

# INTEGRATED PERFORMANCE REPORT



October 2022

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

		standard	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	ytd	ytd var	trend		
SAFE																																
Quality	Pressure Ulcers (Cat 3 & 4)		10	8	12	12	13	16		11	15	12	15	8	10	6	7	6	13	14	5	4	5	2	1	3	5	4	24	-53	<div></div>	
	Inpatient Falls (Moderate +)		3	5	4	4	5	2	4	6	2	7	1	3	6	1	1	7	8	3	3	5	1	6	7	7	3	32	3	<div></div>		
	Medication Incidents (Moderate +)		5	4	9	2	4	4	1	0	1	1	1	6	2	8	2	3	2	2	3	0	0	1	2	0	6	-6	<div></div>			
	Patient Safety Incidents (NRLS only)		1654	1581	1537	1492	1239	1006	1140	1145	1073	1159	1229	1036	1178	1127	967	1106	932	916	936	935	947	1070	1026	944	1095	6953	-1007	<div></div>		
	Hospital Acquired Infections	MRSA	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	1	<div></div>		
		MSSA	3	9	8	4	6	4	3	2	4	5	5	5	1	4	4	3	7	5	4	4	2	3	3	3	7	26	1	<div></div>		
		C Diff	1	3	1	2	9	3	4	8	8	8	5	8	6	6	4	2	8	3	9	10	9	9	11	9	2	59	12	<div></div>		
	E. coli	5	8	2	11	3	3	4	4	9	8	10	7	8	7	9	7	2	4	6	1	7	4	7	9	6	40	-10	<div></div>			
EFFECTIVE																																
Mortality	SMR	Latest Jan 21	(source Dr Foster)	105.66	103.50	88.04	125.62	103.90	92.89	83.31	91.41	85.38	103.11	108.12	100.45	96.01	90.35	86.03	110.90	96.78	97.09	101.18	92.68	115.74						115.74		<div></div>
	Patient Deaths	YTD		265	244	249	469	299	217	165	185	170	232	223	202	222	238	247	270	203	241	227	211	236	234	226	225	256	1615	182	<div></div>	
	Death Reviews	Number		124	111	127	207	152	103	120	152	133	165	177	156	170	152	172	176	134	139	166	143	189	129	116	82	90	915		<div></div>	
	Deaths within 36hrs of Admission			40	36	49	47	39	37	30	29	33	48	38	19	33	44	36	48	34	29	41	31	37	30	29	29	41	238	0	<div></div>	
	Deaths within readmission spell			15	22	25	36	18	16	12	14	10	26	22	17	13	12	12	21	15	22	13	18	35	21	22	21	21	151	29	<div></div>	
CARING																																
	Complaints Received		51	56	62	53	53	51	60	68	62	52	57	51	39	20	27	48	38	65	55	63	80	78	83	90	98	547	86	<div></div>		
	Complaint Response in month		51	48	49	43	59	59	47	26	64	53	55	28	32	39	58	37	37	51	37	47	47	56	58	74	91	410	31	<div></div>		
	Section 42's		0	0	0	0	1	0	0	0	22	0	0	14	0	0	13	0	0	13	0	0	7	0	0	8	0	15	-21	<div></div>		
	Friends & Family Test		91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	87%	87%	89%	91%	90%	89%	88%	88%	90%	88%	86%	90%	90%	90%	89%	1%	<div></div>		
WELL LEAD																																
Safety	Risks 12 and above on Register		39	31	32	27	31	34	35	40	43	44	47	44	49	44	44	42	41	39	36	35	35	33	38	36	35	36	-11	<div></div>		
	Red Flags Raised*		51	43	73	129	51	28	41	45	56	80	117	105	160	209	161	180	148	130	159	41	45	86	128	142	107	708	103	<div></div>		
	*different criteria across RBCH & PHT																															
	Patient Safety Alerts Outstanding		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		<div></div>	
People	Turnover		10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	11.50%	12.20%	12.40%	12.10%	12.20%	12.60%	12.81%	12.10%	13.50%	14.00%	14.50%	12.80%	14.80%	14.50%	14.50%	14.70%	14.60%	14.6%	2.8%	<div></div>		
	Vacancy Rate (only up to Oct 2020)		1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.0%	6.4%	6.3%	6.4%	7.2%	6.8%	3.7%	6.1%	1.2%	<div></div>		
	Sickness Rate		4.2%	4.4%	4.5%	7.1%	4.9%	7.1%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.2%	5.2%	5.3%	5.1%	5.2%	5.4%	5.6%	5.2%	5.7%	5.8%	5.8%	5.8%	5.8%	5.7%	0.8%	<div></div>		
	Appraisals	Values Based	57.3%	61.5%	63.9%	63.7%	63.1%	62.9%	4.6%	9.0%	16.7%	25.7%	35.7%	48.7%	54.5%	58.2%	58.4%	55.3%	59.1%	59.1%	5.1%	7.0%	13.0%	19.9%	28.9%	42.1%	50.2%	22.7%	-4.9%	<div></div>		
		Medical & Dental	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	61.0%	62.8%	54.4%	61.1%	63.1%	54.1%	44.1%	38.8%	56.6%	55.5%	54.7%	59.4%	59.0%	59.1%	51.0%	66.4%	57.7%	0.2%	<div></div>		
	Statutory and Mandatory Training		88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.90%	88.20%	88.10%	88.60%	87.70%	86.50%	86.18%	85.72%	85.60%	84.79%	84.50%	83.41%	83.70%	85.50%	87.10%	86.75%	85.32%	85.3%	-3.0%	<div></div>			

Performance at a Glance - Key Performance Indicator Matrix

		standard	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	ytd	ytd var	trend		
RESPONSIVE																																
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)		25	17	29	36	10	17	12	11	7	12	13	19	22	22	18	24	12	4	13	19	14	9	9	9	4	77	16	<div><div></div></div>		
	Patient Moves Out of Hours (Non-Clinically Justified Only)		84	106	103	187	75	70	67	72	98	122	65	51	82	45	53	57	64	77	56	60	47	38	23	52	53	329	-228	<div><div></div></div>		
	ENA Risk Assessment	Falls	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	56%	55%							55%	-3.9%	<div><div></div></div>		
	*infection eNA assessment	Infection*	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	58%	59%	58%	56%	58%	54%	61%	60%	58%							58%	-5.1%	<div><div></div></div>		
	went live at RBCH during April 20	MUST	63%	65%	61%	57%	63%	63%	69%	66%	65%	61%	59%	60%	59%	57%	58%	55%	62%	60%	58%							58%	-4.8%	<div><div></div></div>		
	Waterlow	61%	61%	60%	52%	59%	60%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	57%	56%							56%	-3.4%	<div><div></div></div>			
RTT	18 week performance %	92%	60.4%	63.4%	64.8%	63.0%	59.3%	58.2%	59.6%	63.2%	65.7%	65.2%	65.4%	64.1%	64.0%	64.0%	61.6%	60.9%	60.4%	61.0%	56.1%	59.2%	58.2%	58.3%	57.1%	54.9%	55.5%			<div><div></div></div>		
	Waiting list size	44,508	44,320	44,349	44,117	44,615	45,524	47,133	47,984	48,773	49,099	48,687	49,906	51,491	52,787	52,383	52,972	53,168	54,602	56,038	61,278	72,568	73,932	75,502	75,065	72,860	70,918	RAG of trajectory 22/23		<div><div></div></div>		
	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)	0%	4.1%	4.1%	3.6%	4.8%	6.9%	10.7%	7.8%	9.6%	10.3%	9.4%	12.1%	15.7%	18.6%	1.7%	2.9%	3.3%	6.0%	8.8%	19.0%	40.9%	43.6%	46.6%	45.8%	41.5%	37.7%			<div><div></div></div>		
	No. patients waiting 26+ weeks		14,220	12,131	10,738	10,904	11,672	12,408	12,692	12,682	11,972	11,085	10,929	11,508	11,600	11,746	12,904	13,561	13,829	13,765	17,433	19,913	20,428	20,244	21,326	21,172	20,227			<div><div></div></div>		
	No. patients waiting 40+ weeks		7,197	7,799	8,031	7,258	7,006	6,727	6,474	6,151	5,962	5,872	5,971	5,922	5,559	5,413	5,374	5,391	5,764	5,650	7,370	8,521	9,395	9,075	9,446	8,920	8,231			<div><div></div></div>		
Theatre	No. patients waiting 52+ weeks	0	2,998	3,242	3,439	4,273	5,325	5,595	4,816	4,156	3,737	3,402	3,408	3,480	3,442	3,322	2,968	2,777	2,680	2,655	2,798	3,325	4,493	4,170	4,010	3,559	3,468	RAG of trajectory 22/23		<div><div></div></div>		
	No. patients waiting 78+ weeks		92	149	291	542	726	979	1,176	1,268	1,180	1,318	1,635	1,740	1,416	1,329	952	870	864	758	759	550	520	492	502	504	513	RAG of trajectory 22/23		<div><div></div></div>		
	No. patients waiting 104+ weeks		0	0	0	0	0	0	9	24	66	101	133	178	247	248	273	295	408	280	238	194	118	100	95	76	63	RAG of trajectory 22/23		<div><div></div></div>		
	Average Wait weeks	8.5	19.5	18.3	18.6	18.3	18.3	20.1	19.5	19.5	20.1	20.1	20.1	20.1	17.8	17.8	19.5	18.5	20.1	19.5	19.5	19.5	19.5	19.5	19.5	19.5			<div><div></div></div>			
	Theatre utilisation (capped) - main	98%	71%	71%	73%	69%	67%	73%	74%	75%	72%	73%	74%	75%	75%	72%	70%	71%	75%	71%	71%	76%	78%	74%	75%	75%	69%			<div><div></div></div>		
Theatre utilisation (capped) - DC	91%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%	58%	65%	63%	61%	62%	64%	63%	62%	69%	73%	69%	69%	70%	74%			<div><div></div></div>			
NOFs (Within 36hrs of admission - NHFD)	85%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%	39%	20%	42%	4%	9%	32%	24%	24%	3%	2%	12%	18%	8%	40%			<div><div></div></div>			
Outpatients	Referral Rates																															
	GP Referral Rate (prev yr baseline)	-0.5%								200.1%	127.3%	86.0%	66.7%	50.5%	42.0%	38.3%	34.3%	33.5%	32.4%	29.3%	-19.7%	0.4%	-0.6%	-0.8%	-0.9%	-5.0%	-6.5%			<div><div></div></div>		
	year on year +/- (19/20 baseline)	-0.5%	-34.4%	-32.0%	-28.2%	-29.5%	-29.0%	-22.4%	-12.6%	-10.2%	-8.6%	-10.8%	-10.8%	-10.9%	-11.3%	-10.7%	-10.2%	-10.8%	-10.7%	-7.0%									<div><div></div></div>			
	Total Referrals Rate (prev yr baseline)	-0.5%								169.1%	120.5%	87.2%	70.3%	53.5%	42.6%	37.1%	31.2%	27.1%	26.4%	24.0%	-24.3%	-0.6%	-3.4%	-4.5%	-4.6%	-8.1%	-8.8%			<div><div></div></div>		
	year on year +/- (19/20 baseline)	-0.5%	-32.2%	-28.7%	-24.5%	-22.8%	-22.2%	-17.2%	-8.9%	-8.0%	-3.9%	-6.2%	-6.0%	-5.6%	-5.8%	-5.0%	-4.6%	-5.0%	-4.8%	-1.4%									<div><div></div></div>			
Outpatient metrics																															<div><div></div></div>	
DM 01	Overdue Follow up Appts		13,722	13,099	13,941	14,883	15,775	15,669	15,404	15,266	15,330	15,389	16,272	16,487	16,174	15,846	16,393	16,523	16,649	16,503	46,566	36,798	25,671	32,621	33,268	33,840	32,999			<div><div></div></div>		
	% DNA Rate	5%	7.0%	6.6%	6.0%	5.5%	5.0%	5.0%	5.7%	5.8%	6.3%	6.6%	6.7%	6.9%	6.8%	6.9%	6.8%	7.1%	7.1%	6.7%	6.4%	6.7%	6.9%	8.3%	8.3%	8.0%	7.4%	6.8%			<div><div></div></div>	
	Patient cancellation rate		10.3%	9.5%	10.4%	12.1%	8.8%	5.4%	8.3%	9.1%	10.5%	12.2%	11.7%	13.0%	12.4%	11.8%	14.0%	12.9%	12.9%	13.2%	12.7%	10.5%	10.7%	11.2%	10.5%	11.4%	11.0%			<div><div></div></div>		
	% non face to face (telemedicine) attendances	25%	42.0%	43.1%	39.4%	52.1%	52.8%	42.5%	37.3%	34.1%	31.3%	28.7%	28.5%	26.1%	26.6%	26.7%	27.8%	26.5%	25.7%	25.8%	24.0%	22.6%	22.9%	22.5%	21.8%	21.1%	20.4%			<div><div></div></div>		
	Diagnostic Performance (DM01)																														<div><div></div></div>	
Cancer	% of >6 week performance	1%	9.8%	1.4%	2.7%	6.4%	5.9%	2.9%	3.7%	2.6%	1.8%	3.3%	6.1%	5.5%	5.5%	7.8%	14.3%	18.3%	13.1%	15.9%	19.9%	18.6%	19.5%	20.2%	22.6%	20.0%	16.4%			<div><div></div></div>		
	2 week wait (RBH not being monitored)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-									<div><div></div></div>			
	62 day standard	85%	77.9%	80.3%	77.5%	78.5%	71.6%	83.2%	76.1%	76.9%	79.8%	78.8%	77.3%	74.6%	71.3%	71.4%	70.0%	71.6%	65.5%	71.3%	71.5%	69.6%	73.4%	66.2%	65.9%	71.2%	60.5%	(Oct provisional)		<div><div></div></div>		
	28 day faster diagnosis standard	75%	76.6%	86.7%	78.6%	72.5%	80.2%	83.6%	75.9%	77.6%	75.3%	78.2%	75.2%	72.8%	68.0%	66.4%	65.4%	60.4%	72.3%	73.3%	71.9%	71.8%	66.9%	63.6%	62.9%	64.7%	55.0%	(Oct provisional)		<div><div></div></div>		
	Arrival time to initial assessment	15	5.1	5.0	6.0	6.0	5.0	6.0	9.0	9.0	13.0	14.0	10.0	7.0	5.0	4.0	4.0	4.0	6.0	7.0	7.0	9.0	18.0	21.6	30.0	15.0	16.0			<div><div></div></div>		
Emergency Dept	Clinician seen <60 mins %		39.9%	43.7%	41.8%	50.5%	52.9%	45.2%	30.6%	27.0%	18.3%	16.1%	17.1%	19.8%	21.4%	24.5%	30.6%	31.6%	23.7%	21.6%	26.9%	24.4%	20.0%	20.9%	26.6%	26.0%	25.5%			<div><div></div></div>		
	PHT Mean time in ED	200	210	230	235	266	235	205	217	229	239	250	274	266	280	277	298	297	285	300	307	296	317	297	295	303	325			<div><div></div></div>		
	RBCH Mean Time in ED	200	226	219	259	258	222	206	223	228	250	280	297	278	294	297	304	294	321	374	314	302	300	329	355	406	355			<div><div></div></div>		
	Patients >12hrs from DTA to admission	0	0	7	8	3	1	0	0	0	0	0	0	5	16	21	34	73	60	89	188	88	105	97	103	129	295			<div><div></div></div>		
	Patients >12hrs in dept		80	110	243	308	56	4	1	5	9	70	128	88	238	294	418	517	548	879	758	626	769	879	779	886	1292			<div><div></div></div>		
SWAST	ED attendance Growth (YTD)	vs prev yr																													<div><div></div></div>	
		vs 19/20	-15.7%	-21.2%	-21.8%	-22.6%	-31.4%	-21.1%	-3.0%	-15.0%	9.0%	0.9%	1.7%	2.3%	2.8%	2.5%	2.8%	0.7%	0.5%	2.9%	64.3%	29.4%	37.2%	20.5%	5.4%	6.6%	20.0%			<div><div></div></div>		
	Ambulance handover growth (YTD)	vs prev yr																													<div><div></div></div>	
		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%	2.4%	-0.4%	-2.6%	-0.4%	-5.9%	-7.2%	-7.6%	43.0%	29.4%	-16.4%	-15.7%	-14.9%	-14.8%	-18.5%			<div><div></div></div>		
	Ambulance handover 30-60mins breaches		249	213	261	296	126	190	227	264	341	411	330	290	213	262	281	362	349	280	315	469	462	449	490	371	401			<div><div></div></div>		
Patient Flow	Ambulance handover >60mins breaches		48	57	103	203	12	20	42	67	117	168	238	203	127	175	164	510	655	727	557	606	629	642	445	547	666			<div><div></div></div>		
	Emergency admissions growth (YTD)	vs prev yr																													<div><div></div></div>	
		vs 19/20	-12.1%	-15.4%	-16.4%	-13.1%	-19.3%	-13.4%	-16.2%	-15.0%	-15.1%	-1.4%	-2.2%	-2.9%	-4.1%	-5.5%	-4.1%	-8.0%	-8.6%	9.5%	66.1%	30.2%	3.6%	-3.5%	-10.2%	-9.3%	-10.7%			<div><div></div></div>		
	Bed Occupancy (capacity incl escalation)	85%	86.0%	85.4%	85.2%	87.4%	84.6%	82.3%	85.1%	90.5%	90.3%	89.7%	92.5%	90.3%	92.4%	92.4%	91.3%	94.9%	94.4%	93.7%	94.7%	94.3%	93.4%	93.6%	93.4%	92.8%	94.2%			<div><div></div></div>		
	Stranded patients:																															
	Length of stay 7 days		394	385	311	443	311	347	338	374	390	407	483	467	475	514	500	553	544	530	549	539	539	543	577	567	605			<div><div></div></div>		
	Length of stay 14 days		214	219	155	242	155	184	178	195	216	233	296	294	295	328	318	360	359	339	361	355	360	357	400	397	421			<div><div></div></div>		

# Quality - SAFE

## Commentary on high level board position

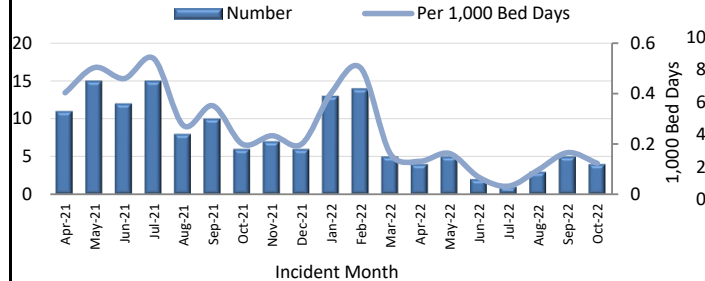
- Three category 3 pressure ulcer incidents reported in month, two incidents were combination ulcers (moisture & pressure) and 1 patient sustained skin damage from a plaster cast. One patient who was on EOLC, pre-existing pressure damage deteriorated to category 4.
- There were 3 falls incidents in month, 2 patients sustained #nofs and 1 patient sustained a head injury, all incidents reported as severe.
- Three (3) externally reported incidents reported in month (October 22) . YTD figures are lower than same period 21/22.
- No Never events reported in month (Oct 22).
- Patient Safety Incident (LERN) reporting remains consistent across the Trust.
- Full report on learning from completed scoping meeting and investigations to be included in CMO report to Quality Committee and Board.

## High level Board Performance Indicators

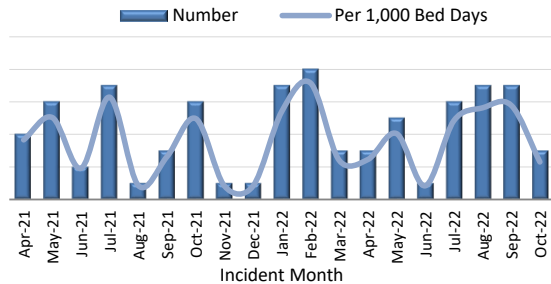
		22/23 YTD	21/22 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	24	77	-53
	Per 1,000 Bed Days	0.11	0.39	-0.28
Inpatient Falls (Moderate +)	Number	32	29	3
	Per 1,000 Bed Days	0.15	0.15	0.00
Medication Incidents (Moderate +)	Number	6	12	-6
	Per 1,000 Bed Days	0.03	0.06	-0.03
Patient Safety Incidents (NRLS only)	Number	6,953	7,960	-1007
	Per 1,000 Bed Days	32.20	40.01	-7.82
Hospital Associated Infections	MRSA	2	1	1
	MSSA	26	25	1
	C Diff	59	47	12
	E. coli	40	50	-10

## High Level Trust Performance

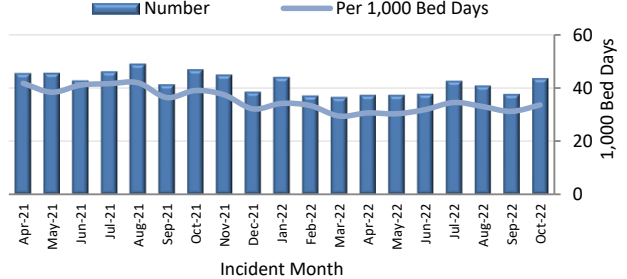
### Pressure Ulcers (Cat 3 & 4)



### Inpatient Falls (Moderate +)



### Patient Safety Incidents (NRLS only)



3 (Sep)

HAI: MSSA

7 (Oct)

1 (Sep)

HAI: MRSA

1 (Oct)

9 (Sep)

HAI: E. coli

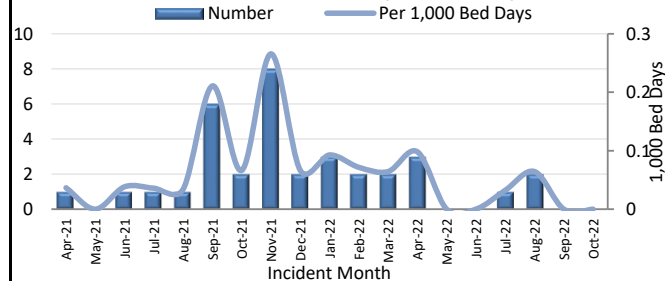
6 (Oct)

9 (Sep)

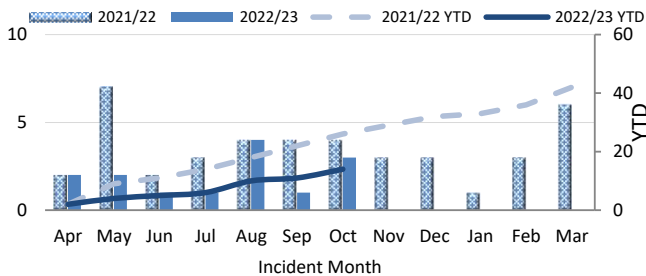
HAI: C Diff (HOHA & COHA)

2 (Oct)

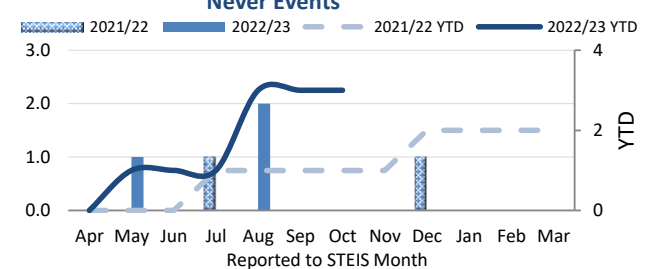
### Medication Incidents (Moderate +)



### Serious Incidents



### Never Events





## Quality - RESPONSIVE

### Commentary on high level board position

- The eNA compliance data is not available. The eNA compliance logic remains different between sites, agreement reached and standardised logic will be applied when the two versions are merged towards the end of November
- There was one Mixed Sex Accomodation incident resulting in 6 patients being affected in October 2022.

### High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	77	61	16
Patient Moves Out of Hours (Non-Clinically Justified Only)	329	557	-228
Mixed Sex Acc. Breaches Suspended Apr20 - Sep21	71	8	63

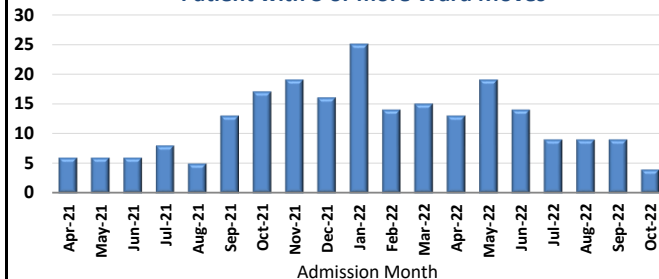
### ENA Risk Assessment

Up to Apr 2022 only

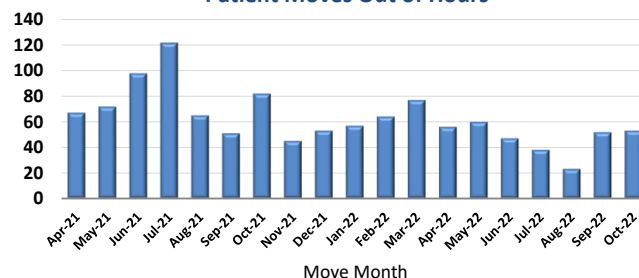
Falls	54.7%	58.6%	-3.9%
Infection	57.5%	62.7%	-5.1%
MUST	58.0%	62.8%	-4.8%
Waterlow	55.6%	58.9%	-3.4%

### High Level Trust Performance

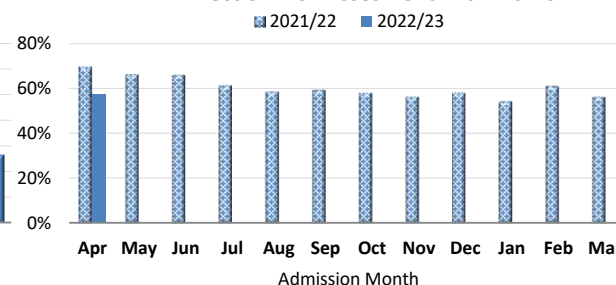
Patient with 3 or more Ward Moves



Patient Moves Out of Hours



ENA : Infection Risk Assesment within 6hrs



54.7% (Apr)

Falls

N/A

57.5% (Apr)

Infection

N/A

58.0% (Apr)

MUST

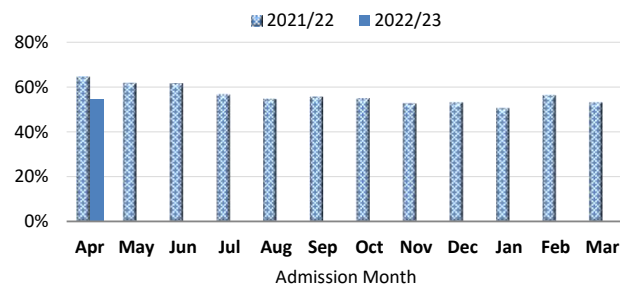
N/A

55.6% (Apr)

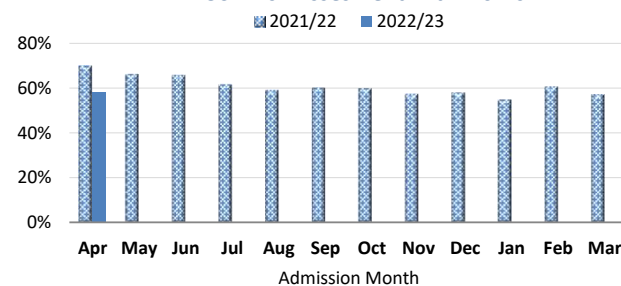
Waterlow

N/A

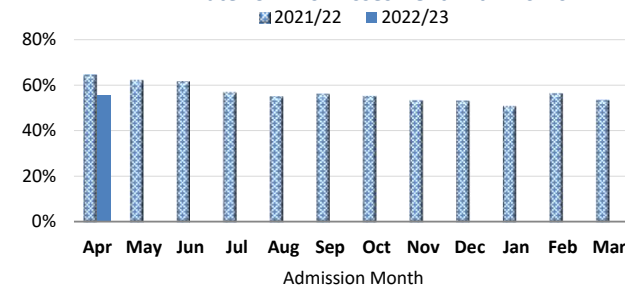
ENA : Falls Risk Assesment within 6hrs



ENA : MUST Risk Assesment within 6hrs



ENA : Waterlow Risk Assesment within 6hrs



# Quality - EFFECTIVE AND MORTALITY

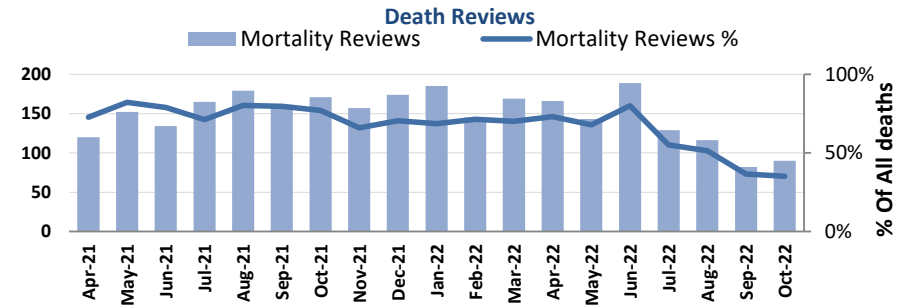
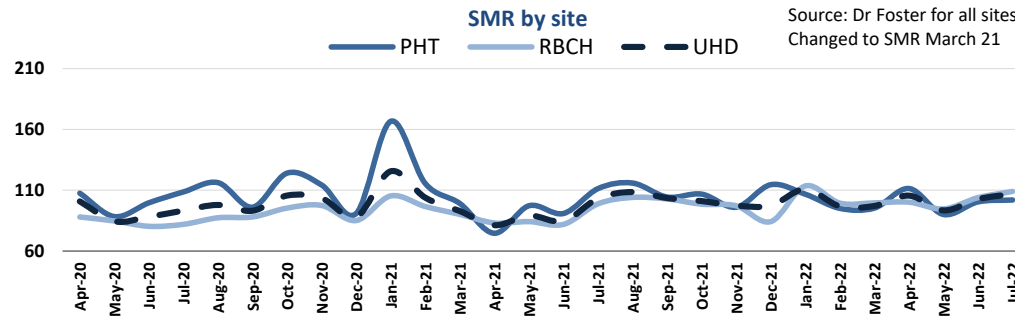
## Commentary on high level board position

- The Mortality Surveillance Group meets monthly and reviews mortality reports from speciality M&M meetings.
- The UHD Learning from Deaths Policy and the UHD Mortality Policy were updated and approved at the MSG on the 9/9/22. The updates reflect the roll out of the community medical examiner service.
- Work progresses on the new UHD eLearning from Deaths project. Pilot wards commenced using in mid October 2022.

## High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
SMR	Latest (Jul-22 - UHD)	107.1	103.3	
(Source: Dr Foster for all sites)				
Patient Deaths	YTD	1615	1399	216
Death Reviews				
Note: 3 month review turnaround target				
	Number	915	1082	N/A
	Percentage	57%	77%	N/A
Deaths within 36hrs of Admission		238	230	8
Deaths within readmission spell		151	114	37
Patient readmitted within 5 days				

## High Level Trust Performance



102.7 (Jun)

SMR

107.1 (Jul)

225 (Sep)

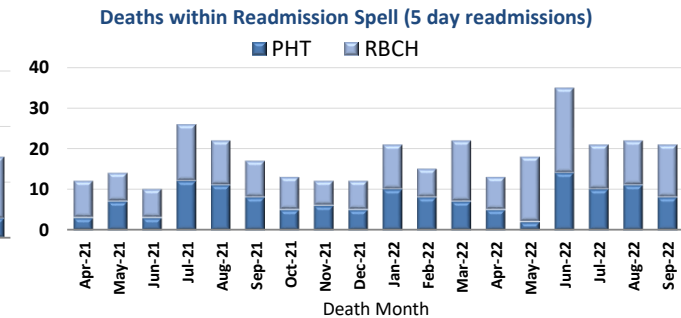
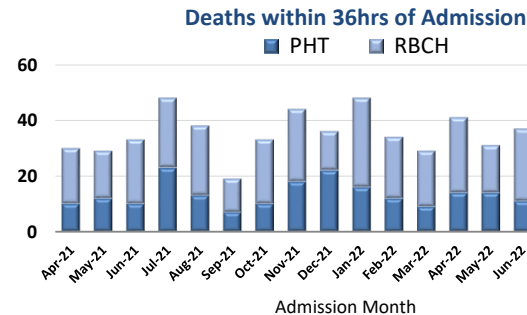
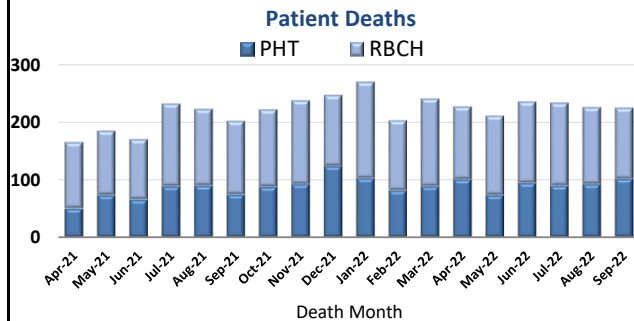
Patient Deaths

256 (Oct)

36.4% (Sep)

Deaths Reviewed

35.2% (Oct)



## Quality - CARING

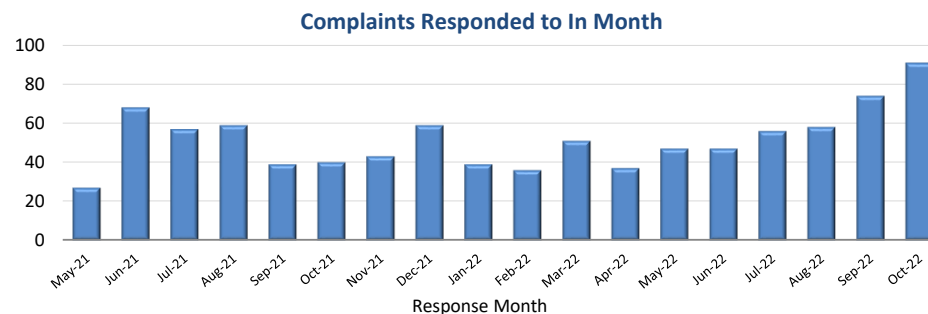
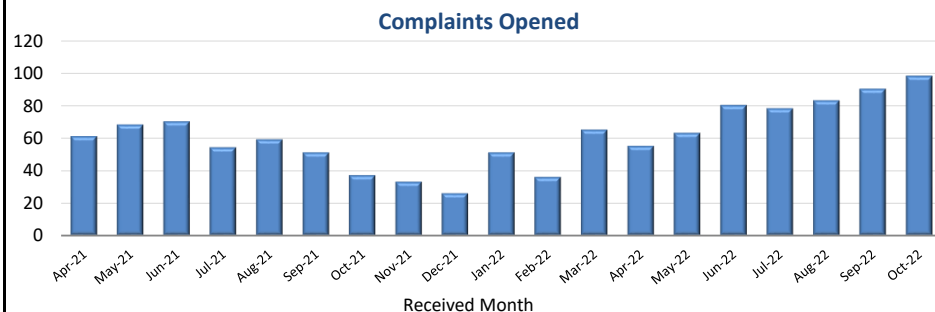
### Commentary on high level board position

- FFT Positive responses for October have seen a slight decline at 89.8% compared with 90.0% in September. The response rate for FFT has continued to improve in October.
- October saw an increase in numbers of contacts through the Patient Experience Team (PET)- there were 460 PALS concerns raised, 48 new formal complaints and 50 Early Resolution complaints (ERC) processed.
- Care groups hold the responsibility to respond to the majority of complaints, coordinated through the PET. Regular meetings continue with the care groups to focus on closing of complaints, however delays in investigation and letter writing continue due to significant operational pressure.
- In October there were 212 outstanding open complaints including ERC, 60 of which have been open longer than 55 working days. Despite mitigations and support to care groups, this risk has been discussed in Governance meeting and agreed to be submitted to the risk register.
- Key themes from PALS and complaints:
  - Communication – Absent or incorrect
  - Respect, Caring & patient rights
  - Organisation process – waiting times, accessing care

### High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Complaints Opened	547	400	147
Complaint Response Compliance	TBC		
Complaint Response in month	410	328	82
Section 42's <i>Reported quarterly</i>	15	36	-21
Friends & Family Test <i>New guidelines from June 2020</i>	89%	88%	2%

### High Level Trust Performance



74 (Sep)

Complaint Responses

91 (Oct)

90 (Sep)

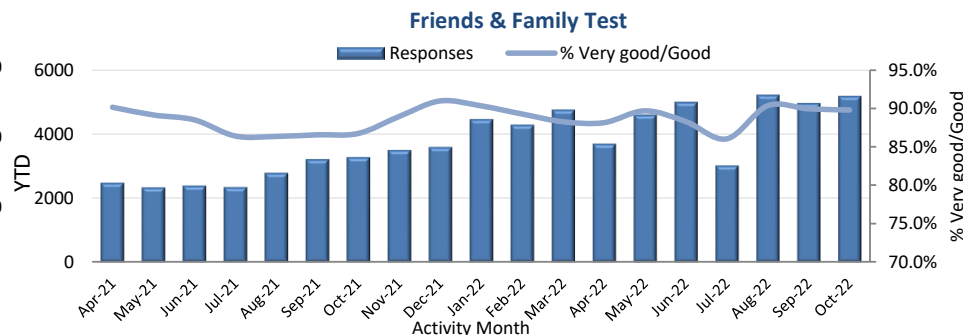
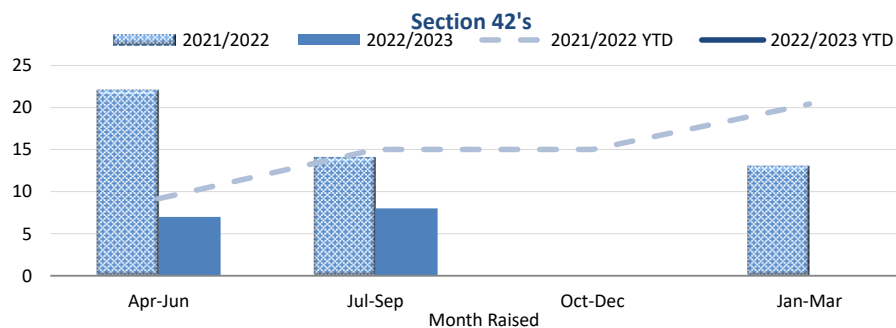
Complaints Opened

98 (Oct)

90.0% (Sep)

FFT % V.Good/Good

89.8% (Oct)



# Quality - WELL LED

## Commentary on high level board position

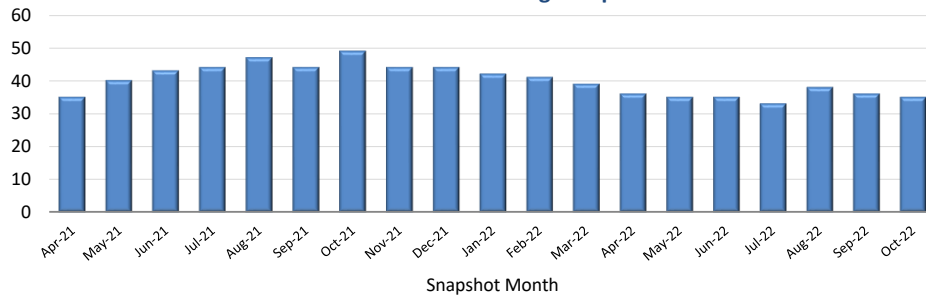
- Risk register update provided in Quality Committee, TMB, and Board report
- Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group .
- No outstanding Patient Safety Alerts

## High level Board Performance Indicators

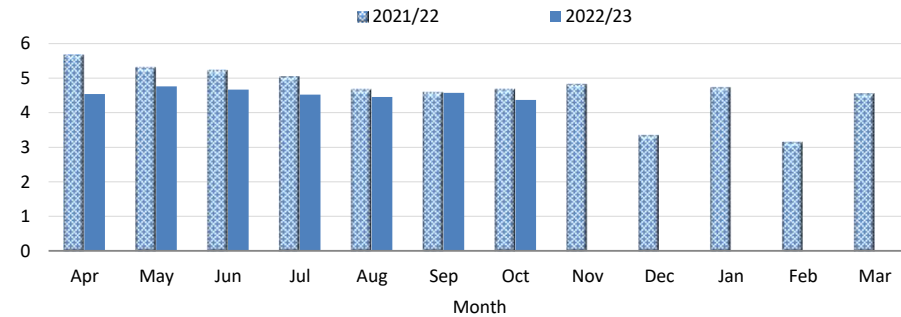
	22/23 YTD	21/22 YTD	Variance
Risks 12 and above on Register	35	49	-14
Red Flags Raised*	708	604	104
*Source: SafeCare from Dec21. Criteria aligned.			
Registered Nurses & Midwives CHPPD	4.6	5.0	-0.4
Patient Safety Alerts Outstanding	0	0	0

## High Level Trust Performance

Risks 12 and above on Risk Register per month



Registered Nurses & Midwives CHPPD



36 (Sep)

Risks 12+

35 (Oct)

4.6 (Sep)

RN & RM CHPPD

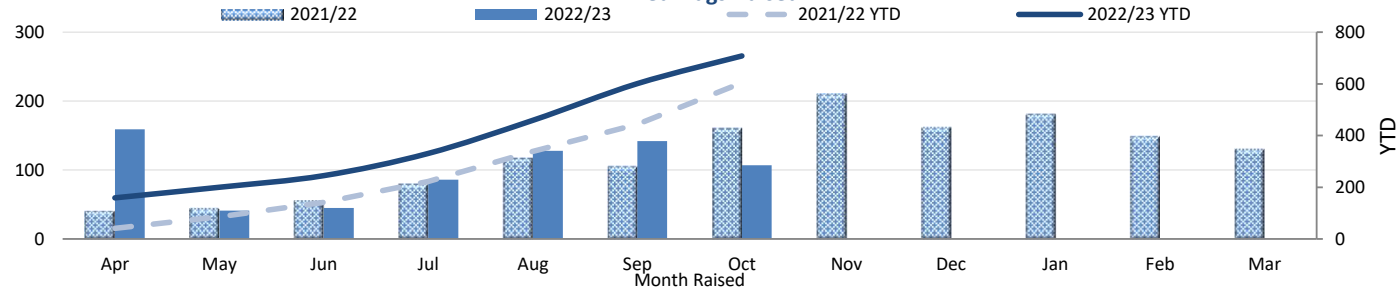
4.4 (Oct)

142 (Sep)

Red Flags Raised

107 (Oct)

Red Flags Raised\*





# Workforce

## Commentary on high level board position

**UHD turnover** has increased by 0.2% in month, YTD it is 14.6%.

**Vacancy rate** is being reported at 3.9% in month, a decrease of 0.4% compared to September, YTD is 6.1%. The decrease this month is due to establishment data quality corrections, specifically in Corporate areas and Operations.

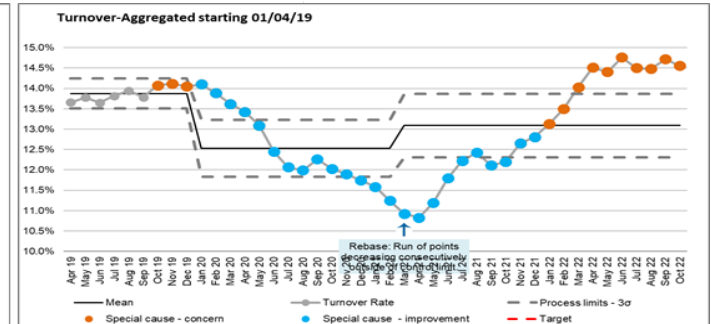
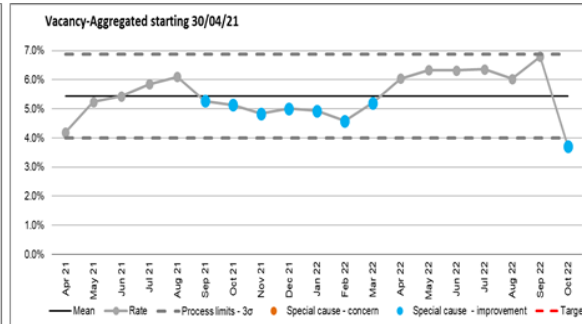
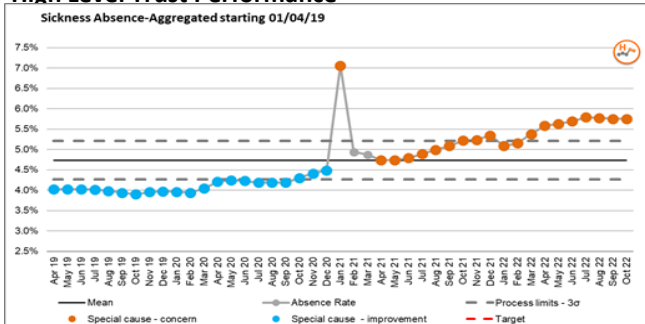
**Overall Sickness absence** has increased by 0.2% in month to 5.7%. Covid related absence is recorded as 0.1%, a decrease of 0.2% compared to last month. YTD sickness is 5.7%.

**Statutory and Mandatory training:** Overall UHD Trust compliance is standing at 85.3%, a decrease of 0.4% on September. Our aim is to reach 90% across all sites.

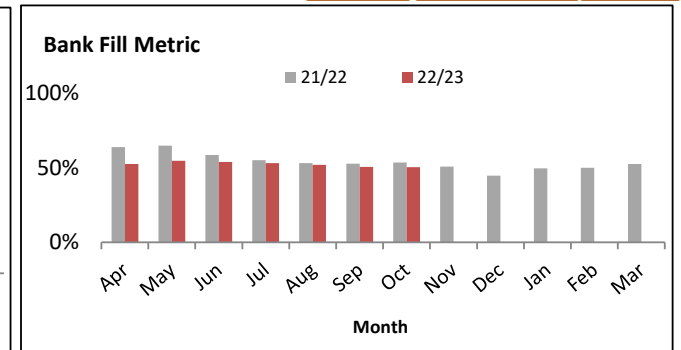
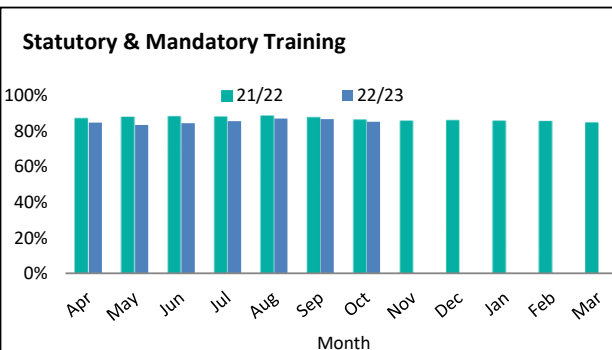
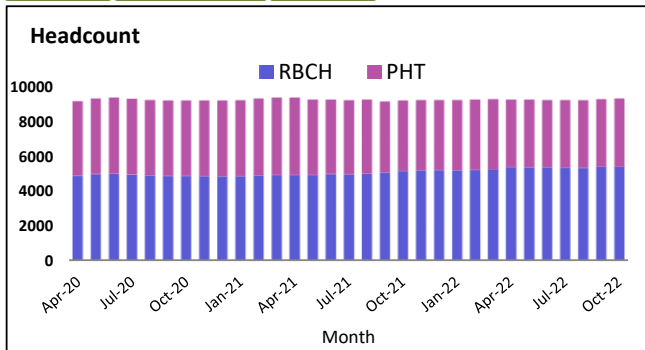
## High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
Turnover (12 month rolling)		14.6%	11.8%	2.7%
Vacancy		6.1%	5.3%	0.8%
Sickness Rate (12 month rolling)		5.7%	4.9%	0.8%
Appraisals	Values Based	22.7%	27.7%	-5.0%
	Medical & Dental	57.7%	56.9%	0.9%
Statutory and Mandatory Training		85.3%	87.7%	-2.4%

## High Level Trust Performance



51.0% (Sep)	Appraisals (Medical)	66.4% (Oct)	42.1% (Sep)	Appraisals (Values)	50.2% (Oct)	14.7% (Sep)	Turnover	14.6% (Oct)	5.8% (Sep)	Sickness Absence	5.8% (Oct)	6.8% (Sep)	Vacancy	3.7% (Oct)
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# Emergency

## Commentary on high level board position

Attendances in October showed a 8.2% increase in ED attendances compared to September with just over 14,000 patients attending. This was more than seen in the October immediately before the COVID pandemic.

Crowding remains a significant risk in our Emergency Departments with the highest number of patients spending more than 12 hours in our EDs recorded in October. Regrettably both sites recorded just under 650 patients spending more than 12 hours in the department, with almost 300 waiting for more than 12 hours after a decision was made to admit to a hospital bed.

RBH saw an increase in the average waiting time for a patient being admitted to just over 9 hours from arrival, whereas Poole saw a significant increase to over 10 hours as an average. Non admitted times improved at RBH by over an hour, and remained consistent at Poole.

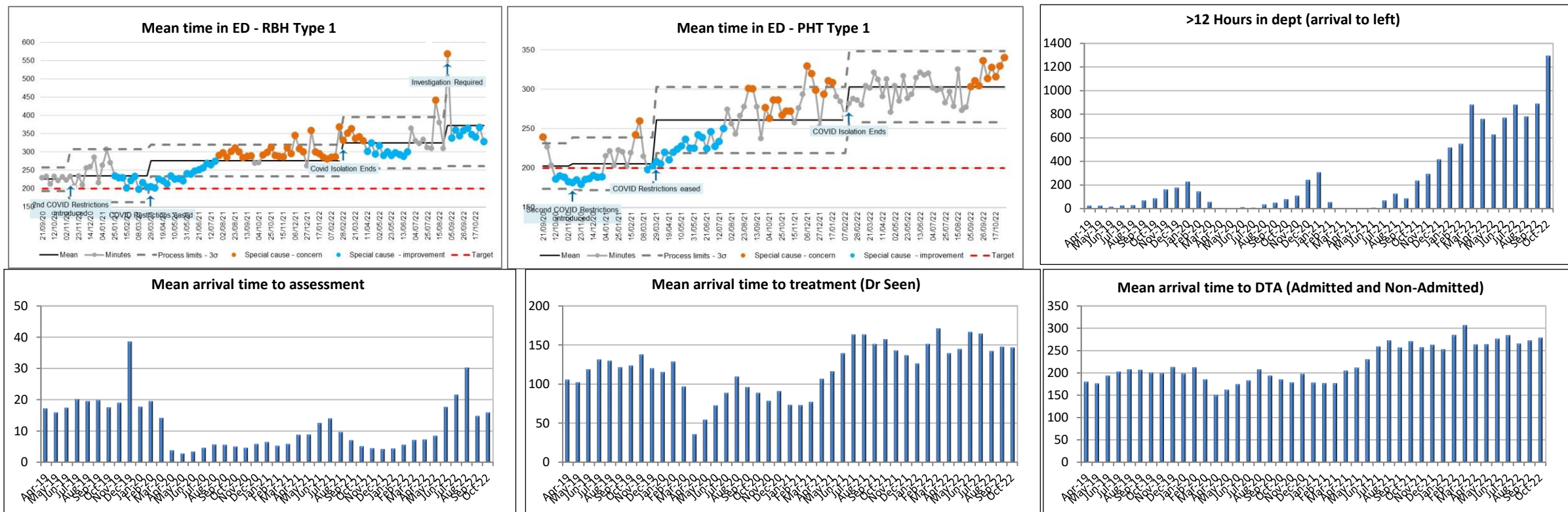
Ambulance attendances remain stable as a daily average @123 per day. The number waiting for longer than an hour rose by 120, both sites recorded just over 330 delays of more than an hour. Sadly 249 ambulances waited more than 4 hours to hand over. Total time lost was 3827 hours for UHD, an increase of c900 hours compared to October, 750 of which related to Poole. SWAST reported a total of 41,039 hours lost during handovers for October, a regional increase of 4000 hours.

## High level Board Performance Indicators

Type 1 ED Emergency Dept	Standard	Merged Trust
Arrival time to initial assessment	15	16
Clinician seen <60 mins		25.5%
PHT Mean time in ED	200	325
RBCH Mean Time in ED	200	355
Patients >12hrs from DTA to admission	0	295
Patients > 12hrs in dept		1292
YTD ED attendance Growth vs 22/23 (vs 21/22)		-1.7% (20.0%)
<b>Ambulance Handover</b>		
YTD Ambulance handover Growth vs 22/23 (vs 21/22)		-3.7% (-18.5%)
Ambulance handover 30-60mins breaches		401
Ambulance handover >60mins breaches		666
<b>Emergency Admissions</b>		
YTD Emergency admissions growth vs 22/23 (vs 21/22)		-11.7% (-10.7%)



## High Level Trust Performance



# Patient Flow

## Commentary on high level board position

### Patient Flow

Bed occupancy has risen above 93% again, now 94.2% (+1.4%). This is a high occupancy rate which is above the 85% national standard, and continues to be attributed to the significant number of MRFD patients residing in acute beds. This has had a negative impact on the number of outliers across specialties. The figure also includes escalation/extremis beds which have been opened to support the pressures of covid occupancy, maintaining elective activity and emergency care demand.

The ED conversion rate has decreased to 25.8% (-1.8%), within the national standard. Monthly occupied beds day charts are averaged to express the occupancy in terms of beds (also correcting for each month having a different number of days). The adult volume remains above the 17-month average. For the second month in a row, more patients were admitted than discharged, meaning the trust has gained over 100 extra patients in the last two months, the biggest pressure this year. The mean bed wait for patients has marginally recovered since last month's extreme, but remains over 4 hours. The chart at bottom-right shows how the mean wait time has risen during the last year, impacting on flow out of the

## High level Board Performance Indicators & Benchmarking

### October 2022

#### Patient Flow

#### Bed Occupancy

(incl. escalation in capacity) 85%  
(excl. escalation in capacity)

#### Occupied Bed Days

Daily average Occupied Bed Days

#### Admissions v Discharges

Net admissions <= 0  
Non-elective admissions  
> 1 day non-elective admissions  
Same Day Emergency Care (SDEC)

#### Conversion rate (admitted from ED)

Mean bed wait: minutes w/c 31 October

### Standard

### Merged Trust

94.2%

99.3%

32,414

1045.6129

6,563 v 6,515

+48

5,535

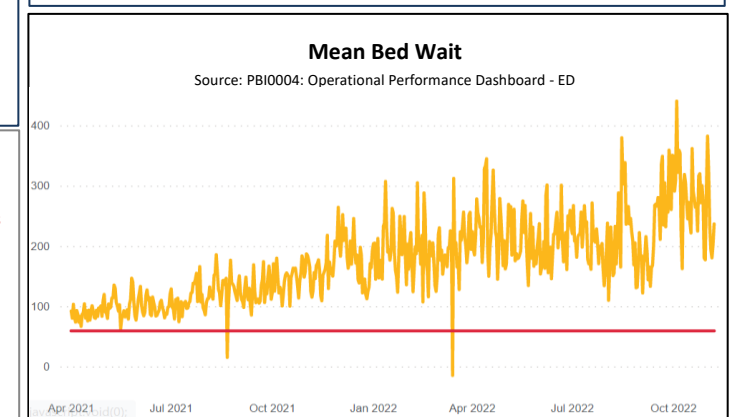
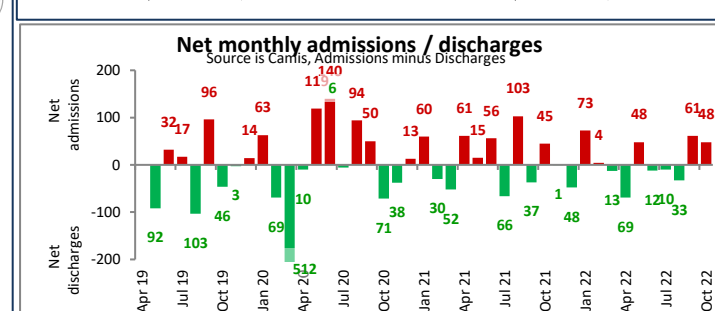
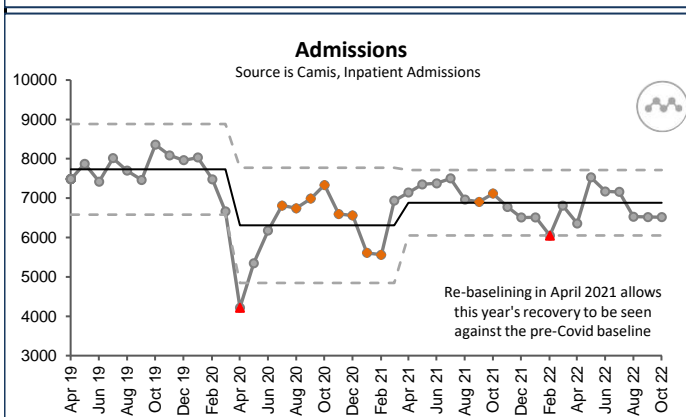
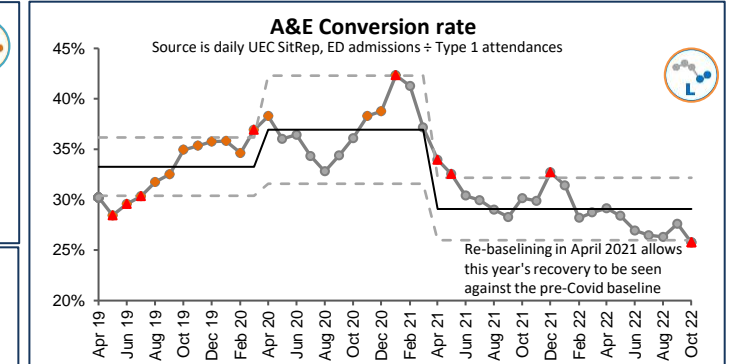
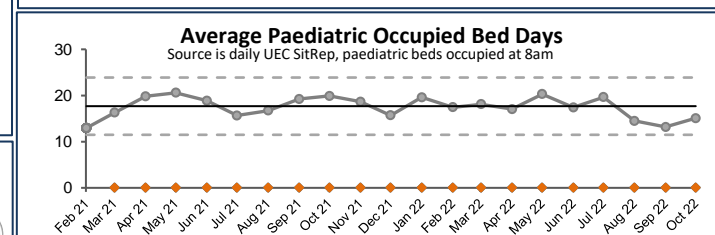
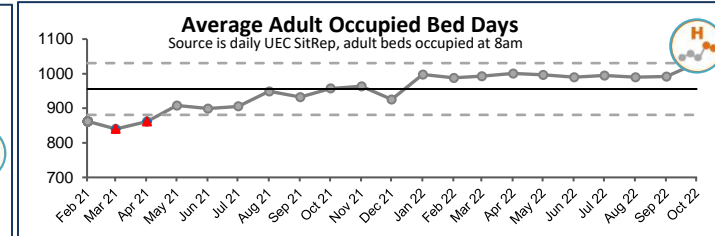
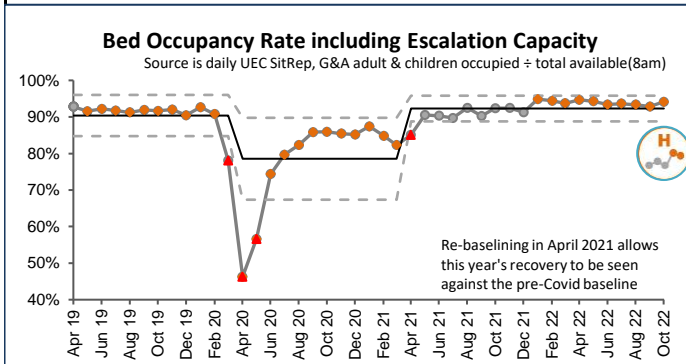
3,578

1,956

25.8%

261.68

## High Level Trust Performance



# Length of Stay and Discharges

## Commentary on high level board position

### LOS and Discharges

The average number of beds per day occupied by patients with a length of stay over 7 days has reached a new high of 605. The number of patients with a length of stay over 21 days has also reached a new high, breaking 300. These are both well above pre pandemic levels, and the highest level seen in at least 3 years. This continues to have a detrimental impact on the national UEC metrics, particularly 12 hr DTA and ambulance handovers.

The average number of patients who are ready to leave/have no reason to reside (MRTL/NRTL) is at 258 this month. The overall delayed discharge position continues to challenge hospital flow. The overall proportion of MRTL patients remains at 29%. Internal processes accounted for 20% of patients no longer meeting Criteria to Reside (C2R).

## High level Board Performance Indicators & Benchmarking

### October 2022

#### Length of Stay and Discharges

Stranded patients:

	Standard	Merged Trust	
Length of stay 7 days		42%	605
Length of stay 14 days		21%	421
Length of stay 21 days	108	12%	315

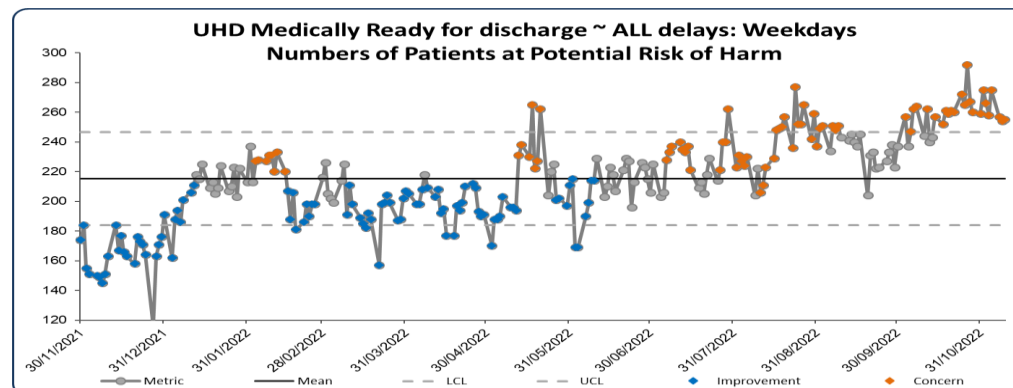
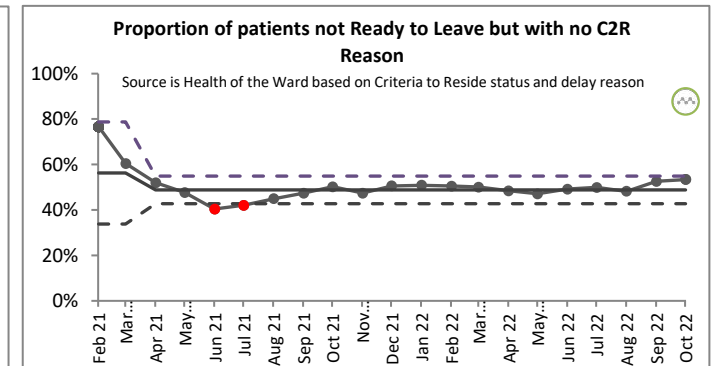
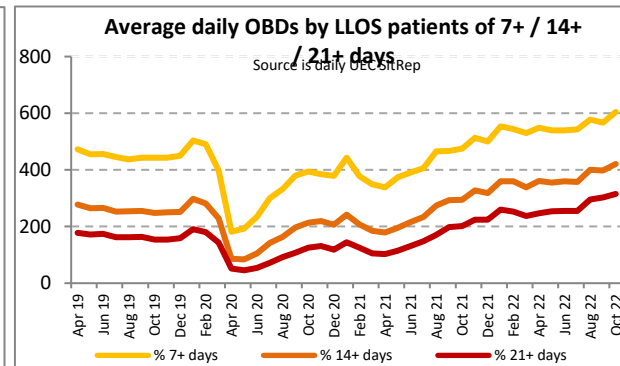
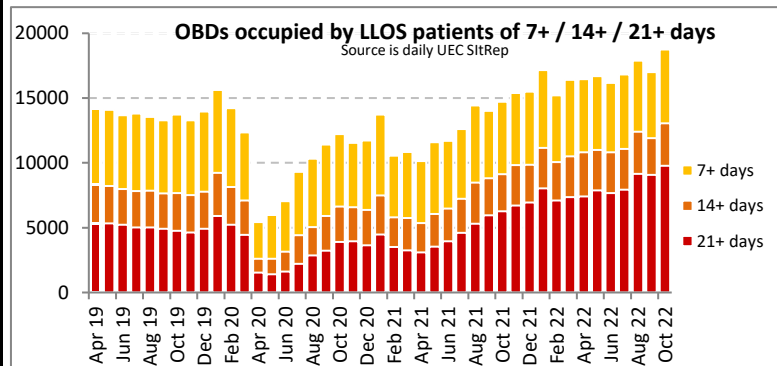
Criteria to Reside  
(excludes Ready to Leave)

Physiology	4%
Function	11%
Treatment	25%
Recovery	7%
<b>Not Recorded</b>	<b>53%</b>

Proportion of patients who are Ready to Leave

29%

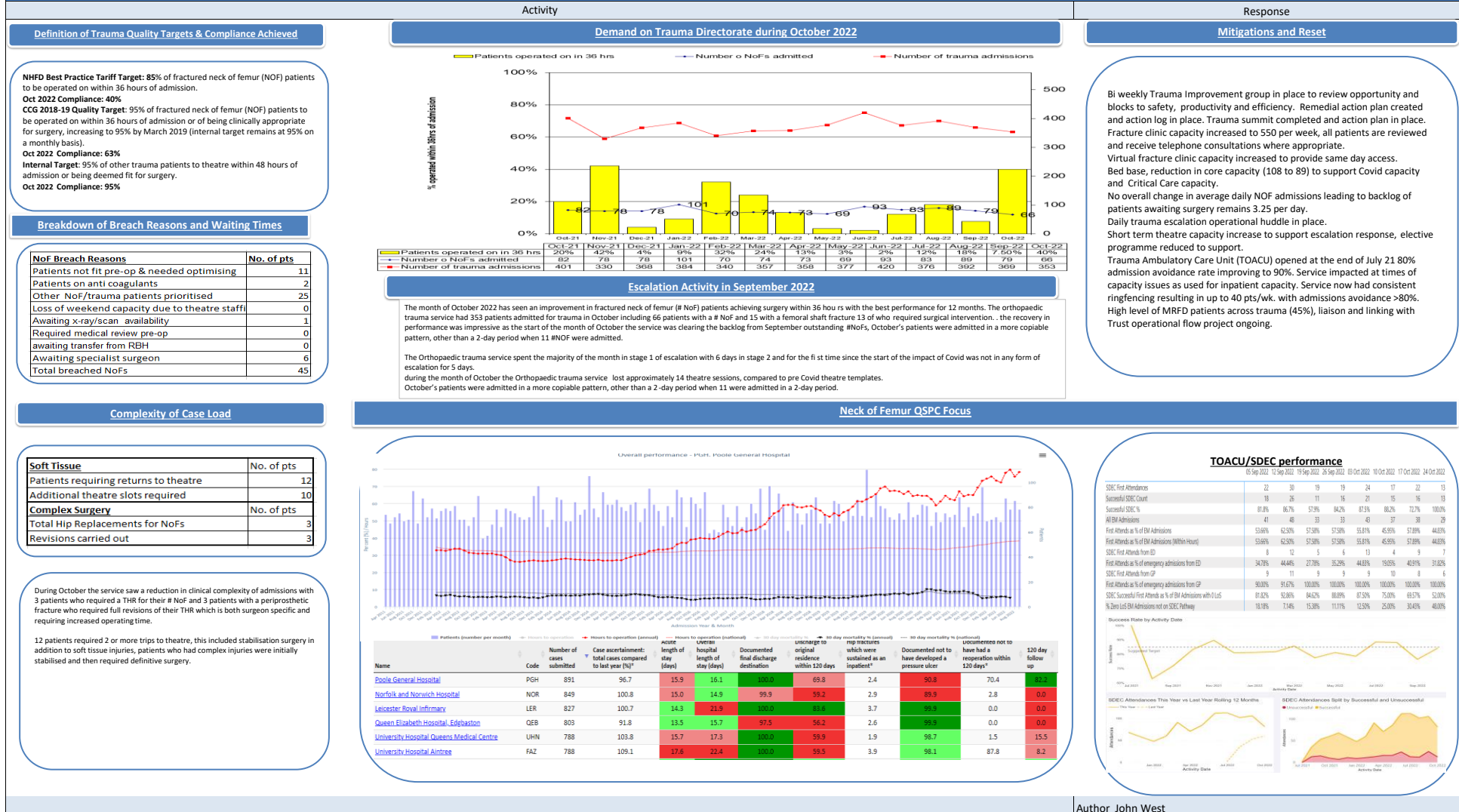
## High Level Trust Performance



## Escalation Report

Oct-22

Trauma Orthopaedics : 63% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.



Author John West



# Cancer - Actual September 2022 and Forecast October 2022

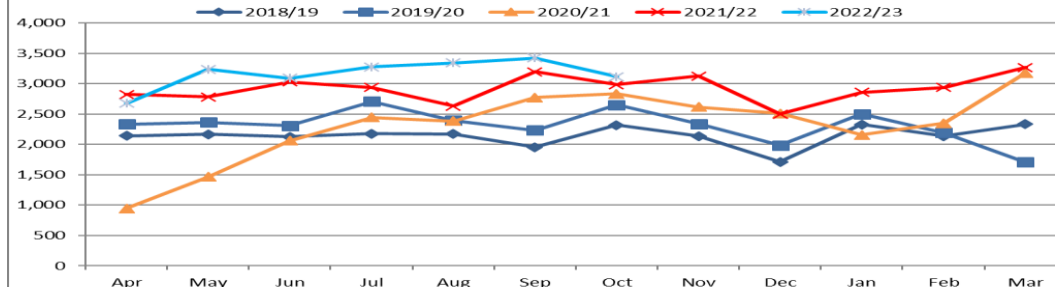
## Commentary on high level board position

Two week wait referrals in September increased by 35% when compared to September 2019 with colorectal and head & neck seeing the highest increases of over 45%. In October, referrals reduced overall, with skin and upper GI seeing the largest reduction in referrals (20-25%). The total number on the UHD PTL in October decreased by approximately 400 compared to September, however this is the 18th highest PTL when compared nationally. 28-day FDS performance in September was not achieved (64.7%), however 7 tumour sites including skin achieved the 75% threshold. Estimated performance in October is 63%. The Trust has consistently achieved the 31-day standard. Two out of three subsequent treatment KPI's were achieved in September, with the exception of surgery mainly due to surgical capacity in breast, colorectal and urology. The 62-day screening standard was achieved in September for the third consecutive month. The 62-day performance in September was below the 85% threshold (71.2%), however this is a 5.6% improvement from August and remains above the current national average of 62.2%. October performance is currently at 68%.

## High level Board Performance Indicators & Benchmarking

Cancer Standards	Standard	UHD Sep-22	Predicted Oct-22
31 day standard	96%	96.7%	93.3%
62 day standard	85%	71.2%	60.5%
28 day faster diagnosis standard	75%	64.7%	55.0%

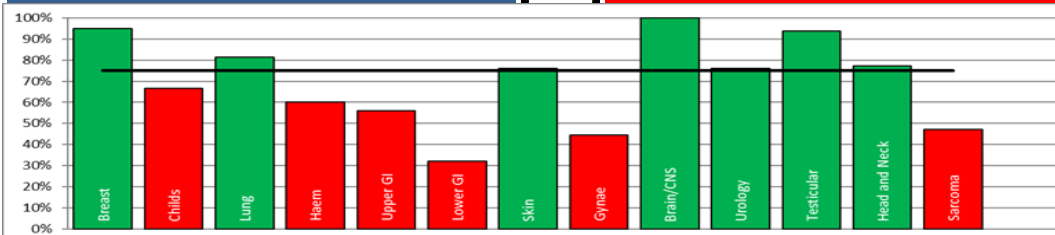
### Monthly Referrals By Financial Year



Target 75%

28

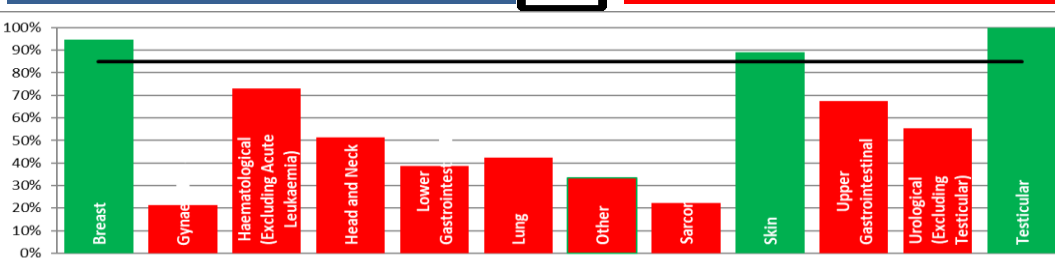
UHD: Sep 2022: 64.7%



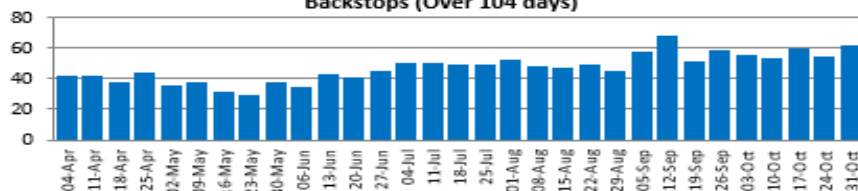
Target 85%

62

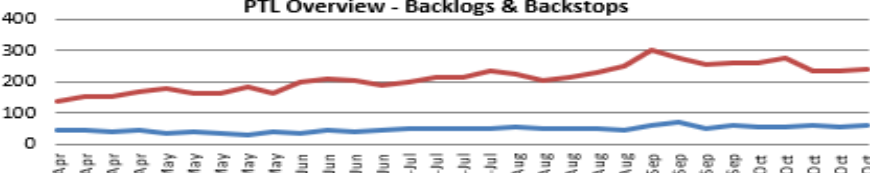
UHD: Sep 2022: 71.2%



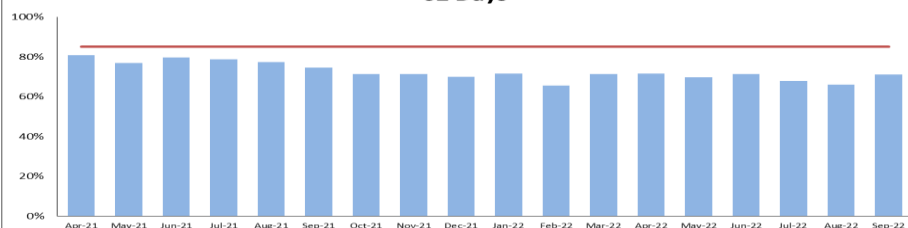
### Backstops (Over 104 days)



### PTL Overview - Backlogs & Backstops



### 62 Days



# Elective & Theatres

## Commentary on high level Board position

### 18 Weeks Referral to Treatment

At the end of October 2022, the Trust's 18 week RTT performance is **55.5%** (92% standard).

- 3,468 patients were waiting over 52 weeks for treatment, a decrease of 91 since September.
- 513 patients are waiting over 78 weeks, an increase of 9 since September, (below revised planned trajectory 571) and 63 patients are waiting over 104 weeks. The 104 week wait position has reduced by 13 since September.
- The overall **waiting list size** has reduced in October, down 1,942. This reduction has been supported by an increase in elective activity and ongoing validation of the waiting list.
- Compared to Sept 2021, reduced capacity for elective care due Covid, increased referrals in some specialities, high bed occupancy and workforce gaps have contributed to an overall growth in the waiting list position.
- 99.62%** of patient referrals have been allocated a clinical prioritisation code (P code).

### Theatre utilisation

- The current staffed theatre (main) capped utilisation rate has decreased 6% to 69%. Day case capped utilisation has increased 4% to 74%.

### Trauma

- The percentage of patients with a fractured neck of femur treated within 36 hours of admission has improved from 7.5% to 40% in October.

## High level Board Performance Indicators & Benchmarking

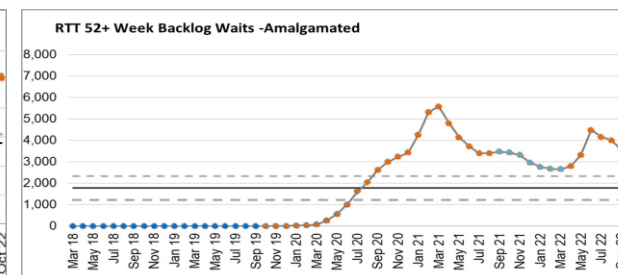
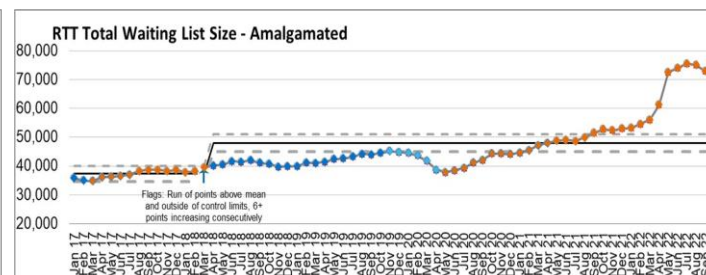
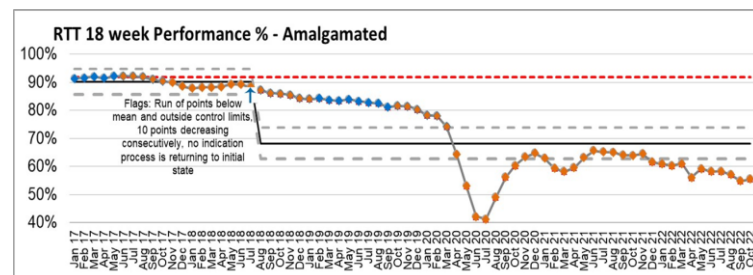
### Referral To Treatment

	Standard	Merged Trust	% of pathways with a DTA
18 week performance %	92%	<b>55.5%</b>	
Waiting list size	51,491	<b>70,918</b>	17%
Waiting List size variance compared to Sep 2021 %	0%	<b>37.7%</b>	
No. patients waiting 26+ weeks		<b>20,227</b>	22%
No. patients waiting 40+ weeks		<b>8,231</b>	29%
No. patients waiting 52+ weeks (and % of waiting list)	4.9%	<b>3,468</b>	40%
No. patients waiting 78+ weeks		<b>513</b>	61%
No. patients waiting 104+ weeks		<b>63</b>	27%
% of Admitted pathways with a P code		<b>99.62%</b>	

### Theatre metrics - capped utilisation

Theatre utilisation - main	80%	<b>69%</b>
Theatre utilisation - DC	85%	<b>74%</b>
NOFs (Within 36hrs of admission - NHFD)	85%	<b>40.0%</b>

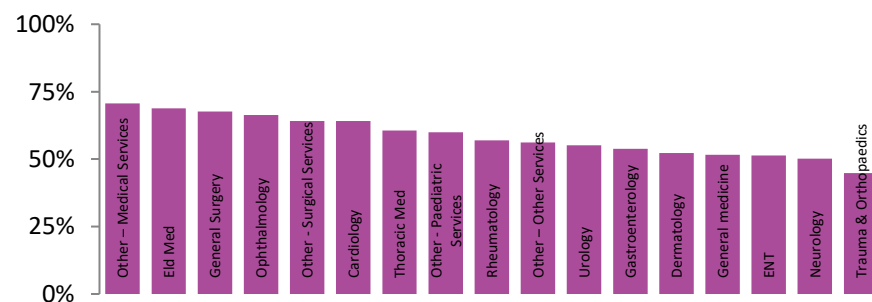
## High Level Trust Performance



RTT Incomplete 55.5% <18weeks

**18**  
WEEKS

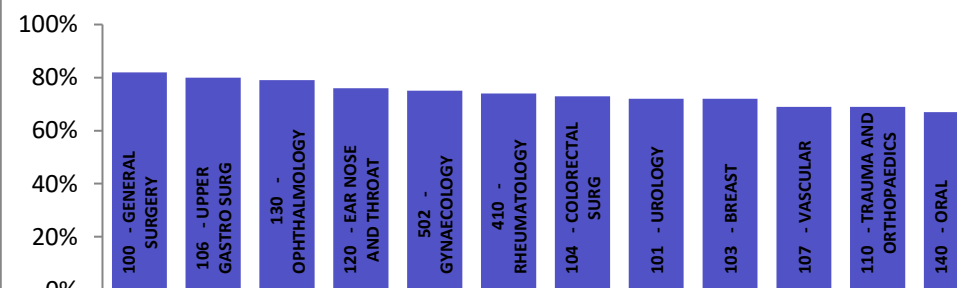
(Last month 54.9%)



Theatre Utilisation 72.7%



(Last month 73.7%)





Referral to Treatment (RTT)

What is driving under performance?

**92% of all patients should be seen and treated within 18 weeks of referral.**  
In October 2022, **55.5%** of all patients were seen and treated within 18 weeks at UHD.

The overall waiting list (denominator) was **70,918** which is lower than previous months but 2.9% above the October 2022 operational plan waiting list trajectory of 68,952.

**3,468 RTT waits exceeded 52 weeks, which is an improved position and below the Trust's operational plan trajectory for October 2022 (3,875).**

**October 2022 (compared with previous month )**

**39,343 decrease < 18 weeks**

**20,227 decrease > 26 weeks**

**8,231 decrease > 40 weeks**

**3,468 decrease > 52weeks**

**513 increase > 78 weeks**

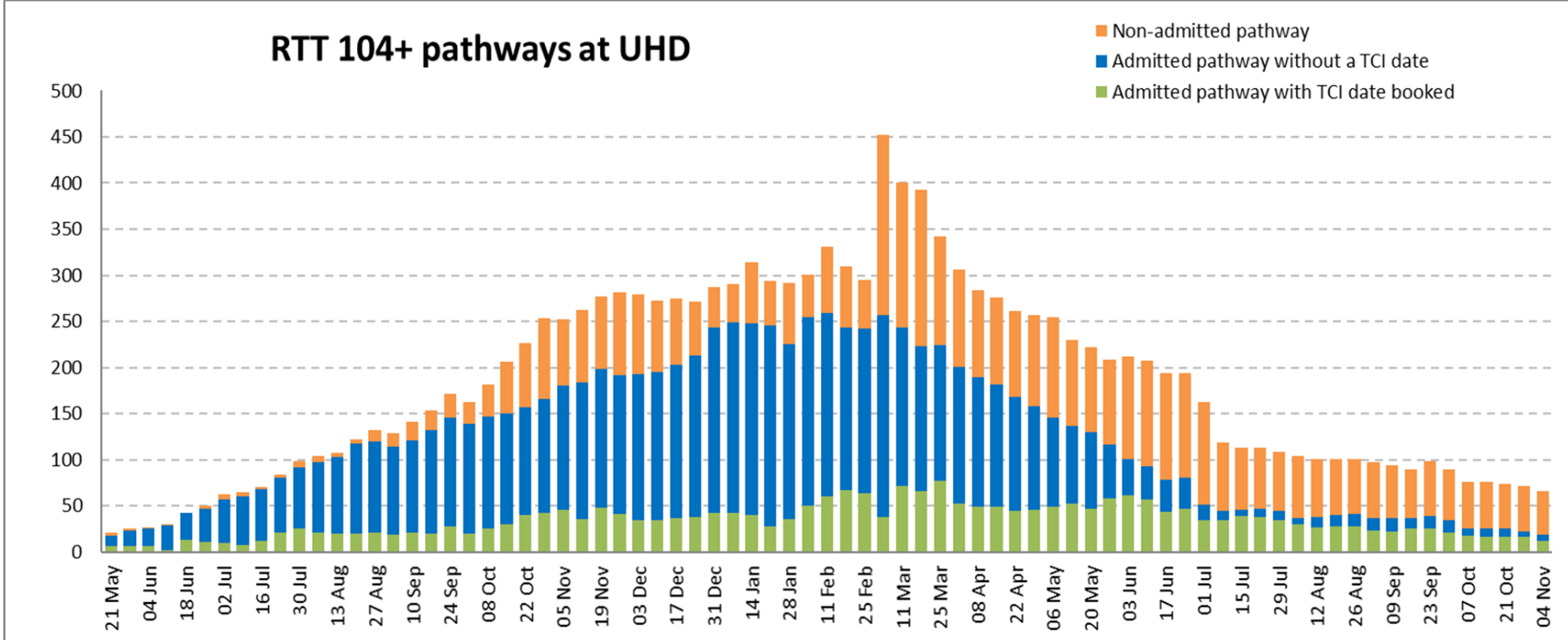
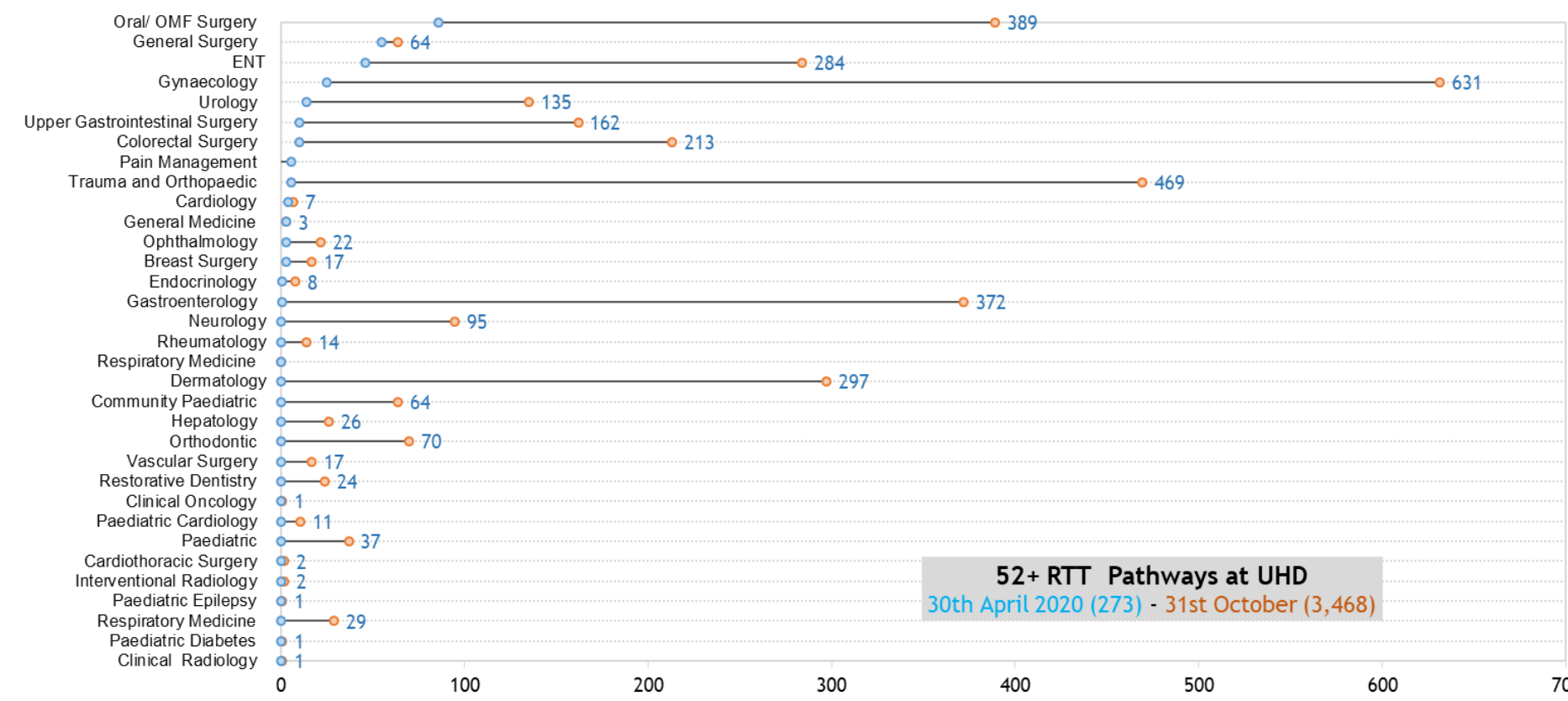
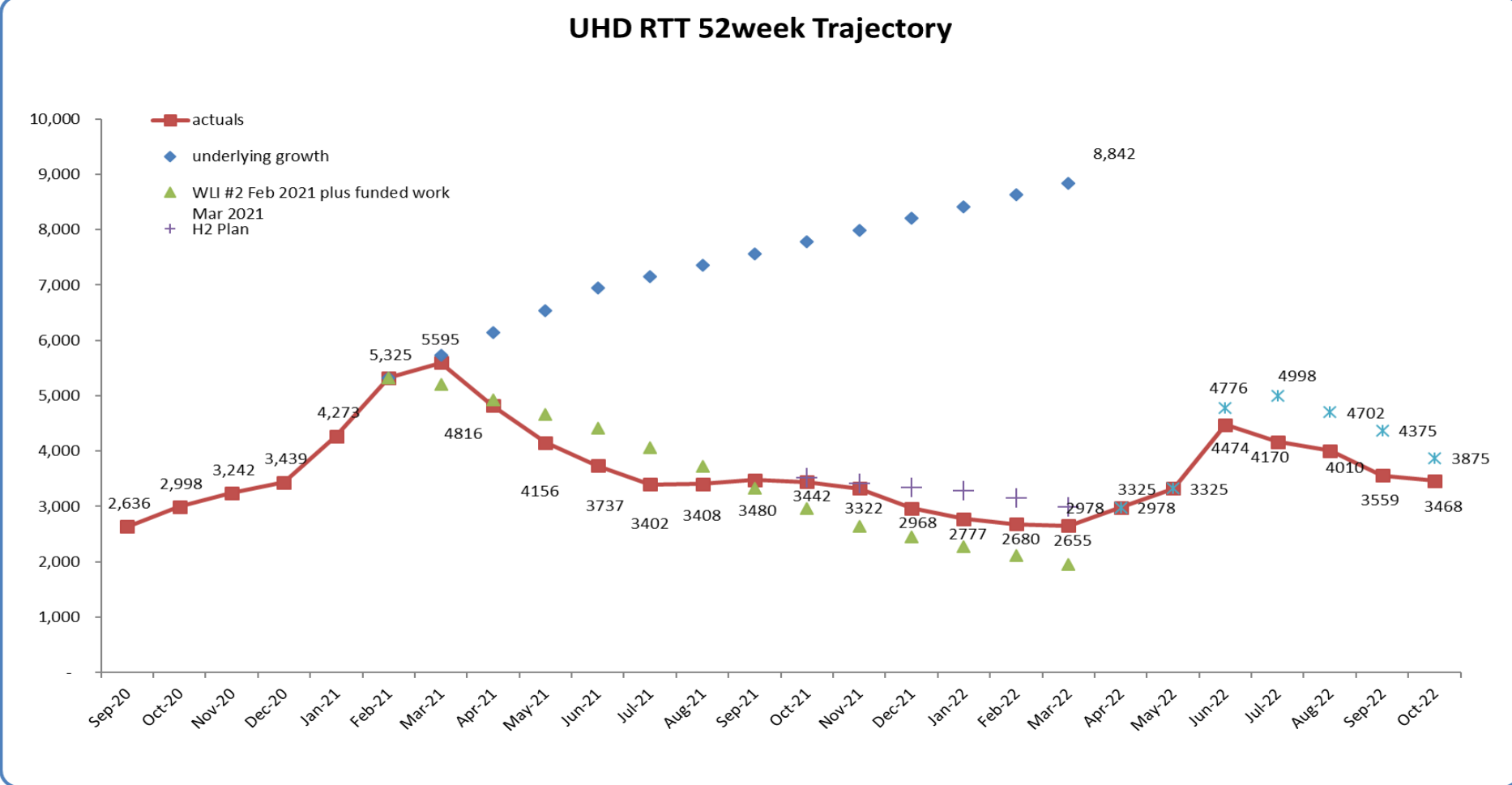
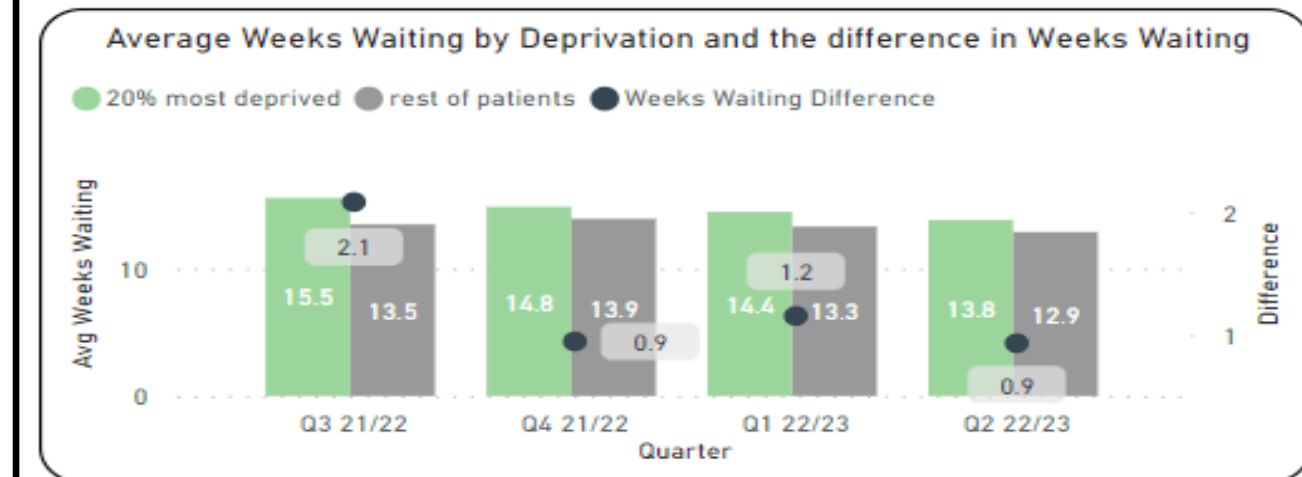
**63 decrease > 104 weeks**

During October 2022 improvements in recovery of elective care have been delivered. The Trust continues to operate elective recovery however alongside responding to COVID, managing an increase in demand in some specialities, and management of workforce capacity shortfalls in a number of key areas. High numbers of patients with 'no criteria to reside' in hospital and an increase in cancer demand are also impacting on recovery of RTT performance.

High bed occupancy and outlying patients has been particularly challenging in October resulting in ongoing cancellation of routine elective work which impacts the theatre utilisation of lists. There is a review process of planned admissions in place to support decision making around bed provision, which aims to also identify patients who could convert to a day case where clinically appropriate. Further work is being developed to understand the level of opportunity by specialty in moving specific procedures from main theatres to a day case setting to support ongoing efficiency.

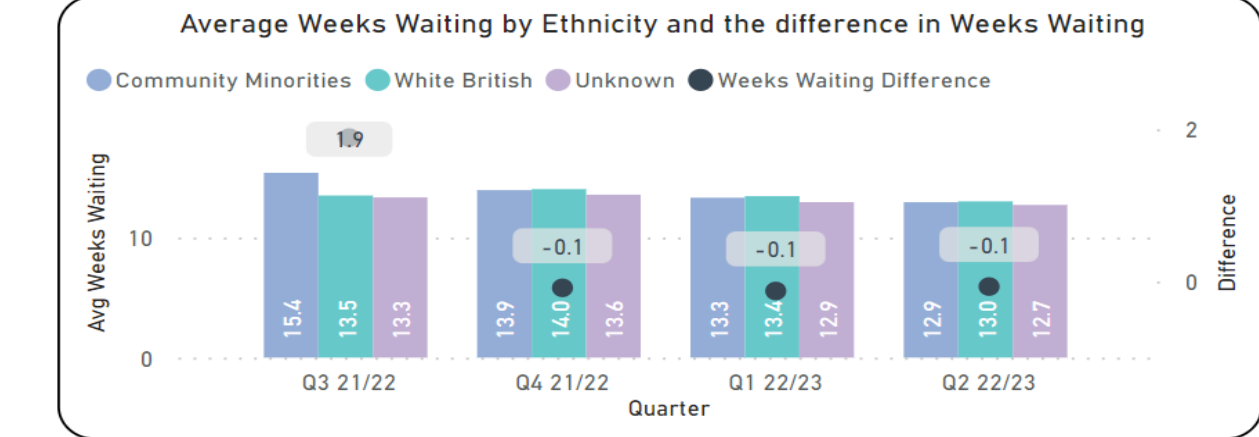
Health Inequalities

**Waiting list by Index of Multiple Deprivation (IMD)** 8.3% of the Trust's waiting list are patients living within the bottom 20% by Index of Multiple Deprivation (IMD) (reduction of 0.2% compared to Sept). Analysing RTT activity, the average weeks waiting at the point of treatment among the 20% most deprived is 13.8 weeks compared to 12.9 weeks in the rest of the population treated. This variance has reduced from 1.2 weeks in Q1 to 0.9 weeks in Q2.



Waiting list by ethnicity

Where ethnicity is recorded, 10.8% of patients are within community minority ethnic populations (reduction of 0.4% since Sept). Patients from community minority ethnic groups had a marginally lower (0.1) average week wait compared to patients recorded as White British in Q2.



Elective recovery

Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:

- **A Theatre improvement programme** - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres
- **Outpatient Enabling Excellence and Transformation programmes - including three elements:** 'back to basics' outpatient improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients; Digital Outpatients transformation, and speciality led outpatient reviews of capacity and utilisation.
- **Diagnostics recovery:** Endoscopy, Echocardiology and imaging
- **Cancer recovery and sustainability:** Developing a sustainability plan to improve Cancer Waiting Times across 6 priority tumour sites which aligns with the Dorset Cancer Partnership objectives.
- **Data and validation optimisation:** Ensuring access to the best quality data for elective care delivery and planning.
- **Key outcomes delivered in reporting period:**
  - The Trust has demonstrated an improvement across a range of data quality metrics, including a reduction in duplicate waiting list pathways.
  - The ICB Elective Care Oversight Group have received and agreed a proposal to implement the changes to the 2ww referral pathway for FIT in the LGI suspected cancer pathway including FIT <10 safety netting.
  - The new precision point template biopsy pathway for prostate is working well with extremely positive patient feedback. Benefits realisation work currently underway showing reduced rate of infection and repeat biopsies required.
  - Waiting list validation hubs have been held for ENT and colorectal surgery. Gastroenterology and OMF will hold hubs in December.
  - The 'Wait in line' project has been expanded to another 3 specialities.
  - Improved session and slot utilisation has been enabled in Echocardiology and Endoscopy and the DNA rate reduced.
  - A plan has been implemented to consolidate the theatre template to better align to staffing. Successful recruitment to key nursing posts also achieved. Key objective to reduce cancellations and support booking further out.
  - Superuser training has been completed ahead of the roll out of the DrDoctor patient portal in outpatients in November 2022.

# Outpatients & Diagnostics

## Commentary on high level board position

### Outpatients

- Hospital and Patient Cancellations now being calculated against the total appointments booked.
- The use of video/telephone consultations are below the national standard in the month. This may be a reflection of the casemix seen.
- An outpatients transformation programme is in place focussing on operational excellence, digital transformation of outpatient services and optimising use of virtual consultations, advice and guidance and patient initiated follow up pathways.

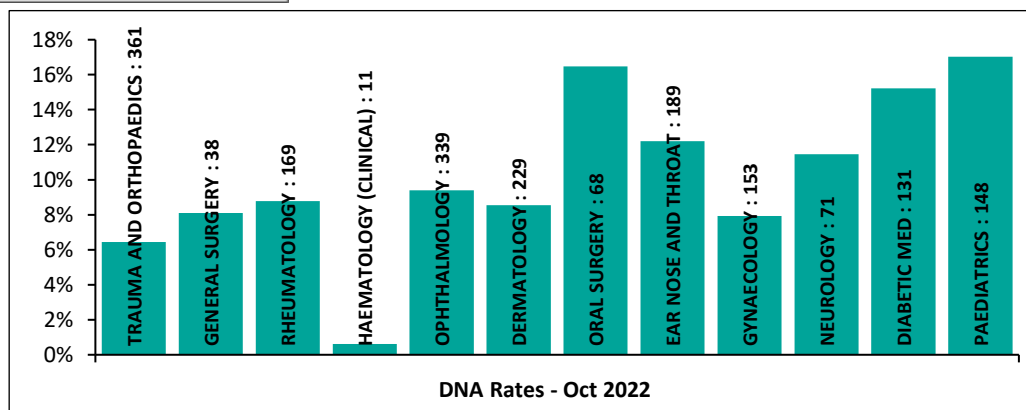
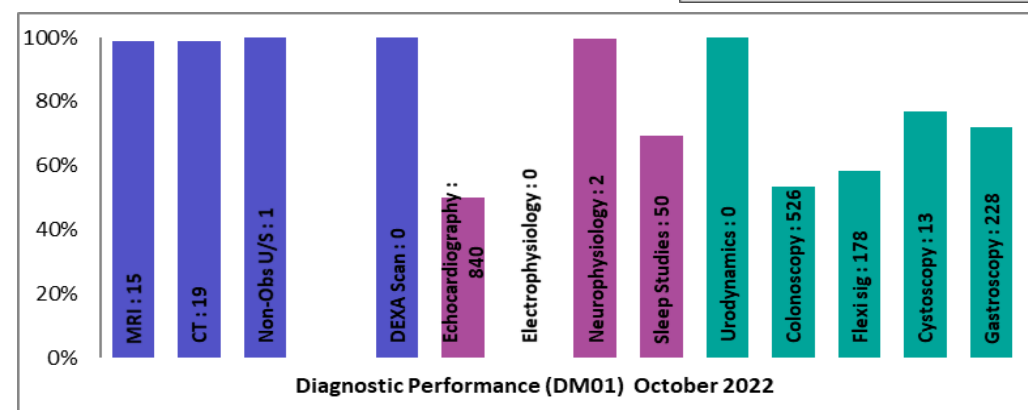
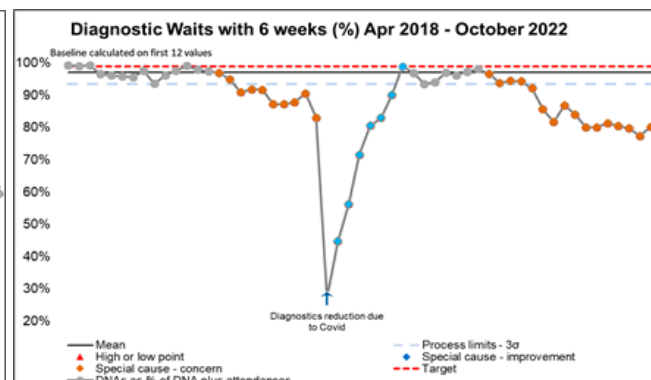
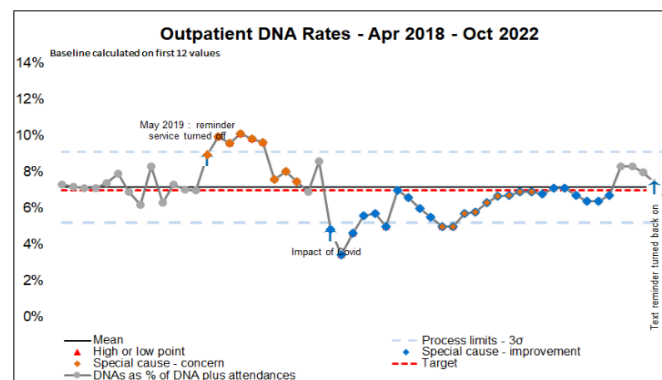
### Diagnostics

- Increase against August position from 77.4% to 80.3% of all patients being seen within 6 weeks of referral.
- Endoscopy position has increased from 58.7% in August to 60.2% in September
- Echocardiography has increased from 41.4% in August to 43.2% in September
- Neurophysiology has increased from 95.4% in August to 100% in September
- Radiology has increased from 95.2% in August to 97.4% in September

## High level Board Performance Indicators & Benchmarking

Referral Rates (acute only)		Standard	Last Year	This Year	Trust Perf
GP Referral Rate year on year		-0.5%	80704	75467	-6.5%
Total Referrals Rate year on year		-0.5%	129058	117704	-8.8%
Outpatient metrics (acute only)					
Overdue Follow Up Appointments					32999
New Appointments					18127
Follow-Up Appointments					18849
% DNA Rate	(Total DNAs / New & Flup Atts)	5%		2694 / 36976	6.8%
Hospital cancellation rate	(Hospital Canx / Total Booked Appts)			7992 / 53559	14.9%
Patient cancellation rate	(Patient Canx / Total Booked Appts)			5897 / 53559	11.0%
Reduction in face to face attendances (acute only)					
% telemed/video attendances	(Total Non F-F / Total Atts)	25%		7552 / 36976	20.4%
Diagnostic Performance (DM01)					
% of >6 week performance	(6+ Weeks / Total)	1%		1872/11431	16.4%

## High Level Trust Performance



## SCREENING PROGRAMMES

### Commentary on high level board position

#### Breast Screening

The service has this month recorded a round length figure of 85% which is an amazing achievement from the 3% at the start of screening post covid.

Breast screening continues to operate at 147% above pre covid capacity and this is being seen in the volume of screening being achieved regularly each month. There is still considerable pressure to keep up with the processing of the screening and the resulting film reading being generated. Ad-hoc extra Saturdays and overtime shifts are being worked where possible to cope with the extra workload.

However the KPI targets are regularly being met and the standard of our screening service remains exceptionally high given the pressure we are under in driving the recovery. Dorset currently is recorded as having the highest cancer detection rate in the South West Region.

As it stands we are expecting to achieve 90% round length in January.

### High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95.00%	98.00%
assessment appointment within 3 weeks	95.00%	98.00%
Round Length within 36 months	90.00%	85.00%
Longest Wait time (Months)	36	37



# SCREENING PROGRAMMES

## Commentary on High Level Board Position

### Bowel Cancer Screening

#### Age Extension

58 year old age extension went live as of 22<sup>nd</sup> August 2022. Screening subjects that turned 58 years old after 24th May 2022, and should have received an invitation, will be invited across the remainder of this financial year. The programme has reduced the number of weeks ahead they are inviting to manage this and is currently inviting at +11 Weeks (down from +14 Weeks).

#### Key Performance Standards

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

The average uptake rate was 74% through 2021 (acceptable performance = >52%; achievable performance = >60%). To date for 2022, uptake is averaging 72%. Age extension cohort uptake is 65%.

\* **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 continues to be maintained at 100% via virtual clinics (acceptable performance = 95%; achievable performance = 98%). Face to face clinics have restarted at Poole and Christchurch. Discussions are taking place with Dorset County to reinstate face to face clinics there.

\* **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*):

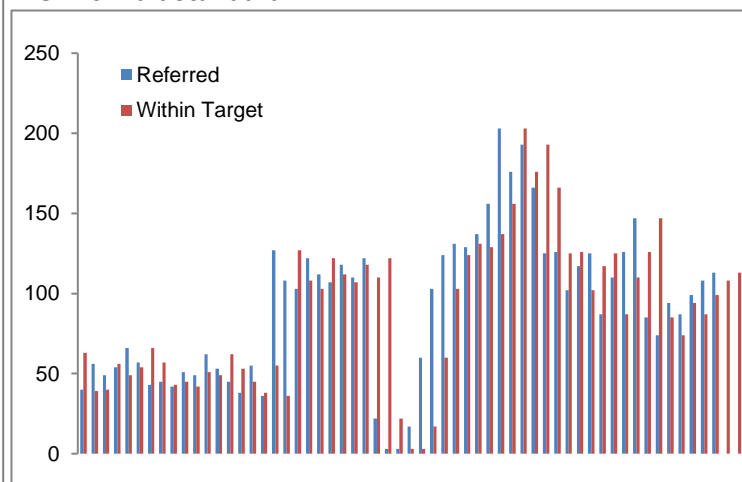
The diagnostic wait standard has been achieved at 99% through Q1 & 2 2022/23.

The programme continues to see some fluctuations in numbers of FIT positive subjects coming into clinics. The programme has delivered insourcing activity through September and October to manage the influx of surveillance patients coming through in the Autumn due to the revised surveillance guidance implemented in 2019.

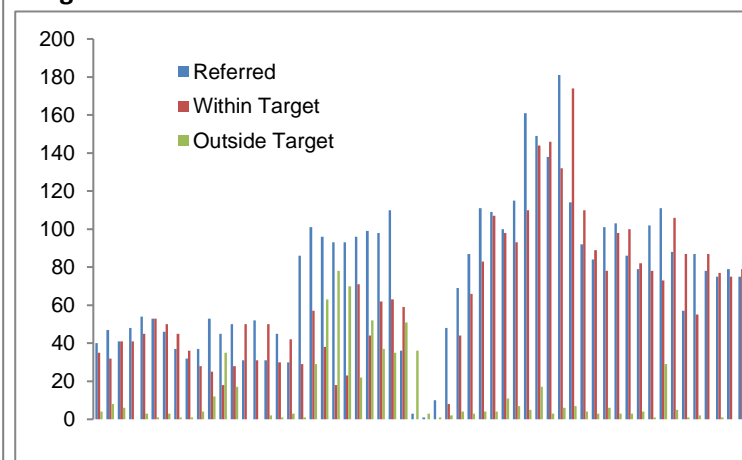
## High Level Board Performance Indicators

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

### Clinic Wait Standard



### Diagnostic Wait Standard



CQC Maternity Ratings – Oct /Nov 2019	OVERALL GOOD	SAFE REQUIRES IMPROVEMENT	EFFECTIVE GOOD	CARING GOOD	RESPONSIVE GOOD	WELL LED GOOD
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)						Not available
Proportion of <del>speciality</del> trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)						Not available



## National position & overview

- This **Perinatal Quality Surveillance Dashboard** describes a standard data set for Trust Board overview (set out Jan 2021)
- Trust Board has now received guidance on assurance and reassurance from NHSE (Chief Midwife) learning from Trusts where maternity services failed safe care.
- Publication of 'Reading the Signals' 19/10/22 by Gov.uk 'Maternity and Neonatal services in East Kent' ( Dr Bill Kirkup)
- Publication of revised policy for greater ~~standardisation~~ in access to perinatal post-mortem investigations and placental examinations
- There are a number of items which require narrative rather than graphic benchmarking and these are described below

Matters for Board Information and Awareness	Findings of review of all perinatal deaths using the national monitoring tool	Progress in achievement of NHSR/MIS Yr 4
<p>A Maternity CQC inspection took place on Tuesday 8<sup>th</sup> November 2022 focusing on safety and well led domains, as part of the <u>nine month</u> national <del>programme</del> of reviewing all maternity services in England</p> <p>The initial inspection found two areas of risk that required immediate action and a section 31 letter was issued in respect of</p> <ol style="list-style-type: none"> <li>1. Timeliness and effectiveness of maternity triage <u>in particular midwifery</u> staffing and timeliness of assessments and escalation to medical staff.</li> <li>2. Effective safety processes for staff accessing help in an emergency <u>in particular a</u> number of ongoing issues where help was not immediately available due to issues with call bell systems.</li> </ol>	<p>All perinatal deaths are reported using the national tool – full review can take 4-6 months depending on whether <u>post mortem</u> findings are awaited.</p> <p>Early learning/actions are identified via normal governance routes (see above).</p> <p>This item is reflected in Safety Standard 1 of the NHSR MIS <u>Yr 4</u></p> <p>Detailed reports are within the Patient Safety Champions Report which is submitted monthly to the Quality Committee.</p> <p><u>Matters for Board Information and Awareness continued</u></p> <p>Ockenden 1 Insight visit (<u>8<sup>th</sup></u> October 22) feedback from LMNS, awaiting date for visit</p> <p>NHS SW Chief Midwife, informal visit 15<sup>th</sup> November</p> <p>Apgar &lt; 7 at 5 minutes on scorecard – audit in process</p> <p>Unfilled shifts will be available early 2023 w</p>	<p><del>apga</del>The full compliance assessment regime as of August 2022 has been <u>submitted for</u> information to November Trust Board. Evidence collection continues for each of the ten domains.</p> <p>The technical guidance was updated in October 2022 with the <u>Board final declaration date moved from January 2023 to February 2023</u> to allow evidence and assessment to be considered at the January 2023 Board. This followed concerns raised by Trusts who had no December boards, that their evidence would still be in process until the end of December 2022.</p> <p>In making changes to the technical guidance, the risk for UHD MDT training compliance has once again <b>flagged as red</b> because the NHSR scheme brought forward the compliance deadline from January 2023 to December 5<sup>th</sup> <u>2022</u>, even though the sign off date was extended.</p> <p>The maternity data strategy has been ratified at LMNS and submitted to UHD Board for approval.</p>

# Maternity Perinatal Quality Surveillance

Perinatal Quality Surveillance scorecard		Alert (national standard/average where available)	Running total/average	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep	22-Oct
Perinatal	Red flags: 1:1 care in labour not provided	> 1		0	0	0	0	0	0	0
	3rd/4th degree tear overall rate for all deliveries	> 3.5%	1.79%	2.4%	0.6%	3.2%	1.2%	1.4%	1.1%	2.6%
	Obstetric haemorrhage >1.5L	Actual	74	8	14	10	9	13	6	14
	Obstetric haemorrhage >1.5L	> 2.6%	3.15%	2.8%	4.3%	2.9%	2.7%	3.7%	1.7%	4.0%
	Term admissions to NNU	Actual	0	14	17	17	15	14	8	14
	Apgar < 7 at 5 minutes	> 1.2%	2.2%	1.4%	1.9%	2.3%	1.5%	3.2%	1.9%	2.9%
	Stillbirth number	Actual	5	2	0	0	0	0	3	0
	Stillbirth number/rate (per 1,000)	> 4.4/1000	2.13	6.90	0.00	0.00	0.00	0.00	8.31	0.00
Workforce	Rostered consultant cover on Delivery Suite - hours per week	< 60	72.0	72	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per week	< 10	58.0	58	58	58	58	58	58	58
	Midwife/band 3 to birth ratio (establishment)	01:28	1:21				01:21	01:21	01:21	01:21
	Midwife/band 3 to birth ratio (in post)	01:28	1:23				01:23	01:23	01:23	01:23
	Acute Maternity unfilled prospective RM shifts (pcm)	160 pcm		data not by month - bank shifts paid over Q1 and Q2 = 25 wte midwives						
	Maternity Ward b 1-4 staff members short	Actual						Not Available		10.8
Feedback	Number of compliments (Smiles via Badgernet)		306	1	0	92	44	31	73	65
	Number of concerns (PALS)		8	1	0	1	0	1	2	3
	Complaints		26	3	6	5	4	3	4	1
	FFT Repsonse rate ( returns as % of deliveries)	50%	75.3%	No data	43%	100% +	100%+	100% +	88%	95%
Training	Mandatory training	90%	78.0%	76%	81%	82%	83%	86%	86%	78%
	PROMPT/Emergency skills all staff groups	60%	74.1%	39.80%	34.30%	52%	55%	55%	61.90%	74.11%
	K2/CTG training all staff groups	60%	80.1%	14.90%	19.60%	21.50%	21.80%	22.70%	48.30%	80.05%
	CTG competency assessment all staff groups	50%	80.1%	14.90%	19.60%	21.50%	21.80%	22.70%	48.30%	80.05%
	Core competency framework compliance	50%	84.7%	61.70%	66.10%	82.80%	87.20%	87.20%	79.90%	84.70%
	Coroner Reg 28 made directly to the Trust		Y/N	N	N	N	N	N	N	N
	HSIB/CQC etc. with a concern or request for action		Y/N	N	N	N	N	N	N	Y

## FINANCE

FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	508	(4,885)	(5,393)
Capital Programme	57,210	39,230	17,981
Closing Cash Balance	65,097	85,385	20,288
Public Sector Payment Policy	95.0%	91.1%	(3.9)%

### Commentary

Operational pressures continue to drive the Trusts financial performance, increasing expenditure and limiting clinical and operational capacity to deliver efficiencies and transformation projects. This is exacerbated by rising inflation, with energy prices putting particular pressure on Trust budgets. Collectively, these pressures have resulted in a year to date deficit of £4.9 million. However, it was pleasing to report a favourable variance against plan in October reducing the year to date adverse variance by £0.5 million to £5.4 million.

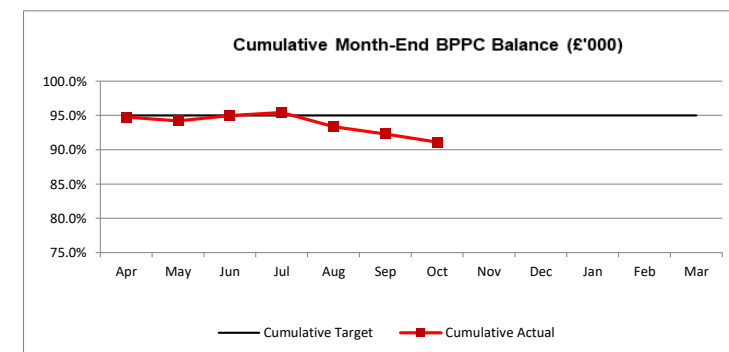
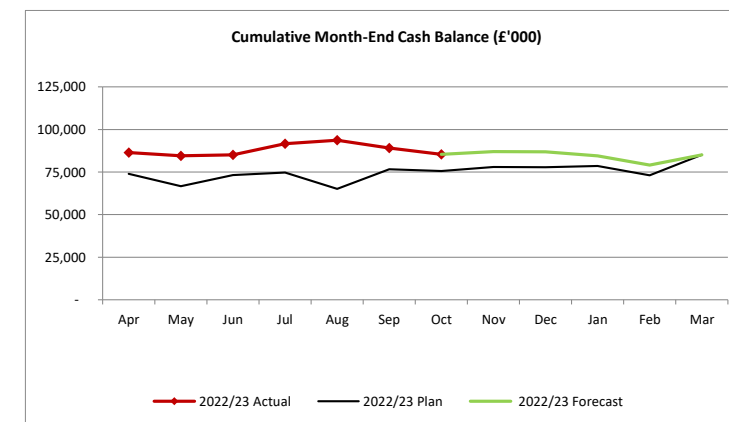
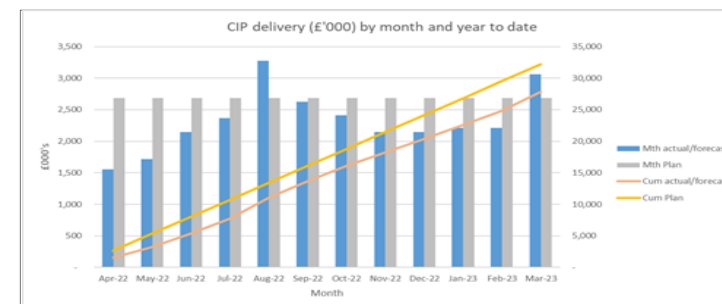
The Trust continues to forecast a full year break-even position, however there remains considerable risk within this forecast linked to seasonal demand and capacity pressures and the potential financial impact of the planned nurses strike.

The year to date capital position represents an under spend of £18.0 million, largely driven by under spends against the Acute Reconfiguration (STP Wave 1) and New Hospital Programme together with under spends within IT and the One Dorset Pathology Hub. The full year forecast remains consistent with the budget save for the New Hospitals Programme early enabling works (£15.9 million) which the Trust continues to proceed with at risk. Funding of £8.2 million has been advised but not yet formalised leaving a residual risk of £7.7 million should all works progress to plan without any additional funding. The full Outline Business Case plus the five individual 'early enabling works' business cases will be considered at the Department of Health and Social Care and NHS England Joint Investment Committee on 25 November.

The Trust ended October with a consolidated cash balance of £85.3 million, all of which remains fully committed against the medium-term capital programme. The phasing of the capital plan alongside reduced payments to suppliers due the recent national cyber attack has driven this increased cash holding.

The Trusts payment performance remained strong up to 31 July 2022 with 95.4% of invoices paid within the agreed terms. This has subsequently reduced following the inability to pay invoices whilst financial systems were off-line as a precaution during the national cyber attack. Current performance stands at 91.1%, and is expected to improve over the coming months.

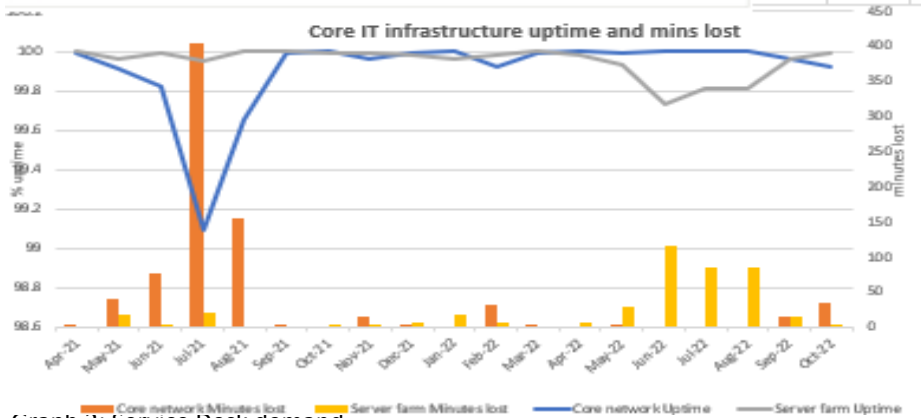
CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	8,359	6,538	1,822
IT	4,290	2,298	1,992
Medical Equipment	1,018	732	286
Donated Assets	737	621	116
Strategic Capital	42,806	29,041	13,764
<b>Total</b>	<b>57,210</b>	<b>39,230</b>	<b>17,981</b>



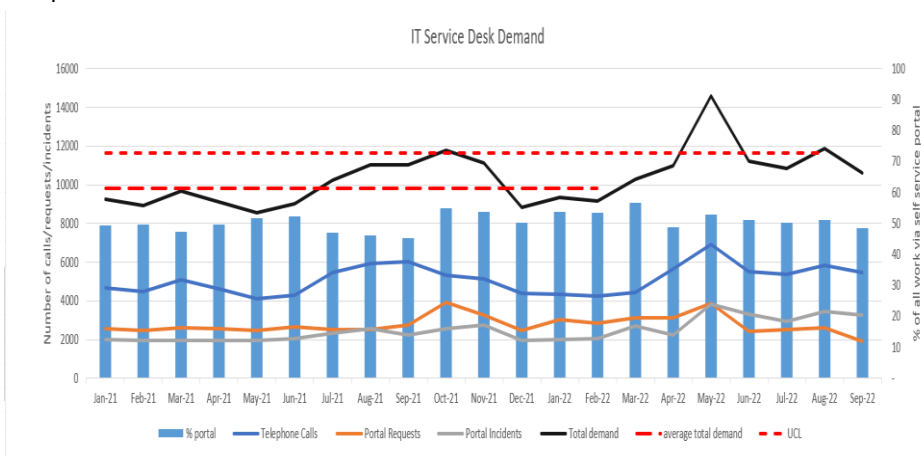
**Overall Commentary:** **Graph 1:** Successful replacement of our 4 Firewalls. Successful implementation of the new emergency pager system. 3 Electronic Patient Record (EPR) outages (each of around 1hr) root cause remains unknown, supplier undertaking more detailed analysis. **Graph 2:** Service Desk Demand appears to be recovering to previous levels (before the single Patient Administration System (PAS) change in May 2022). **Table 5:** Another step change reduction in the percentage of unsupported desktop devices (down from 18% in Sep to 13% in Oct). **Graph 6:** shows the position of the Information Assets that were fully assured at the end of Sep 2022 (the reporting period for the Data Security and Protection Toolkit (DSPT)). This performance has now been reset to zero as we begin the annual review for the 22/23 DSPT submission. **Table 7:** Shows that the Freedom of Information performance remains strong but less than the national expectation of 90%. **Graph 8** Dorset Care Record Continues to grow with UHD staff remaining the highest users.

## Business As Usual/Service Management

Graph 1: core Infrastructure availability



Graph 2: Service Desk demand

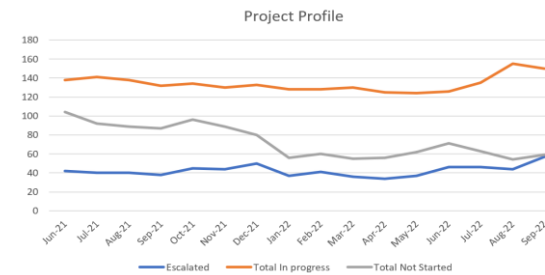


## Projects/Developments/Security/IG

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	0	7	3	59	221	290
Infrastructure Mandatory	0	2	1	6	27	36
Projects	0	35	3	94	353	485
Service Improvement Projects	0	0	0	0	3	3
<b>Grand Totals</b>	<b>0</b>	<b>44</b>	<b>7</b>	<b>159</b>	<b>604</b>	<b>814</b>

Table 4: Project Totals and Escalation



Graph 6: Well managed Information Assets

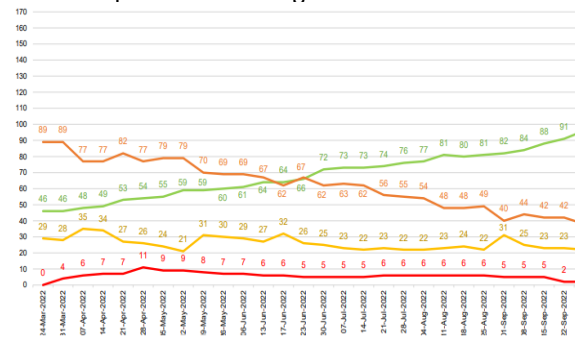


Table 5: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	87.0%	13.0%	0.0%	13.0%
Windows Servers	84.5%	16.2%	16.1%	0.2%

Table 7: FOI compliance

	Total rec'd	Compliance
May '22	49	84%
June '22	57	75%
July '22	61	77%
Aug '22	71	66%
Sep '22	69	75%

Graph 8: DCR growth

