

# INTEGRATED PERFORMANCE REPORT











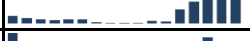


























August 2022

### 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	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	ytd	ytd var	trend						
SAFE																																				
Quality	Presure Ulcers (Cat 3 & 4)		12	6	10	8	12	12	13	16	11	15	12	15	8	10	6	7	6	13	14	5	4	5	2	1	3	15	-46	<div><div></div></div>						
	Inpatient Falls (Moderate +)		5	2	3	5	4	4	5	2	4	6	2	7	1	3	6	1	1	7	8	3	3	5	1	6	7	22	2	<div><div></div></div>						
	Medication Incidents (Moderate +)		1	2	5	4	9	2	4	4	1	0	1	1	1	6	2	8	2	3	2	2	3	0	0	1	2	6	2	<div><div></div></div>						
	Patient Safety Incidents (NRLS only)		1379	1341	1654	1581	1537	1492	1239	1006	1140	1145	1073	1159	1229	1036	1178	1127	967	1106	932	916	936	935	947	1070	1026	4914	832	<div><div></div></div>						
	Hospital Acquired Infections	MRSA		0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-1	<div><div></div></div>					
		MSSA		1	2	3	9	8	4	6	4	3	2	4	5	5	5	1	4	4	3	7	5	4	4	2	3	3	16	-3	<div><div></div></div>					
C Diff			7	6	1	3	1	2	9	3	4	8	8	8	5	8	6	6	4	2	8	3	9	10	9	9	11	48	15	<div><div></div></div>						
E. coli			3	12	5	8	2	11	3	3	4	4	9	8	10	7	8	7	9	7	2	4	6	1	7	4	7	25	-10	<div><div></div></div>						
1																																				
Mortality	SMR	Latest Jan 21	(source Dr Foster)	97.92	93.17	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	100.65	81.36	83.30							83.30		<div><div></div></div>				
	Patient Deaths	YTD		207	185	265	244	249	469	299	217	165	185	170	232	223	202	222	238	247	270	203	241	227	211	236	234	226	1134	156	<div><div></div></div>					
	Death Reviews	Number		105	85	124	111	127	207	152	103	120	152	133	165	177	156	170	152	172	171	116	124	110	92	109	90	88	489		<div><div></div></div>					
	Deaths within 36hrs of Admission			30	35	40	36	49	47	39	37	30	29	33	48	38	19	33	44	36	48	34	29	41	31	37	30	29	168	-1	<div><div></div></div>					
	Deaths within readmission spell			15	13	15	22	25	36	18	16	12	14	10	26	22	17	13	12	12	21	15	22	13	18	35	21	22	109	25	<div><div></div></div>					
CARING																																				
	Complaints Received		57	48	51	56	62	53	53	51	60	68	62	52	57	51	39	20	27	48	38	65	55	63	80	78	83	359	23	<div><div></div></div>						
	Complaint Response in month		57	48	51	48	49	43	59	59	47	26	64	53	55	28	32	39	58	37	37	51	37	47	47	56	58	245	-3	<div><div></div></div>						
	Section 42's		0	2	0	0	0	0	1	0	0	0	0	22	0	0	14	0	0	13	0	0	13	0	0	7	0	0	7	-15	<div><div></div></div>					
	Friends & Family Test		90%	91%	91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	87%	87%	89%	91%	90%	89%	88%	88%	90%	88%	86%	90%	89%	0%	<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	44	49	44	44	42	41	39	36	35	35	33	38	33	-11	<div><div></div></div>						
	Red Flags Raised*		31	47	51	43	73	129	51	28	41	45	56	80	117	105	160	209	161	180	148	130	159							41	45	86	128	459	103	<div><div></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	0	0	0	0	0	0	
People	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%	12.40%	12.10%	12.20%	12.60%	12.81%	12.10%	13.50%	14.00%	14.50%	12.80%	14.80%	14.50%	14.50%	14.5%	2.8%	<div><div></div></div>						
	Vacancy Rate (only up to Oct 2020)		1.0%	0.7%	1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.0%	6.4%	6.3%	6.4%	7.2%	6.5%	1.1%	<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%	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%	5.7%	0.9%	<div><div></div></div>						
	Appraisals	Values Based		41.6%	53.5%	57.3%	61.5%	63.9%	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%	13.9%	-4.4%	<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%	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%	57.7%	1.3%	<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%	87.90%	88.20%	88.10%	88.60%	87.70%	86.50%	85.80%	86.18%	85.72%	85.60%	84.79%	84.50%	83.41%	83.70%	85.50%	87.10%	85.0%	-3.0%	<div><div></div></div>						

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	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	ytd	ytd var	trend		
RESPONSIVE																																
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)		8	20	25	17	29	36	10	17	12	11	7	12	13	19	22	22	18	24	12	4	3	2	4	5	6	20	-35			
	Patient Moves Out of Hours (Non-Clinically Justified Only)		58	64	84	106	103	187	75	70	67	72	98	122	65	51	82	45	53	57	64	77	56	60	47	38	23	224	-200			
	ENA Risk Assessment	Falls	62%	61%	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	56%	55%					55%	-8.5%			
	*infection eNA assessment	Infection*	74%	73%	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	58%	59%	58%	56%	58%	54%	61%	60%	58%					58%	-10.3%			
	went live at RBCH	MUST	64%	64%	63%	65%	61%	57%	63%	63%	69%	66%	65%	61%	59%	60%	59%	57%	58%	55%	62%	60%	58%					58%	-9.6%			
	during April 20	Waterlow	61%	61%	61%	61%	60%	52%	59%	60%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	57%	56%					56%	-7.9%			
RTT	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%	64.1%	64.0%	64.0%	61.6%	60.9%	60.4%	61.0%	56.1%	59.2%	58.2%	58.3%	57.1%					
	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	51,491	52,787	52,383	52,972	53,168	54,602	56,038	61,278	72,568	73,932	75,502	75,065					
	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)	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%	15.7%	18.6%	1.7%	2.9%	3.3%	6.0%	8.8%	19.0%	40.9%	43.6%	46.6%	45.8%					
	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	11,508	11,600	11,746	12,904	13,561	13,829	13,765	17,433	19,913	20,428	20,244	21,326					
	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	5,922	5,559	5,413	5,374	5,391	5,764	5,650	7,370	8,521	9,395	9,075	9,446					
	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	3,480	3,442	3,322	2,968	2,777	2,680	2,655	2,798	3,325	4,493	4,170	4,010					
Theatre	No. patients waiting 78+ weeks		0	70	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					
	No. patients waiting 104+ weeks		0	0	0	0	0	0	0	0	9	24	66	101	133	178	247	248	273	295	408	280	238	194	118	100	95					
	Average Wait weeks	8.5	20.8	20.6	19.5	18.3	18.6	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					
	Theatre utilisation - main	98%	67%	71%	71%	71%	73%	69%	67%	73%	73%	74%	75%	72%	73%	74%	75%	72%	70%	71%	75%	71%	71%	76%	78%	74%	75%					
	Theatre utilisation - DC	91%	70%	73%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%	58%	65%	63%	61%	62%	64%	63%	62%	69%	73%	69%	69%					
	NOFs (Within 36hrs of admission - NHFD)	85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%	39%	20%	42%	4%	9%	32%	24%	24%	3%	2%	12%	18%					
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%				
	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%	-10.9%	-11.3%	-10.7%	-10.2%	-10.8%	-10.7%	-7.0%									
	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%				
	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%	-5.6%	-5.8%	-5.0%	-4.6%	-5.0%	-4.8%	-1.4%									
	Outpatient metrics																															
DM 01	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	16,487	16,174	15,846	16,393	16,523	16,649	16,503	46,566	36,798	25,671	32,621	33,268					
	% 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%	6.9%	6.9%	6.8%	7.1%	7.1%	6.7%	6.4%	6.7%	6.9%	8.3%	8.3%	8.0%					
	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%	13.0%	12.4%	11.8%	14.0%	12.9%	12.9%	13.2%	12.7%	10.5%	10.7%	11.2%	10.5%					
	% non face to face (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%	26.1%	26.6%	26.7%	27.8%	26.5%	25.7%	25.8%	24.0%	22.6%	22.9%	22.5%	21.8%					
	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%	5.5%	5.5%	7.8%	14.3%	18.3%	13.1%	15.9%	19.9%	18.6%	19.5%	20.2%	22.6%					
Cancer	2 week wait (RBH not being monitored)		99.3%	95.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
	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%	77.3%	74.6%	71.3%	71.4%	70.0%	71.6%	65.5%	71.3%	71.5%	69.6%	73.4%	66.2%	62.3%	(Aug provisional)				
Emergency Dept	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%	75.2%	72.8%	68.0%	66.4%	65.4%	60.4%	72.3%	73.3%	71.9%	71.8%	66.9%	63.6%	64.4%	(Aug provisional)				
	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	7.0	5.0	4.0	4.0	4.0	6.0	7.0	7.0	9.0	18.0	21.6	30.0					
SWAST	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%	19.8%	21.4%	24.5%	30.6%	31.6%	23.7%	21.6%	26.9%	24.4%	20.0%	20.9%	26.6%					
	PHT Mean time in ED	200	227	206	210	230	235	266	235	205	217	229	239	250	274	266	280	277	298	297	285	300	307	296	317	297	295					
	RBCH Mean Time in ED	200	211	217	226	219	259	258	222	206	223	228	250	280	297	278	294	297	304	294	321	374	314	302	300	329	355					
	Patients >12hrs from DTA to admission	0	0	0	0	7	8	3	1	0	0	0	0	0	0	5	16	21	34	73	60	89	188	88	105	97	103					
	Patients >12hrs in dept		37	51	80	110	243	308	56																							

# Quality - SAFE

## Commentary on high level board position

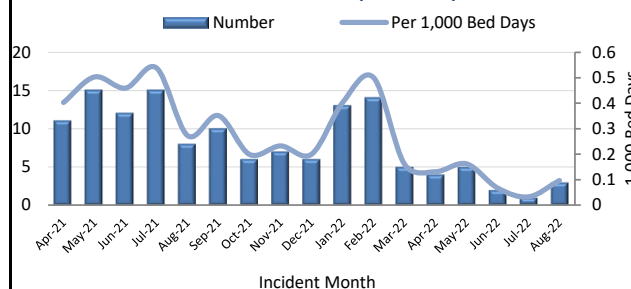
- Three category 3 pressure ulcer incidents reported in month, one incident was a combination ulcer involving both moisture and pressure.
- There were 7 falls incidents all of which are of severe harm, one patient sustained a subdural haematoma, the other 6 events resulted in #nofs, 4 of which underwent surgical resolution on the T&O unit at PH
- Four (4) new Serious Incident reported in month (August 22) including two (2) Never Events:
  - Dermatology Never Event - Wrong site surgery
  - Wrong site surgery Never Event - left epididymectomy instead of right
  - Delay in reviewing x-ray report - Delayed Cancer Diagnosis
  - Delay in diagnosis/treatment of Meningitis
- 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

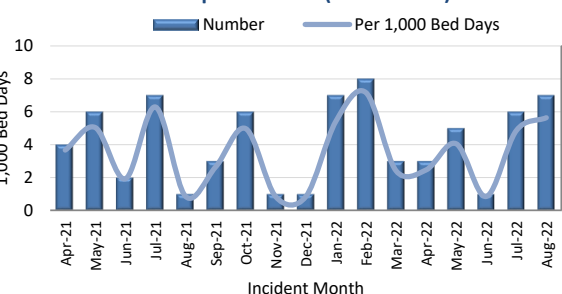
		22/23 YTD	21/22 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	15	61	-46
	Per 1,000 Bed Days	0.10	0.43	-0.34
Inpatient Falls (Moderate +)	Number	22	20	2
	Per 1,000 Bed Days	0.14	0.14	0.00
Medication Incidents (Moderate +)	Number	6	4	2
	Per 1,000 Bed Days	0.04	0.03	0.01
Patient Safety Incidents (NRLS only)	Number	4,914	5,746	-832
	Per 1,000 Bed Days	32.08	40.95	-8.87
Hospital Associated Infections	MRSA	0	1	-1
	MSSA	16	19	-3
	C Diff	48	33	15
	E. coli	25	35	-10

## High Level Trust Performance

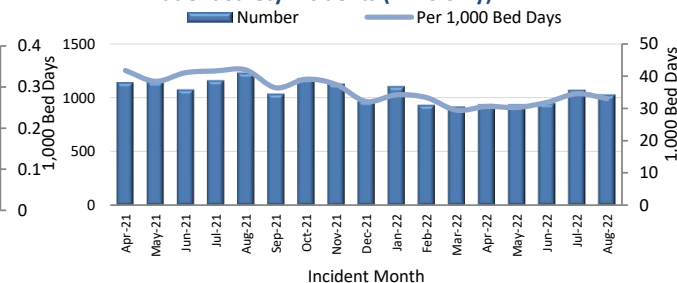
Pressure Ulcers (Cat 3 & 4)



Inpatient Falls (Moderate +)



Patient Safety Incidents (NRLS only)



3 (Jul)

HAI: MSSA

3 (Aug)

0 (Jul)

HAI: MRSA

0 (Aug)

4 (Jul)

HAI: E. coli

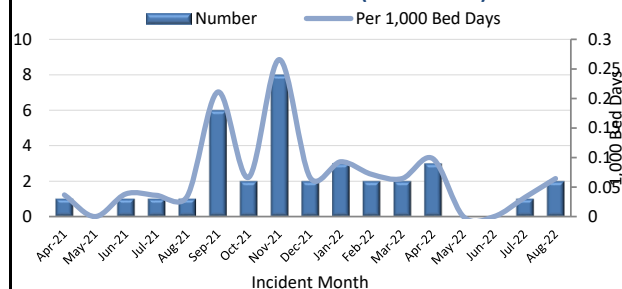
7 (Aug)

9 (Jul)

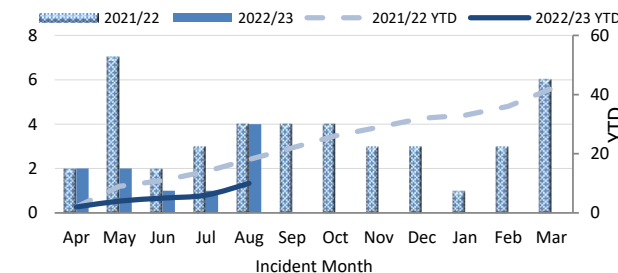
HAI: C Diff (HOHA & COHA)

11 (Aug)

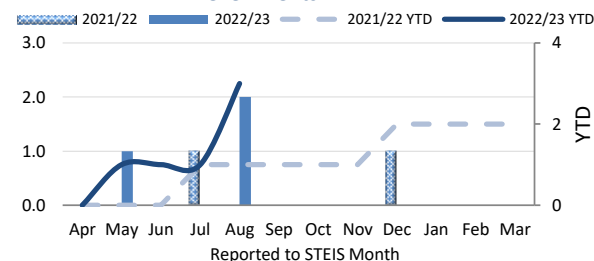
Medication Incidents (Moderate +)



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 September

### High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	20	55	-35
Patient Moves Out of Hours (Non-Clinically Justified Only)	224	424	-200
Mixed Sex Acc. Breaches Suspended Apr20 - Sep21	65	0	65

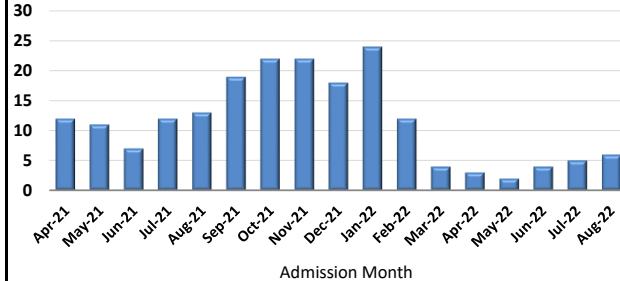
### ENA Risk Assessment

Up to Apr 2022 only

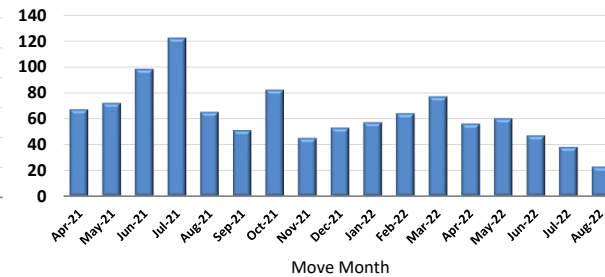
Falls	54.7%	59.9%	-5.2%
Infection	57.5%	64.2%	-6.7%
MUST	58.0%	64.1%	-6.1%
Waterlow	55.6%	60.2%	-4.6%

### High Level Trust Performance

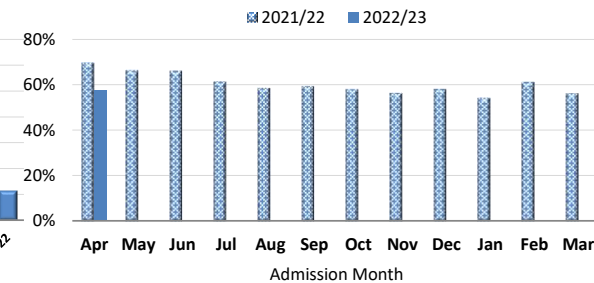
Patient with 3 or more Ward Moves



Patient Moves Out of Hours



ENA : Infection Risk Assessment within 6hrs



54.7% (Apr)

Falls

N/A

57.5% (Apr)

Infection

N/A

58.0% (Apr)

MUST

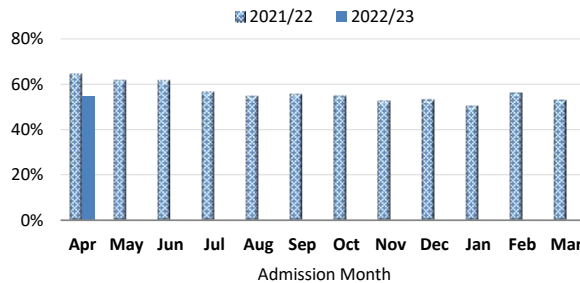
N/A

55.6% (Apr)

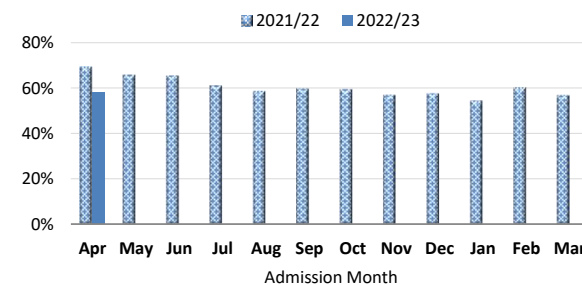
Waterlow

N/A

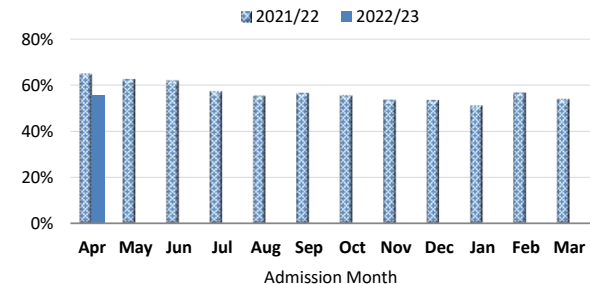
ENA : Falls Risk Assessment within 6hrs



ENA : MUST Risk Assessment within 6hrs



ENA : Waterlow Risk Assessment within 6hrs



# Quality - EFFECTIVE AND MORTALITY

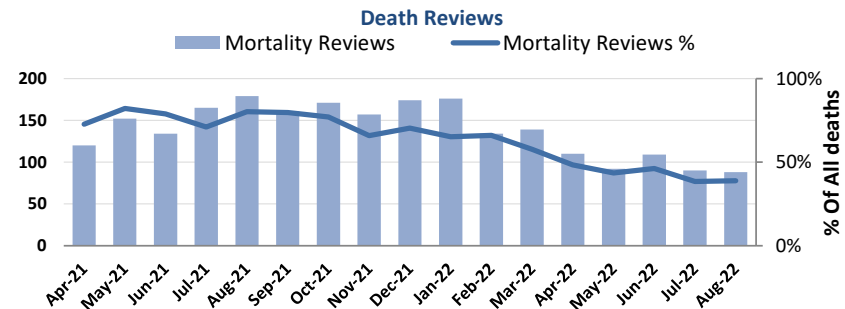
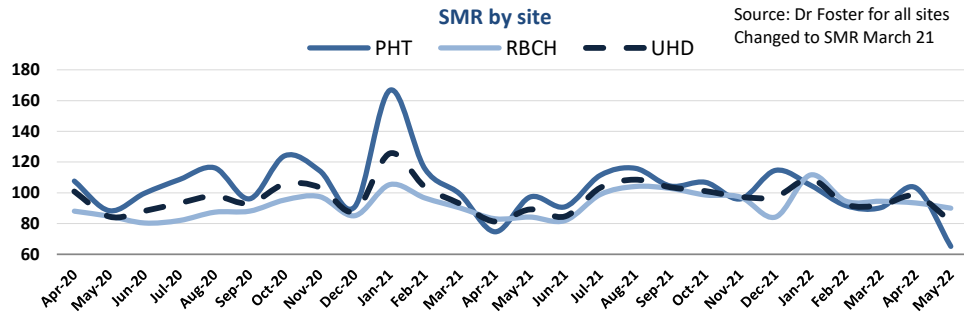
## Commentary on high level board position

- The Mortality Surveillance Group meets monthly (last meeting 8/9/22) and reviews mortality reports from speciality M&M meetings.
- The UHD Learning from Deaths Policy and the UHD Mortality Policy have been updated and approved at the MSG on the 9/9/22. The updates reflect the roll out of the community medical examiner service.
- The Dorset ICS Community Medical examiner service has been nominated for a HSI award.
- The National Medical Examiner is coming to UHD on 27th September to learn how the Trust has been able to implement an exemplar ME service.
- Work progresses on the new UHD eLearning from Deaths project. Currently in the IT design phase with pilot testing due to commence across all sites in October 2022.

## High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
SMR	Latest (May-22 - UHD)	81.4	89.2	
(Source: Dr Foster for all sites)				
Patient Deaths	YTD	1134	975	159
Death Reviews	Number	489	750	N/A
Note: 3 month review turnaround target	Percentage	43%	77%	
Deaths within 36hrs of Admission		168	178	-10
Deaths within readmission spell		109	84	25
Patient readmitted within 5 days				

## High Level Trust Performance



98.0 (Apr)

SMR

81.4 (May)

234 (Jul)

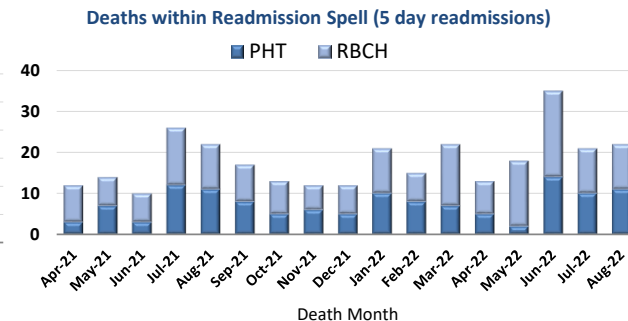
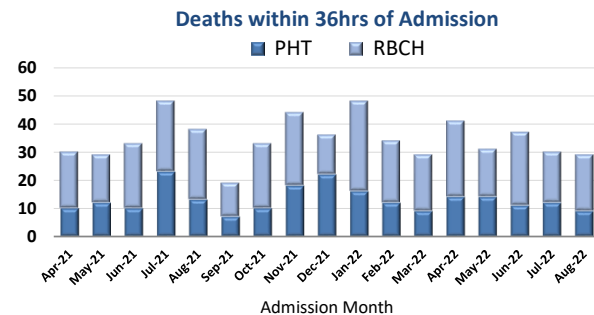
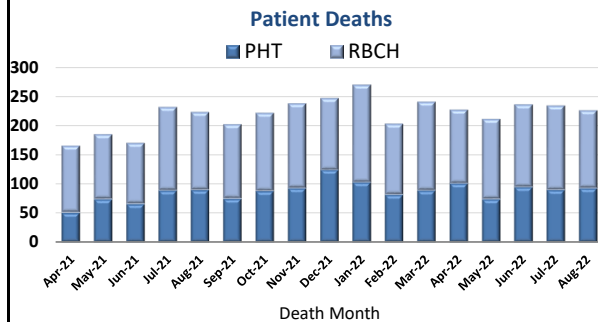
Patient Deaths

226 (Aug)

43.6% (May)

Deaths Reviewed

46.2% (Jun)



## Quality - CARING

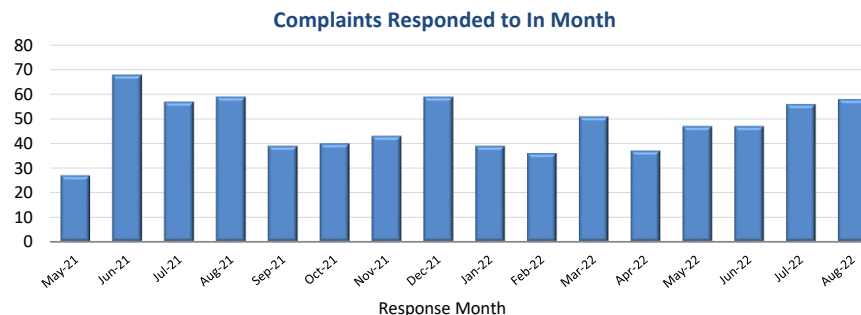
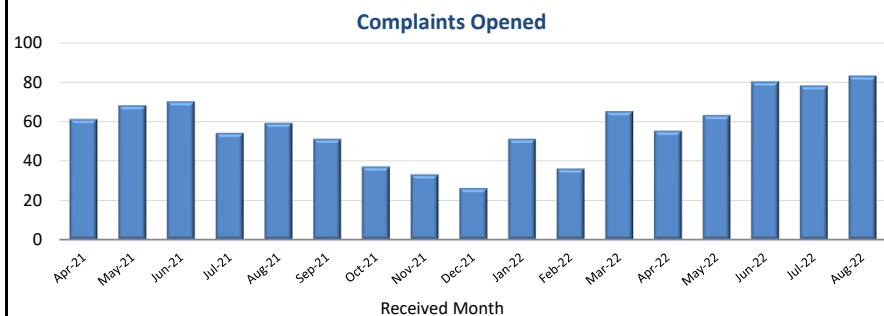
### Commentary on high level board position

- FFT Positive responses have improved in August at 90.4% compared with 86% in July. The response rate for FFT has also improved in August following the resolution in the problems caused by the transition of IT systems.
- In August there were 490 PALS concerns raised, 33 new formal complaints and 50 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in August were 65. Regular meetings with the care groups continue to focus on closing of complaints.
- In August there were 194 outstanding open complaints including ERC, 82 of which have been open longer than 55 working days, there has been a steady and slow decline in the number of complaints open over 55 days.
- Key themes from PALS and complaints:
  - Organisation process – Waiting times, accessing care
  - Communication – Absent or incorrect
  - Quality – Clinical standards

### High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Complaints Opened	359	312	47
Complaint Response Compliance	TBC		
Complaint Response in month	245	249	-4
Section 42's Reported quarterly	7	22	-15
Friends & Family Test New guidelines from June 2020	89%	88%	1%

### High Level Trust Performance



56 (Jul)

Complaint Responses

58 (Aug)

78 (Jul)

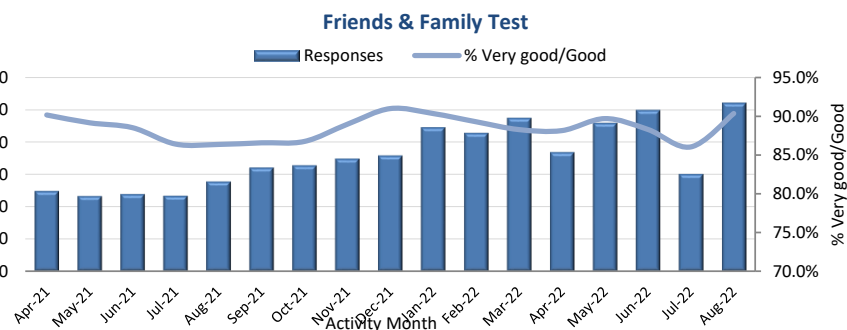
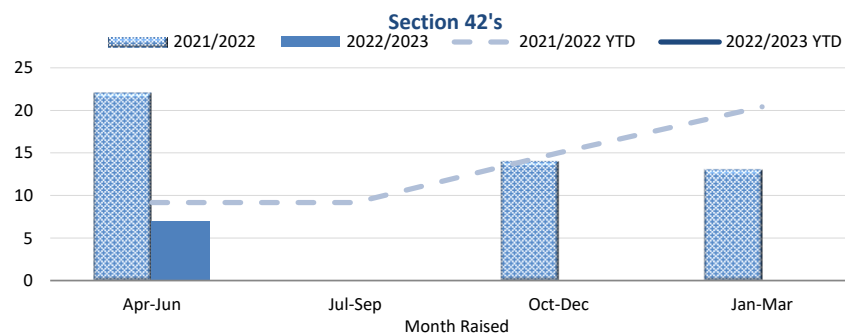
Complaints Opened

83 (Aug)

86.0% (Jul)

FFT % V.Good/Good

90.4% (Aug)



## Quality - WELL LED

### Commentary on high level board position

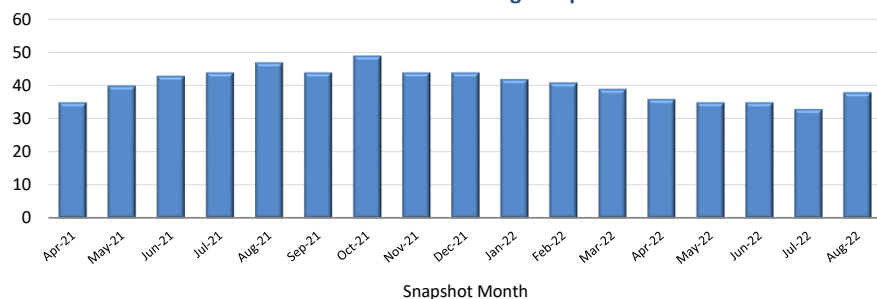
- Risk register update provided in Quality Committee, TMB, and Board report.
- Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group.
- No outstanding Patient Safety Alerts.

### High level Board Performance Indicators

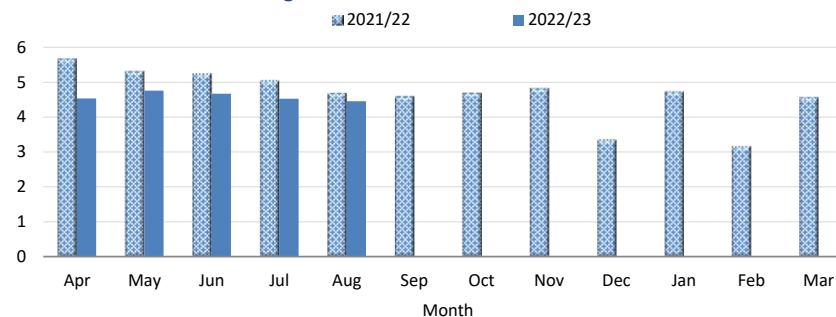
	22/23 YTD	21/22 YTD	Variance
Risks 12 and above on Register	38	47	-9
Red Flags Raised*	459	339	120
*Source: SafeCare from Dec21. Criteria aligned.			
Registered Nurses & Midwives CHPPD	4.6	5.2	-0.6
Patient Safety Alerts Outstanding	0	0	0

### High Level Trust Performance

Risks 12 and above on Risk Register per month



Registered Nurses & Midwives CHPPD



33 (Jul)

Risks 12+

38 (Aug)

4.5 (Jul)

RN & RM CHPPD

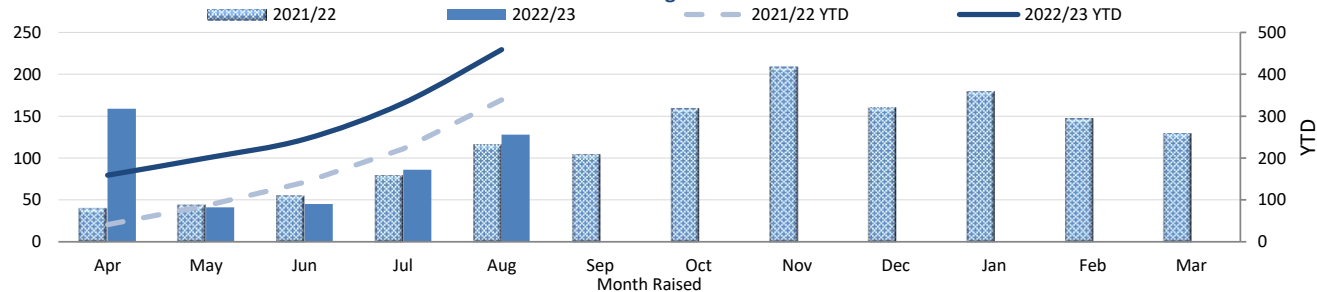
4.5 (Aug)

86 (Jul)

Red Flags Raised

128 (Aug)

Red Flags Raised\*





# Workforce

## Commentary on high level board position

**UHD turnover continues to track at 14.5% this month.**

**Vacancy rate** is being reported at 7.2%, an increase of 0.0% compared to July. This increase is, in the main, due to establishment data quality corrections, specifically in nursing and midwifery. It is also reflective of a very challenging recruitment market.

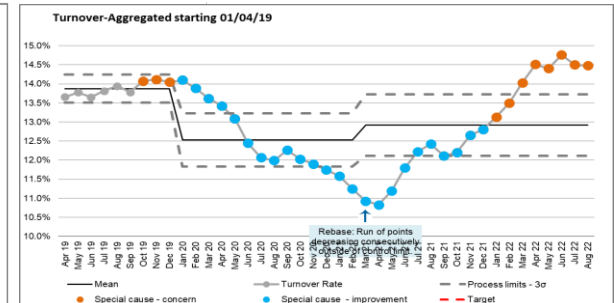
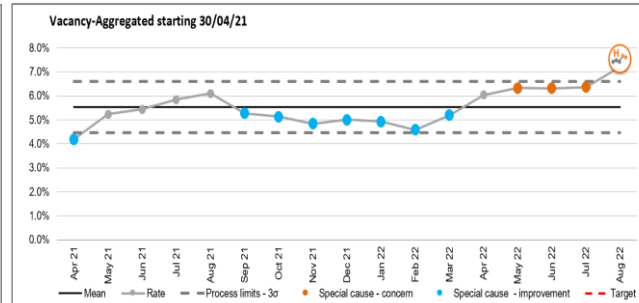
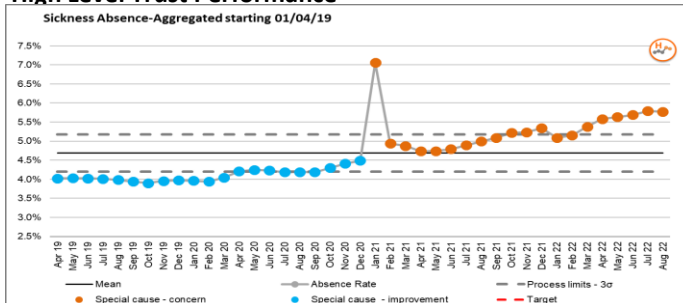
**Overall Sickness absence** In August is 4.7%, a reduction of 1.1% compared to July. Covid related absence remains at 0.2%.

**Statutory and Mandatory training:** Compliance figures for August have improved - PH site has increased to 82.4% and RBH Site has increased to 90.8% with overall UHD Trust compliance standing at 87.1.9%. Our aim is to reach 90% across both sites.

## High level Board Performance Indicators

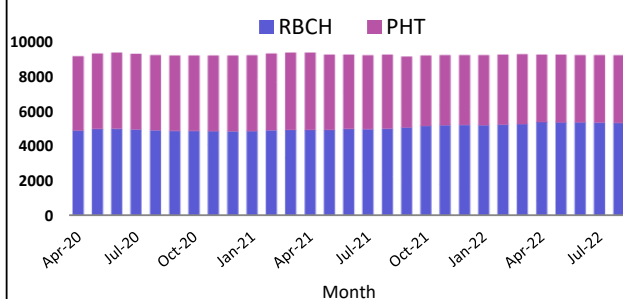
	22/23 YTD	21/22 YTD	Variance
Turnover (12 month rolling)	14.5%	11.7%	2.8%
Vacancy	6.5%	5.4%	1.1%
Sickness Rate (12 month rolling)	5.7%	4.8%	0.9%
Appraisals			
Values Based	13.9%	18.3%	-4.4%
Medical & Dental	57.7%	56.4%	1.3%
Statutory and Mandatory Training	85.0%	88.0%	-3.0%

## High Level Trust Performance



59.0% (Jul)	Appraisals (Medical)	59.1% (Aug)	19.9% (Jul)	Appraisals (Values)	28.9% (Aug)	14.5% (Jul)	Turnover	14.5% (Aug)	5.8% (Jul)	Sickness Absence	5.8% (Aug)	6.4% (Jul)	Vacancy	7.2% (Aug)
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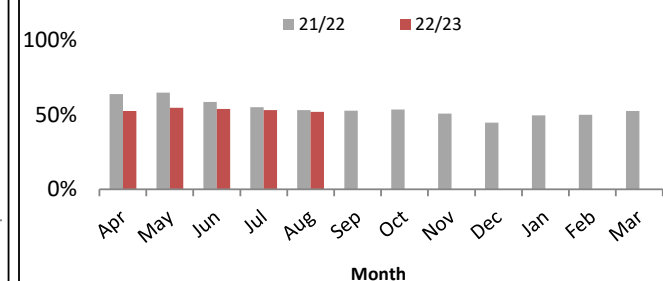
## Headcount



## Statutory & Mandatory Training



## Bank Fill Metric



# Emergency

## Commentary on high level board position

Attendances in August reported a material reduction compared to July with just under 13800 attendances (c500 less at RBH and c200 less at Poole). However, waiting time standards have not been delivered and crowding in the Emergency Departments remains a daily operational challenge.

There was an reduction in the number of patients waiting more than 12 hours in the department (100 fewer equally split between the sites). The total number waiting for more than 12 hours from referral increased marginally (n=6). Wait times for beds marginally reduced at RBH and increased at Poole, but remains a significant challenge - 7 hours ant RBH and over 8.5 at PH as an average in month. Non admitted times reduced by c8 minutes at Poole, but increased at RBH by 40 minutes.

Despite the overall reduction in attendances conveyances by ambulance remained comparable to July (>3800). There was a marked reduction in Ambulance handovers waiting more than an hour, with almost 200 fewer than the previous month. This was delivered by funding additional Ambulance handover crews at both sites allowing 4 additional crews to hand over if the main emergency department becomes full. UHD recorded an improvement of over 1000 hours returned to the Ambulance Service compared with July - total time lost 2272 hours in August compared to 3343 hours in July. However Dorset did not achieved the submitted improvement trajectory (along with most other SW regions) and will continue to be under Regional NHSE scrutiny.

## High level Board Performance Indicators

Type 1 ED Emergency Dept	Standard	Merged Trust
Arrival time to initial assessment	15	30
Clinician seen <60 mins		26.6%
PHT Mean time in ED	200	295
RBCH Mean Time in ED	200	355
Patients >12hrs from DTA to admission	0	103
Patients > 12hrs in dept		779
YTD ED attendance Growth vs 22/23 (vs 21/22)		-6.4% (5.4%)
<b>Ambulance Handover</b>		
YTD Ambulance handover Growth vs 22/23 (vs 21/22)		-8.2% (-14.9%)
Ambulance handover 30-60mins breaches		490
Ambulance handover >60mins breaches		445
<b>Emergency Admissions</b>		
YTD Emergency admissions growth vs 22/23 (vs 21/22)		-11.9% (-10.2%)

22 mins  
Jul-22

Mean time to  
initial  
assessment

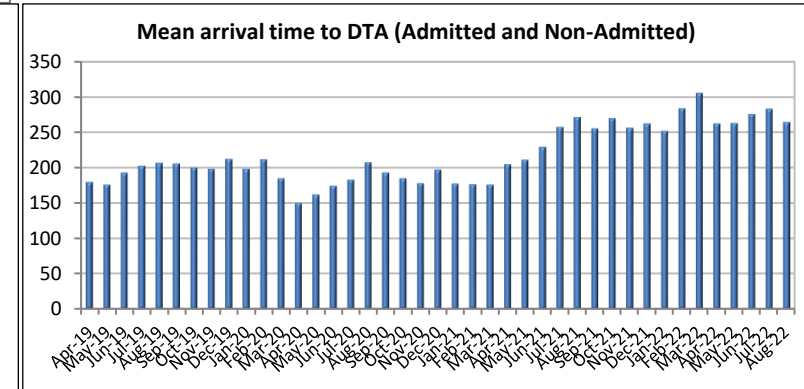
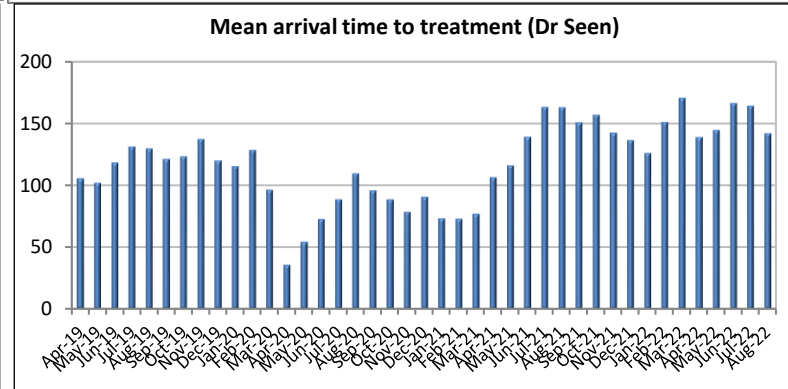
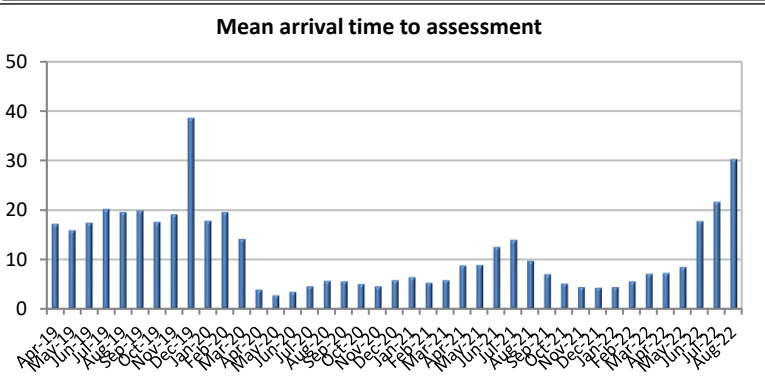
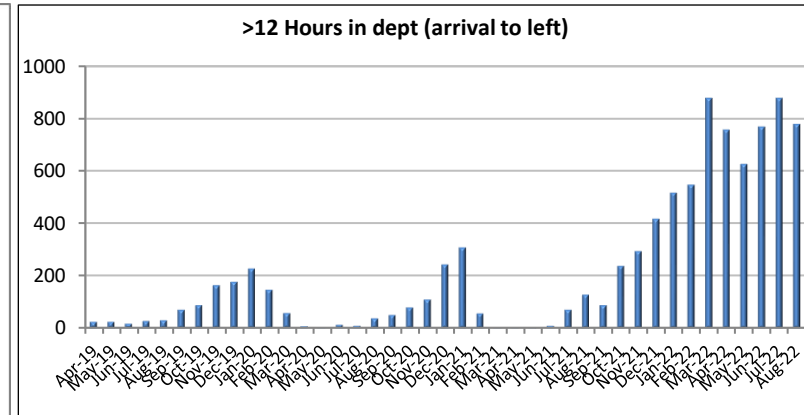
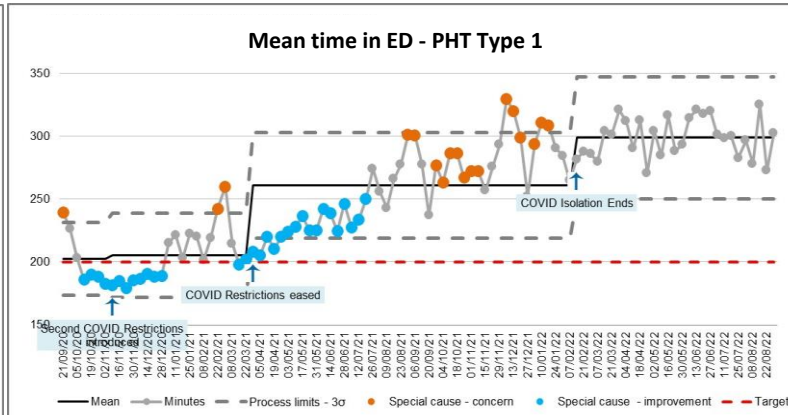
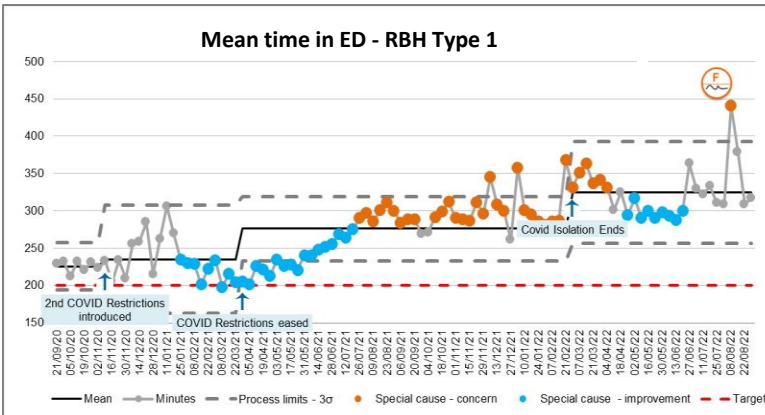
30 mins  
Aug-22

314 mins  
Jul-22

Mean time in  
Dept. RBH &  
PHT

326 mins  
Aug-22

## High Level Trust Performance



# Patient Flow

## Commentary on high level board position

### Patient Flow

Bed occupancy remains in the mid-93% range. The high occupancy rate which is above the 85% national standard is 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 fractionally to 26.3% (-0.2%) and this is 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 is slightly lower than previous months but still above the 17-month average. More patients were discharged than admitted in the month, a net discharge of 29 patients. The mean bed wait for patients has improved slightly to 170 mins, 5 minutes less than the previous month. Despite this, the chart at bottom-right shows how the mean wait time has risen overall during the last year, impacting on flow out of the Emergency Department and ambulance handovers.

## High level Board Performance Indicators & Benchmarking

### August 2022

#### Patient Flow

#### Bed Occupancy

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

### Standard

### Merged Trust

#### 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)

93.4%

97.1%

31,141

1004.5484

6,497 v 6,526

-29

5,367

3,396

1,971

#### Conversion rate (admitted from ED)

30%

26.3%

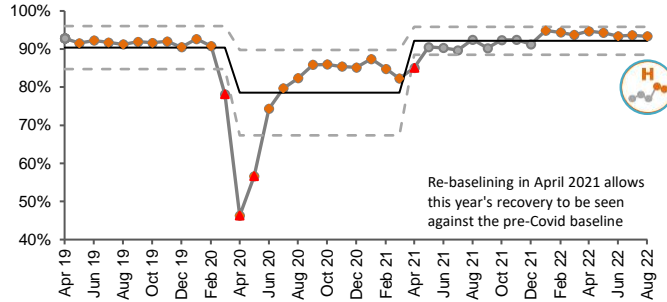
#### Mean bed wait: minutes w/c 29 August

170

## High Level Trust Performance

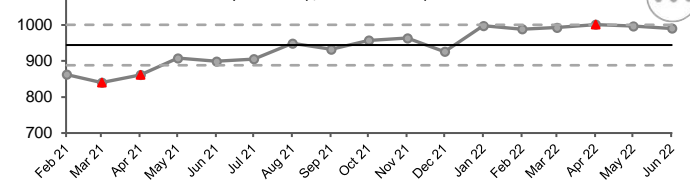
### Bed Occupancy Rate including Escalation Capacity

Source is daily UEC SitRep, G&A adult & children occupied ÷ total available(8am)



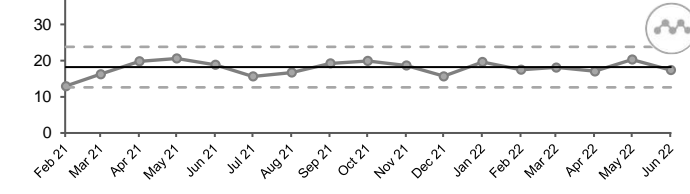
### Average Adult Occupied Bed Days

Source is daily UEC SitRep, adult beds occupied at 8am



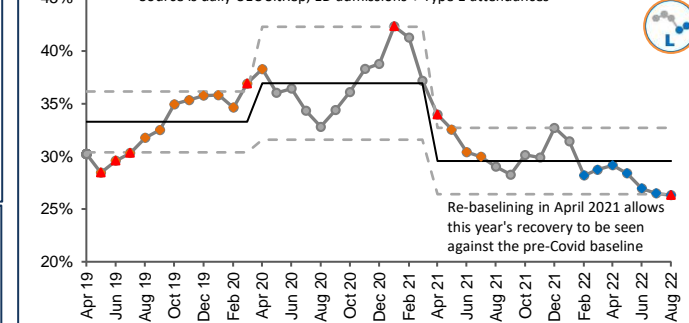
### Average Paediatric Occupied Bed Days

Source is daily UEC SitRep, paediatric beds occupied at 8am



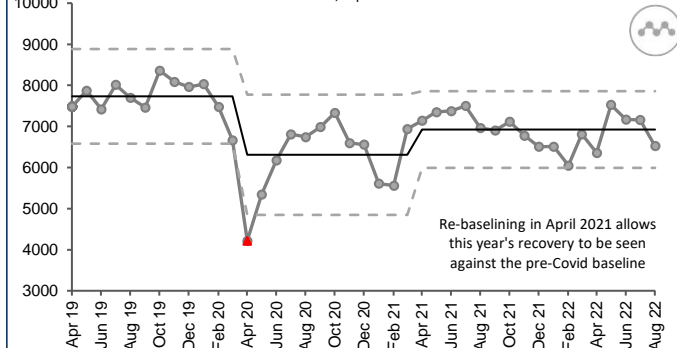
### A&E Conversion rate

Source is daily UEC SitRep, ED admissions ÷ Type 1 attendances



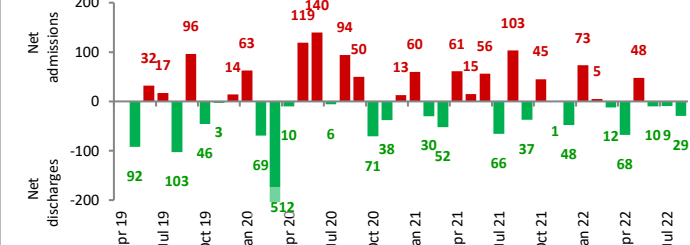
### Admissions

Source is Camis, Inpatient Admissions



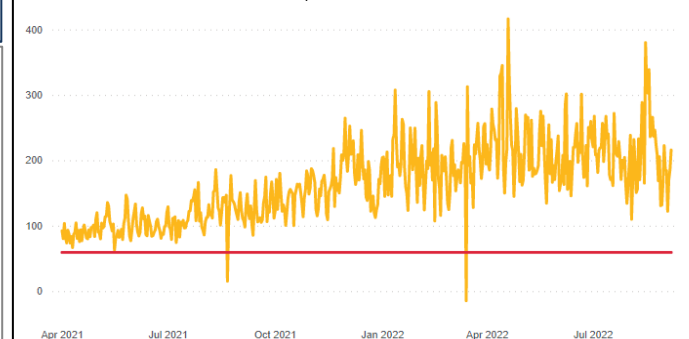
### Net monthly admissions / discharges

Source is Camis, Admissions minus Discharges



### Mean Bed Wait

Source: PBI0004: Operational Performance Dashboard - ED



# 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 length of stay over 7 days has increased sharply by about 34 per day. The number of patients with a length of stay over 21 days has increased by even more. This continues being above pre pandemic levels, and is the highest level seen in past 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) has increased to 237 patients this month, an increase of 23 patients. The overall delayed discharge position continues to challenge hospital flow. The overall proportion of MRTL patients has increased to 30%, 2% up on last month. Internal processes accounted for 17% of patients no longer meeting Criteria to Reside (C2R).

## High level Board Performance Indicators & Benchmarking

### August 2022

### Length of Stay and Discharges

Stranded patients:

	Standard	Merged Trust
Length of stay 7 days	42%	577 57.4%
Length of stay 14 days	21%	400 39.9%
Length of stay 21 days	108 12%	295 29.4%

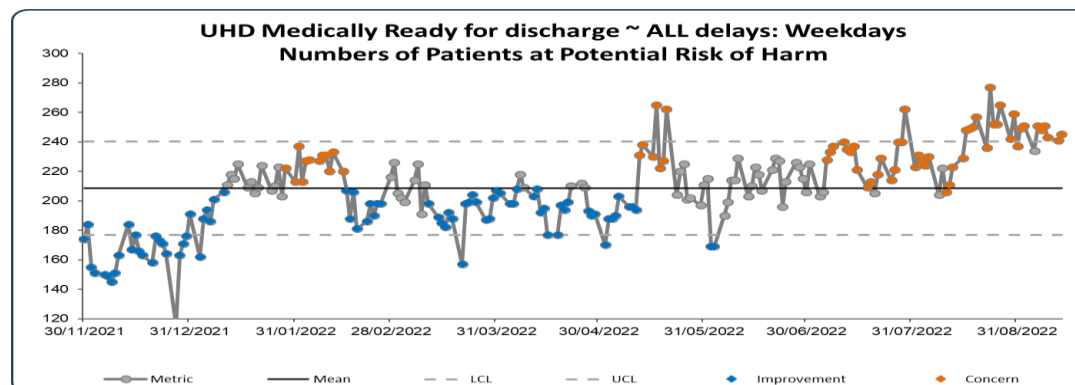
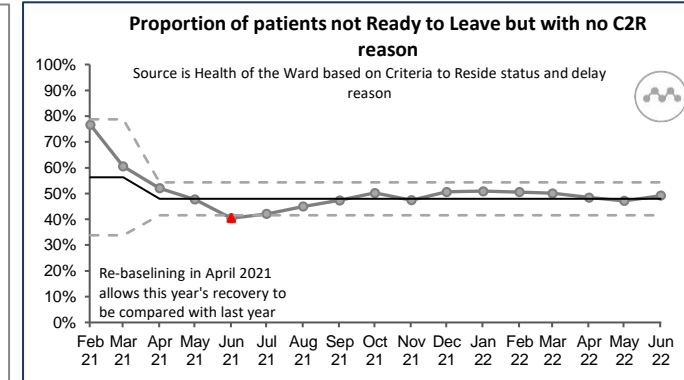
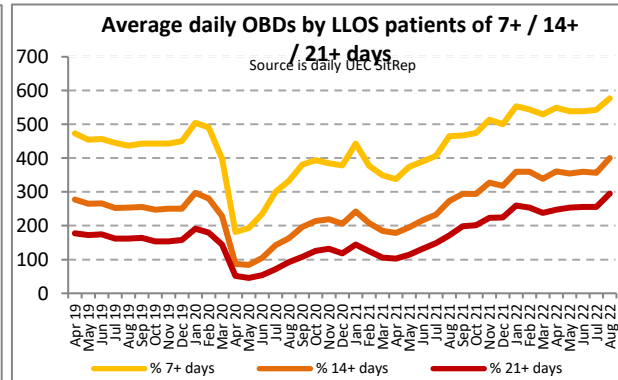
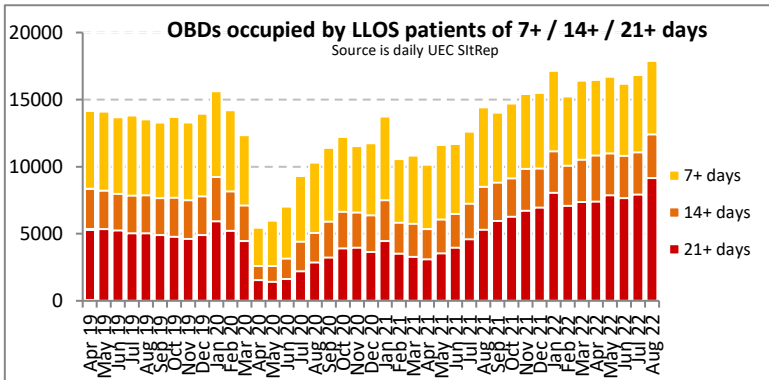
Criteria to Reside  
(excludes Ready to Leave)

Physiology	4%
Function	13%
Treatment	26%
Recovery	8%
Not Recorded	48%

Proportion of patients who are Ready to Leave

30%

## High Level Trust Performance

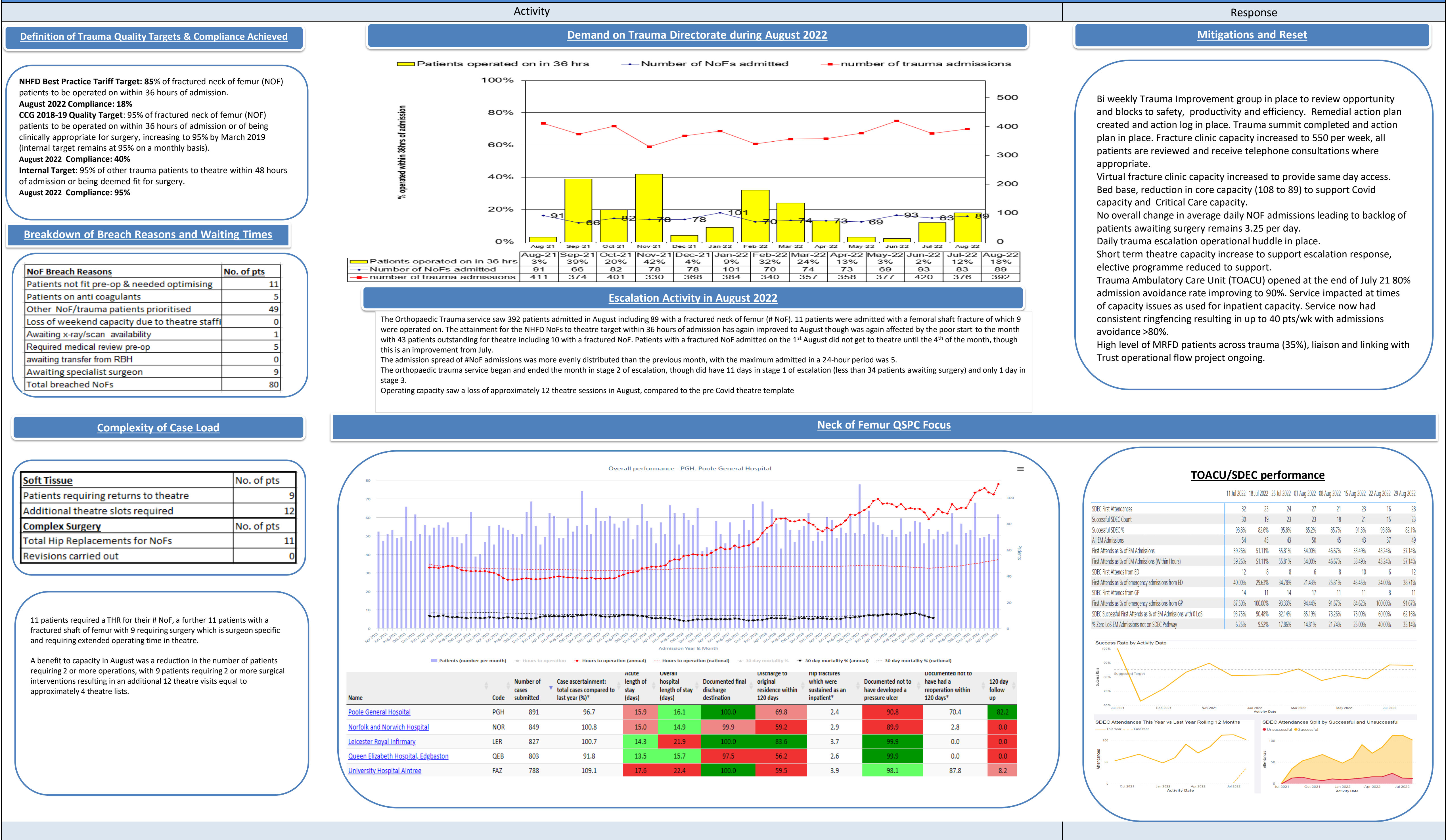




## Escalation Report

Aug-22

Trauma Orthopaedics : 40% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.

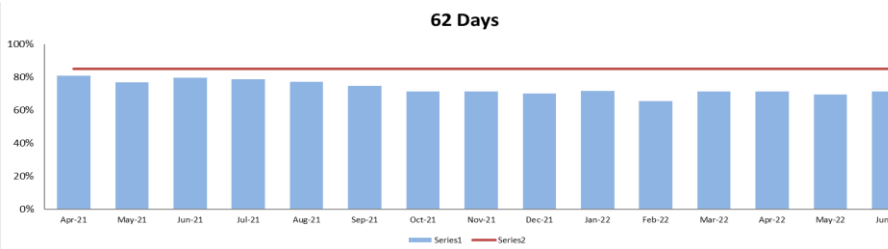
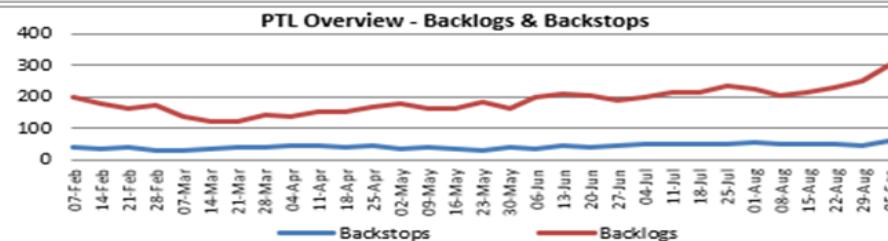
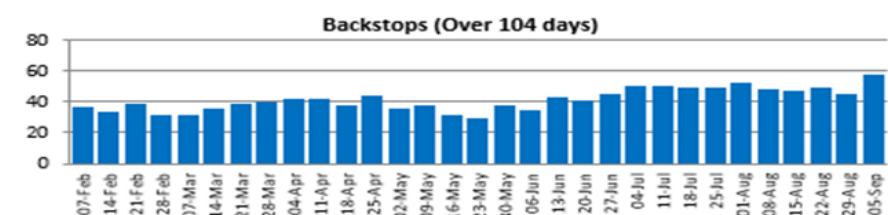




# Cancer - Actual July 2022 and Forecast August 2022

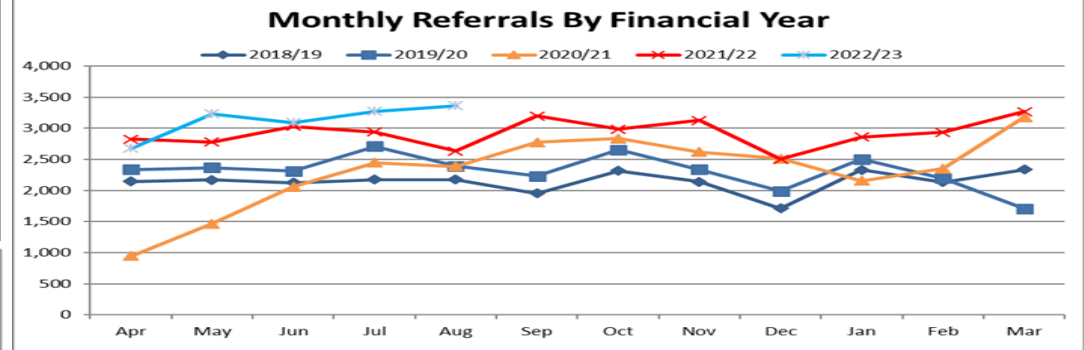
## Commentary on high level board position

The rate of two week wait referrals in July increased by 10% when compared to July last year, August saw a 22% increase. The tumour sites with the highest increases were colorectal (+32%), gynae (+17%), head & neck (+28%) lung (+26%), skin (+18%), upper GI (+24%) and urology (+0%). This increase in referrals is impacting both 28 Day FDS and 62 Day performance. The total number on the UHD PTL has increased to over 3950 and is the highest it has ever been. and is the 20th highest PTL when compared nationally, however, of the 30 trusts with the largest PTL's nationally, UHD has the 5<sup>th</sup> lowest % of backstop patients and the lowest % of backstops within the Wessex Cancer Alliance. 28-day FDS performance in July was not achieved (63.6%), with 4 tumour sites achieving the 75% threshold. 55% of all breaches are due to 1<sup>st</sup> OPA capacity, in particular for colorectal, gynae and skin. Data completeness in July against this standard was above the target of 95% achieving 97%. The Trust has consistently achieved the 31-day standard and is expected to be achieved in July. Two out of three subsequent treatment KPI's were achieved in July, with the exception of surgery mainly due to theatre capacity in urology. The 62-day screening standard was achieved in July (last time this was achieved was in May 2021). The 62-day performance in July was below the 85% threshold (67.9%), however remains above current national average of 61.9%.



## High level Board Performance Indicators & Benchmarking

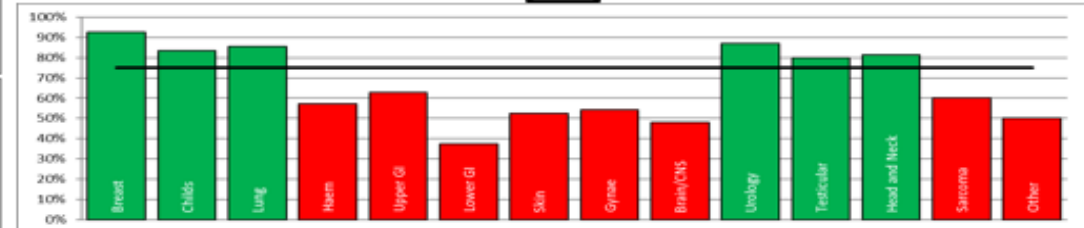
Cancer Standards	Standard	UHD Jul-22	Predicted Aug-22
31 day standard	96%	97.9%	97.5%
62 day standard	85%	67.9%	64.5%
28 day faster diagnosis standard	75%	63.6%	64.3%



Target 75%

28

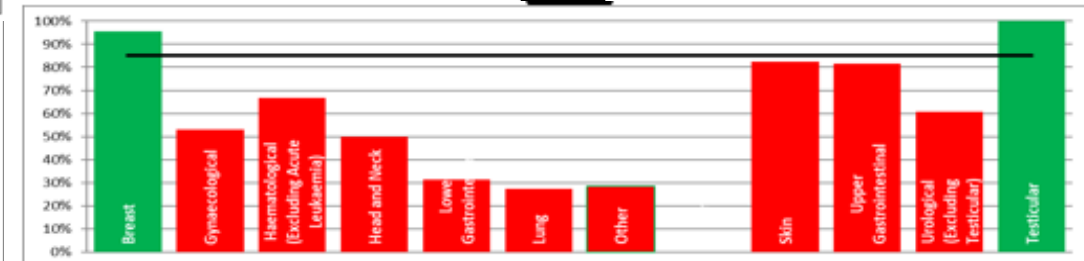
UHD: July 2022: 63.6%



Target 85%

62

UHD: : July 2022: 67.9%



# Elective & Theatres

## Commentary on high level Board position

### 18 Weeks Referral to Treatment

At the end of August 2022, the Trust's 18 week RTT performance is **57.1%** (92% standard).

- 4,010 patients were waiting over 52 weeks for treatment, a decrease of 160 compared to July and plan against the 22/23 operational plan trajectory.
- 502 patients are waiting over 78 weeks, an increase of 10 since July, (3 above plan) and 95 patients are waiting over 104 weeks. The 104 week wait position has reduced by 5 since July.
- The overall **waiting list size** has reduced in August, down 439. A proportion of the growth in 2022 to date is due to duplicate pathways existing in the reported PTL whilst the Trust transitions from two Patient Administration Systems to a single PAS. A programme of validation is underway to remove these duplicate entries.
- Reduced capacity for elective care due Covid, increased referrals in some specialities, high bed occupancy and workforce gaps have also contributed to this waiting list position.
- 99.60%** of patient referrals have been allocated a clinical prioritisation code (P code) .
- Theatre utilisation**
- The current staffed theatre (main) utilisation rate has increased slightly to 75%. Day case utilisation has remained at 69%.
- Trauma**
- The percentage of patients with a fractured neck of femur treated within 36 hours of admission has improved, increasing 6% to 18%.

## High level Board Performance Indicators & Benchmarking

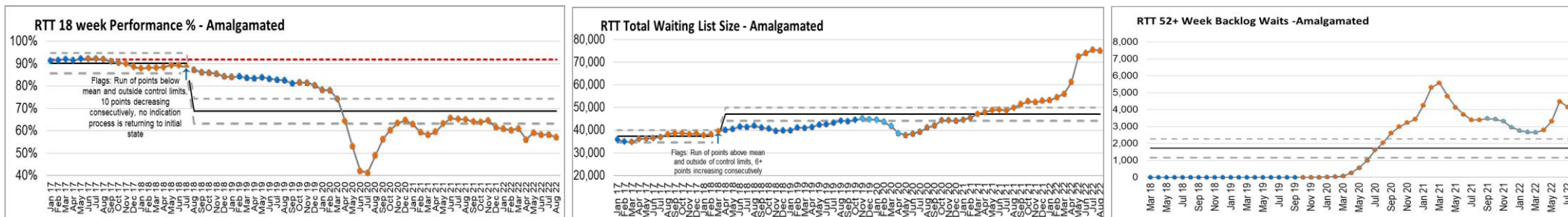
### Referral To Treatment

	Standard	Merged Trust	% of pathways with a DTA
18 week performance %	92%	<b>57.1%</b>	
Waiting list size	51,491	<b>75,065</b>	16%
Waiting List size variance compared to Sep 2021 %	0%	<b>45.8%</b>	
No. patients waiting 26+ weeks		<b>21,326</b>	21%
No. patients waiting 40+ weeks		<b>9,446</b>	26%
No. patients waiting 52+ weeks (and % of waiting list)	5.3%	<b>4,010</b>	34%
No. patients waiting 78+ weeks		<b>502</b>	69%
No. patients waiting 104+ weeks		<b>95</b>	40%
Average Wait weeks	8.5	<b>19.5</b>	
% of Admitted pathways with a P code		<b>99.60%</b>	

### Theatre metrics

Theatre utilisation - main	80%	<b>75%</b>
Theatre utilisation - DC	85%	<b>69%</b>
NOFs (Within 36hrs of admission - NHFD)	85%	<b>18%</b>

## High Level Trust Performance



RTT Incomplete 57.1% <18weeks

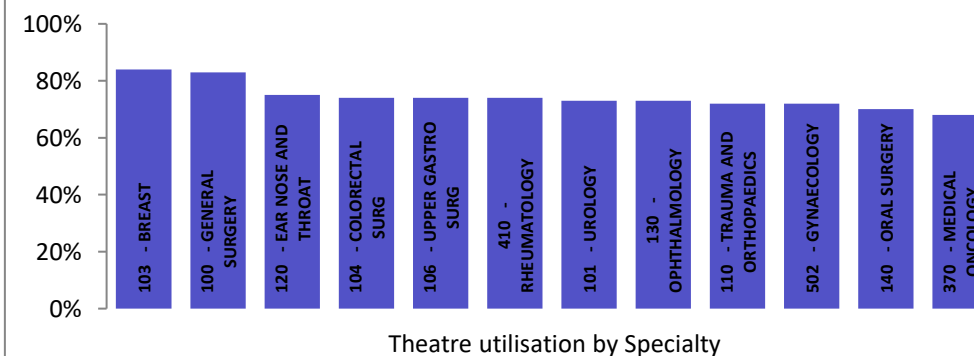
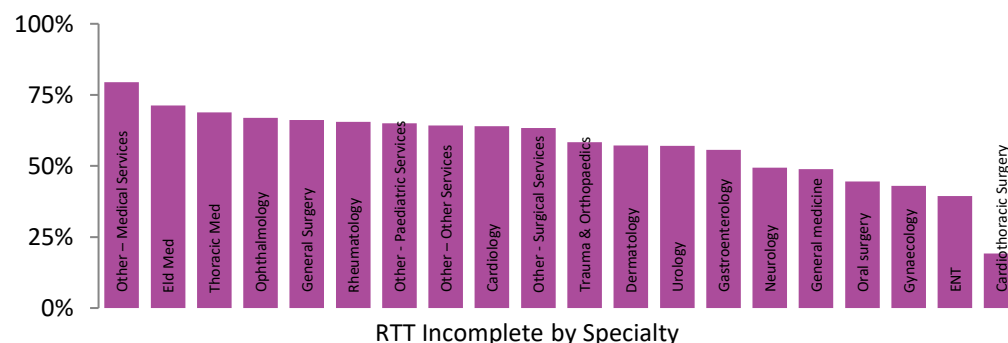
**18**  
WEEKS

(Last month 58.3%) Target 92%

Theatre Utilisation 73.5%



(Last month 72.9%)





Referral to Treatment (RTT)

What is driving under performance?

92% of all patients should be seen and treated within 18 weeks of referral.

In August 2022, 57.1% of all patients were seen and treated within 18 weeks at UHD.

The overall waiting list (denominator) was 75,065 which is lower than previous months and 3.5% above the August 22 operational plan waiting list trajectory of 72,552.

4,010 RTT waits exceeded 52 weeks, which is an improved position and below the Trust's operational plan trajectory for August 2022 (4,702).

August 2022 (compared with previous month )

42,871 decrease < 18 weeks

21,326 increase > 26 weeks

9,446 increase > 40 weeks

4,010 decrease > 52weeks

502 increase > 78 weeks

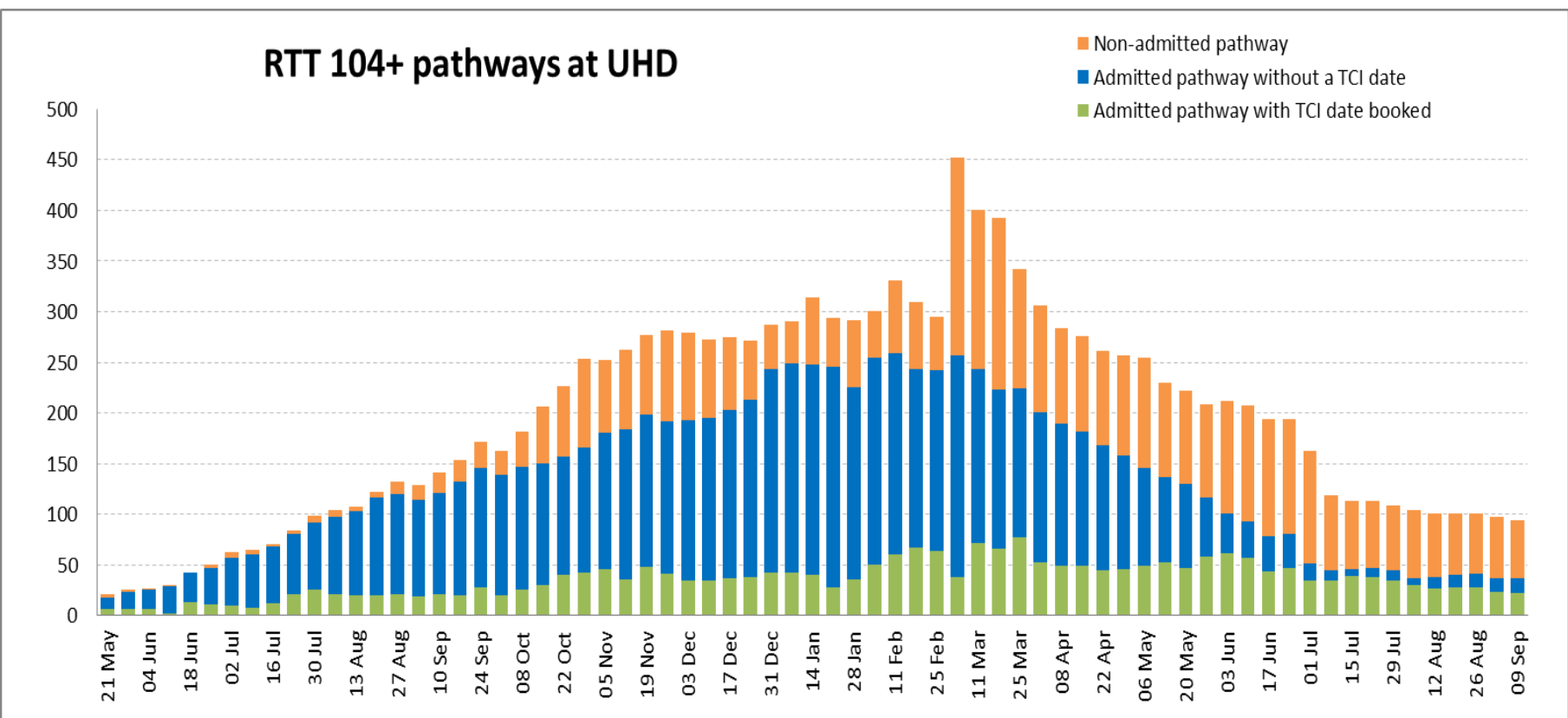
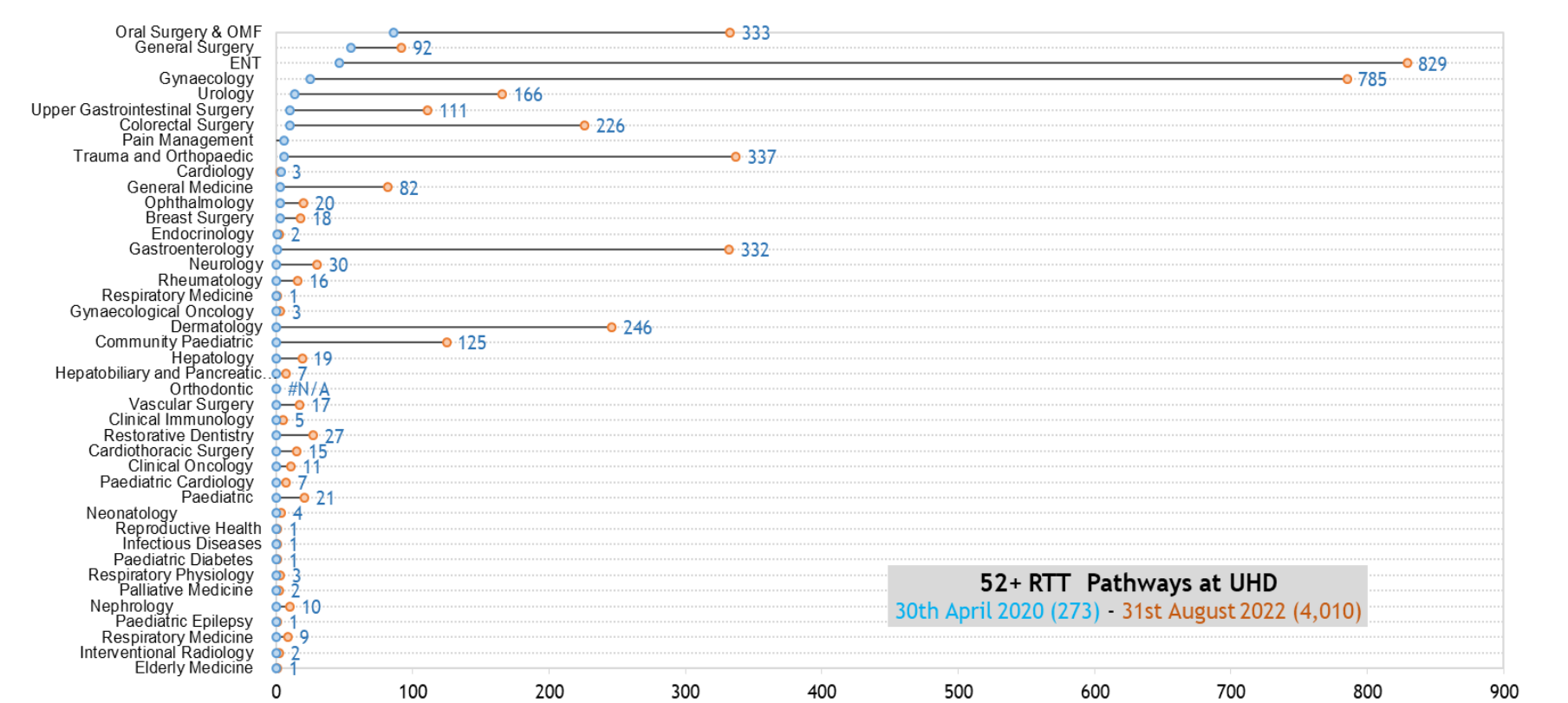
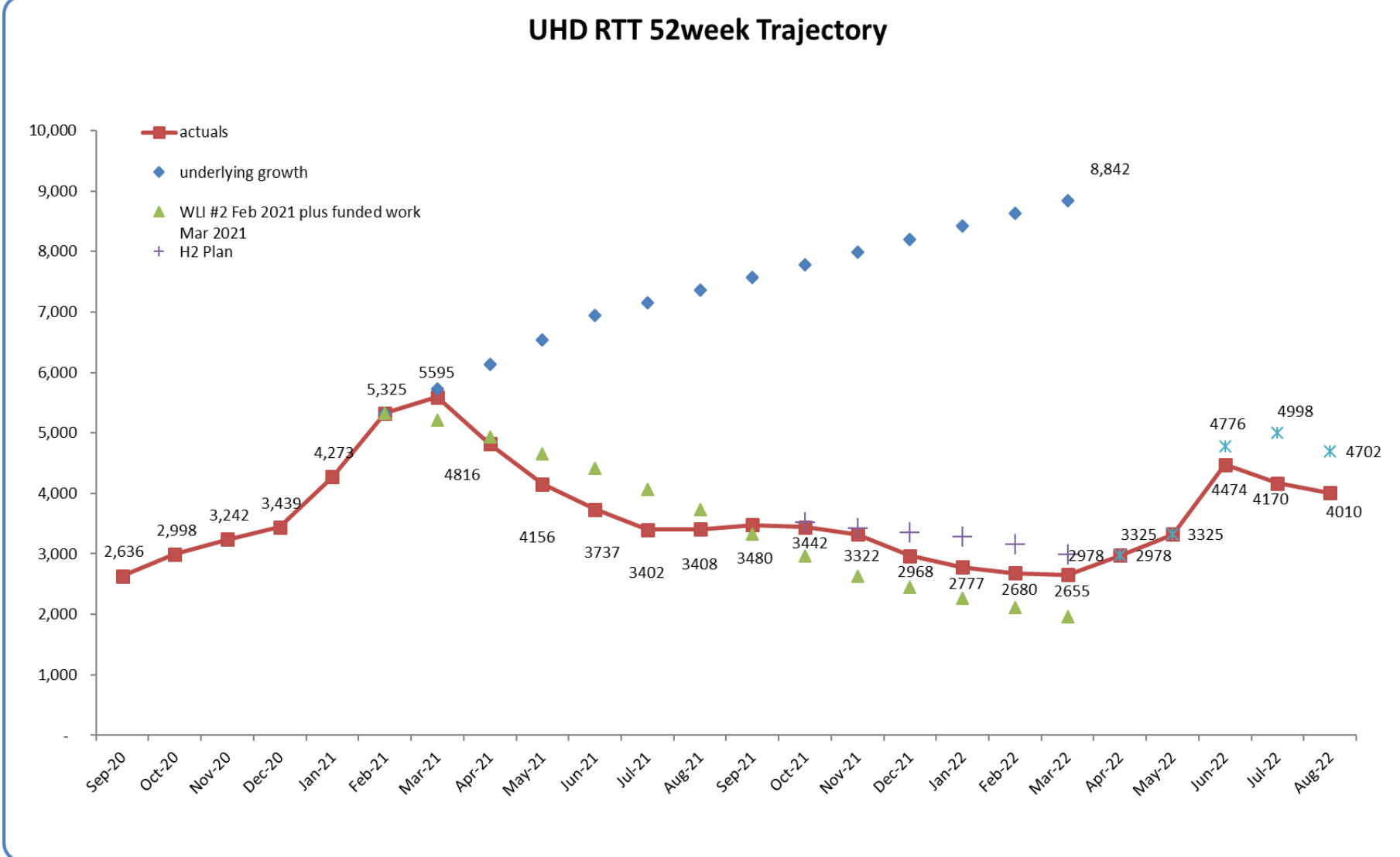
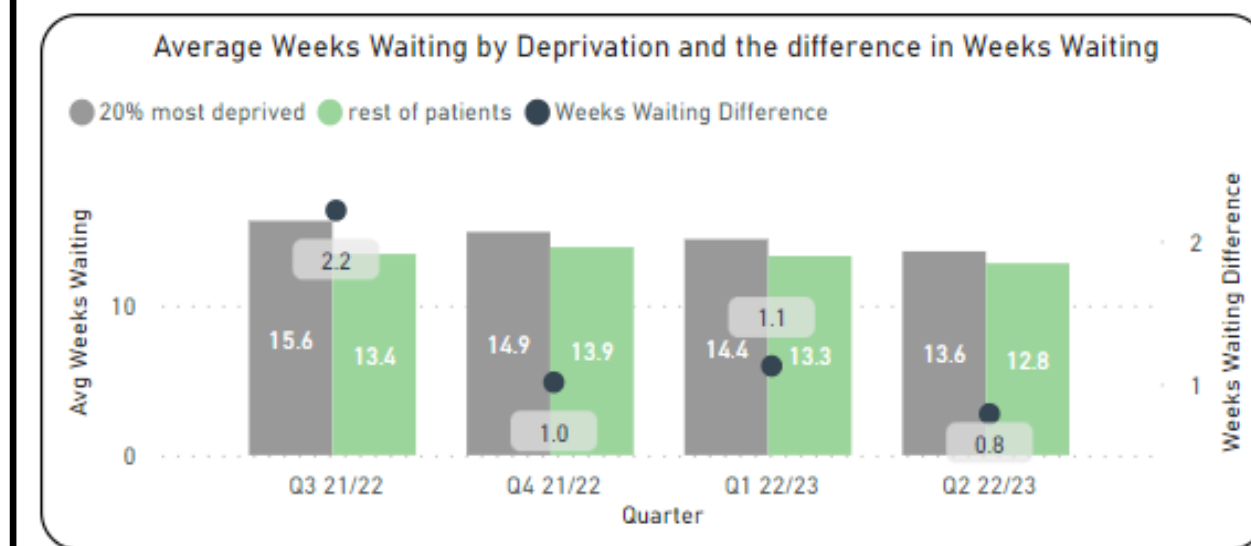
95 decrease > 104 weeks

During August 2002 improvements in recovery of elective care have been delivered however the Trust continues to operate elective recovery alongside a focus on responding to COVID activity, managing an increase in demand, 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 and trauma demand are also impacting on recovery.

The Trust is currently working towards delivering a single, unified Patient Administration System (PAS) to better manage patient care across all our hospital sites. The impact of this managed change programme is that duplicate patient pathways will exist within the Patient Treatment List (PTL) for a period of time until administrative validation is complete and the duplicate removed. The presence of duplicate pathways is impacting the reported total waiting list position, RTT performance and number of <78 week waiters.

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). Analysing RTT activity, the average weeks waiting at the point of treatment among the 20% most deprived is 13.6 weeks compared to 12.8 weeks in the rest of the population treated. This variance has reduced from 1.1 weeks in Q1 to 0.8 weeks in Q2.



What actions have been taken to improve performance ?

Waiting list by ethnicity

Where ethnicity is recorded, 10.9% of patients are within community minority ethnic populations. Patients from community minority ethnic groups had a marginally lower (0.2) average week wait compared to patients recorded as White British.

Elective recovery

An Elective portfolio of programmes is operating to oversee improvements in performance and activity and reduce the number of patients waiting a long time for treatment. The programme accounts to the Chief Operating Officer through the Trust Operational and Performance Group.

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:**
  - Enabling Excellence programme - to deliver 'back to basics' improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients
  - Digital Outpatients transformation, and
  - Outpatients Pathway Transformation programme - optimising use of virtual consultations, advice and guidance and patient initiated follow up pathways.
- **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:**
  - Implementation of Foundry Theatre Scheduling tool
  - Delivery of project focussed on foundations of theatre planning and utilisation through implementation of best practise with specific actions in Head and Neck, Orthopaedics, and Urology.
  - Increased validation of waiting lists reducing overall wait list size
  - Reduction in DNAs for diagnostics and increased activity for endoscopy and echocardiology
  - Operationalisation of virtual clinic pods for oncology
  - Roll out of clinic room booking system to improve outpatient clinic utilisation and voice/speech recognition clinical dictation software
  - Planning to support national initiative called 'Super September' to deliver improved outpatient booking processes in ENT and Gynaecology.
  - Text reminder service re-instigated 7th September following previous suspension (due to transfer to new patient portal system during October).

# 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.
- Text reminder service re-instigated 7th September following previous suspension (due to transfer to new patient portal system during October).

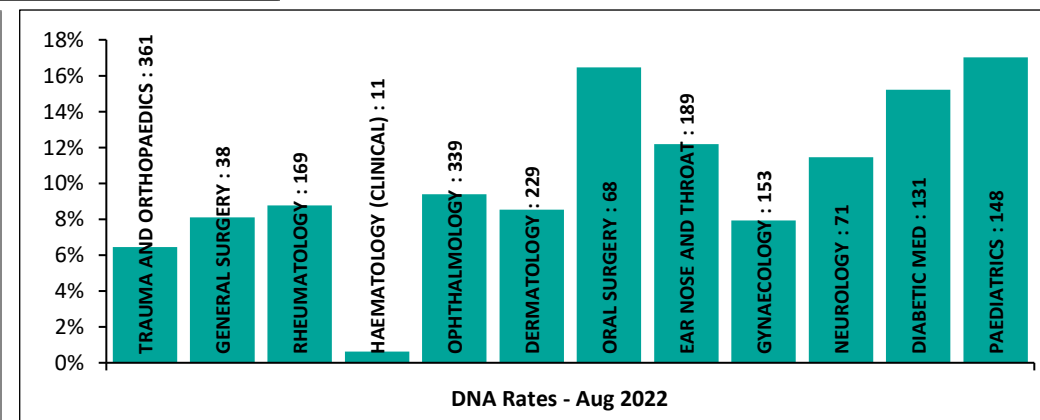
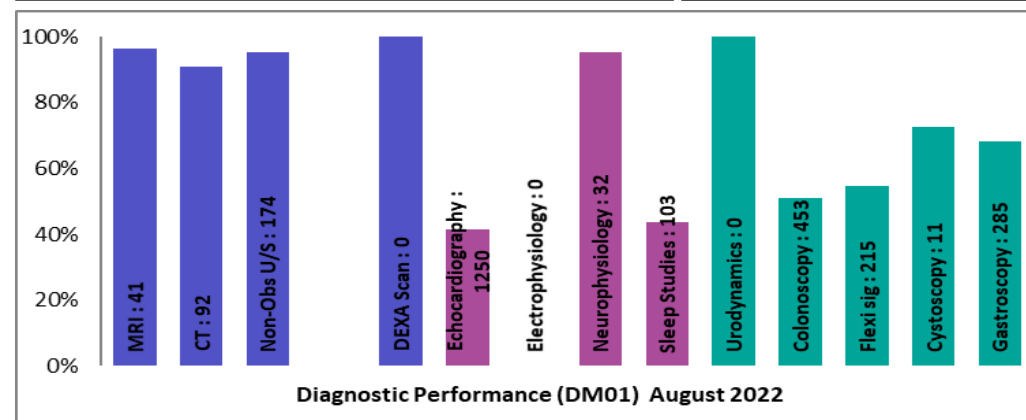
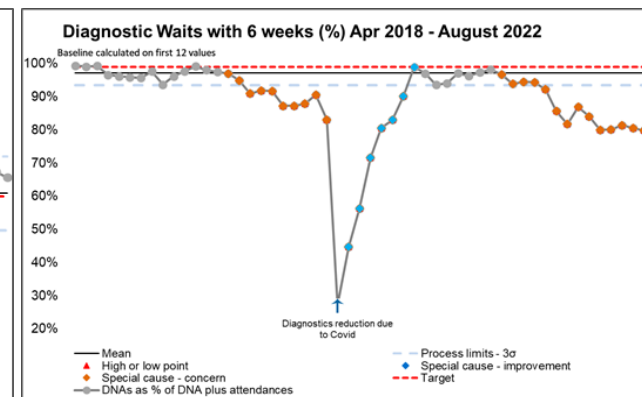
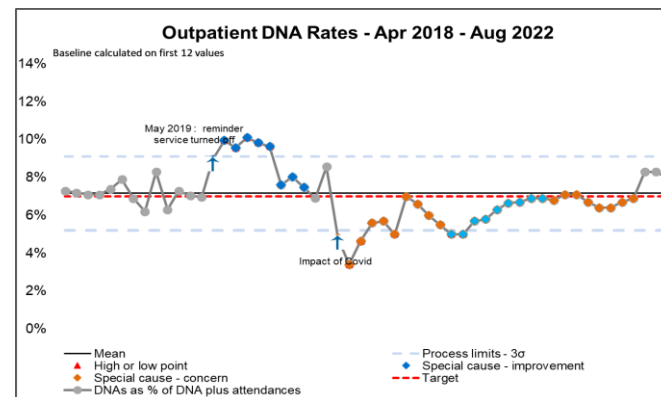
### Diagnostics

- Decrease against July position from 79.8% to 77.4% of all patients being seen within 6 weeks of referral.
- Endoscopy position has decreased from 59% in July to 58.7% in August.
- Echocardiography has decreased from 48.2% in July to 41.4% in August.
- Neurophysiology has decreased from 97.2% in July to 95.4% in August.
- Radiology has remained at 95.2% in August (MR 96.5% and CT 91.0% impacted by cardiac backlog - WLLs now in place, US 95.4%).

## 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%	50738	50289	-0.9%
Total Referrals Rate year on year		-0.5%	76875	73366	-4.6%
Outpatient metrics (acute only)					
Overdue Follow Up Appointments					33268
New Appointments					18759
Follow-Up Appointments					17557
% DNA Rate	(Total DNAs / New & Flup Atts)	5%		3137 / 36316	8.0%
Hospital cancellation rate	(Hospital Canx / Total Booked Appts)			7715 / 52729	14.6%
Patient cancellation rate	(Patient Canx / Total Booked Appts)			5561 / 52729	10.5%
Reduction in face to face attendances (acute only)					
% telemed/video attendances	(Total Non F-F / Total Atts)	25%		7919 / 36316	21.8%
Diagnostic Performance (DM01)					
% of >6 week performance	(6+ Weeks / Total)	1%		2656/11761	22.6%

## High Level Trust Performance



## SCREENING PROGRAMMES

### Commentary on high level board position

#### Breast Screening

A high volume of screening has been delivered in August at all sites which is reflected in the significant increase of the round length figure by 20% to 71% which is an excellent achievement.

The increase in volume and regularity of screening has not been hampered by van breakdowns this month and the KPI targets have once again been met which is excellent.

There has been six days a week screening at Blandford and with the exception of two Saturdays, the same level of screening at Bournemouth has also taken place through August. This has made a difference to the wait times for practices that are overdue which will be demonstrated in September.

Plans are now being made to increase the clinic slots on the training days taking place at Think Big. This will relieve some of the pressure being felt in the main unit as the screening clinics can be slowed to accommodate the increasingly busy assessment clinics.

### 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%	71.00%
Longest Wait time (Months)	36	39



## 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 will reduce the number of weeks ahead they are inviting to manage this.

##### 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 has been maintained at 100% via virtual clinics (acceptable performance = 95%; achievable performance = 98%). Face to face clinics have restarted at Poole and Christchurch.

**\* 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*):

Following a drop in performance in February 2022, during the ventilation work at the RBH site, the diagnostic wait standard has been recovered and achieved at 96-100% March to August.

The programme is experiencing lower than expected numbers of FIT positive patients coming through SSP clinics which is making it difficult to manage colonoscopy demand across the County.

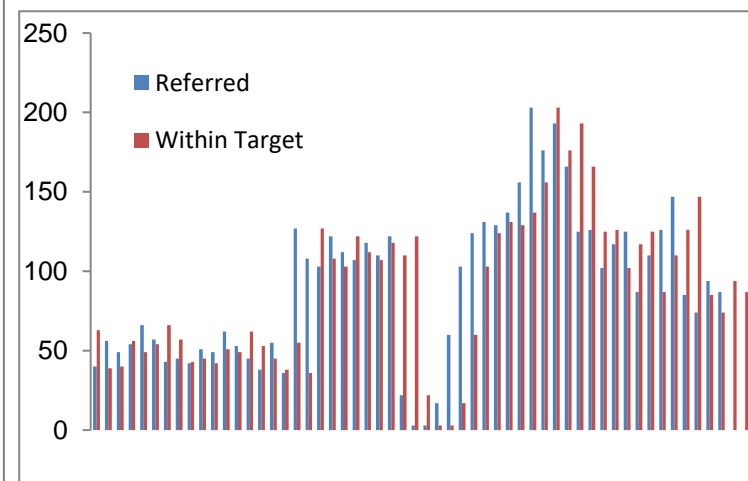
Due to the impact of implementing the revised surveillance guidance in 2019, the programme anticipates an increase in surveillance activity through the Autumn and has planned additional insourcing activity to manage this demand.

### High Level Board Performance Indicators

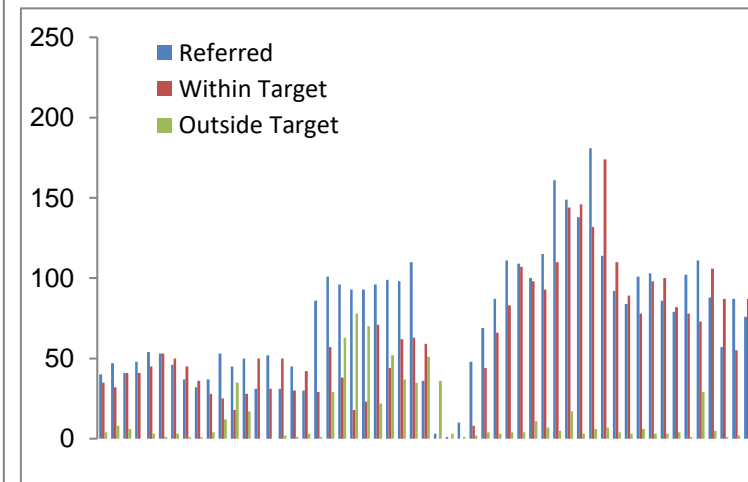
Bowel Screening Standard	Target	Trust August Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	100%

SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	100%

#### Clinic Wait Standard



#### Diagnostic Wait Standard



## FINANCE

FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	234	(4,709)	(4,942)
Capital Programme	43,804	24,335	19,469
Closing Cash Balance	65,097	93,653	28,556
Public Sector Payment Policy	95.0%	93.4%	(1.6)%

### Commentary

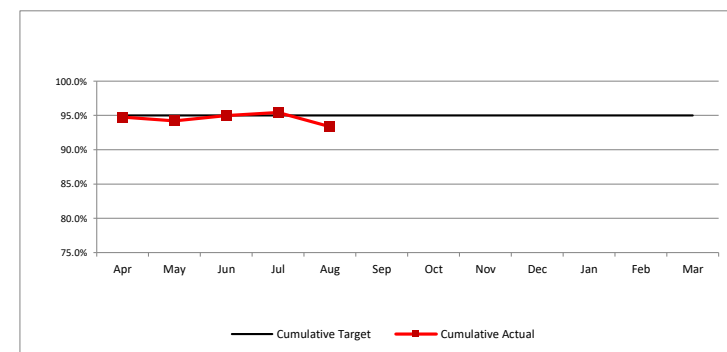
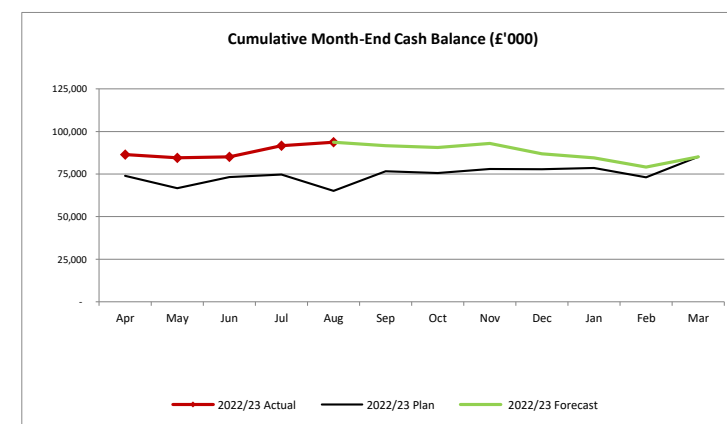
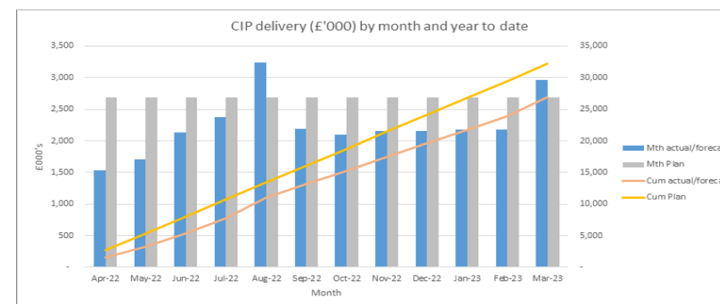
At the end August 2022, the Trust has reported a deficit of £4.709 million against a planned surplus of £234,000 representing an adverse variance of £4.942 million. This reflects the additional inflationary pressures above budget, most notably energy prices, together with a shortfall against the cost improvement plan target.

The Trust set a full year capital budget of £131.9 million, including £103.8 million of centrally funded schemes outside of the ICS CDEL. This budget has been reduced to £119.3 million to reflect the New Hospitals Programme confirmed funding envelope. The year to date position represents an under spend of £19.5 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 which the Trust continues to proceed with at risk. Funding of £6.5 million has been confirmed, with a further commitment of £8.2 million advised but not yet formalised. A residual risk of £12.9 million remains should all works progress to plan without any additional funding. Five individual business cases have now been submitted for these critical enabling works with an outcome expected in October. Alternative mitigations continue to be developed.

The Trust ended August with a cash balance of £93.653 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 national malware cyber attack in August 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, (which is above the national target of 95%). In August 2022 performance fell to 83% as a direct result of the national malware cyber attack as externally managed payment systems were offline and the Trust activated its business continuity plan in relation to essential supplier payments. The result of the national malware cyber attack has reduced year to date BPPC performance to 93.4%.

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	8,829	3,062	5,767
IT	3,064	936	2,129
Medical Equipment	727	556	171
Donated Assets	527	516	11
Strategic Capital	30,657	19,267	11,391
<b>Total</b>	<b>43,804</b>	<b>24,335</b>	<b>19,469</b>

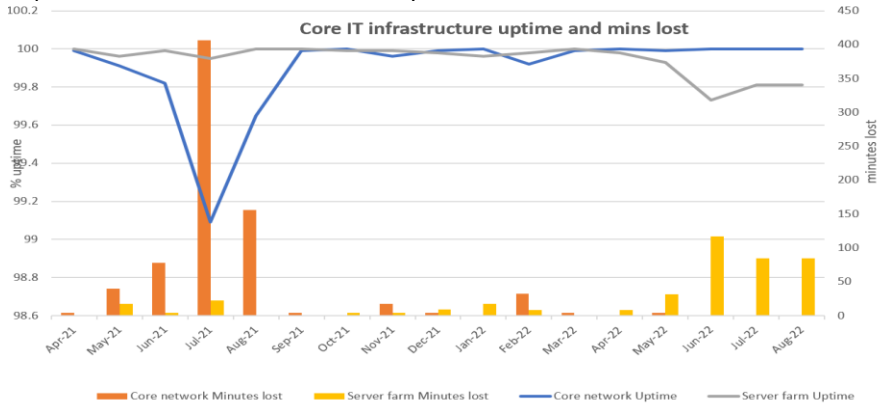


## Informatics - Sep 2022

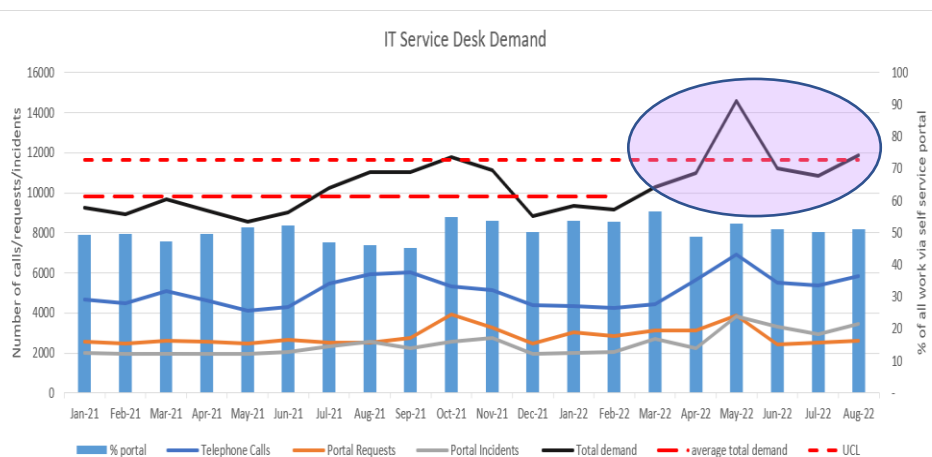
**Overall Commentary:** **Graph 1:** In August the new wifi network for RBH went live which meant that all UHD's wired and wireless networks have been replaced in the last 5 years. The "availability" graph shows core network optimal uptime (>99.9%) for a continuous 12-month period which is the first on record. The Infrastructure team are progressing the pilots of the new UHD Domain and user/computer migrations. The other main highlight is the successful purchase of the new firewalls which are scheduled for installation and service migration in October 2022. **Graph 2:** The Graph of Total IT Service Desk Demand evidences a step change increase (pink ringed area) which appears to be driven by an increase in calls rather than self-service; root cause analysis is underway. **Table 5.** Further reductions as planned in the number of unsupported systems, an accelerated approach will now be taken to the remaining 37% unsupported desktops. **Graph 6:** 54% of Information assets are now compliant to the Data Security and Protection standards. **Graph 8:** DCR usage at UHD in Aug was over 51,366

### 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	12	5	51	217	285
Infrastructure Mandatory Projects	0	2	1	6	27	36
Service Improvement Projects	0	44	6	94	333	477
Grand Totals	0	58	12	151	580	801

Table 4: Project Totals and Escalation

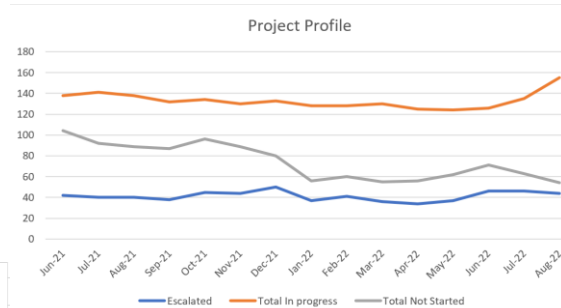


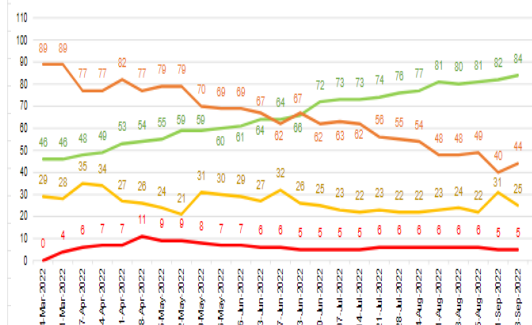
Table 5: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	62.8%	37.2%	0.0%	37.2%
Windows Servers	83.2%	16.8%	16.6%	0.2%

Table 7: FOI compliance

	Total rec'd	Compliance
April '22	48	75%
May '22	49	84%
June '22	57	75%
July '22	61	77%

Graph 6: Well managed Information Assets



Graph 8: DCR growth

