



**University Hospitals Dorset**  
NHS Foundation Trust

**UNIVERSITY HOSPITALS DORSET NHS  
FOUNDATION TRUST**

**BOARD OF DIRECTORS – PART 1 MEETING**

**Wednesday 29 September 2021**

**13:15 – 15:15**

**Via Microsoft Teams**

***(Link to join meeting can be found in Outlook Diary Appointment)***



**UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS – PART 1**  
**HELD IN PUBLIC**

The next meeting of the University Hospitals Dorset NHS Foundation Trust Board of Directors held in public will commence at 13:15 on Wednesday 29 September 2021 via Microsoft Teams.

If you are unable to attend please notify the Company Secretary's Team, telephone 0300 019 2980

**David Moss**  
**Chairman**

*Please note that mobile devices and laptops may be in use during the meeting to access papers, record actions and notes as appropriate*

**AGENDA – PUBLIC MEETING**

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**13:15 on Wednesday 29 September 2021**

Time	Item	Method	Purpose	Lead
13:15	1	Welcome, Introductions, Apologies & Quorum	Verbal	Chair
	2	Declarations of Interest	Verbal	Chair
	3	Patient Story	Slides	CNO
	4	For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 28 July 2021	Paper	Chair
	5	Matters Arising - Action List	Paper	Chair
	6	Chief Executive Officer's Report	Paper	CEO
13:30	7	<b>QUALITY AND PERFORMANCE</b>		
	7.1	Integrated Quality, Performance, Workforce and Finance Report	Paper	EDs
	7.2	Mortality Report Q1	Paper	CMO
	7.3	Nursing Establishment Review (summary)	Paper	CNO
	7.4	Workforce Race Equality Standards Action Plan	Paper	CPO
	7.5	Annual Complaints Report	Paper	CNO
	7.6	Guardian of Safe Working Hours Quarterly Report	Paper	CMO

	<b>7.7</b>	Responsible Officer and Revalidation Report	<b>Paper</b>	<b>Discussion</b>	<b>CMO</b>
	<b>7.8</b>	Freedom to Speak Up Six Monthly Report	<b>Paper</b>	<b>Discussion</b>	<b>FTSUG</b>
<b>14:30</b>	<b>8</b>	<b>STRATEGY AND TRANSFORMATION</b>			
	<b>8.1</b>	Strategy and Transformation Update	<b>Verbal</b>	<b>Discussion</b>	<b>CSTO</b>
<b>14:35</b>	<b>9</b>	<b>GOVERNANCE</b>			
	<b>9.1</b>	Honours Group Terms of Reference	<b>Paper</b>	<b>Approval</b>	<b>CoSec</b>
	<b>9.2</b>	Anti-Bribery and Corruption Statement	<b>Paper</b>	<b>Approval</b>	<b>CoSec</b>
<b>15:00</b>	<b>10</b>	<p>Questions from the Council of Governors and Public arising from the agenda.</p> <p>Governors and Members of the public are requested to submit questions relating to the agenda by no later than Sunday 26 September 2021 to <a href="mailto:fiona.ritchie@uhd.nhs.uk">fiona.ritchie@uhd.nhs.uk</a></p>		<b>Receive</b>	<b>Chair</b>
	<b>11</b>	Any Other Business	<b>Verbal</b>		<b>Chair</b>
	<b>12</b>	<p><b>Date and Time of Next Public Board Meeting:</b></p> <p>Board of Directors Part 1 Meeting on Wednesday 24 November 2021 at 13:15 via Microsoft Teams</p> <p>Future Meeting Dates: 26 January 2022 and 30 March 2022</p>			
	<b>13</b>	<p><b>Resolution Regarding Press, Public and Others:</b></p> <p>To agree, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.</p>			
	<b>14</b>	NB: A glossary of abbreviations that may be used in the Board of Directors papers will be found at the back of the Part 1 papers.			
<b>15:15</b>	<b>15</b>	<b>Close</b>	<b>Verbal</b>		<b>Chair</b>



## AGENDA – PRIVATE MEETING – PART 2

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15:30 on Wednesday 29 September 2021

Time	Item	Method	Purpose	Lead
15:30	16	Welcome, Introductions, Apologies & Quorum	Verbal	Chair
	17	Declarations of Interest	Verbal	Chair
	18	For Accuracy and to Agree: Part 2 Minutes of meeting held on 28 July 2021	Paper	Chair
	19	For Accuracy and to Agree: Part 2 Minutes of meeting held 25 August 2021	Paper	Chair
	20	Matters Arising – Action List	Paper	Chair
15:40	21	<b>QUALITY, PERFORMANCE &amp; RISK</b>		
	21.1	Risk Register Report: Risks 12 and Above	Paper	CNO
	21.2	Serious Incident Report	Paper	CMO
16:00	22	<b>STRATEGY AND TRANSFORMATION</b>		
	22.1	Estates Compliance Action Plan Update	Paper	CSTO
	22.2	Medium Term Capital Plan	Paper	CFO
	22.3	Aligning Car parking Arrangements	Verbal	CSTO
	22.4	ICS Integrated Care Board Update	Paper	CEO
16:40	23	Any Other Business	Verbal	Chair
	24	Reflections on the Board Meeting	Verbal	Chair
	25	<b>Date and Time of Next Private Board Meeting:</b>  Board of Directors Part 2 Meeting on Wednesday 27 October 2021 at 11:00 via Microsoft Teams.  Future Meetings: 24 November 2021		
17:00	26	Close	Verbal	Chair

**UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS – PART 1**

Minutes of the meeting of the Board of Directors – Part 1 held on Wednesday 28 July 2021  
at 13:15 hours via Microsoft Teams.

<b>Members:</b>	<b>Name</b>	<b>Designation</b>
	David Moss	Non-Executive Director and Chair
	Philip Green	Non-Executive Director
	Christine Hallett	Non-Executive Director
	John Lelliott	Non-Executive Director
	Caroline Tapster	Non-Executive Director
	Cliff Shearman	Non-Executive Director
	Alyson O'Donnell	Chief Medical Officer
	Paula Shobbrook	Chief Nursing Officer and Deputy Chief Executive Officer
	Peter Gill	Chief Informatics and IT Officer
	Pete Papworth	Chief Finance Officer
	Richard Renaut	Chief Strategy and Transformation Officer
	Mark Mould	Chief Operating Officer
	Karen Allman	Chief People Officer
<b>In Attendance:</b>	James Donald	Interim Associate Director of Communications
	John Vinney	Associate Non-Executive Director
	David Triplow	Lead Governor
	Marie Clearly	Trust Governor
	Sharon Collett	Trust Governor
	Robert Bufton	Trust Governor
	Howard Fincher	Trust Governor
	Jasmine Rapson	Health Service Journal, Correspondent
	Stephen Flatt	Head of Nursing and Quality, Surgical Care Group.
	Lucinda Christopher	Ward Sister, Poole Hospital
	Kirsten Armit	Chief Operating Officer, Faculty of Medical Leadership and Management
	Keith Mitchell	Deputy Lead Governor
	Patricia Scott	Trust Governor
	Judith Adda	Trust Governor
	Diane Smelt	Trust Governor
	Michelle Whitehurst	Trust Governor
	Fiona Ritchie	Company Secretary
	Zoe Jones	Corporate Governance Manager
	Jennifer Nabwogi	Interim Assistant Company Secretary (Minutes)

Minute Reference	
BoD 133/21	<p><b>Welcome, Introductions, Apologies &amp; Quorum</b></p> <p>The Chair welcomed everyone to the meeting and introduced Kirsten Armit, Chief Operating Officer, Faculty of Medical Leadership and Management, and Jasmine Rapson a correspondent from the Health Service Journal.</p> <p>Apologies were received from Chief Executive Officer, Debbie Fleming who was represented by Paula Shobbrook, Chief Nursing Officer and Deputy Chief Executive Officer. Apologies were also received from Non-Executive Directors, Pankaj Dave and Stephen Mount.</p> <p>The Committee congratulated Non-Executive Director, Cliff Shearman, upon receiving an OBE in the 2021 Queen's Birthday Honours.</p> <p>The meeting was declared quorate.</p>
BoD 134/21	<p><b>Declarations of Interest</b></p> <p>No further interests were declared.</p>
BoD 135/21	<p><b>Patient Story</b></p> <p>The Chief Nursing Officer introduced the video of a patient story and welcomed members of her team; Lucinda Christopher, Ward sister at Poole hospital and Stephen Flatt, Head of Nursing and Quality for the Surgical Care Group. The Board was introduced to the people at the heart of the story; the patient - Chloe, her carer Ryan and Chloe's assistant dog Charlie.</p> <p>The story centred on the challenges of having a dog on the ward while Chloe received intricate care at Poole hospital. Rather than say no to Chloe's assistant dog, the ward team were innovative in finding ways not only to accommodate the dog on the ward but also Chloe's carer Ryan. The Board received details of the preparations made to make this possible.</p> <p>The patient narrated that the exceptional ward arrangements had made a great difference to her stay at the hospital. She also described the good care from the nurses and how they looked after Charlie. The Board heard from the patient that the nurses had gone beyond their job role in looking after her, her carer and her assistant dog.</p> <p>The Board DISCUSSED the story, reflected on the actions taken by the nurses and thanked the team for upholding Trust values even in the challenging period of a pandemic.</p>

BoD 136/21	<p><b>For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 26 May 2021</b></p> <p>The Board APPROVED the minutes of the meeting held on 26 May 2021 as a true and accurate record subject to the following amendment;</p> <p><b>ACTION:</b> To change, in the 26 May 2021 Board of Directors Part 1 minutes, Carla Jones' job title from <i>Deputy Director of Workforce and Organisational Development</i> to <i>Deputy Chief People Officer</i>. <b>Fiona Ritchie.</b></p>
BoD 137/21	<p><b>Matters Arising - Action List</b></p> <p>The Board reviewed and closed the single action (109/21) on the list.</p>
BoD 138/21	<p><b>Chief Executive Officer's Report</b></p> <p>The Chief Nursing Officer (CNO) presented the report in the CEO's absence and provided the following highlights:</p> <ul style="list-style-type: none"> <li>• Covid-19: Although national lockdown restrictions had been lifted on 19 July 2021, the Covid-19 challenges were still present and the Trust continued to advise all to wear a face covering and follow social distancing rules;</li> <li>• The government's relaxation of self-isolation requirements for essential frontline staff was being managed carefully within the Trust to ensure staff and patient safety;</li> <li>• The vaccination programme was a success;</li> <li>• Teams were working through recovery plans but they were under extreme operational pressures;</li> <li>• Positive progress was reported on the Think Big project;</li> <li>• Recruitment to 'tier 3' posts had been carried out. This was a significant milestone in the life of the merged Trust as it was these leaders who would play an important part in bringing teams together and integrating front-line clinical services;</li> <li>• A six month post-merger review had taken place with NHSE/I and the Trust had received very positive feedback;</li> <li>• The Estates and Transformation Capital programme had passed all fundamental checks and would undergo the formal approval process.</li> </ul> <p>The Board also received an outline of the on-going strategic work with the ICS.</p> <p>The CNO was asked about any plans for the Trust to continue working with the armed forces following their involvement with the Trust at the 2021 Covid-19 peak. The Chief Finance Officer responded that there was an active group providing on-going support to veterans and ex-forces patients. The Trust had signed the Armed Forces Covenant and there was also good liaison with the local military commanders. The Trust was undertaking work to identify patients who have a back ground in the armed forces in order to determine their special needs.</p>

	The Board NOTED the Chief Executive Officer's Report.
<b>BoD 139/21</b>	<p><b>Integrated Quality, Performance, Workforce and Finance Report (IPR)</b></p> <p>The Board received an update from Executive Directors.</p> <p><u>Operational Performance:</u></p> <p>The Chief Operating Officer provided an update and highlighted the following:</p> <ul style="list-style-type: none"> <li>• June 2021 had seen a continued increase in the number of people attending the emergency department. This had resulted in a high occupancy rate of around 93% across the Trust's two acute sites with a corresponding negative impact on waiting times. The Medical care group was undertaking work to improve the waiting times;</li> <li>• Covid-19: There were 35 Covid patients across the Trust as at 28 July 2021, a slight increase from June 2021. Although the numbers were relatively small, this still presented significant additional pressure on staff due to constraints relating to Covid positive and Covid negative areas in wards;</li> <li>• Referral to Treatment: There was a significant improvement of people waiting over 52 weeks for treatment; from 5,500 in April 2021 to 3,700 in July 2021;</li> <li>• Diagnostics: 98% of the Trust's patients were receiving their diagnostics within 6 weeks;</li> <li>• Cancer activity: There had been an increase in the number of referrals in June 2021. The Board was reminded of a decrease in cancer referrals during the Covid-19 peak. The 62 day performance was at around 78% which was below the national standard.</li> </ul> <p><u>Quality:</u></p> <p>The Chief Nursing Officer provided the following updates on Quality.</p> <ul style="list-style-type: none"> <li>• The fundamentals of care were being maintained despite teams still working under pressure;</li> <li>• There was a slight increase in July 2021 in C.difficile rates in comparison to the same period last year. This was being reviewed through the post infection review process;</li> <li>• In the CQC Caring domain, the number of complaints received had gone up again as patients returned to hospital. The team was reviewing how complaints would be managed in future. The key themes of the complaints were mainly around communication and the discharge processes;</li> <li>• Under the CQC Well-Led domain, the red flag criteria had been aligned across all Trust sites. There had been a 114% increase in red flags in June 2021 in comparison to the same period last year.</li> </ul> <p>The Chief Medical Officer provided the following update on mortality.</p> <ul style="list-style-type: none"> <li>• Mortality was being reported on the standardised mortality rate (SMR) as opposed to the usual metrics. The reason for using the SMR was because it included Covid deaths and that was important for benchmarking purposes,</li> <li>• The Board received assurance of 100% review of all Trust mortalities through the Medical Examiner's Office.</li> </ul>

#### Finance:

The Chief Finance Officer provided an update.

- Although the Trust's revenue position was currently on plan, there was a considerable risk within the forecast relating to operational pressures. This had resulted into difficulty in delivering the cost improvement plans;
- The biggest risk was around the elective recovery fund and as a result forecast income was considerably lower than previously planned;
- The pay award had been announced at 3%. There was no update as to how the pay award was to be funded, so the assumption remained that it would be fully funded in accordance with the H1 allocations issued in March 2021;
- Capital programme: The Trust was overspending on the capital programme as at the end of Q1 2021/22;
- The Trust's cash balance remained strong although it was fully committed.

The Board was informed that the financial pressures highlighted above were not unique to the Trust but were consistent across all NHS providers. The Board was also informed of a Joint Investment Committee meeting which was due to take place on 30 July 2021 where the Trust's business case for acute reconfiguration would be considered.

#### Workforce:

The Chief People Officer provided an update.

- Majority of the workforce performance indicators in the report were green. The team was monitoring vacancies and carrying out a lot of recruitment;
- Sickness rates: A number of staff were off work in Covid-19 related isolation. One third of all recorded sickness absences related to Covid-19;
- There was progress on the values-based appraisals. The appraisal process had been launched in 2021 and was progressing every well;
- The workforce teams were working to ensure that statutory mandatory training was consistent across the Trust.

The Board briefly discussed the Think Big project and what it meant in relation to tackling waiting times. The Chief Finance Officer highlighted that one of the key sources of funding for the project had been the elective recovery fund but recent changes to the fund had presented challenges. An outcome was being awaited on a bid made under the Community Diagnostics Hub.

#### Informatics and IT:

The Chief Informatics and IT Officer provided his update on Informatics within the IPR.

- In June 2021 there had been approximately 80 minutes of outages at the Bournemouth site, affecting 5000 people.
- There had been a big jump in the use of the Dorset Care Record; from 13,000 to 19,000 users of the record in one month.
- The IT team was supporting the digital approaches of the Think Big project, helping the clinical specialities to re-examine and reimagine their patient

	<p>pathways.</p> <p>The Board DISCUSSED the integrated Quality, Performance, Workforce and Finance Report.</p>
<b>BoD 140/21</b>	<p><b>Annual Operating Plan 2021 – 2022</b></p> <p>The Chief Operating Officer presented the paper. The Board had already discussed the plan at their June 2021 meeting. Communication of the main themes of the plan was already underway and directorates had been asked to create their summary plans that support the overall operating plan.</p> <p>The Board DISCUSSED the Annual Operating plan 2021-2022.</p>
<b>BoD 141/21</b>	<p><b>CQC Action plan</b></p> <p>The Chief Nursing Officer presented the paper which had also been discussed in detail at the July 2021 Quality Committee meeting. The CQC had carried out a planned inspection of the Trust to explore certain aspects of the CQC Well-Led domain. It had been a face to face meeting of the CQC and some of the Trust Executives.</p> <p>There had been positive findings from the inspection in respect of the progress of the merger but there were also some recommendations. There was a MUST DO action around how the Trust monitored patient pathways and detailed conversations had taken place about Never Events.</p> <p>The Board DISCUSSED the CQC Action Plan.</p>
<b>BoD 142/21</b>	<p><b>Quality Strategy 2021/22</b></p> <p>The Chief Nursing Officer (CNO) presented the paper and provided a background to the development of the strategy. The strategy had been discussed in detail at the July 2021 Quality Committee meeting and recommendations had been made at that meeting.</p> <p>The CNO drew the Board's attention to the patient experience objectives which were underpinned by the involvement of patients and their families in care. Quality priorities had been identified through themes from serious incidents and from recent CQC action plans. In addition, there was also a national patient strategy that all quality strategies aligned to.</p> <p>The Board APPROVED the Quality Strategy 2021/22 subject to the amendments agreed to at the Quality Committee meeting of 26 July 2021.</p>
	<p><b>Information Governance Annual Report</b></p> <p>The Chief Informatics and IT Officer presented the paper. The Trust had not passed the annual Data Protection Security Toolkit (DPST). The Trust had completed 93 out</p>

	<p>of the 141 mandatory requirements. Although there were no sanctions for the non-compliance, there was concern about potential reputational damage. An action plan was in place and was being implemented.</p> <p>Other key points to note were:</p> <ul style="list-style-type: none"> <li>• Information asset register owners and administrators had been contacted by the IT team to undertake the work required for information asset assurance;</li> <li>• The IG training compliance was short of the 95% target required to pass the DSPT;</li> <li>• Poor Freedom of Information compliance levels which were short of the ICO target of 90%.</li> </ul> <p>The Board DISCUSSED and noted the Information Governance Annual Report.</p>
<b>BoD 143/21</b>	<p><b>Board and Committee Schedule 2022</b></p> <p>The Chair presented the schedule of all Board and Committee meetings for 2022. The Board agreed to adopt the schedule, noting that changes to the dates may become necessary in future.</p> <p>The Board NOTED and agreed the Board and Committee schedule of dates for 2022.</p>
<b>BoD 144/21</b>	<p><b>Board Committees: Annual Reports</b></p> <ul style="list-style-type: none"> <li>• <b>Workforce Strategy Committee</b></li> <li>• <b>Audit Committee</b></li> <li>• <b>Finance and Performance Committee</b></li> <li>• <b>Quality Committee</b></li> <li>• <b>Transformation Committee</b></li> <li>• <b>Sustainability Committee</b></li> </ul> <p>The Chair introduced the Committee annual reports which outlined the work undertaken by each of the Board Committees from October 2020 – March 2021.</p> <p>The Board NOTED the Board Committee annual reports.</p>
<b>BoD 145/21</b>	<p><b>Questions from the Council of Governors and Public arising from the agenda.</b></p> <p>The Chair called for questions from the Governors and members of the public present.</p> <p>A member of the Public asked if the Trust had capacity to invite healthy volunteers to act as control groups for clinical research trials given the Trust's new <i>University Hospital</i> status. The Chief Medical Officer responded that the Trust tended to do very specific and targeted research studies and did not normally require healthy volunteers. She referenced other organisations that needed health volunteers, for example, the Southampton clinical research faculty volunteer bank and the National institute for health research portal '<i>be part of research</i>' that people could access.</p>



	<p>A Trust Governor asked about the Trust's <i>Think Big</i> project and whether the Trust viewed professional pharmacies as valuable partners in the bid to do things differently. The question was in the context of the Government's recent encouragement of the public to consult pharmacists in professional pharmacies. The Chief Medical Officer responded that there was a lot of work involving pharmacists, for example, in emergency care in 111 where people would be guided towards community pharmacists. The system was also looking to strengthen pharmacy roles within Primary Care Networks as they were viewed as important roles.</p> <p>The Board RECEIVED and responded to questions from Governors and the public.</p>
<b>BoD 146/21</b>	<p><b>Any Other Business</b></p> <p>The Chair informed the Board that two Trust Governors; Christine Cooney and Stephen Tee were standing down from their roles.</p> <p>The Board thanked the Governors for their contribution to the Trust.</p>
<b>BoD 147/21</b>	<p><b>Date and Time of Next Public Board Meeting:</b></p> <p>The next Board of Directors Part 1 Meeting was announced as Wednesday 29 September 2021 at 13:15 via Microsoft Teams. Further Board of Directors Part 1 meetings were: 24 November 2021.</p> <p>The Chair closed the meeting at 14:48.</p>

# **MATTERS ARISING: ACTION TRACKER PART 1 BOARD OF DIRECTORS SEPTEMBER 2021**

Meeting Date	Minute No.	Matter Arising / Action	Trust / Lead	Due Date	Status
28/07/2021	BoD 136/21	To change, in the 26 May 2021 Board of Directors Part 1 minutes, Carla Jones' job title from Deputy Director of Workforce and Organisational Development to Deputy Chief People Officer. <b>Fiona Ritchie</b>	FR	September 2021	Complete: 26 May 2021 minutes amended

Key:	Outstanding	In Progress	Complete	Future Action
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## **Chief Executive Report September 2021**

### **1. Update on Covid-19**

Whilst there are many reasons to be encouraged regarding the way in which the Trust, the NHS and wider society is coping with on-going Covid-19 pandemic, it continues to have a significant impact on our work within University Hospitals Dorset. The risk of a potential surge in Covid-19 cases continues to feature very high in our demand and capacity planning, and of course, the Trust remains vigilant in maintaining strict infection, prevention and control measures, including the restriction of some hospital visiting.

At the time of writing, there has recently been a decrease in the Covid-19 cases in both the Dorset Council area (currently 254.1 per 100,000 compared to 321.00 on 10 September) and the BCP Council area (246.4 per 100,000 compared to 298.7 earlier in the month). Both rates are below the average for the South West (256.5 per 100,000) and England (297.2 per 100,000). The number of patients with Covid-19 within our UHD acute hospitals has remained broadly stable, generally around 30 to 40 per week.

I am pleased to confirm that since the vaccine was first made available, staff within UHD have been proactive in coming forwards for the jab, with 84.2% double vaccinated at the time of writing, we are now planning to commence booster jabs for staff in line with national guidance and will be arranging for this to take place during the autumn.

### **2. Emergency Pressures**

Members will be aware that across the country and particularly across the South West, NHS services have been under considerable pressure throughout the whole of the summer period – and the UHD Emergency Departments are no exception. We have experienced sustained increases in demand with August registering around 700 more attendances than in previous years and treating more seriously ill patients. The intensity of work required to accommodate these extra patients is having a significant impact on the staff and our ability to be able to deliver care promptly.

Patient safety remains paramount, and despite experiencing some delays, through close collaborative working with our partners – in particular the South West Ambulance Service NHS Foundation Trust (SWAST) - essential emergency and urgent care is being maintained. As always, our highly skilled ED teams continue to work hard to meet the needs of our patients, developing increasingly innovative ways of responding to these challenges, and to maintain a good patient experience.

The pressures are of course exacerbated by the fact that there are very high numbers of patients within our hospitals who are medically fit for discharge but remain with us whilst waiting for packages of care within the community or a bed elsewhere. This has come about due to very significant pressures in other sectors, in particular within social care, where there are major workforce shortages. This of course has a very detrimental impact on patient flow within our hospitals as with such high bed occupancy, we have fewer beds available for new emergency admissions.

In response to this situation, the Trust has had to open its “winter” escalation beds. Whilst this eases some pressure within our ED departments, it creates more pressure elsewhere within the Trust, given that taking this action means spreading our workforce more thinly across our hospitals, and increasing the use of agency staff. It therefore means that UHD is having to incur significant additional in-year costs. Nevertheless, the Trust cannot maintain normal services without keeping these beds open.

This situation is clearly serious and is the subject of a great deal of discussion across the Dorset Integrated Care System (ICS). We are asking all our partners to work with us to find innovative solutions, given that being unable to discharge patients leads to poorer outcomes and represents sub-optimal use of resources.

The Board of Directors will continue to keep this situation under review, particularly as we move towards the even busier winter period.

### **3. Health and Social Care Announcement**

Members will be aware of the government's announcement on 7 September 2021 regarding a proposed health and social care levy and reform – including investment of approximately £12 billion per year on average across the UK over the next three years. This investment is intended to provide the NHS with the resources to tackle the Covid-19 backlog and increased waiting times.

From April 2022, the government will also be introducing a new, UK-wide 1.25% Health and Social Care levy, ringfenced for health and social care, based on National Insurance contributions.

The government will be releasing a detailed plan later in the autumn to which will enable us to understand how this will impact on health and social care policy, and the timescales associated with this investment, which we would hope to use for technology, innovative methods of care and of course, our workforce.

Whilst it is clearly good news that additional investment will be available, more detail is required before we can confirm exactly how it will be used to reduce our waiting times backlog. It is also important to note that (as highlighted above), there are indeed very significant pressures on social care. We shall need to work with our partners to understand how this investment can best be used to improve services, recognising that all partners within the Dorset ICS are committed to seeing greater integration. As such, this announcement does indeed represent good news.

Within UHD, we shall be working with our partners to understand the opportunities that this new announcement represents, and how best we take forwards our collective ambitions to achieve the best possible outcomes for local people.

### **4. Dorset “Summit”**

In recognition of the current pressures and in advance of the autumn planning round, NHS partners met to consider the increasing demand for services, the underlying financial pressures, and the ongoing workforce shortages that are already having such a significant impact on capacity. Within the Dorset system, there are a number of transformation programmes underway aimed at improving services and achieving better outcomes whilst at the same time, reducing cost, but the recent summit allowed partners to consider how we might collectively focus our resources in the most effective way, in order to achieve the best outcomes for local people.

Whilst there is still much work to be done – both in the short term and in the longer term – partners reiterated their commitment to tackling variation and maintaining a Dorset-approach to the challenges that we face. In this way, we expect to “step up the pace” in our work to improve access to services, whilst at the same time achieving more consistent outcomes for our patients.

Theis work will continue to be taken forwards as we implement our plans to establish a more robust Integrated Care System within Dorset, in line with national guidance.

## **5. University Hospitals Dorset Annual Members Meeting and Open Day**

I am delighted to report that UHD held its very first Annual Members' Meeting and public Open Day earlier this month (11 September). Unfortunately, given the on-going Covid-19 pandemic, it would not have been appropriate to open our doors to the public, which meant that both events had to be virtually. Nevertheless, this did not detract from a very positive and engaging day.

As well as the AMM, where we reported back on the trust's first six month's performance up to March 2021, the day was themed around a series of online talks, tours and activities for all. It was especially pleasing to see the levels of engagement from the public, in particular in joining in with the 'behind the scenes' tours and watching videos showcasing the work of different departments. There was also a series of workshops for children and adults. The Open Day also provided a great opportunity for staff to find out more about their colleagues across UHD, and to hear more about the ongoing transformation that is taking place across both sites.

There have been over 2500 views of the videos so far and this will only increase over the next few weeks and months. The huge benefit of holding the Open Day virtually is that the content can of course continue to be used, well after the actual event.

All videos and talks are available to the public and can be accessed at [www.uhd.nhs.uk/openday2021](http://www.uhd.nhs.uk/openday2021). The content will also be promoted via social media over the coming months to maximise the reach of the videos.

## **6. Update on the One Dorset Pathology Programme: Go-live of the Laboratory Information Management System (LIMS)**

Members will be pleased to note that the One Dorset Pathology team has now passed a major milestone in the transformation of services across the whole of Dorset, having successfully implemented the new Laboratory Information Management System (LIMS), which went live on 17 August 2021. This is a huge change and an enormous achievement on the part of the team, representing the culmination of over 5 years' planning. The new system allows the laboratories across Dorset to act as one unit, sharing workload, improving resilience and will lead to quicker sample processing. The service will be further improved by bringing new, cutting edge equipment in which is only possible following the implementation of the new LIMS.

The size and scale of this project means that the teams are still progressing the "post go-live" work off-plan, in order to hone the system and improve the reporting links. This is against a backdrop of increasing demand for Covid-19 testing in the light of the ongoing pandemic, and national staff shortages within the pathology workforce.

The new LIMS is a key enabler for a number of other transformations projects within the One Dorset Pathology programme, which are already in train. These include the harmonisation of working practices, replacement of all the equipment, and the completion of all the estates work - including the building of the new pathology hub on the Bournemouth site. New analysers are already arriving on all three of the acute hospital sites in Dorset, and these are being verified and validated, ready to be put into active use over the coming months.

All these changes will bring the Dorset Pathology services together so as to form one single, more resilient service, with significant benefits for patients, staff, GPs and other partners across the Dorset ICS.

## **7. Dorset Health Village (“Think Big”)**

I am pleased to confirm that the Outpatients Assessment Clinic at the new Dorset Health Village in the Dolphin Shopping Centre in Poole (formerly known as the “Think Big” project) has moved from the planning phase into delivery. The building work required to fit out the new facility started on the 20 September, with the work due to be completed and the site operational before Christmas. Our clinicians and support teams are being encouraged to be as innovative as possible, so that the clinical “swim lanes” maximise the space available, making full use of digital technology. Some of these specialties, for example, our musculo-skeletal (MSK) and dermatology teams are already using these new models at other test sites. These models will have the patient centre to the process, bringing medical information and the clinical team to the patient in one single place.

It is intended that our first specialties become operational in December of this year, with services expanding to full capacity in the new year. The specialties in the first phase include Dermatology, MSK, Breast Screening, Ophthalmology and Triple Abdominal Aortic Aneurysm Screening.

The Dorset Health Village is remains one of the most innovative projects in the UK and is creating significant interest at both a regional and national level.

## **8. Update on our Estates Development**

Members will recall that the Full Business Case (FBC) for £201.8m to enable our estates transformation was approved at the NHS England/DHSC Joint Investment Committee on 30 July 2021. We are now awaiting formal Treasury approval, which is expected to be confirmed later this month.

Meanwhile, the Poole Theatres development continues to make excellent progress. The tower crane was installed at the end of July 2021, and this can be reviewed by watching the time-lapse video on the “Future of our Hospitals” section of our website. The website also includes a virtual tour of the new Poole Theatres complex. Work is now progressing at pace and will be continuing over the next few months.

At the Royal Bournemouth Hospital, the site has changed very significantly over the summer. The new West Entrance – our temporary main entrance - is now fully open, along with the new retail pharmacy and orthopaedics outpatient’s department, both of which opened in the summer. A new one-way traffic system around the site came into operation on 20 September.

The future of our hospitals featured very highly in the public Open Day with several interesting videos showing timelines, construction and fly throughs. Please follow the link to access these via <https://www.uhd.nhs.uk/news/events/open-day/future>

Finally, it is important to note that the New Hospital Programme (NHP) Strategic Outline Case (SOC) for Dorset was approved at the Joint Investment Committee in August 2021. We expect this will be followed shortly by New Hospital Programme reviews and in due course a submission of the Outline Business Case (OBC) for the Bournemouth site. This is important not only for the wider benefit that it will bring in developing sites across the whole of Dorset, but also given that there are elements of this programme that assist in continuing the transformation of the hospitals within UHD.

The Transformation Committee and its associated Groups continue to oversee this work, with key risks and decisions escalated as required.

## **9. South West Leadership for Inclusion**

Following the launch of the South West Leading for Inclusion Programme for Chief Executives and Senior Leadership Teams, I was delighted to attend the first workshop on 8 September 2021. This was a really valuable and helpful event, that will enable all chief executives to be even more effective in the future – both in leading our own organisations well and in developing services that will better meet the needs of our increasingly diverse population.

NHS Chief Executives from across the South West were able to come together to share life experiences, values and beliefs, and reflect on all that we have learned about inequalities during the Covid-19 pandemic. We shall be continuing this work in smaller learning sets, with a further workshop planned to take place later this year.

## **10. Good News**

### ***NHS Communicate Awards***

I am delighted to confirm that our communications team were shortlisted for the “NHS Board Commitment to Communications” category, which formed part of the NHS Communicate awards that took place on 16 September 2021. Our entry showcased the challenges of communicating as a new organisation, against the backdrop of the pandemic. Our submission referenced the innovative approach on merger day including the ‘As One Show’ live broadcast event, and highlighted how we managed the demands of a series of high-profile media visits and interviews throughout the pandemic. It also referenced how we retained our focus on the importance of embedding our new values and developing a positive culture over the past year.

Within UHD, the Board of Directors (and Council of Governors) fully recognises the importance of maintaining robust effective communications - with our patients, our staff our members, and of course, with members of the public. It is very encouraging that this commitment has been recognised at a national level, along with the hard work, skill and dedication of our talented Communications team.

### ***Expansion of “Attend Anywhere” Consultations***

Members will be aware that the pandemic saw an enormous push in the mobilisation of a number of truly innovative projects within the Trust. One example of this is the roll-out of *Attend Anywhere consultations*. In July 2021, nearly 2,000 video consultations were delivered across UHD and Dorset County Hospital. This equates to a saving of 51,362 travel miles for patients, 795 car parking spaces and 10.5 tonnes of CO2 emissions

**Debbie Fleming**  
**Chief Executive**

## BOARD OF DIRECTORS PAPER – COVER SHEET

Meeting Date: 29 September 2021

### Agenda item: 7.1

<b>Subject:</b>	University Hospitals Dorset (UHD) NHS Foundation Trust Integrated Performance Report (IPR) August 2021
<b>Prepared by:</b>	Executive Directors; Donna Parker, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Louise Hamilton-Welsh, Jo Sims, Andrew Goodwin
<b>Presented by:</b>	Executive Directors for specific service areas
<b>Purpose of paper:</b>	To inform the Board of Directors and Sub Committees members on the performance of the Trust during August 2021 and consider the content of recovery plans
<b>Background:</b>	<p>The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into a particular area of interest for additional information and scrutiny.</p> <p>In addition to the 2021/22 priorities and operational planning guidance (outlining the priorities for the year ahead) we have now received the Government's Autumn and Winter Plan. We await the Regional Key Lines of Enquiry to support our winter planning, however, the Government plan sets out its planned and contingency approach to managing Covid as well as pressures on the NHS. Key principles include:</p> <p><b>A. Building our defences through pharmaceutical interventions:</b> vaccines, antivirals and disease modifying therapeutics.</p> <p><b>B. Identifying and isolating positive cases to limit transmission:</b> Test, Trace and Isolate.</p> <p><b>C. Supporting the NHS and social care:</b> managing pressures and recovering services.</p> <p><b>D. Advising people on how to protect themselves and others:</b> clear guidance and communications.</p> <p><b>E. Pursuing an international approach:</b> helping to vaccinate the world and managing risks at the border.</p> <p>Key aspects of the support to Health and Social Care which we will be considering further as part of our internal and system plans include:</p> <ul style="list-style-type: none"> <li>• Additional funding for the NHS to continue to support the Covid response</li> </ul>



	<ul style="list-style-type: none"> <li>• Support for the clinically vulnerable and those people with long covid</li> <li>• Guidance, support and funding for Social Care</li> <li>• Flu vaccination</li> </ul>
<b>Key points for Board members:</b>	<p><b>Areas of Board Focus</b></p> <ol style="list-style-type: none"> <li>1. Attendances to ED, emergency admissions and ambulance have remained a pressure, exacerbated by internal and system wide workforce challenges. Our front door metrics and increased occupancy have been challenged creating crowding and long waits in the departments as well as delays in ambulance handovers. The impact this may have on the fundamentals of care. Increased future costs of addressing the number of patients waiting treatment. Impact on hospital reputation.</li> <li>2. Increased long length of stay and 'No Reason to Reside' (NRTR) patients contributed to increased occupancy across the organisation reducing hospital flow, creating increased pressures in the emergency departments/admission portals and ambulance handover and wait to be seen times. Potential impact on patient experience. Workforce availability to meet escalating capacity levels, driving increased agency costs and potential impact on quality. Impact on hospital reputation and increased challenge to elective care recovery. The impact this may have on the fundamentals of care in particular deconditioning of patients.</li> </ol> <p><b><u>Operational Performance</u></b></p> <p><b>Emergency Care</b></p> <p>Both acute hospital sites are continuing to experience significant pressure on the front door, with increasing ambulance handover delays and an increase in the amount of time people are staying in the emergency departments. Staffing pressures have presented a challenge both internally and across the Dorset system and staff wellbeing remains a priority. The Medical Care Group have embarked on a programme of work to re-set/review the systems and processes, agree the clinical director role in the emergency department and working closely with the wider emergency care teams to develop the and implement the programme of work. Work has commenced on our next steps to develop our Same Day Emergency Care (SDEC) services and pathways. Occupancy has been a significant challenge in August, with patients medically ready to leave and long length of stay patients increasing. At the time of writing the Medical Care group has now secured the appointment of the clinical Director in Emergency &amp; Urgent Care directorate.</p> <p><b><i>Emergency Departments</i></b></p> <p>The IPR provides the detailed performance against the new national Urgent &amp; Emergency Care standards. Headlines include:</p> <ul style="list-style-type: none"> <li>• Attendances c5% in August 2021 compared to 2019.</li> <li>• Admissions exceeded discharges with a net gain of 110 patients in month</li> <li>• ED mean time on both sites became further challenged</li> <li>• Positively there remains no 12 hour waits from Decision to Admit (DTA) though the increase in meantime reflects longer stays in the department with an increase in patients waiting 12 hours from arrival in the department</li> <li>• The level of conveyances, suspected Covid presentations and crowding in the departments, as well as the need to ensure clinical review and</li> </ul>

prioritisation of all presenting patients, meant the number of 60min ambulance handover breaches also increased.

*(colours based on change from last month)*

		Aug-21		
Standard	Aim	Poole	RBCH	Combined
Operational (Field testing standards)				
Mean time in the dept	200 mins	274	297	286
Time to assessment	15 mins	7	12	10
Internal Care Standards				
Time to triage (RBCH: to assessment )	15 mins	7	12	10
Time to first clinician seen (RBCH: to Dr seen )	60 mins	145	179	163
Time waited for a bed (RBCH: DTA to left dept )	60 mins	159	102	127

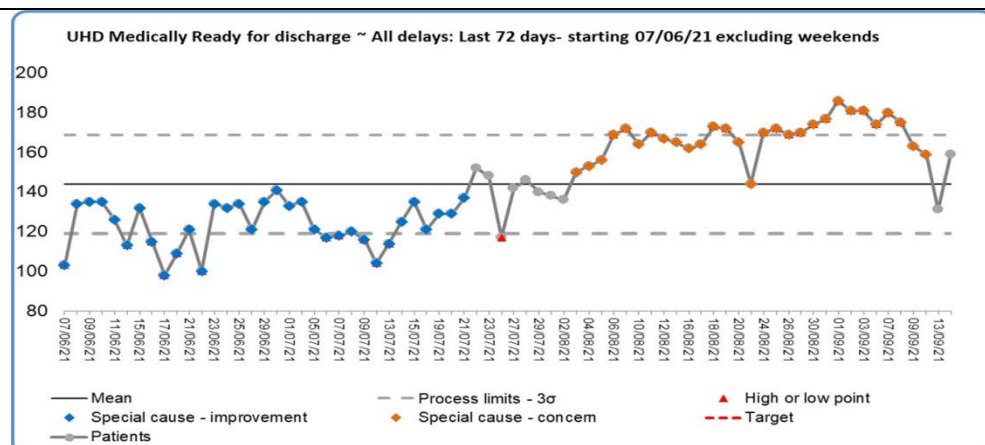
The above pressures continue to reflect a regional and national picture and there is concern across the Dorset and wider SW Systems that this trend will continue.

Overall actions that are underway relating to our Urgent & Emergency Care pathways include:

- ED Action Plan including – single page clerking, improvements to nursing paperwork and patient tracking, ambulatory care trial, Minors focus, review of covid pathway through the department
- Same Day Emergency Care agreed objectives and deliverables for 21/22 incorporating winter schemes and referral pathways from ED, NHS111, paramedics and GPs
- 'Missed opportunities' audit by ECIST taking place in Sept/Nov to identify potential alternative pathways to ED presentation
- Joint work with SWAST and the CCG to improve ambulance handover processes, including safe cohorting of patients arriving
- Joint work with partners to provide Local Authority and Social Worker input to frequent MRTL patient level reviews and support to wards
- External strategic partner support to the Home First Programme
- Planned CQC review of our Emergency Departments to support assurance processes in patient care.

### ***Occupancy, Flow and Discharge***

We continued to have all escalation beds open in August alongside the majority of infection control closed beds using robust risk assessment and mitigation plans to ensure we optimally offset risks. However, despite this, occupancy remained high. The number of patients ready with No Reason to Reside (NRTR) as well as bed days occupied by patients with a longer length of stay (7/14/21+) remained high in August, with the latter exceeding the national standards as a proportion of all inpatients. Externally we continue to work with partners on the Home First programme and an external strategic partner has commenced to further support the development of the discharge to assess model. However, there is recognition that current pressures are likely to need some urgent interim actions to reduce pressure on the acute and community hospitals and some focus and key actions in early September has seen some improvement.



Special cause concern triggered w/c 26<sup>th</sup> July and then early August onwards – the average for August was 164 delays per day reflecting the increased challenge in care/community capacity over this period. This is an increase of 35 delays a day compared to the previous month

### Surge, Escalation and Operational Planning

At the time of writing, we have 20 confirmed Covid inpatients, well below the levels experienced in Wave 2 (January/February) and within the 5% national planning requirements. The situation continues to be monitored through our internal response to Covid and operational flow pressures.

The Government's Autumn/Winter Plan has now been published and we await the NHSE Regional KLOEs to support system and internal planning. At UHD we commenced our full year capacity planning prior to 21/22 and we are building on this to develop our full Winter plan. This will be presented and iterated with Care Groups and our key Trust clinical and operational committees through September and October, as well as through the Dorset system process.

### Referral to Treatment (RTT)

**92% of all patients should wait no more than 18 weeks for treatment**

	January 2020	July 21	August 21	
Waiting List Size	44,508	48,687	49,906	+5,398 v January 20
Referral to treatment 18 week performance		65.2%	65.4%	+7.2% v Mar 21
RTT incomplete pathways >52+ weeks		3,402	3,408	-2,187 v Mar 21

Providers and commissioners are required to plan on the basis that their RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2022 than in January 2020. At the end of August 2021 there were 49,906 patients on the waiting list, 12.1% more than the combined January 2020 position of 44,508.

Despite this growth in the overall waiting list there is a reduction in the backlog of patients waiting over 18 weeks, which has resulted in an increase in performance from 65.2% to 65.4%.

There are 3,408 patients waiting over 52 weeks, an increase of 6 patients from last month however **2,187 less than March 2021**. Performance is ahead of the trust's planned 52ww trajectory of 3,726. >52ww represent 6.8% of the overall waiting list size and has delivered the ambition to deliver < 7.5% by the end of Q2.

***Factors impacting on the RTT standard***

In August, as staff are supported by the organization to take annual leave this has also impacted on our ability to maintain elective activity recovery levels seen earlier within the quarter.

The high number of RTT waits over 52 weeks is mainly due to lack of theatre / treatment capacity during 2020-21 however this is on an improving trajectory. A rising proportion of these over 78 weeks is the impact of reduced or ceased activity 18 months ago during the pandemic.

**High level elective care recovery actions include:**

- ***Ongoing clinically led waiting list validation of the active***, follow up and planned waiting lists aimed at clinically prioritising patients and ensuring that episodes for patients who no longer require an appointment or treatment are closed. ENT, OMF, Orthopaedics, General Surgery and Gynaecology validation is now live. This has supported an improvement in RTT performance in August.
- ***Further expansion of additional capacity*** to see and treat our longest waiting patients, this includes use of the independent sector, using other NHS and private providers, insourcing using a partner organisation and running waiting list initiatives where possible. Additional ENT and Oral capacity planned for September 21.
- ***Think Big*** is a project to enable high volumes of outpatients to be seen safely, this plan has system approval to proceed and plans to commence in Q3/Q4.
- ***Continuing to promote use of digital technology*** to support non-face to face outpatient activity.

**DM01 (Diagnostics report)**

***1% of patients should wait more than 6 weeks for a diagnostic test***

July	Total Waiting List	< 6weeks	>6 weeks	Performance
UHD	8277	7,773	504	6.1%

The DM01 standard has achieved 93.9% of all patients being seen within 6 weeks of referral, 6.1% of diagnostic patients seen >6weeks.

**High level diagnostic recovery actions include:**

- Continuation of additional temporary endoscopy capacity on the RBH site and reviewing all endoscopy activity in the Dorset system
- Working collaboratively across both sites to standardise and reduce waiting times for cardiology, ultrasound, MRI and CT
- Outsourcing Ultrasound to the Independent Sector
- Insourcing radiological reporting to provide additional capacity
- Additional flexible cystoscopy activity throughout Q1
- Sharing capacity across sites to reduce the waiting times in endoscopy and echo cardiology.

## Cancer Standards

	Measure	Target	Q1 20/21 FINAL	Q2 20/21 FINAL	Q3 20/21 - FINAL	Q4 20/21 - FINAL	Q1 21/22 - FINAL	July 21 - FINAL	Aug-21
UHD	Cancer Two Week Wait	93%	96.7%	97.3%	N/A	N/A	N/A	N/A	N/A
	Cancer Plan 62 Day Standard (Tumour)	85%	79.3%	80.0%	78.6%	77.8%	79.1%	78.8%	76.7%
	62 Day Screening Standard (Tumour)	90%	73.3%	73.3%	94.1%	88.1%	88.1%	83.3%	73.7%
	31 Day First Treatment (Tumour)	96%	96.2%	94.4%	97.0%	96.7%	97.1%	98.1%	97.0%
	Subsequent Treatment - Surgery	94%	89.4%	86.7%	95.4%	90.5%	91.2%	90.7%	92.3%
	Subsequent Treatment - Radiotherapy	94%	98.8%	100.0%	98.7%	99.0%	99.0%	99.0%	100.0%
	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	100.0%	100.0%	99.7%	98.8%	100.0%	100.0%
	Faster Diagnosis	75%	76.3%	77.4%	80.7%	79.1%	76.5%	78.2%	70.3%
	Over 104 days (treated in month)	N/A	18	23.5	26	16.5	30	9	7

The rate of fast track referrals continues to be high; however, in August there was a noticeable decrease in line referral trends in 2019/20. The total PTL remains elevated. Tumour pathways with greatest pressure on fast track referrals include Colorectal and Breast.

The 28-day FDS target continues to be met supporting patients' timely diagnosis and treatment planning.

The Trust is also now performing well against the 31 day standard achieving 2 out of 3 performance KPI's for Q1 and July– the 31day standard achieved at 98.1% and the 28-day faster diagnosis standards achieved at 78.2%. 62-day standard - UHD continues to perform above the current national average but reported a deteriorated position in July of 78.8% which below the national threshold of 85%.

The number of reported backstops for July is 9, which places UHD in the top 3 best performing organisations.

### Factors impacting on standard

<b>Demand</b>	<ul style="list-style-type: none"> <li>Referral numbers continue to put additional pressure on several services at all stages of the pathway</li> </ul>
<b>Clinical Processing Capacity</b>	<ul style="list-style-type: none"> <li>Patient choice continues to impact across all specialties - especially causing delays at diagnostic stage in some pathways</li> <li>Specific challenges in several pathways - due to capacity to manage the increased demand - especially head and neck and breast.</li> <li>Delays in histopathology reporting turnaround times, mainly affecting patients on a pathway at Poole Hospital.</li> </ul>

### High level actions ongoing

- Pathway analysis supported by Wessex cancer alliance to identify opportunities - to maximise capacity and improve flexibility - initially focusing on colorectal and head and neck
- ICS wide group reviewing Breast and skin pathways
- Commencing work to move towards a Dorset wide cancer PTL as per National guidance
- One stop opportunities at the start of the pathway to improve time to diagnosis- sarcoma/ lump clinic
- Improving IT support and intra-operability to assist efficacy of processes-working across Dorset
- Escalating issues across the care groups to identify mitigating actions and plan for improvements – where constraints and delays are identified
- Weekly breach and backstop meeting to ensure all patients are regularly

	<p>reviewed and actions being taken as indicated clinically</p> <ul style="list-style-type: none"> <li>Continuing to pursue the opportunity to introduce LA template biopsies as part of Adapt and Adopt to improve efficacy of the pathway, this would decrease the use of TRUS biopsy (as per National guidance) and free up essential theatre space –moving GA to LA .</li> <li>Working on health inequalities</li> <li>Working with HEE to investigate the benefit of patient navigators within certain tumour sites –where complex diagnostics are required</li> </ul> <p><b>Health Inequalities</b></p> <p>The Dorset Elective Care Health Inequalities programme is progressing. The Dorset Information and Intelligence Service (DiIS) population health tool now enables access to interactive and filterable analytics of our activity by several metrics including deprivation. Two launch events for the Dorset Elective Health Inequalities programme were held on 2nd and 6th September to share initial insights from our analysis of the data. A programme of intervention design is now progressing to support building a repeatable model for identifying impactful areas and interventions to reduce health inequalities in Dorset.</p> <p><b><u>Quality, Safety, &amp; Patient Experience</u></b></p> <p><b>Infection Prevention and Control:</b></p> <ul style="list-style-type: none"> <li>Outbreak review meetings have now been completed and a draft outbreak report produced to be presented to IPC Group in Quarter Two</li> <li>Community cases of COVID-19 in August continue, translating to a number of hospital admissions, but an increase in patients requiring critical care seen.</li> <li>No changes to any IPC national guidance – except exemption from self-isolation – trust process and risk assessment in place for staff.</li> <li>Continued focus on social distance closed beds and national direction of Covid-19.</li> <li>Ongoing work with regards to Fit Testing continues within the Task and Finish Group.</li> <li>Continue to work with the Dorset IPC Cell and SW IPC Region focus on MSSA.</li> </ul> <p><b>Clinical Practice Team:</b></p> <p><b>Moving &amp; Handling training</b></p> <ul style="list-style-type: none"> <li>Unable to meet the combined training requirements for clinical staff, approx.1300 staff now out of compliance. Risk Register entry to be reviewed and consider increasing to 12 numerous mitigations in place. Re advertising the Band 3 developmental post to support training has been successful and interviews planned for tend of the month.</li> <li>A presentation detailing the results of our deep dive into the level 2 (practical) compliance has been forwarded to each care group for inclusion and discussion in their Quality &amp; Risk Group meetings.</li> <li>The team are delivering M&amp;H training in clinical areas when appropriate, such as Eye Unit Audit Day which allows 16 staff to achieve their compliance. Other sessions planned for Rheumatology.</li> </ul> <p><b>Falls prevention &amp; management</b></p> <ul style="list-style-type: none"> <li>Bladder and bowel care continue to be recognised as contributing factors</li> <li>Feedback from a recent inquest highlighted the inappropriate use of bedrails for patients with dementia, delirium and agitation. The team are developing additional guidance to support the falls and bed rails assessment</li> </ul>
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on eNA. This is to be cascaded via the internal safety alert process.

### **Tissue Viability**

- New FT Band 7 Tissue Viability Lead due to commence in post September 2021.
- A revised SOP for the use of barrier products for neonates, pediatrics and adults has been drafted and awaiting ratification
- Reinforce the need to perform skin inspections within 6 hrs. of admission as any pressure ulceration noted after that window is recorded as "NEW" as per NHEI reporting guidance
- A 72hr post wound care plan has been developed and circulated via theaters and surgical areas as an action from an SI where surgical packing was retained

### **Patient Experience:**

#### **Friends & Family Test**

Across our sites, we received 2,779 FFT responses, many also providing feedback comments. Most people (85%) give us their feedback via the SMS text service and the Trust is now seeing an increase of responses from the RBCH site, providing a better balance of cross-site feedback.

The 4-month downward trend in FFT feedback has plateaued, but a more detailed system of monitoring is now in place, to understand feedback trends at ward and department level, so corrective action can be considered. A downward trend has been noted in ED on the RBCH site: several themes emerged from feedback comments, but the highest number relate to long waiting times.

#### **Trend in complaints**

The volume of complaints received remains within the expected range for UHD and similar to the same period last year. The number of complaint responses completed per month is now aligned with the number of new complaints received, but there is still a high volume of complaints open, awaiting response.

The volume of enquires and concerns received via PALS remains high at 429 this month, leading to challenges in timeliness and responsiveness. Actions are in place to support the PALS team to address the backlog of cases.

<b>Themes from complaints: August 2021</b>	<b>PH</b>	<b>RBCH</b>	<b>UHD total</b>
Clinical (quality & safety)	18	11	29
Management (environment, systems & processes)	5	11	16
Relational (comms, attitude, dignity & respect)	15	15	30

#### **Top relational themes:**

- Breakdown in communication
- Absence of communication
- Professionalism and disrespect
- Lost property

Key factors: communication about waiting times and when patients are likely to receive appointment or admission dates; and insufficient communication



about discharge and next steps in the pathway following discharge.

### Workforce

#### Key Performance Indicators to August 2021:

		21/22 YTD	20/21 YTD	Variance
Turnover		11.7%	12.6%	-0.9%
Vacancy		2.3%		N/A
Sickness Rate		4.8%	4.2%	0.6%
Appraisals	Values Based	18.3%	30.1%	-11.8%
	Medical & Dental	56.4%	65.9%	-9.5%
Statutory and Mandatory Training		88.0%	86.8%	1.3%

#### Performance:

**The Turnover figure** this month adds to a gradual yet increasing trend although overall levels continue to be within a reasonable tolerance.

**Vacancy Rate:** The UHD level vacancy rate for August (funded establishment vs actual posts being occupied) is showing at 2.3% and we are continuing the work to drill this down to unit and staff group level for the UHD structure.

**Overall Sickness** levels increased by 0.2% in August continuing a shallow yet increasing trend over the last months and higher levels than last year. This does not include staff continuing to isolate due to contact with Covid 19.

**Appraisal levels** for all staff have increased this month although figures continue to be significantly down on last year.

**Statutory and Mandatory training** compliance continues strong and stable in the high 80's despite ongoing challenges and disruption in training schedules.

**Temporary Staffing** demand continues at unprecedented rates and internal bank fill rates are tracking lower despite significant efforts.

#### CPO Headlines:

**HR Operations** - The Operational HR team's workload remains high in regard to organisational change and employee relations case work. UHD Policy development continues to progress and from this month new flexible working legislation means that employees can request flexible working from Day 1, do not have to justify their reasons and we have to look beyond their area of work if they cannot be accommodated locally.

**Occupational Health and Enhanced Wellbeing Service** – in addition to preparing for the Covid Booster and Flu vaccination programmes starting early October, pressures are being experienced in core services where for example we have seen a significant increase in the demand for pre-



employment checks as reflected in the resourcing numbers below.

**Resourcing** activity is extremely high for example if we compare general resourcing in August 2021 against August 2020 we have seen a 58% increase in the numbers of jobs advertised and a 43% increase in the number of applications being administered. In August we also supported 281 applicants for 11 medical vacancies.

**Learning and Education** continue to drive responses to address areas of operational pressure including the focus on overseas nurses and HCAs.

**Workforce Systems** have been experiencing significant pressures due to the complexities of changes going through payroll and the continuing drive to roll-out key systems.

**Temporary Workforce** demand continues at unprecedented levels with booking requests up across all areas including Medical, Nursing, Admin, Ancillary & Estates. Rolling adverts are bringing very little return at present. We continue to do what we can to avoid Tier 4 but to prepare for all eventualities including the use of block bookings for areas such as ITU.

### **Finance**

The Trust has set a financial break-even budget for the first half of the year (to 30 September) supported by the continuation of national top-up funding and funding to cover specific COVID costs. However, the Trust has set an indicative budget for the second half of the year based upon the previous funding regime and Long Term Plan allocations. This represents a budget deficit of £32.3 million albeit this will be revisited following receipt of the planning guidance and associated allocations for the second half of the year, which is expected shortly. Following the month four forecast refresh the deficit position in the second half of the year has been revised to £47.9 million. This revised forecast reflects additional cost pressures specifically in relation to the Bed Capacity Business Case of £5.412 million, reduction of CCG Income £6.115 million and revised Public Dividend Capital (PDC) charge of £1.043 million.

At the end of July, the Trust is reporting a consolidated surplus of £1,000 being an adverse variance of £3,000. Additional expenditure of £5.938 million has been incurred in the Trusts elective recovery programme and, pending national validation, income has been assumed from the Elective Recovery Fund to off-set this in full.

The Surgical Care Group is £221,000 behind plan as at 31 July, mainly due to additional medical staffing costs, partially offset by reduced activity particularly prosthetic in Orthopaedics, . The Medical Care Group is £58,000 ahead of plan, mainly due to an over achievement in cardiac private patient income and cessation of Bowel Scope and Bowel Cancer screening services, with the Specialties Care Group ahead of plan by £494,000 principally due to vacancies within Pathology and Pharmacy.

As at 31 July the Trust is forecasting delivery of £2.065 million CIP of which 61% is non-recurrent. The majority of the identified CIP is Green rated and considered highly likely to deliver. This would leave a recurrent shortfall of £2.427 million at year end.

The Trust has set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for

	<p>the Dorset Integrated Care System. This presents a considerable risk for the Trust and will require very careful management throughout the year. As at 31 July capital spend is £9.577 million, being £591,000 above plan. This overspend relates to the phasing of the capital programme and will be closely monitored.</p> <p>The Trust is currently holding a consolidated cash balance of £76.5 million, which is fully committed in support of the medium-term strategic reconfiguration programme.</p> <p>The Trust has set a financial break-even budget for the first half of the year (to 30 September) supported by the continuation of national top-up funding and funding to cover specific COVID costs. However, the Trust set an indicative deficit budget of £32.3 million for the second half of the year based upon the previous funding regime and Long Term Plan allocations. Following the forecast refresh, the deficit position in the second half of the year has been revised to £47.9 million, reflecting additional cost pressures including those necessitated by the requirement to open additional bed capacity together with a reduction in CCG funding. However this forecast position currently excludes the recently announced national funding (block top up funding and funding for COVID-19 costs which together amounted to £42.5 million during the first half of the year) and will therefore be significantly improved once these are included following receipt of the detailed local allocations which are expected imminently. The national financial framework includes an Elective Recovery Fund (ERF) to support the necessary increases in capacity to see and treat those patients still awaiting planned care, and this is being accounted for on a monthly basis, reported as a variance against both expenditure and income budgets.</p> <p>At the end of August, the Trust is reporting a consolidated deficit of £9,000 being an adverse variance of £59,000. Additional expenditure of £7.883 million has been incurred in the Trusts elective recovery programme and, pending national validation, income has been advised by Dorset CCG from the Elective Recovery Fund totalling £7.867 million. The Surgical Care Group is £187,000 behind plan as at 31 August, mainly due to additional medical staffing costs, partially offset by reduced activity particularly within Orthopaedics; the Medical Care Group is £82,000 ahead of plan, mainly due to an over achievement in cardiac private patient income together with the cessation of Bowel Scope and Bowel Cancer screening services; and the Specialties Care Group is ahead of plan by £514,000 principally due to vacancies within Pathology and Pharmacy. As at 31 August the Trust is forecasting cost savings of £2.215 million of which 63% is non-recurrent. This highlights the considerable challenges associated with identifying and delivering recurrent savings whilst continuing to manage the considerable operational pressures. If not addressed, this will result in a recurrent shortfall of £2.42 million at 31 March 2021 placing pressure on future years budgets.</p> <p>The Trust has set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for the Dorset Integrated Care System. This presents a considerable risk for the Trust and requires very careful ongoing management. As at 31 August capital spend is £14.653 million, being £1.150 million above plan. This overspend largely relates to the phasing of the capital programme and will be closely monitored to mitigate any residual risks to the full year budget.</p> <p>The Trust is currently holding a consolidated cash balance of £69.8 million, which is fully committed in support of the medium-term strategic</p>
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	reconfiguration programme. The variance to the plan relates to the phasing of capital expenditure and the draw down of capital funding together with the actual release of cash through the national Elective Recovery Fund.
<b>Options and decisions required:</b>	No decisions required
<b>Recommendation:</b>	<b>Members are asked to note:</b> <ul style="list-style-type: none"> <li>The areas of Board focus for discussion</li> </ul>
<b>Next steps:</b>	Work will continue in addressing the actions raised as part of the escalation reports and through Trust Management Group.

<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	<p><b>To be a great place to work</b>, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p><b>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services</b> and deliver key operational standards and targets.</p> <p><b>To continually improve the quality of care</b> so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience</p> <p><b>To be a well governed and well managed organisation</b> that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p> <p><b>To transform and improve our services in line with the Dorset ICS Long Term Plan</b>, by separating emergency and planned care, and integrating our services with those in the community.</p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	<p><b>Risks scoring <math>\geq 12</math>:</b></p> <p><b>UHD 1342</b> - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak</p> <p><b>UHD 1383</b> - COVID -19 risk relating to HCAI</p> <p><b>UHD (1343)</b> – COVID -19 impact on staffing</p> <p><b>UHD 1131</b> – inability to effectively place patients in the right bed at the right time (Flow)</p> <p><b>UHD 1387</b> - Demand for acute inpatient beds will exceed bed capacity (Demand &amp; Capacity)</p> <p><b>UHD 1460</b> – UEC national metrics</p> <p><b>UHD 1429</b> – Ambulance handovers</p> <p><b>UHD 1053</b> –Long Length of Stay / Discharge to Assess /NRTR</p> <p><b>UHD 1430</b> – ED workforce</p> <p><b>UHD 1074</b> - Risks associated with breaches of 18 week Referral to Treatment and 52 week wait standards</p> <p><b>UHD 1292</b> – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates</p> <p><b>UHD 1476</b> – Backlog of overdue planned follow up appointments</p> <p><b>UHD 1386</b> – Cancer waits increasing due to increased referrals.</p> <p><b>UHD 1276</b> – Delayed patient care due to delays in surgery for #NOF patients</p> <p><b>UHD 1347</b> – Financial Control Total 2020/21. This entry highlights the potential risk of the Trust failing to achieve the required break-even outturn position, resulting in a revenue deficit and an unplanned reduction in cash available to support the capital programme.</p> <p><b>UHD 1416</b> – GIRFT &amp; Model Hospital. This entry highlights the risk of not achieving the efficiency and productivity opportunities identified through the</p>

	Getting it Right First Time (GIRFT) programme and Model Hospital metrics resulting in continued unwarranted variation, reduced productivity and higher cost of service provision
<b>CQC Reference:</b>	All 5 areas of the CQC framework

<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>
Trust Board (Full report)	Sept 2021
Quality Committee (Quality)	Sept 2021
Finance & Performance Committee (Operational / Finance Performance)	Sept 2021
Trust Management Group	Sept 2021

# INTEGRATED PERFORMANCE REPORT



August 2021

### Performance at a Glance - Key Performance Indicator Matrix

		standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	ytd	ytd var	trend	
SAFE																			
Quality	Pressure Ulcers (Cat 3 & 4)		12	6	10	8	12	12	13	16	11	15	12	15	8	61	-11	<div><div></div></div>	
	Inpatient Falls (Moderate +)		5	2	3	5	4	4	5	2	4	6	2	7	1	20	0	<div><div></div></div>	
	Medication Incidents (Moderate +)		1	2	5	4	9	2	4	4	1	0	1	1	1	4	0	<div><div></div></div>	
	Patient Safety Incidents (NRLS only)		1379	1341	1654	1581	1537	1492	1239	1006	1029	752	959	1022	1012	4774	-1256	<div><div></div></div>	
	Hospital Acquired Infections	MRSA	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	<div><div></div></div>
		MSSA	1	2	3	9	8	4	6	4	3	2	4	5	5	19	4	4	<div><div></div></div>
	C Diff	7	6	1	3	1	2	9	3	4	9	8	6	7	34	6	6	<div><div></div></div>	
	E. coli	3	12	5	8	2	11	3	3	4	4	9	8	10	35	14	14	<div><div></div></div>	
EFFECTIVE																			
Mortality	SMR	Latest Jan 21	(source Dr Foster)	104.042	97.2055	111.664	113.307	96.5075	171.543	119.6	87.4							<div><div></div></div>	
	Patient Deaths	YTD		207	185	265	244	249	469	299	217	165	185	170	232	223	975	40	<div><div></div></div>
	Death Reviews	Number		100	81	99	84	86	151	104	62	29	16	7	8	0	60		<div><div></div></div>
	Deaths within 36hrs of Admission			30	35	40	36	49	47	39	37	30	29	33	48	38	178	12	<div><div></div></div>
	Deaths within readmission spell			15	13	15	22	25	36	18	16	12	14	10	26	22	84	14	<div><div></div></div>
CARING																			
	Complaints Received		57	48	51	56	62	53	53	51	60	68	62	52	57	299	103	<div><div></div></div>	
	Complaint Response in month		57	48	51	48	49	43	59	59	47	26	64	53	16	206	30	<div><div></div></div>	
	Section 42's		0	2	0	0	0	0	1	0	0	0	5	0	0	5	2	<div><div></div></div>	
	Friends & Family Test		90%	91%	91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	90%	-	<div><div></div></div>	
WELL LED																			
Safety	Risks 12 and above on Register		36	38	39	31	32	27	31	34	35	40	43	44	47	47	11	<div><div></div></div>	
	Red Flags Raised*		31	47	51	43	73	129	51	28	41	45	56	80	117	339	255	<div><div></div></div>	
	*different criteria across RBCH & PHT																	<div><div></div></div>	
	Overall CHPPD		9.5	8.8	9.0	9.4	9.4	8.3	9.4	9.3	5.7	5.3	5.2	5.0	5.2	5.3	-1.9	<div><div></div></div>	
People	Patient Safety Alerts Outstanding		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<div><div></div></div>	
	Turnover		10.40%	10.70%	10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	11.50%	12.20%	12.60%	11.7%	-1.1%	<div><div></div></div>	
	Vacancy Rate (only up to Oct 2020)		1.0%	0.7%	1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	<div><div></div></div>
	Sickness Rate		4.2%	4.2%	4.2%	4.4%	4.5%	7.1%	4.9%	7.1%	4.7%	4.7%	4.8%	4.9%	4.2%	4.8%	0.6%	<div><div></div></div>	
	Appraisals	Values Based	41.6%	53.5%	57.3%	61.5%	63.9%	63.7%	63.1%	62.9%	4.6%	9.0%	16.7%	25.7%	30.1%	18.3%	-11.8%	<div><div></div></div>	
	Medical & Dental	52.0%	45.9%	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	61.0%	65.9%	56.4%	-9.5%	<div><div></div></div>		
	Statutory and Mandatory Training		86.52%	86.96%	88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.94%	88.20%	88.10%	88.10%	88.0%	1.3%	<div><div></div></div>	

RESPONSIVE																	
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)	8	20	25	17	29	36	10	17	14	8	9	11	5	47	-20	
	Patient Moves Out of Hours (Non-Clinically Justified Only)	58	64	84	106	103	187	75	70	67	72	98	122	65	424	61	
	ENA Risk Assessment	Falls	62%	61%	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	60%	61%	-1%
	*infection eNA assessment	Infection*	74%	73%	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	64%	66%	-11%
	went live at RBCH during April 20	MUST	64%	64%	63%	65%	61%	57%	63%	63%	69%	66%	66%	61%	64%	65%	-1%
RTT		Waterlow	61%	61%	61%	61%	60%	52%	59%	60%	65%	62%	62%	60%	60%	61%	0%
	18 week performance %	92%	49.0%	56.2%	60.4%	63.4%	64.8%	63.0%	59.3%	58.2%	59.6%	63.2%	65.7%	65.2%	65.4%		
	Waiting list size	44,508	41,172	43,123	44,320	44,349	44,117	44,615	45,524	47,133	47,984	48,773	49,099	48,687	49,906		
	Waiting List size variance compared to Mar 2019 %, and Jan 2020 for 21/22	0%	-3%	1.3%	4.1%	4.1%	3.6%	4.8%	6.9%	10.7%	7.8%	9.6%	10.3%	9.4%	12.1%		
	No. patients waiting 26+ weeks		16,950	17,001	14,220	12,131	10,738	10,904	11,672	12,408	12,692	12,682	11,972	11,085	10,929		
	No. patients waiting 40+ weeks		6,395	6,921	7,197	7,799	8,031	7,258	7,006	6,727	6,474	6,151	5,962	5,872	5,971		
	No. patients waiting 52+ weeks	0	2,050	2,636	2,998	3,242	3,439	4,273	5,325	5,595	4,816	4,156	3,737	3,402	3,408		
Theatre	No. patients waiting 78+ weeks		0	70	92	149	291	542	726	979	1,176	1,268	1,180	1,318	1,635		
	No. patients waiting 104+ weeks		0	0	0	0	0	0	0	0	9	24	66	101	133		
	Average Wait weeks	8.5	20.8	20.6	19.5	18.3	18.6	18.3	18.3	20.1	19.5	19.5	20.1	20.1	20.1		
	Theatre utilisation - main	98%	67%	71%	71%	71%	73%	69%	67%	73%	73%	74%	75%	72%	73%		
	Theatre utilisation - DC	91%	70%	73%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%		
	NOFs (Within 36hrs of admission - NHFD)	85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%		
	NOFs (Within 36hrs of admission - NHFD)	85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%		
Outpatients	Referral Rates																
	GP Referral Rate	(20/21 baseline)	-0.5%									200.1%	127.3%	86.0%	66.7%		
	year on year +/-	(19/20 baseline)	-0.5%	-45.8%	-37.8%	-34.4%	-32.0%	-28.2%	-29.5%	-29.0%	-22.4%	-12.6%	-10.2%	-8.6%	-10.8%	-10.8%	
	Total Referrals Rate	(20/21 baseline)	-0.5%									169.1%	120.5%	87.2%	70.3%		
	year on year +/-	(19/20 baseline)	-0.5%	-45.3%	-37.1%	-32.2%	-28.7%	-24.5%	-22.8%	-22.2%	-17.2%	-8.9%	-8.0%	-3.9%	-6.2%	-6.0%	
DM01	Outpatient metrics																
	Overdue Follow up Appts		13,652	13,941	13,722	13,099	13,941	14,883	15,775	15,669	15,404	15,266	15,330	15,389	16,272		
	Follow-Up Ratio	1.91	1.46	1.44	1.44	1.48	1.44	1.63	1.54	1.44	1.40	1.36	1.37	1.40	1.47		
	% DNA Rate	5%	5.7%	6.6%	7.0%	6.6%	6.0%	5.5%	5.0%	5.0%	5.7%	5.8%	6.3%	6.6%	6.7%		
	Patient cancellation rate		9.2%	9.9%	10.3%	9.5%	10.4%	12.1%	8.8%	5.4%	8.3%	9.1%	10.5%	12.2%	11.7%		
Cancer	30% reduction in face to face attendances																
	% telemedicine attendances	25%	52.9%	44.5%	42.0%	43.1%	39.4%	52.1%	52.8%	42.5%	37.3%	34.1%	31.3%	28.7%	28.5%		
	Diagnostic Performance (DM01)																
	% of <6 week performance	1%	19.5%	16.9%	9.8%	1.4%	2.7%	6.4%	5.9%	2.9%	3.7%	2.6%	1.8%	3.3%	6.1%		
	2 week wait (RBH not being monitored)		99.3%	95.4%	-	-	-	-	-	-	-	-	-	-	-		
Emergency Dept	62 day standard	85%	76.6%	76.1%	77.9%	80.3%	77.5%	78.5%	71.6%	83.2%	76.1%	76.9%	79.8%	78.8%	74.9%	(August predicted)	
	28 day faster diagnosis standard	75%	80.3%	72.9%	76.6%	86.7%	78.6%	72.5%	80.2%	83.6%	75.9%	77.6%	75.3%	78.2%	75.4%	(August predicted)	
	Arrival time to initial assessment	15	5.7	5.7	5.1	5.0	6.0	6.0	5.0	6.0	9.0	9.0	13.0	14.0	10.0		
	Clinician seen <60 mins %		31.0%	36.2%	39.9%	43.7%	41.8%	50.5%	52.9%	45.2%	30.6%	27.0%	18.3%	16.1%	17.1%		
	PHT Mean time in ED	200	227	206	210	230	235	266	235	205	217	229	239	250	274		
SWAST	RBCH Mean Time in ED	200	211	217	226	219	259	258	222	206	223	228	250	280	297		
	Patients >12hrs from DTA to admission	0	0	0	0	7	8	3	1	0	0	0	0	0	0		
	Patients >6hrs in dept		1833	1454	1540	1488	2126	2052	698	1072	1674	2110	2735	3656	4349		
	ED attendance Growth (YTD)	vs 20/21									94.3%	17.0%	56.1%	45.8%	37.4%		
		vs 19/20	-26.0%	-23.2%	-15.7%	-21.2%	-21.8%	-22.6%	-31.4%	-21.1%	-3.0%	-15.0%	9.0%	0.9%	1.7%		
SCAST		vs 20/21									43.0%	35.7%	22.9%	14.6%	9.8%		
		vs 19/20			-6.7%	-7.5%	-7.0%	-4.7%	-11.9%	-4.4%	7.8%	8.8%	8.9%	7.3%	1.7%		
	Ambulance handover growth (YTD)																
	Ambulance handover 30-60mins breaches		313	228	249	213	261	296	126	190	227	264	341	411	330		
	Ambulance handover >60mins breaches		56	52	48	57	103	203	12	20	42	67	117	168	238		
Patient Flow	Emergency admissions growth (YTD)	vs 20/21									33.2%	17.0%	2.2%	26.7%	21.1%		
		vs 19/20	-11.9%	-10.5%	-12.1%	-15.4%	-16.4%	-13.1%	-19.3%	-13.4%	-16.2%	-15.0%	-15.1%	-1.4%	-2.2%		
	Bed Occupancy	85%		85.9%	86.0%	85.4%	85.2%	87.4%	84.6%	82.3%	85.1%	90.5%	90.3%	89.7%	92.5%		
	Stranded patients:																
		Length of stay 7 days		380	394	385	311	443	311	347	338	374	390	407	483		
		Length of stay 14 days		197	214	219	155	242	155	184	178	195	216	233	296		
		Length of stay 21 days	108	108	126	132	86	144	86	105	103	115	132	148	198		
	Non-elective admissions		6089	6279	5673	6034	5231	6034	6130	6355	6463	6366	6486	6119			
Patient Flow	> 1 day non-elective admissions		3796	3932	3554	3686	3521	3686	3737	3873	4025	3885	4108	3950			
	Same Day Emergency Care (SDEC)		2291	2346	2118	2344	1710	2344	2387	2481	2437	2478	2374	2166			
	Conversion rate (admitted from ED)	30%	34.40%	36.10%	38.30%	36.90%	42.30%	36.90%	37.00%	33.90%	32.50%	30.40%	29.90%	29.00%			



# Quality - SAFE

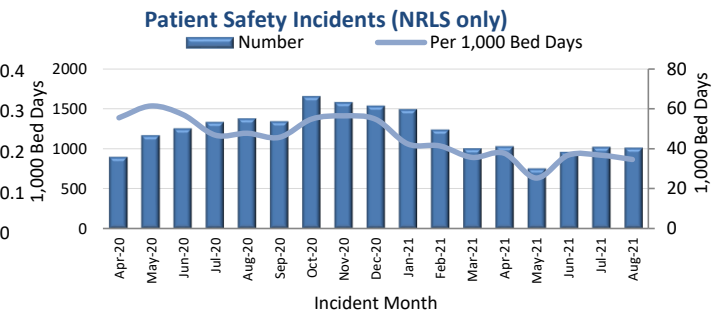
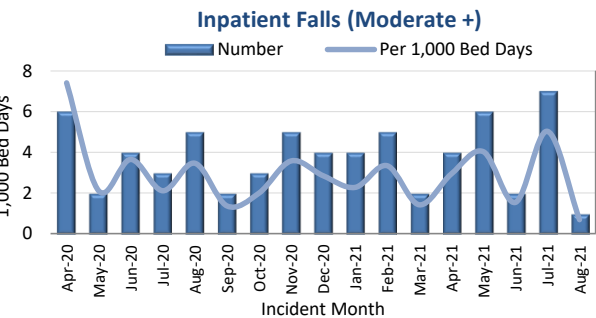
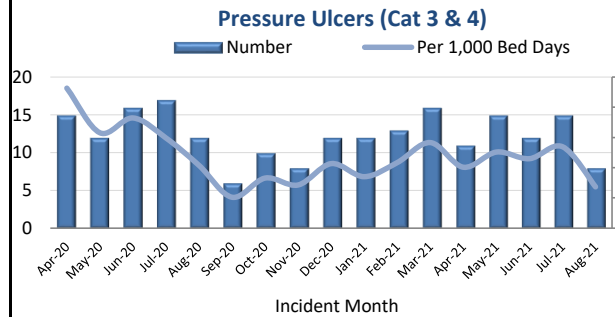
## Commentary on high level board position

- Category 3's reported in month, 8 in total across UHD include 2 mixed aetiology (pressure & moisture) one patient was on the PCPLDL with a pre-existing cat2 deteriorating. The remaining 5 incidents were cat 3's to bony prominences.
- 1 severe falls incident reported this month

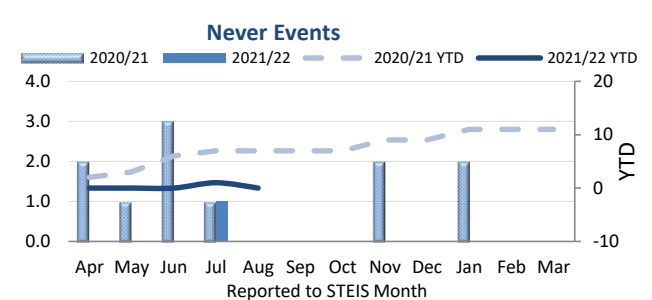
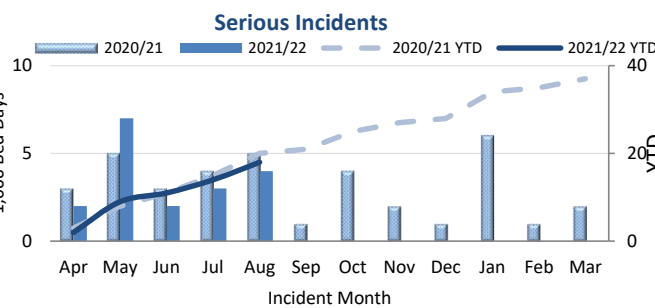
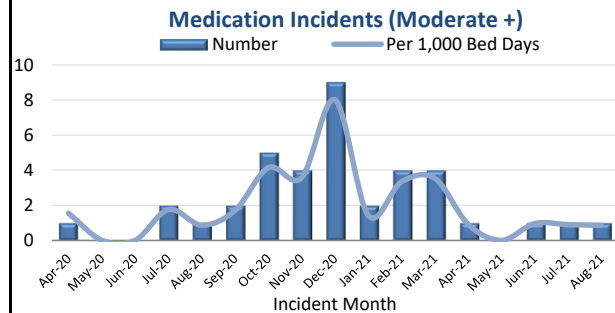
## High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	61	72	-11
	Per 1,000 Bed Days	0.43	0.63	-0.19
Inpatient Falls (Moderate +)	Number	20	20	0
	Per 1,000 Bed Days	0.14	0.17	-0.03
Medication Incidents (Moderate +)	Number	4	4	0
	Per 1,000 Bed Days	0.03	0.03	-0.01
Patient Safety Incidents (NRLS only)	Number	4,774	6,027	-1253
	Per 1,000 Bed Days	34.02	52.63	-18.60
Hospital Acquired Infections	MRSA	1	0	1
	MSSA	19	15	4
	C Diff	34	28	6
	E. coli	35	21	14

## High Level Trust Performance



1 (Jul 21) > MRSA > 0 (Aug 21)    5 (Jul 21) > MSSA > 5 (Aug 21)    8 (Jul 21) > C Diff > 5 (Aug 21)    8 (Jul 21) > E. coli > 10 (Aug 21)





## Quality - RESPONSIVE

### Commentary on high level board position

- Reporting on mixed sex accommodation remains on hold nationally, the Trust however continues to aspire to maintain this standard
- eNA compliance completion within 6hrs of admission remains a challenge for admitting areas and this month has shown a further dip in compliance, this can be related to the increased admission activity.

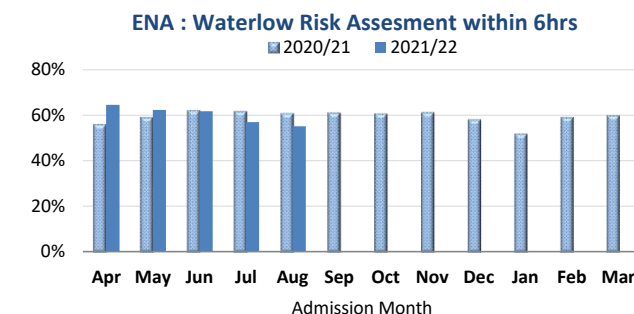
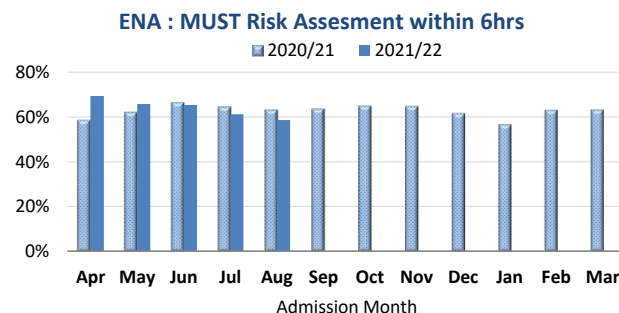
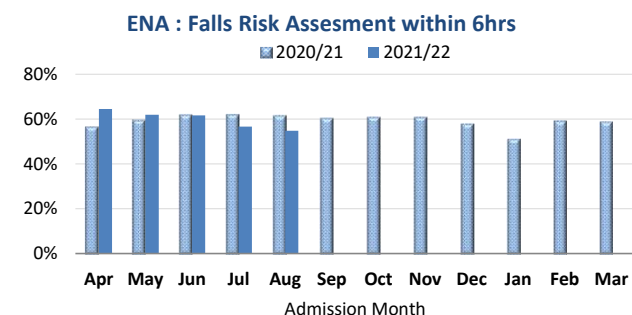
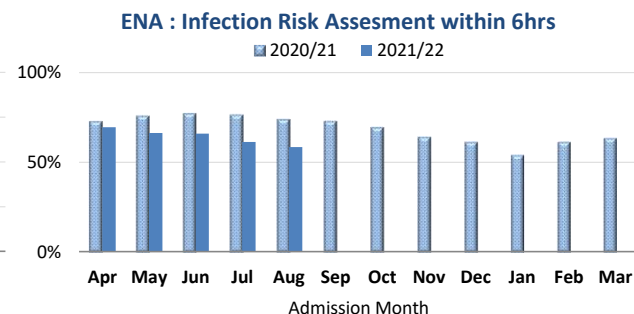
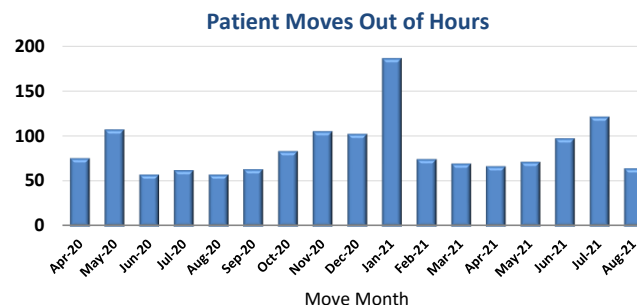
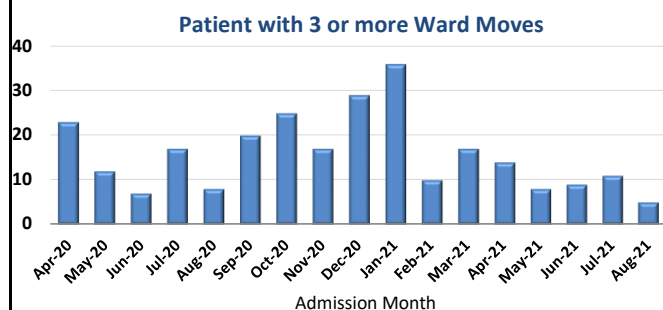
### High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	47	67	-20
Patient Moves Out of Hours (Non-Clinically Justified Only)	424	363	61
Mixed Sex Acc. Breaches Suspended Apr-20 onwards due to Covid	0	0	N/A

### ENA Risk Assessment

Falls	59.9%	60.8%	-0.9%
Infection	64.2%	75.6%	-11.4%
MUST	64.1%	63.5%	0.5%
Waterlow	60.2%	60.1%	0.0%

### High Level Trust Performance



# Quality - EFFECTIVE AND MORTALITY

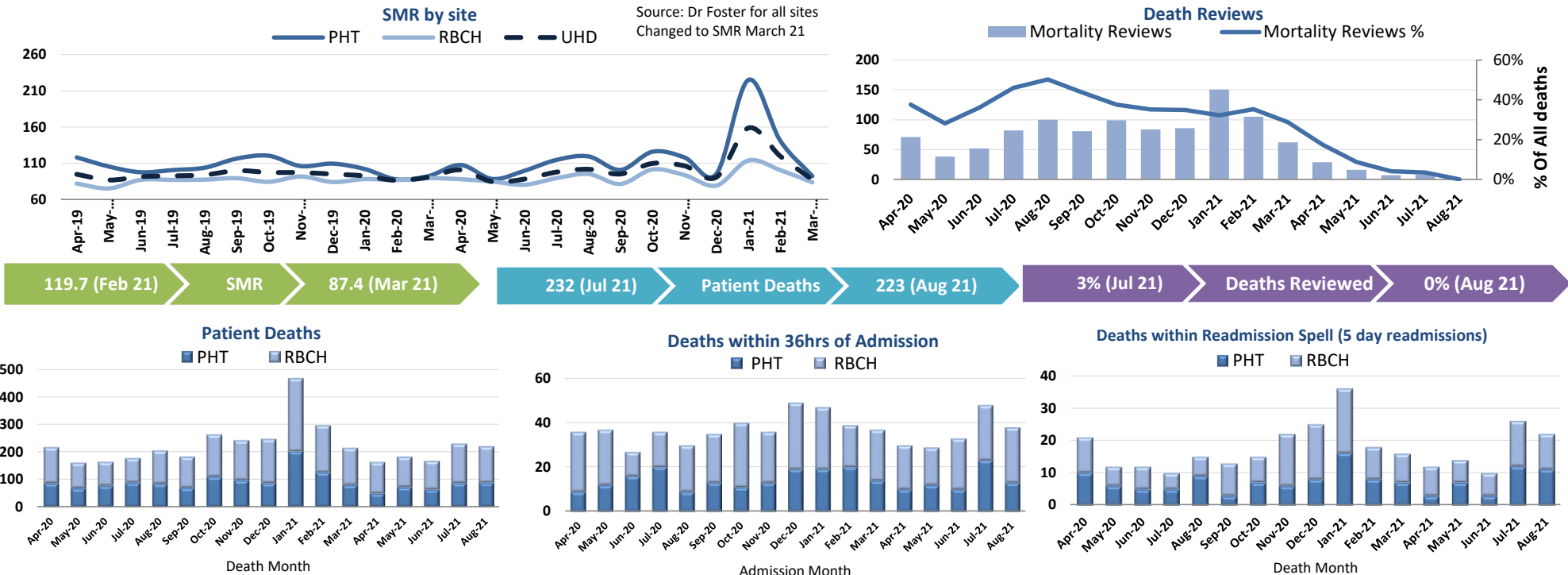
## Commentary on high level board position

- Please see separate briefing regarding Mortality

## High level Board Performance Indicators

		21/22	20/21	Variance
SMR	Latest (Mar-21 - UHD)	87.4	90.8	
(Source: Dr Foster for all sites)				
Patient Deaths	YTD	975	935	40
Death Reviews				
Note: 3 month review turnaround target				
	Number	60	343	N/A
	Percentage	6%	41%	
Deaths within 36hrs of Admission		178	166	12
Deaths within readmission spell		84	70	14
Patient readmitted within 5 days				

## High Level Trust Performance



## Quality - CARING

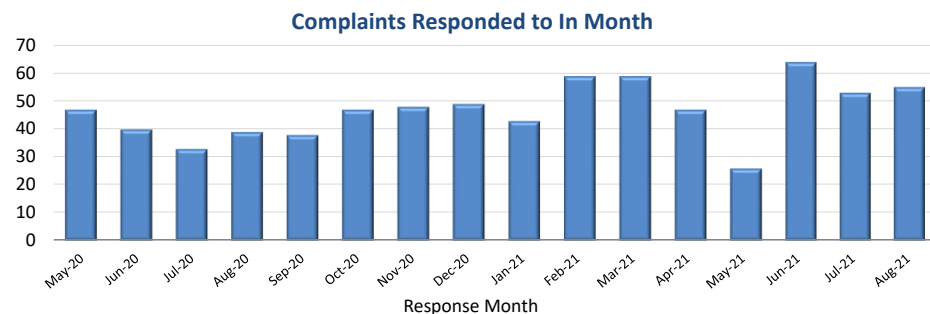
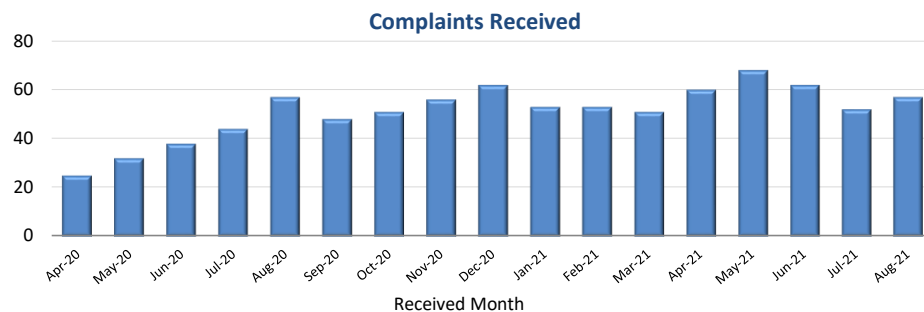
### Commentary on high level board position

- August saw 2,779 patients complete the Trust's FFT, the majority (85%) via the SMS text service. The 4-month downward trend has plateaued and detailed monitoring, by ward or department is in place, observing for 3-month downward trends so corrective action can be considered.
- The volume of complaints received remains within the expected range for UHD. the volume of enquires and concerns received via PALS remains high at 429 this month, leading to challenges in timeliness and responsiveness. Actions are in place to support the PALS team to address the backlog of cases.
- The top Trust theme from complaints this month is relational; specifically inadequate communication and break-down in communication. Key factors being: communication about waiting times and when patients are likely to receive appointment or admission dates; and insufficient communication about discharge and next steps in the pathway following discharge.

### High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Complaints Received	299	196	103
Complaint Response Compliance	TBC		
Complaint Response in month	137	206	-69
Section 42's	7	5	2
Reported quarterly			
Friends & Family Test	88%	91%	-3%
New guidelines from June 2020			

### High Level Trust Performance



52 (Jul 21)

Complaints Received

57 (Aug 21)

53 (Jul 21)

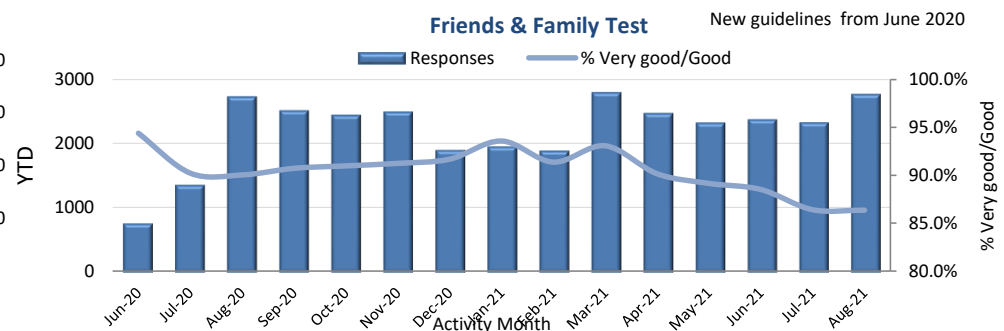
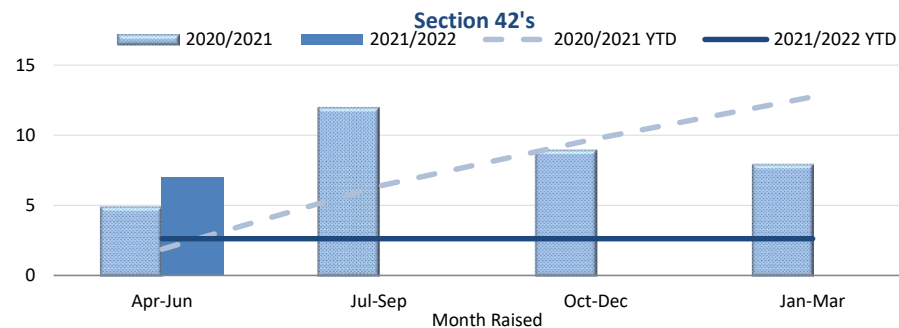
Complaint Responses

55 (Aug 21)

86.4% (Jul 21)

FFT % V.Good/Good

86.4% (Aug 21)



## Quality - WELL LED

### Commentary on high level board position

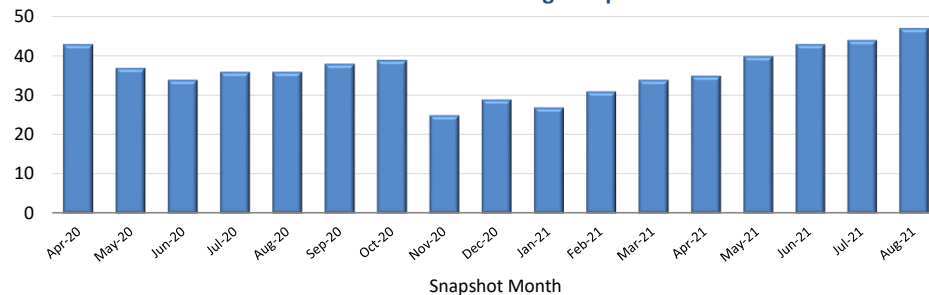
- Risk register update (as at the 10/9/21):
  - Current risks rated at 12 and above on the risk register - 47
  - Risk(s) increased to 12 and above for review - 1
  - Reduced, closed or suspended risk(s) rated at 12 and above to note - 3
  - Potential new risks for review at Quality Committee on the 23/9/21 - 3
- All National Patient Safety Alert actions in progress. Monitoring via Medical Devices Safety Group, Medical Gas Group, Quality Governance Group and Quality Committee

### High level Board Performance Indicators

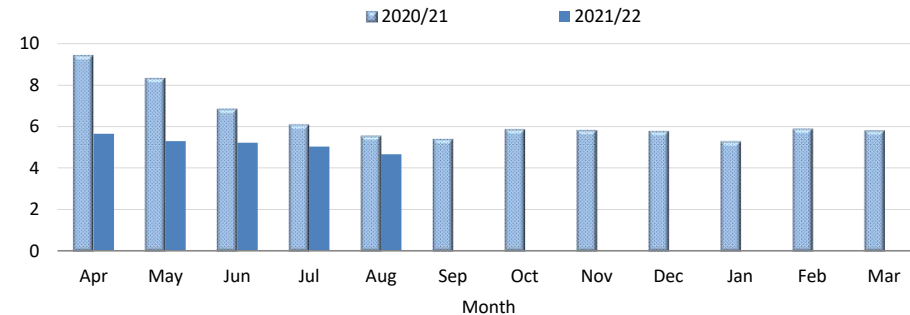
	21/22 YTD	20/21 YTD	Variance
Risks 12 and above on Register	47	36	11
Red Flags Raised* *criteria now aligned across UHD	339	84	255
Registered Nurses & Midwives CHPPD	5.2	7.0	-1.9
Patient Safety Alerts Outstanding	0	0	0

### High Level Trust Performance

Risks 12 and above on Risk Register per month



Registered Nurses & Midwives CHPPD



44 (Jul 21)

Risks 12+

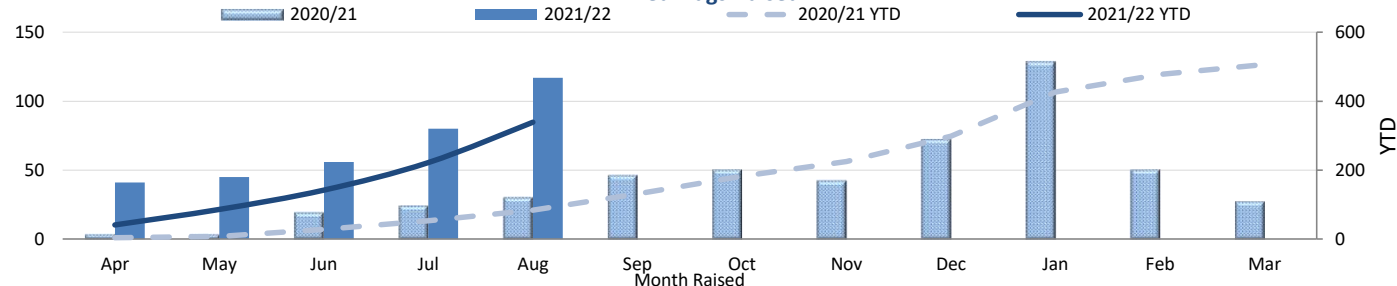
47 (Aug 21)

5.03 (Jul 21)

RN & RMN CHPPD

4.67 (Aug 21)

Red Flags Raised\*



# Workforce

## Commentary on high level board position

**The Turnover figure** this month shows a gradual yet increasing trend although overall levels continue to be within a reasonable tolerance.

**Vacancy Rate:** The UHD level vacancy rate for August (funded establishment vs actual posts being occupied) is showing at 2.3% and we are continuing the work to drill this down to unit and staff group level for the UHD structure.

**Overall Sickness** levels increased by 0.2% in August continuing a shallow yet increasing trend over the last months and higher levels than last year. This does not include staff continuing to isolate due to contact with Covid 19.

**Appraisal levels** for all staff have increased this month although figures continue to be significantly down on last year.

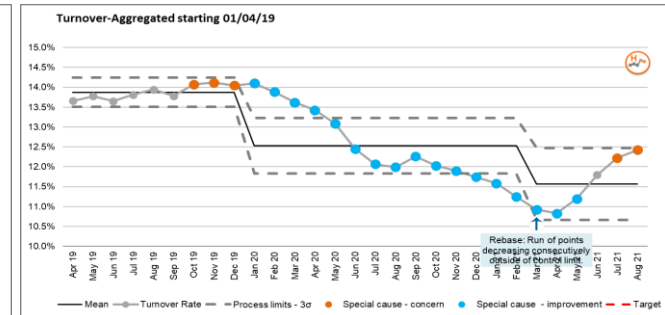
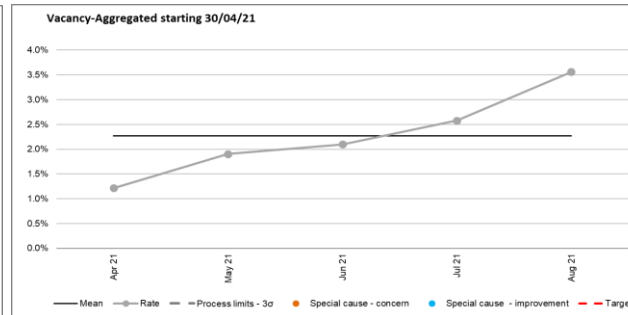
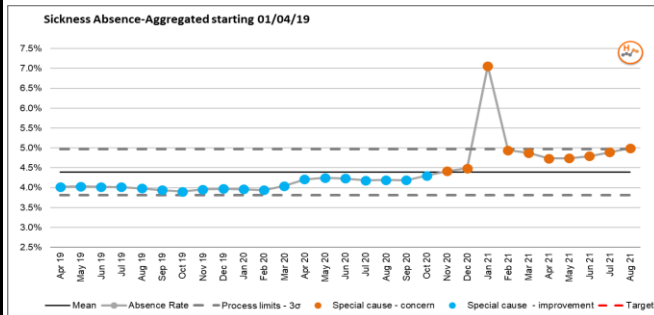
**Statutory and Mandatory training** compliance continues strong and stable in the high 80's despite ongoing challenges and disruption in training schedules.

**Temporary Staffing** demand continues at unprecedented rates and internal bank fill rates are tracking lower despite significant efforts. We continue to do what we can to avoid Tier 4 but to prepare for all eventualities including the use of block bookings for areas such as ITU.

## High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Turnover	11.7%	12.6%	-0.9%
Vacancy	2.3%		N/A
Sickness Rate	4.8%	4.2%	0.6%
Appraisals	Values Based Medical & Dental	18.3% 30.1%	-11.8% -9.5%
Statutory and Mandatory Training	88.0%	86.8%	1.3%

## High Level Trust Performance



61.0% (July 21) Appraisals (Medical) 65.9% (August 21)

25.7% (July 21) Appraisals (Values) 30.1% (August 21)

12.2% (July 21)

Turnover

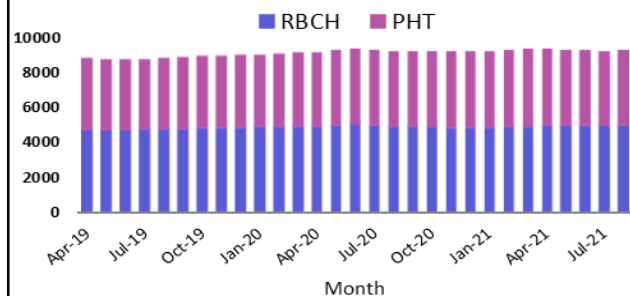
12.6% (August 21)

4.9% (July 21)

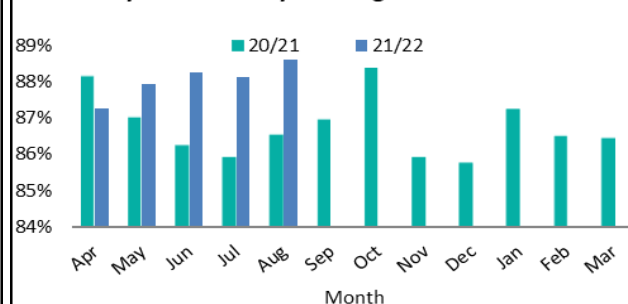
Sickness

4.2% (August 21)

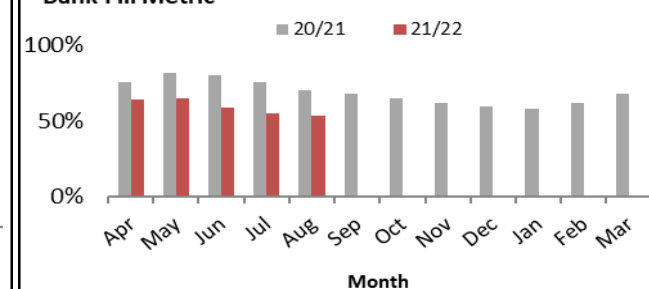
## Headcount



## Statutory & Mandatory Training



## Bank Fill Metric



# Emergency

## Commentary on high level board position

Emergency Care continues to be extremely challenged regionally and nationally. Attendances at UHD Emergency Departments were slightly lower than seen in July but up c5% in August 2021 compared to 2019 (Poole 7.4% and Bournemouth 2.9% overall). Ambulance conveyances were down 4.2% vs 2019 in August, though only -0.6% on RBH site, however, YTD they are up 5.1% (10.5% at RBH site). Ambulance handovers remain a significant issue with 238 waiting over an hour to hand over (83 PH, 155 RBH). There was also an increase of patients spending >6 and >12 hours in the Emergency Department.

A recovery meeting and overarching action plan is in place, with some improvements due to process changes beginning to be evident. Times to initial assessment and time to be seen have all improved in month. Overall mean time continues to be driven by long waits in a busy department as well as for admission to wards with both sites recording c394 minutes for this group (c240 minutes combined mean time for those not admitted).

To support local recovery plans the Trust has invited the regional Emergency Care Improvement Support Team to undertake audit work on both sites for missed opportunities for alternative front door pathways. This will take place in September/October. Concurrently access to Same Day Emergency Care (SDEC) from the ambulance services and NHS111 is being developed that will create an alternative to the Emergency Department. This will also benefit patients by seeing speciality based clinicians directly when appropriate.

## High level Board Performance Indicators

Type 1 ED Emergency Dept	Standard	Merged Trust
Arrival time to initial assessment	15	10
Clinician seen <60 mins		17.1%
PHT Mean time in ED	200	274
RBCH Mean Time in ED	200	297
Patients >12hrs from DTA to admission	0	0
% Patients >6hrs in dept		29.5%
YTD ED attendance Growth vs 20/21 (vs 19/20)		37.4% (-1.7%)
<b>Ambulance Handover</b>		
YTD Ambulance handover Growth vs 20/21 (vs 19/20)		9.8% (5.0%)
Ambulance handover 30-60mins breaches		330
Ambulance handover >60mins breaches		238
<b>Emergency Admissions</b>		
YTD Emergency admissions growth vs 20/21 (vs 19/20)		21.1% (-2.2%)

14 mins  
Jul-21

Mean time to  
initial  
assessment

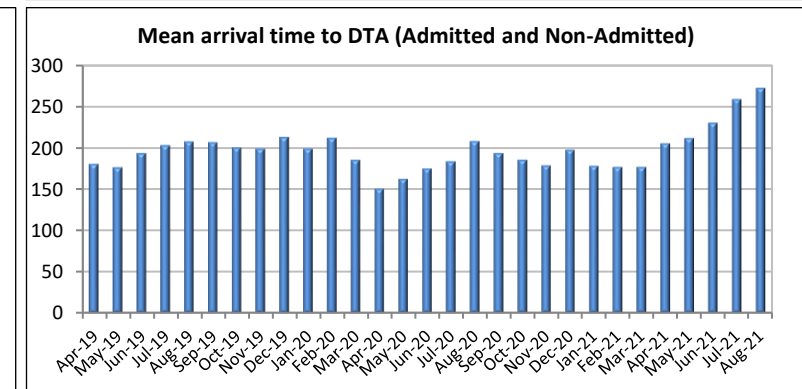
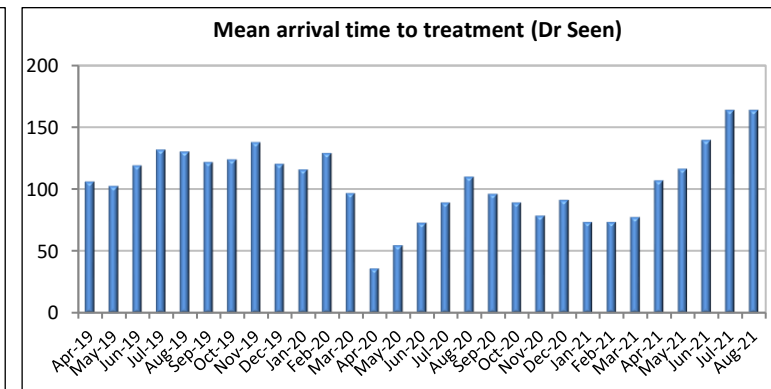
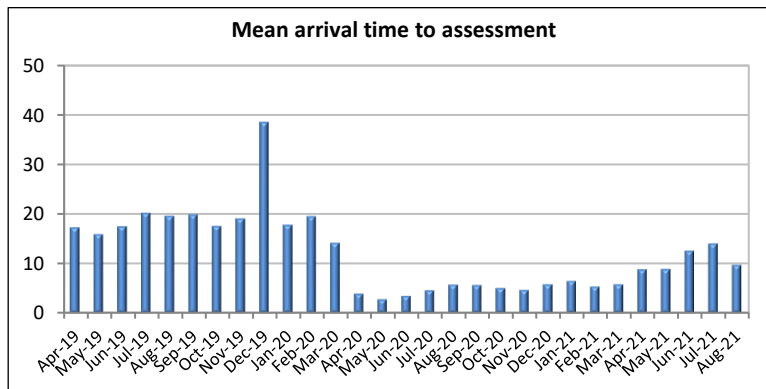
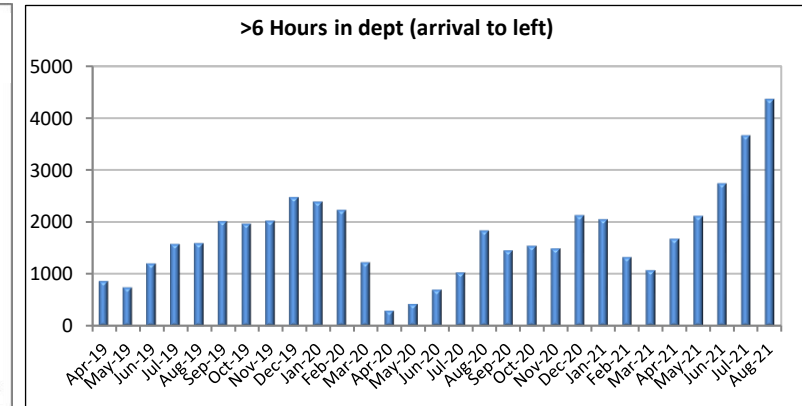
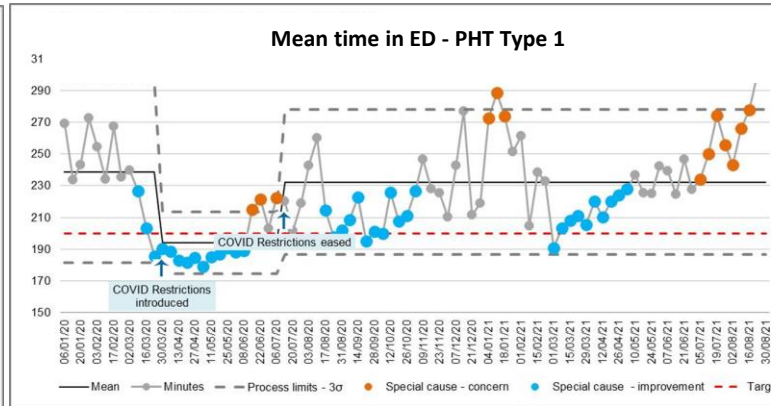
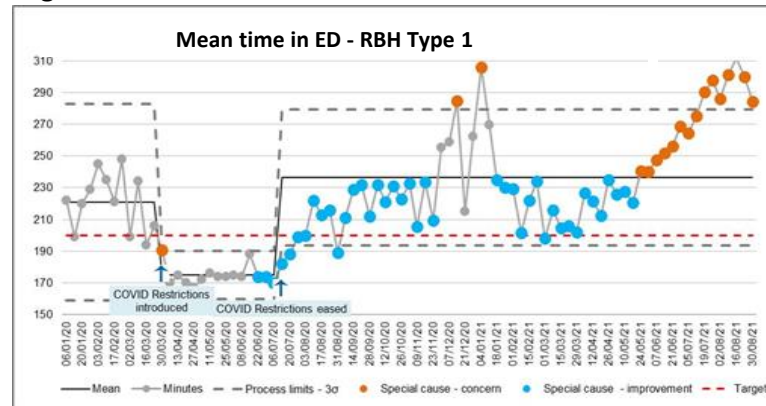
10 mins  
Aug-21

266 mins  
Jul-21

Mean time  
in Dept. RBH  
& PHT

286 mins  
Aug-21

## High Level Trust Performance





# Patient Flow

## Commentary on high level board position

### Patient Flow

Bed occupancy levels continued to be a challenge in August and increased by 1.9% in month to 93.5% (excl. escalation capacity). Escalation capacity has been opened alongside risk assessed infection control beds to manage high occupancy levels in order to maintain safe flow. Adult occupied bed days have increased by 1379 compared to the previous month.

In month there was a net increase in the number of hospital admissions compared to discharges (+110) which impacted on the mean bed wait for admitted ED patients (120 mins). Bed waits (for ED admissions) are monitored as we refine collection of data relating to the new national indicator relating to 'Clinically Ready to Proceed'.

Paediatric occupancy remained stable throughout August. Plans remain in place should there be an impact of non Covid viruses/conditions in children. Other speciality pressures have included trauma where high demand led to an increase in waits and bed occupancy.

Overall, total admissions remain at similar levels to 2019 with continued early improvement of 0 length of stay/Same Day Elective Care admission pathways. The Winter plan will depend upon further development/enhancement of SDEC services to manage flow pressures.

## High level Board Performance Indicators & Benchmarking

### August 2021

#### Patient Flow

##### Bed Occupancy

(incl. escalation in capacity)  
(excl. escalation in capacity)

Standard

Merged Trust

85%

92.5%

93.7%

Occupied Bed Days

29,932

##### Admissions v Discharges

Net admissions

<= 0

7,098 v 6,988

+110

Non-elective admissions

6,119

> 1 day non-elective admissions

3,950

Same Day Emergency Care (SDEC)

2,166

##### Conversion rate (admitted from ED)

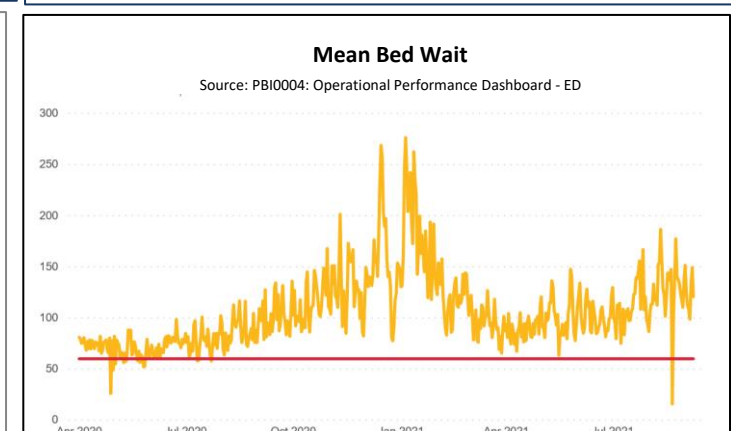
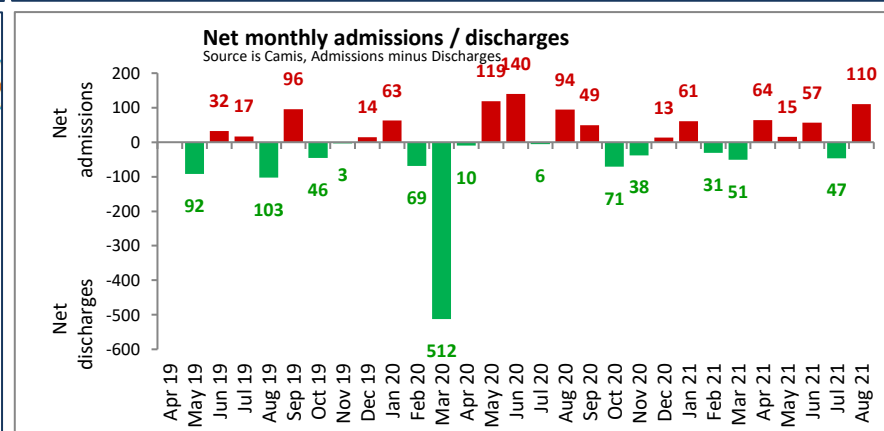
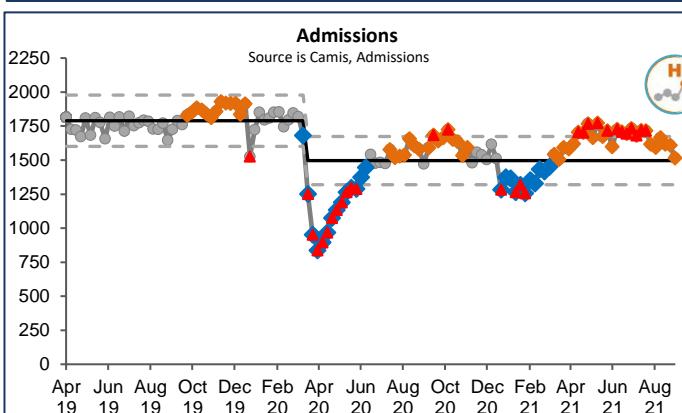
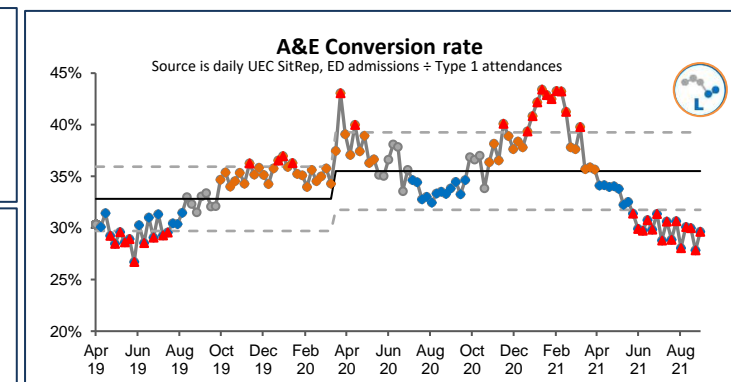
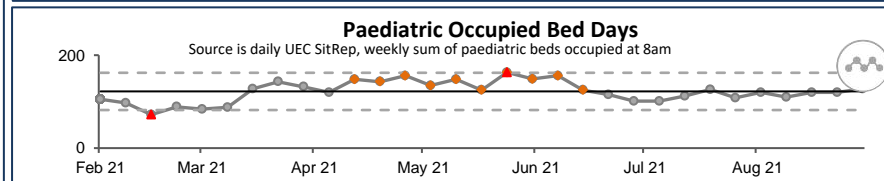
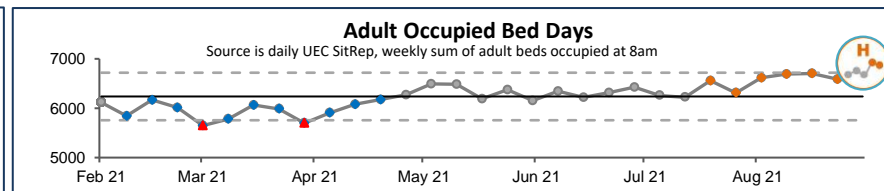
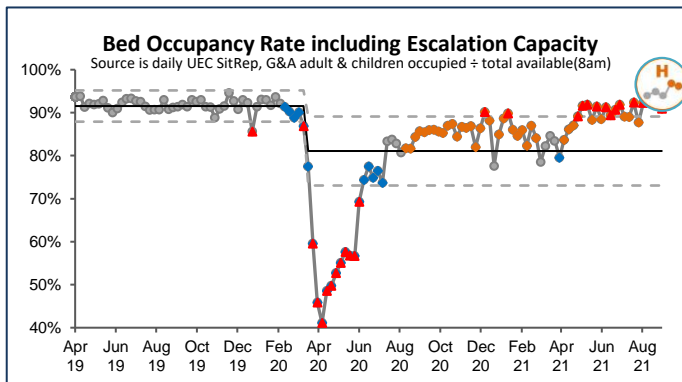
30%

29.0%

Mean bed wait: minutes w/c 30 August

120.78

## High Level Trust Performance (weekly)



# Length of Stay and Discharges

## Commentary on high level board position

### Patient Flow

The average number of beds per day occupied by patients with a stay greater than 7 days increased in month, an average of 465 in August compared to 407 in July. Bed occupancy for patients with LoS over 21 days also increased, an average of 171 beds in August compared to 148 in July.

The overall increased stay for stranded patients remains above the national standard and continues to cause operational challenges to managing flow and the ED targets.

The number of patients who are medically ready to leave/have no reason to reside (MRTL/NRTR) has significantly increased with an average of 164 patients awaiting discharge in August compared to 129 in July. The overall proportion of MRTL patients has also increased by 3% to 22%.

Internal processes account for 23% of the overall number of patients no longer meeting the Criteria to Reside (C2R), which is an improvement by 2% on the previous month. Data completeness for C2R continues to improve to >80% with support from the project group.

## High level Board Performance Indicators & Benchmarking

### August 2021

### Length of Stay and Discharges

Stranded patients:

	Standard	Merged Trust
Length of stay 7 days	42%	465 48.2%
Length of stay 14 days	21%	274 28.4%
Length of stay 21 days	108 12%	171 17.7%

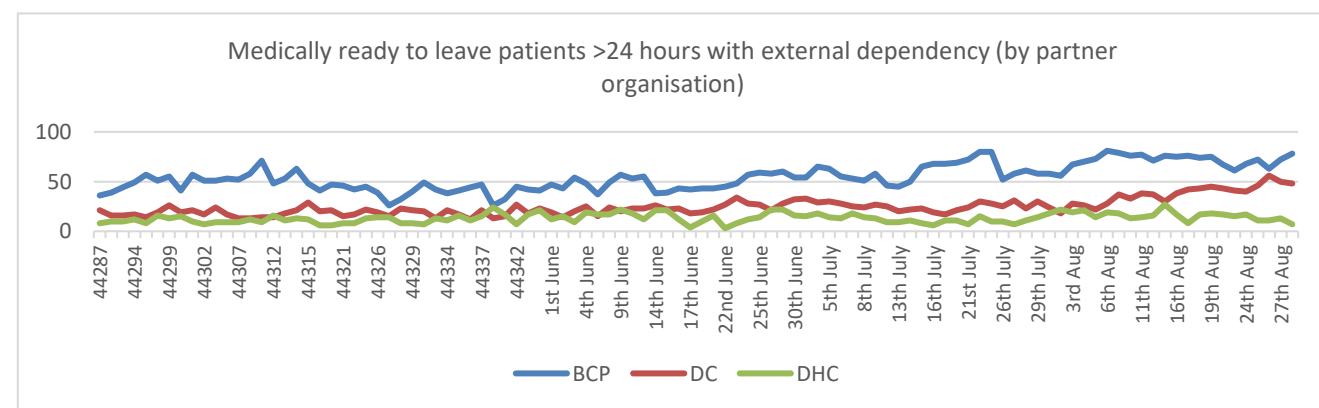
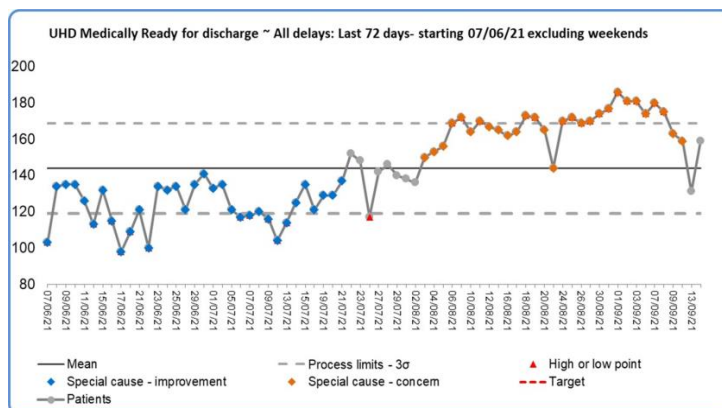
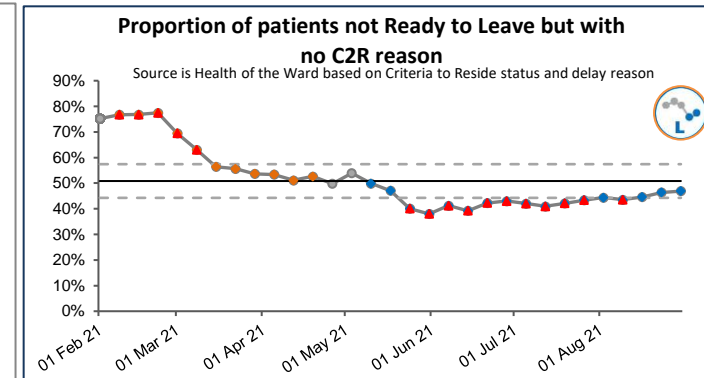
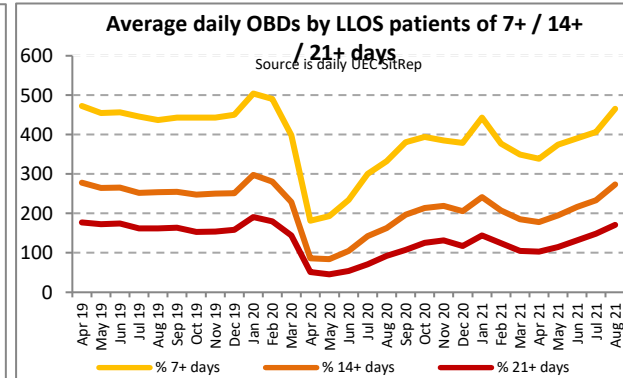
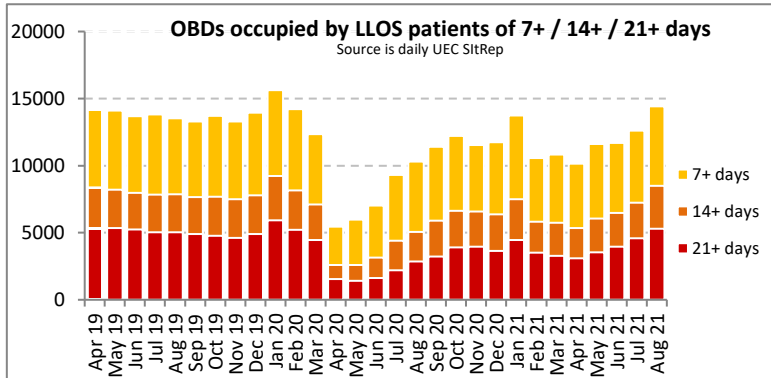
Criteria to Reside  
(excludes Ready to Leave)

Physiology	5%
Function	15%
Treatment	26%
Recovery	9%
Not Recorded	45%

Proportion of patients who are Ready to Leave

22%

## High Level Trust Performance (weekly)

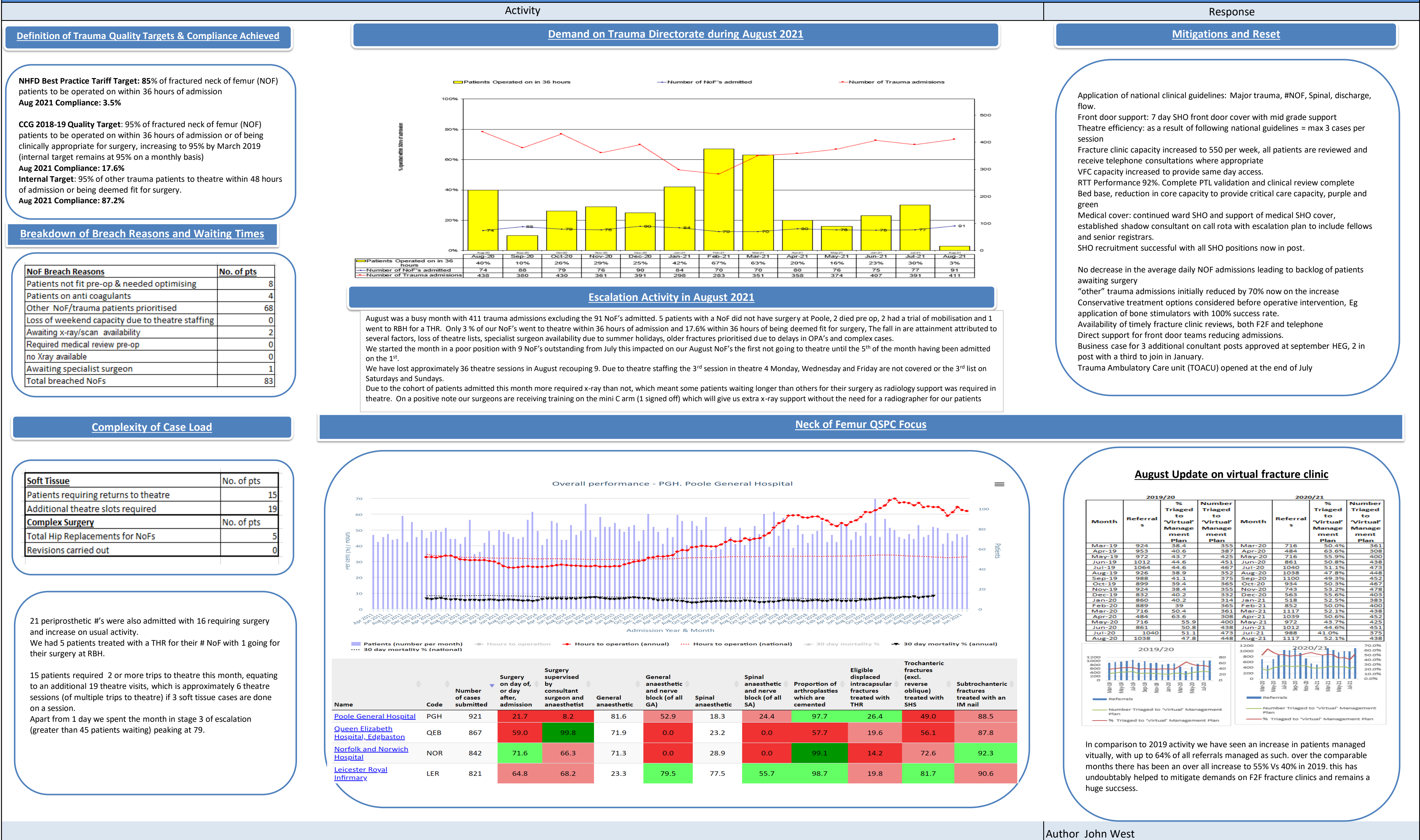




## Escalation Report

Aug-21

Trauma Orthopaedics -17.6% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.

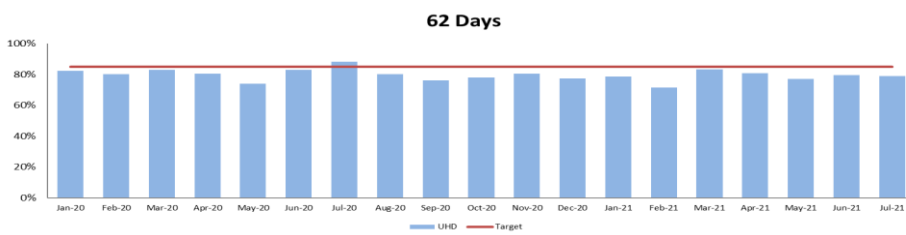
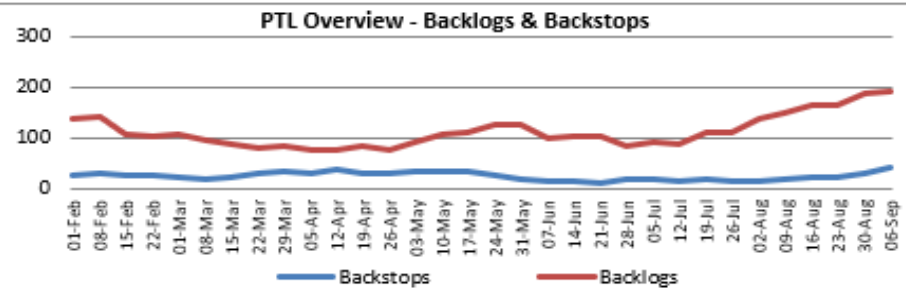
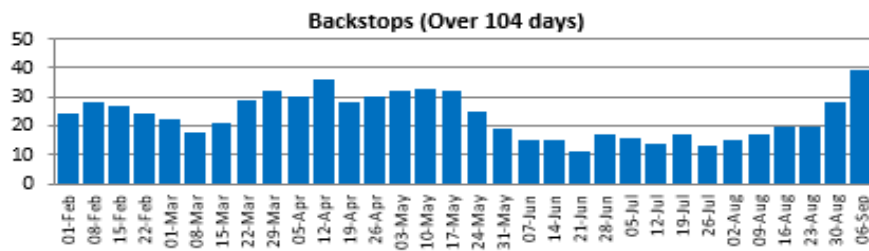


Author John West

# Cancer - Actual July 2021 and Forecast August 2021

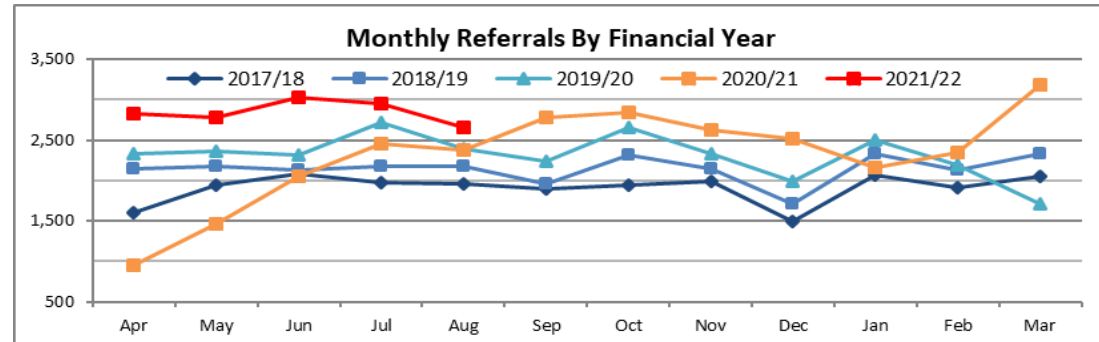
## Commentary on high level board position

The number of referrals received in July remained high, however in August there was a noticeable decrease illustrated in previous years. The total number on the UHD PTL remains above 3000 which is the 19th largest PTL nationally (considerably larger than previous years). The number of patients on a fast track pathway continue to challenge all performance standards. However of the 30 trusts with the largest PTL's nationally, UHD still have the 3rd lowest % of backstop patients, even with the current challenges. 28 day FDS has been achieved in Q1 and performance remains above threshold. The Trust is also now performing well against the 31 day standard achieving 2 out of 3 performance KPI's for Q1 and July. All 3 KPI's are predicted to be achieved in August. First treatment numbers in both June and July reached pre covid levels. In July only 2 tumours sites performed above the 85% threshold for 62 days (breast and skin), however UHD continues to perform at aggregate above the current national average 74% with 6 tumour sites reporting performance over 73%.



## High level Board Performance Indicators & Benchmarking

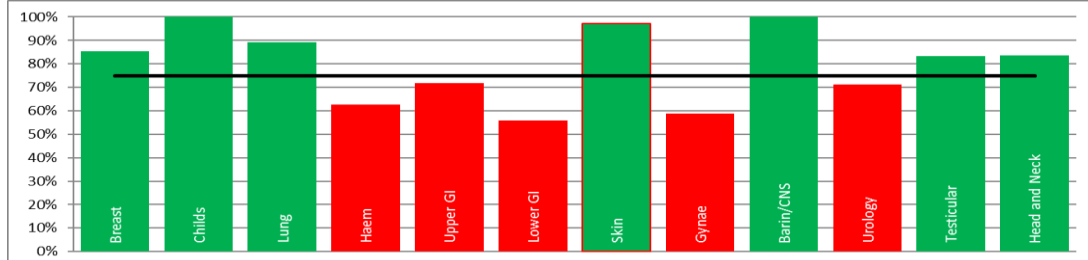
Cancer Standards	Standard	UHD Jul-21	Predicted Aug-21
31 day standard	96%	98.1%	96.9%
62 day standard	85%	78.8%	74.9%
28 day faster diagnosis standard	75%	78.2%	75.4%



Target 75%

28

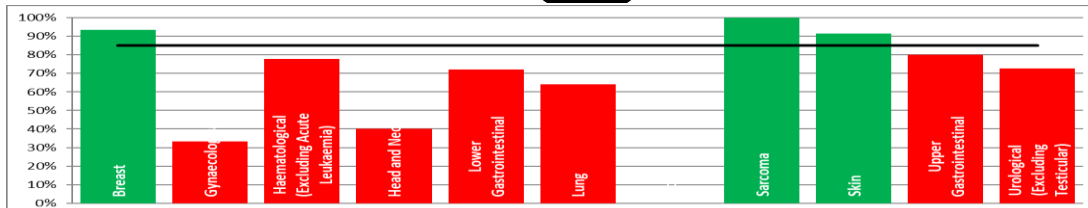
UHD: July 2021: 78.2%



Target 85%

62

UHD: July 2021: 78.8%





# Elective & Theatres

## Commentary on high level Board position

### 18 Weeks Referral to Treatment

At the end of August 2021, the Trust's 18 week RTT performance is **65.4%** (92% standard).

- 3,408 patients were waiting over 52 weeks for treatment, an increase of 6. An underlying growth in the total waiting list meant the percentage of the waiting list now over 52 weeks has improved, now 6.8% (7.0% in July).
- Specialty level improvement trajectories are in place and governed by the Care Groups with oversight of delivery through the Operational Performance Group. Current performance is in line with overall Trust improvement trajectory.
- 1,635 patients are waiting over 78 weeks, 133 patients are waiting over 104 weeks, both have increased since July. UHD is developing capacity to support addressing these waits.
- The waiting list size has grown for multifactorial reasons, including: lost capacity during the response to managing the pandemic; transfer of the routine waiting list/activity from Dorset Healthcare University NHS FT and Dorset County Hospital NHS FT as part of the system recovery plan; supporting staff to take annual leave during August and workforce challenges in a number of areas. Our waiting list validation programme is continuing.

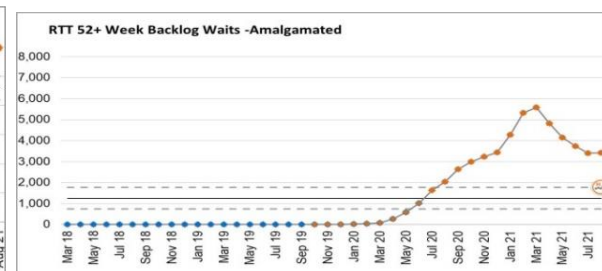
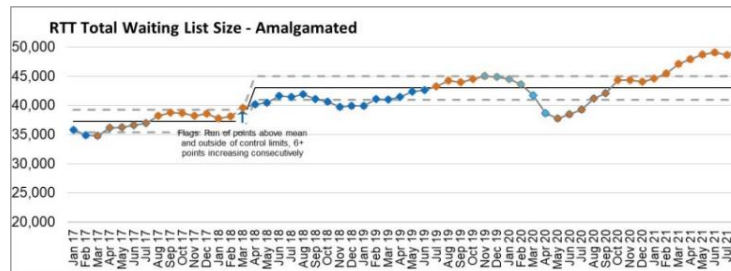
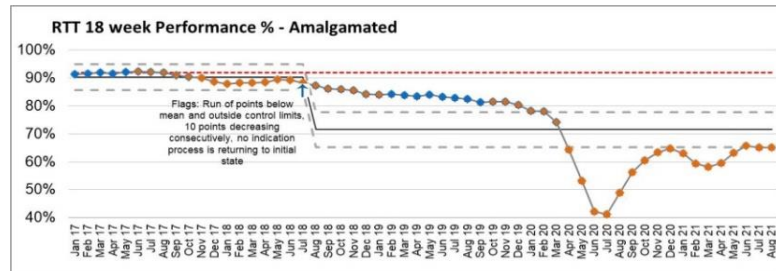
**Theatre utilisation** The current theatre utilisation rate has declined by 1% since last month.

**Trauma** There has been a stabilisation of the improvement in the percentage of patients with a fractured neck of femur treated within 36 hours of admission.

## High level Board Performance Indicators & Benchmarking

	Standard	Merged Trust	% of pathways with a DTA
<b>Referral To Treatment</b>			
18 week performance %	92%	<b>65.4%</b>	
Waiting list size	44,508	<b>49,906</b>	25%
Waiting List size variance compared to Jan 20 %	0%	<b>12.1%</b>	
No. patients waiting 26+ weeks		<b>10,929</b>	50%
No. patients waiting 40+ weeks		<b>5,971</b>	60%
No. patients waiting 52+ weeks (and % of waiting list)	6.8%	<b>3,408</b>	63%
No. patients waiting 78+ weeks		<b>1,635</b>	68%
No. patients waiting 104+ weeks		<b>133</b>	92%
Average Wait weeks	8.5	<b>20.1</b>	
<b>Theatre metrics</b>			
Theatre utilisation - main	80%	<b>73%</b>	
Theatre utilisation - DC	85%	<b>64%</b>	
NOFs (Within 36hrs of admission - NHFD)	85%	<b>30%</b>	

## High Level Trust Performance



RTT Incomplete 65.4% <18weeks

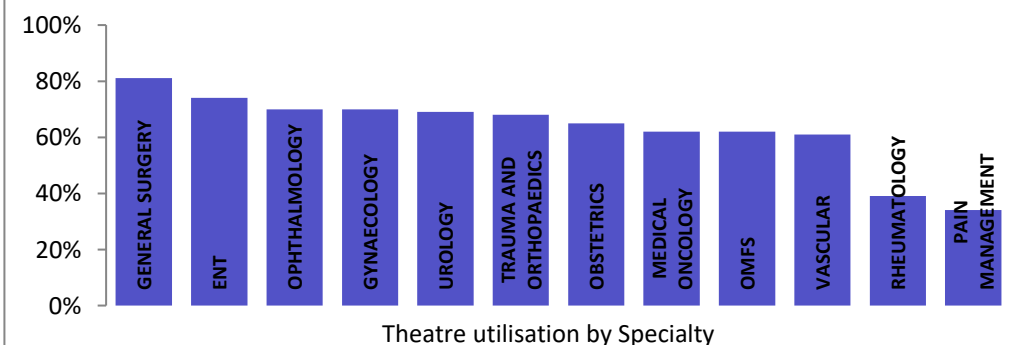
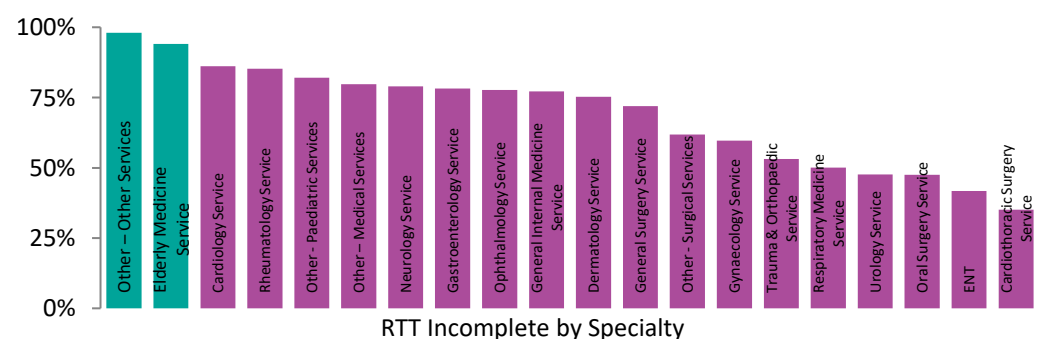
**18**  
WEEKS

(Last month 65.2%) Target 92%

Theatre Utilisation 69%



(Last month 70%)



Referral to Treatment (RTT)

What is driving under performance?

**92% of all patient should be seen and treated within 18 weeks of referral.**  
**65.4%** of all patients were seen and treated within 18 weeks at the close of August 2021.  
The overall waiting list (denominator) was **49,906** which is higher than previous months and 12.1% above the January 2020 waiting list of 44,508 (unadjusted for inward transfers).

**3,408 RTT waits exceeded 52 weeks.**

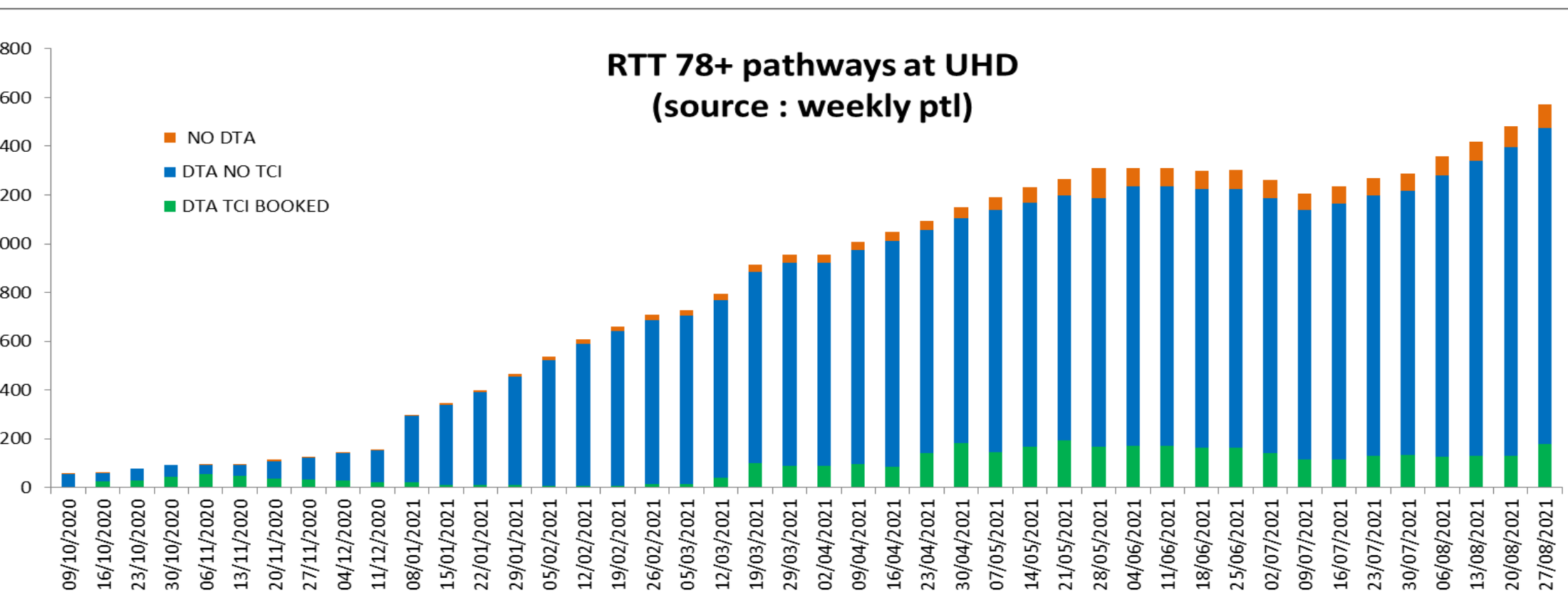
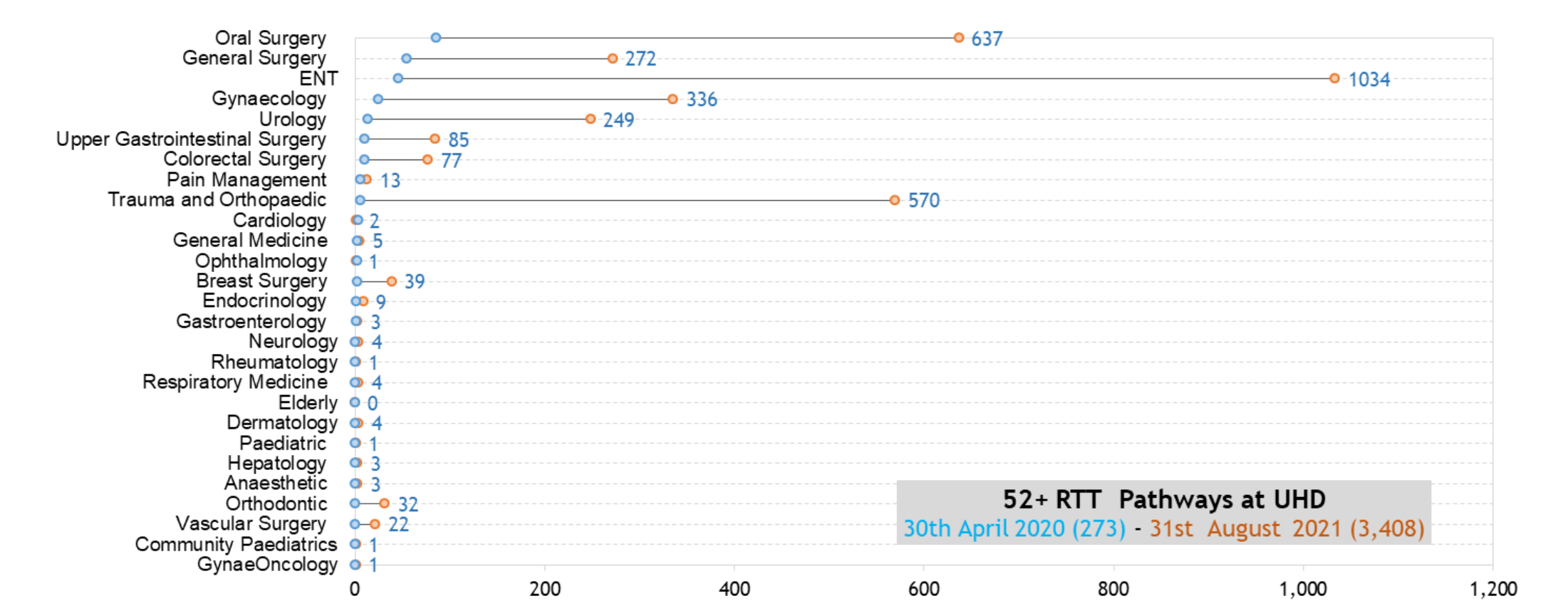
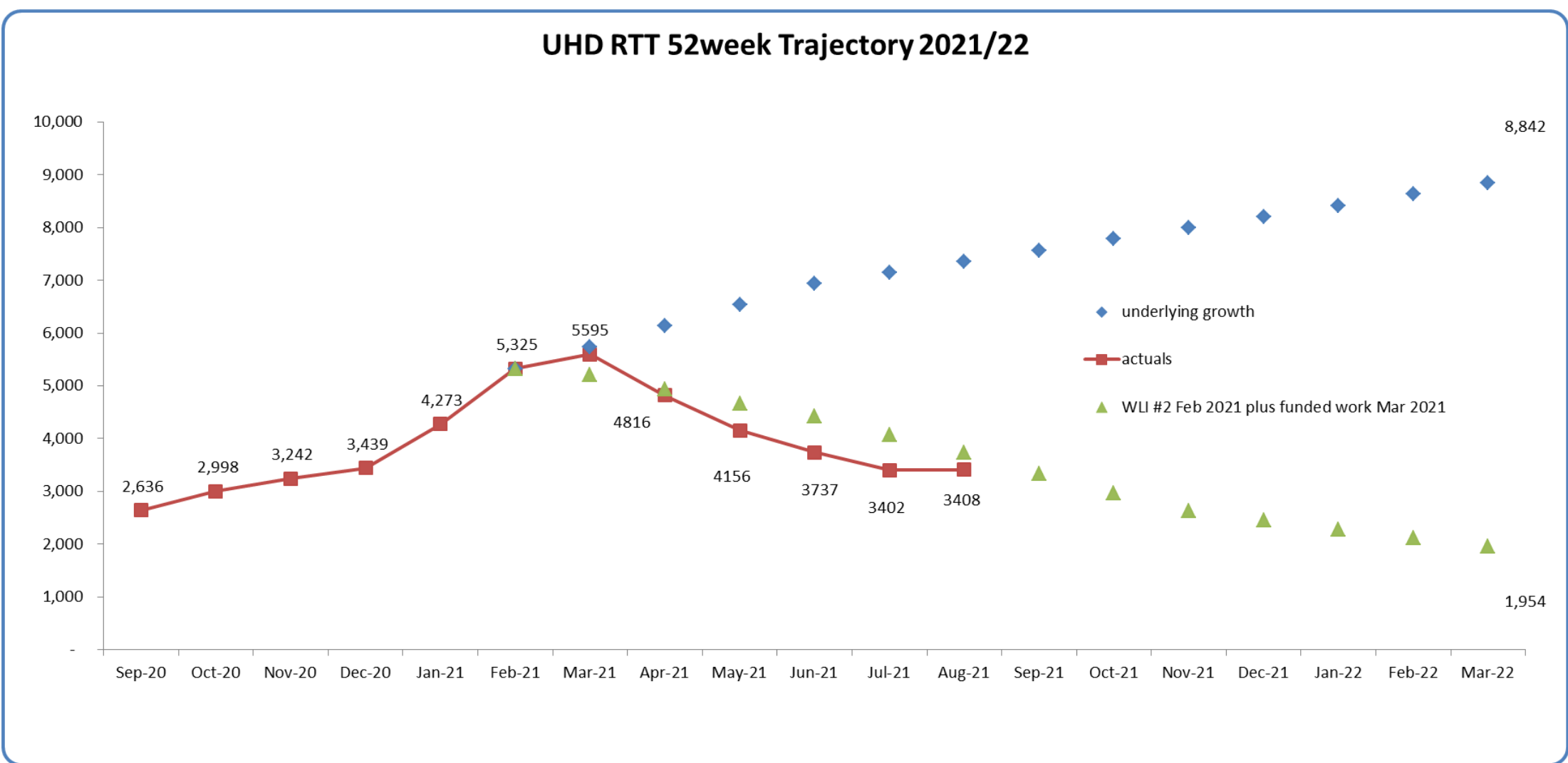
**August 2021 (compared with previous month )**

**32,637 increase < 18 weeks**  
**10,929 decrease > 26 weeks**  
**5,971 increase > 40 weeks**  
**3,408 increase > 52weeks**  
**1,635 increase > 78 weeks**  
**133 increase > 104 weeks**

During August maintaining recovery of elective activity has been a challenge as staff are supported by the organisation to take annual leave alongside our continued focus on responding to COVID activity, adhering to national guidelines on social/physical distancing, shielding and self isolation and management of workforce capacity in a number of areas. This has led to a reduction in routine elective activity including out patient appointments and surgical procedures.

**Non admitted and Admitted Performance**  
In addition to the above further reasons for under performance in 18 week patient pathways are:

- Royal College guidelines on the numbers of patients that can be safely seen during COVID -19 pandemic leading to many patients being deferred for both outpatient appointments and routine elective surgery
- Patients choosing not to attend hospital due to concerns about COVID-19, including patients choosing to wait until the pandemic is over or they have been vaccinated. Patients concerns about time away from work or family commitments during school holidays has also influenced their decisions.
- National requirements regarding testing, PPE and infection control processes restrict a full recovery of activity in many specialties.
- Clinical prioritisation of urgent and cancer pathways reducing routine capacity / activity
- Workforce have been redeployed to support the response to managing COVID-19, notably to support critical care
- Surgical/theatre capacity diverted to respond to an increase in Trauma activity.



What actions have been taken to improve performance ?

An Operational Performance, Assurance and Delivery (OPAD) programme was launched in October 2020 to oversee improvements in performance, activity and reducing the number of patients waiting a long time for treatment.

The OPAD programme accounts to the Chief Operating Officer through the Trust Operational and Performance Group.

The OPAD programme has a number of workstreams to support continuous improvements with the main programmes of work being:

- Validation & clinical prioritisation of all waiting lists commenced in April; specialty level plans being developed to track validation of active, FU Op and Planned PTLs
- Single PAS project to support merging teams to manage single UHD waiting lists. Delivery expected in Q4.
- ‘Think Big’ initiative to help tackle our waiting lists and bring diagnostic services closer to the community, as part of the Dorset ‘Health Village’ approach.
- 52+ ww Trajectories and demand and capacity tools deployed to support management /tracking improvements
- Weekly specialty PTL Reviews
- An updated UHD Access Policy. Standard operating procedures are being developed alongside moving to a single PAS and the merger of teams.
- Continued improvements in business intelligence to support and monitor recovery.
- Enhanced Patient Pathway Coordination resource.
- The operating model for the surgical admissions team is under review to enable best use of this essential resource
- Supporting Dorset ICS with single PTLs and taking on activity from other providers e.g. transfer of DHUFT routine activity and wait list

Care Groups are leading on specialty level improvement plans:

- Theatre Utilisation Group established across UHD
- Outpatient Transformation
- Creating additional capacity using local ISP providers and/or Insourcing companies
- Reviewing clinical and ICP guidance to ensure effective use of sessions
- Maximising potential and harmonising capacity across all sites

**Health Inequalities**  
A sub group of Dorset ICS Elective Care Oversight Group are leading work to develop system-wide approaches to understanding and responding to health inequalities associated with elective recovery. The Dorset Information and Intelligence Service (DiiS) population health tool now enables access to interactive and filterable analytics of our activity by a number of metrics including deprivation. Two launch events for the Dorset Elective Health Inequalities programme were held on 2nd and 6th September to share initial insights from our analysis of the data. A programme of intervention design is now progressing to support building a repeatable model for identifying impactful areas and interventions to reduce health inequalities in Dorset.



## Outpatients & Diagnostics

### Commentary on high level board position

#### Outpatients

- DNA rates have stabilised; Patient cancellations remain high but have dropped 0.5%
- Non Face-to-Face attendances - drop of 0.2% compared to July 2021, but still remains above the national standard of 25%, telephone and video consultations also helping to sustain the improved DNA rate. The reduction in non F2F consultations is due to in some part clinical teams returning to F2F due to clinical appropriateness. All referrals are clinically triaged to their appropriate consultation medium and booked appropriately.
- The newly constructed dedicated video consultation booths in Poole outpatients are nearing completion, this will support further progression in virtual appointments.

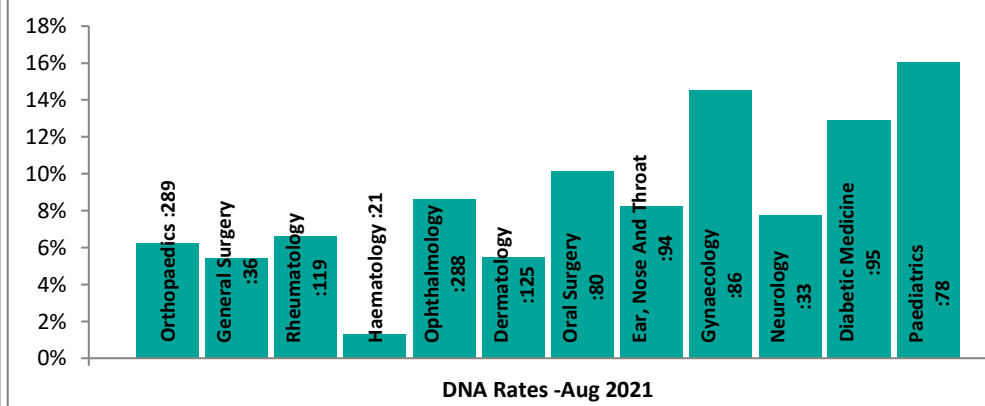
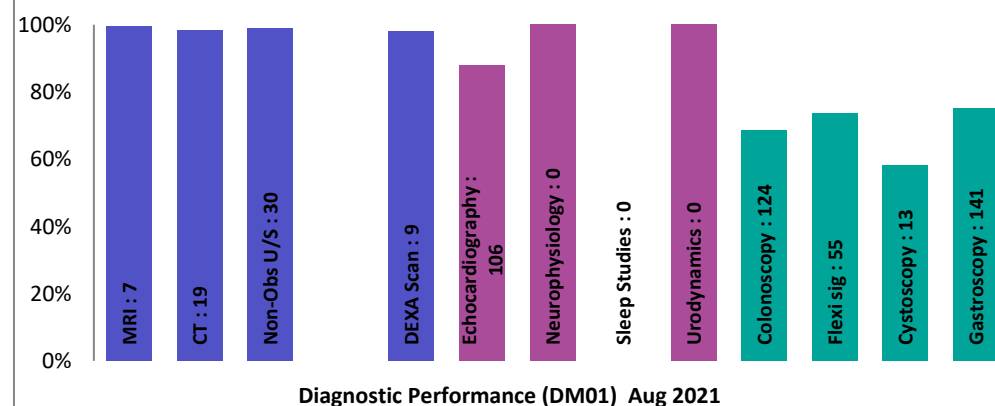
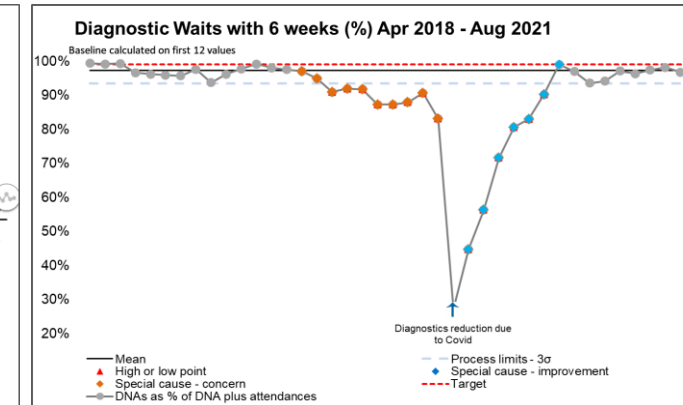
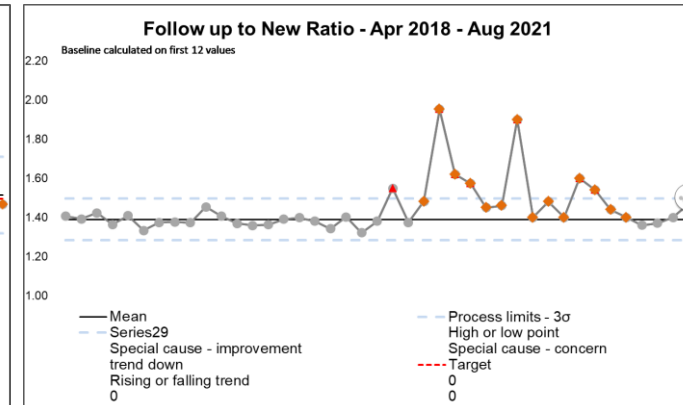
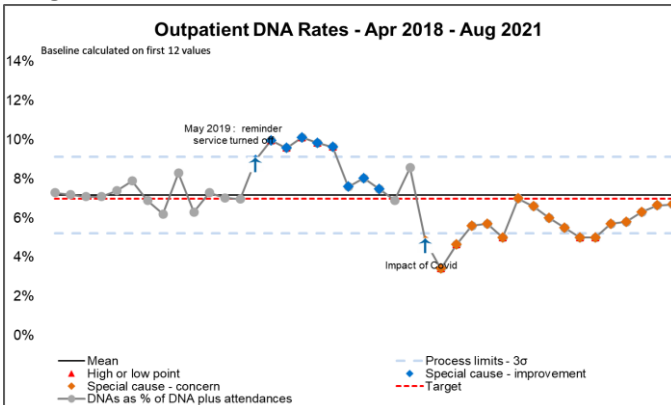
#### Diagnostics

- Decrease against July from 96.7% to 93.9% of all diagnostics tests required within 6 weeks
- Endoscopy position has increased from 72.2% in July to 86.4% in August
- Echocardiography has continued to slide from 93.4% in July to 87.9% in August
- Neurophysiology has remained at 100%
- Radiology continue to deliver the DM01 standard (>99.0%) due to ongoing use of ISPs (Harbour and Nuffield hospitals), outsourcing (AECC) and waiting list initiatives.

### High level Board Performance Indicators & Benchmarking

		Standard	Values	Merged Trust
<b>Referral Rates</b>				
GP Referral Rate year on year	(values 20/21 v 21/22)	-0.5%	31642 / 52738	66.7%
	(values 19/20 v 21/22)		59107 / 52738	-10.8%
Total Referrals Rate year on year	(values 20/21 v 21/22)	-0.5%	55683 / 94802	70.3%
	(values 19/20 v 21/22)		100841 / 94802	-6.0%
<b>Outpatient metrics</b>				
Overdue Follow Up Appointments				16,272
Follow-Up Ratio		1.91		1.47
% DNA Rate	(New & Flup Atts / Total DNAs)	5%	28200 / 2029	6.7%
Patient cancellation rate	(New & Flup Atts / Total Pat Canx)		28200 / 3733	11.7%
<b>reduction in face to face attendances</b>				
% telemed/video attendances	(Total Atts / Total Non F-F)	25%	28200 / 8030	28.5%
<b>Diagnostic Performance (DM01)</b>				
% of <6 week performance	(Total / 6+ Weeks)	1%	8277 / 504	6.1%

### High Level Trust Performance



## SCREENING PROGRAMMES

### Commentary on High Level Board Position

#### Bowel Cancer Screening

##### **Invitation Backlog Recovery**

The programme is the first in the South West to recover the invitation backlog to within the programme standard. As a result of maintaining an increased invitation rate since October 2020, the 'delayed an invitation' backlog has steadily reduced. The programme is currently at 0 weeks for invitations (the programme standard is +/- 6 weeks), which means invitations are being sent to screening subjects on their due date.

The remaining risk for the programme comes from the high numbers in the 'invited not screened' group who have not yet engaged in their screening offer. However, that group of subjects is slowly starting to reduce and in the last month has dropped from 18,909 to 17,641 since last month.

##### **Age Extension**

As the programme has successfully achieved invitation recovery, age extension rolled out as planned at the end of May 2021, starting with 56 year olds. There were only six programmes nationally launching age extension at this time.

#### Key Performance Standards

**\* Uptake Standard** (*Number of subjects aged 60 to 74 who adequately participated in screening within 6 months of the invitation*):

The uptake rate has averaged 75% since July 2020 (acceptable performance = >52%; achievable performance = >60%).

**\* SSP Clinic Wait Standard** (*Proportion of patients with an abnormal FIT result offered an appointment with a Specialist Screening Practitioner (SSP) within 14 days*):

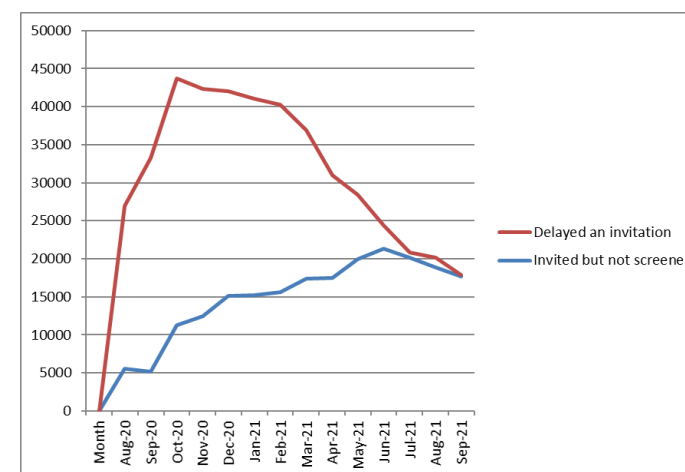
The clinic wait standard has been maintained at 100% (acceptable performance = 95%; achievable performance = 98%) for the last year via virtual clinics.

**\* Diagnostic Wait Standard** (*Proportion of patients with an abnormal FIT result whose first offered diagnostic test date falls within 14 days of their SSP appointment*):

The diagnostic wait standard has been above 90% since August 2020 (acceptable performance = 90%; achievable performance = 95%) with one exception in March 2021 when it dropped to 89.44%. However, for 9 of the last 12 months the achievable standard of 95% or more has been met.

The diagnostic wait standard is the key performance measure at risk if the programme has an influx of screening subjects from the 'invited not screened' backlog. To mitigate this, there is additional capacity available via the PHE funded insourcing weekends at the Poole site and lists in the mobile unit at the Bournemouth site.

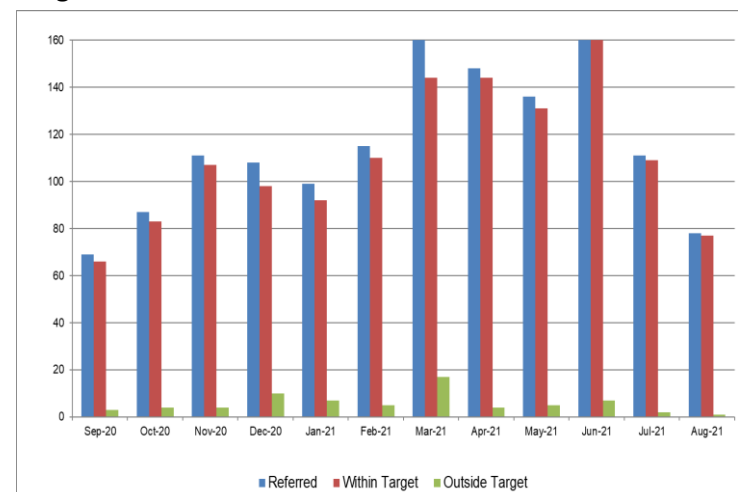
### High Level Board Recovery Indicators



### High Level Board Performance Indicators

Bowel Screening Standard	Target	Trust August Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	99%

### Diagnostic Wait Standard



## SCREENING PROGRAMMES

### Commentary on high level board position

#### Breast Screening

There is a recovery plan in place with a trajectory to meet the PHE deadline of 90% of our backlog by March 2022. This is ambitious and the main current concern is a tired workforce and the ability to maintain this pace.

KPI's are being met with the exception of the Round length, this will improve steadily as the recovery progresses. This is a national issue and we are not outliers currently.

Staffing shortages are the main barrier to a robust recovery. Long term sickness and a high number of trainees have resulted in mobile units are not currently staffed every day as we had planned in our recovery. This is having an impact on the length of time we are taking to screen a practice in a given location and consequently recovery. However, this is being closely monitored and all available capacity is being utilised.

This will have an impact on how much staffing of the think big facility can be supported.

Regardless of these concerns, recovery is still predicted by March 2022 in most screening areas which will achieve the PHE target.

Variable such as staffing, breakdowns, bad weather and further peaks of Covid will of course have a further impact.

### High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95.00%	99.00%
Screening to assessment appointments within 21 days	95.00%	98.00%
Round Length within 36 months	90.00%	9.30%
Longest Wait time (Months)	36	42

# Maternity

## Commentary

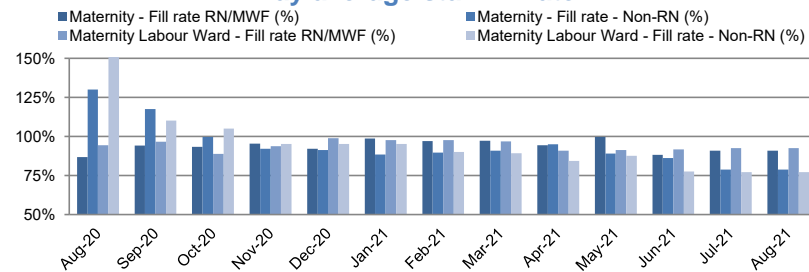
The Risk Register this month represents staffing vacancies both of midwifery and medical staffing which are being addressed with an action plan

Equipment replacement due to ageing identified which will need capital investment –Asset register being updated to have a forward plan.

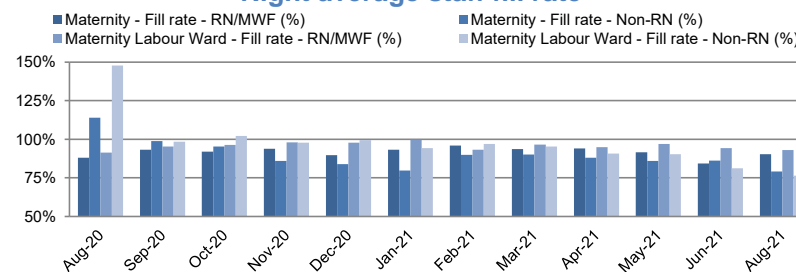
We have made the appointment of the perinatal mental health midwife and making good progress on delivering the service.

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Requires Improvement	Good	Outstanding	Good	Outstanding
Screening Incidences				★		★
Serious Incidents Reported						
HSIB Cases Reported						
HSIB / NHSR /CQC Concerns						
Coroner Reg 28						
Maternity Safety Support Programme						
FFT Maternity User Response					Number	%
					Good / Very Good	329 94.3%
					Poor / Very Poor	16 4.6%
					Neither	4 1.1%

## Day average staff fill rate



## Night average staff fill rate



## Obstetric cover on Delivery Suite (Total shift gaps)

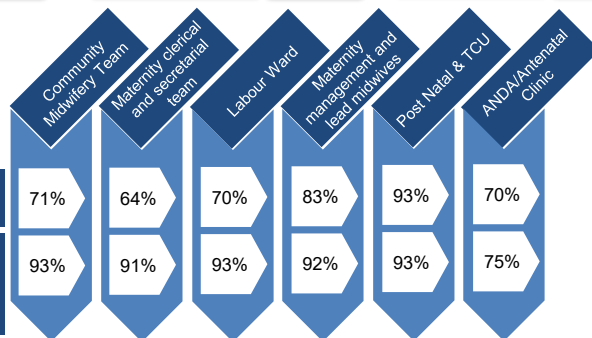
Day	Aug-21	Consultant	Registrar	15	SHO	1
Night	Aug-21	Consultant	Registrar	13	SHO	0

### Latest Maternity Staff Survey 2019 responses

Proportion of midwives responding with 'Agree or Strongly Agree'

21c) I would recommend my organisation as a place to work

21d) If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.



Clinical Supervision  
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours.  
(Reported Annually)

RBCH	89.06%
POOLE	87.5%



### Training Compliance PROMPT July 2021

Category	Number Compliant April 2020 to date	Number of Staff @ May 2021	Percentage Compliant
Midwives Band 5	18	18	100%
Midwives Band 6	173	173	100%
Midwives Band 7	30	30	100%
Midwifery Managers, Matrons & Other Band 8+	7	7	100%
Consultant Obstetricians	17	17	100%
Obstetric Trainees (Doctors)	25	25	100%
Obstetric Anaesthetics	27	27	100%
HcAs/McAs/MSWs	77	78	98.72%
ODP	13	13	100%



# Maternity

## Severe Incidents / HSIB

0 severe incidents on Datix

1 HSIB (Consent for investigation Removed)

0 Screening incidences

## Perinatal Mortuary Review Panel

Perinatal Mortality Review (PMRT) meeting 12<sup>th</sup> August 21

**2x cases presented:**

1x Stillbirth at 37/40 UHD

1x Stillbirth at 32/40 UHD

**2x cases underwent 2<sup>nd</sup> r/v**

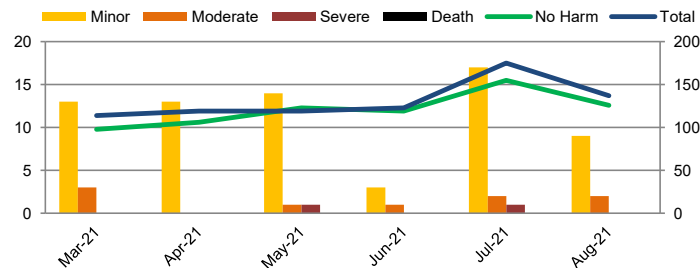
1x Stillbirth at 38+3 UHD

1x Stillbirth at 27+6 UHD

**Learning from PMRT meeting:**

Education to medical staff about standards of care expected when diagnosing IUD (including out of hours)

## Datix Incidents



No Harm	98	106	123	119	155	126
Minor	13	13	14	3	17	9
Moderate	3	0	1	1	2	2
Severe	0	0	1	0	1	0
Death	0	0	0	0	0	0
Total	114	119	119	123	175	137

Datix ref	Incident Recommendations
Serious Incident L62901	<p><b>Term baby unplanned admission to NICU.</b></p> <ul style="list-style-type: none"> <li>Clearer guidance is required on the prescribing and administering of opioid analgesia for women in labour</li> <li>More effective communication between the MDT in emergency situations and the neonatal SBAR should be completed at the earliest opportunity</li> <li>Consideration given to calling the support of the wider Anaesthetic team in times of high activity. Formulation of an Escalation Policy</li> <li>Feedback following investigation to prescriber, administrator and wider teams</li> <li>Neonatal teams to review options for babies affected by opioid administration</li> <li>Implementation of white board to record mothers opioid pain relief during labour</li> </ul>
Serious Incident L61719	<p><b>Urine drug assay results were not followed up in the antenatal period or prior to the discharge home of mother and baby</b></p> <ul style="list-style-type: none"> <li>To complete ratification of Missed Appointments Policy</li> <li>To develop a pathway &amp; SOP for drug assay's requested by the Maternity Team</li> <li>To audit newly implemented Medway alert for drug assays</li> <li>To confirm the status 'Point of Care' solution for testing enquiries</li> </ul>

## FINANCE

### Commentary

The Trust has set a financial break-even budget for the first half of the year (to 30 September) supported by the continuation of national top-up funding and funding to cover specific COVID costs. However, the Trust set an indicative deficit budget of £32.3 million for the second half of the year based upon the previous funding regime and Long Term Plan allocations. Following the forecast refresh, the deficit position in the second half of the year has been revised to £47.9 million, reflecting additional cost pressures including those necessitated by the requirement to open additional bed capacity together with a reduction in CCG funding. However this forecast position currently excludes the recently announced national funding (block top up funding and funding for COVID-19 costs which together amounted to £42.5 million during the first half of the year) and will therefore be significantly improved once these are included following receipt of the detailed local allocations which are expected imminently. The national financial framework includes an Elective Recovery Fund (ERF) to support the necessary increases in capacity to see and treat those patients still awaiting planned care, and this is being accounted for on a monthly basis, reported as a variance against both expenditure and income budgets.

At the end of August, the Trust is reporting a consolidated deficit of £9,000 being an adverse variance of £59,000. Additional expenditure of £7.883 million has been incurred in the Trusts elective recovery programme and, pending national validation, income has been advised by Dorset CCG from the Elective Recovery Fund totalling £7.867 million. The Surgical Care Group is £187,000 behind plan as at 31 August, mainly due to additional medical staffing costs, partially offset by reduced activity particularly within Orthopaedics; the Medical Care Group is £82,000 ahead of plan, mainly due to an over achievement in cardiac private patient income together with the cessation of Bowel Scope and Bowel Cancer screening services; and the Specialties Care Group is ahead of plan by £514,000 principally due to vacancies within Pathology and Pharmacy. As at 31 August the Trust is forecasting cost savings of £2.215 million of which 63% is non-recurrent. This highlights the considerable challenges associated with identifying and delivering recurrent savings whilst continuing to manage the considerable operational pressures. If not addressed, this will result in a recurrent shortfall of £2.42 million at 31 March 2021 placing pressure on future years budgets.

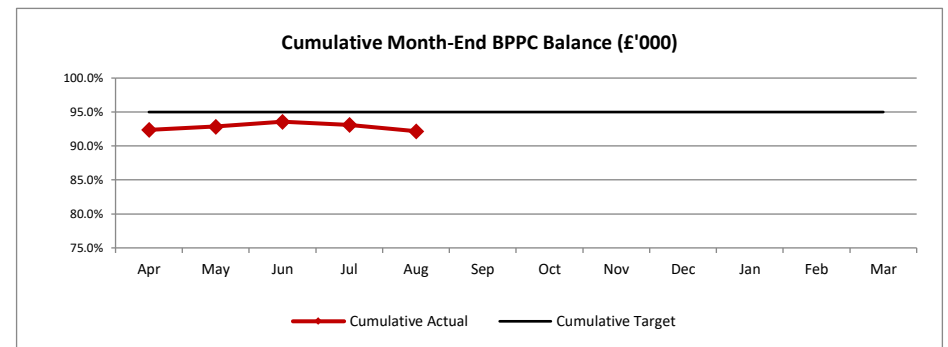
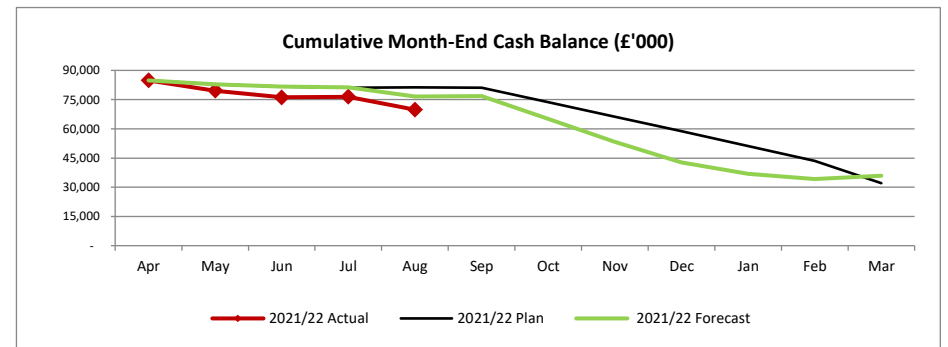
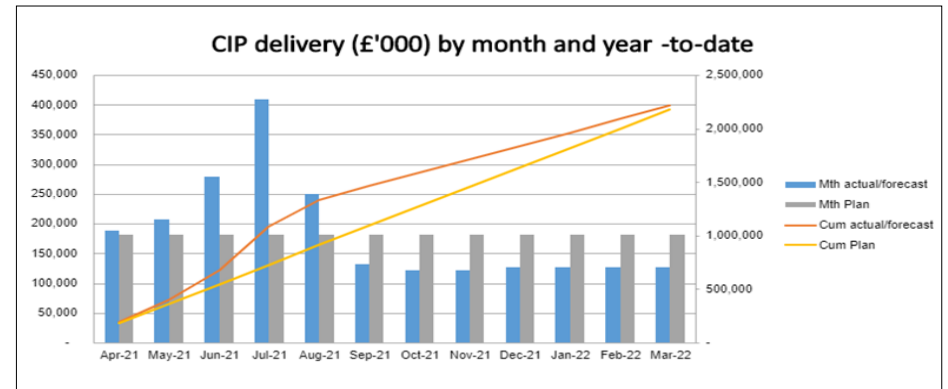
The Trust has set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for the Dorset Integrated Care System. This presents a considerable risk for the Trust and requires very careful ongoing management. As at 31 August capital spend is £14.653 million, being £1.150 million above plan. This overspend largely relates to the phasing of the capital programme and will be closely monitored to mitigate any residual risks to the full year budget.

The Trust is currently holding a consolidated cash balance of £69.8 million, which is fully committed in support of the medium-term strategic reconfiguration programme. The variance to the plan relates to the phasing of capital expenditure and the draw down of capital funding together with the actual release of cash through the national Elective Recovery Fund.

REVENUE	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Surgical	(53,842)	(54,029)	(187)
Medical	(66,976)	(66,894)	82
Specialties	(69,006)	(68,492)	514
Operations	(10,578)	(10,268)	311
Corporate	(25,898)	(25,902)	(5)
Trust-wide	225,855	225,767	(87)
<b>Surplus/ (Deficit)</b>	<b>(446)</b>	<b>180</b>	<b>627</b>
Consolidated Entities	125	163	38
<b>Surplus/ (Deficit) after consolidation</b>	<b>(321)</b>	<b>344</b>	<b>665</b>
Other Adjustments	371	(353)	(724)
<b>Control Total Surplus/ (Deficit)</b>	<b>50</b>	<b>(9)</b>	<b>(59)</b>

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	5,327	7,608	(2,282)
IT	443	1,038	(595)
Medical Equipment	250	2,226	(1,976)
Strategic Capital	7,484	3,781	3,702
<b>Total</b>	<b>13,503</b>	<b>14,653</b>	<b>(1,150)</b>

FINANCIAL INDICATORS	Year to date			Forecast
	Budget £'000	Actual £'000	Variance £'000	Variance £'000
Control Total Surplus/ (Deficit)	50	(9)	(59)	0
Capital Programme	13,503	14,653	(1,150)	(554)
Closing Cash Balance	76,689	69,814	(6,875)	3,815
Public Sector Payment Policy	95%	92%	-3%	0

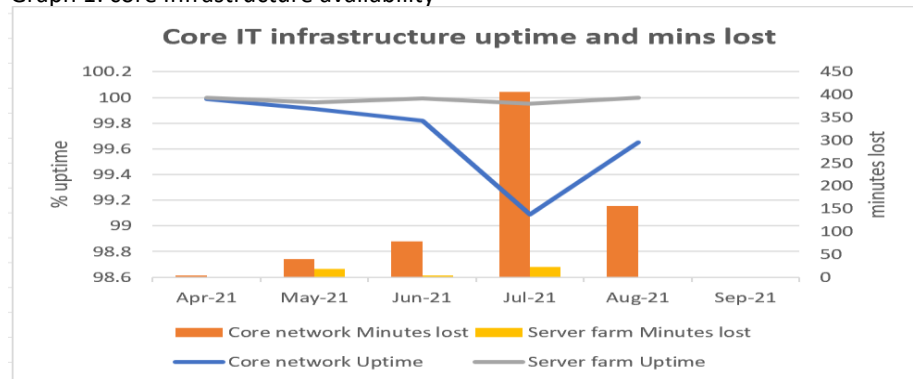


## Informatics - Sep 2021

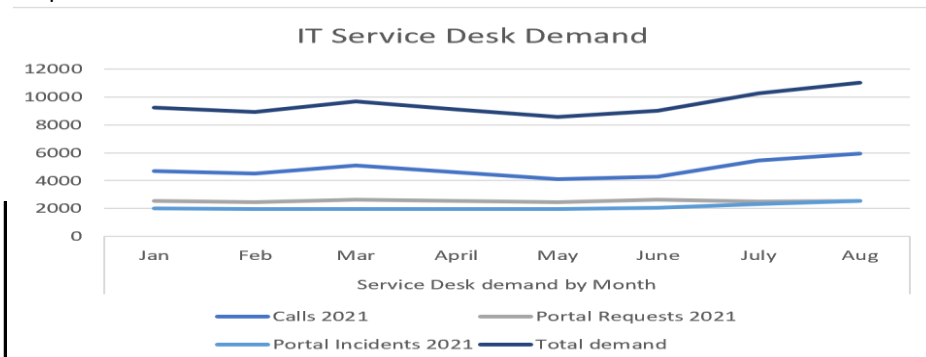
**Overall Commentary:** **Graph 1:** The total minutes lost in Aug was around 150 due to a power outage at the RBH site at the end of August which caused some electrical components in one of the computer rooms to fail. This only affected RBH users. An electrical review of all the computer rooms at UHD has been commissioned and started. **Graph 2:** This analysis shows the total demand through the IT Service desk which includes the telephone calls and the tasks (Incidents or Requests) that have been logged using the self-service portal (49% of all work now comes into IT via self-service, rather than a telephone call). The average waiting time for a call to be answered in Aug was 6 minutes and 8s (increased from July (4:20) due to rising demand and a staff vacancy). **Table 4:** shows the position of our IT developmental projects: 8 projects closed in Aug (2 from the escalated status). **Table 5:** The T&F group working on this has taken a big step in Aug/Sep in implementing a mitigation for 30% of the UHD server estate - this will show in the Sep data. **Table 6:** Continued slow progress to date on Information Assets work required by 31 Dec 2021 (DSPT), however, with TMG approval we have now risk stratified the assets and reduced the target number from 341 to 222. Extra support is being made available to care groups and corporate areas to achieve this work. **Other notable highlights of Aug:** The new Laboratory Information Management System (LIMS) went live for the whole of Dorset - led by pathology and supported by IT. This was an extremely complex series of changes that overlapped multiple sites, systems and services across Dorset and the South/South-West and has gone remarkably well with the small number of snagging issues being resolved very quickly. The SSO user numbers have risen to 1794 (up from 1794 last month) with around 14,000 login events automated daily. The number of Dorset Care Records accessed by UHD users rose to 25,207 (from 22,800 last month)

### Business As Usual/Service Management

Graph 1: core Infrastructure availability



Graph 2: Service Desk demand



### Projects/Developments/Security/IG

Table 3: flow of Informatics projects since Nov 2018. c 150 closed projects per year.

Informatics Projects since November 2018						
Project Type	Pending Approval	Not Started	Deferred	In Progress	Completed	Total
eForm/Automation Project	1	15	14	36	151	216
Infrastructure Mandatory	0	23	0	4	3	30
Projects	3	53	16	98	243	410
Service Improvement Projects	0	0	0	0	3	3
<b>Grand Totals</b>	<b>4</b>	<b>91</b>	<b>30</b>	<b>138</b>	<b>400</b>	<b>659</b>

Table 4: Priority of current Informatics projects

Sep:																	
	Escalated	Project Risk Score (Risk of not doing it)															
Row Labels	25	20	16	15	12	10	9	8	6	4	2	1	0	Grand Total			
In Progress	34	15	21	5	19	2	10	3	2	6	2	1	12	132			
Not Started	4	8	20	4	25	1	4			2	1		18	87			
Grand Total	38	23	41	9	44	3	14	3	2	8	3	1	30	219			

Table 5: Cyber Security - Obsolete systems

	# Supported	% Supported	# Obsolete	% Obsolete	% Mitigated
Windows Desktops	7599	97.2	218	2.8	0
Windows Servers	400	65.8	208	34.2	0

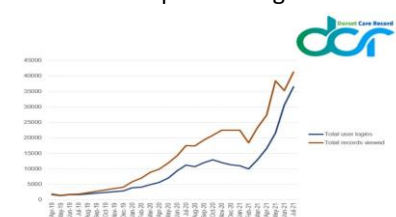
Table 6: Information Assets

	Info Asset Register - Asset Status			
	Draft/IAO review	IG review	DSPT Complete	Grand Total
CGA	24	0	0	24
CGB	60	0	0	60
CGC	75	15	0	90
Clinical Ops	4	1	0	5
Corp	26	13	4	43
	<b>189</b>	<b>29</b>	<b>4</b>	<b>222</b>

Table 7: FOI compliance

	Q3 20/21	Q4 20/21	Q1 21/22	July	August	Total	%
Total Received	160	172	215	32	50	629	
Closed - In time	89	85	124	26	38	362	58%
Closed - Breach	65	79	82	3	0	229	36%
Open - In time	0	0	0	0	6	6	1%
Open - Breach	6	8	9	3	6	32	5%

Graph 8: DCR growth



**BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET**

**Meeting Date: 29 September 2021**

**Agenda item: 7.2**

<b>Subject:</b>	Mortality Report Q1
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<b>Prepared by:</b>	Alyson O'Donnell – Chief Medical Officer Divya Tiwari – Mortality Lead for UHD
<b>Presented by:</b>	Alyson O'Donnell

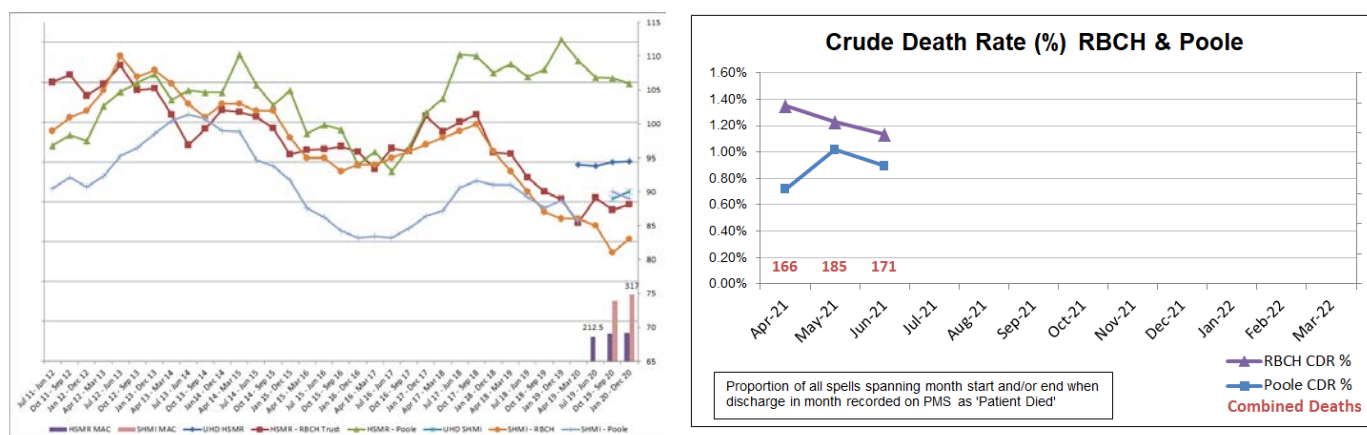
<b>Purpose of paper:</b>	This report advises the Board of the Mortality metrics within the Trust.
<b>Background:</b>	Mortality metrics and update for the Trust and also gives an update on the Covid situation and high risk conditions
<b>Key points for Board members:</b>	The Board is asked to note the improvement in mortality metrics and the outstanding areas of focus where there remains a higher relative risk including fractured neck of femur  The Board is asked to note the ongoing work of the Mortality Surveillance group in investigating areas of high relative risk particularly between hospital sites
<b>Options and decisions required:</b>	None
<b>Recommendations:</b>	For information
<b>Next steps:</b>	For information

<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	
<b>BAF/Corporate Risk Register: (if applicable)</b>	
<b>CQC Reference:</b>	

<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>

### Chief Medical Officer's Report to the Board

#### Mortality Update



#### HSMR/SHMI Financial year 2020/21 April 2020 to March 2021 (merged organisation)

Indicator	Site	Value	Range
HSMR	RBCH	82.7	Better than expected
	Poole	115.3	Higher than expected
	UHD	99.4	As expected
SMR	RBCH	90.1	Better than expected
	Poole	120.7	Higher than expected
	UHD	105.4	Higher than expected
SMHI	RBCH	83	Better than expected
	Poole	89	As expected
	UHD	90	Better than expected

#### Mortality Ratios

The national picture is very complex. HSMR and SHMI indicators do not include 'Covid 19' mortality whilst SMR includes all mortality. UHD HSMR for this financial year is within the expected range (99.4). Site level HSMR shows significant variation, this is partially explained by high 'Covid activity' on the Poole site during the second wave. HSMR does not include direct Covid mortality, however it is impacted by Covid mortality where the primary position is occupied by a 'non Covid' diagnosis (e.g. admitted with a stroke and acquiring Covid in hospital and dying from it).

UHD SMR for this financial year is 105.4. This is 'higher than expected' and is mainly due to Covid mortality with a higher impact at the Poole site. Both indicators are awaiting national bench marking and likely to improve by a few points. Removing any Covid activity from the primary or secondary position improves both indicators for the Trust.

There are 4 diagnostic groups recording a high HSMR and contributing to an upward trend in mortality indicators:

- Fracture neck of femur;
- Fracture of lower limb;
- Lower respiratory tract infections, and
- Intestinal obstruction without hernia (Please see Dr Foster alerts table 1 below).

The crude mortality ratios show a downward trend from February 2021 onwards and have remained lower. This should lead to an improvement in the adjusted mortality ratios for the next financial year and reflects the significant progress the Mortality Surveillance Group (MSG) has made in reviewing mortality in various subgroups and implementing improvement action plans.

MSG is collaborating with the IT team to unify data extraction and submission processes on both sites. Supporting coding practices will need to merge to facilitate analysis of predictable trends/ outcomes and to provide data quality assurance. This work is likely to be completed by the end of October 2021.

The Lead and Deputy Medical Examiners for UHD are now in place working towards a unified approach to 'mortality screening' at all sites. MEs report Quarterly to MSG outlining themes in clinical care, communication and the themes of any concerns raised by bereaved relatives. This process has facilitated quality and safety forums and to the prioritisation of the Trust QI priorities for 2020/21.

#### **Diagnostic and Procedural Alerts – Table 1**

Dr Foster's Senior Analyst presented an intelligence report and alerts in the July MSG.

<b>Dr Foster Alert</b>	<b>Type of Alert</b>	<b>Site</b>	<b>Action Plan</b>	<b>Completion Date</b>
Fracture of lower limb	Diagnostic alert (CUSUM)	Poole	Study link with fracture neck of femur	October 2021
Lower respiratory tract infection	Diagnostic (Relative risk)	RBH	Awaits mortality review	December 2021
Intestinal obstruction without hernia	Diagnostic(Relative risk)	Poole	Combined RBH/ Poole review	December 2021
Pneumonia	Diagnostic( Relative risk)	Poole	Case notes review	Review Complete, Action plan agreed
Total excision of bladder	Procedural (Relative risk)	RBH	Internal review Case	Review complete Action plan agreed

#NOF	Procedural alert(within expected for 12 month, very high for November and expected to climb)	Poole	Review complete	Initial findings discussed at MSG
Tuberculosis	Diagnostic alert 2020	RBH	Case notes review	Review complete Learning disseminated

### **Mortality Review: Fracture Neck of Femur**

Dr Foster recorded a CUSUM alert in fracture NOF mortality, mainly due to excess mortality related to the second Covid wave. Poole is the largest fracture NOF centre in the country, operating on around 900 cases annually. Although mortality ratios are at the national average for 2019 this represents a gradual move from a position that was 3SD better in 2014-16. This is a multidisciplinary service with complex pathways and the involvement of Orthopaedic consultants, anaesthetists, orthogeriatrics and therapy services. A mortality review was commissioned by the MSG chair in May 2021 and conducted by the internal and external reviewers for three phases of outcomes by selecting 20 random patients from each phase (phase 1 mortality ratios were better than expected, phase two mortality ratios were average, phase three mounting alert due to Covid activity).

This review was led by Dr AW, PGH mortality lead, who presented findings from the initial analysis of reviews.

Key findings were:

- Average time to theatre in 19/20 5.5 days against national standard of 36 hours.
- 100% operations are done by 'middle grades' in 2020 compared to 90% in 18/19, impacting on theatre time planning and variability. This has subsequently improved to around 20% with new Consultant recruitment which will improve the situation.
- Continuity of medical input and operative factors leading to potentially avoidable mortality.

Further analysis and action plan are in progress.

## BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

**Meeting Date:**

**Agenda item: 7.3**

<b>Subject:</b>	Nursing Establishment Review (Six Month Safe Staffing Report)
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<b>Prepared by:</b>	Fiona Hoskins, Deputy Chief Nursing Officer
<b>Presented by:</b>	Paula Shobbrook, Chief Nursing Officer

<b>Purpose of paper:</b>	This paper provides a review of the staffing position in the Trust from 1 <sup>st</sup> October 2020 – 31 <sup>st</sup> March 2021; and a report on current nursing workforce activity.
<b>Background:</b>	The paper is written as part of the Board Assurance structure.
<b>Key points for Board members:</b>	<p>Part 2. Care Group Safe Staffing Reports October 2020 to March 2021</p> <p>Other items to note:</p> <ul style="list-style-type: none"> <li>• Update on international nursing recruits</li> <li>• Update on safe staffing during wave three of the pandemic.</li> </ul>
<b>Options and decisions required:</b>	No options or decisions required. Paper is for scrutiny only.
<b>Recommendations:</b>	There are no recommendations
<b>Next steps:</b>	To continue to align the workforce practices across both sites to create a UHD approach to Safe Staffing.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
<b>Strategic Objective:</b>	Valuing our staff. Recognising the contribution of our staff and helping them develop and achieve their potential
<b>BAF/Corporate Risk Register: (if applicable)</b>	
<b>CQC Reference:</b>	N/A
	Well Led, Safe and Effective Services.

<b>Committees/Meetings at which the paper has been submitted:</b> Workforce Strategy Committee	<b>Date:</b> 18/08/21
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## **Introduction**

The 'Hard Truths' (2014) publication from the Care Quality Commission (CQC) and NHS England detailed requirements for Trusts to:

1. Report and publish a monthly return via Unify indicating 'planned' and 'actual' nurse staffing by ward. This is returned each month to NHS England, the CQC and published on NHS Choices website. This information is also included in the CNO report to the Workforce Strategy Committee.
2. Publish information with the planned and actual nurse staffing for each shift. This is displayed on an electronic board at the entrance of each ward, including who is in charge of the shift. The role of each team member is also displayed.
3. Provide a 6 monthly report on nurse staffing to the Board of Directors.

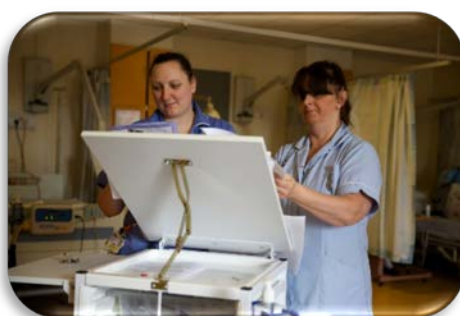
Subsequent to this NHS England has mandated that all Trusts report monthly on the Model Hospital Data to their Trust Boards.

This is the final Safe Staffing report for the financial year 2020/2021 and provides a high-level summary of the key aspects of safe staffing from 1<sup>st</sup> October 2020 the present day in the form of trend analysis.

The first part of the report is a review of the Trusts performance against the newly published Royal College of Nursing, Workforce Standards.

The care group reports cover the months building up to wave 2 of the pandemic, October 2020 to January 2021 a time when the Trust was challenged with several clinical Covid-19 outbreaks affecting staff and patients; and then from January – end of March 2021 during wave 2 of the pandemic when the number of Covid-19 patients requiring acute care was significant.

## Part 1. RCN Nursing Workforce Standards - Assurance



## Performance against the Nursing Workforce Standards

Safe staffing is the provision of enough nursing staff with the right skills and knowledge, in the right place, at the right time. Getting this right enables nursing staff to deliver safe and effective care.

In June 2021 the Royal College of Nursing published the Nursing Workforce Standards. There are fourteen standards categorised under three key themes:

- *Responsibility and accountability*; standards 1-4 set out where the responsibility and accountability for safe staffing lies within and organisation.
- *Clinical leadership and safety*; standards 6-10 focus on the need for registered nurses to lead on clinical professional responsibility within teams, their role in workforce planning and the development of the workforce.
- *Health, safety and wellbeing*; standards 11-14 outline the health, safety, dignity, equality and respect values that enable a nursing workforce to deliver high quality care.

A high-level assessment of the Trust against the fourteen key standards is as follows:

### NWS Standard 1: Senior nurses set nurse staffing and report to Executive Boards.

*“Executive nurses are responsible for setting nursing workforce establishment and staffing levels. All members of the corporate board of any organisation are accountable for the decisions they make and the action they do or do not take to ensure the safety and effectiveness of service provision.”*

At UHD NHS FT the standard operating procedure (SOP)- annual ward template review process (July 2021) sets out the process for senior nurse management of safe staffing within the Trust. The key elements of the SOP are:

- Monthly template reviews undertaken by the Matron and reported to the Care Group Director of Nursing (GDON)
- Post budget setting roster review undertaken in quarter 1 by the Care Group to ensure any roster changes are in place and being impact review.
- Annual Shelford Acuity and Dependency Audits undertaken in July and February, to assess staffing requirement against workload dependency and acuity.
- Annual budget setting template review undertaken in quarter 2 with a member of the corporate senior nursing team (chief nursing officer or deputy) to review findings of Shelford audit against quality and workforce metrics. It is at this review that any template changes will be finalised.

The outcomes of the reviews set out in the SOP are reported directly to the Board via the six-month safe staffing report and bi-monthly via the Director of Nursing report to the Workforce Strategy and Development committee.

## NWS 2: Nurse establishments based on service demand and user need

*“Registered nurse and nursing support workers establishments should be set based on service demand and the needs of people using services. This should be reviewed and reported regularly and at least annually. This requires corporate board level accountability”*

The Trust uses a number of different processes to triangulate service demand and user needs to inform the nursing establishments. There are two key elements to this, daily review allowing for minor adjustments to address peaks and troughs in activity and annual template reviews to assess whether the nursing establishment is fit for purpose.

- Twice daily safe staffing meetings to oversee safe staffing against clinical demand.
- The use of the allocate electronic Safecare tool at daily staffing meetings. This enables the nursing teams to review their rostered staffing levels against actual patient acuity and dependency on the day; enabling the senior nursing team to review and make ward-based staffing adjustments to meet the demands of the day.
- Eroster
- Bi-annual Shelford audit
- Quality metric reviews
- Complaint data reviews

## NWS 3: Business continuity plans enable staffing for safe effective care

*“Up-to-date business continuity plans must be in place to enable staffing for safe and effective care during critical incidents or events.”*

From a nursing perspective the Red Flag and Safe Staffing Escalation policy sets out the Trusts standard approach to managing safe staffing challenges from a day-to-day to extremis levels. The policy written in January 2020 in response to workforce challenges due to the pandemic sets out a structure approach to delivering safe care when staffing levels are negatively impacted upon. The toolkit was written in consultation with the nursing, wider professional bodies and staff side includes:

- Modified care plans
- Safety briefing tool
- Guidance for appropriate care adjustments
- Sitrep reporting process
- Post incident review process

The key element within the process is support staff in the delivery of safe care and provide an opportunity to review care delivery and look for learning.

The policy was piloted in several clinical areas from February 2021 with final ratification occurring in June 2021.

#### NWS 4: Nursing workforce is recognised and valued

*“The nursing workforce should be recognised and valued through fair pay, terms and conditions.”*

This standard focuses on the nursing workforce being recognised and valued through fair pay, terms, and conditions.

At UHD the nursing pay structure aligns with the national guidance and Agenda for Change pay structure. Alongside this the Trust has strong corporate policies and procedures in place to fairly manage staff within the organisation. Where possible staff are supported to work flexibly to meet the demands of the service. There are many staff networks available for staff to join to support them in their working lives here at the Trust.

Our Trust values of caring, one team, listening to understand, open and honest, always improving, and inclusive support the principles of valuing our staff alongside our patients. Our values were developed by our actively listening to our staff.

The Trust also has a strong staff side committee in place with good nursing representation. The agendas for this group accurately reflect staff side involved in the Trust agendas.

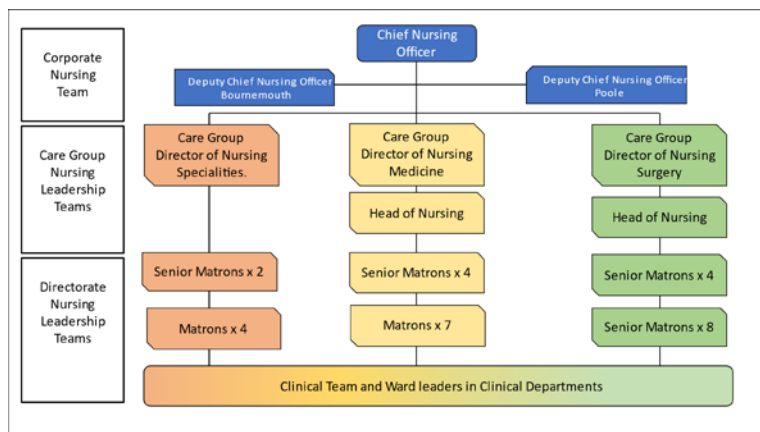
There are strong career development and progression plans for all our staff in the Trust, with clear continuous development plans created through annual appraisal and supported by the organisational and development and corporate education teams alongside our Health Education and University partners

#### NWS 5: Each nursing embedded service has a Registered Nurse Lead

*“Each clinical team or service that provides nursing care will have a registered nurse lead.”*

The Trust has a robust nursing leadership structure in place. At a care delivery level in the directorates all our nursing teams have a dedicated team leader or Matron overseeing the service. Post-merger a clear senior nursing leadership structure has been embedded into both the corporate and care group structures this enables clear ward to board reporting through a dedicated nursing pathway:

##### **Ward to Board nursing leadership pathway**



#### NWS 6: Nurse leaders receive dedicated workforce planning time

*“A registered nurse lead must receive sufficient dedicated time and resources to undertake activities to ensure the delivery of safe and effective care.”*

All the nurse templates for inpatient areas across UHD have as a minimum one agenda for change band 7 clinical leader with dedicated non-clinical (supervisory) time for the purposes of:

- Leadership and team management, including safe and effective rostering.
- The improvement and monitoring of care quality delivery within the service
- Workforce monitoring and planning
- General ward management
- Staff wellbeing support

For all in patient areas the Band 7 clinical leader is supported in the provision of workforce planning by a clinical matron.

Post-merger, differences have been identified in the templated non-clinical time between sites.

	Poole Hospital	Bournemouth Hospital
<b>Band 7 management time</b>	7.5 hrs a week	15 hrs a week

The above allocation is for a standard ward with one clinical leader. In larger departments there are differing amounts of time provided. Work has already commented to address these differences at the first UHD annual template review process in the autumn.

Across UHD there are several band 7 job descriptions for the role of clinical leader. As part of the corporate post-merger initiatives the nursing workforce is working in partnership with human resources to develop on band 7 clinical leader job descriptions.

#### NWS 7: Practice development time considered when defining workforce

*“The time needed for all elements of practice development must be taken into consideration when defining the nursing workforce and calculating the nursing requirements and skill mix within the team.”*

The Trust is fully committed to the on-going development of all staff with clinical templates designed to provide life-long-learning opportunities for all. All clinical areas have appropriate uplift applied to cover annual leave, sickness, and personal development time. The Trust has taken a flexible approach to the application of uplift in clinical areas, flexing it to reflect areas where higher levels of mandatory training are required. The current breadth of uplift applied across the Trust is 22.2 – 27%.

The roll-out of the clip (collaborative Learning in Practice) model for supervising student nurse placements continues to be rolled out across the Trust. This model involves bay-based nursing with a registered nurse supervising and coaching a number of student nurses to deliver the care in a supportive learning environment. The model is supported by two dedicated education leads.

Current work is on-going across the Trust to incorporate learning placement allocations in the ward templates. Whilst student nurse placements are supervisory, ensuring the right workforce to create a positive learning experience is key to future recruitment. Bi-annual reviews of student feedback and quality data will help to ensure this. This work is anticipated to be completed during the 2021 template review process.

The Trust also has a dedicated practice educator workforce who support post registration and internationally recruited nurses with on-going professional development and clinical supervision at a directorate level.

#### **NWS 8: Apply sufficient uplift when calculating nursing workforce**

*“When calculating the nursing workforce Whole-Time Equivalent (WTE) uplift will be applied that allows for the management of planned and unplanned leave and absence.”*

The Trust holds the appropriate licences to use the Shelford tool for nursing workforce establishment calculations. The tool requires bi-annual acuity and dependency audits and overlays this information against workforce parameters such as annual, sickness, study and carers leave etc. to make recommendations on required workforce levels. Professional judgement around estate, shift patterns, staff grading etc is then applied and considered using the annual ward template review process. For 2021 / 22 post merger cross trust uplifts were applied which vary according to area to accommodate the differential study leave requirements in some specialities, the new uplifts are:

<b>Clinical Area</b>	<b>Overall uplift</b>
<b>Emergency Department</b>	27%
<b>Critical Care, RACE, AMU, SAU, OPU</b>	25%
<b>All other areas</b>	22%



## NWS 9: Substantive nursing workforce below 80% is exceptional

*“If the substantive nursing workforce falls below 80% for a department /team this should be an exception and should be escalated and reported to the board / senior management.*

The red flag and safe staffing escalation policy sets out the Trusts approach to ensure that safe staffing is always maintained through appropriate reporting and escalation. Key aspects of the Trusts approach include:

- Twice daily site-specific corporate staffing meetings provide oversight of staffing levels using a heatmap:

Care Group	Ward/Area	Ext	Planned Early	Actual Early	Safest Staffing Category	Planned Late	Actual Late	Safest Staffing Category	Planned Night	Actual Night	Safest Staffing Category	Mitigating actions	Escalated Y/N
Surgey	7 Left	4716											
R&H site	7 Right	4375	4+3	4+3	Good	4+2	4+2	Good	2+2	2+2	Good	None required	No
	12 (Med)	4770	5+4	4+4	Fair	4+3	4+3	Good	2+3	2+3	Good	None required	No
	ESCU 15/16	4715	9+7	8+7	Fair	9+7	8+7	Fair	6+4	5+4	Fair	None required	No
	17	4676	4+3	2+1	Not required	4+2	2+1	Not required	2+2	1+1	Not required	Identifying staff to move from other wards	Yes
	BPC	4992	2+1	2+1	Good	2+1	2+1	Good	2+1	2+1	Good	None required	No
	SAU	6009	4+2	3+1	Fair	4+2	3+2	Fair	3+1	3+1	Good	None required	No
	ITU Green	4005	10	8	Critical	10	8	Critical	9	5	Critical	Support staff repurposed	Yes

Key components of discussion and criteria for scoring includes number of substantive staff on duty.

- To support fluctuations around staffing levels the Trust has an in-house temporary staff bank who are fully inducted members of the Trust who support staffing shortfalls.
- The Trust is committed to using the Health Trust Europe (HTE) framework for the sourcing of agency nurse staffing. This ensures that the agencies used meet key standards around training and governance.
- All agency staff are inducted to their clinical areas using the Trust Education and Training policy which covers ward orientation, incident report and escalation.
- Corporate oversight of temporary nursing workforce usage is undertaken at the non-medical clinical workforce TEG, which is chaired by the Chief Nursing Officer
- Red flag reporting to board is undertaken via the Chief Nursing Officer report to the Workforce Strategy Committee.

## NWS 10: Nursing workforce is prepared and works within scope of practice

*“Registered nurses and nursing support workers must be appropriately prepared and work within their scope of practice for the people who use services, their families and the population they are working with.”*

All nursing staff working as substantive or bank members of staff undergo a robust induction period and undertake mandatory training as required. Each member of staffs training records are accessible to the individual through the Green Brain electronic tool and their line manager on the electronic staff record. The Trusts clinical induction programme meets all the elements required for this standard, including:

- Safeguarding training (bespoke to individual requirements)
- Mental capacity
- Consent
- Basic life support
- How to raise concerns

- Health and Safety training such as manual handling, infection prevention and control and fire

All new recruits to the organisation have a preceptorship period, during which they work in a supervisory capacity. Newly qualified nurses undergo a preceptor programme to support the transition from student to staff nurse and our international recruits are supported through a bespoke programme that takes them through NMC registration and beyond. Staff who are lone workers are supported by the lone worker policy and have clear escalation communication channels in place.

In addition to corporate induction many of the speciality areas run their own induction programmes with competency packages for nurses to undertake. These programmes are supported by the Practice Educators. Lifelong learning is a key part of the Trusts culture.

From an untrained perspective, all our health care support workers are placed on the Care Certificate programme to ensure that they are trained to the right level in care delivery.

As part of the Trusts culture, in the event of an adverse incident reviewing individual training opportunities is a key part of on-going organisational learning and growth.

#### NWS 11: Nursing workforce rostering accounts for safe shift working

*“Rostering patterns for the nursing workforce will take into account best practice on safe shift working. Rostering patterns should be agreed in consultation with staff their representatives.”*

Electronic rostering (E-rostering) is fully established in all clinical nursing teams across the Trust. A new UHD E-rostering policy is being written and will include best practice standards including identifying a maximum number of shifts in accordance with whole time equivalent (WTE). Current practice across the three sites, varies slightly but all rosters are well managed with only minor differences around roster rules for shift requests and frequency of weekend and night shifts.

A mixture of long shifts and short shifts are offered to all staff, with the long shift option being the most popular. Adequate break times are included as part of the roster to ensure that staff fatigue is not an issue. However, in periods of heightened activity staff often report not taking their breaks due to workload. During wave 2 of the pandemic this was complicated by infection control restrictions and the Trust implemented a “Safe Area” on each ward where food and drink was provided to keep staff resilient.

A self-rostering pilot using E-roster is currently being piloted in the Emergency Department which is anticipated to give staff greater ownership of their shift patterns.

The flexible working policy provides staff the opportunity to request different patterns according to their individual needs if required. The Trust has a good wellbeing service available for all staff.

As part of the annual ward template review process Matrons are expected to sit down with their clinical leaders and review roster performance with regards to shift longevity, runs of

shifts against sickness and absence rates. The triangulation of this data helps inform with regards to the robustness and wellbeing of the workforce.

This standard sets out guidance around shift duration and the number of nights staff should work in a row. An audit into this information is planned for the autumn of 2021.

#### NWS 12: Nursing workforce is treated with dignity and respect

*“The nursing workforce should be treated with dignity, respect, and enabled to raise concerns without fear or detriment, and to have these concerns respond to.”*

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

Our newly launched values embrace how the Trust expects people to experience working and accessing services within the Trust. With a diverse workforce the Trust has many staff networks in place to help shape the culture and behaviours of our people these include:

- BAME staff
- European Staff
- Pro-Ability

In addition to this the Trust has a well-established Freedom to Speak Up Guardian with a network of champions who enable our staff to speak up when they feel unable to raise concerns through other routes.

The Trust has many policies in place to support staff to feel safe and secure in the workplace, this includes appraisal, balancing work and family life, Diversity and Inclusion and raising concerns.

There is a strong learning culture in the Trust which encourages staff to report near misses through the LERN process and our #sharetocare campaign.

#### NWS 13: Nursing workforce supported in healthy safe environments

*“The nursing workforce is entitled to work in healthy and safe environments.”*

Our workforce is supported by a suite of policies that support our staff to safe at work including:

- Occupational Health policies
- Infection control practices
- Human resources policies
- Risk and Governance.

All policies are stored on the intranet giving staff easy access to the most up-to-date version. The Trust also runs wellbeing and employee assist services that staff can access for a breadth of information covering health, wealth and welfare.

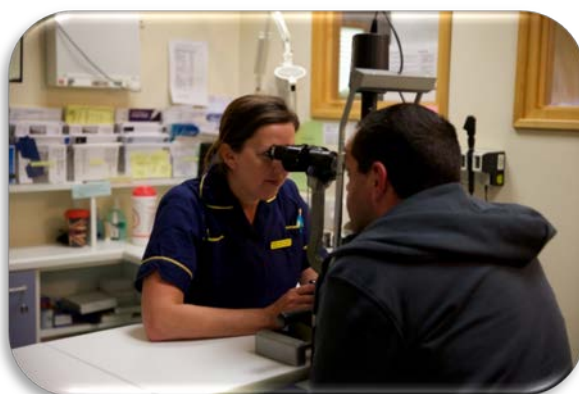
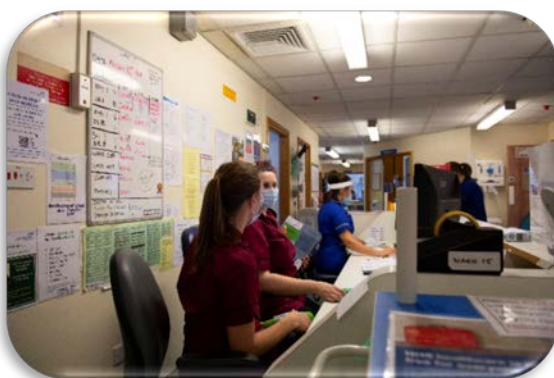
Staff break, changing and locker facilities are provided on both sites, however there is a need for larger facilities that are closer to workplaces and it is anticipated that the new build services will provide this.

#### NWS 14: Nursing workforce is supported to practice self-care

*“The nursing workforce is supported to practice self-care and given opportunities at work to look after themselves.”*

The Trust is committed to enabling our workforce to make healthy lifestyle choices. Our on-site eateries all offer health eating options and there are many schemes that staff can engage in such as the “cycle-to-work” scheme, mindfulness and running club.

## Part 2. Update on Current Nursing Workforce Metrics and Activities

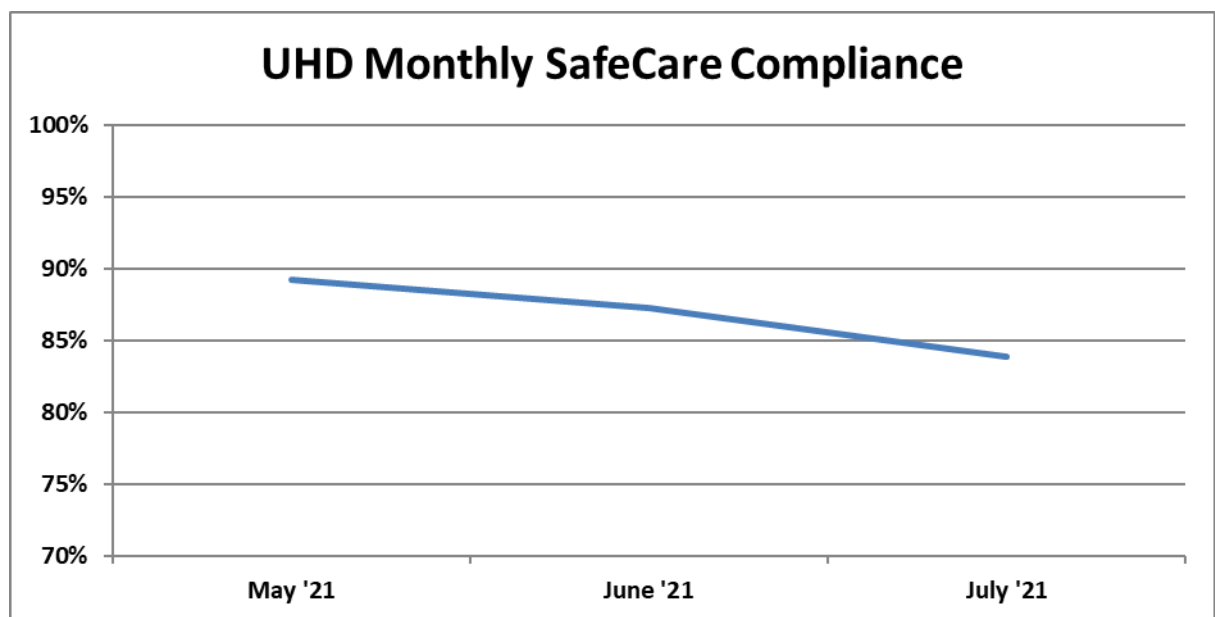


## 1. Update on Current Nursing Workforce Activities

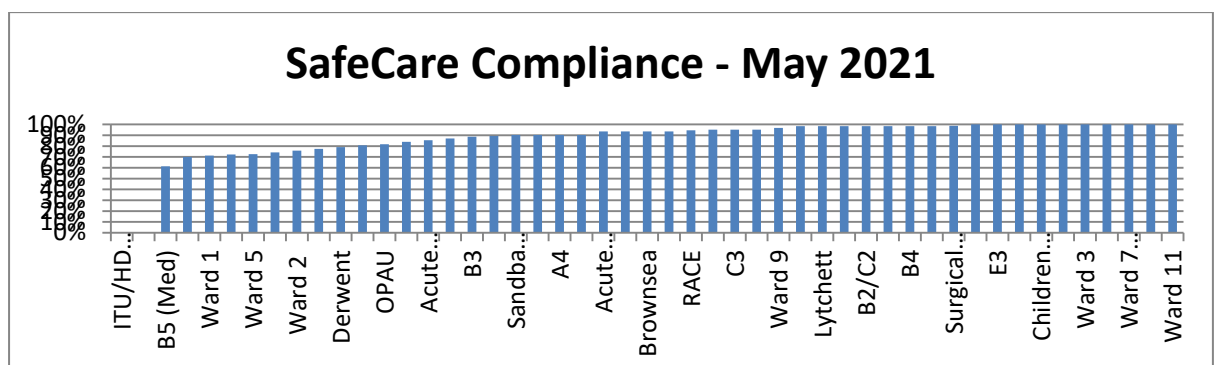
### 1.1. SafeCare

Pan UHD SafeCare data is now available and supports safe staffing by providing thrice daily snap shots of patient acuity and dependency in a clinical area. This data is reviewed at the staffing meetings and enables informed decision making around staffing requirements and deployment.

For the tool to be used most effectively pan UHD compliance is required. A project to improve compliance is being rolled out currently.



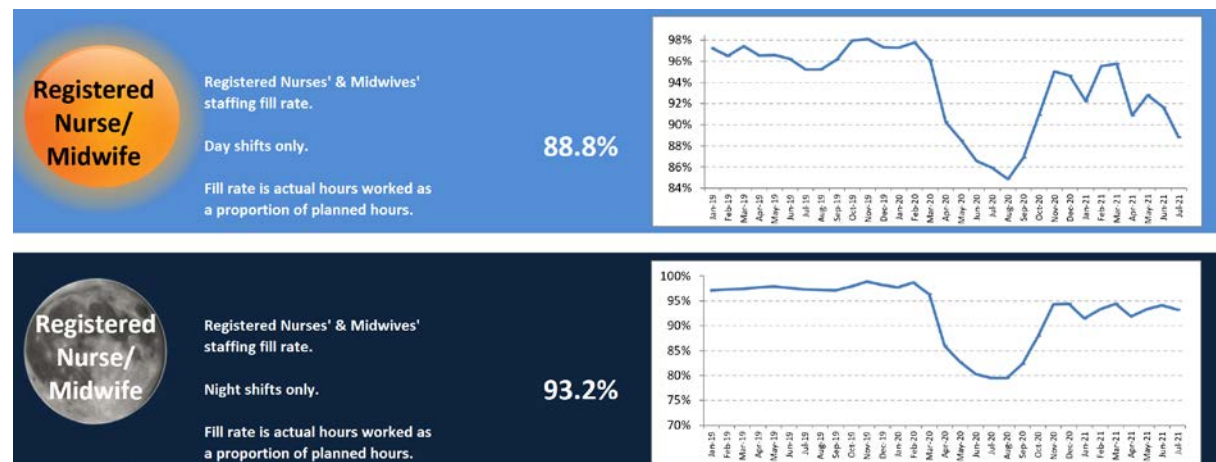
The use of SafeCare is more robustly embedded on the Poole site, as reflected in the May 2021 data and learning from this site is being used in a current pan UHD compliance project.



Historic SafeCare data is also reviewed at the six-monthly ward template reviews and informs decision making around proposed changes.

## 2.2: Unify Data

Unify data is the reported metrics of staff who actually worked set out against the planned staffing numbers for the inpatient areas. Therefore the data includes any temporary workforce employed by the Trust and is a true reflection of actual staffing numbers. The information is taken from the roster system and a monthly report produced for national submission.



The current data for July 2021 shows that overall the Trust has delivered fewer hours than planned. The trend line shows clearly the impact that the pandemic has had on staffing levels during waves 1, 2 and 3. A similar trend is noted for health care support workers.



It is important to note here that when clinical areas run short, non-ward-based staff are moved flexibly into the areas to support safe care. This action mitigates the risk but is not shown on the roster.



## 2.3: Red Flags

One of the National Institute for Clinical Excellence (NICE) guidelines around safe staffing is that staff and patients should be able to raise a nursing 'red flag' if the NICE safe staffing or local agreed criteria are not being met.

In January 2021 the Trust aligned the red flag parameters across UHD taking the opportunity to create more bespoke flags for critical care, the emergency department, admission areas and neonates.

All red flags are now raised on the SafeCare system and reviewed as before at the daily staffing meetings with mitigating actions being implemented as appropriate.

Since implementing the new process compliance with raising red flags has risen significantly across the Trust:

Red flags Raised	YTD 2021	YTD 2020*	Differential
	222	53	169

\* It is important to note here that during quarter one a significant amount of elective work was on hold due to the pandemic providing good opportunities to bolster ward staffing non-ward staff.

## 2.4: Care Hours Per Patient Day

Care Hours per Patient Day (CHPPD) is a way of representing staffing data that puts the nursing hours in the context of the patient activity, in an easy to understand figure.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare assistants and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight). Using CHPPD has a number of advantages over other methods of representing this data:

- It gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone, and
- It allows for comparisons between wards/units. As CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes.

The current data displayed on the national Model Hospital website is from September 2020 and no longer contemporaneous. Locally CHPPD is reported to Trust board on the IPR monthly. Our local data for July 2021 is

Registered Nurses and Midwives CHPPD	YTD 2021	YTD 2022	Differential
	5.3	7.5	-2.2

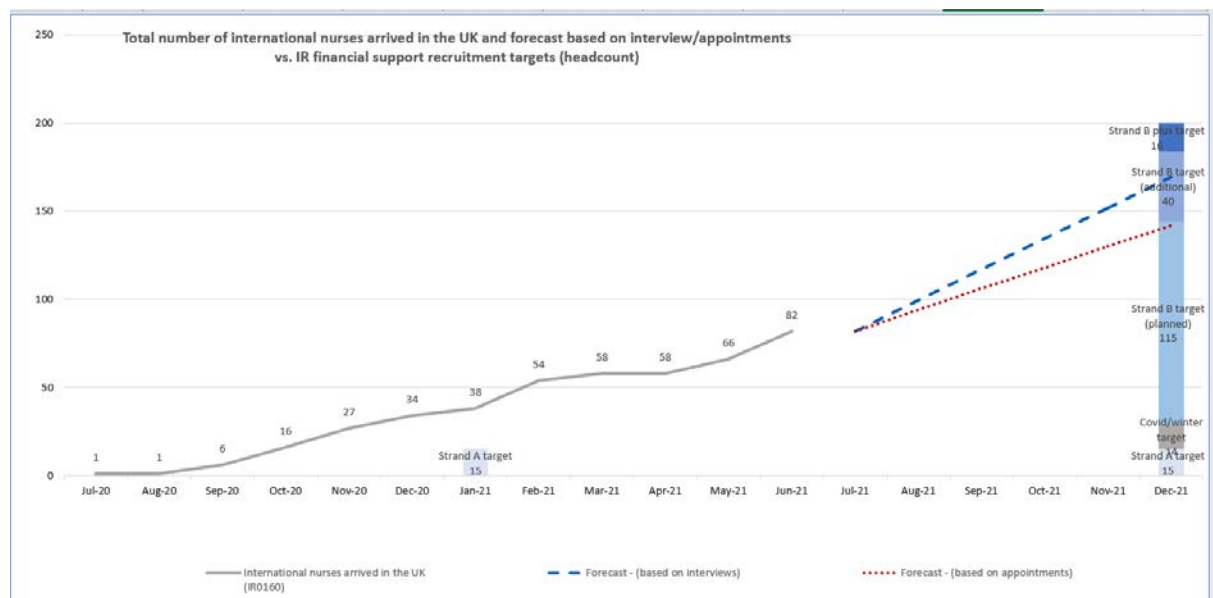


The drop in from CHPPD 2020 to 2021 aligns with the other SafeCare and Unify Data that reflects the challenges experienced in safe staffing during the pandemic.

## 2.5: Recruitment Update

Nursing and Midwifery Recruitment remains a key focus both nationally and across the Trust. Since January 2021 the Trust has successfully bid on the following NHSE/I funded initiatives:

- Zero Health Care Support Workers (HCSW) by 1<sup>st</sup> April 2021. This initiative was achieved, and the Trust has now received the money. Work to maintain zero HCSW vacancies is on-going.
- Recruit and gain registration for 200 International Recruits. This scheme is being monitored by NHSE/I and the Trust is currently on track to achieve the target and receive the various pockets of funding associated with this.



The Trust is also supporting ten internal internationally recruited Band 2 – 4 HCSW staff to complete their English language tests and then commence the training programme to become a NMC Registered Nurse. The first of these candidates is due to sit their OSCE in the next eight weeks.

A new cohort of 24 registered nurse degree apprentices (RNDA) starts in the Trust this September. RNDAs have dedicated hours working as part of the ward team as well as supervisory student hours. They work as member of the ward team during their training, and it is anticipated that they will select to remain on the ward after graduation in four years' time.

## 2.6: Agency Spend

The non-medical workforce TEG continues to monitor the agency and bank spend against vacancy. This work reports to the Workforce Strategy Committee (WSC) via the Chief Nursing Officer Report (CNO). Current initiatives include:

- Unify the golden shift / incentive payments prior to removing the payments.
- Working across the system to agree an agency payment framework including lead times
- Enhanced care service delivery
- Mental health support worker role

## 2.7: Midwifery Workforce

All data presented in this report covers both the nursing and midwifery workforce. As part of the CNO Report to WSC the Head of Midwifery also reports on specific midwifery issues.

## 2.8: Allied Health Professionals (AHP)

The six-month safe staffing report is written specifically as an assurance report for Board around inpatient area staffing, therefore AHP workforce progress is omitted. It is important to note however the significant impact that the AHP workforce has had on in patient staffing and during the pandemic. With staff working flexibly to minimise the impact of increased workload and absence patient care.

In March 2021 the Trust recruited an associate director for AHPs Deborah Lane, who is currently scoping the workforce and working on developing similar workforce tools to those the nursing workforce use. As with midwifery the associate director for AHPs contributes to the CNO workforce paper.

## 2.9: Covid-19 pandemic

During wave 2 of the pandemic, the Trust implemented the nurse commander role, to oversee safe staffing on daily basis. The Red Flag and Safe Staffing Escalation Policy was implemented and followed, including the repurposing of non-ward-based staff clinical areas including critical care and the emergency department. With elective services on hold several other personnel from surgeons to AHPs supported the wrap around teams and care delivery.

In February 2021 as part of the SW mutual aid scheme military personnel were deployed to the Trust to support care delivery. Around 55 military workers joined the Trust over a period of 6 weeks working in two key roles,

general duties staff and combat medical technicians (HCSW). The roles covered ranged from health care support worker to portering, and cleaning.

As in wave one a cohort of 70 aspirant nurses also joined the workforce working at agenda for change band 4 level on a temporary register. This workforce was extremely valuable and supported the delivery of safe care. A number of celebratory events have been held across the Trust to thanks these student nurses for their support in the pandemic.

Within critical care where possible the national model for staffing was implemented. At the peak of wave 2 the staffing in critical care was challenging with achieving the right mix of trained critical care nurses, registered nurses and HCSW difficult at times.

## 2.10: Template reviews

The autumn 2020 template reviews occurred with minimal adjustments to the templates due to the impact of the pandemic, such as staff redeployment, pathway changes and ward speciality modifications. Template adjustments of note were:

Clinical Area	Agreed Template RN WTE	Agreed Template Non RN WTE	Template Techs	Increase WTE	Decrease WTE	Comment /Impact
<b>Stroke</b>	33.39	26.61	N/A	0	+4.61	Template changes post consultation pathway merger.
<b>ED</b>	98.72	30.13	N/A	+23.77	0	Includes B4 +23.77 relates to unfunded escalation as a result of COVID reconfiguration.
<b>Ward 22</b>	20.51	21.90	N/A	0	+2	Increase due to managing COVID.
<b>CIU</b>	23.64	8.43	N/A	+1	-1.0	Consultation and reconfiguration of nursing template.
<b>CCU</b>	28.31	6.37	N/A	+1	0	Template reconfiguration post moving CCU. Now includes PP.

Alongside the above OPAU and SAU were given new templates to match the re-design of the pathways, AMU and wards 4 and 5 had their RNDAs formally added to the budget.

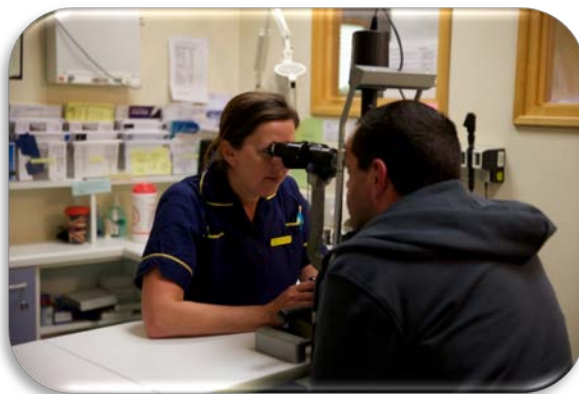
## 2.11: Staff well-being

Since the pandemic commenced in the spring of 2020 the nursing, midwifery and AHP workforce in the Trust has worked tirelessly to maintain safe staffing and support the on-going delivery of care; with staff working long hours in personal protective equipment that can be hot, restrictive and unpleasant to wear. This sustained period of heightened activity alongside the emotional burden of caring for high numbers of Covid-19 patients has impacted upon the psychological wellbeing of our staff.

In response to this the Trust has put several good quality well-being services offers and rewards into place, which have been well received; the on-going nature of the pandemic however, continues to take its toll on the overall well-being of the teams with fatigue and emotional fatigue presenting across the workforce and reflected in sickness rates.

### Part 3. Care Group Workforce Reports

October 1<sup>st</sup> 2020 - March 31<sup>st</sup> 2021





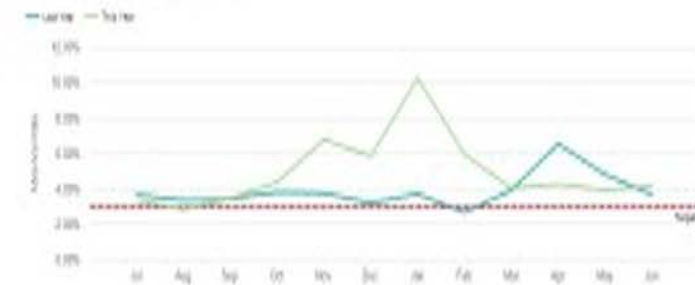
## UHD Medical Care Group

- Ward Reviews continued to take place with Head of Nursing and Professions on the RBH site.
- Cardiology consultation undertaken and completed in November 2020 this was secondary to the CCU move and Ward 23 being disbanded.
- On the RBH site Ward 25/26 became the 'blue' receiving unit and AMU 'green' receiving unit working with socially distanced closed beds. Staffing not reduced but birth units supported each other as 25/26 had 15 WTE vacancies, due to being a newly established.
- As a result of the pandemic OPS pathway at RBH wasn't functioning and all wards became multi-speciality. This increased length of stay and may have contributed to increased incidences such as falls.
- A4 on the PH site continued take direct admits of suspected and COVID -19 patients
- Poole ED was less challenged with staffing during the period of October to March 2021, RBH ED continued to be challenged and had an increased reliance on bank and agency staffing. Two block bookers were secured this relates to RBH ED working in an expanded footprint with a co-located minors.
- A joint template review for RBH and PH ED was undertaken and aligned against the RCN safer nursing principles for EDs.
- Across the sites continued HCA recruitment and International nurse recruitment continues with success.
- Both sites continued to operate 'winter care' beds however this has put additional pressures on the areas supporting these wards. Neither area has closed and has exceeded initial ask of March 2021. Overall the additional capacity open has put staffing pressures on the medical care group.
- Stroke pathway has continued but been impacted by COVID -19 and across site transfers, this has impacted SSNAP data. The pathway has also been challenged due to sickness in the senior team.
- The Medical care group across UHD also supported both ITUs and EDs with staffing although slightly smaller numbers of staff required than in Wave one.

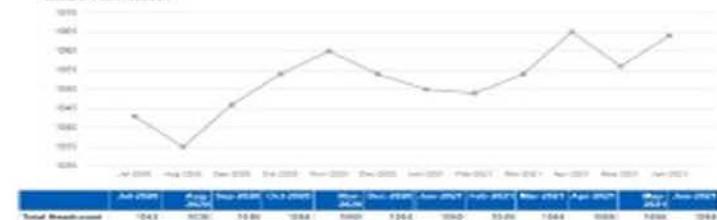


## University Hospitals Dorset NHS Foundation Trust

In Month Sickness Absence (FTE) Year on Year



Substituted Staff Health Chart



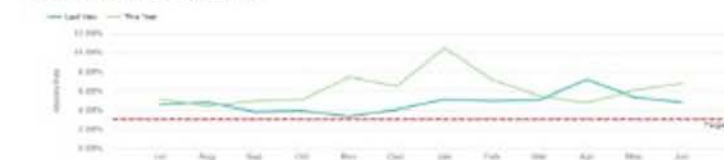
The Graph above shows that between October 2020 and March 2021, the UHD Medical care group saw a steep climb in sickness. This was due COVID -19, however this impacted the workforce greatly. Elective care was stepped down and the workforce was supported by specialist nursing teams. Alongside this the MOD were deployed to support clinical areas .

The second graph shows the medical care group registered staff which has been consistent with small increase.

## Surgical Care Group

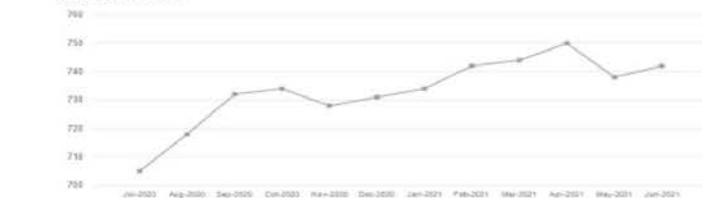
- The Ward template reviews were completed on the Bournemouth site up until October 2020; these are now under review again, and will be costed and considered by the CG leadership team.
- The Surgical templates for the Poole site have been reviewed by the Head of Nursing and Professions and are planned to be submitted for formal template review in September 2021 ahead of budget setting.
- Safer Nursing Care tool has been completed for both sites and further analysis is awaited to inform template reviews – triangulating with the quality safety indices.
- With the appointment of a senior matron for Critical Care services cross site review is being undertaken of the ITU rotas and identifying standardisation and alignment across both sites. Staff are beginning to work cross site to support staff development and the integration of services.
- This period reflects the second wave of Covid 19 and the redeployment of staff to support ward moves, capacity requirement and flexibility in the placement requiring specialist care.
- The development of ultra -green elective pathways on ward C2 at PGH and BPC at RBH – in order to support and drive elective activity – required ring fencing staff that could only work in this area.
- The Care Group continue to actively recruit both HCAs and Registered practitioners and support placement of overseas nurses to join the Trust.
- Theatre and staff from other areas continued to support ITU during the second wave of Covid 19 as staff previously redeployed from wards are no longer available given that the Trust has remained fully operational.
- During this period the tier 3 consultation was commenced; the development of new structures and roles is designed to better support staff on the ground and provide clear career progression for senior nurses.
- The Care Group has recruited a new Group Director of Nursing who joined the organisation in June 2021 bringing experience of merged organisations and workforce design.

In Month Sickness Absence (FTE) Year on Year



Year	Jan	Feb	Mar	Apr	May	Jun
Last Year	4.55%	4.82%	3.83%	3.92%	3.35%	4.06%
This Year	5.15%	4.42%	4.96%	5.10%	7.47%	6.49%

Substantive Staff Headcount



Year	Jan	Feb	Mar	Apr	May	Jun
Last Year	705	718	732	734	728	731
This Year	705	718	732	734	728	731

As predicted in the previous report sickness rates of registered staff across the Surgical Care Group peaked again during the second Covid-19 wave reaching 10.52% in January 2021. Sickness reduced in March 2021 to levels minimally above that of the previous year – rising slightly again in the third Covid-19 wave. There has been a significant impact on staff health and well being particularly amongst staff redeployed to ITU during the pandemic and the ITU teams; psychological support has been put in place.

There has been a slight steady sustained increase in substantive registered staffing levels in the Care Group over the six month period.

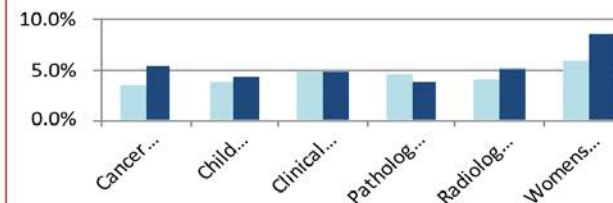


## Specialities Care Group

- Booked roster template reviews were postponed due to pandemic. These have now been rescheduled with the substantive Directorate teams and GDON with support from HR /workforce team. The inpatient ward areas have been prioritised to ensure alignment across both sites.
- Cancer Care /Oncology and Macmillan Unit are participating in the Shelford Tool work with the Trust workforce leads, to support triangulation of data (experience, safety and quality) and ensure templates reflects the workforce required each area.
- Work is underway with Workforce lead and non- ward based areas to develop a specific set of quality metrics that are reviewed and evaluated at the meeting alongside the background roster metrics, as Shelford cannot be applied to these areas.
- Radiology trialled and implemented the new software " planner" in ultrasound due to challenges with the complexities of necessitated specialist radiographer practice alongside the need to cover the general radiology work. This was challenging initially but stopped the need for a dual system of recording (electronic and paper spread sheets). Paper time sheets therefore eliminated on RBCH site.
- The Care Group extended support to the Trust Covid staffing response. Alongside seconding staff with previous critical care and ED experience, to ITU and ED outpatient teams supported ITU with admin /support roles. Specialist nurses supported ward areas. Phlebotomists were sent to support ED during quiet times in pathology.
- Phlebotomy line management transferred to outpatients matron which provided better staff support and improved patient experience. This will be continued substantively.
- The Care Group continued to manage the swabbing service and an 8A clinical lead was put in post to manage the service across site. Staffing this however has been challenging due the pressured nature of the role and the consistent changes in service need. This has largely been supported by redeployed nurses from elective orthopaedics and bank nurses.
- The BMS have adjusted work streams and priorities to support the manage the increasing complexities around COVID testing and implemented the SAMBA Service for to reduce time frames for receipt of covid test results. Microbiology teams have adjusted working hours and provided training to support this.
- A project lead was appointed (via bank)to support this swabbing and SAMBA testing.
- Care Group implemented the Trust Vaccination clinics in OPD on both sites. This was lead by Ddops and Chief Pharmacist with clinical support from outpatient /pharmacy teams. Staff from many clinical areas and AHP teams were trained to vaccinate and supported vaccine delivery to staff.
- Specialist Palliative Care teams worked differently to support Trust Staff caring for patients at EOL. Macmillan Unit staff were seconded to increase hospital palliative and community palliative care teams. Lead Nurse based full time in acute Trust and allocated staff to care for dying patients in the acute wards, provided support and training for nursing and medical staff in Blue wards to make appropriate EOL care decisions and implemented opiate ward rounds to ensure patients received adequate EOL medications.

**Specialties Care Group Non -Medical  
Sickness Absence**

Oct19-Mar20 Oct20-Mar21



Time Period	Care Group Sickness Absence
Oct 20-Mar21	5.4%
Oct 19-Mar20	4.5%

**Specialties Care Group Non-Medical Headcount**



No significant increase in sickness compared with same period last year except in Cancer Care and Maternity. Covid outbreaks in both these areas is likely contributory factor for this. Additionally maternity had a number of staff on LTS (unrelated to work). Low numbers of staff shielding staff in Care Group throughout this period and not all able to work from home.

The second chart shows the Care Group registered staff which has been consistent with small increase.



## **Conclusion**

Following the benchmarking exercise against the Nursing Workforce Standards it is assuring to note that overall, the Trust is compliant with this guidance. The expected workforce matrices and process that ensure good governance and oversight of safe staffing are all in place. This is reflected in part two where the Trusts matrices demonstrate the challenges that the workforce is facing and the mitigating actions that have been put in place overcome this and maintain an overall safe staffing position.

**BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET**

**Meeting Date: 29 September 2021**

**Agenda item: 7.4**

<b>Subject:</b>	Workforce Race Equality Standards Action Plan
<b>Prepared by:</b>	Debbie Detheridge, Organisational Development Practitioner – Equality Diversity & Inclusion; Jon Harding, Head of Organisational Development
<b>Presented by:</b>	Deb Matthews, Director of Organisational Development
<b>Purpose of paper:</b>	The attached report is the first annual Workforce Race Equality Standards report and action plan for University Hospitals Dorset NHS Foundation Trust (UHD), following the integration of Poole Hospital and Royal Bournemouth & Christchurch Hospitals (RBCH) in October 2020 it provides the current trend in data with respect to the WRES and supporting action plan.
<b>Background:</b>	<p>UHD aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation.</p> <p>Through our trust objectives, values and Equality, Diversity and Inclusion Strategy we aim to promote and deliver equality of opportunity and dignity and respect for all our patients, service users, their families' carers and our people.</p> <p>We aim to eliminate discrimination &amp; harassment and reduce health inequalities. Research shows that organisations that have diverse leadership are more successful and innovative.</p> <p>Staff who feel valued are more likely to be engaged with their work.</p> <p>Diversity at senior levels increases productivity and efficiency in the workplace.</p>
<b>Key points for Board members:</b>	<p>This report and the data submission will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG).</p> <p>EDIG services to provide assurance that the Trust has an effective framework within which it oversees the implementation of the national Standards, which includes WDES.</p>

	<p>There is an apparent fall of BAME progression through the higher pay bands.(indicator 1)</p> <p>The relative likelihood of BAME staff entering a formal disciplinary process is comparable with the national picture (1.17:1). (indicator 2)</p> <p>UHD's relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is also good (1.11:1) and slightly better than the national picture (1.14:1), which is at its lowest point since 2016. (indicator 4)</p> <p>UHD's overall stagnation in the rates of bullying, harassment and abuse of BAME staff – in some areas is more prevalent and again, not dissimilar to the national picture. (indicators 5,6,8)</p> <p>It is evident that the importance and value of our staff networks support the organisation to better understand the experience of its workforce from ethnically diverse backgrounds.</p> <p>The Freedom to Speak Up Guardian has been in place since 2017 and grown into a team with FTSU Ambassadors (FTSUA). Our workforce from a BAME background are using the FTSU team to speak up.</p> <p>The main theme for staff coming to the FTSU team is attitudes and behaviors and since April 2021 the proportion of our BAME staff is higher at 81%. (appendix C).</p> <p>The FTSU team and staff networks have an established and embedded working relationship.</p>
<b>Options and decisions required:</b>	<p>The Board of Directors is asked to approve the external publishing of the WRES report and action plan.</p> <p>The Board of Directors is asked to consider the value of the staff networks and support the recommendation below.</p>
<b>Recommendations:</b>	<p>Commission a review of the 'facilities' time for key members of the staff networks and or increase their back fill so that they can continue to champion this work.</p> <p>Consider increasing the support required to obtain BI and other data that underpins the OD work streams.</p>
<b>Next steps:</b>	<p>Consolidating work plans through the action plans and strategy programme through the Equality, Diversity and Inclusion group.</p> <p>Raising the profile of the staff networks and their leads in the organisation. Developing partnership working and raising awareness and understanding of the lived</p>

	<p>experience of our ethnically diverse workforce.</p> <p>The FTSUA team continuing to raise awareness of the themes and trends they are hearing and escalating them to the appropriate level.</p> <p>Reviewing the nationally produced Medical Workforce Equality Standard (MWRES) report and monitoring compliance with the required actions before the next data reporting period.</p> <p>Continuing to embrace data driven decision making.</p> <p>This report should be made available externally and published by the 30<sup>th</sup> September 2021.</p>
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Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
<b>Strategic Objective:</b>	ALL
<b>BAF/Corporate Risk Register:</b> (if applicable)	
<b>CQC Reference:</b>	

<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>
Approved at EDIG	16.09.21



# University Hospitals Dorset

## NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report 2021

University Hospitals Dorset NHS Foundation Trust

**We are**  
caring  
one team  
listening to understand  
open and honest  
always improving  
inclusive

## CONTENTS

1. Introduction
2. Executive Summary
3. Voice of our Networks
4. Conclusions and next steps
5. WRES metrics and action plan

### Appendices

- A: Legacy WRES data
- B: Infographic
- C: Freedom to Speak Up data

- *BAME (Black, Asian and Minority ethnic) BME (Black and Minority ethnic) (these terms are interchangeable within the reports and data collection for WRES)*
- *EDIG: Equality, Diversity and Inclusion Group*
- *WOFC: Workforce and Strategy Committee*
- *HR: Human Resources*
- *OD: Organisational Development*
- *FTSU: Freedom to Speak Up (Guardian)*
- *ICS: Integrated Care System*

# 1 Introduction

This report is the first report and action plan for University Hospitals Dorset NHS Foundation Trust (UHD), following the integration of Poole Hospital and Royal Bournemouth & Christchurch Hospitals (RBCH) in October 2020.

The formation of the Dorset Integrated Care System brings significant benefits and resources to our workforce in terms of aligned actions and programmes to address inequalities and create positive employee life cycles and lived experience working within the Dorset NHS system.

This report and the data submission will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG). EDIG serves to provide assurance that the Trust has an effective framework within which it oversees the implementation of the national Standards, which includes WDES.

EDIG is Co-Chaired by two identified Executive Leads, who hold Inequalities in their portfolio and the committee reports to the Workforce Strategy Committee and to the Board.

Legacy data and overall themes/results from 2019 have been included for reference. There are some anomalies with data figures due to the different ways of data collection in the previous organisations. These processes have now been aligned and unified to provide assurance of accuracy in the reporting for UHD for future reports.

The MWRES (Medical Workforce Race Equality Standard) report published in July 2021 highlights the disparities and inequalities for our internationally educated doctors and clinicians. There are specific actions for medical workforce leads to undertake before the next period of data reporting and this will need to be reviewed through EDIG.

## 2 Executive summary

UHD aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our trust objectives, values and Equality, Diversity and Inclusion Strategy we aim to promote and deliver equality of opportunity and dignity and respect for all our patients, service users, their families' carers and our people. We aim to eliminate discrimination and harassment and reduce health inequalities. Research shows that organisations that have diverse leadership are more successful and innovative. Staff who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace.

UHD has over 9500 staff serving a population base of 395,330. [The diversity Census; 2011 ONS] 84.8% are White British, 11.6% BME where English is not the first language for 6.1%.

We now eagerly await the opportunity to review our workforce data against the local demographic from the 2020 Census Data.

In partnership with our staff networks, staff and patient representatives and our leaders we will continue to monitor our data alongside the lived experiences of all our staff. Our Staff Network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers. We want to move beyond compliance and create an inclusive organisation where individuals are treated fairly as part of our cultural change journey and create a sense of belonging. We want to ensure that every member of staff feels properly valued and engaged in the development of our new organisation.

Notable success can be demonstrated through our staff networks;

- The British Empire Medal was awarded to Matron Minnie Klepacz. Minnie was invited to Number 10 Downing Street in recognition of her contribution to healthcare and giving her an opportunity to discuss directly with the Prime Minister the impact of the Covid pandemic on healthcare workers.
- Deepa Pappu is the UHD representative on the British Indian Nurses Association [BINA] that was founded in 2020. BINA has lead representatives across several UK regions. BINA aims to support newly arrived nurses in the UK by helping nurses of Indian origin to "thrive" in the NHS, from advising nurses on how to stay warm in the British weather to helping them choose a new school for their children. BINA could help support Indian nurses establish themselves in their new jobs and hopefully stay within UHD and the NHS.
- European Network Leads, Christos Christoforidis and Lumi Georgescu, worked in partnership with our HR team on the EU Settlement Scheme in providing support and assistance with the application process. They were also invited to present on a national webinar with the Cavendish Coalition, sharing their good practice and learning with other NHS organisations.



### 3 Voice of our Networks

#### **EU Network**

The European Network has campaigned tirelessly for our ethnicity to be recognised within the Workplace Race Equality Standard reporting and action plans. We are very proud of the work we have done to lead this and are able to demonstrate in our organisation the lived experience of our European colleagues. We presented to the Cavendish Coalition in March 2021 our work in this area and many other NHS trusts were interested in this approach. The NHS Health and Race Observatory leaders have recognised the need to widen the data and reporting for all ethnic groups and we will continue to monitor this through our Equality, Diversity and Inclusion Group (EDIG).

We have built supportive working relationships with external organisations (Dorset Race Equality Council, Citizens Advice Bureau and the Cavendish Coalition) and internal HR teams to ensure our European colleagues had the best support available to enable them to process their Settled Status applications. The network has supported colleagues to be heard, be included in the work to support this staff group and acted as “Cultural Interpreters” for communication messages to ensure they are understood.

We are pleased to see recognition in this report of the white minority ethnic data and will continue to work in partnership with the Trust to ensure all ethnic groups are included in the positive actions to improve the employee experience, equal opportunities and the voice of this staff group is heard, understood and included.

A big thank you to Lumi Georgescu in starting this network and acknowledgement of their commitment to continually raising the awareness of the issues our European colleagues face in our workplace. The network will continue to work with all staff network leads and the EDI group and be the voice of our European people.

#### **BAME Network**

Our BAME Network has gone from strength to strength this year. Following the Trust merger last year we have increased the network presence and visibility across both major hospitals sites at Poole and Bournemouth.

We are very proud of the work we have done to raise the voices of our colleagues from an ethnic background, encouraged them to speak up and be confident to seek opportunities and career development throughout the organisation.

We have also provided an ongoing programme of pastoral support to our International Nurses, many of whom arrived during the height of the pandemic and needed to isolate in our residences. We reached out with a warm welcome and an induction session to orientate them in the support available in the organisation and they are valued in our workforce.

We have been active members of the programmes in the trust to address the inequalities and less positive experiences of our BAME workforce and continue to work with our members to support them in developing their confidence and skills to progress their careers:

- Reverse Mentoring programme
- Beyond Difference leadership programme
- Professional Nurse Advocate Programme
- Culture Champions
- Allies workshops
- We March! Event celebrating the network and activity
- Celebrating International Nurses Day

Our external networking and connections has brought many benefits to the organisation and our members. We take great pride in representing on behalf of our colleagues from UHD at The Filipino Nursing Association and Indian Nurses Association, as well as providing a keynote speaker for the HSJ and regional NHS networks and a visit to Downing Street to meet the Prime Minister.

The award of a British Empire Medal to Minnie Klepacz is a fantastic achievement and we are very proud of this acknowledgement of the leadership Minnie has brought to the Network. Judith Dube and Monica Chigborogu at Poole have developed their profiles and roles as co-leads and widened the reach of the Network to all areas in the trust.

Our work in encouraging our members to speak up and be confident is evident in the increased reporting to the Freedom to Speak Up team and in the staff survey results on behaviours. We know this continues to be a problem and we will work with the organisation to raise awareness and highlight areas of concern.

The network will continue to be the voice of our ethnically diverse workforce and represent their views at the EDI group.

DRAFT

## 4 Conclusion

This is the first data set for UHD as a merged organisation and our key findings include the following:

- There is an apparent fall of BAME progression through the higher pay bands.(indicator 1)
- The relative likelihood of BAME staff entering a formal disciplinary process is comparable with the national picture, (1.17:1). (indicator 2)
- UHD's relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is also good (1.11:1) and slightly better than the national picture (1.14:1), which is at its lowest point since 2016. (indicator 4)
- UHD's overall stagnation in the rates of bullying, harassment and abuse of BAME staff. In some areas this is more prevalent and again, not dissimilar to the national picture. (indicators 5,6,8)
- It is evident that the importance and value of our staff networks is supporting the organisation to better understand the experience of its workforce from ethnically diverse backgrounds and bringing expert advice and guidance to our interventions and programmes to address the inequalities identified within the WRES report.
- The Freedom to Speak Up Guardian has been in place since 2017 and grown into a team with FTSU Ambassadors (FTSUA).
- Our workforce from a BAME background are using the FTSU team to speak up.
- The main theme for staff coming to the FTSU team is attitudes and behaviours and since April 2021 the proportion of our BAME staff is higher at 81%. (appendix C)
- The FTSU team and staff networks have an established and embedded working relationship.

## Next Steps

- With the above in mind, in the next reporting period, UHD will be consolidating work plans through the action plans and the strategy programme through the Equality, Diversity and Inclusion Group.
- Data driven decision making.
- Continued work to support raising the profile of the Staff Networks and their leads in the organisation. Developing partnership working and raising awareness and understanding of the lived experience of our ethnically diverse workforce.
- The FTSUA team continuing to raise awareness of the themes and trends they are hearing and escalating them to the appropriate level.
- Review of the Medical Workforce Equality Standard (MWRES) report and monitoring compliance with the required actions before the next data reporting period.

**WRES 1**, UHD's shows presents a rapid fall off of BAME staff progression through higher pay bands and to greater seniority within the organisation

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WRES indicator	Metrics/Narrative	Action	Timescale	Progress Review/Reporting
<b>Indicator 2</b> Likelihood of being appointed from shortlisting across all posts	UHD's relative likelihood of white staff being appointed from shortlisting compared to BME staff is <b>1.26:1</b> . This has improved against the previous reported position of the legacy trusts and the national position (1.61:1),	Develop and launch Values proposition for employee life cycle, support trust objective of "a great place to work" Adoption of values based shortlisting and interview approach Values based recruitment Diverse talent panels Statement on all job adverts welcoming applications from under-represented groups, linked to inclusion networks Continue to promote targeted opportunities available through NHS South West Leadership Academy, including Stepping Up and WRES Expert programme	March 2022	EDIG Workforce Strategy Committee
<b>Indicator 3</b> Staff entering formal disciplinary process	UHD's relative likelihood of BAME staff entering formal disciplinary processes is <b>1.17:1</b> (National benchmark 1.16:1) This has deteriorated slightly following organisational merger and the restart of processes after the initial lockdown, while still tracking the national benchmark of 1.16:1.	Civility Toolkit/Dignity at work policy updated and published. Adoption of a just and learning culture, using a restorative justice, civility and respectful approach. Reverse Mentoring programme Wellbeing conversations Coaching conversations Freedom to Speak Up support for mediated discussions Engaging through the BAME staff network for more diverse representation in investigation team.	March 2022	EDIG Workforce Strategy Committee FTSU reporting index
<b>Indicator 4</b> Staff accessing non-mandatory training and CPD	UHD's relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff has deteriorated ( <b>1.11:1</b> ) and slightly better than the national picture (1.14:1), which is at its lowest point since 2016	Beyond Difference Leadership programme for BAME staff, in partnership with Dorset ICS. 9 Places for 2020, evaluation and development for further cohorts in 2021 with additional spaces.  Appraisal process and documentation updated, reflection and review stages to review career pathway and self-development needed to achieve career goals  Coaching and wellbeing conversations, linked to career development and progression.	December 2021 evaluation of programme	EDIG Workforce Strategy Committee
<b>Indicator 5</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	UHDs overall stagnation in the rates of bullying, harassment and abuse of BAME staff – in some areas is more prevalent and again, not dissimilar to the national picture  <b>BAME: 27%</b> <b>White: 25%</b>	Continue to raise awareness of the FTSU Guardians, how to speak up and support available for all staff to report incidents. Regular reporting through assurance committees and highlighting themes and trends and hotspots in the organisation  Civility/Dignity at Work policy and toolkit updated  Hate Crime Charter is in place, organisation is an active member of Prejudice Free Dorset with access to resources and support for all staff to report incidents safely.	March 2022	EDIG Workforce Strategy Committee

<b>Indicator 6</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	UHD is showing an overall improvement against previous years data from the legacy trusts and is in line with the national picture  <b>BAME: 29%</b> <b>White: 22%</b>	Civility/Dignity at Work policy and toolkit updated. Progression of process and policies to support a just and learning culture  Second Reverse mentoring programme due to start October 2021  Staff networks included in partnership working, providing expert by experience advice and guidance.  Wellbeing Conversations FTSU and staff network support for mediated discussions	March 2022	EDIG Workforce Strategy Committee FTSU
<b>Indicator 7</b> Percentage believing that trust provides equal opportunities for career progression or promotion.	UHD is showing a static position for this indicator with no improvement in the last three years data from the legacy trust. It is slightly better than the national picture for BAME staff.  <b>BAME: 78%</b> <b>White: 90%</b>	Positive action development programme: Beyond Difference. In partnership with Dorset ICS. Launches Sept 2021, further cohorts to develop on evaluation.  Introduction of a system of constructive and critical challenge to ensure fairness during interviews. Including values based shortlisting, diverse interview panels, presence of an equality representative (staff networks), values based interview questions and specific equality and inclusion questions for band 8A and above.  Values based shortlisting and interview approach.	December 2021 evaluation of programme  Autumn 2021	EDIG Workforce Strategy Committee
<b>Indicator 8</b> In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	UHDs overall stagnation in the rates of bullying, harassment and abuse of BAME staff – in some areas is more prevalent and again, not dissimilar to the national picture  <b>BAME: 17%</b> <b>White: 6%</b>	Second cohort of Reverse Mentoring programme to commence October 2021. Actively promoted through staff networks, encourage under-represented groups to participate as Mentors with supported training and coaching.  Continuing collaboration with BAME staff network and our Freedom to Speak Up Guardian/Ambassadors  Unconscious Bias workshops Inclusive modules on all leadership programmes Reverse Mentoring programme Wellbeing conversations Coaching conversations FTSU support for mediated discussions, raising awareness	March 2022	EDIG Workforce Strategy Committee
<b>Indicator 9</b> Percentage difference between the organisation's board voting membership and its overall workforce.	UHD's Board continues to show a deficit position in relation to visible diversity at Board and Senior Manager levels compared to the workforce. This is above the national picture and is relative to the over-representation of BAME workforce (17%) in comparison with our local population (11.6%)  <b>-13.7%</b>	Action plan aligned to Model Employer goals, increase BAME representation at Board/VSM level to reflect workforce diversity by 2025. (appendix b)  Regular reporting against key metrics in the context of the broader performance frameworks.	June 2025	EDIG Workforce Strategy Committee

WRES indicator	2020		2021	
	Poole Hospital	Royal Bournemouth & Christchurch Hospitals	University Hospitals Dorset	National Data
<b>Indicator 2:</b> relatively likelihood of staff being appointed from shortlisting across all posts	1.66	1.78	1.20	1.61
<b>Indicator 3:</b> relatively likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation	0.88	1.18	1.17	1.16
<b>Indicator 4:</b> relatively likelihood of staff accessing non-mandatory training and CPD	1.00	0.93	1.11	1.14
<b>Indicator 5:</b> % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BAME: 33% White: 29%	BAME: 26% White: 24%	BAME: 27% White: 25%	BAME 29% White 27%
<b>Indicator 6:</b> % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BAME: 33% White: 29%	BAME: 26% White: 24%	BAME: 29% White: 22%	BAME 29% White 24%
<b>Indicator 7:</b> % percentage believing that trust provides equal opportunities for career progression or promotion	BAME: 77% White: 89%	BAME: 78% White: 90%	BAME: 78% White: 90%	BAME: 71% White: 87%
<b>Indicator 8:</b> In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	BAME: 19% White: 6%	BAME: 15% White: 5%	BAME: 17% White: 6%	BAME: 15% White: 6%
<b>Indicator 9:</b> % difference between the organisation's Board voting membership and its overall workforce (note: new Board in place 1/10/20 for UHD)	-12.7%	-9.8%	-13.7%	10%



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### Freedom To Speak Up Data

This data has been prepared for a report to EDIG in September 2021.

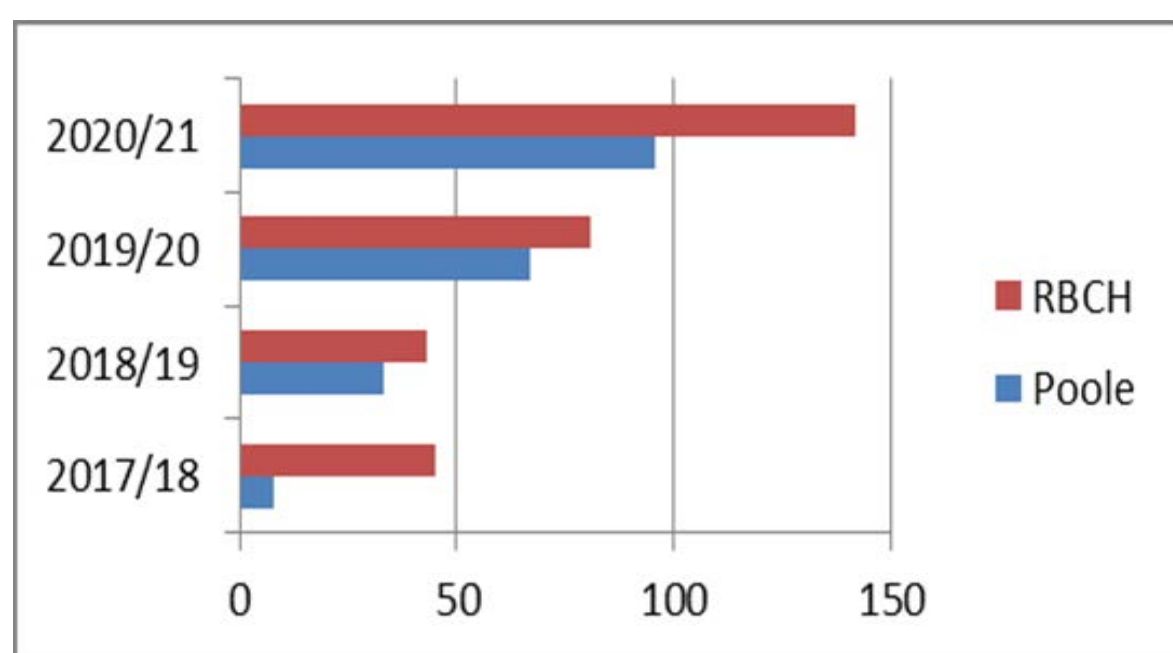
#### Case Referrals – the headlines

A range of data is collected by the FTSUG. Referrals come from a number of routes including team presentations, trust communications, website, signposting from other departments such as OH and HR, word of mouth, LERs, the UHD app and recommendations.

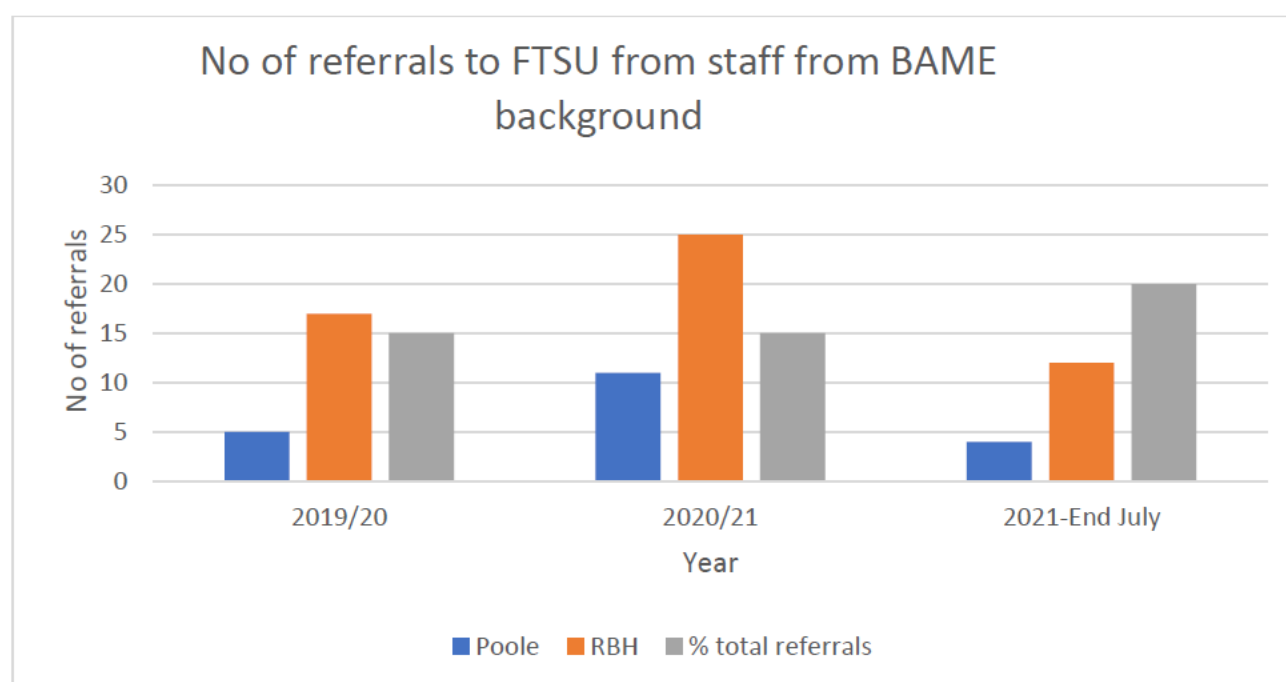
Graph 3 illustrates the year on year increase of people using the FTSU service cumulating with an increase of over 60% last year from the previous year. This validates our observations that this route is becoming an established route to escalate concerns regarding patient safety and our working environment.

This trend is also increasing in the number of referrals to the FTSU team from our staff with a BAME background. Graph 4 illustrates a year on year increase of referrals coming to the team peaking to 20% of referrals from our BAME staff this year. Our most recent data shows that our BAME staff make up 16.8% of UHD staff (1580 people) and 11.6% for Bournemouth Christchurch Poole, Council (2011 census). This data suggests therefore that we are making good progress to reaching and hearing the issues from this staff group. The number of referrals from BAME staff at RBH is more than Poole.

**GRAPH 3:** Total number of referrals made to the FTSU team



**GRAPH 4:** No of referrals to FTSU from staff from BAME background.



## BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

**Meeting Date: 29 September 2021**

**Agenda item: 7.5**

<b>Subject:</b>	Annual complaints report 2020/21
<b>Prepared by:</b>	Jenny Williams, Head of Patient Experience Matt Hodson, Deputy Chief Nursing Officer
<b>Presented by:</b>	Paula Shobbrook Chief Nursing Officer / Deputy Chief Executive
<b>Purpose of paper:</b>	This report is presented for discussion.
<b>Background:</b>	The National Health Service Complaints (England) Regulations 2009 requires that all Trusts provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report.
<b>Key points for Board members:</b>	<ul style="list-style-type: none"> <li>Trust policy and procedures are in place to meet the statutory requirements. Processes will be aligned 2021/22, adopting best practice recommendations, including the new PHSO complaints standards framework (as part of the PHSO early adopter group).</li> <li>The report describes how complaints have been managed prior to and subsequent to the merger and where feasible, merged data for the full year is presented.</li> <li>574 complaints have been received; the reduction from previous years reflects the national picture and response to the COVID-19 pandemic.</li> <li>The Trust is achieving the statutory targets for acknowledgement and response time; but is underperforming against the internal targets for response. This can in part be attributed to the increased clinical challenges of the pandemic. Performance meetings will be set up 2021/22, to monitor and improve this position.</li> <li>61% (350) complaints received by the Trust relate to clinical care. Of these, 52% (182) were upheld or partially upheld. Examples of learning are included in the report; implemented and evaluated by the care groups; and reported in their governance reports to this committee.</li> <li>29% of complaints are about relational aspects of care. Top relational themes are staff attitude and communication/information giving. More in-depth reporting is planned, at directorate and specialty level supported by the informatics team.</li> </ul>

	<ul style="list-style-type: none"> <li>• The rate of complaints re-opened is on average, 8%; an improved 3-year trend, from 16% to 10% to 8%.</li> <li>• Two complaint investigations have been completed and closed by the PHSO; one of which has been upheld.</li> <li>• The success of changes put in place as a consequence of our complainant satisfaction surveys will be measured when the survey is repeated.</li> <li>• Complainant equality monitoring will be rolled out, to assess service accessibility and inclusion.</li> </ul>
<b>Options and decisions required:</b>	No decisions requested
<b>Recommendations:</b>	Members are asked to discuss the report and comment.
<b>Next steps:</b>	On-going monitoring and exception reporting via the quarterly patient experience report

<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	All
<b>BAF/Corporate Risk Register: (if applicable)</b>	Nil
<b>CQC Reference:</b>	Responsive, caring, effective, responsive, well led

<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>
Quality Committee	23.08.21

**2020/2021  
ANNUAL COMPLAINTS REPORT**

## **1. INTRODUCTION**

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), requires that all Trusts provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report.
- 1.2 The Chief Executive is responsible for ensuring compliance with the arrangements made under these regulations. The responsibility for the handling and considering of complaints in accordance with these regulations is delegated, via the Chief Nurse, to the Head of Patient Experience.
- 1.3 This report describes how complaints have been managed at University Hospitals Dorset; prior to and subsequent to the merger on 01 October 2020 of The Royal Bournemouth and Christchurch Hospitals (RBCH) and Poole Hospital (PH). The report details the number and nature of complaints received during the year and demonstrates the Trust's commitment to learning and improvement. Where it has been feasible to do so, the merged data for the full year data is presented.

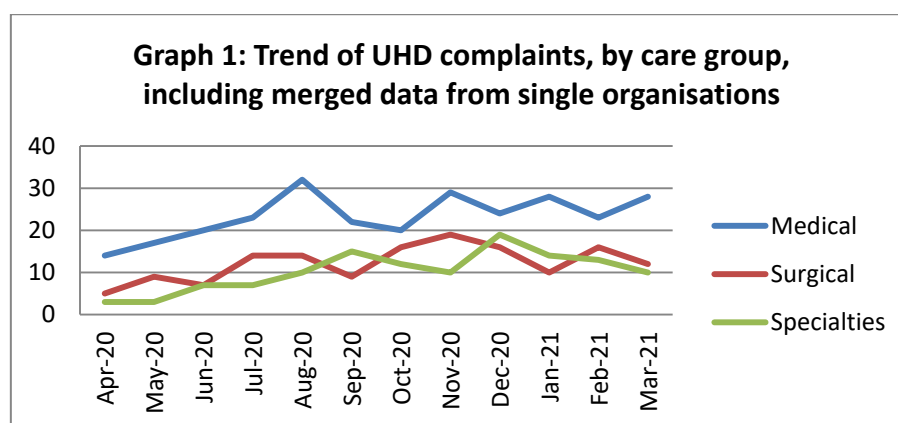
## **2. THE PROCESS FOR MANAGING CONCERNS AND COMPLAINTS**

- 2.1 UHD has two different approaches to complaint handling: i) a decentralised model, where the Care Group teams on the RBCH site coordinate, investigate and write the written response to complaints about their service; ii) a centralised model, where the corporate team at PH consider the nature and severity of the complaint raised, work with the complainant to consider options for early resolution and where required, offer impartiality in investigating and responding to complaints.
- 2.2 Both sites offer a combined complaint handling and PALS service, with one point of entry for service users and aim to provide a full, fair and honest response that also meets the expectations of the complainant. Both policies provide clear guidance for staff on the procedure and standards for the handling of complaints.
- 2.3 'Have Your Say' posters and leaflets are available across the Trust, reflecting the principles of PALS, the opportunity to give feedback, and information about making a complaint. All complainants are routinely offered independent support through complaint advocacy services.
- 2.4 Whilst considering the preferred model of complaint handling for UHD, the RBCH and PH policy and procedure for the management of complaints have remained in place. Both policies meet the statutory NHS regulations for England, the responsibilities set out in the NHS Constitution and CQC regulations.
- 2.6 A preferred model of complaint handling, associated policy and procedure and service delivery plans will be developed during 2021/22, that will:
  - Meet the statutory and regulatory responsibilities.
  - Provide a consistent, positive and proportionate experience for complainants.
  - Align our legacy systems with minimal disruption to services.

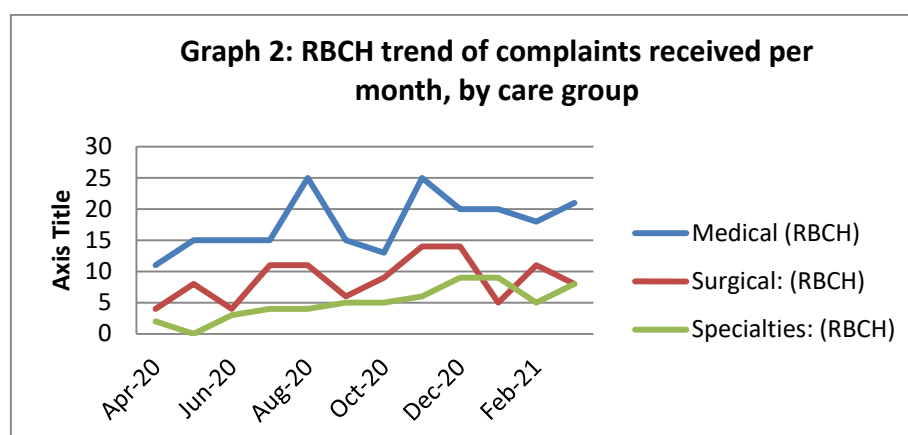
- Promote a culture of learning and ensures complaints are acted on to improve services.
- Achieve or working towards achieving best practice standards (Patient Association 2013; NHSE 2015; Healthwatch 2016; Parliamentary & Health Service Ombudsman, 2020). This includes the new Parliamentary and Health Service Ombudsman (PHSO) Complaints Standards Framework currently being piloted nationally. UHD is part of the early adopter group for this work.

### 3. COMPLAINTS RECEIVED

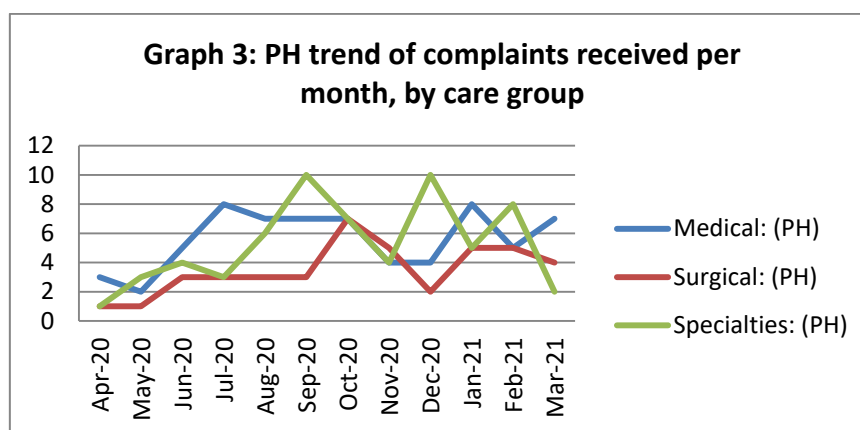
- 3.1 The Trust (incorporating single organisation data) received 574 complaints during 2020/21. This is presented as a monthly trend, by care group, in graph 1. The lower numbers received Q1 reflects the NHSE system wide pause of the complaints process in response to the COVID-19 pandemic.



- 3.2 The data is broken down by site in graphs 2 and 3. A higher number of complaints received about services in the medical care group can be seen on the RBCH site; however, this data is not presented in the context of activity. Complaints as a % of activity will be presented in future reports, when service reorganisation post-merger is complete.



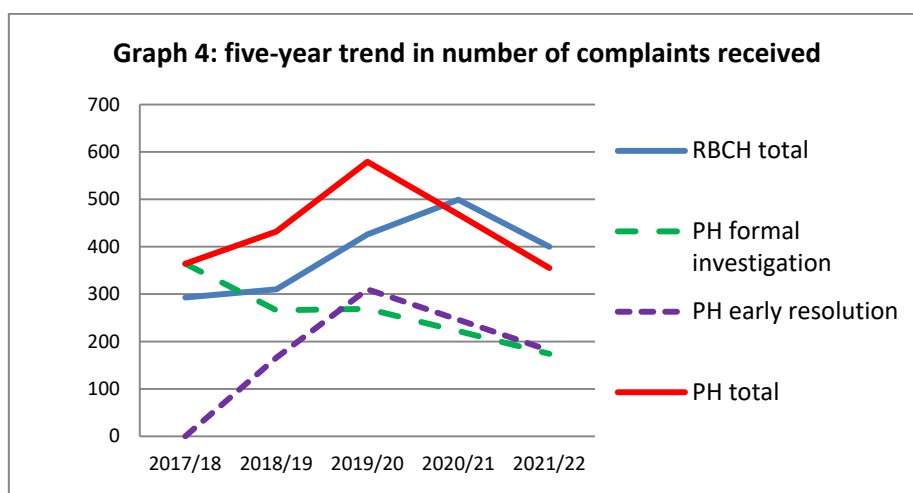
- 3.3 Graph 3 shows the trend of complaints across the care groups on the PH site; the overall higher numbers in the specialist care group, a reflection of maternity, children's and cancer services.
- 3.4 In addition to 574 complaints, the Trust also handled 196 complex concerns (early resolution or diffused complaints) and 4,797 PALS enquiries and concerns. This is detailed, by site in Table 1.



- 3.5 Table 1 also provides a comparison of number of complaints received per 10,000 FCE's. The lower number of complaints received by PH reflects the volume of complaints resolved through early resolution and not recorded as part of the KO41a submission.

Table 1: complaints & concerns received 2020/21	Q1		Q2		Q3		Q4		Complaints per 10,000 FCEs (NHS Digital)
	PH	RBCH	PH	RBCH	PH	RBCH	PH	RBCH	
Enquiries	339		266		206		255		RBCH 36
PALS concerns	214		375		444		333		
<b>Sub-total</b>	<b>553</b>	<b>449</b>	<b>641</b>	<b>623</b>	<b>650</b>	<b>688</b>	<b>588</b>	<b>605</b>	
Complex concerns	42		54		47		38		PH 22
Complaints	23		52		50		49		
<b>Sub-total</b>	<b>65</b>	<b>70</b>	<b>106</b>	<b>98</b>	<b>97</b>	<b>123</b>	<b>87</b>	<b>109</b>	
<b>Total concerns &amp; complaints by site</b>	<b>618</b>	<b>519</b>	<b>721</b>	<b>721</b>	<b>747</b>	<b>811</b>	<b>675</b>	<b>714</b>	National Ave 37

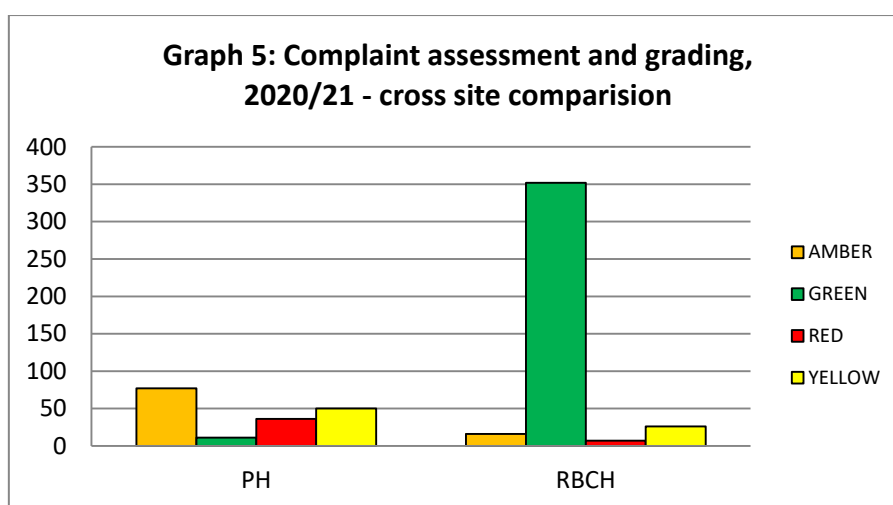
- 3.6 The 5-year trend in complaints received can be seen in Graph 4. This shows an increasing number of complaints received, peaking at PH in 2019/20 and at RBCH in 2020/21. The decrease this year can be attributed to the COVID-19 pandemic: the overall reduction in activity at the start on the pandemic; the national NHSE pause in complaint handling; and the considerable strong support for the NHS and its staff during this time. Graph 4 also shows the introduction of the early resolution of complaints at PH and the concomitant reduction in complaints requiring more formal investigation, to approximately 50% of total.
- 3.7 Table 2 shows the breakdown of persons making a complaint and their method of communication. The low 'In Person' mode of communication reflects the impact of the Covid-19 pandemic and temporary pause on receiving face-to-face PALS callers. The legacy of this may impact on the organisation of future service delivery.



**Table 2: Complainant profile and mode of communication, 2020/21**

Person making the complaint			Mode of communication		
	RBCH	PH		RBCH	PH
Patient	60%	44%	Phone	9%	7%
Spouse	4%	10%	Email	72%	77%
Parent	2%	16%	In person	1%	0%
Relative/Carer	27%	31%	Letter	18%	17%

- 3.8 Graph 5 shows the breakdown of complaints received, by grade. The cross site comparison reflects the different approaches to assessing complaints across our sites, rather than a significant difference in the severity of complaints received. RBCH use a risk assessment based grading tool; PH use a more subjective account of care assessed against the CQC domains; and a high proportion of the lower graded complaints are resolved informally and therefore excluded from this data set.
- 3.9 A standardised UHD system of assessing and grading complaints will be adopted, that reflects the level of escalation and nature of investigation required for each level of complaint. The Healthcare Assessment Tool (HCAT) is currently being considered; a validated, reliable tool for analysing healthcare complaints about secondary care (Gillespie and Reader 2016).





3.10 Equality monitoring forms are sent to all PH complainants at the point the complaint is acknowledged. A total of 31% (54 out of 174 people) responded. The equality profile of complainants on the PH site can be summarised as:

- 72% of respondents were over 50.
- 73% were female.
- 51% have a long standing health problem.
- 24% have a disability.
- 94% describe themselves as White British; 2% as White any other; 2% Mixed any other; 2% Asian/British Asian.

3.11 It is important to understand the equality profile of our complainants, to help identify if the profile is reflective of our local population and therefore demonstrate the accessibility and inclusivity of our service. Going forwards, the questionnaire will be sent to all UHD complainants and further analysis undertaken as cross-site data becomes available.

#### 4 RESPONSIVENESS AND PERFORMANCE

4.1 Trust performance is monitored locally (Datix) and via national KO41a submissions, reported by NHS Digital.

4.2 National comparison of the number of complaints received at UHD can be seen in Table 3. The data suggests that UHD is not an outlier when compared with the number of complaints received nationally, but when compared to peer group, who more consistently promote opportunities for early resolution, there is more work the Trust can do in this regard.

Table 3: National comparison of number of complaints received	Complaints received per 10,000 FCEs	Complaints received per 1,000 staff
All acute Trusts	37%	16.6%
University Hospital Dorset: RBCH site	36%	20%
University Hospital Dorset: PH site	22%	10%
University Hospital Southampton	13%	7%
Portsmouth Hospitals	26%	15%

4.3 Key performance targets are detailed, by site, in tables 4 and 5, including 100% compliance against that statutory three-working day acknowledgement target.

4.4 The process for agreeing target response times differs across our sites. PH focus on achieving the timeframe as agreed with the complaint, whereas RBCH focus on the internal response-day target. This will be standardised as part of the new UHD policy.

Table 4: Poole Hospital complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	23	52	50	49	174
% complaints acknowledged within 3 working days	100%	100%	100%	100%	100%
% response within timescale agreed with complainant*	100%	100%	100%	100%	100%
% response within 35 day internal target	47%	62%	26%	11%	37%
% investigations overdue from Care Groups	61%	58%	52%	48%	55%
Number re-opened complaint investigations	3	5	3	2	13
Complaints under investigation by the PHSO	1	0	0	0	0
PHSO investigations closed (& upheld/partially upheld)	0	1 (0)	0	0	1(0)

4.5 The % investigations overdue from care groups and the subsequent impact this has on response times is an area of underperformance and needs corrective action. There are many reasons for this but a key cause has been the impact of COVID-19 on clinical staff time to complete work that takes them away from direct clinical care. A greater level of

oversight will be introduced as part of our complaint performance monitoring in the new UHD model of complaint handling. Nonetheless, the Trust has worked within the 6-month timeframe set out in the statutory regulations.

<b>Table 5: RBCH complaint handling performance</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Yr end</b>
Number of complaints received	70	98	123	109	400
% complaints acknowledged within 3 working days	100%	100%	100%	100%	100%
% response within timescale agreed with complainant*	78%	68%	61%	68%	69%
% response within 35 day internal target	78%	68%	61%	68%	69%
% investigations overdue from Care Groups	22%	32%	39%	32%	31%
Number re-opened complaint investigations	7	13	6	8	34
Complaints under investigation by the PHSO	1	3	3	5	5
PHSO investigations closed (& upheld/partially upheld)	0	0	0	1(1)	1(1)

\*PH: response time agreed with complainant at the outset and can include subsequent extension to timeframe, if reasons explained and negotiated with complainant. RBCH: timeframe set at the outset and no opportunity built in to system to negotiate an extension to this.

- 4.6 A deep dive of the data regarding overdue investigations can be seen at tables 6 and 7. By care group, the data shows that overall, the Poole site has been less responsive to complaints than the RBCH site; specifically, surgery has done less well at Poole and medicine less well at RBCH. Due to the significant challenges this year, this may not be typical of performance and therefore a new baseline of trends will be reassessed 21/22.

<b>Table 6: complaint investigations overdue, Poole Hospital site</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Jan-21</b>	<b>Feb-21</b>	<b>Mar-21</b>	<b>Care Group Totals</b>	<b>As % of total complaints Closed</b>
	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>		
Medical	1	3	3	2	2	3	1	3	4	1	1	3	27	45%
Surgical	4	2	2	1	1	0	2	2	2	1	5	6	28	68%
Specialities	2	1	0	1	1	3	1	2	4	1	1	7	24	42%
<b>Trust Total</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>7</b>	<b>10</b>	<b>3</b>	<b>7</b>	<b>16</b>	<b>79</b>	<b>50%</b>

<b>Table 7: complaint investigations overdue, RBCH site</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Jan-21</b>	<b>Feb-21</b>	<b>Mar-21</b>	<b>Care Group Totals</b>	<b>As % of total complaints Closed</b>
	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>	<b>Overdue</b>		
Medical	11	1	2	6	7	8	9	5	8	15	3	8	83	21%
Surgical	1	1	0	1	0	2	1	3	2	3	0	0	14	3%
Specialities	7	2	0	1	1	1	3	3	1	5	6	2	32	8%
<b>Trust Total</b>	<b>19</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>13</b>	<b>11</b>	<b>12</b>	<b>24</b>	<b>9</b>	<b>11</b>	<b>133</b>	<b>33%</b>

- 4.7 Table 8 shows that overall, the number of complaints closed in quarter, compared to the number under investigation, exceeds national average. The exception to this is Q3; this reflects a significantly higher number of complaints received on the RBCH at that time.

- 4.8 The outcome of all closed complaints, by site, by quarter, is shown at Table 9. The data shows that UHD upholds fewer complaints when compared to national average. Fewer upheld complaints may indicate fewer complaints where care fell below the expected standards; or could indicate Trust investigations lack openness and honesty. The lower

number of upheld complaints at UHD may in part be due to the number of complaints diffused through early resolution and therefore not included in this data set; but the data will continue to be monitored and reported.

Quarter	Hospital site	Table 8: UHD complaints received, under investigation and closed, by quarter				Complaints closed as % of complaints under investigation	
		B/F from previous quarter	New complaints received	Total resolved/closed	Total complaints open	UHD	National (NHS Digital)
Q1	PH	28	23	34	51	75%	52%
	RBCH	67	70	108	137		
Q2	PH	17	52	36	69	57%	50%
	RBCH	29	98	75	127		
Q3	PH	37	50	50	87	47%	53%
	RBCH	53	123	74	176		
Q4	PH	37	49	41	86	60%	50%
	RBCH	80	109	125	189		

Quarter	Hospital site	Table 9: Outcome of complaints investigated and resolved					
		Upheld	National average	Partially Upheld	National average	Not upheld	National average
Q1	PH	6 (18%)	27%	9 (26%)	35%	19 (56%)	38%
	RBCH	18 (17%)		38 (35%)		52 (48%)	
Q2	PH	4 (11%)	28%	10 (28%)	35%	19 (53%)	37%
	RBCH	9 (12%)		30 (40%)		36 (48%)	
Q3	PH	9 (18%)	28%	25 (50%)	36%	16 (32%)	36%
	RBCH	13 (18%)		21 (28%)		40 (54%)	
Q4	PH	9 (21%)	27%	17 (42%)	37%	15 (37%)	38%
	RBCH	13 (18%)		21 (28%)		40 (54%)	

4.9 The results of the most recent complainant satisfaction survey undertaken at PH were reported in Q1. 15 out of 23 responded, a 23% return rate. In summary:

#### Positive experiences

- People were aware they could complain in a variety of ways
- 80% people felt they were taken seriously
- 80% found it easy to make a complaint

#### Actions for improvement

- 40% reported that the Trust did not summarise all key points of their complaints. From Q2, all complaint acknowledgement letters include a summary of the key points under investigation.
- 40% reported they did not receive an explanation of how their complaint will be used to improve services. From Q2, learning and improvements have been made clearer, and

- response letters are more explicit about complaints not upheld, where no specific action or change has been made.

4.10 The number of reopened investigations and upheld/partially upheld PHSO investigations are measures of the quality of complaint handling. During 2020/21, the number of reopened investigations, 13 (7.4% of total) at PH and 34 (8.5% of total) at RBCH, fall below the internal target of <10%.

4.11 This year, the Trust has had a total of 6 complaints under investigation by the PHSO; 2 investigations have been completed and closed, 1 of which was upheld. Currently, there is no national benchmarking data available from the PHSO.

**Summary of complaint upheld by the PHSO:** the complaint alleged inappropriate touching, which was subsequently raised as a safeguarding alert. The PHSO investigated and concluded that the Trust: failed to ask for consent to send a safeguarding referral or share the patient's telephone number; failed to respond to all aspects of the complaint; and acted harshly when warning the patient of the nature of her correspondence. The Trust has acknowledged and apologised for the failures and the impact this had on the complainant and paid the recommended £300 financial remedy in recognition of this.

## 5 THEMES AND LEARNING FROM COMPLAINTS

5.1 Learning from the detail of individual upheld complaints is monitored on Datix and reported via the quarterly patient experience report to the Nursing and Midwifery Forum and Quality Committee. The evaluation of learning and monitoring of improvements are reported in care group governance reports to the Quality Committee.

5.2 A high level summary of examples of learning can be found at Appendix A and are shared on the public website. To encourage wider dissemination of learning from complaints with Trust staff, a UHD Learning from Complaints newsletter will be developed and made available on the intranet.

5.3 The data collected from complaints is analysed to help identify themes and emerging trends. The themes are extracted from the complaint narrative, taken from the perspective of the patient or their representative. For example, in Poole Hospital, a total of 483 themes were extrapolated from the 174 complaints received.

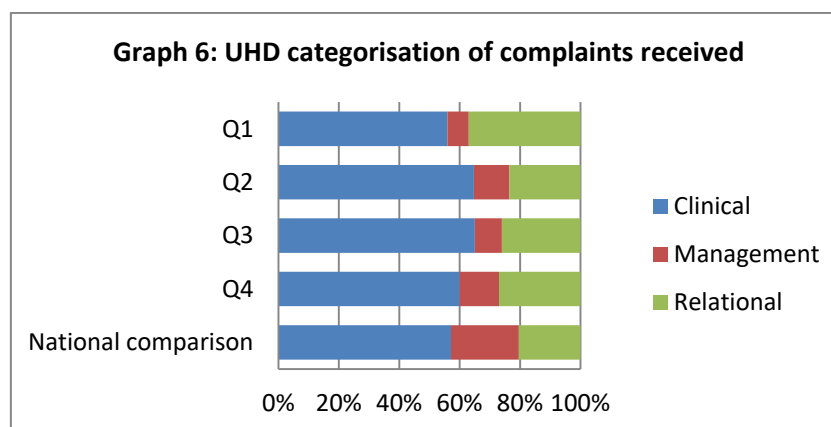
5.4 The coding and system of theming complaints differ across site; RBCH use a system based on KO41a themes and the system in PH incorporates elements of the HCAT tool. From 01 April 2021, the tool used for theming complaints will be aligned and the grouping of complaint themes will be based on the HCAT tool; 3 over-arching categories, 9 themes and beneath this, over 50 sub-themes. A summary can be seen at Table 10.

**Table 10: UHD complaint theming: categories and themes**

CLINICAL	MANAGEMENT	RELATIONAL
<ul style="list-style-type: none"> <li>•Quality</li> <li>•Safety</li> <li>•Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>•Environment</li> <li>•Systems &amp; processes</li> <li>•Well led</li> </ul>	<ul style="list-style-type: none"> <li>•Communication/listening</li> <li>•Attitude</li> <li>•Dignity &amp; respect</li> </ul>

5.5 The data, by complaint category is shown by quarter in Graph 6 (to note: Q1 data is Poole

Hospital only). The top 3 complaint themes, by category, by quarter are shown in Table 12, showing consistency in many of the top themes reported at Trust level. It is recognised that reporting themes and sub-themes by directorate or specialty will generate more relevant and useable data showing trends, learning and improving and work is underway to achieve this 2021/22, supported by the informatics team.



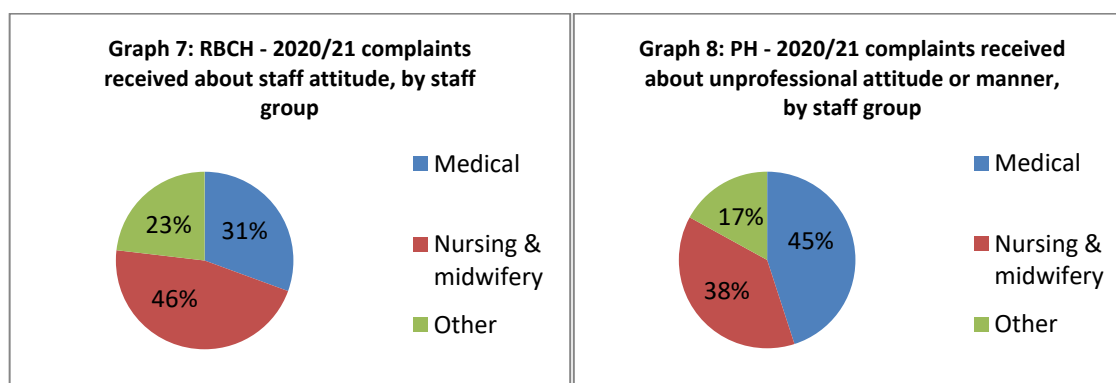
5.6 Graph 6 shows that the larger proportion of UHD complaints consistently fall into the clinical category; this is similar to the national picture. It should be noted that there are caveats regarding reliability of the national comparison: it is collated from the KO41a data collection (community services and NHS hospitals); and secondly, the categories have been manually extrapolated and therefore subjective. Nevertheless, the data suggests that relational complaints are consistently higher at UHD (29%) compared to the national picture (20%).

5.7 A deep dive into top themes in the relational category, by hospital can be seen in Table 11.

Table 11: UHD: top 3 relational themes	
RB & C Hospitals	Poole Hospital
Staff attitude (43)	Unprofessional attitude or manner (47)
Communication – verbal (34)	Poor or inadequate information (34)
Consent (2)	Not involved in decisions or plan (20)

5.8 The top theme on both sites relates to staff attitude. This has been broken down further, by staff group (graphs 7 and 8), showing a higher number of complaints about the attitude of medical staff at PH and a higher number relating to nursing and midwifery staff at RBCH.

5.9 The way this thematic data is disseminated and used to learn and inform our quality improvement work requires review across UHD, to ensure consistency and to ensure that learning and the evaluation of learning is embedded.



**Table 12: 2020/21 TOP COMPLAINT THEMES, BY QUARTER, BY SITE**

Complaint category	Quarter	RBCH site	Poole Hospital site
<b>CLINICAL</b>  <b>Quality</b> e.g. Clinical standards  <b>Safety</b> e.g. incidents, staff competencies  <b>Effectiveness</b> e.g. procedural outcomes	Q1	<ul style="list-style-type: none"> <li>Quality/suitability of care or treatment</li> <li>Incorrect diagnosis</li> <li>Delay in diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Disputing appropriateness of treatment</li> <li>Delay in having treatment or procedure</li> <li>Failure to assess, monitor or meet care needs</li> </ul>
	Q2	<ul style="list-style-type: none"> <li>Clinical assessment</li> <li>Infection prevention and control</li> <li>Implementation of care</li> </ul>	<ul style="list-style-type: none"> <li>Missed/delay in observation, assessment or diagnosis</li> <li>Disputing appropriateness of treatment</li> <li>Delay or inappropriate discharge (clinical decision)</li> </ul>
	Q3	<ul style="list-style-type: none"> <li>Clinical assessment</li> <li>Incorrect diagnosis</li> <li>Implementation of care</li> </ul>	<ul style="list-style-type: none"> <li>Disputing appropriateness of treatment</li> <li>Missed/delay in observation, assessment or diagnosis</li> <li>Post procedure complication/dissatisfaction</li> </ul>
	Q4	<ul style="list-style-type: none"> <li>Quality/suitability of care or treatment</li> <li>Incorrect diagnosis</li> <li>Infection Prevention &amp; Control</li> </ul>	<ul style="list-style-type: none"> <li>Disputing appropriateness of treatment</li> <li>Missed/delay in observation, assessment or diagnosis</li> <li>Failure to assess, monitor or meet care needs</li> </ul>
<b>MANAGEMENT</b>  <b>Environment</b> e.g. facilities, equipment, staffing levels  <b>Systems &amp; processes</b> e.g. bureaucracy, waiting times, accessing services  <b>Well led:</b> e.g. leadership and decision	Q1	<ul style="list-style-type: none"> <li>Access, admission or discharge</li> <li>Access: booking</li> <li>Security</li> </ul>	<ul style="list-style-type: none"> <li>Accuracy of records</li> <li>Environment and equipment</li> <li>Length of time on waiting list</li> </ul>
	Q2	<ul style="list-style-type: none"> <li>Access, admission or discharge</li> <li>Security</li> <li>Food safety</li> </ul>	<ul style="list-style-type: none"> <li>Accuracy of records</li> <li>Delay/inappropriate discharge (managerial decision)</li> <li>Length of time on waiting list</li> </ul>
	Q3	<ul style="list-style-type: none"> <li>Access: booking</li> <li>Admission, discharge or transfer</li> <li>Access: referral</li> </ul>	<ul style="list-style-type: none"> <li>Waiting times</li> <li>Accuracy of records</li> <li>Access, parking, signage, security</li> </ul>
	Q4	<ul style="list-style-type: none"> <li>Access: booking</li> <li>Admission, discharge or transfer</li> <li>Access: referral</li> </ul>	<ul style="list-style-type: none"> <li>Accuracy of records</li> <li>Waiting times</li> <li>Environment &amp; equipment</li> </ul>
<b>RELATIONAL</b>  <b>Communication &amp; listening</b> e.g. not acknowledging information given  <b>Attitude</b> e.g. behaviours  <b>Dignity&amp; respect</b> e.g. caring and patient rights	Q1	<ul style="list-style-type: none"> <li>Verbal communication</li> <li>Staff attitude</li> <li>Consent, communication and confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>Unprofessional attitude or manner</li> <li>Poor or inadequate information</li> <li>Not involved in decisions or plans</li> </ul>
	Q2	<ul style="list-style-type: none"> <li>Consent, communication and confidentiality</li> <li>Staff attitude</li> <li>Verbal communication</li> </ul>	<ul style="list-style-type: none"> <li>Poor or inadequate information</li> <li>Not involved in decisions or plans</li> <li>Conflicting information</li> </ul>
	Q3	<ul style="list-style-type: none"> <li>Staff attitude</li> <li>Verbal communication</li> <li>Records or documentation</li> </ul>	<ul style="list-style-type: none"> <li>Unprofessional attitude or manner</li> <li>Poor or inadequate information</li> <li>Inappropriate behaviour</li> </ul>
	Q4	<ul style="list-style-type: none"> <li>Verbal communication</li> <li>Staff attitude</li> <li>Records or documentation</li> </ul>	<ul style="list-style-type: none"> <li>Unprofessional attitude or manner</li> <li>Poor or inadequate information</li> <li>Inappropriate behaviour</li> </ul>

## **6 CONCLUSIONS & RECOMMENDATIONS**

- 6.1 The Trust policy and procedures to manage concerns and complaints meet statutory requirements. The policy and procedure will be aligned 2021/22, adopting best practice from both sites as well as phased implementation of national best practice recommendations, and the new PHSO complaints standards framework. UHD will be working with the PHSO as an early adopter of this framework.
- 6.2 Both sites offer a combined complaint handling and PALS service, with one point of entry for service users and other stakeholders.
- 6.3 The Trust has received 574 complaints, 196 complex concerns and 4,797 PALS enquiries and concerns during 2020/21. This is a reduction in the number of complaints received 2019/20, primarily due to the impact of the pandemic.
- 6.4 A national comparison of complaints received (NHS Digital) shows that UHD is not an outlier with regards to the number of complaints received, but demonstrates some opportunity to increase the volume of early resolution complaints.
- 6.5 The Trust is achieving the statutory targets for acknowledgement and response time; but is underperforming against the internal targets for response. This can in part be attributed to the increased clinical challenges of the pandemic. Performance needs to be better understood as a merged organisation and care group performance meetings will be set up 2021/22, to monitor and improve this position.
- 6.6 Complaints have been themed under the broad categories of clinical (61%), relational (29%) and Managerial (10%). Of the 61% (350) complaints received by the Trust relating to clinical care, 52% (182) were upheld or partially upheld. Examples of learning are included in the report; implemented and evaluated by the care groups; and reported in their governance reports to the Quality Committee.
- 6.7 A deep dive into relational complaints shows staff attitude and communication/information to be the most common causal factors. Medical staff received more complaints about staff attitude on the RB site and a higher % attributed to nursing and midwifery site on the PH site. Further work is required to understand these trends.
- 6.8 With the support of the informatics team, plans are in place 2021/22 to report complaint data by directorate and specialty, ensuring the data is more useful and can more easily be used to identify emerging trends. This will be presented as a % of activity.
- 6.9 As a consequence of the COVID-19 pandemic and the merger, the 5 workstreams in the 2019/20 patient experience improvement plan, derived from triangulating complaints and other sources of patient insight, have been scaled down, but will be used to inform improvement plans 2021/22.
- 6.10 The rate of complaints re-opened this year has been, on average, 8%; an improved 3-year trend, from 16% to 10% to 8%.
- 6.11 This year, the Trust has had a total of 6 complaints under investigation by the PHSO; 2 investigations have been completed and closed, 1 of which was upheld.



- 6.7 Complainant equality monitoring is in place at PH and will be rolled out across the Trust during 2021/22, to facilitate a more detailed analysis and to assess service accessibility and inclusion.
- 6.8 Actions taken to improve the complainant experience have been put in place at PH as a result of a satisfaction survey. These will be evaluated 2021/22 when the survey is rolled out across all sites.

## Appendix A: 2020/21 examples of learning from upheld complaints

PH: examples of learning from complaints		RBH: examples of learning from complaints	
Complaint	Action/Learning	Complaint	Action/Learning
Lack of communication between different members of staff and the patient. Information has been contradictory and has resulted in wasted trips to the hospital and additional visits required. Patient has lost confidence in her care.	Matron to work with staff regarding correct referral process and indications for paternal blood samples. Hospital Facebook page amended regarding rules for making recordings during sonograms.	I have been waiting for my procedure for a long time, I am in a lot of pain and my life is being compromised by the wait for my operation. Dorset didn't have a high prevalence of Covid-19 so why can't I be rescheduled imminently? Isn't the hospital back to 'normal	We are following Government and GMC and our focus is ensuring your safety. Owing to safety measures, we are not yet able to treat as many patients per day as we once did. If you are struggling, please contact your GP practice who may advise us of clinical changes and offer medication to help control your symptoms. You will not have to start your treatment programme again. We are working hard to offer you your treatment as soon as we safely can. PALS cannot expedite your treatment, they will liaise with the Orthopaedic Admissions team
Concerns about assessment and treatment in ED following a fall. Patient says a neck dislocation was missed and questions whether a neck x-ray should have been taken.	Case to be discussed at the Emergency Medicine Consultant Meeting. Staff reminded to ensure that the patient understands the discharge advice and to share this with the next of kin if appropriate.	Discharge guidance is not clear when discharged from Nuffield Hospital where I was under the care of Royal Bournemouth hospital and the follow up care has not been entirely smooth	The Matron for Ambulatory Care and Ward Manager for Nuffield are working closely to ensure the correct information is given to patients following surgery. They will endeavour to make sure that safety netting advice is clear and accurate
Discharged home without a care package in place and without it being discussed with the family.	Therapist instructed that full stairs assessment could have been carried out, rather than a step-ups assessment at the bedside. Observation machines can also be taken to stairwell if needed.  Therapy team reminded of the importance of communication with care givers, particularly with regards to discharge planning. Therapy team reminded of the importance of completing community referrals.	I did not receive holistic care that was responsive to my mental health history and needs and the side rooms on the ward were unpleasant	Ward in the process of advertising for a dual trained adult/mental health nurse. Funding requested for staff to complete mental health specific university modules Review with estates to see if possible to add mural to wall of side rooms
Questioning appropriateness of discharge	Therapists involved in the care have received 1:1 support from supervisors to review and reflect on the care and will consider seeking senior support in the event of a similar case  Therapy staff reminded of the importance of documenting all case discussions and clinical reasoning of any changes to therapy plans.  Families to be encouraged to nominate an individual to be the primary contact between themselves and hospital staff, who can then feedback to others	I have been waiting for my procedure for a long time, I am in a lot of pain and my life is being compromised by the wait for my operation. Dorset didn't have a high prevalence of Covid-19 so why can't I be rescheduled imminently? Isn't the hospital back to 'normal	We are following Government and GMC and our focus is ensuring your safety. Owing to safety measures, we are not yet able to treat as many patients per day as we once did. If you are struggling, please contact your GP practice who may advise us of clinical changes and offer medication to help control your symptoms. You will not have to start your treatment programme again. We are working hard to offer you your treatment as soon as we safely can. PALS cannot expedite your treatment, they will liaise with the Orthopaedic Admissions team

PH: examples of learning from complaints		RBH: examples of learning from complaints	
Complaint	Action/Learning	Complaint	Action/Learning
Daughter concerned at the treatment her mother received when she attended with a foot injury. She states that the wound was not cleaned and is concerned whether oral antibiotics were the correct treatment. Additionally, there was a week delay to be followed up in the diabetes clinic and the x-ray now shows that the infection has spread to the bone.	Patient should have been referred directly to the diabetes foot clinic within 24 hours (NICE guidance). Consultant will be presenting case anonymously to clinical staff (both consultants and nurse practitioners), as an example of the importance of aggressively managing this condition and the policies regarding this. The case in an anonymised form will be added to the information documents given to all new clinical staff to read when starting in the department.	You said "We were unable to spend the last moments with our loved one as we were unable to access the ward out of hours"	We did "Met with the family to discuss their concerns in person. Explained that staff should have been expecting the family to arrive and offered sincerest apologies that this was not the situation. Confirmed that the Clinical Lead has discussed out of hours emergency access to the ward with the ward team and the importance of this and will be carrying out ward doorbell spot checks in the future."
Transferred to PHFT from RBCH for an urgent MRI that could not be performed at RBCH, with concerns of cauda equina. This wasn't completed until the next day. Questions whether this was appropriate and why not kept informed of plan of care	The RBCH & PHFT pathways for requesting urgent MRI scans in cases of suspected Cauda Equina Syndrome differ. Furthermore, the urgent MRI pathways between PHFT Orthopaedics & Radiology differ. Pathways for requesting urgent MRI scans in cases of suspected CES is currently under review by Consultant in Emergency Medicine at RBCH and Consultant Orthopaedic Surgeon at PHFT to ensure that the pathways work in unison and adhere to national standards.  Staff to be reminded of the importance of communication treatment plans to patients and documenting this accurately on the medical notes.	You said "I was expecting a local anaesthetic prior to having a biopsy taken. The biopsy hurt and I would like to understand why I did not have the anaesthetic."	We did "As stated in the Patient information leaflet you were given prior to the procedure, you did have a local anaesthetic. You would have felt a sharp scratch and then felt nothing until the anaesthetic wore off. We will do all we can to communicate that the administration of a local anaesthetic may be uncomfortable but that it is much less uncomfortable than the biopsy itself."
Concerned at errors in medication prescribing and administration whilst patient on the ward. Concerned at affect this could have.	Pharmacy Team ensured that Valganciclovir is stocked on all of the Trust sites. This drug has also been added to the Critical Medicines List.  A Critical Medicines list is being developed which will be integrated with the electronic prescribing system. This will flag to the pharmacy teams when they are prescribed and will help them to prioritise the supply of these.  EPMA eye drop prescribing has been unified as generic/use rather than by brand name so as to reduce the risk of selecting the wrong drug.  Ward pharmacist and junior doctor informed of the above errors and will improve practice.  Scenario discussed with all ward pharmacists for educational purposes.  Lead Pharmacist for Cancer Services producing report to make it easier for nurses to effectively check medications on	You said "You were disappointed that you were told several times that your family member hadn't been admitted to the hospital, when in fact he had been admitted 2 hours prior to your first enquiry. This caused further anxiety to your family during an already very distressing situation"	We did " apologised for the distress this caused to the whole family and explained that the person that answer your call may not have had the relevant skills to fully investigate the electronic patient record which led to you being given the incorrect information. We will aim for all staff to receive the necessary training to ensure that this doesn't happen again and advise them that they should ask for help if they are unsure of how to interrogate the system."

	<p>discharge.</p> <p>The importance of ensuring that discharge medications are correct has been communicated to the nursing staff, as well as the junior doctors.</p> <p>Medication locker checks on Durlston Ward have been increased.</p> <p>Valganciclovir prescribing times to be updated on EPMA</p>		
<p>Patient questioning the appropriateness of the procedure and the grade of doctor that performed the procedure. Treated in a surgical assessment room on which she found to be dirty</p>	<p>Recruitment or secondment of a dedicated Oral and Maxillofacial Surgical Auxiliary Assistant for SAU to be discussed at the next general managers meeting.</p> <p>Cleanliness of medical equipment: All staff reminded of importance of cleaning equipment between uses.</p> <p>Spot checks to be completed regularly by Matron to ensure that standards have been maintained.</p>	<p>You said "On Wednesday 23rd September I received a letter from Bournemouth Hospital, informing me I had a telephone consultation with a Consultant from cardiology at 10am on Monday 28th September. On Monday 28th, no phone call came, so I rang the hospital, only to be informed that the consultation had been cancelled and that a letter had been sent out on Friday 25th September. The letter did not arrive until Tuesday 29th September, a day after the appointment."</p>	<p>We did " The Health Records Appointments Team Leader has discussed this with the appointments clerk involved and learning has been shared and clerks reminded that when an appointment is cancelled at short notice, the clerk must telephone the patient to advise them of the cancellation."</p>

**BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET**

**Meeting Date: 29 September 2021**

**Agenda item: 7.6**

<b>Subject:</b>	Guardian of Safe Working Hours Report April to June 2021 – Poole and Bournemouth sites
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<b>Prepared by:</b>	Dr. Jayaprakash – Poole site Prof. Michael Vassallo, Deputy GSW, Bournemouth site
<b>Presented by:</b>	Alyson O'Donnell, Chief Medical Officer

<b>Purpose of paper:</b>	For scrutiny. To summarise the number of exception reports for period 1 <sup>st</sup> April – 30 <sup>th</sup> June 2021
<b>Background:</b>	The Guardian post was created as part of the 2016 Junior Doctor contract, to ensure hours worked, and levels of support, are safe for doctors and patients, based on exception reports
<b>Key points for Board members:</b>	The number of exception reports raised has slightly increased on the previous quarter. The majority of the exception reports were generated from the general medicine and oncology rotas. Attendance at the junior doctor forum was good and was the first joint forum for UHD. This is still via Teams. Space is provided in the Lecture Theatres. Exception reporting is actively encouraged by the trust.
<b>Options and decisions required:</b>	Consider funding for further medical and non-medical staff to support junior doctors (such as physician associates, advanced nurse practitioners and prescribing pharmacists).
<b>Recommendations:</b>	Continue to support the process of exception reporting and therefore identifying problems early. Ongoing presence of executive team for the junior doctors forum
<b>Next steps:</b>	Awareness of the role of Guardian of Safe Working and ongoing commitment to the process of exception reporting and addressing concerns raised

<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	
<b>BAF/Corporate Risk Register: (if applicable)</b>	
<b>CQC Reference:</b>	
<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>

## Guardian Report April 2021, for the period 1<sup>st</sup> April – 30<sup>th</sup> June 2021

### University Hospitals Dorset: Poole Hospital

#### High level data

Number of doctors / dentists in training (total):	208
Number of doctors / dentists in training on 2016 TCS (total):	208
Amount of time available in job plan for guardian to do the role:	1 PAs/4hrs per week
Admin support provided to the guardian (if any):	0.13 WTE

#### Exception reports

Speciality	Exceptions raised 1 <sup>st</sup> Apr – 30 <sup>th</sup> June 2021	Exceptions raised outside of 14 days from event	Outcome agreed ( <i>not closed</i> )	Number of exceptions closed	Number of exceptions outstanding
<b>Surgical</b>	1	0	1	0	0
<b>Medicine</b>	28	0	2	26	0
<b>Haem/Onc</b>	14	3	0	14	0
<b>Psychiatry</b>	1	1	0	1	0
<b>Total</b>	44	4	3	41	0

#### Brief Overview of Exception Reports Raised

There were a total of 44 exception reports from 1<sup>st</sup> April to 30<sup>th</sup> June 2021, an increase of 9 reports from the previous quarter. However this is significantly down from the pre-Covid numbers. This is a national trend and has been highlighted at our Regional Guardians Meeting and nationally by the British Medical Association.

Exception reports were generated from various departments: General Medicine, Oncology, Gastroenterology, Geriatric Medicine, Cardiology, General Surgery and Psychiatry.

Of the 44 exceptions raised we are pleased to report there were 0 patient safety concerns during this period.

Specialty	Number of Exceptions Reported
Gastroenterology	10
Geriatric Medicine	8
Cardiology	10
Oncology	14
General Surgery	1
Psychiatry	1

There was an increase in doctors reporting that they were unable to access their educational timed sessions. These were reported from various grades Foundation, IMT and GP Trainees. The reasons given are:

Reason	Grade
Unable to attend GP teaching as 2nd on. Rota coordinators unable to facilitate	GPST1
Unable to attend teaching due to significant shortage of staffing	IMT2
Unable to attend ACCS mandatory training day due to an administrative rota error	IMT1
Self-development time not taken during psych placement. Supposed to have 2hrs per week (across 16wk placement so 32hrs). Only managed to take approximately 10hrs. Recording as requested by Dr Williams. Not able to take due to workload	FY2
Unable to take self-development time as only Haem junior on ward, oncology only had 2 SHOs on ward (+1 on call)	FY2
I have been asked to cancel my Cardiology Clinic on 28 April 2021 and endocrine clinic on 29 April 2021 due to understaffing issues in A5.	IMT2

#### **Reasons for Exceptions Raised**

Working over contracted hours	Access to Education	Shift Pattern	Service Support	Natural Breaks
33	6	0	0	5

#### **Reporting Grades for this Period -**

FY1	FY2	GPST1	ST2	IMT1	IMT2	ST3	ST4
21	17	1	0	3	2	0	0

#### **Outcomes agreed**

Overtime payment	Time off in lieu	No further action	Cancelled	Created in error	Request for more info	Compensation and Work Schedule Review
6	30	8	0	0	0	0



## Locum Bookings via Bank

Locum bookings (Bank) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Emergency	277	141	2,709	1,424
ENT	24	14	229	146
General Surgery	21	16	225	222
General Medicine	643	475	5,749	4,224
O&G	40	28	335	234
Oncology	6	4	56	40
Trauma & Orthopaedics	386	355	3,384	3,093
Paediatrics	26	22	261	217
<b>TOTAL</b>	<b>1,423</b>	<b>1,055</b>	<b>12,807</b>	<b>9,599</b>

(Source: Locums Nest)

Locum bookings (Bank) by Grade				
Grade	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
F1	8	7	48	168
F2	33	20	257	218
ST/CT1/2	1,136	895	10,347	7,957
ST3+	246	133	2,296	1,256
<b>TOTAL</b>	<b>1,423</b>	<b>1,055</b>	<b>12,947</b>	<b>9,599</b>

(Source: Locums Nest)

Locum Bookings (Bank) by Reason				
Reason	Number of shifts Requested	Number of shifts Worked	Number of hours Requested	Number of hours Worked
7 Day Pilot	0	0	0	12
Adhoc	61	61	504	504
Annual Leave	82	30	762	290
Coronavirus	3	1	24	4
Deanery Vacancy	99	72	958	725
Escalations	6	2	60	21
LFT Cover	1	0	4	0
Maternity/Paternity Leave	14	10	138	98
Service Demand (e.g. winter pressures)	70	50	621	432
Sickness	79	58	741	558
Study Leave	51	21	447	152
Trust Vacancy	862	670	7,805	6,067
Urgent Clinical Need	95	80	884	736
<b>TOTAL</b>	<b>1,423</b>	<b>1,055</b>	<b>12,947</b>	<b>9,599</b>

(Source: Locums Nest)

### **Vacancies 1<sup>st</sup> April – 30<sup>th</sup> June 2021**

8.7 vacancies in total

Department	Number of vacancies
Emergency	0.4
Elderly medicine	1.4
Oncology	0.4
Anaesthetics	2
T&O	2
O&G	0.7
Paediatrics	0.8
General Surgery	1

*(Source: Medical Staffing)*

### **Fines**

There were no fines this quarter.

### **Junior Doctors Forum Meetings**

There was 1 Junior Doctor Forum which was the first joint forum meeting scheduled for this quarter, 12<sup>th</sup> May 2021. The following was discussed at the meeting:

- Exception reporting
- Merger update re Rest Spaces
- Commuting – Out of Hours
- Mess Update
- Freedom to Speak Up
- Fatigue and Facilities Update

The Forum Chairs are currently coordinating their future joint meetings and working in conjunction with our new Chief Registrars, Dr Ellie Cox (RBCH) and Dr Christina Baker (Poole) in efforts to reach out to more senior grades to take part in the forum meetings.

### **Developments**

As University Hospitals Dorset- I will be working closely with Professor Vassallo at Bournemouth Hospital who has taken on the Deputy Guardian of Safe Working role for the trust. Along with the chief registrars we will ensure that joint working encourages exception reporting and highlights areas of understaffing as the two hospitals come together over the coming months/ years.

Our junior doctor chairs, chief registrars, myself and the director of medical education have been involved in ensuring adequate rest facilities as per the Fatigues and Facilities charter in the plans for the merged hospital.

As mentioned in my previous report, there is now a contractual obligation for trust to provide self-study development time for all foundation year trainees (F1 and F2) - having piloted this in the F2 year this year 20/21. During this quarter 1<sup>st</sup> April to 30<sup>th</sup> June there have been 2 exception reports for this indication.

The British Medical Association is due to start a national campaign to promote exception reporting with regional sessions to highlight best practices and encourage exception reporting. Locally there is a regional guardian meeting across Wessex held biannually where best practice is shared and participation in junior doctor forums and exception reporting is promoted.

***Dr Ram Jayaprakash***

***Guardian of Safe Working, University Hospitals Dorset- Poole Hospital***

## Guardian Report June 2021, for the period 1<sup>st</sup> April – 30<sup>th</sup> June 2021

### University Hospitals Dorset: The Royal Bournemouth and Christchurch Hospitals

#### High level data

Number of doctors / dentists in training (total):	226
Number of doctors / dentists in training on 2016 TCS (total):	226
Amount of time available in job plan for guardian to do the role:	1.5 PAs/6hrs per week
Admin support provided to the guardian (if any):	0.13 WTE

#### Exception reports

Speciality	Exceptions raised 1 <sup>st</sup> Apr – 30 <sup>th</sup> June 2021	Exceptions raised outside of 14 days from event	Outcome agreed ( <i>not closed</i> )	Number of exceptions closed	Number of exceptions outstanding
Gen Surgery	3	0	0	3	0
Medicine	56	5	6	50	0
Total	59	5	6	53	0

(Source: Allocate)

#### Brief Overview of Exception Reports Raised

There were a total of 59 exception reports from 1<sup>st</sup> April to 30<sup>th</sup> June 2021, an increase of 14 from the previous quarter.

Exception reports were generated from various departments: Geriatric Medicine, Cardiology, Respiratory, General Medicine, Acute Medicine and General Surgery.

Of the 59 exceptions there was 1 patient safety concerns during this period which was raised within Geriatric Medicine.

#### Patient Safety Concern – Geriatric Medicine:

Stayed overtime as looking after unwell patient, only doctor on ward 2. Acuity on ward was high due to patient mix and staff shortages due to sickness, meant only 1 doctor that day to look after 17-18 patients with consultant support. All teams on minimum or less staffing so unable to get additional support to manage work load. Generally (e.g. this week) workload is manageable but last week was difficult. Correct to flag up that was difficult to manage but patients were managed safely by staying late

**Number of Exceptions Reported as per Specialty:**

Specialty	Exceptions Reported
Acute	1
Cardiology	5
Gastroenterology	10
General Surgery	3
General Medicine	20
Geriatric Medicine	17
Respiratory	3

*(Source: Allocate)***Reasons for Exceptions Raised**

Working over contracted hours	Access to Education	Shift Pattern	Service Support	Natural Breaks
55	1	1	0	2

*(Source: Allocate)*

There were two exceptions raised due to doctors not getting breaks/rest and one exception for not being able to access their educational sessions. One further raised due to shift pattern advising tight rota with gaps and not being able to take breaks.

**Reporting Grades for this Period**

FY1	FY2	ST1	ST2	CT1	CT2	ST3	ST4
27	1	6	13	1	11	0	0

*(Source: Allocate)***Outcomes agreed**

Overtime payment	Time off in lieu	No further action	Cancelled	Created in error	Request for more info	Compensation and Work Schedule Review
38	0	9	9	3	0	0

*(Source: Allocate)***Locum Bookings**

Locum bookings (Bank) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Emergency	495	364	4336	3131.5
General Surgery	51	29	597.5	232.5
General Medicine	236	122	2,364.15	1,281.75
Anaesthetic ITU	98	73	899.5	733.5
Anaesthetic Theatres	6	1	53	13
Cardiac	7	5	82.5	48
Ophthalmology	10	10	50	50
Orthopaedic Surgery	19	17	148	122.8
Palliative Care	1	1	12	12
<b>TOTAL</b>	<b>176</b>	<b>61</b>	<b>1,766</b>	<b>591</b>

*(Source: Locum's Nest and Temp Staffing)*

Locum bookings (Bank) by Grade				
Grade	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
F1	3	10	20.5	88.31
F2, ST/CMT1/2	564	408	4,857.27	3,535.97
ST3+	199	160	2,045.95	1,532.47
<b>TOTAL</b>	<b>766</b>	<b>578</b>	<b>6,923.72</b>	<b>5,156.75</b>

(Source: Locum's Nest and Temp Staffing)

Locum Bookings (Bank) by Reason				
Reason	Number of shifts Requested	Number of shifts Worked	Number of hours Requested	Number of hours Worked
Ad hoc	2	2	19	18.8
Annual Leave	96	85	848	824.6
Coronavirus	54	37	466.15	373.25
Maternity/Paternity Leave	5	5	55	52
Sickness	43	20	499.46	219.96
Study Leave	15	15	144	144
Trust Vacancy	427	307	4,028.61	2,857.86
Doctor Workload	111	104	748.5	
Urgent Clinical Need	13	3	115	35.48
<b>TOTAL</b>	<b>766</b>	<b>578</b>	<b>6,923.72</b>	<b>4,525.95</b>

(Source: Locum's Nest and Temp Staffing)

### **Vacancies 1<sup>st</sup> April – 30<sup>th</sup> June 2021**

11.5 vacancies in total

Department	Number of vacancies
Anaesthetics	1 CST1-2
Cardiology	1 ST3+
Acute	1 ST3+
Respiratory	2 ST3+
Stroke/MFE	1 ST3+ Stroke 2 IMT1-2 MFE
Gastroenterology	2
Palliative Medicine	0.5
General/Vascular Surgery	1

(Source: Medical Staffing)

## **Fines**

There were no fines this quarter.

## **Junior Doctors Forum Meetings**

There was 1 Junior Doctor Forum which was the first joint forum meeting scheduled for this quarter, 12<sup>th</sup> May 2021. The following was discussed at the meeting:

- Exception reporting
- Merger update re Rest Spaces
- Commuting – Out of Hours
- Mess Update
- Freedom to Speak Up
- Fatigue and Facilities Update

The Forum Chairs are currently coordinating their future joint meetings and working in conjunction with our new Chief Registrars, Dr Ellie Cox (RBCH) and Dr Christina Baker (Poole) in efforts to reach out to more senior grades to take part in the forum meetings.

## **Developments**

This report covers the period April to June during which time Dr Tanzeem Raza was Guardian of Safe Working. This role was handed-over to me on 4<sup>th</sup> August 2021.

Over this quarter there has been an increase in exception reporting. This is consistent with a national trend. We had one immediate patient safety concern highlighted in the report that has been addressed. Pressures continue in Geriatric Medicine and a close observation on this will be kept. There were a small number of exceptions due to doctors not getting breaks while on shift and one exception for not being able to access their educational sessions due to work pressures. These however are isolated and have not reached the threshold for a work schedule review or a fine.

I will be working closely with Dr Ram Jayaprakash Guardian of Safe Working, University Hospitals Dorset- Poole Hospital to develop common practice across the Trust. We will continue to work with other stake holders including Junior Doctor Committees and Chief Registrars to encourage exception reporting as a valuable tool to support the development of services across the Trust. Important areas of future work together will include ensuring adequate rest facilities as per the Fatigues and Facilities charter in the plans for the merged hospital, adopting common practice across the Trust and working with regional colleagues and the BMA sharing best practice.

***Prof. Mike Vassallo***

***Deputy Guardian of Safe Working, Royal Bournemouth and Christchurch Hospitals***



**BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET**

**Meeting Date: 29 September 2021**

**Agenda item: 7.7**

<b>Subject:</b>	Responsible Officer and Revalidation Report
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<b>Prepared by:</b>	Alyson O'Donnell – Chief Medical Officer Louise Stafford – Revalidation Officer
<b>Presented by:</b>	Alyson O'Donnell

<b>Purpose of paper:</b>	This report advises the Board of the Revalidation figures within the Trust.
<b>Background:</b>	The Revalidation report is provided quarterly to the Workforce Strategy Committee.
<b>Key points for Board members:</b>	The Board is asked to note the improvement in recruitment figures and the current situation of Revalidation.
<b>Options and decisions required:</b>	None
<b>Recommendations:</b>	For information
<b>Next steps:</b>	For information

<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	
<b>BAF/Corporate Risk Register: (if applicable)</b>	
<b>CQC Reference:</b>	

<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>

## Revalidation Report

### Appraisal and Revalidation

Across UHD we had 702 Doctors due an appraisal between 16 September 2020 and 15 September 2021, of these 585 are completed = 83%

117 remain outstanding, of which:

- 21 have Outputs completed and awaiting acceptance,
- 12 have Inputs accepted in the last 2 months.

This leaves 84 outstanding due to Covid or agreed delays. All Appraisals over 18 months are being reviewed and action plans created, with an aim to have everyone back on track by March 2022.

In the last 2 months we have issued 10 Rev 6's to Doctors with Appraisals 24 months overdue (Surgical = 4 Medical = 4 Specialties = 2) with 8 now fully engaged with the process.

There were 47 revalidations due in July and August, of those 26 were recommended for revalidation, 20 were deferred due to missing information or delayed appraisal and 1 was for Non engagement. The non-engagement is being monitored and an action plan is to be confirmed.

There have been a large amount of New Starters over the last couple of months with over 40 in August and 26 currently expected in September.

The Revalidation team are still working on the alignment of PReP information, but this has been pushed down the priority list with the volume of New Starters and general workload, which appraisals are creating. They continue to look at ways to work smarter when pressures allow and it has been discussed with line managers, the possibility of some extra resource to assist with this.

## INTERIM BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

**Meeting Date: 29 September 2021**

**Agenda item: 7.8**

<b>Subject:</b>	Freedom to Speak Up Six Monthly Report 2021/22
<b>Prepared by:</b>	Helen Martin, Freedom to Speak up Guardian (FTSUG)
<b>Presented by:</b>	Helen Martin, FTSUG
<b>Purpose of paper:</b>	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> <li>outline our progress in creating our speaking up culture within 2021</li> <li>understand why our staff are raising concerns and what we have learn</li> <li><b>ACTION:</b> Discuss and declare speaking up commitment from the Board</li> </ul>
<b>Background:</b>	<p>The FTSU team was set up in April 2017 and speaking up is a key pillar of our UHD culture. The FTSUG presents to the board in person, twice a year to the board updating the board on our speaking up culture, themes, barriers alongside progress and work within the FTSU team.</p>
<b>Key points for members:</b>	<p>Key update of themes and trends over 2021/22</p> <ul style="list-style-type: none"> <li>FTSU team continue to flourish. NGO published guidance on developing FTSU internal networks which may now pose risk of single point of failure to our model and hearing cases. Further exploration across ICS and region needs to occur to shape UHD model and meet NGO guidance by May 2022.</li> <li>Deep dive into FTSU Index, staff survey and model hospital. Both legacy trusts remain in the top quartile, above national average but there are early signs of change with some signs of deterioration from staff on the RBH site and a stabilization across Poole site. Encouraging reporting and feeling secure in raising concerns needs particular attention.</li> <li>National online Freedom to speak up training is now embedded within the BEAT programme but needs strong promotion to encourage our staff to complete. Approx 150 staff have completed this.</li> <li>Eighty-one referrals were raised to the FTSU team from April- end of July 2021 (54% from RBH and 46% at Poole). This is a slight reduction for the same period in 2020, which heard 98 referrals. The main reduction is from staff working on the RBH site.</li> <li>The leading reason (54%, 44 staff) why staff approach the FTSU team is to do with attitudes and behaviour.</li> </ul>

	<p>This rises to 81% (13 staff) for our BAME colleagues.</p> <ul style="list-style-type: none"> <li>• Thirty-two percent of referrals (26 staff) are related to process and policy issues including management processes such as shielding, return to work support, re-deployment, rotas, feedback from interviews, supporting staff through merger.</li> <li>• Seven per cent of referrals had an element of workload and burnout (6 staff). Significant observations made following Tier 3 consultation with healthy check ins being missed. The feeling of not being listened to and access to OH also key comments.</li> <li>• Six per cent of referrals were related to quality and safety, which is a reduction of 2% over same period last year.</li> <li>• Eight percent of referrals are now relating to COVID related issues which is significantly lower to this time last year which ranged from 24% at the Poole site and 51% at Bournemouth site.</li> <li>• There is an increase in number of referrals made anonymously with five percent of referrals from RBH site. This figure remains lower than national average of 11% but is a noticeable change this year.</li> <li>• Twenty per cent of referrals (16 staff) are from our BAME community as compared to 16% same period last year. Two thirds of referrals come from RBH site. 81% of referrals has an element of attitudes and behaviours (13 staff).</li> <li>• Nurses accounted for the main staff group raising concerns (41%), followed by our administrative staff (21%) and Allied Health Professionals (AHPs; 14%). Four staff felt necessary to remain anonymous, all at RBCH and remains lower than the national figure of 13%.</li> <li>• Key Learning from concerns include importance of listening from line managers, making time for staff, healthy wellbeing check ins especially at time of change e.g. consultations, but also burnout. Behaviours and how we are with each-other needs special consideration.</li> </ul>
<b>Options and decisions required:</b>	<ul style="list-style-type: none"> <li>• To hear key themes and share and implement learning across all areas of Trust.</li> <li>• To promote the FTSU service to our people.</li> <li>• To explore more local level discussions with our clinical care groups in addressing concerns, removing barriers and developing a speaking up culture.</li> <li>• To support and participate in Board Development session in November 2021 with NGO leading.</li> </ul>
<b>Recommendations:</b>	<p>The paper is for information and discussion.</p> <p><b>ACTION:</b> Discuss and declare speaking up commitment from the Board members</p>
<b>Next steps:</b>	To return and present Annual report (May 2022).

<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	AF1: Deliver, safe, responsive, compassionate high quality care
<b>BAF/Corporate Risk Register: (if applicable)</b>	Not applicable
<b>CQC Reference:</b>	ST13 Human Resources

<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>

## Freedom to Speak Up (FTSU)

### Bi-Annual Report 2021/22

#### 1.0 Executive Summary



Six years have passed since the publication of the Francis Freedom to Speak Up Review in 2015. The speaking up culture of the health sector in England has changed with a network of over 700 Freedom to Speak Up Guardians in over 400 organisations hearing over 50 000 cases in the last 3 years. Such an increase of cases reflects how trusted FTSU Guardians (FTSUG) are as additional channel for speaking up.

Dr Henrietta Hughes, the National Guardian Officer (NGO) stated in the recent NGO Annual report published in March:

*“When leaders listen and act on speaking up, great improvements can be made. Conversely, when they are defensive or victimise workers who speak up, it has a chilling effect, putting patients and workers at risk of harm. Speaking up has never been more important than during the pandemic, and yet some workers who feared for their safety reported they were let down by leaders who were not listening. Speaking up is a gift – use it wisely and we can change the NHS for the better”.*



Since this publication, Dr Hughes has announced that she is stepping down as of September however the importance of speaking up will remain in the forefront of the NHS moving forward. The role of FTSUG also remains an important one. As well as providing a safe and impartial alternative channel for workers to speak up to, they identify themes and provide challenge to their organisation to work proactively to tackle barriers to speaking up. Leaders must assure themselves that their FTSUG inspire confidence, not just in the workers they support, but in the organisation, they are there to challenge.

This bi-annual report reminds us that our people are speaking up across all sites of University Hospital Dorset (UHD), endorsing the significant steps that we have so far taken to creating a healthy speaking up culture, in order to protect patients and improve the experience of our NHS workers.

The purpose of this paper is to;

- celebrate our progress in creating our speaking up culture within 2021
- understand why our staff are raising concerns and what we have learnt,
- **ACTION:** Approve and declare speaking up commitment of the Board

## 2.0 Vision of Speaking up and Commitment from the FTSU team



To develop a culture of safety so that we become a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

### The Freedom To Speak Up commitment

**S  
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You're safe and secure to talk to us; we'll support you every step of the way to raise concerns.

We are all about our people. When we look after each other we give the best to our patients. FTSU are here for you and hearing your voice is our priority.

We treat all staff equally, empower you to make concerns and enable the trust to make change.

We will listen and act with integrity to ensure your concerns are heard. We are approachable and here for you.

We treat you kindly; we know what steps need to be taken when you raise a FTSU concern, we have the knowledge to help make a difference.



## 2.1 Speaking up at UHD – Review following NGO guidance (2021)

In April 2021, the NGO published guidance on developing FTSU internal networks. The team is in the process of reviewing the full guidance to ensure that our model meets the recommendations. As an initial action, the model now separates the role of the FTSUG and FTSU Ambassadors (FTSUA) more clearly. The FTSUG will continue to set the strategic direction of speaking up alongside handling cases raised. In contrast the FTSUA will focus their role on raising awareness and signposting and support. This greater definition of role within the FTSU team will maintain the advantages of being able to address

organisation size, geography and diversity whilst ensuring the ambassador and those who use the service remain safe. The model does however, pose limitations to a sole individual handling cases and needs further exploration on how best to reduce this risk such as developing a deputy role or work across the ICS. The regional network is looking into this issue, as like UHD, have seen a significant increase in those using the service to the resources available. Providing a future proof resilient service to meet the need of our people will be key.





### 3.0 Key Progress during 2021

#### 3.1 Speaking up commitment of the Board

Annually, the board publicly committed to the Sir Robert Francis principles of speaking up alongside a declaration of behaviours. This annual commitment is a visual statement, supporting the vision of speaking up and by committing to developing a culture of safety. The declaration of behaviours sets out how we will role model this and sets the tone of the culture for our new trust going forward. Appendix A outlines the commitment.

**ACTION:** Approve commitment to speaking up principles and declaration of behaviours

#### 3.2 Freedom to Speak up Index

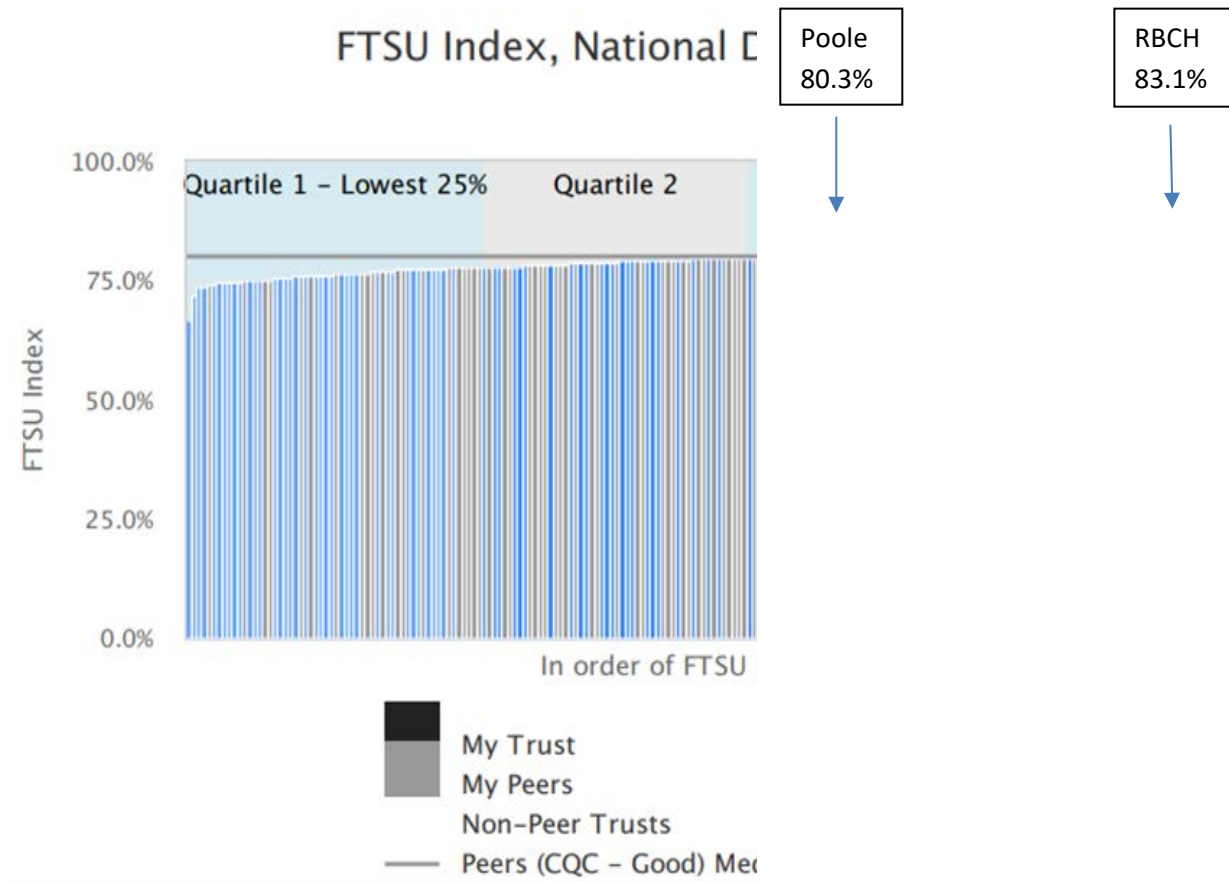


The FTSU Index, first published in 2019, is a key metric for organisations to monitor their speaking up culture. When compared to other sectors, a score of 70% is perceived as a healthy culture. It is also recognised that organisations with higher FTSU scores are associated with higher performing organisations as rated by Care Quality Commission (NGO, 2020).

The purpose of the index is to promote the sharing of good practice and learning, by encouraging trusts to work to improve their speaking up arrangements and culture. Indeed, the national report in 2019 published a case study from RBCH of good practice who since then continue to be contacted by other organisations to share our learning.

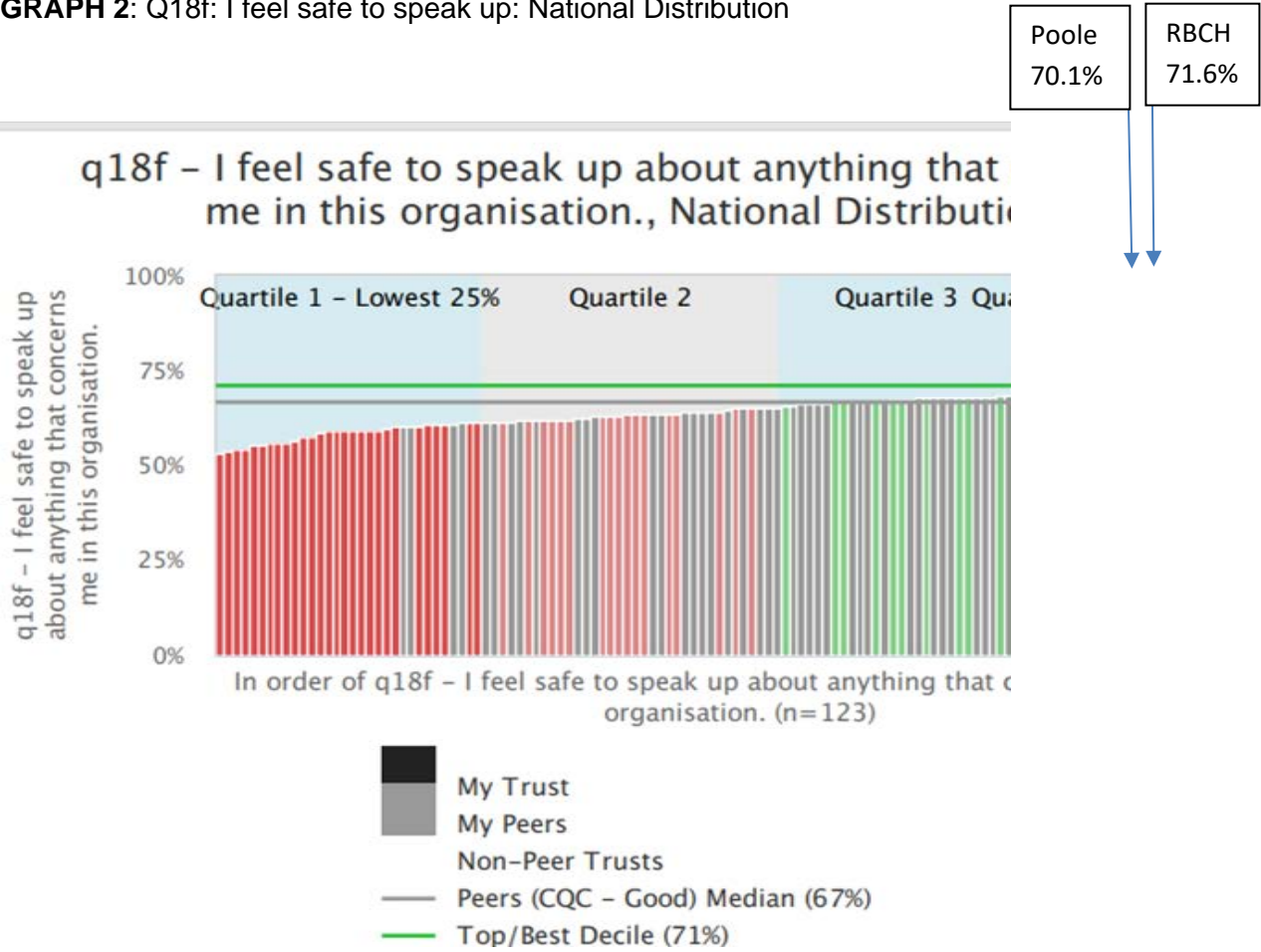
The FTSU index is calculated from four questions in the NHS Staff Survey and relates to whether staff feel knowledgeable, secure and encouraged to speak up and whether they would be treated fairly after an incident. Graph 1 illustrates the position of both legacy Trusts against that nationally. You will see that RBCH remains in the top quarter and Poole in quartile 3. Both trusts are above the national average of 79%.

**GRAPH 1: FTSU Index – National Distribution**



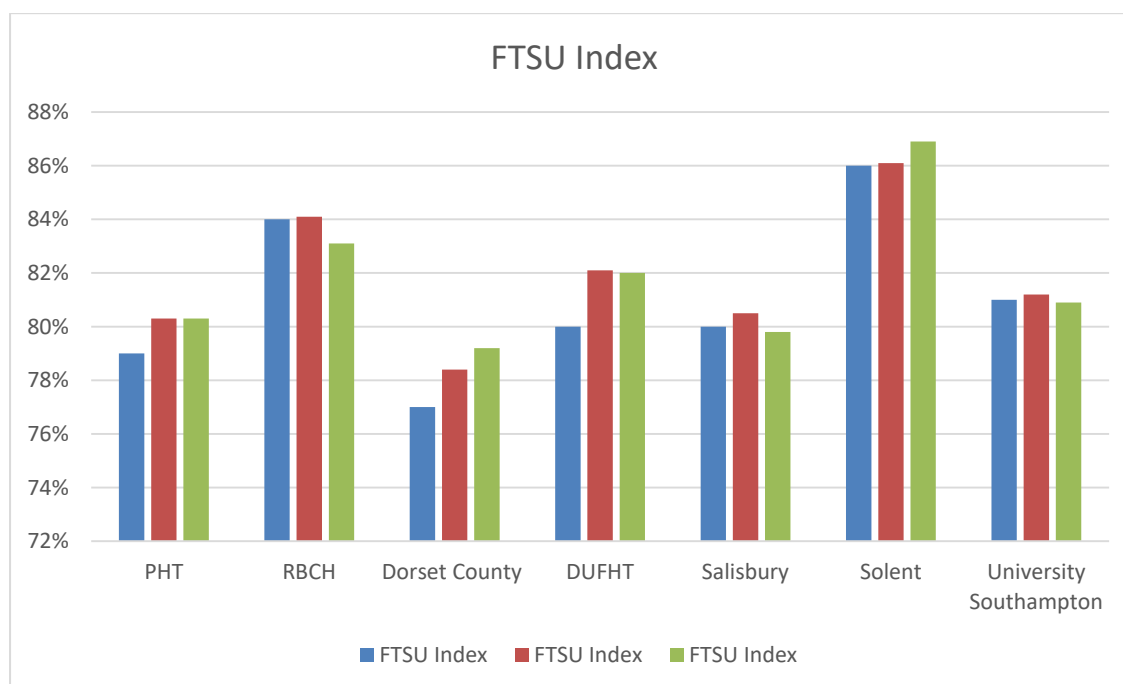
This year, the FTSU index report also looked at an additional question which was added for the first time in the staff survey. This question (18f) focused on asking how safe workers were feeling to speak up more generally. Whilst this question was not included in this year's FTSU Index calculation it is however being viewed as a useful safety culture marker. It is anticipated that the NGO will look into the details of this question in a future report. Graph 2 shows the distribution of our legacy trusts within the context of a national picture. Again, you will see that both Trusts were above the national average and RBCH within the best quartile.

**GRAPH 2:** Q18f: I feel safe to speak up: National Distribution



The publication of FTSU Index also allows us to benchmark against our local neighbouring organisations and over the last 3 years (see graph 3).

**GRAPH 3:** FTSU Index of neighbouring local Trusts and over last 3 years



Graph 3 shows the trend of FTSU index over the last 3 years within the context of neighbouring local organisations. It can be seen that the position of RBCH site over the last 3 years has had a more robust position than Poole and other neighbouring organisations, however may be showing early signs of a deteriorating culture of safety. This is similar picture to University Hospitals, Southampton and Salisbury which all appear to have slightly worsening FTSU Index positions to previous years. In contrast, Poole looks to be showing early signs of plateauing as does DUFHT, whereas Dorset County although starting from a lower baseline appears to be showing year on year improvements. Solent remains to have the strongest and sustained FTSU index position in the region alongside the question relating to Q18f. Discussions are already underway within our networks, which our FTSUG chairs regionally and locally, to see how we can share our learning and in the spirit of one of our values, “always improving”.

It is important to take a closer look at the questions which drive the FTSU index. This can be seen in table 1.

**TABLE 1:** Questions driving FTSU Index

		Poole			RBCH		
		2018	2019	2020	2018	2019	2020
16a	% of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly	62	65.5	64.5	69.6	71.1	71.1
16b	% of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents	90	90.1	89.8	93.6	93	91.5
17a	% of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it	94.6	95.2	94.5	96.2	96.3	96.4
17b	% of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice	72.3	72.7	72.5	76.9	76.7	74.7

Table 1 shows the questions relating to “encouraging the reporting of errors (16b)” and “feeling secure in raising concerns (17b)” are the 2 areas that staff felt less confident at RBCH and may be driving the early signs of deterioration in the FTSU Index. In contrast, Poole which has a lower starting FTSU index position appears to be showing early signs of plateauing or slight reductions across all 4 measures.

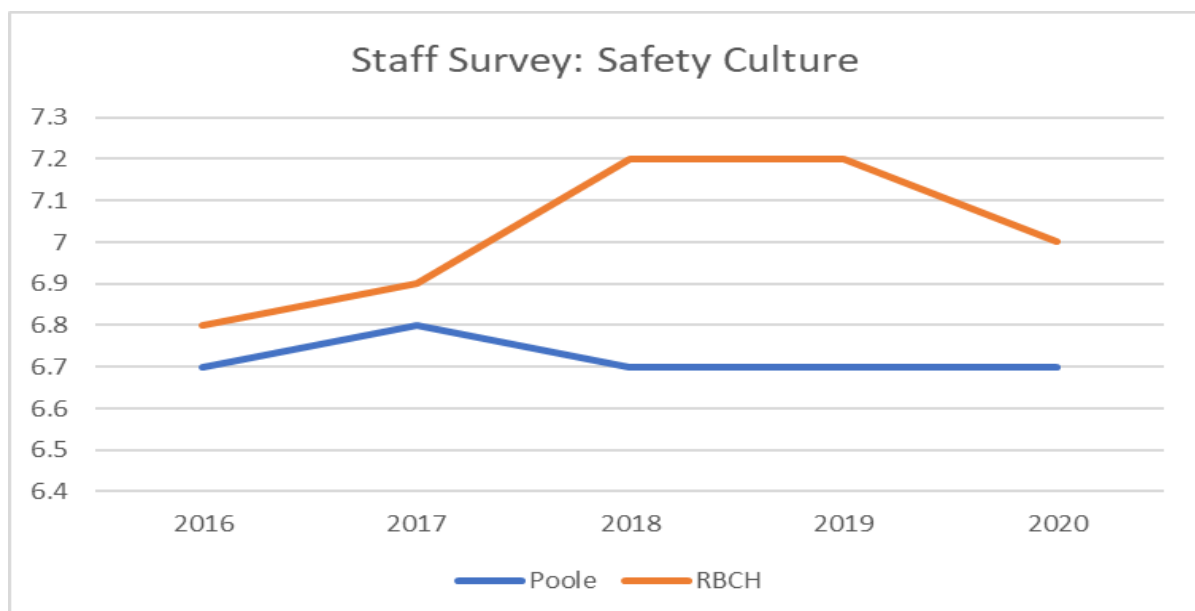
It is however important to remember that this data captures only a section of the workforce via the staff survey and so the index can only tell leaders part of the picture and needs to be used in conjunction with other data. The combined response rate for Poole and RBCH was 35.7% in 2020 which was a reduction for both legacy trusts and lower than the benchmark group average of 45%. It is also important to consider better contextualising the results and increase the depth of understanding around the drivers of variability. It is therefore positive that the index results are included in the Model Health System improvement tool, which could help leaders gain a more comprehensive understanding of the culture and engagement in their trust and identify opportunities for improvement (refer to section 3.4).

### 3.3 Safety culture Staff survey

The FTSU index is limited to a key metric for organisations to monitor the speaking up culture. Other important metrics will be to look wider across all indicators of our safety culture.

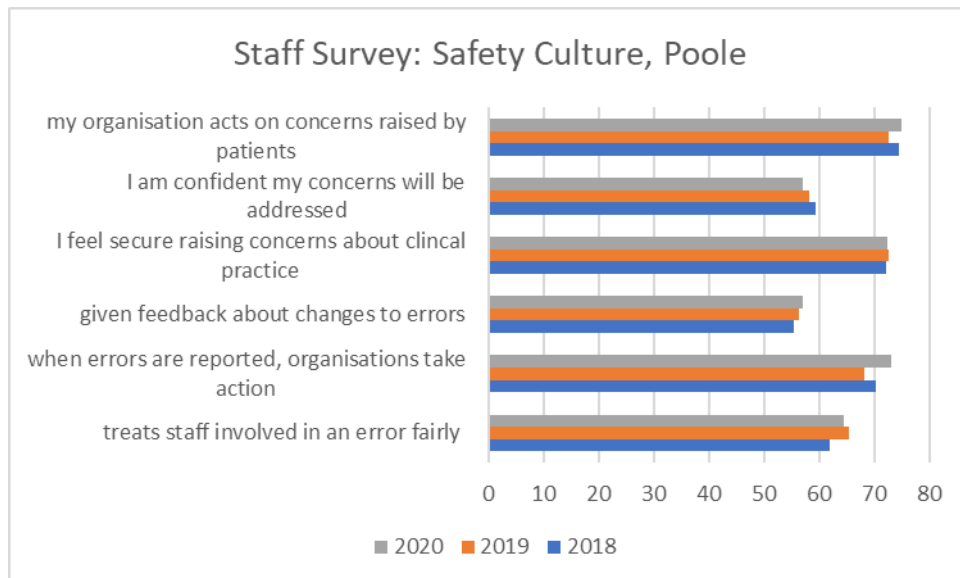
Graph 4 presents the overview of the safety culture as compared to previous years. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. Graph 4 confirms that seen in FTSU index, where there are some early signs of staff feeling less safe at RBCH and plateauing at Poole. Despite this position, the scoring remains higher than our benchmarking sector.

**Graph 4:** Staff Survey: Safety Culture



Again, in order to understand exactly which factors are driving the safety culture theme score, a number of questions feed into the theme and are presented in Graphs 5 and 6. For RBCH, all but 1 of the indicators have decreased from the previous year staff survey including taking action, giving feedback, feeling secure, addressing concerns and acting on feedback from patients. In contrast, people are at Poole are reporting some improvements within the culture of safety including in reporting errors, giving feedback and addressing concerns from patients.

**GRAPH 5: Staff Survey: Safety Culture at Poole**



**GRAPH 6: Staff Survey: Safety Culture at RBCH**



### 3.4 Model hospital

Using the Model Health System, trusts can access data on their culture and engagement, including their FTSU Index and data from their Freedom to Speak Up Guardian on speaking up cases raised to them, to help build a comprehensive picture of their organisational culture and identify opportunities to improve.

Data for 2019 was presented in the FTSU board bi-annual report in November 2020. Key data for 2020, whilst limited to quarter 2 data, is represented below.

**Table 2:** Key data from the Model Hospital

	PHT	RBCH	National Median
FTSU index (2020)	80.3%	83%	79.7%
% change in FTSU index over 3 calendar years	0.7%	3.9%	2.6%
Total cases reported to FTSUG (Q2, 2020/21)	17	27	17
Bullying and Harassment cases reported (Q2, 2020/21)	39%	41%	29%
Pt safety and quality reported as % of total cases (Q2, 2020/21)	6%	11%	17%
Cases of detriment as result of speaking up (Q2, 2020/21)	0	0	0
FTSU cases reported anonymously (Q2, 2020/21)	0	0	1
Staff sickness (March 2020)	3.85%	5.78%	5.40%
Staff turnover (July 2020)	1.4%	1.2%	1.06%



The data in Table 2, illustrates a stronger culture of speaking up at both sites when looking at the national median. In terms of FTSU index, RBCH was awarded the best acute trust in 2019 and has had a significantly stronger improvement, and above national median, over the last 3 years. Poole has seen a slightly slower pace to improvement.

Both sites raised more, or that of the national median, concerns to the FTSUG illustrating that our staff are aware of this route to escalate concerns. In terms of cases raised to the FTSUG, both legacy Trusts heard more cases relating to bullying and harassment as compared to the national median and less relating to patient safety and quality. There were no cases of detriment because of speaking up and no cases reported anonymously; both important drivers to promoting a healthy culture of speaking up.

In terms of other data, Poole report a lower staff sickness but carry a higher staff turnover.

### **3.5 FTSU Networks – Chair of Dorset Network and Co-chair of Southwest Region**

Our networks are key to our success in sharing the speaking up message but also as a support for each-other. We have several networks which continue to grow and mature.

Our FTSUA network meets monthly and discusses our observations and recent guidance. It allows us to quality assure the work we are doing and more recently focus on updating and reviewing the model going forward. Professor Paula Shobbrook came to our May meeting and supported the team by listening to the issues raised by the FTSUA. It was well received and is another example of how the board support us.

The NGO also recognises the need to develop and engage within formal regional networks. The FTSUG was elected as co-chair of the southwest FTSU region and chairs quarterly regional meetings and monthly check ins. This network is excellent for support and sharing good practice.

The FTSUG has also set up and chairs a local Dorset FTSU Network since September 2018. The vision of this group was agreed to share best practice, look to act as a mentor for difficult cases. The membership has since expanded and now has representation across CCG, private healthcare, ambulance service, acute trusts and our regional lead for NGO. The focus of these meetings has consequently changed to supporting speaking up across our multi-agency systems in Dorset.

### **3.6 Intranet, internet developments and APP development**

The content of the intranet and internet has been reviewed this quarter. Both, now comprehensively provide information on speaking up, how to refer if you were to have a concern, the learning from those who have raised concerns and the themes that we are hearing at UHD. Feedback from these sites are well reviewed and are also referred at local inductions as a good place to get information. <https://intranet.uhd.nhs.uk/index.php/ftsug>

A more recent development has been within the UHD app. There is now information about speaking up within the icon “supporting for you”. In this app, there is information about speaking up but alongside this, a facility to refer anonymous concerns to the FTSU team. Whilst it is always preferred that our people share their identity so that the issue can be explored fully, the staff member properly supported, and it allows feedback, this is not always the case. Other Trusts use external suppliers to do this whereas we have been able to develop this alongside our app developers. The app will form part of our communications strategy over the next few months.

### **3.7 National Guardian Office (NGO)**

The FTSUG continues to be an active contributor to the work from the NGO. Part of this work is to submit and support requirements from the NGO. These include quarterly submissions, census information and other surveys.

#### **3.7.1 NGO data**

Quarterly information about speaking up cases are submitted to the NGO, outlining the themes and reporting the feedback received from those cases closed. Our data as UHD has occurred from quarter 3 2020/21.

#### **3.7.2 NGO: Freedom to Speak Up training programme**



‘Speak Up, Listen Up, Follow Up’, is a new e-learning package, aimed at anyone who works in healthcare. Divided into three modules, it explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best.

The National Guardian’s Office, in association with Health Education England, has launched the first and second modules. The first module ‘Speak Up’ is core training for all workers including volunteers, students and those in training, regardless of their contract terms. Its aim is to help everyone working in health to understand what speaking up is, how to speak up and what to expect when they do. More recently, the second module, “Listen Up” is for managers at all levels, focuses on listening and understanding the barriers to speaking up.

The FTSUG has worked with our education team and the modules are now within our BEAT catalogue for staff to access and self-register. A communications strategy has been launched to support this training and work is now in progress to link this to our leadership training. One hundred and fifty people have completed this training to date.

The final “Follow up” module is for managers and senior leaders which will follow later in the year.

### 3.7.3 NGO; Freedom to Speak up Strategy



The strategic direction of the NGO was published in July 2021 with contributions from national bodies, leaders and workers’ representatives including outside the healthcare sector. It is based on the learning from the past four years following on from the introduction of the Freedom to Speak Up Guardian role, a key recommendation from the review by Sir Robert Francis after the events at Mid Staffs. The strategic framework is made up of four pillars of support: workers; FTSUG; leadership and the healthcare system. Under each pillar the framework outlines the focus of the work going forward.

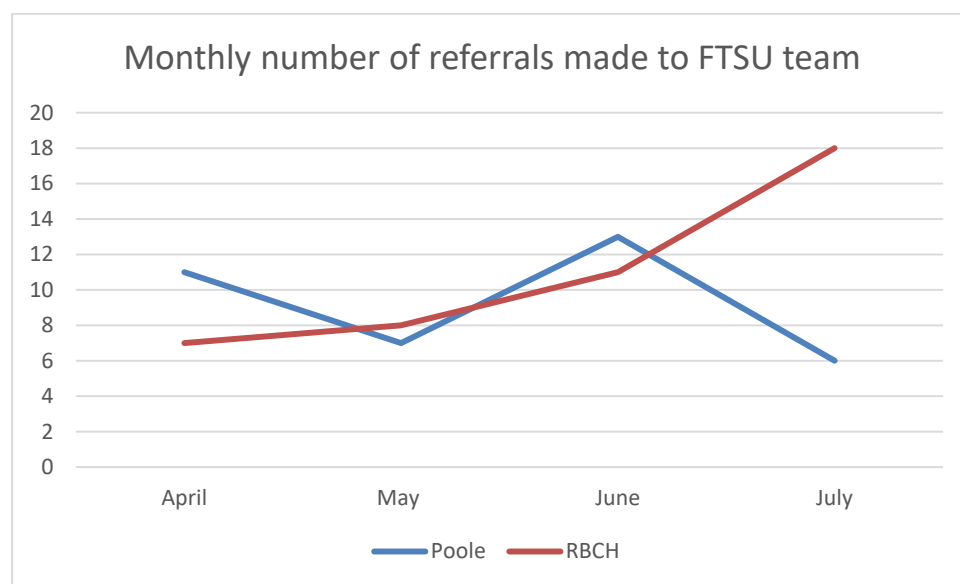
The publication of this framework has allowed us to review and update our strategy going forward as UHD but also within an integrated care system. This strategy will be developed over the next few months and presented to the board for approval.

## 4.0 Case Referrals – the headlines

A range of data is collected by the FTSUG. This report will look at this data including the key themes of concerns raised, where concerns have been raised and by whom. Referrals come from several routes including team presentations, trust communications, website, signposting from other departments such as OH and HR, word of mouth, LERs, the UHD app and recommendation.

Graph 7 shows the number of referrals over the financial year 2021/22 to date. You will note that the number of referrals at RBCH have slowly increased over this period of time, peaking over July. In contrast the number of referrals tends to be more erratic in pattern at Poole, peaking in June but running only 9 less in total to RBCH sites.

**Graph 7**



## 4.1 Key Themes of concerns

Table 3 (overleaf) illustrates the number of cases heard through the FTSU team. It is this data that forms part of what is submitted quarterly to the National Guardian Office (NGO).

<b>TABLE 3: End July 2021</b>	<b>Poole</b>					<b>RBH</b>					<b>XCH</b>					<b>TOTAL</b>
<b>Themes</b>	Qtr 1	Qtr 2	Qtr 3	Qtr4	<b>TOTAL</b>	Qtr 1	Qtr 2	Qtr 3	Qtr 4	<b>TOTAL</b>	Qtr 1	Qtr 2	Qtr 3	Qtr 4	<b>TOTAL</b>	
Attitudes & Beh	16	3			<b>19</b>	13	12			<b>25</b>						<b>44</b>
Patient safety	3				<b>3</b>											<b>3</b>
Worker safety	1				<b>1</b>	1				<b>1</b>						<b>2</b>
Policies/process	10	3			<b>13</b>	10	3			<b>13</b>						<b>26</b>
Other (workload)	1				<b>1</b>	2	3			<b>5</b>						<b>6</b>
<b>TOTAL</b>	<b>31</b>	<b>6</b>			<b><u>37</u></b>	<b>26</b>	<b>18</b>			<b><u>44</u></b>						<b><u>81</u></b>
<b>TOTAL 2020/21</b>	<b>30</b>	<b>18</b>	<b>25</b>	<b>23</b>	<b><u>96</u></b>	<b>46</b>	<b>23</b>	<b>37</b>	<b>28</b>	<b><u>134</u></b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>8</b>	<b><u>238</u></b>
<b>Detriment</b>	<b>1</b>				<b>1</b>											<b>1</b>
<b>Anon</b>						<b>4</b>				<b>4</b>						<b>4</b>
<b>BAME</b>	<b>4</b>				<b>4</b>	<b>5</b>	<b>7</b>			<b>12</b>						<b>16</b>
<b>COVID related</b>	<b>3</b>	<b>2</b>			<b>5</b>	<b>2</b>	<b>0</b>			<b>2</b>						<b>7</b>
<b>COVID relate (20/21)</b>		<b>12</b>	<b>7</b>	<b>4</b>	<b>23</b>		<b>28</b>	<b>21</b>	<b>20</b>	<b>69</b>			<b>1</b>		<b>1</b>	<b>69</b>



Table 3 shows a total of 81 referrals were made to the FTSU team across UHD, 54% of which were received from people from RBH site and 46% from staff based at Poole. This is a decrease of total referrals by 21% for the same period 2020/21. It must be noted that this period captures the first COVID wave in 2020 which was an extraordinarily busy time for the FTSU team and resulted in an increase of total referrals from the previous year 2019/20 by 66%. This is reflected in the number of referrals relating to COVID issues which has significantly decreased and accounts for only 8% of the referrals (7 staff). COVID themes included shielding, advice relating to isolation, wellbeing and re-deployment.

The leading reason why staff approach the FTSU team had an element of attitudes and behaviour. Fifty-four per cent of the cases across UHD described this theme with similarities across both sites (Poole; 51% and RBH; 57%). This rose to 81% when referrals were made from our BAME staff (13 staff). The NGO recognises bullying and harassment as a key theme (30.1%; 2020/21) and similar themes are seen across the network. This area continues to be looked at reviewing the mechanisms to support staff to tackle poor behaviours and attitudes. Additional literature, support and more trained mediators have been key areas of work. Its aim is to help provide the tools for staff to role model behaviours which underpin our values, to provide feedback when this does not happen and then feel empowered to tackle poor behaviours if they were to arise.

Another common theme raised with the FTSU team was that relating to policies and procedures. Thirty-two per cent of staff reported issues including management processes such as shielding, return to work support, re-deployment, rotas, feedback from interviews, supporting staff through merger, support during formal processes, sickness management and coding/IG. A number of these issues are related to contractual concerns and clearly will have needed expert HR advice and further signposting with the FTSU team supporting them during this time (refer to section 4.2)

Six per cent of referrals were related to worker and patient safety issues, down 2% over same period. All these issues were escalated (refer to section 4.2).

There is a new theme this year monitoring workload/staffing concerns. This theme was requested by our CEO to monitor how are staff are feeling. Seven per cent of referrals made to the FTSU team had an element of workload and pressures/burnout.

A theme that needs close monitoring is relating to concerns raised anonymously with the FTSU team. Table 3 shows 4 referrals were made that way, being 5% of total referrals made across UHD but all relating to issues at RBH site. This figure remains lower than the national average of 11.7% (2020/21). It is important to note that with the development of the FTSU app, this may rise further with the development of an anonymous facility.

Finally, 20% of referrals were made from our BAME colleagues (16 staff). This is an increase of 4% over the same period last year. Eighty-one percent of referrals made from our BAME colleagues were related to attitudes and behaviour and 19% policies and procedures including sickness, return to work, wellbeing and pre settlement status information. All staff were signposted to our BAME networks who were also able to support and advise. The FTSUG is an integral member of the Equality, Diversity and Inclusion Committee and will continue to work together to improve and support our BAME employee experience.

The Francis Freedom to Speak Up reviews highlighted that minority staff, including black and minority ethnic (BAME) workers, feel vulnerable when speaking up, as they may feel excluded from larger groups of workers. Data set out in these reviews, also showed that minority staff groups are more likely to suffer detriment for having spoken up. The National Guardian Office (NGO) case reviews at Southport and Ormskirk Hospital NHS Trust highlighted the importance for every Trust and FTUSG to ensure that work reaches this group of staff and that their voice is also being heard.

## 4.2 Outcome of referrals

Table 4 illustrates the outcome of referrals once they were made to the FTSU team. Of those referrals, 27% of cases were escalated to the line manager to investigate and action. In 46% of cases were signposted to experts in the field of the concern such as HR, OH or other including infection control, risk and governance or our security experts. Seven per-cent of cases were escalated to director or executive level which is less than last year. These issues would be deemed as needing senior leadership/direction or immediate action.

**Table 4: Outcome of referrals received by FTSU team**

		Poole	RBH	XCH	Total UHD
Line manager		12	10		22
FTSU advice		7	9		16
Escalate to Chief/Director		3	3		6
Signpost	HR	3	8		11
	OH	5	3		8
	Network	2	3		5
	Other	5	8		13
TOTAL		37	44		81

## 4.3 Who are raising concerns?



Table 5 shows that our shows nurses accounted for the biggest portion (41%) of speaking up cases raised with Freedom to Speak Up team, followed by our administrative staff (21%) and Allied Health Professionals (AHPs; 14%). This is similar to the national picture as of 2020/21. Four staff felt necessary to remain anonymous, all working at RBH site. This figure remains lower than the national figure of 11.7% (2020/21) but needs monitoring as it is viewed as an indicator that speaking up culture need improvement.

**Table 5: Staff who are raising concerns to the FTSU team**

<b>Qtr 1</b>	<b>Poole</b>	<b>RBH</b>	<b>XCH</b>	<b>Total UHD</b>
AHP	5	6		<b>11</b>
Medical and Dental	2	2		<b>4</b>
Nursing/Midwife	12	22		<b>34</b>
Nursing assistant	5	2		<b>7</b>
Admin/clerical/maintenance ancillary	11	6		<b>17</b>
Corporate services	2	2		<b>4</b>
Anon		4		<b>4</b>
Other				
<b>TOTAL</b>	<b>37</b>	<b>44</b>		<b>81</b>
<b>BAME</b>	<b>4</b>	<b>12</b>		<b>16</b>

#### **4.4 Where are concerns being raised?**

Significant effort has been made to ensure that the FTSU team visit and meet all members of staff across each site and the ambassador model allow for this. Table 6 outlines where concerns have been raised across the organisation. The FTSUG monitors this closely so to ensure that all areas are aware of the FTSU service and how to use it.

**Table 6: The number of concerns raised in UHD**

Care Group	Directorate	PHT	RBH	XCH	UHD Total
<b>Surgical</b>	Surgery		3		3
	Anaesthetics	4	4		8
	Head and Neck	2	2		4
	Trauma and Orthopaedics	5	1		6
	Private				
<b>Medical</b>	Emergency and Urgent		1		1
	Acute and Ambulatory Medicine				
	Cardiology and Renal	1	4		5
	Medical specialities	4	8		12
	Older persons and Neurosciences	4	3		7
<b>Specialties</b>	Cancer Care	1			1
	Child Health	2			2
	Women's Health	3			3
	Radiology and Pharmacy	2	2		4
	Clinical Support	1	2		3
	Pathology		1		1
<b>Operations</b>	Clinical Site				
	Facilities	4	4		8
	Partnership, integration, discharge				
	Emergency Planning				
	Operational Performance				
<b>Corporate</b>		4	5		9
<b>Anon</b>			4		4
<b>TOTAL</b>		37	44		81

## 5.0 Summary

University Hospitals Dorset has been established for nearly one year and has come through a number of challenges since then, not least a significant pandemic wave. As part of our new journey, UHD has commissioned some cultural work and from this we now have a set of values explicitly supporting our vision for a culture of safety.

Our performance data needs close monitoring as there may be some early signs that our staff are not feeling the efforts for our culture of safety. Challenges clearly remain and barriers need to be reduced. We are hearing that our staff are exhausted and nationally, burnout is well documented. Working collectively on the issues our people raise will be key and addressing poor behaviours and quality issues remains our most important piece of work for the future.

It is in our gift to lead and support this work, as outlined in our strategy, thereby achieving our vision of having a world class culture of safety. As a board it will be vital to be exceptional role models, challenging our own behaviours, gaining feedback from those who we work with and giving feedback when we see those who do not meet the Trust values. Declaring our annual approval of the Sir Robert Francis principles and our behaviours will publicly commit to this cultural work.

## **APPENDIX A**

### **UHD Board of Directors' Statement of Commitment to the principles of the Freedom to Speak up**

Sir Robert Francis set out his vision for creating an open and honest reporting culture in the NHS in his 2015 publication *Freedom to Speak Up*. The Board of Directors is committed to fostering a culture of safety and learning in which all staff feel safe to raise a concern across the Trust.

Speaking up is essential in any sector where safety is an issue. Speaking up should be something that everyone does and is encouraged to do. There needs to be a shared belief at all levels of the organisation that raising concerns is a positive, not a troublesome activity, and a shared commitment to support and encourage all those who raise honestly held concerns about safety. Without a shared culture of openness and honesty in which the raising of concerns is welcomed, and the staff who raise them are valued, the barriers to speaking up will persist.

The Board supports the key principles of speaking up and is committed to leading the actions required to implement them. The Board will receive support from the Freedom to Speak up Guardian (FTSUG) who is sponsored by the Chief Executive.

The key principles the Board is committed to include:

	Principle	Action
1	Culture of safety	Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns.
2	Culture of raising concerns	Raising concerns should be part of the normal routine business of any well led NHS organisation.
3	Culture free from bullying	Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.
4	Culture of visible leadership	All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, that they welcome and encourage the raising of concerns by staff.
5	Culture of valuing staff	Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified.
6	Culture of reflective	There should be opportunities for all staff to engage in

	practice	regular reflection of concerns in their work.
7	Raising and reporting concerns	All NHS organisations should have structures to facilitate both informal and formal raising and resolution of concerns.
8	Investigations	When a formal concern has been raised, there should be prompt, swift, proportionate, fair and blame-free investigations to establish the facts.
9	Mediation and dispute resolution	Consideration should be given at an early stage to the use of expert interventions to resolve conflicts, rebuild trust or support staff who have raised concerns.
10	Training	Every member of staff should receive training in their organisation's approach to raising concerns and in receiving and acting on them.
11	Support	All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality.
12	Support to find alternative employment in the NHS	Where a NHS worker who has raised a concern cannot, as a result, continue in their current employment, the NHS should fulfil its moral obligation to offer support.
13	Transparency	All NHS organisations should be transparent in the way they exercise their responsibilities in relation to the raising of concerns, including the use of settlement agreements.
14	Accountability	Everyone should expect to be held accountable for adopting fair, honest and open behaviours and practices when raising or receiving and handling concerns.
15	External Review	There should be an Independent National Officer (INO) resourced jointly by national systems regulators and oversight bodies and authorised by them to carry out the functions described in this report
16	Coordinated Regulatory Action	There should be coordinated action by national systems and professional regulators to enhance the protection of NHS workers making protected disclosures and of the public interest in the proper handling of concerns
17	Recognition of organisations	CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.
18	Students and Trainees	All principles in this report should be applied with necessary adaptations to education and training settings for students and trainees working towards a career in healthcare.
19	Primary Care	All principles in this report should apply with necessary adaptations in primary care.
20	Legal protection	Should be enhanced to those who make protected disclosures.

### **Speaking up ANNUAL DECLARATION**

This declaration is to be signed annually alongside our statement of commitment to the Sir Robert Francis recommendations

### **Declaration**

**Please tick the statements below to confirm that you remain.**

- ☐ I recognise that I have a responsibility for creating a safe culture and an environment which workers are able to highlight problems and make suggestions for improvement.
- ☐ I understand the importance of workers feeling able to speak up and the trusts vision to achieve this
- ☐ I recognise the impact of my own behaviour on the trust's culture. I will therefore reflect on my own behaviour regularly so that it does not inhibit someone speaking up\*.
- ☐ I have insight into how my power could silence truth
- ☐ I will welcome approaches from workers and thank them for speaking up. I will ensure that I will provide feedback
- ☐ I will speak up, listen and constructively challenge one another during board meetings
- ☐ I will seek feedback from peers and workers and reflect on how effectively they demonstrate the trust's values and behaviours
- ☐ I will accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.
- ☐ I will be open and transparent and see speaking up as an opportunity to learn.

\*It is good practice to test your behaviour with direct and incidental feedback from staff surveys, pulse surveys, social media comments, reverse mentoring, 360 feedback and appraisals.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## Ambassadors

- Catherine Bishop
- Monica Chigborogu
- Jillian Ireland
- Declan McConville
- Dr David Morgan
- Sally Papworth
- Hazel Rodriguez
- Dr Anjnee Shah
- Tara Vachell
- Sue Whitney

## FTSU Guardian – Helen Martin



Contact: [Freedomtospeakup@uhd.nhs.uk](mailto:Freedomtospeakup@uhd.nhs.uk)

tel: 0300 019 4220

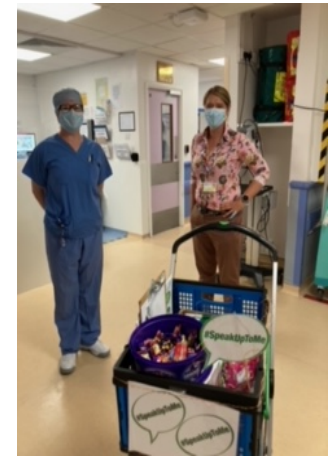
# Freedom to Speak up

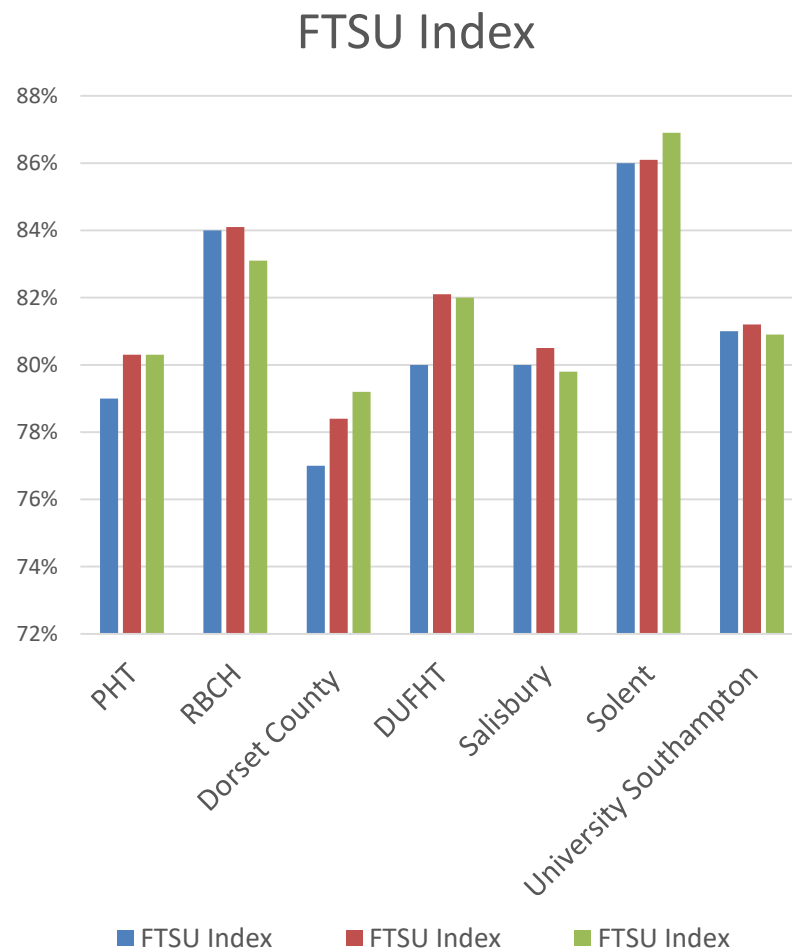
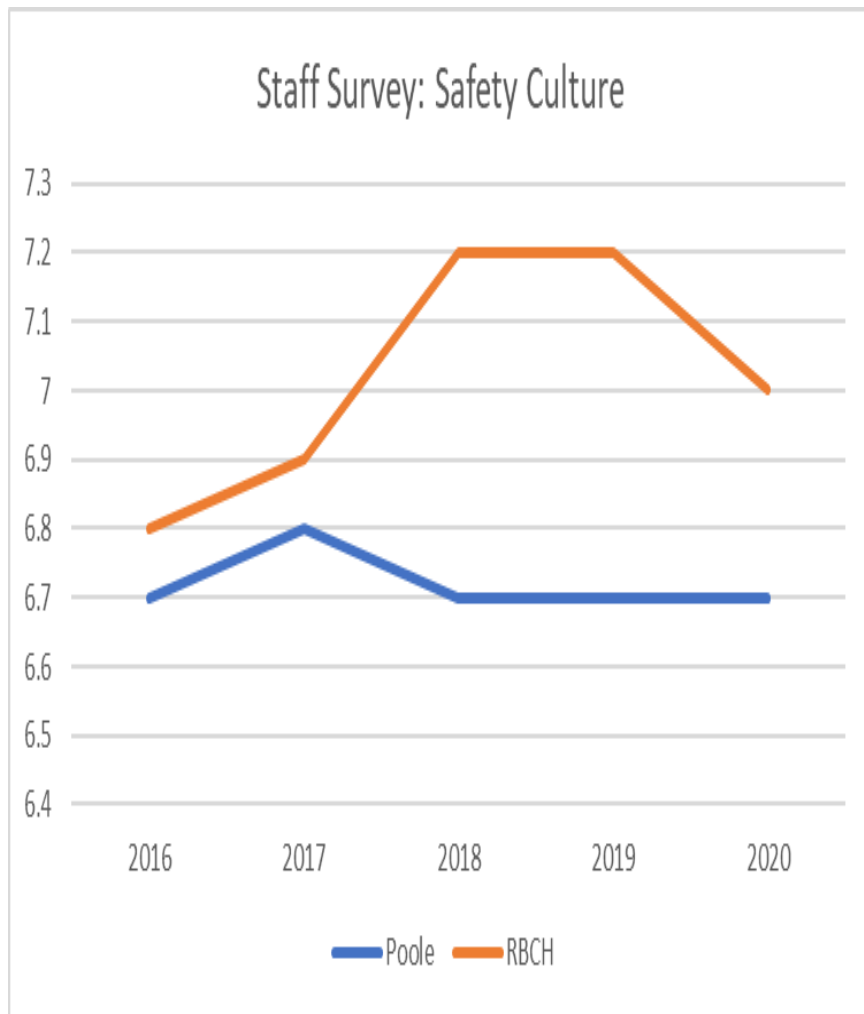
- **Update** our progress in creating our speaking up culture within 2021.
- **Understand** why our staff are raising concerns.
- **Share the Learning** from concerns
- **ACTION:** support the Sir Robert Francis speaking up principles & declaration of behaviours



# What do we know?

- Governance Established
- Well established function
- Recognised externally
- Triangulation of our data
- Refreshed look for October
- Supported within networks
- Board support and engagement





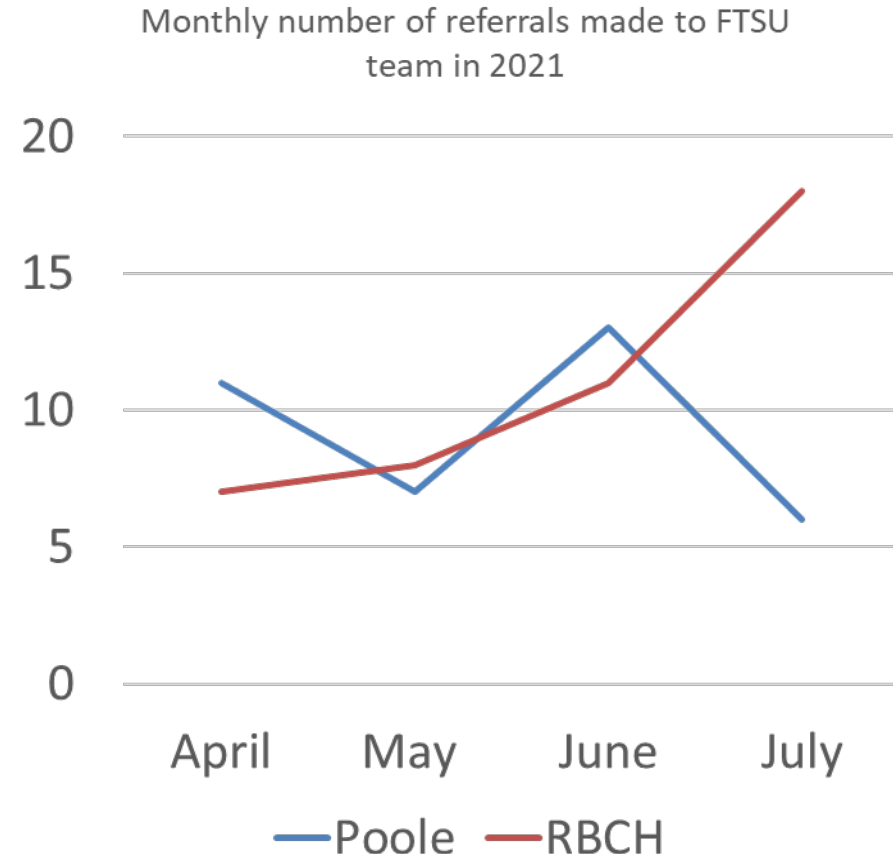
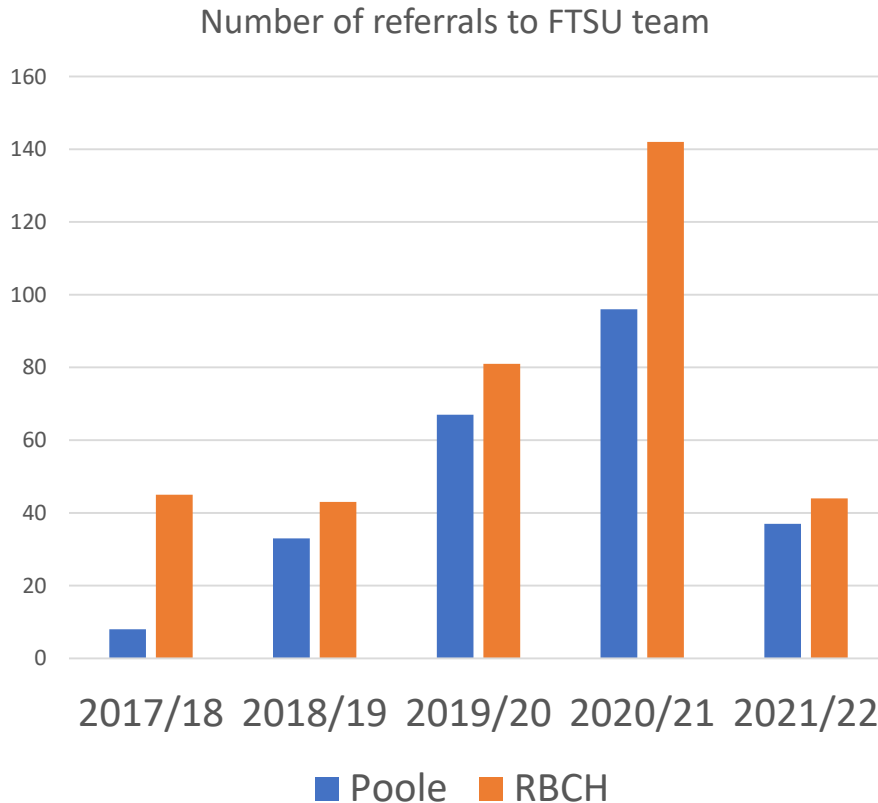
- Legacy Trusts above average but early signs of change
- Encouraging reporting and feeling secure in raising concerns

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We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

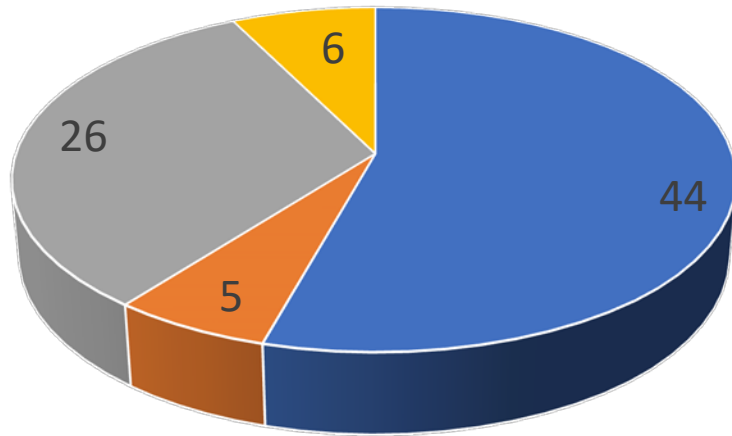


# FTSU Case Headlines



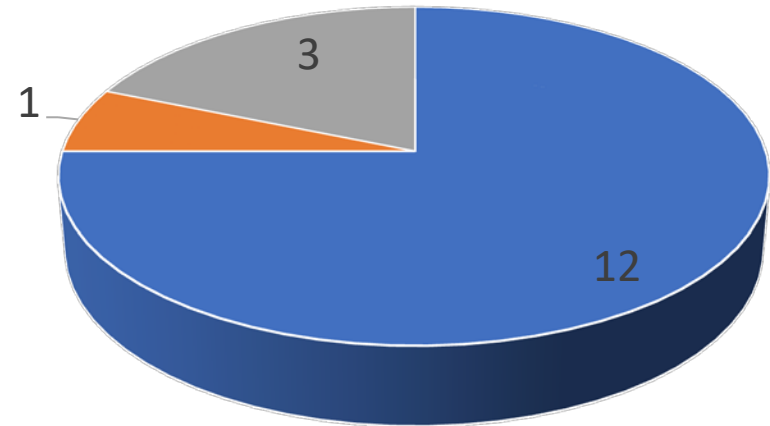
- 81 referrals (April-End July 2020)
- 54%: 46% referrals (RBCH:PHT)
- Above national average number of cases per quarter

## FTSU Themes 2021



■ Attitudes  
■ safety  
■ processes  
■ other (workload)

## FTSU Themes; BAME 2021



■ Attitudes  
■ safety  
■ processes  
■ other (workload)

- 54% attitudes and behaviours, increases to 81% in BAME
- 20% referrals from BAME (↑ 4% in 2020/21)
- 32% relating to process
- 7% due to burnout/workload
- Increase in anonymous referrals
- Nurses, Admin, AHP largest referrers

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# Lived Experiences

## Consultations

Feel that no one gives a damn, like a number

No one came and asked how I was during or post the process

I want to be listened to and felt cared for. Where is everyone?

## Burnout

My home life is damaged. It is work vs family. I need to look for another job

It has been a mess for years but I have no one to help me. I feel all alone and yet everyone depends on me

I cry all the time and cannot imagine how I am going to get through another day like this

I can no longer keep our patients safe or my staff well as resources are so stretched. I feel overwhelmingly guilty as I can do nothing

## Behaviours and Attitudes

I have never in my 20yrs been spoken to like this. It was so humiliating and yet I was following procedure

I feel discriminated against by my manager for years, held me back. I am so glad to be leaving

I know my manager is busy but decent manners, kind emails and check ins would go a long way

# Learning

**We are** caring  
one team  
listening to understand  
open and honest  
always improving  
inclusive

- Compassionate leadership  
(attending, seeking, empathy and helping)
- Healthy conversations and check ins
- Developing civility and respectful programme
- Calling out and early restoration “COC conversation”.



# FTSU – Focus for 2021/22

- Embed support and training
- National guidance (FTSU model/strategy)
- Regional and ICS working
- Supporting key themes
- Supporting EDI strategy
- Support and develop FTSUA team



# My “Ask” to the Board

## Role model

- Speak up yourself and encourage others to
- Be curious and go and listen/check in
- Celebrate

**Promote** speaking up as our cultural cornerstone  
“we are open and honest”

**Support** FTSU Speaking up October







## Ambassadors

- Catherine Bishop
- Monica Chigborogu
- Jillian Ireland
- Declan McConville
- Dr David Morgan
- Sally Papworth
- Hazel Rodriguez
- Dr Anjnee Shah
- Tara Vachell
- Sue Whitney

## FTSU Guardian – Helen Martin



Contact: [Freedomtospeakup@uhd.nhs.uk](mailto:Freedomtospeakup@uhd.nhs.uk)

tel: 0300 019 4220

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

**BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET**

**Meeting Date: 29 September 2021**

**Agenda item: 9.1**

<b>Subject:</b>	Terms of Reference: Honours Group
<b>Prepared by:</b>	Fiona Ritchie, Company Secretary
<b>Presented by:</b>	Fiona Ritchie, Company Secretary
<b>Purpose of paper:</b>	The terms of reference for the Honours Group have been updated following an annual review.
<b>Background:</b>	In accordance with section 12.1 of the Group's terms of reference, the terms are to be renewed annually or sooner. The terms have been updated following the annual review.
<b>Key points for Board members:</b>	<ul style="list-style-type: none"> <li>• The terms of reference are presented for approval by the Board of Directors.</li> <li>• They were previously presented to the Honours Group for endorsement.</li> <li>• The amendment may be found at section 2.1 of the terms of reference.</li> </ul>
<b>Options and decisions required:</b>	To approve the updated terms of reference.
<b>Recommendations:</b>	To approve the terms of reference of the Honours Group
<b>Next steps:</b>	The approved terms of reference will be used for the ongoing governance of the Honours Group.
<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	To be a well-governed and well-managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.
<b>BAF/Corporate Risk Register: (if applicable)</b>	
<b>CQC Reference:</b>	Well-Led
<b>Committees/Meetings at which the paper has been submitted:</b>	<b>Date</b>
Honours Group	25 February 2021

# **TERMS OF REFERENCE**

**for the**

**University Hospitals Dorset NHS Foundation  
Trust**

**Honours Group**

**December 2020**



## DOCUMENT DETAILS

<b>Author:</b>	Carrie Stone
<b>Job Title:</b>	Company Secretary
<b>Signed:</b>	
<b>Date:</b>	September 2021
<b>Version No:</b> (Author Allocated)	1.1
<b>Next Review Date:</b>	September 2022

<b>Approving Body/Committee:</b>	Board of Directors
<b>Chair:</b>	David Moss
<b>Signed:</b>	
<b>Date Approved:</b>	
<b>Target Audience:</b>	Non-Executive and Executive Directors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
January 2021	1	Jan 2022	25 02 21	Company Secretary	New document
	1.1	September 2022		Company Secretary	Addition of Director of Organisational Development at item 2.1

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### INDIVIDUAL APPROVAL

Job Title	Chairman	Date	December 2020
Print Name	Philip Green	Signature	

### COMMITTEE APPROVAL

If the committee is happy to approve this document, please sign and date it and forward copies for inclusion on the Intranet.

Name of Committee	Honours Group	Date	February 2021
Print Name	Philip Green	Signature of Chair	

## **University Hospitals Dorset NHS FOUNDATION TRUST**

### **Honours Group**

#### **TERMS OF REFERENCE**

##### **1. PURPOSE**

- 1.1 The Honours Group is an independent group that meets under the chairmanship of a Non-Executive Director to agree nominations from the Trust for national honours, royal garden parties and other such events.
- 1.2 The Honours Group is responsible for receiving, scrutinising and agreeing nominations.

##### **2. MEMBERSHIP/ ATTENDANCE**

- 2.1 Membership of the Honours Group comprises of:
  - Trust Vice-Chairman;
  - Chief Nursing Officer;
  - Chief People Officer;
  - Chief Medical Officer;
  - **Director of Organisational Development**
  - Associate Director of Communications.
- 2.2 The Group will be chaired by a Non-Executive Director of the Trust. In the absence of the Group Chairman and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.
- 2.3 Only members of the Group have the right to attend Group meetings. Any other director may attend following notification to the Group Chairman.

##### **3. FREQUENCY OF MEETINGS**

- 3.1 The Group will normally meet twice a year and otherwise as required.

##### **4. QUORUM**

- 4.1 The quorum of the Group shall be two members of the Group, of which at least one must be a Non-Executive Director.
- 4.2 If the meeting is not quorate the meeting can progress if those present determine. However no business shall be transacted and items requiring approval may be submitted to the next Board of Directors meeting as an urgent item.

##### **5. NOTICE OF MEETINGS**

- 5.1 The Group shall be supported by the Company Secretary.
- 5.2 Meetings of the Group shall be called by the Company Secretary at the request of the Group Chairman.

- 5.3 The Group Chairman will agree the agenda and papers to be circulated with the Company Secretary or their nominee.
- 5.4 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, and supporting papers, shall be forwarded to each member of the Group and any other person required to attend no later than five working days before the date of the meeting.

## **6. RESPONSIBILITIES**

- 6.1 The responsibilities of the Group are set out in its Constitution (see 1.1) above.

## **7. AUTHORITY**

- 7.1 The Group is authorised to assist the Board of Directors in carrying out its functions.
- 7.2 The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

## **8. REPORTING MECHANISMS**

- 8.1 The Group Chairman will draw to the attention of the Board any issues that require disclosure or further action.
- 8.2 The Agenda and Papers are available on request to all members of the Board of Directors.
- 8.3 A formal minute of the meeting will be recorded and these minutes will be available on request to the Board of Directors.

## **9. PROCESS**

- 9.1 The Group shall:
- Request nominations for honours in accordance with the guidance issued by the Department of Health;
  - Review and submit nominations for both the Birthday and New Year Honours Lists;
  - Review and submit nominations to Royal Garden Parties and other such events;
  - Provide support and guidance to staff making nominations.

## **10. COMMUNICATION**

10. The minutes of each meeting of the Group will be formally recorded and submitted to the next meeting of the Group for approval.

## **11. MONITORING**

- 11.1 Attendance will be monitored as part of the agenda at each Group meeting.

## **12. REVIEW**

- 12.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 12.2 The position of Group Chairman will be reviewed at least every three years.




**BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET**

**Meeting Date: 29 September 2021**

**Agenda item: 9.2**

<b>Subject:</b>	Anti-Bribery Statement
<b>Prepared by:</b>	Jennifer Nabwogi, Interim Assistant Company Secretary
<b>Presented by:</b>	Fiona Ritchie, Company Secretary
<b>Purpose of paper:</b>	The Trust's Ant-Bribery Statement requires approval before it is published on the Trust website.
<b>Background:</b>	<p>The Bribery Act 2010 modernised the law on bribery. It came into force on 1 July 2011. The Trust may be liable for failing to prevent a member of staff or those acting on the Trust's behalf from making, receiving or promising to make or receive a bribe on the Trust's behalf. There is a full defence if the Trust can show that it has adequate procedures in place to prevent bribery.</p> <p>The Statement sets out the procedures put in place to ensure that the Trust complies with the legislation.</p>
<b>Key points for Board members:</b>	<ul style="list-style-type: none"> <li>• The Board of Directors is required to make an Anti-Bribery Statement for the Trust in accordance with the Bribery Act 2010.</li> <li>• The statement has been reviewed for University Hospitals Dorset FT and requires approval by the Board.</li> </ul>
<b>Options and decisions required:</b>	To approve the Ant-Bribery Statement
<b>Recommendations:</b>	The Board of Directors is asked to approve the Anti-Bribery Statement.
<b>Next steps:</b>	The approved Ant-Bribery Statement will be signed by the Chief Executive and published on the Trust's website and compliance will be monitored on an ongoing basis.
<b>Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register</b>	
<b>Strategic Objective:</b>	To be a well-governed and well-managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.
<b>BAF/Corporate Risk Register:</b>	

(if applicable)		
CQC Reference:	Well-Led	
Committees/Meetings at which the paper has been submitted:		Date

# Board of Directors

## Anti-Bribery and Corruption Statement

The Bribery Act 2010 came into force on 1st July 2011. This requires all organisations, including NHS Foundation Trusts, to take steps to ensure that they have effective arrangements in place to prevent bribery and corruption. Organisations which fail to take appropriate steps to avoid or minimise the risk of bribery taking place will face large fines and possibly imprisonment of individuals involved or those who allowed the offence to take place.

The Trust Board takes this legislation very seriously and has adopted a zero tolerance policy to bribery and corruption by our staff or those acting on our behalf. We have reviewed the Trust's procedures to ensure that they comply with this new legislation and the actions we have taken include:

- Undertaking a full risk assessment to identify those areas which require improvement,
- Publishing this zero-tolerance to bribery and corruption statement on the Trust website and intranet,
- Identified the Chief Finance Officer as the Executive Director with a lead responsibility for anti-bribery,
- Developed a strategy for communicating the Trust anti-bribery approach and steps to be taken by individual members of staff,
- Updated our key policies, particularly those in relation to conduct, gifts and hospitality, and conflicts of interest,
- Implemented a process for requesting, recording and managing declarations of interest in line with the policies,
- Developed a definitive anti-bribery training programme for the Board and appropriate material/training for employees.

We would ask staff to consider whether they should be making a declaration in accordance with the Trust's Standards of Business Conduct Policy and Procedure.

Thank you for taking the time to read this communication and anything further we issue with regard to this important legislation.

Signature: .....

Date: .....

Chief Executive  
(On behalf of the Board of Directors)