



University Hospital Southampton

NHS Foundation Trust

Agenda Council of Governors

Date	19/10/2022
Time	14:00 - 16:00
Location	MS Teams
Chair	Jenni Douglas-Todd

1 Chair's Welcome and Opening Comments

14:00

2 Declarations of Interest

14:02

3 Minutes of Previous Meeting

14:03

Approve the minutes of the previous meeting held on 20 July 2022

4 Matters Arising/Summary of Agreed Actions

14:04

5 Strategy, Quality and Performance

5.1 Chief Executive Officer's Performance Report

14:06

Sponsor: David French, Chief Executive Officer
Attendee: Joe Teape, Chief Operating Officer

5.2 Council of Governors' Strategy Day - Plans and Discussion

14:29

Discuss plans for the Council of Governors' Strategy Day - 14 December 2022
Sponsor: Jenni Douglas-Todd, Trust Chair

6 Break

14:44

7 Governance

7.1 Appointment of Deputy Chair

14:54

Approve the appointment of Keith Evans as Deputy Chair
Sponsor: Jenni Douglas-Todd, Trust Chair
Attendee: Helen Potton, Interim Associate Director of Corporate Affairs and Company Secretary

7.2 Appointment of Lead Governor

14:59

Note the appointment of Kelly Lloyd as Lead Governor
Sponsor: Jenni Douglas-Todd, Trust Chair
Attendee: Karen Russell, Council of Governors' Business Manager

- 7.3**
15:04 **Appointment of Council of Governors' Working Group Chairs**
- Confirm the appointment of Kelly Lloyd as chair of the Membership and Engagement Working Group
 - Confirm the appointment of Mandy Fader as chair of the Strategy and Finance Working Group
- Sponsor: Jenni Douglas-Todd, Trust Chair
Attendee: Karen Russell, Council of Governors' Business Manager
- 8** **Membership Engagement and Governor Activity**
- 8.1**
15:09 **Membership Engagement**
- Sponsor: David French, Chief Executive Officer
Attendee: Sam Dolton, Events and Membership Officer
- 8.2**
15:24 **Governors' Nomination Committee Feedback**
- Chair: Jenni Douglas-Todd
- 8.3**
15:29 **Feedback from Strategy and Finance Working Group**
- Chair: Mandy Fader
- 8.4**
15:34 **Feedback from Patient and Staff Experience Working Group**
- Chair: Currently vacant
Attendee: Karen Russell, Council of Governors' Business Manager
- 8.5**
15:39 **Feedback from Membership and Engagement Working Group**
- Chair: Kelly Lloyd
- 9**
15:44 **Any other business**
- To raise any relevant or urgent matters that are not on the agenda.
- 10**
15:49 **Review of Meeting**
- Review and feedback on the content of this meeting
Sponsor: Jenni Douglas-Todd, Trust Chair
- 11**
15:59 **Date of next meeting: 25 January 2023**
- To note the date of the next meeting

Minutes - Council of Governors (CoG) Open Session

Date	20 July 2022	
Time	14.00-15.30	
Location	Microsoft Teams	
Chair	Jenni Douglas-Todd, Trust Chair	
Present	Jenni Douglas-Todd, Trust Chair	JD-T
	Theresa Airiemiokhale, Elected, Southampton City	TA
	Katherine Barbour, Elected, Southampton City	KB
	Dr Diane Bray, Appointed, Solent University	DB
	Dr Nigel Dickson, Elected, New Forest, Eastleigh and Test Valley	ND
	Helen Eggleton, Appointed, Hampshire and Isle of Wight Integrated Care Board	HE
	Professor Mandy Fader, Appointed, University of Southampton	MF
	Harry Hellier, Elected, New Forest, Eastleigh and Test Valley	HH
	Kelly Lloyd, Elected, Health Professional and Health Scientist Staff	KL
	Councillor Alexis McEvoy, Appointed, Hampshire County Council	AMcE
	Forkanul Quader, Elected, Southampton City	FQ
	Catherine Rushworth, Elected, Isle of Wight	CR
	Werner Struss, Elected, Medical Practitioners and Dental Staff	WS
	Amanda Turner, Elected, Non-Clinical and Support Staff	AT
In attendance	Karen Burwell, Communications and Marketing Manager (for Item 7.1)	KBu
	Gail Byrne, Chief Nursing Officer (for Item 5.1)	GB
	Keith Evans, Non-Executive Director	KE
	Helen Potton, Interim Associate Director of Corporate Affairs and Company Secretary	HP
	Karen Russell, Council of Governors' Business Manager	KR
	Christine McGrath, Director of Strategy and Partnerships (for Item 5.2)	CMcG
Apologies	Robert Purkiss, Elected, Rest of England and Wales	RP
	Tim Waldron, Elected, Southampton City	TW
	Councillor Lorna Fielker, Appointed, Southampton City Council	LF
	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 noted that it was RP and TW's last meeting as governors, although both had given their apologies. Several other governors were also coming towards the end of their term and nominations would close on the 2 August 2022.

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 27 April 2022 were **approved** as an accurate record of the meeting.

4 Matters Arising/Summary of Agreed Actions

The updates on the actions in the paper were noted. There had been discussion at the Membership and Engagement Working Group meeting on the 27 June 2022 regarding the inclusion of two young governors as full members of the CoG, one from the University of Southampton and the other from UHS Young Adults Group. This would be considered in more detail by a sub-group and proposals would then be presented to the CoG.

5 Strategy, Quality and Performance

5.1 Chief Executive Officer's Performance Report

GB joined the meeting to present the Performance Report on behalf of David French, CEO, who was attending a Hampshire and Isle of Wight system-wide meeting.

The report covered the period from March to May 2022 and the following points were highlighted:

- UHS, like many other Trusts, had faced significant challenges over the last two weeks with emergency demand. At its peak A&E attendance had reached around 450 patients a day. Previously 380 would have been considered extremely busy.
- there were almost 200 patients in the hospital who did not meet the criteria to reside (formerly medically optimised for discharge), which had put additional pressure on capacity. There was also an elective surgery backlog and 82 patients in the hospital with Covid-19.
- the Trust had adopted a cautious approach in terms of its infection control practice and a decision had been made to re-introduce mask wearing. This would be kept under review.
- other challenges had been the extreme temperature and its impact on staff and patients. Also, the significant number of staff still absent due to Covid-19.
- a Hospital Incident Management Team (HIMT) had been run w/c 11 July 2022 due to the above pressures, but staff had responded well to the challenges and the HIMT had been closed quickly. GB expressed her pride in the way that UHS staff had worked together and lived the Trust's values.

The following comments were made by governors:

- KL noted how much staff had appreciated the continuous updates that had been provided on Workplace and Staffnet and the positive feedback on what they had achieved as a team.
- HE asked whether it was felt that those attending the Emergency Department were the right patients, in the right place and GB said that it reflected the pressure on the wider system.
- how the rising cost of living was impacting on staff. GB advised that a national pay award had just been announced and the Trust had introduced (and continued to consider) various ways of supporting staff, which included a food bank and access to discounts at various food stores.
- whether there should be greater coordination between general practice and the Emergency Department (ED) to reduce the number of patients attending the latter. GB noted the enormous pressure that general practice was under and said that many people were presenting more acutely unwell in ED as they had been unable to see a GP. She suggested that this was an issue for the integrated care system to address.

- KB asked about the situation regarding visiting, particular to those patients with dementia. GB advised that the prevalence of Covid-19 meant that visiting was currently restricted to one visitor, for one hour a day. In addition, however, carers (e.g. those supporting a patient with dementia) were also permitted to visit.

GB mentioned that a survey had been conducted regarding visiting and some patients had appreciated having fewer visitors. An exercise might therefore be undertaken, in the future, to consider the re-introduction of specific visiting hours and the input of the Patient and Staff Experience Working Group would be welcomed at that time.

5.2 Strategic Objectives (Oral)

CMcG joined the meeting to share a presentation on the Trust's Strategic Objectives, which she had also shared at the CoG Strategy and Finance Working Group on the 13 July 2022.

She advised that UHS was one of the top ten, largest acute teaching hospitals in England and the 6th largest children's hospital in the UK. It provided highly specialist care to the most complex and severely ill adults and children, together with district general hospital services and had excellent outcomes. The Trust was also celebrating its 50th anniversary as a university teaching hospital.

The Trust's Strategic Framework 2025 outlined various themes and despite the current pressures, important progress had been made during the last financial year. She highlighted the following:

- elective activity had re-started and the number of patients treated had been high.
- an Always Improving Strategy had been launched and was becoming embedded throughout the Trust.
- a transformation programme was looking at Outpatients, patient flow through the hospital and theatres.
- new chemotherapy facilities had been built.
- there was outstanding, pioneering research and innovation in the Trust and a Research Leaders' Programme had been launched.
- work on the Equality, Diversity and Inclusion (EDI) action plan was progressing.
- the Trust's staff survey results had been amongst the best in the country and staff had said that UHS was a good place to work.
- the Trust was working within the HIOW Integrated Care System (ICS) and was part of the acute provider collaborative.
- an elective hub was to be built in Winchester and there would be Community Diagnostic Centres in Lymington and at the RSH to help address waiting lists.
- the Trust was building strong foundations for the future. It had achieved financial balance in 2021/22, a Green Plan on sustainability had been launched, its Digital Strategy was progressing and 100,000 patients were now on My Medical Record.
- a Care Group Strategy and Transformation programme had helped to align care group plans with the themes and ambitions of the Trust Strategy and had informed the Corporate Objectives for 2022/23.

The following questions were raised by governors:

- which objective, going forward, would be the most challenging for UHS as an organisation, linked with the ICS? CMcG said that it would be matching demand with capacity.

- whether the strategic goals of the organisations within the ICS would come together in “one pot”. CMcG advised that the Integrated Care Partnership (ICP) would inform the strategic direction and would bring together a broad group of organisations (e.g. local authorities, mental health, primary care and acute trusts).
- whether there were any large transformational goals specific to UHS? CMcG said that it would be how the Trust delivered services and ensured equity across the system.
- whether the ICP would, in its strategy, incorporate any financial provision for Isle of Wight patients/families having to use ferries to reach hospitals on the mainland. CMcG advised that the ICS had only been formally constituted on the 1 July 2022 and that it would be a matter for them to consider.

6 Governance

6.1 Non-Executive Director Reappointment and Appointment of Deputy Chair

Non-Executive Director Reappointment

The first three year term of office as a NED for Tim Peachey was to come to an end on 30 September 2022. NEDs were eligible for reappointment for a second three year term subject to reappointment by the CoG.

When considering the reappointment of a NED, the CoG should consider:

- the outcome of the NED’s appraisals since appointment;
- their other commitments and the time available for the role; and
- independence.

When considering the reappointment of a NED, the GNC and the CoG were to consider:

- the outcome of the NED’s appraisals since appointment;
- their other commitments and the time available for the role; and
- their independence.

The most recent appraisal of Tim Peachey was carried out in February 2022. Following appraisal, the then Chair, Peter Hollins, confirmed that Tim Peachey’s performance as a NED continued to be effective and demonstrated his commitment to the role and that he would have no hesitation in recommending Tim Peachey for reappointment to the role.

Since his original appointment, Tim has ceased his role as clinical safety officer of Block Solutions Ltd and taken on the role of Health Advisory Board member at Palantir Technologies UK, Ltd. Tim would continue in the following existing roles:

- Director, TP-Medcon Ltd
- Clinical Advisor, Bolt Partners Ltd
- Associate - Mediator, Problem Resolution Ltd
- Non-Executive Director and Chair of Quality Committee, Isle of Wight NHS Trust

The Governors’ Nomination Committee (**GNC**) had met on 14 July 2022 and had agreed to recommend that the CoG approve the reappointment without any need for process of open competition, subject to confirmation that there was no potential conflict of interest in Tim’s new role of Health Advisory Board member at Palantir Technologies UK, Ltd and his role as a NED for the Trust.

Decision: The CoG **approved** Tim Peachey’s reappointment as a NED for a second three year term commencing on 1 October 2022 on the same terms and conditions as his current appointment.

Appointment of Deputy Chair

Jane Bailey, NED was to stand down as Deputy Chair of the Trust at the end of July 2022.

The Chair had asked the NEDs for expressions of interest in the vacancy and CoG was asked to agree to a deferment of the appointment, while NEDs considered it.

Decision: The CoG **agreed:**

- to defer the appointment of a Deputy Chair, and
- that the Chair would make recommendations in relation to the appointment of a Deputy Chair at the CoG meeting on the 19 October 2022.

6.2 Amendments to the Constitution

The Chair advised that following a review of the composition of the CoG, it had been agreed by the CoG to alter the number of governors elected by the areas of the public constituency to ensure that these remained representative of those to whom the Trust provided services. The following proposed changes had been agreed:

- to reduce the number of governors representing the Rest of England by one governor, and
- to increase the number of governors representing New Forest, Eastleigh and Test Valley by one governor.

Other minor changes had been identified as part of the review and were listed on page 1 of the paper.

Decision: The CoG **approved** the proposed amendments to the Trust's constitution. The proposed amendments would also require approval by the Board of Directors.

6.3 Appointment of Lead Governor

The Chair advised that the current Lead Governor, Robert Purkiss, would reach the end of his second term of office on 30 September 2022. The constitution only allowed a Lead Governor to remain in post for two terms, so a new Lead Governor needed to be appointed.

Any governor who wished to seek election as the Lead Governor was asked to submit a written expression of interest (no longer than 300 words) to HP. Details of the role were set out in Appendix A of the report and further information regarding the process would be circulated to governors shortly.

ND and FQ noted the tremendous input that RP had made over the last six years. ND also commented that RP and the previous Trust Chair, Peter Hollins, had made an excellent team and had raised the profile of the governors.

Decision: The CoG **approved** the proposed process for appointing a new Lead Governor.

7 Membership Engagement and Governor Activity

7.1 Membership Engagement

KBu advised that she was providing the report as Sam Dolton was on paternity leave. She highlighted the following:

- over the last three months there had been more opportunities for face-to-face interaction at various community events.

- the Connect magazine had been emailed to members in June and there had been a 47% open rate which was positive. The next Connect would be a CoG election special.
- two targeted emails had been sent to smaller sections of the database. One was to those who had attended a vaccines virtual event or who had stated an interest in research. The other was to members who had stated an interest in children's services.
- in February a virtual event had been held to celebrate the 50th anniversary of the partnership between UHS and the University of Southampton and it had been well attended.
- the team had attended several in-person events to promote Trust membership and convey key messages to the public. These had included the Southampton Marathon, the Legends v. UHS football match and the Carers in Southampton diabetes coffee morning. Mayank Patel, a UHS consultant in diabetes had supported the latter event.
- the Annual Members' Meeting would be held on 28 September 2022.

Between the last CoG meeting on the 27 April 2022 and the 23 June 2022, 59 new members had joined the Trust. This had largely been driven by promoting UHS membership to University of Southampton staff, through faculty departments. There had also been membership sign ups at the face-to-face events mentioned above and some data cleansing.

Overall, there had been a slight reduction in total membership but a rise in the under 60 age category and those who identified as BAME, so the membership balance had improved.

CR advised that planning was underway on the Isle of Wight to meet with the local patient groups.

7.2 Governors' Nomination Committee Feedback

Feedback from the GNC meeting on 14 July 2022 had been provided earlier in the meeting. The committee had focussed on the reappointment of Tim Peachey, NED and the appointment of a Trust Deputy Chair.

7.3 Feedback from Strategy and Finance Working Group

MF advised that the Strategy and Finance Working Group on the 13 July 2022 had been attended by David French, CEO and CMcG who had given the presentation on the Trust's strategic objectives, which had been shared earlier in the CoG meeting.

KE advised that he would present a report on the external auditor in the CoG Closed Session that was to follow.

7.4 Feedback from Patient and Staff Experience Working Group

FQ advised that it had been a positive session although Rosemary Chable, Head of Nursing for Education, Practice and Training had been unable to attend as she had tested positive for Covid-19.

JT had provided an update on waiting lists and had given a comprehensive briefing on hospital waiting times, which had been compounded by the high, daily attendances in the Emergency Department. The number of patients with Covid-19 had been around 100 when the working group met but had now reduced to 82. The total number of patients on the waiting list had increased to 50,000 and a new

system of communicating with patients who were waiting for surgery had been devised.

Ceri Connor, Director of OD and Inclusion had given a presentation on the people strategy and Sam Dalton had attended to talk about membership promotion.

7.5 Feedback from Membership and Engagement Working Group

Sam Dalton had given an update on membership and the working group had considered the way forward regarding the young governor representative. A sub group would be set up to look at how the process would work and it would report back to the Membership and Engagement Working Group and then to the full CoG.

8 Review of Meeting

The Chair asked governors for their comments regarding the content of the papers and time allocated to discuss them.

FQ suggested that there had not always been sufficient time to discuss items and he also requested a short break during future meetings. The Chair agreed to reflect on the length of time allocated to agenda items.

Action: JD-T agreed to reflect on the length of time allocated to agenda items.

CR raised concerns regarding the wellbeing of South Central Ambulance Service (SCAS) staff and recruitment and retention within the service. The Chair reflected that this was mirrored by all ambulance services across the country and HE, as the governor representing the ICS, agreed to discuss the issue with colleagues.

Action: HE agreed to discuss the concerns raised regarding SCAS staff with ICS colleagues.

9 Any Other Business

There was no other business.

10 Date of Next Meeting - 19 October 2022

To next CoG meeting would be held on 19 October 2022.



University Hospital Southampton
NHS Foundation Trust

Agenda item	Assigned to	Deadline	Status	
Council of Governors 31/03/2021 5.5 Amendment to the Trust's Constitution - CCG Merger				
444.	Review the Council of Governors' Composition	● Helen Potton ● Karen Russell	19/10/2022	■ Pending
<p>A review of the Council of Governors' composition is to be carried out to check that it still remains appropriate.</p> <p>Following discussions by the Membership and Engagement Working Group, it was agreed at the Council of Governors' Meeting on 20 July 2022 to reduce the number of governors representing the Rest of England by one governor, and to increase the number of governors representing New Forest, Eastleigh and Test Valley by one governor.</p> <p>Suggestions regarding young governor representatives were considered further at a sub-group on 24 August 2022 and these will be discussed at the Membership and Engagement Working Group at its meeting on 17 October 2022.</p>				
Council of Governors 20/07/2022 8 Review of Meeting				
779.	Review amount of time allocated to future meetings	● Jenni Douglas-Todd	19/10/2022	■ Closed
<p>JDT agreed to review the amount of time allocated to future meetings and consider including a short comfort break.</p> <p>Timings have been adjusted where possible for items on the agenda for 19 October 2022 and the outcome will be reviewed at the end of that meeting. A short comfort break has been introduced.</p>				
780.	Wellbeing of South Central Ambulance Service (SCAS) staff	● Helen Eggleton	19/10/2022	■ Closed
<p>CR raised concerns regarding the wellbeing of South Central Ambulance Service (SCAS) staff and recruitment and retention within the service. The Chair reflected that this was mirrored by all ambulance services across the country and HE, as the governor representing the ICS, agreed to discuss the issue with colleagues.</p> <p>HE has advised that the ICB quality lead for SCAS has an ongoing dialogue and review of plans for staff wellbeing. Staff experience and wellbeing forms part of the SCAS Care Quality Improvement Plan. SCAS also have a focused workstream on freedom to speak up, culture and wellbeing.</p>				

Report to the Council of Governors				
Title:	Chief Executive Officer's Performance Report			
Agenda item:	5.1			
Sponsor:	David French, Chief Executive Officer			
Author:	Jason Teoh, Director of Data and Analytics			
Date:	19 October 2022			
Purpose	Assurance or reassurance	Approval	Ratification	Information Y
Issue to be addressed:	Information about Trust performance supports the Council of Governors in their role.			
Response to the issue:	This report is intended to inform the Council of Governors about aspects of the Trust's performance.			
Implications:	This report provides performance information relating to a broad range of Trust services and activities. There are no specific implications.			
Risks:	This report is provided for the purpose of information.			
Summary:	This report is provided for the purpose of information.			

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 June to August 2022, noting that some performance data in relation to some of the targets is reported further in arrears.

Notable features of the period included:

- A reduction in the number of COVID-19 inpatients in August as infection eased.
- The high volume of attendances to the Emergency Department (averaging 370 patients per day) continued, reflecting an ongoing national trend and significantly impacting four-hour performance.
- A significant number of patients not meeting the criteria to reside (formerly medically optimised for discharge), usually between 180 – 200 patients, continuing to occupy hospital beds, restricting flexibility in our elective programmes. Such patients are typically waiting for care to be provided in the community to continue their recoveries or meet long term needs in their home setting.
- Continued growth in the RTT waiting list due to higher post-pandemic referral volumes causing the waiting list to rise to over 52,000 patients. However, good progress has been made in reducing the longest waiting patients.
- Improvements seen in 2 week wait cancer performance as Breast capacity increased. However, 62 Day performance remained a challenge. UHS continue to benchmark in the upper quartile of our teaching hospital peers.

2. Safety

Infection Control	Target	Jun 2022	Jul 2022	Aug 2022
Clostridium Difficile infection	<=5	7	6	8
MRSA Bacterium infection	0	0	0	0

There continues to be some fluctuations in them monthly number of Clostridium Difficile cases, and we have been just above our internal target of five cases per month over the last three months. There are no clear reasons for this trend. Nationally, there are increases continuing to be reported for both community-onset and hospital-onset cases according to UK health security agency (UKHSA) surveillance data. Reduction in Clostridium Difficile is a continuing improvement priority for our teams, focusing on antimicrobial stewardship.

There were no reported cases of MRSA bacteraemia within the last three months.

Infection Control	Target	Jun 2022	Jul 2022	Aug 2022
Healthcare acquired COVID infection	-	47	45	2
Probable hospital-associated COVID infection	-	32	38	4

The COVID-19 pandemic has remained a key area of focus for UHS, although August saw a significant reduction in the number of patients with COVID – a trend which was also replicated nationally. We expected (and at the time of writing), are seeing some ongoing waves, or ripples, of COVID-19, as it remains in general circulation with the virus likely to remain endemic for some time to come. Many of our services have transitioned to ‘Living with COVID’ standards within our hospital settings and services; for example, mask

wearing in non-admission areas of the hospital were eased in recent months – though this has now been altered in line with regular review of our Infection Prevention and Control measures where required.

Safety	Target	Jun 2022	Jul 2022	Aug 2022
Never Events	0	0	0	0
Serious incidents requiring investigation (month in arrears)	N/A	15	7	17
Number of overdue SIRIs (excluding agreed extensions and cases involving Health Safety Investigation Branch)	0	0	1	20
Pressure ulcers category 2 per 1000 bed days	<0.3	0.37	0.20	0.10
Pressure ulcers category 3 per 1000 bed days	<0.3	0.27	0.55	0.29

Serious Incidents

Potential harm was first identified on the cardiac waiting list last year, which led UHS to commence a review of all priority 2 cardiac patients. Following this review, there was an increase in serious incidents reported in April 2022 of patients, and the length and detail of this review means that these 20 patients were still being reviewed into August 2022 (although there is only a single investigation ongoing).

For the periods where the number of reported pressure ulcer incidents were adverse to target, this was investigated and linked to staffing and capacity challenges where staff were not able to turn patients as frequently as we would have liked.

HSMR

Clinical Effectiveness	Target	To Mar 2022	To Apr 2022	To May 2022
Hospital Standardised Mortality Ratio (HSMR) – UHS (rolling 12 month average)	<=100	85.9	87.0	88.4
Hospital Standardised Mortality Ratio (HSMR) – SGH (rolling 12 month average)	<=100	85	85.9	87.3

HSMR performance is reported three months in arrears. The Trust, and Southampton General Hospital specifically, continues to have better than target performance. This 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.

Note: the HSMR patient cohort excludes those patients with a primary diagnosis of COVID-19, the Trust has separate positive evidence regarding the outcomes of COVID-19 treatment.

3. Patient Experience

Friends and Family Test (FFT)

Indicator	Target	Jun 2022	Jul 2022	Aug 2022
Inpatients - Negative Score	<5%	1.6%	1.4%	0.2%
Maternity - Negative Score		5.3%	0.9%	4.7%
(Maternity = feedback on 'Birthing Care' by women who gave birth in the period)				

Both inpatient and maternity scores can fluctuate as the number of patients responding to the various surveys can sometimes be low. We are pleased that they continue to show better than target performance.

Complaints

Indicator	Target	Jun 2022	Jul 2022	Aug 2022
Complaints received for investigation	-	38	41	49
Number of complaints closed in month		31	37	47
Trust average response time for complaints (based on resolved date)	35 days	30	33	36
Complaints returned dissatisfied	<15 per quarter	10	13	4
Parliamentary and Health Service Ombudsman (PHSO) cases upheld, (reported a quarter in arrears)	0	0 upheld		

The number of complaints received in the reporting period June to August 2022 was 128, up 38 compared with the number received in the same period last year. This reflects the increased level of complaints year-to-date so far when compared with previous years, which is likely to be linked to the higher level of activity we are conducting.

Due to ongoing pressures of the pandemic and its impact, the complaints team are still working to an internal response target of 55 working days, which continues to recognise the demand upon clinical staff during this busy time. However, the average response time for complaints is broadly within target, reflective of the varying levels of complexity we see in complaints.

Autumn and winter are typically busier and more challenging periods for complaints, with increases in numbers received and more demands and pressures on clinical staff time. It is likely that there will be an impact on complaints performance across this part of the year.

4. Access Performance

Emergency Access Performance		Jun 2022	Jul 2022	Aug 2022
% patients spending less than 4 hours in UHS EDs (Types 1 & 2)	=>95.0%	67.9%	63.9%	70.7%
% patients spending less than 4 hours in ED – Local Delivery System	≥ 90.0%	77.6%	74.8%	79.0%

Attendances to the main (Type 1) Emergency Department (ED) have remained high through this period, averaging 370 per day, and although broadly in line with the previous year (2021), was 15% up on the arrivals seen during pre-pandemic levels (2019). UHS four-hour performance has been broadly in the same range, and although lower than target, we continue to benchmark well against other trusts which demonstrates that this is a national challenge. In the period of June to August 2022, UHS ranked in the top quartile of the 16 teaching hospitals that we benchmark against (Type 1 attendances).

UHS also has continued to maintain timeliness in accepting the handover of patients from ambulance staff, despite challenges this may create within our own department on some occasions. On an average day, we have fewer than seven ambulances waiting more than 30 minutes for handover, and our average handover time remains around 16 to 17 minutes.

Referral to Treatment (RTT)	Target	Jun 2022	Jul 2022	Aug 2022
% incomplete pathways within 18 weeks in month	=>92%	66.4%	65.3%	65.3%
Total patients on a waiting list		50,191	51,016	52,188

Since December 2021, the number of patients on the RTT waiting list has increased by nearly 17% as the pattern for higher referrals continues at above pre-pandemic levels. The proportion of patients that we have been treated within 18 weeks is in line with other teaching hospitals, with UHS within the top third, and no peer teaching hospitals within 20% of the target.

UHS continues to make good progress in reducing the longest waiting patients – which is a key NHS England target. At the end of August 2022 we only had six patients who had waited over two years for treatment, all of whom had requested to delay their treatment. We also continue to make good progress in stabilising, and reducing, the number of patients who have waited over 78 weeks for treatment.

Cancer	Target	Jun 2022	Jul 2022	Aug 2022
Urgent GP referrals seen in 2 weeks	=>93%	81.2%	90.1%	88.9%
Breast symptomatic patients' referral seen in 2 weeks	=>93%	100%	100%	80.0%
Treatment started within 62 days of urgent GP referral	=>85%	63.1%	69.3%	67.0%

As a specialist teaching hospital, our cancer services are under pressures not seen in other Wessex region hospitals, but replicated with other national, acute, teaching hospitals. Recent cancer referrals have been c25-30% higher compared to pre-COVID levels. Despite the challenges on cancer services, we benchmark well relative to our teaching hospital peers, and the Hampshire & Isle of Wight ICB overall are top quartile performers for Cancer performance.

There have been recent improvements within our two week wait (2WW) capacity, particularly within our Breast service, which has improved our overall 2WW performance compared to previous months. There remain some issues in Head & Neck tumour sites – mainly due to higher referrals and staffing challenges. However, despite these performance issues, we continue to benchmark in the top quartile for performance relative to our teaching hospital peers.

As a result of referral and treatment challenges, our 62 day cancer treatment performance has been adversely impacted. This is partly due to higher referral volumes, alongside late tertiary referrals, but also highlights some challenges that we have within existing pathways. We are working with the Care Groups on recovery plans across their tumour sites.

5. Finance

The financial position for the trust is particularly challenging with a year-to-date deficit of £11.7m reported at the end of August 2022 (month 5). This compares to a deficit plan of £5.3m so is £6.4m behind plan. The key drivers for this are:

- Covid related cost pressures – patient numbers have remained significant and staff sickness absence has also remained above pre-covid levels. This has generated a significant cost pressure compared to plan assumptions.
- Inflationary pressures especially related to energy costs – these are emerging to a greater extent as the year progresses with energy costs particularly set to increase over the winter period despite the government price cap offering some protection. Energy costs are more than three times greater than they were in 2019/20.

- An increase in the volume of patients not meeting the criteria to reside who are medically optimised for discharge – this is causing particularly acute operational challenges and limiting the trust's ability to deliver additional elective activity supressing elective recovery funding (ERF).

These drivers are forecast to continue over the winter period and in the example of increasing energy costs may cause a greater pressure on the financial position. Despite these challenges the cost improvement programme for the trust is gaining greater traction with significant savings forecast to be achieved relating to the commencement of the UEL theatres managed service contract. Over 80% of the Trust's annual plan of £45m has now been identified with £12m savings delivered year-to-date.

A range of forecast scenarios exist which are currently being risk assessed by the trusts finance and investment committee. The trust continues to focus on financial and productivity improvement despite the operational challenges. The Trust Savings Group is now in its third month and has been tasked with progressing opportunities for improvement and the acceleration of schemes.

Capital expenditure year-to-date totals £11.9m with key programmes of work now starting to take hold such as the new wards project and theatres refurbishments. The trust remains on target to spend its full capital budget of £49m for 2022/23. Additional to this the trust has been successfully awarded external capital of c£17m which will further support investment in capacity, infrastructure and digital. It is hoped the trust will be successful in achieving more external capital funding in future months of 2022/23.

6. Human Resources

Indicator	Target	Q2 22/23
Staff recommend UHS as a place to work	-	6.96
Staff survey engagement score	-	7.03

These metrics have been revised to align with the new Pulse Survey questions and are scored out of 10. The results show that there is a declining score across both of these metrics, although we remain slightly better than national averages. Feedback from staff indicates that the scores reflect the ongoing challenging environment that they are working in. Targets for these indicators are being developed.

Indicator	Target	Jun 2022	Jul 2022	Aug 2022
Turnover (internal target)	<=12%	14.9%	15.5	14.9%
Sickness absence 12 month rolling (internal target)	<=3.4%	4.8%	5.3%	4.9%
Nursing Vacancies (Registered Nurse only in clinical wards) (internal target)	<=15%	13.7%	14.0%	13.5%

Primarily reasons for sickness included: Covid-related sickness (including long Covid); work-related stress; and musculo-skeletal (MSK) problems. There has also been a recent increase in short-term sicknesses.

Report to the Council of Governors				
Title:	Appointment of Deputy Chair			
Agenda item:	7.1			
Sponsor:	Jenni Douglas-Todd, Trust Chair			
Author:	Helen Potton, Interim Associate Director of Corporate Affairs			
Date:	19 October 2022			
Purpose	Assurance or reassurance	Approval	Ratification	Information
			Y	
Issue to be addressed:	Following the decision of Jane Bailey to step down from the role of Deputy Chair a decision needs to be taken to appoint to the role.			
Response to the issue:	<p>The deputy chair is appointed by the council of governors in accordance with clause 26.1 of the Constitution. The Constitution is silent on the process for choosing the prospective candidate.</p> <p>It is usual practice for the Trust's Chair to make a recommendation to the council of governors as to who should be appointed to the role and this was discussed at the last council of governors meeting wherein it was agreed that the Chair, following her recent appointment, would meet with all the Non-Executive Directors to understand their skill mix and discuss the possibility of appointment to the role.</p> <p>Following that process the Trust's Chair would like to recommend to the council of governors that Keith Evans, Non-Executive Director be appointed to the role of Deputy Chair.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	Having a Deputy Chair enables the Trust to run more efficiently and consistently.			
Risks: (Top 3) of carrying out the change / or not:	<ol style="list-style-type: none"> 1. Non-compliance with Clause 26.1 of the Trust's constitution. 2. Effective functioning of the council of governors and board of directors. 			
Summary: Conclusion and/or recommendation	The council of governors is asked to approve the appointment of Keith Evans as the Deputy Chair.			

Report to the Council of Governors				
Title:	Appointment of Lead Governor			
Agenda item:	7.2			
Sponsor:	Jenni Douglas-Todd, Trust Chair			
Author:	Karen Russell, Council of Governors' Business Manager			
Date:	19 October 2022			
Purpose	Assurance or reassurance	Approval	Ratification	Information
			Y	
Issue to be addressed:	Bob Purkiss reached the end of his second term of office on 30 September 2022 and therefore stood down as lead governor from that date.			
Response to the issue:	<p>The lead governor is chosen by the council of governors and in accordance with the appointment process set out in annex 6 of the Trust's constitution, governors who were interested in taking on the role were requested to submit a written statement in support of their candidature.</p> <p>Kelly Lloyd expressed an interest in taking on the role and her appointment was fully supported by the council of governors by means of a written resolution. Kelly's appointment as lead governor took effect from 1 October 2022.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	The council of governors is required to appoint a lead governor in accordance with annex 6 of the Trust's constitution.			
Risks: (Top 3) of carrying out the change / or not:	<ol style="list-style-type: none"> 1. Non-compliance with annex 6 of the Trust's constitution. 2. Effective functioning of the council of governors. 			
Summary: Conclusion and/or recommendation	The council of governors is asked to note the appointment of Kelly Lloyd as its lead governor.			

Report to the Council of Governors				
Title:	Confirmation of Election of Working Group Chairs			
Agenda item:	7.3			
Sponsor:	Jenni Douglas-Todd, Trust Chair			
Author:	Karen Russell, Council of Governors' Business Manager			
Date:	19 October 2022			
Purpose	Assurance or reassurance	Approval	Ratification	Information
			Y	
Issue to be addressed:	<p>A vacancy has arisen for the chair role of each of the following Council of Governors' Working Groups:</p> <ul style="list-style-type: none"> • Membership and Engagement Working Group: Bob Purkiss reached the end of his second term of office on 30 September 2022 and therefore stood down as chair from that date; and • Strategy and Finance Working Group: Tim Waldron reached the end of his first term of office on 30 September 2022 and decided not to stand for a second term, therefore stood down as chair from that date. 			
Response to the issue:	<p>Governors were asked to indicate if they would be willing to take on the role of chair of either of these working groups.</p> <ul style="list-style-type: none"> • Katherine Barbour and Kelly Lloyd expressed an interest in taking on the additional role of chair of the Council of Governors' Membership and Engagement Working Group. The working group decided by a majority vote to appoint Kelly as its new chair and this appointment is required to be confirmed by the Council of Governors; and • Mandy Fader expressed an interest in taking on the additional role of chair of the Council of Governors' Strategy and Finance Working Group. The working group decided by a unanimous vote to appoint Mandy as its new chair and this appointment is required to be confirmed by the Council of Governors. 			
Implications: (Clinical, Organisational, Governance, Legal?)	<p>The terms of reference of both the Council of Governors' Membership and Engagement, and Strategy and Finance Working Groups require that the appointment of the chair of the working group is confirmed by the Council of Governors.</p>			
Risks: (Top 3) of carrying out the change / or not:	<ol style="list-style-type: none"> 1. Non-compliance with the terms of reference for both the Council of Governors' Membership and Engagement, and Strategy and Finance Working Groups. 2. Effective functioning of the Council of Governors' Membership and Engagement and Strategy and Finance Working Group. 			
Summary: Conclusion and/or recommendation	<p>The Council of Governors is asked to confirm the appointment of the chair of its:</p> <ul style="list-style-type: none"> • Membership and Engagement Working Group; and • Strategy and Finance Working Group <p>following election by their respective working groups.</p>			

Report to the Council of Governors				
Title:	Membership Engagement			
Agenda item:	8.1			
Sponsor:	David French, Chief Executive Officer			
Author:	Sam Dolton, Events and Membership Officer			
Date:	19 October 2022			
Purpose	Assurance or reassurance	Approval	Ratification	Information Y
Issue to be addressed:	Information about engagement with Trust members supports the Council of Governors in their role.			
Response to the issue:	This report aims to update the council on Trust membership and recent and planned engagement activities.			
Implications: (Clinical, Organisational, Governance, Legal?)	This report provides engagement information, there are no specific implications.			
Risks: (Top 3) of carrying out the change / or not:	This report is provided for the purpose of information.			
Summary: Conclusion and/or recommendation	This report is provided for the purpose of information.			

Overview of engagement

The last three months have seen opportunities for us to engage with the public face to face in the community, while also keeping up digital engagement with members.

The *Connect* membership newsletter was sent to all public members we have an email address for in August, and October's newsletter is currently being put together at the time of this report being submitted.

Following the death of HM the Queen in September, we issued a statement to members from David French offering sincere condolences to the Royal Family from everyone at UHS. While the UK was in the period of national mourning any further communication to members was suspended. Due to the suspension of Parliament during this time the annual report and accounts 2021/22 could not be laid before Parliament, so our annual members' meeting which was originally due to be held virtually on 28 September was postponed and will now take place on 1 November.

Last month public members were invited by the estates, facilities and capital development team to take part in a patient-led assessment of the care environment (PLACE) to look at the environment in which the Trust cares for patients. We had 46 members express an interest in taking part in these assessments.

Communication	Date sent	Sent to	Bounces	Opens*
Connect August 2022	30/08/2022	2697	47	47%
Statement following death of HM The Queen	09/09/2022	2681	51	49%
Invitation to participate in PLACE	21/09/2022	2685	53	47%

* As of 11 October 2022

We have attended several in-person events to promote Trust membership and convey key messages to the public, including:

- **Southampton Pride:** The Trust took part in the Pride march through the city centre and had a stall at the event, promoting UHS as an inclusive place to work.
- **University fresher events:** We attended the Solent and University of Southampton fresher fairs at the end of September, signposting students on which service to use for treatment, as well as promoting opportunities to volunteer and get involved in clinical research.
- **One Southampton jobs and wellbeing fair:** UHS had a stall at this event organised by Southampton City Council, promoting our patient support hub and opportunities to volunteer across the Trust.

In addition, we attended a support group on the Isle of Wight for people living with a chronic lung condition to promote membership and raise awareness that there is a UHS governor who represents them. We also attended a meeting with UHS Youth Ambassadors to explain how Trust membership and the Council of Governors work in order to start to build a relationship with this group.

Public engagement on social

Impressions = number of times a post has been displayed
Engagement = number of likes, shares, comments

We continued to be very active across our social media channels providing updates and guidance. Content with high engagement included:

Reintroduction of infection prevention measures

Earlier this month infection prevention measures were reintroduced to our sites in response to escalating cases of COVID-19, with details widely shared across social media.

166,394 impressions 4,739 engagements

Life changing spinal surgery

A 12-year-old girl who had been suffering from chronic back pain made an incredible recovery in just seven days following major spinal surgery at UHS.

42,465 impressions 9,543 engagements

UHS participation at the British Transplant Games

At the end of July a team of young patients from Southampton Children's Hospital took part in the British Transplant Games in Leeds, winning eight gold, five silver and four bronze medals.





22,049 impressions 2,872 engagements

Governor updates

Weekly updates and a round-up of the key staff briefing messages are continuing to be sent, including updates detailing changes to the wearing of masks and social distancing requirements around UHS sites.

Overview of membership

Member analysis

	Number of members	18 - 60	60 - 74	75+
Oct 2021	8266	2314	2275	3677
Jan 2022	8289 	2306	2269	3714
Apr 2022	8210 	2285	2222	3703
Jun 2022	8207 	2308	2192	3707
Oct 2022	8174 	2358	2156	3657

Ethnicity breakdown (and number of new members since 20 July 2022)	
White - English, Welsh, Scottish, Northern Irish, British	7155 (41)
White - Irish	7

White - Gypsy or Irish Traveller	0
White - Other	71 (6)
Mixed - White and Black Caribbean	3
Mixed - White and Black African	7 (1)
Mixed - White and Asian	4 (1)
Mixed - Other Mixed	44 (3)
Asian or Asian British - Indian	64 (11)
Asian or Asian British - Pakistani	12
Asian or Asian British - Bangladeshi	10 (3)
Asian or Asian British - Chinese	10 (6)
Asian or Asian British - Other Asian	203 (6)
Black or Black British - African	36 (1)
Black or Black British - Caribbean	3
Black or Black British - Other Black	75
Other Ethnic Group - Arab	7 (1)
Other Ethnic Group - Any Other Ethnic Group	55
Not stated	408 (7)

Member recruitment

Since the last Council of Governors meeting on 20 July 2022, 87 new members have joined the Trust.

The majority of these new members were recruited at the face to face engagement events detailed above, with our presence at the University freshers fairs

The number of total members has continued to drop due to data cleansing relating to the Council of Governor election notifying us when a member is either deceased or has moved, but numbers in the 18 - 60 age category have increased and membership diversity has also increased

Conclusion

Our immediate focus is to:

- Plan and execute annual members' meeting, rescheduled for 1 November.
- Production of an edition of *Connect* in December 2022.
- Launch a series of virtual events exclusively for members over the winter months.
- Take part in library talks in the local community alongside the experience of care team.

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.

Appendices

- None