24/30 open Wessex-led studies)	79%
		Percentage of <b>open to recruitment non-commercial</b> studies which are predicted to achieve their recruitment target	80%  (109/136 open Wessex-led studies)	86%
<b>Participant experience</b>	Demonstrate to participants in NIHR CRN supported research that their contribution is valued through collecting their feedback and using this to inform improvement in research delivery	Number of NIHR CRN Portfolio study participants responding to the <b>Participant in Research Experience Survey</b>	1,237  884  (71%)	18,000 ambition  (the total responses received to date in England is to be announced)

Figure 3 – Local and national performance for the NIHR CRN High Level Objectives for the first two quarters of the 2024/25 financial year.

Wessex achieved the study delivery objective for commercial research during the first two quarters of this financial year. This means that eighty per cent of open studies that are led from this region

are currently achieving their expected research recruitment at this stage in their enrolment period. Wessex organisation performance was slightly above the English average on this objective. Maintaining this objective is important for the successful delivery of these studies. This can lead to more participation opportunities for patients, faster time to market for new treatments, and an enhanced reputation with the life sciences industry, increasing the likelihood of more studies coming to the region.

Wessex is also achieving the study delivery objective for non-commercial research. This indicates that research sponsor organisations in the region are managing their studies effectively, and that research delivery organisations have the capacity and capability to deliver these studies.

The experience of participants while supporting a research study is measured using a national survey. There were 884 responses in the first two quarters received by health and care organisations across Wessex. This exceeds the 619 participants required to meet the high level objective at this stage in the financial year. Figure 4 summarises the responses that were received in the first two quarters.

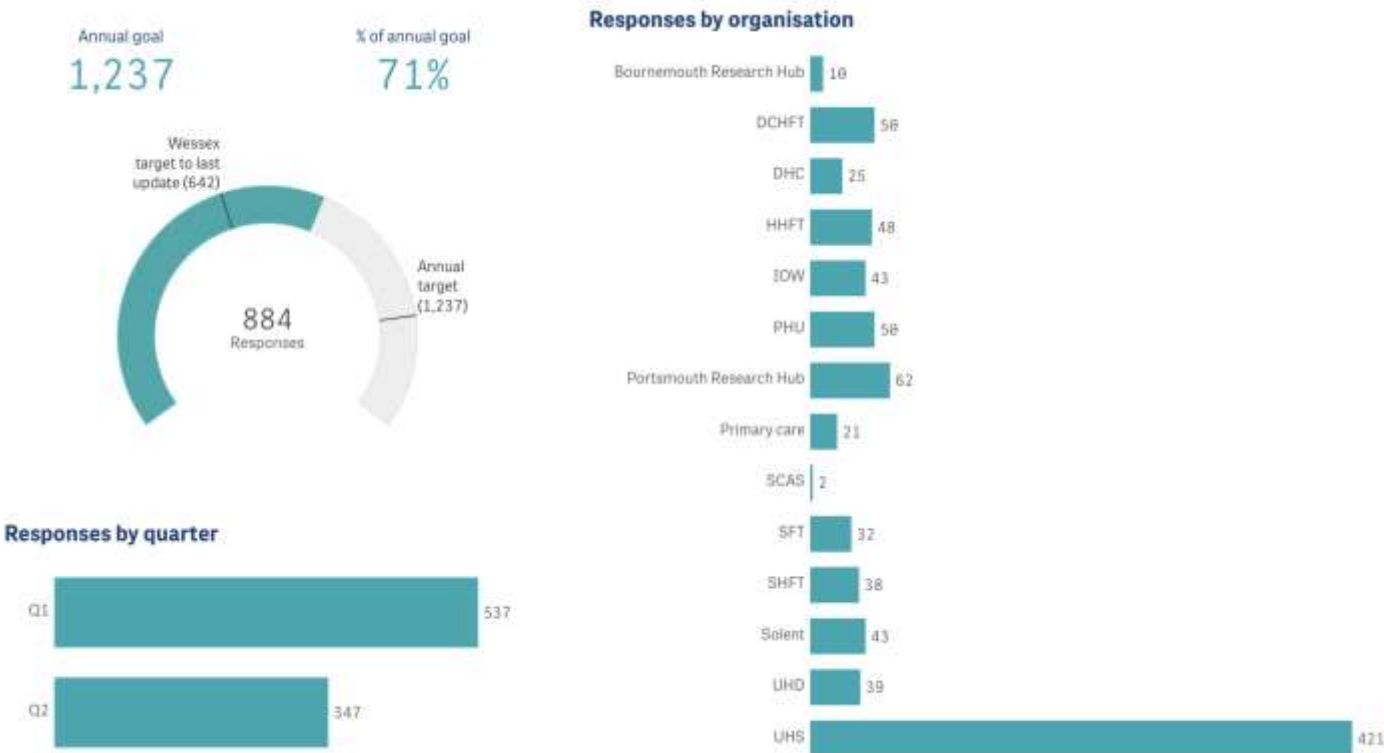


Figure 4 - Participant in research experience survey responses in Wessex in the first two quarters of the 2024/25 financial year. The glossary in appendix two contains expanded organisation acronyms.

The responses to the Participant in research survey have been positive for most aspects, and a summary of these responses is provided in Figure 5. For example, over ninety-six per cent of respondents said that they ‘felt valued’ during their participation in the research. The areas that are scored lower are related to communications, e.g. not being updated during and after the study. To some extent, these are controlled by the communications permitted with participants by the research ethics committee that reviews the study. However, SC RRDN has a continued aim to influence the early study design, including patients and public review for the studies that are led from our region, to ensure that these communications are included.



Figure 5 - Summary of the Participant in research experience survey results in Wessex in the first two quarters of the 2024/25 financial year.

## Research activity in Wessex

In addition to the NIHR’s High Level Objectives, CRN Wessex benchmarked recruitment on to studies against both the region’s previous activity and the recruitment in the regions in England. Wessex has recruited 33,486 participants in the first two quarters across 149 recruiting locations and on 505 studies (Figure 6).



This is the highest Wessex recruitment in the first two quarters ever, with the exception of during the Covid-19 pandemic, when recruitment was concentrated onto few nationally prioritised vaccine and disease monitoring studies. This strong performance has mainly been driven by two large reproductive health and childbirth studies of obstetric bleeding and the screening of babies for spinal muscular atrophy through a heel prick test. The later study has had media coverage (for example: [ITV News article](#), [BBC News video](#)), allowing delivery organisations to rapidly recruit almost four thousand participants in the first two quarters. Conversely, recruitment across England has been trending downwards over the last four months.



Figure 6 - Wessex research recruitment benchmarked against England since April 2022.

Wessex was ranked between third and eighth of the fifteen local CRN regions in England for recruitment in each of the first six months of this financial year (Figure 7). Wessex has five per cent

of the English population, so the expected rank would be between seventh or eighth if recruitment correlated directly with the size of the population. When the population is factored in by calculating the proportion of recruitment per million people, Wessex has been the highest recruiter in each of the last three months (Figure 8).

Month	Apr	May	Jun	Jul	Aug	Sep
Wessex rank	7	5	6	8	7	3

Figure 7 - Wessex's recruitment rank within each month of the first two quarters of the 2024/25 financial year, compared to the fifteen local clinical research network regions in England.

Month	Apr	May	Jun	Jul	Aug	Sep
Wessex rank	4	2	2	1	1	1

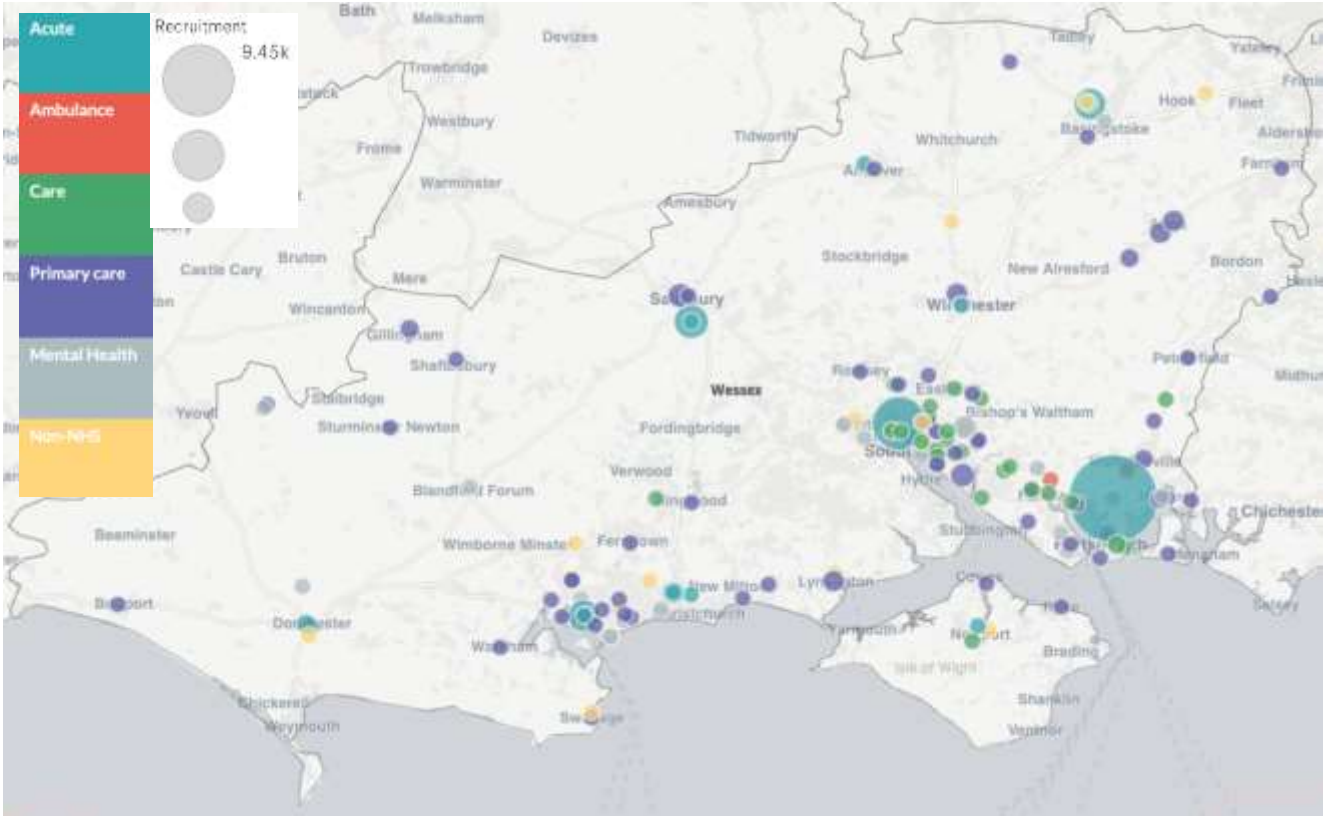
Figure 8 - Wessex's recruitment (weighted per million population) rank within each month of the first two quarters of the 2024/25 financial year, compared to the fifteen local clinical research network regions in England.

The number of studies that Wessex organisations have recruited to has begun to trend downwards, and in particular this financial year (Figure 9). This reduction has mainly been in research that is not funded and sponsored by the life sciences industry (non-commercial). The cause of this is not known, but it may be related to the finite capacity of research delivery organisations and that commercial research is typically more resource intensive. Organisations are also reliant on external factors, such as a smaller pipeline of studies led from all regions, which is a national trend suggested by other NIHR data. However, in the new SC RRDN region, the number of recruiting studies in the 2024/25 financial year are expected to increase by over fifty per cent to over 750, based on year to date activity for the combined regions.



Figure 9 - Recruiting studies in Wessex by funding type since April 2020.

Figure 10 shows how research activity is distributed across the Wessex region by type of organisation. This is clustered around the largest towns and cities. However, twenty per cent of recruitment is happening outside of NHS Trusts and therefore increases research participation in rural areas. For reference only, Figure 11 provides quarterly recruitment for Wessex organisations in the last twelve months.



Organisation type	Trusts	Recruiting sites	Recruitment	Recruiting studies	% of organisations recruited this year
Acute	7	19	24,655	456	100% (ambition 100%)
Ambulance	1	7*	430	7	100% (ambition 100%)
Care	1	26	744	26	100% (ambition 100%)
Primary care	N/A	59	6,414	30	24% (ambition 45%)
Mental Health	2	25	1,084	37	100% (ambition 100%)
Non-NHS	N/A	14	159	13	N/A

\*Ambulance recruitment happens across Wessex but is primarily recorded at the South Central Ambulance Service Trust Headquarters in Oxfordshire.

Figure 10 – Research activity in Wessex by organisation type in the first two quarters of the 2024/25 financial year.

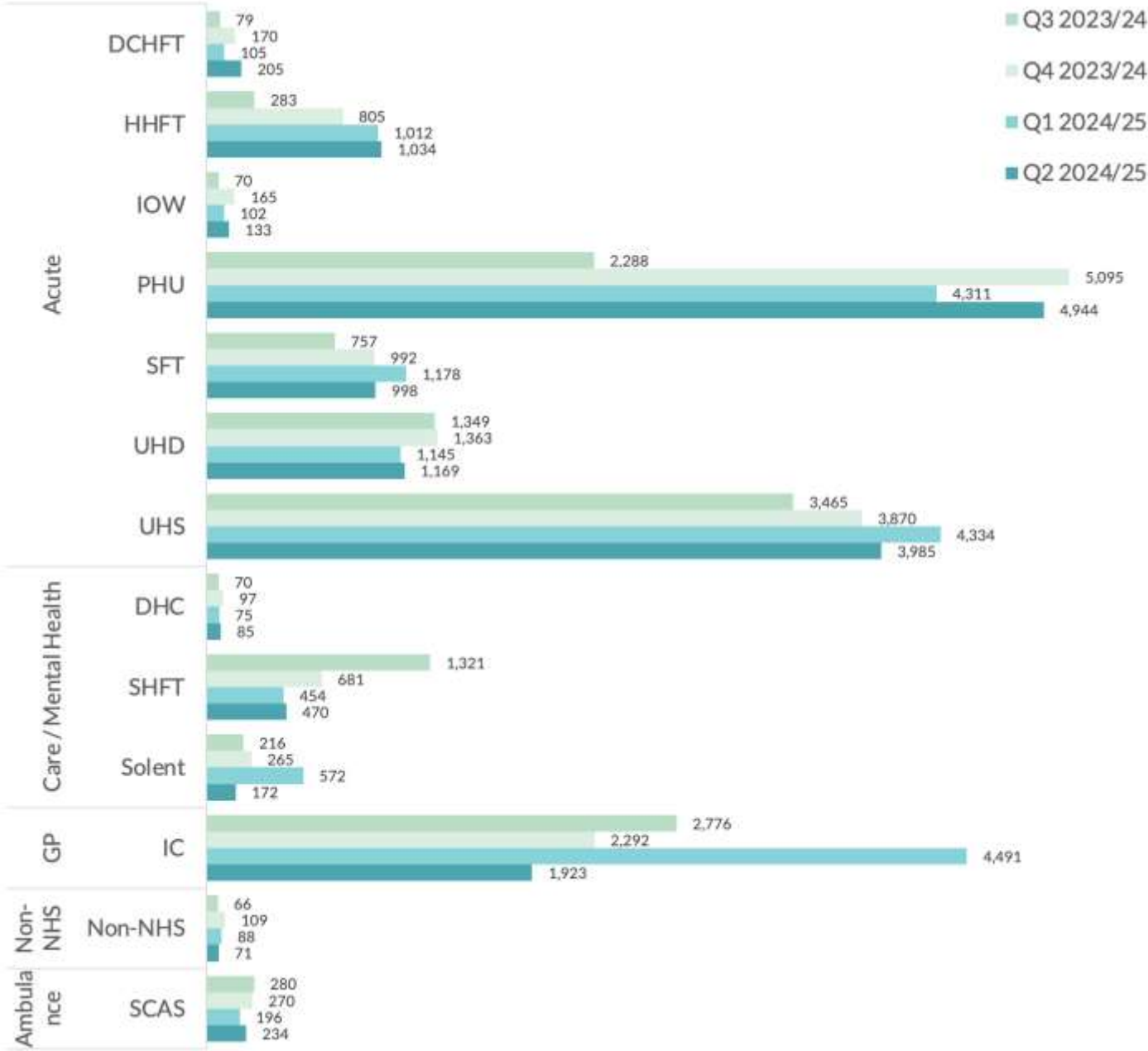


Figure 11 – Quarterly CRN Portfolio study recruitment by organisation type in Wessex in the first two quarters of the 2024/25 financial year.

**Commercial research activity in Wessex**

Commercial research, funded and sponsored by the life sciences industry, is important to the Wessex region and is a priority area for the DHSC and the NIHR. It provides novel treatment options for patients, supports the expansion of research infrastructure and often generates savings

on treatment costs for participating organisations. This supports the NIHR's mission to increase the health and wealth of the nation through research ([NIHR website](#)).

Wessex has recruited 5,843 participants in the first two quarters across 29 recruiting locations and on 89 commercial studies. Commercial recruitment by organisation in the last four quarters is provided in Figure 12. Ninety per cent of Wessex commercial recruitment this financial year has been on the DISCOVER ME genetics screening study ([DISCOVER ME website](#)) which is being delivered in GP practices across the region.

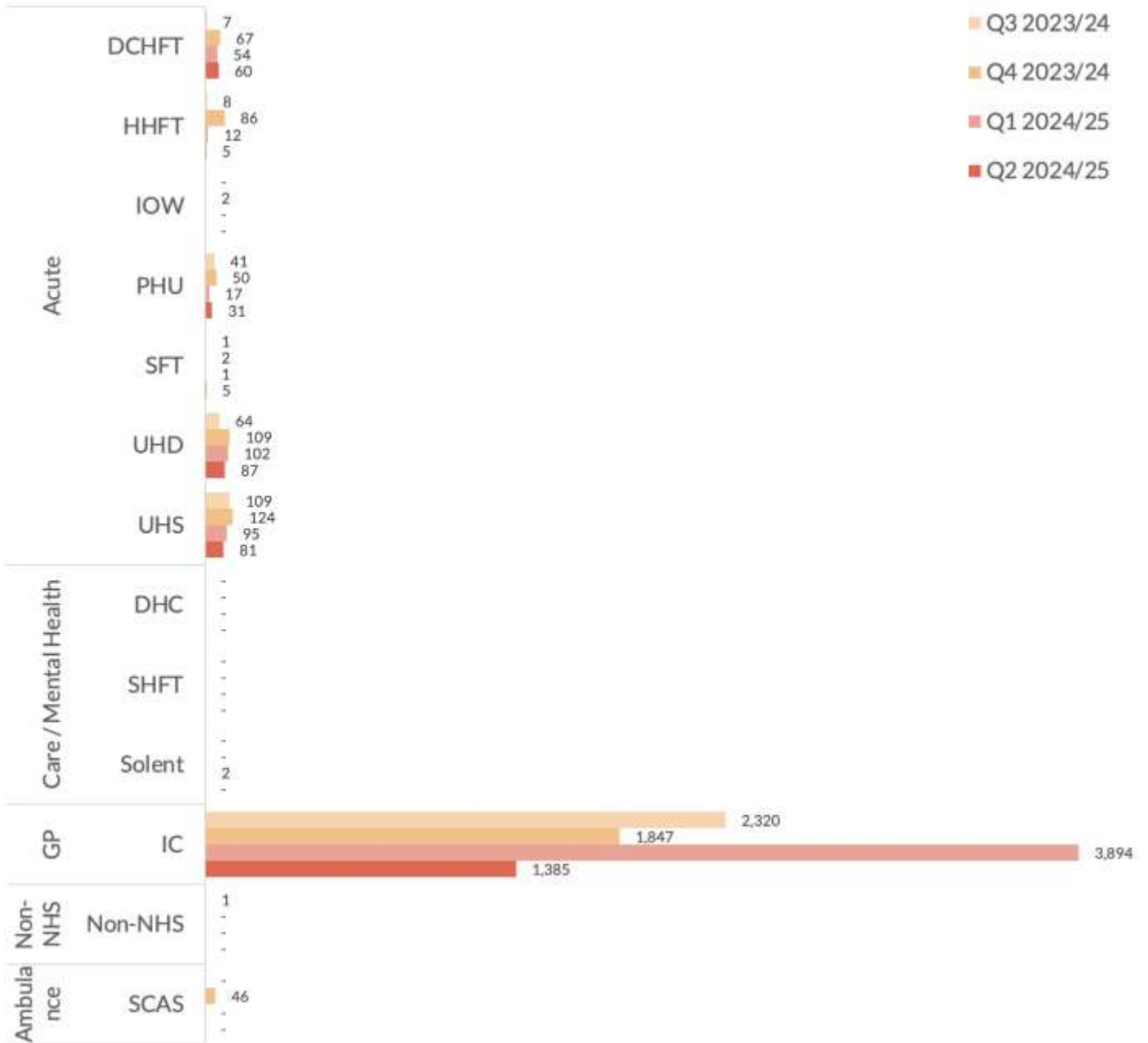


Figure 12 - Quarterly commercially funded and sponsored CRN Portfolio study recruitment by organisation type in Wessex in the first two quarters of the 2024/25 financial year.



## Appendix

### Appendix 1 – CRN Wessex Risk Register

PRE-RESPONSE (INHERENT)								POST RESPONSE (RESIDUAL)								
Risk ID	Primary	Date	Risk	Risk Description	Probability	Impact	Value	Proximity	Response Actions	Action	Action status	Probability	Impact	Value (Post)	Risk status	Trend
CRN 05	Performance	Jun-20	CDs/COO	<p><b>Cause:</b> Future waves of Covid-19 pandemic</p> <p><b>Event:</b> Leading to a reduction in research capacity in NHS and social care</p> <p><b>Effect:</b> Meaning recruitment to all studies, including priority studies, may be detrimentally affected by future waves of Covid infections. In extreme CRN funded staff may be redeployed to clinical duties and shortages in staffing will be exacerbated by staff sickness, shielding and isolating.</p>	3	3	9	Current	<p>1. Agile staff deployment supported by contractual arrangements between partners and the host.</p> <p>2. Strong clinical leadership to motivate staff and provide first-hand intelligence to the partners</p> <p>3. Wessex workforce campaign to recruit additional staff to DDT</p> <p>4. Active support for POs to restart non UPH studies e.g two-weekly calls with POs</p> <p>5. Core team returning to 40/60 split of office/home January 2022</p>	WFD Lead / COO / SSS Lead	All - ongoing	2	2	4	Open	Static
CRN 06	Workforce	Aug-21	CDs/COO	<p><b>Cause:</b> Lack of availability of registered nurses</p> <p><b>Event:</b> Leading to a shortfall in registered staff qualified to deliver clinical trials</p> <p><b>Effect:</b> Meaning that fewer clinical trials are delivered</p>	3	4	12	Current	<p>1. DDT based from research hubs to relieve trust based research nurses</p> <p>2. Recruit band 3 CTAs and train up to band 4 level to relieve existing nursing staff of some duties</p> <p>3. Recruit CRPs to relieve existing nursing staff of some duties</p> <p>4. Recruitment campaign to attract graduates to research delivery careers</p>		All - ongoing	2	2	4	Open	Static
CRN 7	Workforce	Aug-21	CDs/COO	<p><b>Cause:</b> Staff burnout</p> <p><b>Event:</b> Lack of registered staff to deliver clinical trials</p> <p><b>Effect:</b> Meaning that fewer clinical trials are delivered</p>	2	3	6	Current	<p>1. Ongoing recruitment to the direct delivery team - PAUSED</p> <p>2. Reinvestment of hub income to increase head count - PAUSED</p> <p>3. Wellbeing programme established for the team and delivered by the team</p> <p>4. Ensure regular check-ins at 1:1 meetings with all staff</p> <p>5. Continue to keep a close eye on any changes using all possible tools, e.g. 1:1s, team meetings, wellbeing surveys etc</p> <p>6. Encourage regular taking of annual leave throughout the year, limiting the accrual of TOIL, wherever possible.</p> <p>7. Encourage all staff to take regular breaks during the working day and consider the use of walking meetings etc as a way of stepping away from screens, encouraging interactions.</p>	WFD/COO	All - ongoing	4	3	12	Open	Increased
CRN 8	Performance	Mar-22	CDs/COO	<p><b>Cause:</b> Fuel prices/fuel shortage</p> <p><b>Event:</b> Cost of fuel becomes prohibitively expensive/fuel shortages prevent core delivery team travel across the region to deliver trials</p> <p><b>Effect:</b> Meaning that fewer clinical trials are delivered</p>	1	3	3	Current	<p>1. DDT based nearer hub locations could pick up some work</p> <p>2. Look for opportunities for remote trial delivery</p>	COO/DCOO	All - ongoing	2	2	4	Open	Static
CRN 9	Performance	Mar-22	CDs/COO	<p><b>Cause:</b> Supply chain issues</p> <p><b>Event:</b> Cost of fuel becomes prohibitively expensive/fuel shortages impact on supply chain for drugs and consumables required for trial delivery</p> <p><b>Effect:</b> Meaning that fewer clinical trials are delivered</p>	2	3	6	Current	<p>1. Raise locally and nationally for advice on prioritisation of key activities/studies</p>	COO/DCOO	All - ongoing	2	3	6	Open	Static

PRE-RESPONSE (INHERENT)								POST RESPONSE (RESIDUAL)								
Risk ID	Primary	Date	Risk	Risk Description	Probability	Impact	Value	Proximity	Response Actions	Action	Action status	Probability	Impact	Value (Pat)	Risk status	Trend
CRN 10	Workforce	Sep-22	CDs/COO	<p>Cause: End of LCRN contract September 2024</p> <p>Event: Existing staff may leave for other roles in the system to avoid uncertainty, leading to a depleted team and difficulty delivering to the POF. Difficulty recruiting into vacant posts for the final 'transition' year (2023/24)</p>	4	4	16	Current	<p>1. Raise locally and nationally for advice on prioritisation of key activities/studies</p> <p>2. Implement staff transition survey to gather opinions and suggestions</p> <p>3. Involve staff in wellbeing initiatives to support through the transition</p> <p>4. Work with UHS transition leads and HR to keep staff up to date with process to support transition to new roles and services</p>	COO/DCOO	All - ongoing	3	3	9	Open	Static
CRN 11	Performance	Oct-22	CDs/COO	<p>Cause: NHS pressures</p> <p>Event: Staff shortages due to vacancies and sickness impacting on delivery, pharmacy, imaging; redeployment of research staff to clinical services</p>	4	4	16	Current	<p>1. Raise locally and nationally for advice on prioritisation of key activities/studies</p>	COO/DCOO	All - ongoing	4	4	16	Open	Static
CRN16	Workforce	Dec-23	CDs/COO	<p>Cause: RRDN transition</p> <p>Event: CRN Wessex host organisation and incoming South Central RRDN host, UHS, has placed a recruitment freeze on the CRN Wessex team. This is currently impacting the agile clinical delivery team that has 6 vacancies and a further 5 team members going on mat leave in the new year. A lack of registered staff in the team has been highlighted as a risk by CRN Wessex chief research nurse</p>	4	3	12	Current	<p>1. Raise locally and nationally for advice on prioritisation of key activities/studies</p> <p>2. With support of CRN Wessex chief nurse, quantify the level of WTEs missing from the team and impact on skill mix required to deliver the upcoming portfolio</p>	COO/DCOO	All - ongoing	3	3	9	Open	Static
CRN17	Workforce	Apr -24		<p>NHS Handbook staff mileage cap &lt; 3500 annual mileage restrictions impacting agile delivery team capacity to travel across the region to deliver research to communities currently under-served by research opportunities</p>	3	3	9	Current	<p>1. Raised locally with HR and nationally through CC</p>	COO/DCOO	All-ongoing	3	3	9	Open	Static
CRN18	Performance	Jun 24	IOM	<p>Cause: Reduced access to PET scanning capacity and tracers (amyloid and tau) required for both clinical and research scans</p> <p>Event: Limited access to PET scans for research purposes. Reduced opportunities for access to research for neurology and oncology patients. Threat to safety and data integrity if schedule of imaging events cannot be adhered to.</p>	4	4	16	Near future	<p>1. Raised at OMG and IOM/BDM meeting, to monitor.2. Discussed</p>	IOM						
CRN 19	Workforce	Sept 24	COO/DCOO	<p>Cause: RRDN transition</p> <p>Event: Stress and anxiety to CRN Wessex team caused by uncertainty of new role within the new RRDN structure. Agile team not part of firt MoC process and so prologed waiting to learn about proposed changes for agile delivery team and support for primary care and out of hospital study set up.</p>	4	4	16	Current	<p>1. Fully supported by HR to provide information about the process</p>	COO/DCOO	All - ongoing	4	4	16	Open	Static



## Appendix 2 - Glossary

Partner organisation abbreviations used by CRN Wessex:

- DCHFT Dorset County Hospital NHS Foundation Trust
- DHC Dorset HealthCare University NHS Foundation Trust
- HHFT Hampshire Hospitals NHS Foundation Trust
- IOW Isle of Wight NHS Trust
- IC Independent contractors, typically primary care practices
- Non-NHS Organisations linked to the NHS, such as universities, care homes etc.
- PHU Portsmouth Hospitals University NHS Trust
- SFT Salisbury NHS Foundation Trust
- Solent Solent NHS Trust
- SCAS South Central Ambulance Service NHS Foundation Trust
- SHFT Southern Health NHS Foundation Trust
- UHD University Hospitals Dorset NHS Foundation Trust
- UHS University Hospital Southampton NHS Foundation Trust

Local clinical research network or devolved nation abbreviations and their 2023/24 financial year population:

- |                                    |          |           |
|------------------------------------|----------|-----------|
| ● East Midlands                    | EM       | 4,605,206 |
| ● East of England                  | EoE      | 3,891,262 |
| ● Greater Manchester               | GM       | 3,029,318 |
| ● Kent, Surrey and Sussex          | KSS      | 4,654,474 |
| ● North East and North Cumbria     | NENC     | 2,963,018 |
| ● North Thames                     | NT       | 5,757,668 |
| ● North West Coast                 | NWC      | 3,950,452 |
| ● North West London                | NWL      | 2,075,696 |
| ● South London                     | SL       | 3,285,629 |
| ● South West Peninsula             | SWP      | 2,304,291 |
| ● Thames Valley and South Midlands | TVSM     | 2,397,813 |
| ● Wessex                           | Wessex   | 2,793,224 |
| ● West Midlands                    | WM       | 5,860,706 |
| ● West of England                  | WoE      | 2,490,339 |
| ● Yorkshire and Humber             | YH       | 5,560,334 |
| ● Northern Ireland                 | NI       | 1,870,800 |
| ● Scotland                         | Scotland | 5,424,800 |
| ● Wales                            | Wales    | 3,125,200 |