

## Agenda Council of Governors

<b>Date</b>	23/10/2024
<b>Time</b>	14:35 - 16:15
<b>Location</b>	Conference Room, Heartbeat/Microsoft Teams
<b>Chair</b>	Jenni Douglas-Todd

### **1 Chair's Welcome and Opening Comments**

14:35

### **2 Declarations of Interest**

14:39

### **3 Minutes of Previous Meeting**

14:40

Approve the minutes of the previous meeting held on 24 July 2024

### **4 Matters Arising/Summary of Agreed Actions**

14:42

### **5 Strategy, Quality and Performance**

#### **5.1 Chief Executive Officer's Performance Report**

14:44

Receive and note the report

Sponsor: David French, Chief Executive Officer

15:04

### **Break**

### **6 Governance**

#### **6.1 Governor Attendance at Council of Governors' Meetings**

15:14

Review governor attendance at Council of Governors' meetings

Sponsor: Jenni Douglas-Todd, Trust Chair

Attendee: Craig Machell, Associate Director of Corporate Affairs and Company Secretary and Karen Russell, Council of Governors' Business Manager

#### **6.2 Appointment to the Governors' Nomination Committee**

15:19

Note the appointment of Jenny Lawrie to the Governors' Nomination Committee

Sponsor: Sponsor: Jenni Douglas-Todd, Trust Chair

Attendee: Karen Russell, Council of Governors' Business Manager

#### **6.3 Meeting with the Hampshire and IoW ICB - Chair Appointments (Oral)**

15:21

Receive details of the background to this meeting

Sponsor: Sponsor: Jenni Douglas-Todd, Trust Chair

#### **6.4 Strategy Session Planning (Oral)**

15:31

Discuss plans for the Strategy Session on Wednesday, 11 December 2024

Sponsor: Jenni Douglas-Todd, Trust Chair

- 7 Membership Engagement and Governor Activity**
- 7.1 Membership Engagement**  
15:41 Receive and note the report  
Sponsor: David French, Chief Executive Officer  
Attendee: Sam Dolton, Events and Membership Officer
- 7.2 Feedback from Strategy and Finance Working Group**  
15:51 Chair: Mandy Fader
- 7.3 Feedback from Patient and Staff Experience Working Group**  
15:56 Chair: Sandra Gidley
- 7.4 Feedback from Membership and Engagement Working Group**  
16:01 Chair: Patricia Crates
- 8 Review of Meeting**  
16:06 Review and feedback on the content of this meeting  
Sponsor: Jenni Douglas-Todd, Trust Chair
- 9 Any Other Business**  
16:09 Raise any relevant or urgent matters that are not on the agenda
- 10 Date of Next Meeting: 29 January 2025**  
16:14 Note the date of the next meeting



# University Hospital Southampton

NHS Foundation Trust

## Minutes - Council of Governors (CoG) Open Session

<b>Date</b>	24 July 2024	
<b>Time</b>	14.00-15:45	
<b>Location</b>	Conference Room, Heartbeat Education Centre and Microsoft Teams	
<b>Chair</b>	Jenni Douglas-Todd, Trust Chair	
<b>Present</b>	Jenni Douglas-Todd, Trust Chair	JDT
	Theresa Airiemiokhale, Elected, Southampton City	TA
	Shirley Anderson, Elected, New Forest, Eastleigh and Test Valley	SA
	Katherine Barbour, Elected, Southampton City	KB
	Patricia Crates, Elected, New Forest, Eastleigh and Test Valley	PC
	Helen Eggleton, Hampshire and Isle of Wight Integrated Care Board (ICB)	HE
	Professor Mandy Fader, Appointed, University of Southampton	MF
	Lesley Gilder, Elected, Southampton City	LG
	Sandra Gidley, Elected, New Forest, Eastleigh and Test Valley	SG
	Jenny Lawrie, Elected, Southampton City	JL
	Brian Lovell, Elected, Rest of England and Wales	BL
	Esther O'Sullivan, Elected, New Forest, Eastleigh and Test Valley	EO
	Jake Smokcum, Elected, Nursing and Midwifery Staff	JS
	Liz Taylor, Elected, Non-Clinical and Support Staff	LT
<b>In attendance</b>	Jessica Burnett, Associate Governor	JB
	Tracey Burt, Minutes	TB
	Sam Dolton, Events and Membership Officer	SD
	David French, Chief Executive Officer (for item 5.1)	DF
	Ian Howard, Chief Financial Officer (for item 5.2)	IH
	Craig Machell, Associate Director of Corporate Affairs and Company Secretary	CM
	Neylia Mustafapour, Associate Governor	NM
	Karen Russell, Council of Governors' Business Manager	KR
<b>Apologies</b>	Sathish Harinarayanan, Elected, Medical Practitioners and Dental Staff	SH
	Linda Hebdige, Elected, Southampton City	LH
	Councillor Edward Heron, Appointed, Hampshire County Council	EH
	Councillor Pam Kenny, Appointed, Southampton City Council	PK
	Catherine Rushworth, Elected, Isle of Wight	CR
	Professor Emma Wadsworth, Appointed, Solent University	EW
	Mike Williams, Elected, New Forest, Eastleigh and Test Valley	MW
	Quintin van Wyk, Elected, Rest of England and Wales	QvW

### 1 Chair's Welcome and Opening Comments

The Chair welcomed everyone to the meeting and congratulated SA on her appointment as the new Lead Governor, following Kelly Lloyd's move away from UHS.

## **2 Declarations of Interest**

There were no new declarations of interest relating to matters on the agenda.

## **3 Minutes of Previous Meeting**

The minutes of the meeting held on 1 May 2024 were **approved** as an accurate record of the meeting.

## **4 Matters Arising/Summary of Agreed Actions**

All actions had been completed.

The Chair noted the following:

No. 1116 - During the discussion between governors and NEDs, prior to the CoG meeting, Tim Peachey, NED, had provided an update regarding security at the PAH and had advised that improvements had been made.

No. 1128 - Staff had been thanked for their hard work and achievements and a message would be included in the next executive briefing.

## **5 Strategy, Quality and Performance**

### **5.1 Chief Executive Officer's Performance Report**

The Chair welcomed DAF, Chief Executive Officer. He noted that his report had been circulated prior to the meeting and said that he would be happy to take any questions from governors.

DAF advised that he had met with the new Secretary of State for Health on 19 July 2024 and he had said that government would focus on emergency waiting times and the size of waiting lists.

DAF advised governors that at the end of the year UHS had been in the top ten peer teaching hospitals for its ED 4-hour performance and had been awarded £5.5m to improve facilities, which was a testament to the work being done by staff. He also noted that the better the outcomes and reputation of the hospital, the more people wanted to come to UHS, which increased the pressure on waiting lists.

The Trust had ranked in the top 5 teaching hospitals nationally for its elective activity and had delivered 123% of 2019/20 levels, which was 10% above its own target. The Chair added that many hospitals were still struggling to achieve 100%.

DAF advised that UHS was working hard to reduce its waiting lists and had a particular focus on those who had waited the longest. He advised that the Trust had some patients who had waited 18-months for corneal grafts but the availability of donor tissue was controlled nationally. There was also a national target to have no patients waiting over 65 weeks by the end of September 2024.

The Secretary of State had appointed Lord Darzi to undertake a 10-year review of the NHS and he had been clear that it would look at a shift into the community, the prevention of sickness and a move from analogue to digital. DAF advised that capital funding may become available for digital transformation and UHS would be ready for that.

DAF advised that nationally the NHS was overspent at the end of Month 2 by approximately £1b. UHS was part of that overspend and had reported an £8m deficit after two months, which was £2m worse than plan.

The number of patients in the hospital not meeting the criteria to reside (CTR) remained between 200 and 250 each day. Also, whilst UHS was a low spending

hospital on agency staff, most of that spend related to caring for patients with mental health issues, who it had less ability to discharge.

On a more positive note, DAF advised that the hospital's transformation programmes for the year around inpatient flow, outpatient pathways and getting more patients through theatres, were proving to be successful.

In response to questions from governors, DAF advised that:

- the Trust was so overwhelmed with treating sick people, it was struggling to make sufficient progress in relation to the government's strategy for prevention. However, the LifeLab programmes at SGH were very successful and provided an excellent opportunity for school children to go into the hospital to learn about health, diet, activity and mobility.
- general practice was overwhelmed and the demands on health services were increasing faster than the NHS could cope with.

## **5.2 Operating Plan 2024/25**

The Chair welcomed IH, Chief Financial Officer, to the meeting. He advised that there had been significant pressure on NHS finances last year with systems similar to the Hampshire and Isle of Wight (HIOW) ICB, off plan by around £1.5b nationally.

UHS had delivered a deficit position of £29m in 2023/24 but had then received cash support of £25m, which meant that it had ended the year with a cash deficit of £4.5m. Driving those pressures had been industrial action, unfunded pay awards and system pressures, e.g. patients no longer meeting the CTR and those with mental health needs.

On a more positive front the Trust had delivered 118% of its Elective Recovery Fund (ERF) baseline last year, which placed it within the top seven Trusts in the country. It had a savings programme of £65m and some of its transformation programmes were gaining traction.

However, some non-recurrent, one-off support, had been removed but the Trust was committed to maintaining the quality of the services it offered to patients. There was, therefore, a focus on stretch improvements that could be made within UHS and collectively, across the HIOW system.

In response to questions from governors, IH advised that:

- the stretch improvements were a step up from last year but if UHS was to ask NHSE for cash support, the hospital would be unable to maintain its capital programme/investment.
- only a small number of staff were funded by industry but there were some military staff and a few linked to charities. NHSE was keen for UHS to reduce its staffing levels by 2% but the Trust had a long-term workforce plan to increase staffing.
- the Trust had ambitious plans to generate income from IP (Intellectual Property) but those would take time.

## **5.3 Annual Report Update**

CM advised that due to delays in the Standing Orders process, the Trust had not been able to meet the 28 June submission deadline to NHSE. The Trust had informed NHSE, who had asked for some draft information by that date, with the rest to follow. The annual report and accounts had, however, been submitted to NHSE on 19 July 2024 and would be laid before parliament in September, when they returned from their summer recess.

The Trust's auditors had signed off the hospital's audit report last week and had raised two points:

- the size of the Cost Improvement Programme (CIP), which they considered a risk as a large proportion of it was unidentified. CM advised that they had raised the same concern last year.
- governance around the finance process which had required a complete rebuild regarding supporting information and had delayed the provision of information to the auditors.

## **6 Governance**

### **6.1 Appointment of Lead Governor**

The Chair noted that two governors had expressed an interest in becoming Lead Governor, following the departure of Kelly Lloyd from the Trust. Their statements had been circulated to governors and SA had been appointed by majority decision. The Chair congratulated SA on her appointment.

**Decision:** The CoG **noted** the appointment of SA as Lead Governor with effect from 1 July 2024.

### **6.2 Confirmation of Election of the Membership and Engagement Working Group Chair**

Following the departure of Kelly Lloyd from the Trust, KR advised that PC had been the only governor who had expressed an interest in becoming Chair of the Membership and Engagement Working Group. The working group had voted unanimously, to appoint her to the role.

**Decision:** The CoG **confirmed** the appointment of PC as Chair of the Membership and Engagement Working Group.

### **6.3 Governors' Nomination Committee Terms of Reference**

CM advised that the Governors' Nomination Committee (GNC) had reviewed its Terms of Reference (ToR), in order to provide greater flexibility related to the composition of its membership.

The ToR had therefore been amended to state that at least three members of the committee were governors elected by the members of either the public or staff constituencies.

**Decision:** The CoG **approved** the proposed changes to the GNC Terms of Reference.

## **7 Membership Engagement and Governor Activity**

### **7.1 Membership Engagement**

SD introduced the membership engagement report. He advised that membership numbers were down and that the Communications Team had reduced by three, which meant that they had been unable to attend as many events as they would have liked to. They had, however, been looking to see which other teams/organisations they could partner with.

Engagement with public members had continued with a monthly newsletter to keep members updated and a quarterly Connect digital magazine. The latest edition of Connect had gone out 23.7.24 and the already been opened by 42% of the membership.

In May the Trust had hosted a virtual event 'Choosing the right healthcare for your child' together with South Central Ambulance Service and in July it had hosted the

second virtual event in the series 'Transforming lives and healthcare through research'. Both had been well received, with over 130 watching the recording of the latter.

There had been good engagement with the staff recognition programme, which included the sending of a High 5 certificate to a colleague, the monthly UHS Stars award (presented by DAF) and the annual award ceremony. Nominations for the latter would close on 26.7.24 and 500 nominations had already been received. SD advised that Trust members had the opportunity to nominate a member of staff for the UHS Champions Award at the annual award ceremony.

The Communications Team had also been busy supporting the CoG elections and he thanked SA for her support. She, in turn, thanked him for his work and enthusiasm. He also thanked PC and JL for their support at the Mela events in recent weeks.

MF advised that the Trust had, in previous years, been successful in recruiting members from Southampton University and she suggested that SD considered making contact with them. The Chair also suggested that he spoke to EW about the possibility of a campaign at Solent University.

**Action:** SD to look into the possibility of campaigns at Southampton and Solent universities to recruit members.

## **7.2 Annual Members' Meeting Update**

SD advised that for the first time in five years, the annual members' meeting would be in person, rather than virtual. It would include:-

- the presentation of the annual report and accounts in the Heartbeat Lecture Theatre (which would be recorded).
- an open evening with a chance to show case what was happening and what services the Trust offered outside of the hospital.
- support for the preventative agenda.
- an opportunity to chat with UHS teams about what they offered.

Details were still being worked on but it was hoped that governors would be actively involved in the evening, which would be held on 21 November 2024.

## **7.3 Governors' Nomination Committee Feedback**

KR advised that the Trust would be looking to recruit another public governor to join the GNC.

## **7.4 Feedback from Strategy and Finance Working Group**

MF advised that Martin De Sousa, Director of Strategy and Partnerships, had attended the meeting to provide a general update on strategy. He had presented a large slide deck which had been circulated to all governors and she commended it to them. She said that there had been a good discussion and that he had been very open about the achievements that had been made but also the challenges.

## **7.5 Feedback from Patient and Staff Experience Working Group**

SG advised that Steve Harris, Chief People Officer, Anita Esser, Head of Education, Training and Development and Ceri Connor, Director of OD and Inclusion had attended the meeting. They had talked about staff turnover (which had decreased), apprenticeships, improving leadership and wellbeing and the staff survey. She had, in particular, been struck by the way in which staff, on apprenticeships, had then been able to progress in the Trust.

## **7.6 Feedback from Membership and Engagement Working Group**

PC advised that Southampton Mela had been reasonably well attended and the hospital team had been able to engage with the public and hand out leaflets. Southampton Pride was coming up and a couple of governors had already said that they would attend. The team had also held a joint meeting with the Diabetic Association.

Governors discussed the importance of having an activity (a hook) to draw people in at events and noted that whilst this was something that UHS did well, some teams struggled. KB noted that Solent University had been taking blood pressures at an event, which had caught people's attention.

The possibility of an occasional slot on Radio Solent had been suggested by governors and also whether it would be possible for them to spend some time on the Reception desk, at the main entrance to the hospital, to talk to visitors and patients.

SA asked SD whether there would be an opportunity to fill the staff gaps in his team. He advised that clinical posts were currently the priority but said that it was a good team, who supported one another well and he was exploring opportunities to work alongside the Experience of Care Team.

PC thanked SD for his unfailing enthusiasm and said that he and his team provided excellent programmes.

## **8 Review of Meeting**

Governors noted the significant financial pressures on the Trust, even though UHS was one of the best performing hospitals nationally and also the challenges due to issues related to social care.

The difficulties with the poor sound quality during CoG meetings, both in the conference room and for those joining via Teams was raised. The Chair said that this was a long-standing issue that was being looked into but any solution was likely to be expensive.

## **9 Any Other Business**

The Chair noted this was JB's last CoG meeting as she would be going to Sheffield University. She thanked JB for her work as an Associate Governor and wished her well for the future. She also noted that NM had just completed her A level exams and was awaiting the results. NM advised that she intended to remain in Southampton and that she would, therefore, be keen to continue as an Associate Governor. SA thanked both students for their contributions during meetings and at events, which she said had been invaluable.

Two governors were reaching the end of their terms of office. BL advised that he intended to stand again for election but KR advised that QVW would be standing down.

It was noted that there had been a lot of interest in the vacancy for a staff governor to replace Kelly Lloyd and nominations were to close on 31 July 2024.

The Chair thanked colleagues for their contributions during the meeting and said that she hoped everyone had a good summer.

## **10 Date of Next Meeting**

The next meeting of the CoG would be held on 23 October 2024.





# University Hospital Southampton

NHS Foundation Trust

## List of action items

Agenda item	Assigned to	Deadline	Status
Council of Governors 24/07/2024 7.1 Membership Engagement			
1153	● Sam Dolton	23/10/2024	■ Completed
.	<p><i>Explanation</i> MF advised that the Trust had, in previous years, been successful in recruiting members from Southampton University and she suggested that SD considered making contact with them. The Chair also suggested that he spoke to EW about the possibility of a campaign at Solent University.</p> <p>SD is arranging a Teams meeting with EW regarding the possibility of a campaign at Solent University. MF is standing down with effect from 25 October 2024 due to her retirement from the University of Southampton, so SD will arrange a meeting with her successor once they are appointed.</p> <p>SD also advised that has had a couple of discussions with UHS teams about freshers fairs, but none of them had the capacity. However, SD has confirmed that the Research and Development team attended the University of Southampton freshers fair on 27 September 2024 to take part in a joint partnership stand with the University.</p>		

Report to the Council of Governors				
<b>Title:</b>	<b>Chief Executive Officer's Performance Report</b>			
<b>Agenda item:</b>	<b>5.1</b>			
<b>Sponsor:</b>	<b>David French, Chief Executive Officer</b>			
<b>Author:</b>	<b>Sam Dale, Associate Director of Data and Analytics</b>			
<b>Date:</b>	<b>23 October 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>  <b>Y</b>
<b>Issue to be addressed:</b>	Information about Trust performance supports the Council of Governors in their role.			
<b>Response to the issue:</b>	This report is intended to inform the Council of Governors about aspects of the Trust's performance.			
<b>Implications:</b>	This report provides performance information relating to a broad range of Trust services and activities. There are no specific implications.			
<b>Risks:</b>	This report is provided for the purpose of information.			
<b>Summary:</b>	This report is provided for the purpose of information.			

# UHS Council of Governors October 2024

## Chief Executive's Performance Report

### 1. Purpose and Context

The purpose of this report is to summarise the Trust's performance against a range of key indicators. Where available, this report covers data from the period July 2024 to September 2024, noting that some quarterly performance data is reported further in arrears.

Notable features of the last quarter include: -

- The financial environment remains extremely challenging. The annual plan for 2024/25 was originally approved as a £14.5m deficit, and as at M5 the Trust was reporting a £20.6m deficit. We are however expecting additional funding in M6, including £11.2m of national support towards our planned deficit.
- Despite the financial challenges, the organisation has made significant progress in controlling workforce growth and remains on target to invest its full capital allocation.
- The trust has delivered elective activity at 126% of 2019/20 levels and continues to drive incremental improvements in theatre utilisation, outpatient productivity and length of stay reduction.
- Improving patient flow throughout the hospital remains one of our highest priorities as the number of patients attending the emergency department increased by 3% compared to quarter two in 2023/24. Whilst the volume of patients in the hospital not meeting the criteria to reside (nCTR) did reduce in July and August, it remains above 200 each day and has since increased.
- Despite the operational challenges, the hospital is benchmarking well on performance targets for elective waiting lists, emergency waiting times and cancer pathways despite a recent increase in referrals. UHS is consistently in the top quarter for most key waiting time metrics when compared to peer teaching hospitals across the UK.
- The organisation continues to prioritise clinically urgent and long waiting patients and reported just 18 patients waiting over 65 weeks at the end of September with 89% of these caused by a national shortage of transplant tissue. Our ambition and focus for the remainder of the year has already transitioned to treating all patients waiting over 52 weeks.

### 2. Safety

Infection Control	Target	Jul 2024	Aug 2024	Sep 2024
Clostridium Difficile infection	<=5	9	13	TBC
MRSA Bacterium infection	0	0	0	1

#### MRSA

1 case of Community Onset, Healthcare Associated MRSA BSI attributed to UHS in Q2 2024/25. The case underwent a detailed concise review led by the Infection Prevention Team and both an after-action review (AAR) with the relevant clinical teams and review with chief Nursing Officer and Chief Medical Officer are planned to identify learning and areas for improvement.

#### C.difficile

The increased incidence in C. difficile cases continues to be reported both nationally and locally across the Hampshire and Isle of Wight integrated care system (HIOW ICS) likely reflecting multiple factors including increased complexity and frailty of patients.

During Q2, two periods of increase incidence were identified within Trauma and Orthopaedics. Actions were implemented in response which included enhanced cleaning of the whole ward with Sochlor/Actichlor; increased activity on the ward by the IPT (including a formal weekly review of the ward/observations of practice); review of isolation procedures; request for review of antibiotic usage; enhanced communications with staff; C. difficile isolates sent to the national reference laboratory for strain typing (ribotyping). The weekly ward reviews undertaken by the IPT identified concerns related to incorrect products being used for equipment cleaning, removal of PPE when exiting isolation rooms, overuse of gloves, commode cleaning and maintaining patient stools charts. Improvement plans were requested from all wards with ongoing monitoring to ensure actions/learning becomes embedded into practice.

Safety	Target	Jul 2024	Aug 2024	Sep 2024
Never Events	0	0	0	1
Patient Safety Incident Investigations (PSIIs)	N/A	1	0	0
Pressure ulcers category 2 per 1000 bed days	<0.3	0.31	0.53	0.48
Pressure ulcers category 3 per 1000 bed days	<0.3	0.31	0.38	0.40

### Serious Incidents

We have identified one never event in the quarter where the patient needed burr hole surgery on the left side of the head, but an initial incision was made on the righthand side before it was noted that the wrong side had been positioned.

We have identified one PSII in this quarter relating to failure to recognise and escalate a patient's deterioration.

### HSMR

Clinical Effectiveness	Target	To May 2024	To Jun 2024	Jul 2024
Hospital Standardised Mortality Ratio (HSMR) – UHS (rolling 12 month average)	<=100	90.05	91.18	91.58
Hospital Standardised Mortality Ratio (HSMR) – SGH (rolling 12 month average)	<=100	88.37	89.58	89.9

The HSMR statistics have been refreshed for the July 2024 position but are not fully available for quarter two as the metric is reported three months in arrears. The current position reflects better than expected survival, with 100 being the expected index based upon national average performance for the same period adjusted for the types of patients / conditions reported by UHS.

## 3. Patient Experience

### Friends and Family Test (FFT)

Indicator	Target	Jul 2024	Aug 2024	Sep 2024
Inpatients - Negative Score	<5%	0.91	0.98	1.18
Maternity - Negative Score		2.94	1.94	2.38
(Maternity = feedback on 'Birthing Care' by women who gave birth in the period)				

The FFT results continue to provide valuable feedback to help shape and make changes to our services in reaction to our patient's voice and lived experience. During Quarter 2 the team have focused on pro-actively sourcing input from cohorts of patients that are unlikely to engage in feedback. There have been successful visits to local events (for example UHS holding a stall at Southampton Pride) which have enabled feedback on care to be provided and recruitment of 3 'involved patients' from LGBTQ and economically deprived areas.

Key information has now also been added to My Medical Record signposting patients to volunteer to be an 'involved patient' and provide us with their expert opinions on the care of the services they use.

## Complaints

Indicator	Target	Jul 2024	Aug 2024	Sep 2024
<b>Complaints received for investigation</b>				
Complaints – Taking a Closer Look		21	30	29
Complaints – Early Resolution		18	23	12
Complaints - Total		39	59	43
Number of complaints closed in month		56	51	38
<b>Trust complaints response time</b>				
Complaints – Taking a Closer Look	35 days	50	46	61
Complaints – Early Resolution		20	19	31
Complaints - Total		39	36	49
Complaints returned dissatisfied		<15 p/qtr	3	2
Parliamentary and Health Service Ombudsman (PHSO) cases upheld, (reported a quarter in arrears)	0	0	0	0

Due to staff vacancies and absence, there has been a continued backlog of work in both the PALS and the complaints team. This has impacted on response times for acknowledging complaints and the amount of time it has taken to resolve complaints compared to Q1, with handle times increasing. In Q1 temporary support was provided and the backlog started to improve in June, but this escalated again over the summer months and is back to around a four-week backlog. Vacancies are being filled and it is hoped that this will make a positive impact later in Q3 when induction and training is complete.

## 4. Access Performance

Emergency Access Performance	Target	Jul 2024	Aug 2024	Sep 2024
% patients spending less than 4 hours in UHS EDs (Types 1 & 2)	=>78.0% (Mar'25)	72.8%	69.9%	67.9%

Attendances to the Emergency Department (ED) continue to remain high, averaging 421 per day across July, August and September in 2024. Whilst this does represent a small decrease against the previous quarter, it is a 3% increase against the equivalent summer period last year. There were periods of significant pressure on the service in late September 2024. Whilst this presents flow challenges for the organisation, UHS maintained a four hour performance position of 70% when averaged across quarter two. The hospital's ED performance continues to rank comparatively - ranking 4th for September 2024 when compared to 20 peer teaching hospitals across the UK (for Type 1 attendances).

Referral to Treatment (RTT)	Target	Jul 2024	Aug 2024	Sep 2024
% incomplete pathways within 18 weeks in month	=>92%	64.39	63.23	TBC
Total patients on a waiting list		60461	59649	TBC

The trust's RTT waiting list saw a month on month increase across quarter 1, however this levelled off in July 2024 and marginally reduced back to below 60,000 in August 2024. The recent pressure on the waiting list remains within the referral element of patient pathways, whereas the volume of patients waiting for a planned admission or diagnostics are stable or have reduced. A significant proportion of the referral growth sits within a small number of specialties as they look to flex existing capacity and staffing levels with the increased referral demand. Overall, the hospital continues to benchmark well for the proportion of patients who have been waiting over 18 weeks for treatment, with UHS ranking in fourth place for August 2024 when compared to 20 peer teaching hospitals.

The organisation has made strong progress against the national waiting time cohorts and associated targets. The trust has consistently reported zero patients waiting over two years. The only cohort of patients waiting over 78 weeks (2 in September 2024) remain those impacted by the national shortage of corneal tissue which is managed nationally. Similarly the trust reported 18 patients waiting over 65 weeks for September 2024 and 16 of these were corneal transplants. Further corneal tissue is about to be released from the national team which will support the trust's ambition to have zero patients waiting over 65 weeks as we transition focus on patients waiting over 52 weeks. The organisation ranked in first place for the volume of patients waiting over 65 weeks in August 2024 when compared to peer teaching hospitals.

Cancer	Target	Jun 2024	Jul 2024	Aug 2024
Faster Diagnosis - within 28 days	>=77%	82.43	80.78	82.00
31 Day target - decision to treat to first definitive treatment	=>96%	88.03	93.37	96.09
62 day target - urgent referral to first definitive treatment	=>70%	74.12	74.54	77.61

The organisation continues to prioritise cancer patients and their treatments for all tumour sites and cancer types. Pathway efficiencies particularly around pathology and diagnostics are constantly being explored as well as regular dialogue with Wessex Cancer Alliance and the ICB on improvements and innovative techniques to ensure referrals are appropriate and timely.

There has been a small decline in Cancer performance for 28 day faster diagnosis (80.78% in August 2024) but a significant improvement in the 31 day standard (93.4%). The Trust ranks in the top half when compared to peer teaching hospitals for all key cancer metrics for the latest available month (August 2024).

## 5. Finance

UHS reported a headline financial position of:

- Month 5 - £3.8m deficit (£2.1m adverse to plan)
- Year to date - £20.6m deficit (£7.6m adverse to plan)

Whilst the position remains extremely challenging, there continues to be an improving month on month trend with the in-month deficit reducing from £3.9m to £3.8m. Underlying financial improvement remains more significant with month-on-month improvement being illustrated over the first five months of 2024/25.

## **Overall Narrative**

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%, supporting surge capacity to remain closed.
- We have delivered an increase in First Outpatient appointments of 10% and Advice and Guidance of 10%, supported by a reduction in follow-up appointments of 9%. Our Outpatient First/Procedure to Follow-up ratio has improved to 53%, above the 46% national target.
- 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 0.6% of our total workforce, significantly below the national target of 3.2%.
- Our temporary staffing (bank and agency) is below plan by £4m, and £6m below than the same point in 23/24.
- UHS is performing well on ERF activity through transformation programmes and other initiatives, with YTD performance at 126% of baselines, above the overall national target of 107% (although marginally below our plan).
- UHS has delivered £25m CIP by M5, which is £4m above the trajectory from 23/24.
- Since March 24, our ERF performance has increased by 9%, and at the same time our staffing levels have reduced by 2%.

However, a number of issues have presented in year which has created a financial variance, some of which are outside of the organisations full control:

- Industrial Action (£1.5m) – the junior doctor strike in late June / early July has dampened the level of ERF income by c£1m and resulted in additional direct costs of c£0.5m.
- Consultant pay award (£0.9m YTD) – there is a gap between funding and estimated cost of implementing the consultant pay award.
- Increase to the Specialist Commissioning ERF Target (£0.5m YTD) – due to a national imbalance a further increase was applied to the ERF target for UHS that will result in unremunerated activity of £1.2m for 24/25.
- System Related CIPs undelivered (£3.9m) – the four system related CIP schemes (reducing NCTR patients / reducing MH patients / Corporate cost reductions / additional service development fund income) are working collaboratively across the system; however, output metrics that support reduction in provider costs have not yet materialised.
- UHS have YTD performed circa £13.5m of activity above block contract levels, which is unfunded.

Further to this, within the Trust a pay underspend YTD is offsetting non pay pressures and income shortfalls against plan. Additionally, several one-off benefits have helped support the position with a VAT benefit from prior years delivering £0.7m in month.

## **Funding Uncertainty**

There are a number of items expected to impact the financial position in M6 or future months. These include:

- Non-recurrent deficit support funding has recently been confirmed to be received in M6. This will result in a revised financial plan from M6-M12. UHS is anticipating receiving c£11m.
- ERF final performance for 2023/24 has yet to be confirmed. We are expecting a reduction to our 24/25 target, which will give an upside to our current reported position.
- ERF performance to date in 2024/25 has yet to be shared – it is normally 3 months in arrears. 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.

- Industrial action – we are anticipating a share of national funding, which would improve our current position.
- Specialised Commissioning ERF target – as mentioned above, this was increased unexpectedly in 24/25. We have submitted a challenge nationally as part of the contractual process for 24/25 and are awaiting the outcome.
- Pay award funding – we are awaiting confirmation of the value of funding to be received in relation to confirmed 24/25 pay awards, including cash to support backdated payments being made in M6.

These factors could cause some volatility in reported financial positions in coming months. We will ensure our underlying position takes these movements into account.

## Cash

The Trusts underlying deficit continues to drive a deterioration in the month-on-month cash position. August ended with a cash balance of £23.8m that is marginally higher than the recently reforecast position. As per previous updates the cash recovery plan has been enacted and close working with commissioners has helped ensure cash inflows are timely.

## Capital

Capital expenditure of £14.2m YTD is slightly behind plan (£1.9m variance), however leaves over £44m to be spent across the remainder of 24/25. Changes to the Building Safety Act have created delays and overspends in several key projects notably the Neonatal expansion.

Trust Investment Group reviewed the most likely forecast that illustrated a high degree of certainty that the capital expenditure plan for 24/25 would be delivered, however did create challenge 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.

## 6. Human Resources

### Staff Survey Results

Indicator	Q1 24/25	Q2 24/25
Staff recommend UHS as a place to work %	63.8%	64.1%
Staff survey engagement score (out of 10)	6.85	6.84

The recommendation as a place to work measure has increased marginally, as it did in the previous report. This quarterly survey received a response rate of 21% (over 3000 of our staff). The quarterly surveys enable us to track engagement measures throughout the year, as a Trust and in particular teams and departments. This quarter, the Trust's engagement score fell slightly. We hope to see this increase in the annual staff survey launching end of September.

### Turnover:

Indicator	Target	Jul 2024	Aug 2024	Sep 2024
Staff Turnover (internal target; rolling 12 month)	<=13.6%	11.2%	11.1%	TBC
Sickness absence 12 month rolling (internal target)	<=3.9%	3.9%	3.9%	TBC

In August 2024 there were a total of 110 WTE leavers. The highest number of leavers was in Division B, with



34 WTE leavers. Within Division B, the Nursing and Midwifery Registered staff group had the highest number of leavers (12 WTE), followed by the Additional Clinical Services staff group at 11 WTE.

Division D and C had the second and third highest number of leavers (23 and 22 WTE respectively); with the largest numbers being Nursing and Midwifery Registered staff group in both Divisions (11 WTE leavers in Div D and 7 WTE leavers in Div C).

**Sickness:**

The 12-month rolling sickness absence rate has hit the Trust's target at 3.9% from month 4 to month 5 (July to August 2024), after a consistent downtrend from the January 2024 sickness rate which stood at 4.2%.

<b>Item 6.1 Report to the Council of Governors - 23 October 2024</b>				
<b>Title:</b>	<b>Governor Attendance at Council of Governors' Meetings</b>			
<b>Sponsor:</b>	<b>Jenni Douglas-Todd, Trust Chair</b>			
<b>Author:</b>	<b>Karen Russell, Council of Governors' Business Manager</b>			
<b>Purpose (type an 'x' in the appropriate box(es))</b>				
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>	
	x			
<b>Strategic Theme (type an 'x' in the appropriate box(es))</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>
N/A	N/A	N/A	N/A	N/A
<b>Executive Summary:</b>				
<p>Under the Trust's constitution (paragraph 2.1 of Annex 5) if a governor fails to attend two successive meetings of the council of governors, his or her tenure of office is to be immediately terminated by the council of governors (<b>CoG</b>) unless the CoG is satisfied that:</p> <ul style="list-style-type: none"> <li>the absences were due to reasonable cause; and</li> <li>he/she will be able to attend meetings of the CoG within such a period as the CoG considers reasonable.</li> </ul> <p>Following the recent review, there was one governor who had failed to attend two successive ordinary meetings of the CoG. Reasons for non-attendance were provided and were due to reasonable causes.</p> <p>In order to ensure that the CoG considers the situation when a governor fails to attend two successive ordinary meetings of the CoG, the process is for the Chair or Company Secretary contact the governor to understand the reasons for this if these have not already been provided. The Chair or Company Secretary would then provide confirmation to the CoG as to whether this was due to reasonable causes and the governor's ability to attend future meetings. This would also help to identify any steps that the Trust could take to facilitate attendance.</p> <p>The CoG is asked to confirm that it is satisfied that the failure of one current governor to attend two successive meetings of the CoG was due to reasonable causes and that they would be able to attend future meetings within a reasonable period so that no termination of a current governor's tenure of office is required or occurs.</p>				
<b>Contents:</b>				
N/A				
<b>Risk(s):</b>				
N/A				
<b>Equality Impact Consideration:</b>		N/A		

<b>Item 6.2 Report to the Council of Governors</b>				
<b>Title:</b>	<b>Appointment to the Governors' Nomination Committee</b>			
<b>Sponsor:</b>	<b>Jenni Douglas-Todd, Trust Chair</b>			
<b>Author:</b>	<b>Karen Russell, Council of Governors' Business Manager</b>			
<b>Purpose (type an 'x' in the appropriate box(es))</b>				
<b>(Re)Assurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>	
			<b>Y</b>	
<b>Strategic Theme (type an 'x' in the appropriate box(es))</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>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Executive Summary:</b>				
<p>A vacancy arose on the Governors' Nomination Committee as Kelly Lloyd stood down on leaving her employment at the Trust on 30 June 2024.</p> <p>Governors were asked to express an interest if they were willing to join the Governors' Nomination Committee. Jenny Lawrie expressed an interest in taking on this additional role.</p> <p>The Council of Governors is responsible for appointing the members of the Governors' Nomination Committee and has decided by a unanimous vote to approve her appointment.</p> <p>The Council of Governors is asked to note the appointment of Jenny Lawrie to the Governors' Nomination Committee.</p>				
<b>Contents:</b>				
N/A				
<b>Risk(s):</b>				
N/A				
<b>Equality Impact Consideration:</b>			N/A	

<b>Report to the Council of Governors</b>				
<b>Title:</b>	<b>Membership Engagement</b>			
<b>Agenda item:</b>	<b>7.1</b>			
<b>Sponsor:</b>	<b>Jenni Douglas-Todd, Trust Chair</b>			
<b>Author:</b>	<b>Sam Dolton, events and membership officer</b>			
<b>Date:</b>	<b>23 October 2024</b>			
<b>Purpose</b>	<b>Assurance or reassurance</b>	<b>Approval</b>	<b>Ratification</b>	<b>Information</b>  <b>Y</b>
<b>Issue to be addressed:</b>	Information about engagement with Trust members supports the Council of Governors in their role.			
<b>Response to the issue:</b>	This report aims to update the council on Trust membership and recent and planned engagement activities.			
<b>Implications: (Clinical, Organisational, Governance, Legal?)</b>	This report provides engagement information, there are no specific implications.			
<b>Risks: (Top 3) of carrying out the change / or not:</b>	This report is provided for the purpose of information.			
<b>Summary: Conclusion and/or recommendation</b>	This report is provided for the purpose of information.			

## Overview of engagement

Over the last three months we have continued to be proactive in engaging with our members.

### Membership updates

Our routine membership updates have continued to be split into two different formats:

- A monthly newsletter to keep public members updated on what's happening across the Trust and the ways they can get involved in various projects, with September and October editions produced.
- A quarterly *Connect* digital magazine which mainly focuses on patient stories, UHS successes and individual/team achievements, with the Summer 2024 edition going out in July.

Update	Type	Date sent	Sent to	Bounces	Opens*
Summer 2024	Quarterly magazine	23/07/2024	2988	59	49%
September 2024	Monthly update	10/09/2024	2978	60	49%
October 2024	Monthly update	02/10/2024	2958	64	47%

### Targeted emails

We sent three targeted emails to smaller sections of our database. In August all public members who registered to attend February's *Spotlight on dementia research* virtual event were invited to take part in a survey to explore public perspectives on the use of AI in dementia diagnosis. The study is led by Dr Sofia Michopoulou, head of nuclear medicine physics at UHS and one of the speakers in the *Spotlight on dementia research* virtual event.

At the end of September we were asked to promote an upcoming winter wellness webinar hosted by Wessex Research Hubs to public members between the ages of 50 and 65.

And the topic for University of Southampton's upcoming Annual Wade Lecture this year is *Neuroimaging and its spectacular insights into brain health and disease*, with guest speaker Professor Joanna Wardlaw, so all public members who registered to attend February's *Spotlight on dementia research* virtual event were invited to attend either online or in person.

Email	Date sent	Sent to	Bounces	Opens*
Artificial intelligence in dementia diagnosis survey	14/08/2024	146	1	73%
Wessex Research Hubs - Winter wellness webinar	30/09/2024	639	20	46%
Annual Wade Lecture 2024	01/10/2024	142	2	66%

**Other emails**

At the start of September we invited public members to attend our annual members' meeting, which will take place in person along with an open evening on Thursday 21 November.

Email	Date sent	Sent to	Bounces	Opens*
Invitation to annual members' meeting	02/09/2024	2978	64	45%

\* All open rates as of 15 October 2024

**Public engagement on social**

Impressions = number of times a post has been displayed

Engagement = number of likes, shares, comments

We have been active across our social media channels. Content with high engagement included:

**Emergency department pressure**

In September we asked people to share that our emergency department (ED) was exceptionally busy, with 700 patients seen in a day and a half. Posts advised people to only attend ED in life-threatening emergencies and consider local urgent treatment centres for less-severe conditions.

75,479 impressions      11,992 engagements

**Appeal for clothing donations**

In August we asked our community to donate second hand clothing for patients to go home in. Our clothes bank can be supported by donations of clean, loose-fitting clothes such as jumpers, t-shirts, trousers, shorts, dresses, skirts and jogging bottoms.

40,550 impressions      1,537 engagements

**UHS finalists for NHS Chef of the Year**

Our talented UHS chef team of Christoffer Dopico Alles and second chef Alex Cavallaro have progressed to the final of a prestigious cooking competition, NHS Chef 2024, which takes place later in October.

20,653 impressions      3,346 engagements

## Member analysis

Age breakdown (and number of new members since 24 July 2024)	
16-21	141 (4)
22-29	232 (3)
30-39	480 (10)
40-49	580 (2)
50-59	820 (2)
60-74	1923 (3)
75+	3628 (3)
Not stated	252

Gender breakdown (and number of new members since 24 July 2024)	
Unspecified	53
Male	3099 (9)
Female	4790 (13)
Transgender	6
Non-binary	3 (2)
Prefer not to say	104 (3)
Prefer to self-describe	1

Ethnicity breakdown (and number of new members since 24 July 2024)	
White - English, Welsh, Scottish, Northern Irish, British	6874 (15)
White - Irish	8
White - Gypsy or Irish Traveller	0
White - Other	93 (5)
Mixed - White and Black Caribbean	4 (1)
Mixed - White and Black African	9
Mixed - White and Asian	10 (1)
Mixed - Other Mixed	47
Asian or Asian British - Indian	105 (2)
Asian or Asian British - Pakistani	14
Asian or Asian British - Bangladeshi	11
Asian or Asian British - Chinese	27
Asian or Asian British - Other Asian	203
Black or Black British - African	51
Black or Black British - Caribbean	4
Black or Black British - Other Black	75
Other Ethnic Group - Arab	9
Other Ethnic Group - Any Other Ethnic Group	56 (1)
Not stated	456 (2)

## Member recruitment

As of 15 October 2024, there are 8,056 public members. Since the last Council of Governors meeting on 24 July 2024, 27 new members have joined the Trust. Recruitment has been driven by attending the Southampton Pride in August and encouraging attendees to sign up via an iPad.

## Conclusion

Our immediate focus is to:

- Produce the *Connect* quarterly digital magazine for autumn and continue monthly updates.
- Plan and deliver the in person annual member's meeting and open evening on 21 November 2024.
- Continue our virtual event research series with an upcoming event on healthy ageing.

Our long-term focus remains on implementing the membership engagement strategy 2021-2025.

## **Recommendation**

This paper aims to update the Council of Governors on Trust membership and recent and planned engagement activities.