

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	UNIVERSITY HOSPITAL SOUTHAMPTON ANNUAL PLAN AND PRIORITIES
DATE OF DECISION:	21 JUNE 2012
REPORT OF:	JUDY GILLOW DIRECTOR OF NURSING
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This paper provides background for the panel about University Hospital Southampton NHS Foundation Trust and summarises key issue for the year 2012/13.

RECOMMENDATIONS:

- (i) That the panel notes and comments the briefing

REASONS FOR REPORT RECOMMENDATIONS

1. To provide an update to the new panel on SUHFT and the priorities for the future.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. n/a

DETAIL (Including consultation carried out)

3. University Hospital Southampton NHS Foundation Trust (UHS) was formed on 1 October 2011 when Southampton University Hospitals NHS Trust was licensed as a foundation trust by the regulator Monitor.

The Trust provides hospital services for people with acute health problems and is the local hospital for 650,000 people who live in Southampton, the New Forest, Eastleigh and the Test Valley. Its services are relied upon by residents of the Isle of Wight and the Channel Islands for some services.

As the major university hospital on the south coast, UHS provides the full range of tertiary medical and surgical specialties, with the exception of transplantation, renal services and burns, to more than three million people in central southern England.

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4. UHS is a centre of excellence for training the doctors and nurses of the future and developing treatments for tomorrow's patients. Its role in research and education, developed in active partnership with the University of Southampton distinguish it as a hospital that works at the leading edge of healthcare developments in the NHS and internationally.

We are a nationally leading hospital for research into cancer, respiratory disease, nutrition, cardio-vascular disease, bone and joint conditions and complex immune system problems.

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5. More than 9,000 people work at the Trust making it one of the area's largest employers. With an annual budget of over £540 million it plays a significant role in the economic prosperity of the region.

Our turnover in 2011/12 was £538 million. Our hospitals are: Southampton General Hospital; the Princess Anne Hospital; Countess Mountbatten House; New Forest Birth Centre. We lease space at the Royal South Hants hospital for the provision of some services.

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6. Becoming a foundation trust is a pivotal moment for any hospital. It took four years for UHS to achieve this goal and in that time the landscape of the NHS and the economy changed significantly. While the NHS budget was protected from public spending cuts, the ever increasing demands placed on it need to be met within its existing resources. With ever more expensive drugs and technologies becoming available, particularly in hospitals such as ours, we are now facing one of the most significant management challenges in the history of the NHS.

7. **Quality**

Quality of care is central to our mission and was a defining feature of our application for foundation trust status. For us, quality of care is a product of safety, experience, outcome and access to services. These are the elements of care that our staff and patients place the highest value in.

Our patient care improvement framework which sets our goals and monitors our progress for improving quality is seen as a gold standard model for embedding the drive for higher quality within a hospital. Our achievement in delivering real results for our patients is widely recognised and we are often among the top performing Trusts in the country for quality and outcomes.

8. **Infection**

During 2011/12 we recorded just four cases of MRSA bacteraemia compared with five cases in 1010/11, seven cases in 2009/10 and 27 cases in 2008/09. We beat our target of five cases for the year.

Our MRSA rate places us in the top three university hospitals in England for performance.

In 2011/12 we agreed to reduce cases of C. difficile to below 85 and we have bettered this target recording 66 cases for the year. This is after treating more than 85,000 inpatients and our rate per 1000 admissions puts us in the top eight performing university hospitals in the country for this measure.

9. **Access to services**

One of our principal challenges is to provide quick access to our services for an increasing number of patients while continuing to improve quality and staying within the budget we have agreed with our commissioners. Maintaining our performance, which in the NHS means the time it takes us to treat our patients, has been one of the biggest challenges we have faced so far as a foundation trust.

The NHS constitution gives patients the right to receive their care in good time and they can expect to be treated within 18 weeks of their referral to our hospital for planned (or elective) care. Because the number of patients being referred here is growing (modestly for planned care but very significantly for urgent or emergency care) we are facing a constant challenge to provide services to all of our patients in good time. We do manage to do this for the vast majority, but doing so during 2011/12 has demanded a significant amount of our concentration, effort and management resource. In 2012/13 we plan to expand our capacity to deliver higher levels of service and meet the growing demand for our services from our local population.

10. **Balancing the finances**

Resource constraints in the local health economy continue to impact the Trust however, we have made the considerable achievement of delivering cost improvements of more than £26 million during the 12 months to 31 March 2012 at a time when activity levels of the hospital have continued to rise. This enabled us to deliver a pre-impairment surplus of £3.9 million for the six months ended 31 March 2012. This was achieved through productivity and efficiency gains in order to meet the efficiency targets built in to the NHS tariffs.

11. **Developing specialist services**

As a specialist centre we care for the sickest patients in the region. Very few of our patients need a doctor or a service which we can't provide. The centralisation of specialist services in the NHS to fewer, larger hospitals is a necessary step to improve quality, and brings some challenges but many rewards for a Trust like ours. It makes us an attractive place to work for committed and talented clinical staff.

12 **Service developments**

The Trust has been designated as a major trauma centre for children and adults and is waiting to hear whether it will be a centre for paediatric cardiac surgery (the announcement is expected on 4 July 2012). It is also developing as a paediatric neurosurgery centre and a centre for adults with congenital cardiac conditions.

RESOURCE IMPLICATIONS

Capital/Revenue

13 None

Property/Other

14 None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15 The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

16 None

POLICY FRAMEWORK IMPLICATIONS

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KEY DECISION? Yes/No

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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	
2.	

Documents In Members' Rooms

1.	
2.	

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.		
2.		

