



University Hospitals Dorset
NHS Foundation Trust

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

Wednesday 28 September 2022

13:15 – 15:15

Via Microsoft Teams

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

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

The next meeting of the University Hospitals Dorset NHS Foundation Trust Board of Directors Part 1 will be held at 13:15 on Wednesday 28 September 2022 via Microsoft Teams.

If you are unable to attend please notify the Company Secretary Team by sending an email to: company.secretary-team@uhd.nhs.uk

Rob Whiteman
Chairman

AGENDA – PART 1 PUBLIC MEETING

13:15 on Wednesday 28 September 2022

Time	Item		Method	Purpose	Lead
13:15	1	Welcome, Introductions, Apologies & Quorum	Verbal		Chair
	2	Declarations of Interest	Verbal		Chair
	3	Patient Story	Verbal	Noting	CNO
13:25	4	MINUTES AND ACTIONS			
	4.1	For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 27 July 2022	Paper	Approval	Chair
	4.2	Matters Arising - Action List	Paper	Review	Chair
13:30	5	TRUST CHAIR AND CHIEF EXECUTIVE UPDATES			
	5.1	Trust Chair's Update	Verbal	Noting	Chair
	5.2	Chief Executive Officer's Report	Paper	Noting	CEO
	5.3	ICB Trust Board Minutes – 20 July 2022	Paper	Noting	CEO
13:45	6	QUALITY AND PERFORMANCE			
	6.1	Integrated Quality, Performance, Workforce, Finance and Informatics Report	Paper	Noting	EDs
	6.2	Mortality Report	Paper	Noting	ACMO
	6.3	Risk Register Report	Paper	Noting	CNO
14:15	7	GOVERNANCE			
	7.1	Freedom to Speak Up Guardian Report	Paper	Noting	FTSUG
	7.2	Guardian of Safe Hours Annual Report	Paper	Noting	ACMO

	7.3	Nursing Establishment Review	Paper	Noting	CNO
	7.4	Annual Safeguarding Report and Statement of Commitment	Paper	Approval	CNO
	7.5	Annual Infection Prevention and Control Report – Board Assurance Statement	Paper	Approval	CNO
	7.6	Emergency Preparedness Resilience and Response (EPRR) Assurance	Paper	Approval	COO
	7.7	Equality, Diversity & Inclusion Annual Report	Paper	Approval	CPO
	7.8	Workforce Race Equality Standards (WRES) Report and Action Plan	Paper	Approval	CPO
	7.9	Workforce Disability Equality Standards (WDES) Report and Action Plan	Paper	Approval	CPO
15:05	8	Questions from the Council of Governors and Public arising from the agenda. Governors and Members of the public are requested to submit questions relating to the agenda by no later than Sunday 25 September 2022 to company.secretary-team@uhd.nhs.uk		Receive	Chair
	9	Any Other Business	Verbal		Chair
	10	Date and Time of Next Board of Directors Part 1 Meeting: Board of Directors Part 1 Meeting on Wednesday 30 November 2022 at 13:15.			
	11	Resolution Regarding Press, Public and Others: To agree, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.			
15:15	12	Close	Verbal		Chair

* late paper

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Items for Next Board Part 1 Agenda

Standing Reports

- Patient Story
- Trust Chair's Update
- Chief Executive Officer's Report
- Integrated Performance Report
- Risk Register Report

Quarterly Reports

- Mortality Report Q2

Bi-Annual Reports

- 7 Day Services Board Assurance Framework

Annual Reports

- Local Clinical Excellence Awards
- Annual Winter Plan
- Audit Committee Terms of Reference
- Finance and Performance Terms of Reference
- Quality Committee Terms of Reference
- Workforce Strategy Terms of Reference

Reading Room Materials

Integrated Quality, Performance, Workforce, Finance and Informatics Report (*Agenda Item 6.1*)

Risk Register Report (*Agenda Item 6.3*)

Guardian of Safe Hours Annual Report (*Agenda Item 7.2*)

Nursing Establishment Review (*Agenda Item 7.3*)

Annual Infection Prevention and Control Report (*Agenda Item 7.5*)

Future Electronic Patient Record (EPR) for Dorset (*Any Other Business*)

List of abbreviations:

ACMO – Acting Chief Medical Officer
CNO – Chief Nursing Officer
CPO – Chief People Officer
EDs – Executive Directors

CEO – Chief Executive Officer
COO – Chief Operating Officer
CSTO – Chief Strategy and Transformation Officer
FTSUG – Freedom to Speak Up Guardian

AGENDA – PART 2 PRIVATE MEETING

15:30 on Wednesday 28 September 2022

Time	Item		Method	Purpose	Lead
15:30	13	Welcome, Introductions, Apologies & Quorum	Verbal		Chair
	14	Declarations of Interest	Verbal		Chair
15:35	15	MINUTES AND ACTIONS			
	15.1	For Accuracy and to Agree: Part 2 Minutes of meeting held on 27 July 2022	Paper	Approval	Chair
	15.2	For Accuracy and to Agree: Part 2 Minutes of meeting held on 24 August 2022	Paper	Approval	Chair
	15.3	Matters Arising – Action List	Paper	Review	Chair
15:40	16	TRUST CHAIR AND CHIEF EXECUTIVE UPDATES			
	16.1	Trust Chair's Update	Verbal	Noting	Chair
	16.2	Chief Executive Officer's Update	Verbal	Noting	CEO
15:45	17	QUALITY AND PERFORMANCE			
	17.1	Serious Incident Report	Paper	Noting	ACMO
	17.2	Cost Improvement Plan	Paper	Noting	CFO
15:55	18	GOVERNANCE			
	18.1	Patient First Business Case	Paper*	Approval	CEO
	18.2	New Pathology Building Deed	Paper*	Approval	CSTO
	18.3	South Six Pathology Outline Business Case	Paper	Approval	COO
	18.4	New Hospital Programme – Enabling Works	Paper*	Noting	CSTO
	18.5	Escalations from Board Committees: Finance and Performance Committee Quality Committee Sustainability Committee Transformation Committee	Verbal	Noting	Committee Chairs
16:20	19	Any Other Business	Verbal		Chair

	20	Reflections on the Board Meeting	Verbal		Chair
	21	Date and Time of Next Board of Directors Part 2 Meeting: Board of Directors Part 2 Meeting on Wednesday 26 October 2022. Future Meetings: Wednesday 30 November 2022.			
16:30	22	Close	Verbal		Chair

* late paper

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Items for Next Board Part 2 Agenda

- Integrated Performance Report Summary
- Cost Improvement Programme

Reading Room Materials

Serious Incident Report (*Agenda Item 17.1*)
Cost Improvement Plan (*Agenda Item 17.2*)

List of abbreviations:

ACMO – Deputy Chief Medical Officer
CFO – Chief Finance Officer
COO – Chief Operating Officer

CEO – Chief Executive Officer
CNO – Chief Nursing Officer

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

BOARD OF DIRECTORS PART 1

Minutes of the Board of Directors Part 1 meeting held on Wednesday 27 July 2022 at 13:15 in the Poole Boardrooms and via Microsoft Teams.

Present:	Rob Whiteman	Trust Chair (<i>Chair</i>)
	Karen Allman	Chief People Officer
	Pankaj Davé	Non-Executive Director
	Philip Green	Non-Executive Director
	Siobhan Harrington	Chief Executive
	John Lelliott	Non-Executive Director
	Mark Mould	Chief Operating Officer
	Stephen Mount	Non-Executive Director
	Pete Papworth	Chief Finance Officer
	Richard Renaut	Chief Strategy & Transformation Officer
	Paula Shobbrook	Chief Nursing Officer
	Caroline Tapster	Non-Executive Director
In attendance:	Yasmin Dossabhoy	Associate Director of Corporate Governance
	Ewan Gauvin	Corporate Governance Manager (<i>minutes</i>)
	Karen Uphill	Carers Advisor (<i>item 3 only</i>)
	John Vinney	Associate Non-Executive Director
	Ruth Williamson	Deputy Chief Medical Officer

BoD 176/22	Welcome, Introductions, Apologies & Quorum The Chair welcomed everyone to the meeting. Apologies were received from: <ul style="list-style-type: none"> • Peter Gill, Chief Informatics & IT Officer • Alyson O'Donnell, Chief Medical Officer (<i>Ruth Williamson deputising</i>) • Cliff Shearman, Non-Executive Director The meeting was declared quorate.
BoD 177/22	Declarations of Interest No further interests were declared.
BoD 178/22	Patient Story Paula Shobbrook introduced the patient story. The Board were presented with a video following a patient, Todd, as he recounted his experience of his first operation. Todd had additional needs and the patient story demonstrated what had been done to support Todd and his parents. Following the video, the Karen Uphill highlighted the following key points: <ul style="list-style-type: none"> • The purpose of the video was to demonstrate the importance of supporting the carers of patients. Todd was autistic and was coming to Poole Hospital for his first general anaesthetic which was a worrisome event for his mother. • Pre-planning Todd's admission ensured a smooth patient and carer experience.

	<ul style="list-style-type: none"> • Since the video had been filmed the carer support service was much more visible, with a purple uniform introduced. • The hospital carer passport had been upgraded and co-produced with partner trusts in Dorset. This was to launch imminently, and the Board were presented with the poster that would appear on each ward. • The Board were also presented with the carer passport, which contained a purple lanyard (to hold the carer card and improve visibility), a meal voucher (funded by the Trust's Charity), a parking voucher (funded through patient experience) and a copy of the services leaflet. • The passport would be available for carers wishing to continue to fulfil that role during the patient's time in hospital. • The Charity had funded two carer chair beds at Poole. Additionally, there were six carer beds which could be accessed for overnight stays at Bournemouth hospital. • The Trust was actively involved in an Our Dorset project, gaining the views of carers and understanding the challenges experience by carers through the discharge to assess process. The Trust led the acute Trust stream of this project and focused on the views and challenges staff faced when supporting carers. The recommendations from this project would inform the strategic plan for carers. • Recruitment of carer companion volunteers was underway due to complexity associated with some carers and the emotional support that they may require. The volunteer would support patient by providing company and assisting at mealtimes to allow carers a break, as well as provide a listening ear to carers. <p>Rob Whiteman reflected that the benefits of the service were clear and asked that the Board's thanks be conveyed to Todd.</p> <p>Caroline Tapster asked whether the service was available across Dorset. Karen Uphill confirmed that this was the case. Additionally, each Dorset GP service had a carer lead.</p> <p>Karen Allman emphasised the need for all staff, including non-clinical staff, to be aware of this service and suggested consideration being given to this forming part of the Trust's corporate induction process. Karen Uphill confirmed that she had met with the Education Team to discuss the production of a video for induction training and publication on the carers page of the website. Implementing training for staff was a future goal.</p> <p>Paula Shobbrook added that this was an area of strategic priority, emphasising that this had been implemented with no additional resource, but with support from the Charity.</p> <p>Rob Whiteman reflected that the video format for the patient story worked well and allowed the patient to describe their experience in their own words. Siobhan Harrington added that the patient story was incredibly important to ground the Board, reflecting that the video was excellent, and Todd felt safe to share his experience. Paula Shobbrook confirmed that there was a process of consent in place for the patients and families involved. These could form part of a bank of stories that could be shared with staff more widely.</p> <p>The Board NOTED the Patient Story.</p>
BoD 179/22	<p>For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 25 May 2022</p> <p>The minutes of the Board of Directors meeting held on 25 May 2022 were APPROVED as an accurate record.</p>

BoD 180/22	<p>Matters Arising – Action List</p> <p>BoD 073/22 – Annual Board Effectiveness Report – The Board effectiveness report would be presented to the September 2022 meeting of the Board of Directors. Action remained OPEN.</p> <p>BoD 122/22 – Integrated Performance Report – Ruth Williamson advised that the vast majority of delayed discharges were emergency admissions, but delayed discharges from elective admissions were not routinely reported separately. Action CLOSED.</p> <p>BoD 126/22 – Freedom to Speak Up – Detail of the Freedom to Speak Up follow up module had been circulated to the Board. Action CLOSED.</p> <p>BoD 127/22 – Board Assurance Framework – The Board Assurance Framework 2022/23 would be presented to the Board during the meeting. Action CLOSED.</p> <p>BoD 135/22 – Board Meeting Schedule – Rob Whiteman noted that a draft schedule had been prepared and that there would be further discussion at the August 2022 Board Development Session around the Committee structure. Action remained OPEN.</p>
BoD 181/22	<p>Chief Executive Officer's Report</p> <p>A Chair's Update would be included on future agendas. Rob Whiteman informed the Board that, since being in post, he had met with the lead and deputy lead Governor, Chairs of neighbouring trusts and of the ICS, as well as colleagues from BCP Council.</p> <p>Siobhan Harrington presented the Chief Executive Officer's Report.</p> <p>The Board noted that Ruth Williamson had agreed to take up the post of Acting Chief Medical Officer for the next two months.</p> <p>Pankaj Davé enquired about the strength of the Trust's links to the broader Integrated Care System (ICS) agenda. Siobhan Harrington emphasised that the Trust's priorities were being considered as an ICS and ICB. Mark Mould and the Operations team were actively involved in emergency and urgent care pathway redesign, with there also being regional involvement in that. Planned care waiting lists were reviewed together as an ICS, as well as exploring how clinicians worked together. Work on the provider collaborative was embryonic, with there being a desire for progress to be expedited. The first meeting was scheduled for 8 August 2022. There was an opportunity for the workforce agenda to be further progressed, particularly with all ICB posts having been filled.</p> <p>The Board NOTED the Chief Executive Officer's Report.</p>
BoD 182/22	<p>Integrated Quality, Performance, Workforce, Finance and Informatics Report (IPR)</p> <p>Mark Mould presented key messages from the IPR in relation to performance, in the context of busy emergency pathways, staffing pressures, a focus on elective and cancer recovery (with Covid still being within the organisation) and ongoing transformation. The operating landscape was not unique to the Trust with the issues being seen nationally, regionally and locally. Although referencing the data, he highlighted the importance of remembering there being a patient behind each.</p> <ul style="list-style-type: none"> • Ambulance handovers and time in ED remained under significant pressure. There were signs of improvement, but these were not consistent day-to-day.

- Time of day discharges were a focus.
- Over 200 patients within the Trust that were medically ready to leave. Building relationships with partners and collaborating would be key.
- A reduction in 104-week waits by 39% had been seen in June 2022.
- A significant challenge around 78-week waits remained. Wider system support would be required to treat 10,000 patients by the end of March 2023. The current plans in place would not reduce the number to zero by that time; the Trust would need to continue working with the system on broader solutions to meet the target.
- The merger of the Patient Administration System had caused some duplication, inflating waiting lists. It was emphasised that no harm had come to any patients as a result. This had been an inherent risk in merging the two significant systems from the different sites.
- Cancer demand was significant with 3000 referrals per month, representing a 13% increase from the previous year. 62-day and 31-day was sustainable but there was opportunity for further improvement.
- Diagnostics performance was sustainable with eight out of ten patients receiving diagnostics within six weeks.
- Challenges in Echo, as a result of workforce, and endoscopy, as a result of demand, were noted.
- The emergency pathway remained a challenge with the issues to be solved understood and support in place from the intensive support team. The flow programme was in place. From a patient and staff perspective, it would be beneficial for the pace to be faster, but having regard to staffing challenges and capacity, the pace was appropriate.

Paula Shobbrook presented key messages from the IPR in relation to quality, noting the pressures on fundamentals of care, particularly in the Older People's Services:

- An increase in red flags had been recorded. There was a clear escalation process and mitigations in place.
- Outcomes for patient experience had been maintained but there was focus on improving consistency of feedback.
- Several section 42 enquiries were open this having been discussed at Quality Committee and at Safeguarding Group, it being positive that there was a good reporting culture. However, an issue with closing the concerns was noted; meetings with social services were taking place to work through the closure process. Many of the open enquiries could be closed. Paula Shobbrook confirmed that she did not have a concern about the impact being upon quality of care.

Karen Allman presented key messages from the IPR in relation to workforce:

- Turnover remained considerably higher than the previous year, this was, however, in common with the wider NHS.
- Across the NHS the number of staff members applying to retire had increased by approximately 35% for the first 3 months of the year. "Stay" conversations were being encouraged in the Trust rather than exit conversations. Increased focus on social media as part of recruitment was in place.
- Many opportunities existed outside the NHS for equivalent levels of pay. There therefore needed to be a focus on the benefits of working in the NHS.
- Statutory and mandatory training had seen positive progress. Extra competencies had been added which decreased the rate of compliance, particularly at Poole hospital.

- Good work on international recruitment continued.
- Medical locum rates had been launched supported by Deputy Chief Medical Officers and medical staffing teams, to support medical agency.
- Wellbeing vacancies in Occupational Health had been filled and the Organisational Development team were supporting Trauma Risk Management (TRiM).
- The Trust had been awarded the Armed Forces silver award, being one of only three trusts to have received this in the south of England this year.

Pete Papworth presented key messages from the IPR relating to finance, noting that despite submitting a balanced financial plan for the year, the Trust continued to manage a very challenging financial position reflecting the economic climate, operational pressures, workforce shortages and continued prevalence of Covid in the community:

- At the end of the first quarter, a deficit of £4.6m was reported, representing a £4.3m adverse variance against plan. Although there had been a range of inflationary pressures and unplanned costs within that position, these had been largely offset by financial benefits.
- The adverse position reflected the single biggest financial challenge, being the ability to deliver the required efficiencies against the backdrop of operational challenges. Efforts had been stepped up in relation to financial recovery in recent months including the financial recovery summit held, dedicated follow up sessions and progress being made with identification of schemes and detailed plans for delivery. The benefits of this were beginning to emerge through the month three position and in the full year forecast.
- There had been a number of innovative ideas, notably a QR code in Acute Medical Unit, which would allow staff to submit savings ideas and for them and patients to provide feedback on areas of waste or duplication they had experienced.
- Similar financial challenges were being experienced by many provider organisations and the Trust continued to benchmark well across a range of efficiency and financial metrics including the model hospital, corporate benchmarking and the implied productivity metrics.
- An ICS case for additional capacity funding had been submitted and the Trust had been reassured that full funding would be available to cover the national pay award.
- The Trust was significantly behind its capital plan with slippage driven by overly ambitious cash flow in relation to the BEACH building. However, the Trust was expected to deliver its capital program in full and balanced.

Pankaj Davé noted the average length of stay of five days against best in class target of three days and asked what was being done to create capacity. Mark Mould referred to him not having been aware that best practice was at that level but referred to the detailed conversations around admission alternatives at the Trust Management Group, particularly investment in Same Day Emergency Care (SDEC). 5 schemes would be implemented over the coming months. It was noted however that medically ready to leave patients were distorting length of stay. Board rounds and ward rounds, the “home for lunch” principle were being reinforced. Paula Shobbrook added that the clinical leadership and engagement was key, with Richard Renaut suggesting that occupied bed days was a better metric to explore.

Stephen Mount asked how well the changes over recent years in the volume of patients coming through the front door was understood. Mark Mould responded that the system was at OPEL 4, with the Trust being at OPEL 3. It had been discussed the previous day with the system that from a delay perspective, the Trust was at OPEL 4 but from a flow position, it had been OPEL 2. With the Trust being open 24/7, and with the constraints within primary care, patients were attending the Trust's emergency department as a default. There was close working with primary care to understand its pressures. Furthermore, there were efforts on triaging back to 111 to fully use range of services available, although there were impacts to the Trust with lack of capacity in the system.

Rob Whiteman queried when the most progress would be seen on the flow initiatives in place. Mark Mould suggested that 25% improvement would be the best-case scenario in relation to medically ready to leave patients. However, the in-day movement of patients was starting to improve, whilst recognising that EDs would be crowded during times of high occupancy. Siobhan Harrington added that there were several national schemes to support this, including the 100-day challenge. This aimed to create momentum in advance of winter for both emergency and elective care, noting that progress against elective would likely take until March 2023 to come to fruition.

John Lelliott questioned the totality of the waiting lists. Mark Mould reported that the waiting list was currently 73k patients. This was expected to decrease to 66k following validation in September 2022. 6% of those patients were waiting over 52 weeks, with the breakdown of who those patients were being known. The Trust had categorised them into P2, P3 and P4, with clinical input into the waiting list as well as the numbers for the specialties (gastro, ENT and gynaecology). 77% of the total waitlist had been written to and validated to determine the individual's need and personal questions related to the individuals' specialty agreed with the clinical teams, with work in progress in relation to the remaining 23%.

Caroline Tapster noted the concern around Older People's Services and asked what factors had contributed to this. Paula Shobbrook replied that there was a clear link between patients experiencing delayed discharge and those suffering falls and pressure ulcers. Staff members were allocated in at-risk bays and there was a focus on this across the system.

Stephen Mount referenced the number of applications for staff retirement and questioned whether this had been factored into recruitment and an integrated cross-system approach to resourcing. Karen Allman responded that the pension application was a national issue and that the Trust had a good record of getting people to return. Nationally, NHS Reservists was an initiative to support reserve capacity across the NHS. Historically, a gap had arisen between the bursary and the apprentice schemes being introduced from a national perspective. Within the Dorset system, different roles were being explored through collaborative work, but this was not yet at the stage of workforces being joined across the system as a whole; a workstream was in exploring agency and bank at system level.

Philip Green expressed concern with an increase of 25% in agency and asked how the use of agency staff was approved and therefore controlled. Paula Shobbrook responded that a workstream on reducing premium expenditure and regaining the historical controls that had somewhat lapsed during the pandemic was in place. There was work for agency partners to identify the right agency and avoid high costs, noting the importance of safe staffing. She reported that with the eight workstreams identified, the use of premium cost should cease. Ward teams were able to put in requests for agency, but care

	<p>group directors needed to sign off on more costly uses. Pete Papworth added that agency controls were under review. Nationally, NHSE were reimplementing controls meaning all admin and clerical agency would require regional approval and an agency ceiling would back in place. It was noted that agency spend had halved in June 2022 compare to March 2022 due to interventions particularly in nursing and allied health professions spend. If current levels continued this would fall within financial plan but the Trust was targeting an additional £3m reduction.</p> <p>Rob Whiteman enquired whether the benefits from merger were accounted for within the CIPs and what level of assurance there was on their delivery. Pete Papworth advised that not all merger savings had been achieved due to the pandemic. Some of those opportunities were still available and deliverable but some were overambitious, particularly related to corporate services. However, the Trust was still in the top quartile for corporate services benchmarking.</p> <p>The pace and scale of CIPs given operational pressures was a struggle. Focus had to remain on delivering the financial position but recognising some CIPs would be non-recurrent. Siobhan Harrington added that check and challenge sessions had been held with all Senior Responsible Officers; it was crucial to generate momentum for current savings plans going into next year.</p> <p>Philip Green asked whether the CIP and recovery plans were sufficiently granular to forecast accurately. Pete Papworth confirmed that directorate schemes were granular and could be forecasted with certainty. Some of the wider workstreams had a range of granular plans, citing the most advanced of these being the reduction of premium cost agency. There was similar assurance for some elective and emergency plans; however, there was less assurance around admin & clerical and medical staffing opportunities in outpatients and diagnostics. These plans were more complex and needed more time to embed and as such were forecasted as a recurrent delivery into next year.</p> <p>The Board NOTED the Integrated Performance Report.</p>
BoD 183/22	<p>Quality Impact Assessment Overview Report</p> <p>Paula Shobbrook presented the Quality Impact Assessment Overview Report, this still being in the early stages of development.</p> <p>The Board NOTED the Quality Impact Assessment Overview Report.</p>
BoD 184/22	<p>Guardian of Safe Hours Report</p> <p>Ruth Williamson presented the Guardian of Safe Hours Report, adding that:</p> <ul style="list-style-type: none"> • Doctors in postgraduate training were encouraged to report missed training opportunities or were required to work beyond their contracted work plan. This reporting culture then informed workforce mitigations. • Bournemouth University were supporting the training of physician's associates and were piloting medical scribes to relieve some of the workload. <p>The Board NOTED the Guardian of Safe Hours Report.</p>

<p>BoD 185/22</p>	<p>Quality Assurance for Responsible Officers & Revalidation and Annual Organisational Audit</p> <p>Ruth Williamson presented the Quality Assurance for Responsible Officers and Annual Organisational Audit, highlighting:</p> <ul style="list-style-type: none"> • The Trust was still in a position of deferring some revalidations. There had been an automatic deferral by the General Medical Council (GMC) over the previous two years. • A stepwise recovery programme was in place. Those with an annual appraisal 15+ months out of date were being followed up. • Engagement was good but there was a challenge around 360-degree feedback. Staff were encouraged to complete this earlier in the revalidation cycle; the impact of seeing fewer patient face-to-face had impacted on the speed of collection of this feedback. • There had been a loss of a number of appraisers but staff we being encouraged to take up this role. <p>John Lelliott asked what would happen were a doctor not to meet the required standards and subsequently what support would be given. Ruth Williamson advised that all appraisals were quality assured so that by the time the appraisal was completed the standards would have been met. If a doctor did not meet all the requirements this would be incorporated into their personal development plans. Any significant concerns were escalated to the Chief Medical Officer. There were a small number of doctors where events had affected their engagement with the appraisal process. In these cases enhanced support was offered; if this were insufficient there was a further process through the GMC that could be used.</p> <p>Siobhan Harrington noted the “outstanding” result from the 2019 audit of the Royal Bournemouth Hospital and emphasised the importance of sufficient appraiser capacity, reflecting that cross-organisation work around this could be considered. Ruth Williamson confirmed that there should be 1 appraiser per 5 substantive member of staff. Compared with many teaching hospitals the Trust had a large number of locally employed doctors who fell to the Trust’s medical appraisers rather than the Deanery. It was positive to note that there were currently 5.5 substantive staff per appraiser.</p> <p>The Committee NOTED the Guardian of Safe Hours Report.</p>
<p>BoD 186/22</p>	<p>Board Assurance Framework 2022/23</p> <p>Paula Shobbrook presented the Board Assurance Framework (BAF) 2022/23, highlighting the following key points:</p> <ul style="list-style-type: none"> • The BAF had been developed in line with the Trust’s annual strategy. • Attention was drawn to the heatmap contained within the report where the Trust’s objectives had been reviewed against the risk register. There would be some iteration of this document over the coming year. • The BAF had been reviewed by the Quality Committee and shared with the Audit Committee. This would then be reviewed six-monthly by the Board. <p>Pete Papworth reported that objective 3.1 was owned by the Chief Finance Officer rather than the Chief Medical Officer. The financial risks should also map to 3.1. The document had since been revised in line with these amendments.</p>

	<p>Siobhan Harrington noted that were aspects of the BAF that should be reviewed as the Trust moved forward and that it would be a live document to help monitor the Trust's corporate objectives.</p> <p>Philip Green added, as Chair of the Audit Committee, that he recognised some improvements may be required but that the BAF and risk management process had seen great improvement and was supportive of the document and the progress made.</p> <p>The Board APPROVED the Board Assurance Framework 2022/23.</p>
BoD 187/22	<p>Annual Complaints & Patient Experience Report</p> <p>Paula Shobbrook presented the Annual Complaints & Patient Experience Report, highlighting that the report:</p> <ul style="list-style-type: none"> • Would be published on the Trust's website. • Highlighted the focus on early resolution and being responsive to the needs of patients. <p>John Lelliott commended the report, asking whether this was triangulated with Quality Improvement and Clinical Audit. Paula Shobbrook confirmed this and that it was visible through the regular Care Group reports presented to the Quality Committee.</p> <p>The Board NOTED the Annual Complaints & Patient Experience Report.</p>
BoD 188/22	<p>Mixed Sex Accommodation Declaration</p> <p>Paula Shobbrook presented the Mixed Sex Accommodation Declaration, highlighting that this was a statutory declaration which would be published following the Board's approval. This had been endorsed by the Quality Committee.</p> <p>The Board APPROVED the Mixed Sex Accommodation Declaration.</p>
BoD 189/22	<p>Quality Strategy</p> <p>Paula Shobbrook presented the Quality Strategy, highlighting the following key points:</p> <ul style="list-style-type: none"> • The strategy had been developed as part of the merger process and was a key part of quality governance. • Minor updates were noted in the cover sheet and the strategy had been reviewed and endorsed by the Quality Committee. <p>The Board APPROVED the Quality Strategy.</p>
BoD 190/22	<p>Risk Management Strategy</p> <p>Paula Shobbrook presented the Risk Management Strategy, highlighting the following key points:</p> <ul style="list-style-type: none"> • This strategy had again been developed and reviewed in detail by regulators as part of the quality governance process for the merger. • Minor amendments were noted within the cover sheet. <p>Philip Green, as Chair of the Audit Committee, expressed his support for the strategy.</p> <p>The Board APPROVED the Risk Management Strategy.</p>

BoD 191/22	<p>Annual Security Report</p> <p>Mark Mould presented the Annual Security Report, highlighting:</p> <ul style="list-style-type: none"> • The annual security report was a requirement under the NHS Standard Contract and had been reviewed by Health and Safety Group. • Staff survey results had been considered in understanding the security programme. • New Violence Prevention Reduction Standards had been introduced this year. Benchmarking conducted through the Trust's auditors had shown positive results. The Trust was 73% compliant and further work was ongoing. • The number of incidents reported over the period had increased, however the severity of incidents remained low. • 13% of staff reported experiencing physical violence from patients and service users in the staff survey which was concerning. Furthermore, many of these incidents were not reported. As a result, a multidisciplinary staff support group had been implemented to work through this information and develop actions. • There was now a single provider for out of hours security support across Emergency Departments. • A pilot of body worn cameras had been successful, learning from the experiences of North Bristol NHS Trust. The intention was now to roll this out across the Trust. • Work had been carried out against Human Tissue Authority (HTA) recommendations for the mortuary, in particularly increased CCTV support. • There was enhanced CCTV support across the Emergency Departments and Minor Injuries Units. <p>Siobhan Harrington emphasised that the Board needed to be clear that there was a zero tolerance for violence, noting a recent incident of a member of staff being struck by a patient. This should be clearly communicated through signage and how staff were supported.</p> <p>John Lelliott asked whether there had been any prosecutions within the period, as this would further demonstrate the zero-tolerance stance. Karen Allman emphasised that this was the case and was communicated through staff bulletins and in the media in order to promote reporting and ensuring staff felt safe to do so. There had been 103 prosecutions during the period.</p> <p>Caroline Tapster added that this was taken extremely seriously, with incidents reported through to the Quality Committee.</p> <p>The Board NOTED the Annual Security Report.</p>
BoD 192/22	<p>Committee Annual Reports</p> <p>Rob Whiteman introduced the Committee Annual Reports. The reports were taken as read.</p> <p>The Board NOTED the Committee Annual Reports.</p>
BoD 193/22	<p>Benefits Realisation Update</p> <p>Richard Renaut presented the Benefits Realisation Update, highlighting the following key points:</p> <ul style="list-style-type: none"> • The report provided a summary of core merger benefits. This would be reviewed as the Trust approach two years post-merger.

	<ul style="list-style-type: none"> • It was noted that many benefits were not captured within the report and that the benefits associated with integration should be incorporated going forwards. • The Benefits Realisation and Assurance Group (BRAG), chaired by Ruth Williamson, was the active forum to ensure the tracking and realisation of benefits, as well as celebrating success. <p>Pankaj Dave advised there was an internal audit review of benefits realisation which would be able to provide some assurance.</p> <p>In noting the proposal for an annual report to Board, Rob Whiteman asked that additionally benefits realisation targets should regularly form part of the integrated performance report alongside CIPs.</p> <p>The Board NOTED the Benefits Realisation Update.</p>
<p>BoD 194/22</p>	<p>Questions from the Council of Governors and Public</p> <p>Diane Smelt, Public Governor for Bournemouth asked, in relation to the discussion on the annual security report, whether the zero-tolerance stance and reporting process also applied to volunteers. Mark Mould responded that volunteers were seen as part of the Trust and that the same approach would be applied. Paula Shobbrook agreed to clarify the approach with the volunteers team and expected that incidents would be reported through the volunteers coordinator.</p> <p>ACTION:</p> <p>To clarify with the volunteers team the process for reporting incidents in relation to violence against volunteers.</p> <p>Paula Shobbrook</p> <p>Diane Smelt had submitted two questions to the Board in advance of the meeting:</p> <p>The first question asked about the interconnectivity between the My Dorset Care Record (MyDCR) and the NHS App to ensure patients had timely access to their health information. It was noted that Russell King the Deputy Chief Informatics & IT Officer had been unable to attend the meeting, but a response would be provided outside of the meeting.</p> <p>The second question asked why separate appointments were scheduled for blood tests which meant that patients needed to return on a different day in some instances. Ruth Williamson explained that this process had been in place for some time and allowed waiting times to be balanced. She emphasised that urgent tests could be taken by a nurse in clinic or flagged to the phlebotomy team.</p> <p>Keith Mitchell, Public Governor for Bournemouth submitted two questions to the Board in advance of the meeting:</p> <p>The first asked that, whilst recognising the high standard of palliative care provided, would car parking arrangements for relatives of patients on palliative care meet the requirements outlined in the Palliative and End of Life Care Statutory Guidance for ICBs due to be published that month. The Board made reference to the parking pass contained within the carer passport as described during the patient story.</p> <p>The second question asked for greater clarity around what patients waiting over 52-weeks were waiting for. Mark Mould reiterated that there were 4,000</p>

	patients waiting over 52 weeks, of which 77% had been personally contacted and validated. Mark Mould provided an example of the experience of a patient waiting over 52-weeks, demonstrating that all patients were at different parts of their journeys and reinforcing that there were patients behind the numbers.
BoD195/22	Any Other Business No other business was discussed.
	The date and time of the next Board of Directors Part 1 Meeting was announced as Wednesday 28 September 2022 at 13:15 via Microsoft Teams.

DRAFT

Meeting Date	Minute No.	Matter Arising / Action	Lead	Due Date	Progress	Status
30/03/2022	BoD 073/22	Annual Board Effectiveness Report: The annual board effectiveness report would be scheduled for a future Board meeting following the completion of Board Committee reviews	SL	September 2022	Annual Board Effectiveness Report to be brought back following completion of Board Committee reviews. September 2022: Propose that this be brought back to the Board in November 2022.	In Progress
25/05/2022	BoD 135/22	Board Meeting Schedule: Draft proposal for the Board meeting schedule would be presented at the July 2022 meeting taking into account the Committee reports and presentation at the Board	YD	July 2022	July 2022: Rob Whiteman noted that a draft schedule had been prepared and that there would be further discussion at the August 2022 Board Development Session around the Committee structure. September 2022: Draft schedule attached.	In Progress
27/07/2022	BoD 194/22	Security: To clarify with the volunteers team the process for reporting incidents in relation to violence against volunteers	PS	September 2022	July 2022: Paula Shobbrook/Laura Northeast confirmed that the volunteer would need to report incidents to the voluntary services manager. Such incidents are then reported through LERN by the voluntary services team.	Complete

Board of Directors & Committee Meetings Schedule 2023— DRAFT

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
BOARD OF DIRECTORS PART 1 (VIRTUAL)	25/01/23 13:15	-	29/03/23 13:15	-	24/05/23 13:15	-	26/07/23 13:15	-	27/09/23 13:15	-	29/11/23 13:15	-
BOARD OF DIRECTORS PART 2	25/01/23 15:30 (V)	22/02/23 11:00am (confidential/ urgent only) (F)	29/03/23 15:30 (V)	26/04/23 11:00am (confidential/urgent only) - (F)	24/05/23 15:30 (V)	28/06/23 11:00am (confidential/ urgent only) - (V)	26/07/23 15:30 (V)	-	27/09/23 15:30 (V)	25/10/23 11:00am (confidential/ urgent only) (F)	29/11/23 15:30 (V)	-
BOARD DEVELOPMENT		22/02/23 13:15 (F)		26/04/23 13:15 (F)		28/06/23 13:15 (V)	-	-	-	25/10/23 13:15 (F)		-
BOD/COG DEVELOPMENT		-	29/03/23 10:30		24/05/23 10:30	-		-	27/09/23 10:30		29/11/23 10:30	-
AUDIT	12/01/23 9:00	-	9/03/23 9:00	-	18/05/23 9:00 24/05/23 —joint	-	13/07/23 9:00	-	-	12/10/23 9:00	-	-
FINANCE AND PERFORMANCE	16/01/23 9:00	13/02/23 9:00	20/03/23 9:00	17/04/23 9:00	15/05/23 9:00 24/05/23— joint with Audit	12/06/23 9:00	17/07/23 9:00	14/08/23 9:00	18/09/23 9:00	16/10/23 9:00	20/10/23 9:00	18/11/23 9:00
WORKFORCE STRATEGY	-	15/02/23 11:00	-	12/04/23 11:00	-	14/06/23 11:00	-	16/08/23 11:00	-	18/10/23 11:00	-	13/12/23 11:00
QUALITY	16/01/23 14:00	13/02/23 14:00	20/03/23 14:00	17/04/23 14:00	15/05/23 14:00	12/06/23 14:00	17/07/23 14:00	14/08/23 14:00	18/09/23 14:00	16/10/23 14:00	20/10/23 14:00	18/11/23 14:00
TRANSFORMATION	-	-	10/03/23 14:00	-		15/06/23 14:00	-	-	14/09/23 14:00	-	-	14/12/23 14:00
SUSTAINABILITY	-	-	8/03/23 9:00	-	-	07/06/23 9:00	-	-	06/09/23 9:00	-	-	13/12/23 9:00
CHARITABLE FUNDS	-	06/02/23 9:00	-	-	04/05/23 9:00	-	-	07/08/23 9:00	-	-	13/11/23 9:00	-
PRIVATE PATIENTS	-	-	6/03/23 14:00	-	-	-	12/07/23 14:00	-	-	-	08/11/23 14:00	-
TRUST MANAGEMENT GROUP	03/01/23 & 17/01/23— 14:00	07/02/23 & 21/02/23— 14:00	07/03/23 & 21/03/23— 14:00	04/04/23 & 18/04/23— 14:00	02/05/23 & 16/05/23— 14:00	06/06/23 & 20/06/23— 14:00	04/07/23 & 18/07/23— 14:00	01/08/23 & 15/08/23— 14:00	05/09/23 & 19/09/23— 14:00	03/10/23 & 17/10/23— 14:00	07/11/23 & 21/11/23— 14:00	05/11/23 & 19/11/23— 14:00

Chief Executive's Report

September 2022

This month marked the very sad news of the death of Her Majesty the Queen. Her life of devotion and service has been an example to us all. We were very honoured when she awarded NHS staff the George Cross for compassion and courage throughout the pandemic. Her Majesty opened Poole Hospital on 11 July 1969 and our thoughts are with the Royal family and the His Royal Highness King Charles at this time. We have very fond memories from His Royal Highness's visit to Royal Bournemouth Hospital in May this year which was a huge boost to our staff after the Covid pandemic when he opened our Lavender Garden for remembrance.

As in previous summers across our hospitals, we continued to be busy. The demand across our emergency care remained high as we also continued to focus on recovery for our elective care and reducing the time that patients stayed in our hospitals once they were medically ready to leave. We also experienced two heat waves and the ongoing impact of the pandemic.

Despite this, in August alone we saw 37,810 patients in our outpatients department and an additional 8,522 virtually. We carried out 1,369 day-case procedures, supported the birth of 356 babies, attended 13,799 patients in ED and started 215 new patients on their radiotherapy journey. I am very proud of all my colleagues for this achievement and thank them for their hard work and resilience after such a challenging summer.

Our work continues as we look ahead to winter and have plans in place to help us focus on our priorities to support our patients here and back into the community.

1. Strategic Update - National Issues

1.1. New Government

This has been a very busy time politically and we now have Liz Truss as our new Prime Minister. She has appointed Therese Coffey as Secretary of State for Health and Social Care.

In August NHS England published its business plan and then wrote to all Trusts and systems regarding winter plans and capacity plans to help boost capacity and resilience. We received a letter from Sir David Sloman with a 100-day challenge to help us focus on improving the flow of patients through and out of our hospitals. This will help improve our waiting times across our emergency departments. The Integrated Care System is leading the response to this with all partners in Dorset.

Alongside this, we have started “Super September” to help us improve the waiting times for elective care. This is a national initiative to enable us to focus on outpatients in the most impactful way. We’ll be accelerating our new ‘Wait-in-line’ project, aimed at the reordering and effective booking of outpatient waiting lists. Two flagship services are taking part – ENT and gynaecology. We’ll also be encouraging more patients to embrace self check-in within our outpatient services and be preparing for the launch of a new appointment reminder and digital letter portal in October.

2. Dorset Integrated Care Board (ICB)

The Dorset Integrated Care Board has met twice since 1 July 2022. The minutes of the ICB meeting which took place on 20 July 2022 are included on the Trust Board agenda as a separate item. I am a member of the People and Culture committee within the ICB.

3. Quality and Safety

3.1. Covid

At the time of writing this report we currently have 30 patients with Covid across our inpatient units. The trend continues to go down.

44 members of staff are absent due to Covid. This is a significant improvement from early July when 206 staff were absent.

3.2. Elective Improvement Programmes

An elective portfolio of improvement programmes is running to support elective recovery. These programmes comprise: Theatres, Diagnostics, Cancer, Data and Validation optimisation and Outpatients programmes.

The overall waiting list size has reduced in August, 439 patients fewer are on the waiting list. There has been reduced capacity for elective care due to Covid infections. Increased referrals in some specialities, high bed occupancy and workforce gaps have also contributed to this waiting list position. Colleagues continue to focus on every patient behind the numbers to reduce waits for our patients.

3.3. People waiting over 104 weeks

95 patients are currently waiting over 104 weeks. The 104-week wait position has been reduced by 5% since July. We forecast the end of September position to be 67 patients. Two-thirds of these patients are awaiting Orthodontic treatment whilst the remaining patients are waiting due to patient choice, or are a complex case. All patients have been contacted. The Trust remains in Tier two for regional oversight of long waiters. The national picture of > 62 days, Dorset continue to remain in ‘bottom 3’ (where we want to be) for backlog of patients waiting.

3.4 Cancer Waiting times

Cancer 2-week referrals for August were the highest for 4 years with an increase of 22% compared to the previous year. The Trust is doing well in the 31 day picture, the Faster Diagnostic Standard (FDS) remains a pressure driven by the referral demand. We are prioritising the Dorset 6 pathways for much of our resource in the through the FDS work programme. Dorset sustained top ICS nationally for shortest wait for breast patients – many pts seen in under 1 week.

3.5 Urgent & Emergency Care

A flow improvement programme is running to support recovery: comprising the Emergency Department, SDEC, and Operational Flow and Discharge programmes.

ED attendances in August reported a reduction compared to July with just under 13,800 attendances, with the reduction in numbers crowding in the Emergency Departments remains an operational challenge.

There was a reduction in the number of patients waiting more than 12 hours in the Emergency Department and the number of ambulance handovers, linked to the flow improvement programme.

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 in Trust Adult beds has increased to 30%.

4. 7-Day Services Board Assurance Framework

The 7 Day services BAF has been discussed at the Trust Management Group and the Quality Committee.

A snapshot audit was performed in March 2022 responding to differences in patients being discharged on weekdays and at weekends as well as slight differences in length of stay between weekdays and weekends.

The results demonstrate excellent availability of diagnostics and consultant-led interventions. UHD offers all diagnostic services included in the BAF. Renal replacement therapy and stroke thrombectomy are provided through our network.

There was a decline in performance compared with Royal Bournemouth and Christchurch Hospital figures from 2019 (pre-pandemic) and there was variation between sites although the numbers mean that this is not statistically significant.

It has been recommended that:

- care groups have ownership of the BAF, reporting against performance standards of review in 14 hrs and ongoing daily review
- data quality is improved
- documented consultant daily review derogations reviewed at directorate and care group level quarterly

The BAF has been shared with care groups to inform workforce planning and rostering. This is one part of a wider workstream looking at patient flow in the urgent care pathways

5. Winter Planning

5.1. Schemes

With our system partners we continue to review and strengthen our winter plans. We are aiming to deliver schemes which across Dorset will enable capacity to meet demand in terms of bed provision and occupancy. There are a range of schemes including expansion of the virtual ward models; capacity in domiciliary care and community and residential/nursing care beds.

5 schemes are being planned within UHD which include:

- Expansion of discharge teams for 7-day service offer;
- Escalation capacity across both sites through the winter period
- Increase of SDEC provision at both acute hospitals
- External service provider to manage cohorting patients in Emergency departments to improve ambulance waits
- UHD Departure Lounge staffing for Poole and Bournemouth sites

6. Workforce

6.1. New Staff

The number of new joiners to the Trust during August was 111, the highest number since April. The recruitment focus remains on healthcare support workers (HCSW) and administration roles, where vacancy rates are highest. An Open Day event held at the beginning of September has resulted in 60 offers of employment being made for HCSW roles, and similar events are being planned in November and January.

Recruitment events are being attended at Bournemouth University, and Bournemouth Pavilion during September.

6.2. Covid and Flu Vaccination Programme

As another vital part of our winter planning, we will be rolling out vaccinations for staff for both Covid and flu from the beginning of October. The programme will

be delivered over four weekends in October. Clinics are being set up across RBH and PH to accommodate 2000 appointments per weekend. The global vaccination programme has been a huge success in the fight against the pandemic, but we need to keep up the momentum so I will be keeping a close watch on the levels of uptake.

6.3. NHS Staff Survey

Workforce data has been submitted for the 2022 survey to be distributed from 30th September. This year there will be a separate survey to include Bank staff feedback. We will be encouraging all staff to complete the staff survey.

6.4. Freedom to Speak Up Month at UHD

October is Freedom to Speak Up Month at UHD. Speaking up enhances all our working lives and improves the quality and safety of care. Listening and acting upon matters raised means that Freedom to Speak Up will help us be the best place to work. Speak Up Month in October is an opportunity to raise awareness of how much we value speaking up at UHD. The theme is 'Freedom to Speak Up for Everyone' with each week having a specific focus including safety, civility, inclusion and for everyone.

6.5. Chief Medical Officer

Dr Alyson O'Donnell has stepped down from her role as chief medical officer of University Hospitals Dorset. She is currently on extended leave but will return to the Trust in a different role in the future. Dr Ruth Williamson, our deputy chief medical officer has been acting up to this role in Alyson's absence and will be continuing with this while we go out to recruitment.

7. Finance

The Trust continues to report a challenged financial position, with a year-to-date deficit of £4.7 million. Operational pressures continue to dominate this performance, increasing expenditure, obviating some savings opportunities, 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. However, it is pleasing to report that an additional £2.6 million of savings have been identified during August increasing confidence in the Trust's ability to achieve its full-year savings requirement. We continue to focus on identifying further savings opportunities to recover our current deficit in the remaining months of the year.

7.1. Antenatal Services

From 20 September, we moved all our antenatal services to Poole Hospital as part of our plans to develop a combined maternity service. Maternity services ran across both the Royal Bournemouth and Poole hospital sites, with women travelling across hospitals for different appointments during their pregnancy. In 2024 a combined maternity service will operate on the Royal Bournemouth site in the new BEACH Building (representing Births, Emergency care, And, Critical

care and child Health), but until that time, all antenatal appointments and in-hospital birthing options will be run from the Poole site. This will provide improved access to care on one site, with all the antenatal team on hand to support women throughout their pregnancy.

8. Staff Excellence Awards

I joined UHD a few months ago now and one of the first things I did was to introduce a staff excellence award scheme. We have had many staff nominating colleagues and I have been very proud to read all the entries of support. It is so important that we all recognise the contribution individuals and teams make to both patients and staff. In August, I was very pleased to give excellence awards to Warren Copeland from our Finance Team; Sue Jupe, a housekeeper on Ward A4; Poole maternity on-call team and Michelle Atkinson and the orthopaedic admissions team.

NHS DORSET INTEGRATED CARE BOARD

ICB BOARD

WEDNESDAY 20 JULY 2022

MINUTES

A meeting of the ICB Board was held at 8.30am on Wednesday 20 July 2022 in the Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TG

Present: Jenni Douglas-Todd, ICB Chair (JDT)
John Beswick, ICB Non-Executive Member (virtual attendance) (JB)
Cecilia Bufton, ICB Non-Executive Member (CB)
Jonathon Carr- Brown, ICB Non-Executive Member (JCB)
Dawn Dawson, Acting Chief Executive – Dorset Healthcare and ICB Mental Health Partner member (DD)
Siobhan Harrington, Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member (SH)
Spencer Flower, Leader Dorset Council and ICB Local Authority Partner Member (West) (SF)
Paul Johnson, ICB Chief Medical Officer (PJ)
Drew Mellor, Leader Bournemouth, Christchurch and Poole Council and ICB Local Authority Partner Member (East)
Rob Morgan, ICB Chief Finance Officer (RM)
Vanessa Read, Interim Chief Nursing Officer (VR)
Kay Taylor, ICB Non-Executive Member (KT)
Forbes Watson, ICB Non-Executive Member (FW)
Simone Yule, GP and ICB Primary Care Partner Member (SY)

**Invited
Participants:**

Sally Banister, Deputy Director Integration (SB) (part)
Louise Bate, Manager, Dorset Healthwatch (LB)
Kate Calvert, Deputy Director Primary and Community Care (KC) (Virtual attendance) (part)
Sam Crowe, Director of Public Health (SC)
David Freeman, ICB Chief Commissioning Officer (DF)
Leesa Harwood, Associate ICB Non-Executive Member (LH)
Phil Hornsby, Director of Commissioning, People, Bournemouth, Poole and Christchurch Council (BCP) (virtual attendance) (PH)
Nick Johnson, Interim CEO Dorset County Hospital NHS Foundation Trust and ICB NHS Provider Trust Partner Member (virtual attendance) (NJ)
Emma Lee. Partnerships Manager, Communities Action Network (EL) (part)

Karen Loftus, CEO Communities Action Network (KL) (part)
 Fiona King, Governance and Committee Officer, NHS Dorset
 (minute taker) (FK)
 Lianne Oldham, Head of Design and Transformation (LO) (part)
 Ellie Parson, Deputy Director Engagement and Development
 (EP) (part)
 Matt Prosser, Chief Executive, Dorset Council (MP)
 Jon Sloper, Help and Kindness (JS) (part)
 Stephen Slough, ICB Chief Digital Information Officer (SS)
 Natalie Violet, Business Manager to the ICB Chief Executive
 (NV)

		Action
1.	Apologies Neil Bacon, Chief Strategy and Transformation Officer Dean Spencer, Chief Operating Officer Graham Farrant, Chief Executive, BCP Dawn Harvey, Chief People Officer Patricia Miller, Chief Executive Andrew Rosser, Chief Finance Officer, SWAST Ben Sharland, GP and Primary Care Member Dan Worsley, Non-Executive Member	
2.	Quorum	
2.1	It was agreed that the meeting could proceed as there was a quorum of members present.	
3.	Declarations of Interest, Gifts or Hospitality	
3.1	There were no Declarations of Interest made at the meeting.	
3.2	Members were reminded of the need to ensure Declarations of Interest were up to date and to notify the Corporate Office of any new declarations.	
4.	Minutes	
4.1	The Part 1 minutes of the meeting held on 1 July 2022 were approved as a true record.	
	It was noted that the job title for Dawn Dawson needed to be amended to Acting Chief Executive, Dorset Healthcare.	FK

5. Matters Arising

- 5.1 The Board **noted** the Report of the Chair on matters arising from the Part 1 minutes of the meeting held on 1 July 2022.

6. Chief Officer's Report

- 6.1 In the absence of the Chief Executive the Chair introduced the update report and welcomed comments.
- 6.2 The impact of the recent heatwave on all service providers was recognised and the Board noted that the pressure on the system as a whole continued.
- 6.3 The Board were advised that the outstanding executive position of the Chief Nursing Officer had now been filled. The Interim Chief Nursing Officer was thanked for agreeing to continue in post until Debbie Simmons joined NHS Dorset in September.
- 6.4 The Board **noted** the Chief Officer's report.

7. Items for Decision

7.1 Age Care Technologies

- 7.1.1 The Chief Medical Officer introduced the Age Care Technologies (ACT) report.
- 7.1.2 The Board were advised that the proposal was built around a semi-structured interview and could be carried out by volunteers or peers. The plan was to link in with a directory of services, statutory or voluntary, to try and address needs.
- 7.1.3 The Clinical Reference Group (CRG) supported the proposal but wanted to see the outcome of Phase 1 before agreeing to go out to pilot stage. It was noted that the funding stream with NHS was still to be resolved.
- 7.1.4 Following discussion the Board felt it was a good opportunity but with some caveats that required some clarification e.g. where did it sit with Dorset Care Plan and Dorset Care Record, coding would be key and this information would be needed for the population management work.
- 7.1.5 The importance for the voluntary sector to have access to one efficient tool which was coded was noted. Members of the Board highlighted the need to ensure the system

worked with existing systems and to understand the impact on other services.

- 7.1.6 The Chief Medical Officer advised the Board that the intention was to roll out to those over the age of 65. Part of the evaluation process of Phase 1 would be a review of the demands on statutory and non-statutory services to ensure no unmet needs were identified.
- 7.1.7 In response to a question regarding the involvement of local authorities (LAs) in the process, the Chief Medical Officer advised that LAs had been involved in the first meeting with the company and were supportive. It was expected to be a whole system partnership which ACT would facilitate the ICB to develop.
- 7.1.8 The Chief Finance Officer explained the contracts process and the balance of risk to ensure transparency for members of the Board.
- 7.1.9 Following a question about how good the outcomes needed to be to progress to a pilot, the Chief Medical Officer advised they would look at the evidence to see how it could be implemented. The outcomes from Phase 1 would be the feasibility assessment, the ICB would decide what would be included.
- 7.1.10 It was noted that the tool would be reliant on a directory of services which was a big piece of work and would require some resourcing.
- 7.1.11 In terms of how the process fitted into the transformation process, the Chief Medical Officer advised that initially there might be a bit of disconnect but this would then be revisited and a critical review prepared.
- 7.1.12 Following further discussion the Chief Medical Officer suggested amending the recommendations to proceed with Phase 1 but to delegate the decision to proceed to Phase 2 to the CRG.
- 7.1.13 The Board **approved** the amended recommendations as set out in minute 7.1.12.

7.2 Memorandum of Understanding (MOU) between the Voluntary and Community Sector and the Integrated Care System

- 7.2.1 The Director of Public Health introduced the MOU between the Voluntary and Community Sector and the Integrated Care System.
- 7.2.2 The Board were advised how the MOU would bring all the different parts of the community together and would build on the strengths that already existed across the county.
- 7.2.3 With the inclusion of over 8,000 voluntary and community groups it was anticipated that a different perspective to work together would be created. However, future funding for the voluntary sector would be key.
- 7.2.4 It was noted that the projects would need to be resilient and robust and equity across the geography of Dorset was highlighted.
- 7.2.5 The Board were advised that as the Integrated Care Partnership (ICP) was currently being formed this MOU would be one of the first items on their initial agenda to give those members an opportunity to also sign up to it.
- 7.2.6 The Board **approved** the 'placeholder' MOU.

8. Items for Noting

8.1 Dorset's Response to the Next Steps to Integrating Primary Care: Fuller Stocktake Report

- 8.1.1 The Chief Commissioning Officer introduced the Fuller Stocktake report.
- 8.1.2 The report challenged a different way of thinking with a much greater emphasis on multi-disciplinary work and aimed to ease the pressure and demand on statutory services. The Chief Executive and Chair had been in a position to input into this work as they had been part of the Steering Group.
- 8.1.3 The Chair of the Primary Care Commissioning Committee (PCCC) felt the report was timely as it set out the key agenda that the PCCC would be tracking. She highlighted the big changes that would be coming forward and noted that the region recognised the massive challenge for the systems.

- 8.1.4 Holistic healthcare was highlighted and it was noted that 30% of people who came into GP practices did not have a health need.
- 8.1.5 There was a reminder this was just a stocktake and did not contain all the answers. Generally, there was good engagement in Dorset but there was not enough co-deliverers of service and primary care did not have all the resources and skills to be able to manage it all.
- 8.1.6 The Director of Public Health noted the need to look at a differential resource allocation in order to support primary care and added that other parts of the system might have the skills and abilities to take this forward.
- 8.1.7 Following a discussion about dentistry and the impact on local communities with lack of service in the area, the Chair expressed concern about the ICB commissioning dentistry next year and urged members of the Board to start giving it some consideration.
- 8.1.8 The Board **noted** the Fuller Stocktake report.

8.2 Messenger Review

- 8.2.1 The Deputy Director of Engagement and Development introduced the Messenger Review report.
- 8.2.2 The leadership review had been commissioned by the Secretary of State and was about transforming how leadership worked within the NHS.
- 8.2.3 The next steps for the ICB would be to work with the People and Culture Committee in terms of service design and leadership and development issues.
- 8.2.4 It was noted that that this review underpinned the Clinical Care Professional Leadership (CCPL) programme.
- 8.2.5 The Board **noted** the Messenger Review report.

8.3 ICS Transformation Programme Update

- 8.3.1 The ICB Programme Director introduced the ICS Transformation Programme Update.
- 8.3.2 The Board were advised of the progress against the phase 1 deliverables and risk areas were highlighted. The legal transfer had now been completed but there were still a few

key components to be delivered. ICP guidance was still awaited and was currently with cabinet ministers.

8.3.3 The ICB NHS Provider Trust Partner Member noted the risk around resource and felt it would be important to look at resource in the round and that there might be an opportunity for the provider collaborative to help with this.

8.3.4 The Board **noted** the ICS Transformation Programme Update.

8.4 Quality Report

8.4.1 The Interim Chief Nursing Officer introduced the Quality report.

8.4.2 The Board were advised that the structure of the report could change following the forthcoming committee meetings.

8.4.3 The pressures on the system were highlighted and there continued to be a push for delivery in areas that were not quite delivered.

8.4.4 It had been agreed previously to undertake a harm review, which had been a challenging piece of work but the terms of reference for this had now been scoped.

8.4.5 The number of initial health assessments was highlighted. This had been as a result of the increase in the number of children coming into care in the Bournemouth, Christchurch and Poole Council area and a bespoke service had been commissioned to address this.

8.4.6 The Board **noted** the Quality report.

8.5 Performance Report

8.5.1 The Deputy Director for Integration introduced the Performance report.

8.5.2 The Board were advised that the structure of the report could change following the forthcoming committee meetings. Consideration to the relevance of the information included and the time taken to produce the report would be a welcome factor. It was also requested that alignment with the operational plan be reflected in any changes.

8.5.3 Following a discussion about urgent appointments for the eating disorder service and how the statistics had declined

SB

over the last couple of quarters, the Deputy Director undertook to provide further information for the Board outside of the meeting.

8.5.4 In response to a question about the downturn in access for young people to CAMHS the Board were advised that CAMHS was one of the transformation programmes currently being looked at. The Deputy Director undertook to ask the Head of Mental Health Services to provide and circulate an update to members of the Board.

SB

8.5.5 The Chair noted that further reports on particular areas of concern would be considered for future board meetings.

8.5.6 The Chief Finance Officer felt that further assurance would be given to the Board when the committee cycle commenced.

8.5.7 The Board **noted** the Performance report.

8.6 Finance Report

8.6.1 The Chief Finance Officer introduced the Finance report which had been developed to show the financial position for both the system and the ICB.

8.6.2 The Board were advised that this report would form part of the Integrated Performance Report in future months.

8.6.3 The Board **noted** the Finance report.

8.7 Annual Report on Children in Care and Care Leavers 2021-22

8.7.1 The Interim Chief Nursing Officer introduced the Annual Report on Children in Care and Care Leavers 2021-22

8.7.2 The Board were provided with some background to the annual report cycle including statutory and on statutory reports that would come forward to the Board in future.

8.7.3 Following a request from the Chair regarding future timings for Annual reports, the Interim Chief Nursing Officer undertook to liaise with the Chief Executive's Business Manager.

VR

8.7.4 The Board **noted** the Children in Care and Care Leavers 2021-22 Annual report.

8.8 Annual Review of Data Security and Protection Toolkit

8.8.1 The Chief Finance Officer introduced the Annual Review of Data Security and Protection Toolkit.

8.8.5 The Board **noted** the Data Security and Protection Toolkit Annual Review.

8.9 Annual Report on Personal Health Commissioning

8.9.1 The Interim Chief Nursing Officer introduced the Annual Report on Personal Health Commissioning (PHC).

8.9.2 The Board felt it would be helpful to consider a development session on PHC in the future.

8.9.3 It was noted that whilst this was not a statutory report PHC was of significant financial value to the service.

8.9.4 The Interim Chief Nursing Officer advised that Adult Continuing Healthcare (CHC) assessments had been suspended during Covid and restarting them had proved harder than stopping. However, this element had now recovered and 73% assessments were being completed on time.

8.9.5 An overspend at the end of the year was highlighted and attributed to increasing care costs. The Board were advised that in terms of the cost of care the number of staff required to complete assessments was very high.

8.9.6 The Chief Finance Officer advised that the budget had been increased by 6% but was still overspending. It was one of the budgets that was difficult to control even with controls in place. The Interim Chief Nursing Officer added that PHC was a complex and difficult process to manage.

8.9.7 Following a discussion about where PHC would sit within the committee process, the Interim Chief Nursing Officer advised that an element of this was related to strategy and transformation. The importance of having an assurance process in place to avoid escalations to the Board was noted.

8.9.8 The Board **noted** the Personal Health Commissioning Annual Report,

NV

8.10 Annual Report on Customer Care

- 8.10.1 The Interim Chief Nursing Officer introduced the Annual Report on Customer Care.
- 8.10.2 A number of the complaints received related to PHC and the intention was to learn more from these complaints and consider how these can be fed back to the system and quality group. From next year complaints would come to the ICB.
- 8.10.3 The Board were advised that part of Healthwatch role was to invite feedback about health and care services across the system. The Chair noted the importance of avoiding any duplications in this regard.
- 8.10.4 The Board **noted** the Annual Report on Customer Care.

8.11 Annual Report on Safeguarding Children and Adults

- 8.11.1 The Interim Chief Nursing Officer introduced the Annual Report on Safeguarding Children and Adults. This report covered statutory duties and provided assurance to the ICB.
- 8.11.2 The Interim Chief Nursing Officer highlighted the need to improve training for providers and within the ICB.
- 8.11.3 In response to a question about the objectives being met for the year, the Interim Chief Nursing Officer advised she was confident that all areas covered in the challenges and achievements section had been met and undertook to circulate an update against last years objectives for Board members.
- 8.11.4 Following a concern about consistency across all the annual reports, the Board felt it might be helpful to have a standardised report format in the future.
- 8.11.5 The Board **noted** the Safeguarding Children and Adults Annual Report.

VR

9. Items for Consent

Approved Minutes

- 9.1 Primary Care Commissioning Committee (Part 1 – Public) – 13 April 2022

The Board **noted** the approved minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 13 April 2022.

Draft Minutes

- 9.2 Primary Care Commissioning Committee (Part 1 – Public) – 1 June 2022

The Board **noted** the draft minutes from the Primary Care Commissioning Committee (Part 1 – Public) – 1 June 2022.

Urgent Decision

- 9.3 The Chair reported the use of the Urgent Decision powers relating to the approval of the uplift for providers on the Dorset Council (DC) framework to align with DC rate increases.

Approval of an uplift for non framework providers of between 4 – 5.6% to align with the increase given to non framework providers in the Bournemouth, Christchurch, and Poole (BCP) area as some providers provide care for packages located in both Local Authority areas.

10. Questions from the Public

- 10.1 There were no written questions from members of the public received prior to the meeting.

11. Any Other Business

- 11.1 The Chief Finance Officer advised the Board that Microsoft Licenses for the ICB needed to be renewed at a cost of £2.4m.

- 11.2 The budget was in place for this and had it had been through the correct procurement processes. This had come forward now as the committee cycle had not yet commenced.

- 11.3 The Board **agreed** for the renewals to be taken forward.

12. Date and Time of Next Meeting

- 12.1 The next meeting of the ICB Board would be held on Thursday 1 September 2022 at 10.00am, in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset DT1 1TG

13. Exclusion of the Public

To resolve that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

DRAFT

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 6.1

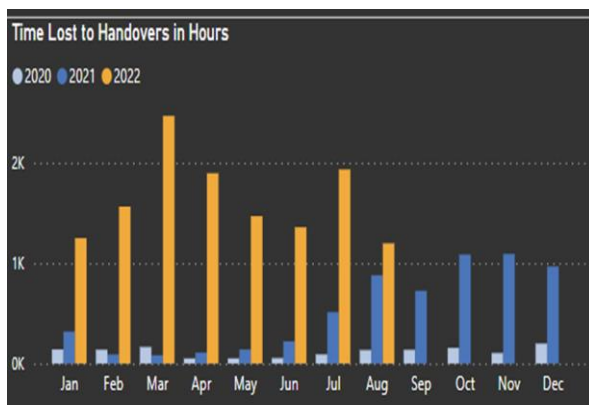
Subject:	University Hospitals Dorset (UHD) NHS Foundation Trust Integrated Performance Report (IPR) August 2022.
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Prepared by:	Executive Directors, Alex Lister, Sophie Jordan, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Irene Mardon, Jo Sims, Andrew Goodwin.
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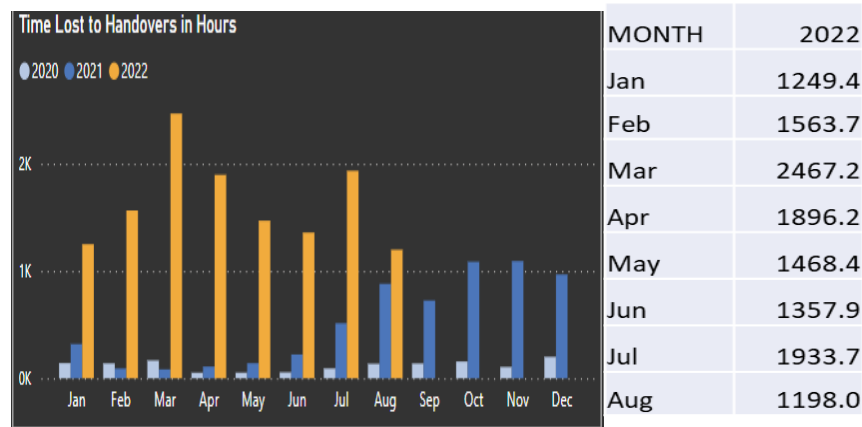
Presented by:	Executive Directors for specific service areas.
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Purpose of paper:	To inform the Board of Directors on the performance of the Trust during August 2022 and consider the content of recovery plans.
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Background:	The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into a particular area of interest for additional information and scrutiny.
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Urgent & Emergency Care	<p>Operational Performance: Key Points</p> <p>Attendances to our Emergency Departments reduced in August. Hospital occupancy continues to create challenges for flow out of the emergency departments. Ambulance handover delays showed improvement in August both in terms of numbers and total time lost, the position against the recovery trajectory is shown below.</p> <p>Poole Hospital Ambulance handovers</p> <div data-bbox="424 1395 1015 1798">  <table border="1"> <thead> <tr> <th>MONTH</th> <th>2022</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>964.3</td></tr> <tr><td>Feb</td><td>1146.6</td></tr> <tr><td>Mar</td><td>1670.5</td></tr> <tr><td>Apr</td><td>1471.9</td></tr> <tr><td>May</td><td>1221.4</td></tr> <tr><td>Jun</td><td>1759.5</td></tr> <tr><td>Jul</td><td>1409.4</td></tr> <tr><td>Aug</td><td>1073.9</td></tr> </tbody> </table> </div>	MONTH	2022	Jan	964.3	Feb	1146.6	Mar	1670.5	Apr	1471.9	May	1221.4	Jun	1759.5	Jul	1409.4	Aug	1073.9
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Bournemouth Hospital Ambulance handovers



The IPR provides the detailed performance against the new national Urgent & Emergency Care standards.

(colours based on change from last month)

		Aug-22		
Standard	Aim	Poole	RBCH	Combined
Operational (Field testing standards)				
Mean time in the dept	200 mins	295	355	326
Time to Initial Assessment	15 mins	12	49	30
12 Hour ED Waits	0	358	421	779
Internal Care Standards				
Time to first clinician seen (RBCH: to Dr seen)	60 mins	114	186	142
Mean Clinically Ready To Proceed to Leave Dept	60 mins	276	138	219

Weekly ED decompression action plan meetings continue led by the COO to progress and monitor front door actions and performance. Supported by a monthly ICS Ambulance cell meeting.

Support from ECIST is ongoing, with a review against initial observations being planned for late October to confirm progress and agree the future focus and opportunities, which will also align to the feedback from the invited informal review by two CQC specialist advisors that took place in September.

Occupancy, Flow & Discharge

Both sites continued to maintain opening of escalation beds in August. Occupancy remained steady at 93.4% across UHD sites, however in some instances exceeded 100% on a single site. With ongoing variance between OPEL 3/4 across the trust.

There was an average of 237 patients MRFD across both sites in August. Which is an increase of 11 compared to July figures. There are significant numbers of patients waiting for Local Authority interventions, Intermediate Care, Community hospital placements and Self- Funding support.

3 agreed areas of focus to improve patients waiting for discharge are:

- Setting expected date of discharge (EDD), and discharge within 48 hours of admission.
- Ensuring consistency of process, personnel, and documentation in ward rounds.
- Applying seven-day working to enable discharge of patients during weekends.

The 100-day challenge for Discharge is collaboratively addressing the improvements urgently required across the system. The key external drivers are the need to improve support for self-funding patients, address delays in the brokerage system and review of stepdown availability. Internally a review of the Discharge Team 7-day model of working is also proceeding.

Surge, Escalation and Ops Planning	<p>At the time of writing, UHD has 35 confirmed Covid inpatients, the situation has greatly improved and correlates with the national picture and Epicell modelling. The operational teams have created a capacity and flow plan which aims to link with the Winter KLOEs and national board assurance framework. This is supported by the internal Hospital Flow Improvement Group Trust Wide action plan.</p> <p>A systemwide bed capacity and demand plan has been launched with national funding to reduce the risk of high occupancy and insufficient winter beds. Funding has been agreed to support internal increase in SDEC capacity, additional escalation beds, commissioning of departure lounges on both sites and recruitment of Discharge Facilitators. External support ranges from additional care hours, care home beds and increased mental health beds for Quarter 4.</p>																								
Referral Treatment (RTT) to	<table><tr><th>Planning requirement</th><th>July 22</th><th colspan="2">Aug 22</th></tr><tr><td>Referral to treatment 18-week performance</td><td>58.3%</td><td>57.1% ▼</td><td>Target 92%</td></tr><tr><td>Eliminate > 104 week waits</td><td>100</td><td>95 ▼</td><td>Trajectory 56 by August 2022</td></tr><tr><td>Reduce >78 week waits to zero</td><td>492</td><td>502 ▲</td><td>499 by August 22</td></tr><tr><td>Hold or reduce >52+ weeks</td><td>4,170</td><td>4,010 ▼</td><td>4,702 by August 22</td></tr><tr><td>*Stabilise Waiting List size</td><td>75,502</td><td>75,065 ▼</td><td>-437 v August 2022</td></tr></table> <ul style="list-style-type: none">Referral rates have reduced year to date compared to pre-covid in 2019/20.The RTT standard was not met in August 2022, with 57.1% of patients being treated within 18 weeks.A reduction in the total waiting list size was delivered however, reducing the overall denominator for RTT.Both >52 week waits and >104 week waits reduced in month. The number of patients waiting >104 weeks reduced to 95.Reduced activity over the August bank holiday period also impacted on delivery of the improvement trajectory in month.>78 week waits stayed overall static. <p>Key outcomes delivered in reporting period:</p> <ul style="list-style-type: none">Implementation of Foundry Theatre Scheduling tool.Delivery of theatre improvement project focussed on the 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.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.Project initiation to support a national initiative called 'Super September' to deliver improved outpatient booking processes; the Trust has a range of initiatives in ENT and Gynaecology during September. A 21% and 12% reduction in patients at risk of	Planning requirement	July 22	Aug 22		Referral to treatment 18-week performance	58.3%	57.1% ▼	Target 92%	Eliminate > 104 week waits	100	95 ▼	Trajectory 56 by August 2022	Reduce >78 week waits to zero	492	502 ▲	499 by August 22	Hold or reduce >52+ weeks	4,170	4,010 ▼	4,702 by August 22	*Stabilise Waiting List size	75,502	75,065 ▼	-437 v August 2022
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	<p>breaching 78 weeks by March 23 respectively has been delivered in September to date.</p> <ul style="list-style-type: none">Optimised utilisation of ISP capacity to support a reduction in longwaiters. <p>*Note: 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 until administrative validation is complete, and the duplicate removed. The presence of duplicate pathways is increasing the reported total waiting list position, number of <78 week waiters and impacting the reported RTT performance. Validation of waits over 78 weeks has been prioritised.</p>																																																																																										
Cancer Standards	<p>The total number on the UHD PTL has risen above 3950 and ranks 20th when compared nationally. Two week wait referrals in August increased by 22% when compared to the same period in 21/22. Of the 30 trusts with the largest PTL's nationally, UHD has the 5th lowest % of backstop patients and the lowest % of backstops within the Wessex Cancer Alliance.</p> <ul style="list-style-type: none">28-day FDS performance in July fell short of the 75% threshold reporting 63.6% with four tumour sites achieving the standard.31-day standard – achieved.The 62-day performance in June was below the 85% threshold (67.9%), However, remains above the current national average of 61.9%. <table><tr><th colspan="9">Cancer Waiting Times</th></tr><tr><th>Measure</th><th>Target</th><th>Q3 21/22 FINAL</th><th>Q4 21/22 FINAL</th><th>Q1 22/23 FINAL</th><th>Apr 22 FINAL</th><th>May 22 FINAL</th><th>Jun 22 FINAL</th><th>Jul 22 FINAL</th></tr><tr><td>Cancer Plan 62 Day Standard (Tumour)</td><td>85%</td><td>70.9%</td><td>69.3%</td><td>71.4%</td><td>71.5%</td><td>69.6%</td><td>73.4%</td><td>67.9%</td></tr><tr><td>62 Day Screening Standard (Tumour)</td><td>90%</td><td>87.0%</td><td>83.8%</td><td>82.4%</td><td>86.7%</td><td>73.9%</td><td>85.7%</td><td>91.1%</td></tr><tr><td>31 Day First Treatment (Tumour)</td><td>96%</td><td>96.8%</td><td>97.3%</td><td>97.4%</td><td>97.0%</td><td>96.6%</td><td>98.5%</td><td>97.2%</td></tr><tr><td>Subsequent Treatment - Surgery</td><td>94%</td><td>93.9%</td><td>89.8%</td><td>91.5%</td><td>95.3%</td><td>87.7%</td><td>92.3%</td><td>90.9%</td></tr><tr><td>Subsequent Treatment - Radiotherapy</td><td>94%</td><td>100.0%</td><td>99.3%</td><td>98.6%</td><td>100.0%</td><td>99.3%</td><td>98.7%</td><td>99.3%</td></tr><tr><td>Subsequent Treatment - Anti Cancer Drugs</td><td>98%</td><td>100.0%</td><td>100.0%</td><td>99.5%</td><td>96.3%</td><td>100.0%</td><td>98.7%</td><td>98.5%</td></tr><tr><td>Faster Diagnosis</td><td>75%</td><td>66.6%</td><td>71.9%</td><td>70.2%</td><td>71.9%</td><td>71.8%</td><td>66.9%</td><td>63.6%</td></tr><tr><td>Over 104 days (treated in month)</td><td>N/A</td><td>36</td><td>44.5</td><td>53</td><td>13</td><td>25.5</td><td>14</td><td>15.5</td></tr></table> <p>Key outcomes delivered in reporting period:</p> <ul style="list-style-type: none">Secured 48 additional clinic slots in Gynaecology in Sept, ring-fenced hysteroscopy slots post OPA to avoid delay in diagnostics and 8 additional fast track appointments per week at Poole.Colorectal/Upper GI: 40 additional slots, to be built into capacity planning going forwards and action initiated to tighten referral criteria for CT Colonoscopy in line with national guidelines.Skin: Additional DRAC clinics to be converted from assessment clinics to treatment clinics providing one-stop for excision and biopsy. This will speed up time to diagnostic at the front end of the pathway.	Cancer Waiting Times									Measure	Target	Q3 21/22 FINAL	Q4 21/22 FINAL	Q1 22/23 FINAL	Apr 22 FINAL	May 22 FINAL	Jun 22 FINAL	Jul 22 FINAL	Cancer Plan 62 Day Standard (Tumour)	85%	70.9%	69.3%	71.4%	71.5%	69.6%	73.4%	67.9%	62 Day Screening Standard (Tumour)	90%	87.0%	83.8%	82.4%	86.7%	73.9%	85.7%	91.1%	31 Day First Treatment (Tumour)	96%	96.8%	97.3%	97.4%	97.0%	96.6%	98.5%	97.2%	Subsequent Treatment - Surgery	94%	93.9%	89.8%	91.5%	95.3%	87.7%	92.3%	90.9%	Subsequent Treatment - Radiotherapy	94%	100.0%	99.3%	98.6%	100.0%	99.3%	98.7%	99.3%	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	100.0%	99.5%	96.3%	100.0%	98.7%	98.5%	Faster Diagnosis	75%	66.6%	71.9%	70.2%	71.9%	71.8%	66.9%	63.6%	Over 104 days (treated in month)	N/A	36	44.5	53	13	25.5	14	15.5
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DM01 (Diagnostics report)	<p>The DM01 standard has achieved 77.4% of all patients being seen within 6 weeks of referral, 22.6% of diagnostic patients seen >6weeks.</p> <p>1% of patients should wait more than 6 weeks for a diagnostic test.</p>																																																																																										

	<table><tr><th>August</th><th>Total Waiting List</th><th>< 6weeks</th><th>>6 weeks</th><th>Performance</th></tr><tr><td>UHD</td><td>11,747</td><td>9,092</td><td>2,655</td><td>22.6%</td></tr></table> <ul style="list-style-type: none">Increased demand for diagnostics and workforce gaps is impacting on the Trust's recovery of diagnostics performance in echocardiology and endoscopy. <p>Key outcomes to be delivered in next reporting period:</p> <ul style="list-style-type: none">Reduce cardiac CT and cardiac MR cases which are the majority of outstanding cases.Additional ultrasound capacity due to come online in October to aid recovery, particularly use of outsourcing (AECC).Reduction in DNAs for diagnostics and increased activity for endoscopy and echocardiology.Validation of diagnostics waiting lists.	August	Total Waiting List	< 6weeks	>6 weeks	Performance	UHD	11,747	9,092	2,655	22.6%
August	Total Waiting List	< 6weeks	>6 weeks	Performance							
UHD	11,747	9,092	2,655	22.6%							
Elective Recovery Actions	<p><i>Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:</i></p> <ul style="list-style-type: none"><i>Theatre improvement programme</i> - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres.<i>Outpatient Enabling Excellence and Transformation programmes</i> - including three elements:<ul style="list-style-type: none"><i>Enabling Excellence programme</i> - to deliver 'back to basics' improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients<i>Digital Outpatients transformation</i>, and<i>Outpatients Pathway Transformation programme</i> - optimising use of virtual consultations, advice and guidance and patient initiated follow up pathways.<i>Diagnostics recovery:</i> Endoscopy, Echocardiology and imaging.<i>Cancer recovery and sustainability:</i> Developing a sustainability plan to improve Cancer Waiting Times across 6 priority tumour sites which aligns with the Dorset Cancer Partnership objectives.<i>Data and validation optimisation:</i> Ensuring access to the best quality data for elective care delivery and planning, including clinically led, digital first validation.										
Health Inequalities	<p>The Dorset Intelligence & Insight Service (DiiS) Health Inequalities dashboard enables analysis waiting times disaggregated by ethnicity and deprivation (Dorset Patients only).</p> <p><u>Health Inequalities</u> 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.</p> <p><u>Waiting list by ethnicity</u> 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 in Q2.</p>										

Infection Prevention and Control:

Quality, Safety, & Patient Experience Key Points

Hospital Associated cases trend

Organism	2021/2022												2022/2023				
	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
Cdiff	4	8	8	8	5	8	6	6	4	2	8	3	9	10	9	9	11
eColi	4	4	9	9	10	7	8	7	9	7	2	4	6	1	7	4	7
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	3	2	4	4	5	5	1	4	4	3	7	5	4	4	2	3	3

- Work continues the follow up of COVID-19 outbreaks with post infection review for cases from Q3 2021 to Q1 2022.
- Community cases of COVID-19 in Dorset continue to decline.
- This has allowed for the implementation of a reduced testing model for patients and staff focussed on those at high risk of a severe form of infection and those who are symptomatic.
- In line with this reduction, mask wearing in non-clinical areas has been removed from UHD guidance and as a Dorset system we will be reviewing mask wearing in clinical areas in September.
- Outbreaks of COVID-19 have been reported within Wards on both sites but at a reduced level.
- An outbreak of RSV occurred in a local nursing home resulting in 5 admission to UHD. Paying attention to the epidemiology of community acquired pneumonia and respiratory infections will be key as we head towards winter.
- Cases of Clostridioides Difficile have increased over the past 2 years. The frequency of patients relapsing, and the severity of cases has also increased.
- A common trend across the South West. an ongoing collaborative project across the region is gathering data to help us to understand the reasons behind this increase. The UHD rate for hospital onset cases is currently below the England rate of 19.3 per 100,000 at 13.8.

Clinical Practice Team

Moving & Handling

- Level 2 Moving & Handling training is an essential component in the trust induction programme (day 2) for clinical staff.
- These sessions have been protected as much as possible in order to support the safe onboarding of staff.
- We are unable to meet additional requests for extra core induction sessions. This may be a limiting factor going forward when requests for further core inductions dates are made.

Essential Core Skills

- The ability to meet the face-to-face level two training requirements for clinical staff continues to be a challenge. The risk register entry remains at 10 (moderate) and under continuous review.
- All scheduled Essential Core Skills face to face clinical moving & handling sessions are now fully booked until end of the calendar year. Staff are notified of any DNAs or cancellations by the Education & Training team.
- An options appraisal document is being developed with the Education & Training team to explore alternative methods of delivery that remain compliant with statutory requirements.

Falls prevention & management

- A total of seven severe fall harm events – six patients sustaining #nofs and one patient sustaining a subdural haematoma.
- The relevant scoping and investigations are being undertaken with support from the falls team.

	<p>Tissue Viability</p> <ul style="list-style-type: none">• The number of complex patients being referred to the service remains high.• Regional referral units such as plastics (Salisbury) and spinal (UHS) have revised their criteria for acceptance resulting in patients with complex wound care increasing length of stay.• Noting an increase in complaints relating to skin integrity and pressure ulceration following discharge to other care providers.• The team remain under sustained pressure and have had to take the difficult decision to cancel some planned training sessions. <p>The Clinical Practice Team have continued to support ward teams when staffing has been challenging across both sites, as well as undertaking DATIX administration and RCA/SI investigation responsibilities for ward areas.</p>																																
<p>Patient Experience:</p>	<p>Friends & Family Test</p> <p>FFT Positive responses have improved in August at 90.4% in comparison to 86% in July. The FFT response rate has also improved.</p> <ul style="list-style-type: none">• 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. The number of complaints open over 55 days has seen a steady and continued downward trend.• Key themes from PALS and complaints:<ul style="list-style-type: none">- Organisation process – Waiting times, accessing care.- Communication – Absent or incorrect.- Quality – Clinical standards. <p>Mixed Sex Accommodation Breaches</p> <p>In August we have reported two incidents of Mixed Sex Accommodation breaches, resulting in 10 patients affected. This is being reviewed within the care group.</p>																																
<p>Workforce Performance:</p>	<p>Please note the YTD (12 month rolling data) Indicators to August 2022 can be found on the Workforce Integrated Performance Report page</p> <p><u>August (in month) Indicators:</u></p> <table><thead><tr><th></th><th></th><th>Actual this month</th><th>Variance on last month</th></tr></thead><tbody><tr><td>Turnover</td><td></td><td>14.5%</td><td>0.0%</td></tr><tr><td>Vacancy</td><td></td><td>7.2%</td><td>0.8%</td></tr><tr><td>Sickness Rate</td><td></td><td>4.7%</td><td>-1.1%</td></tr><tr><td>Covid-absence non-sickness</td><td></td><td>0.2%</td><td>0.0%</td></tr><tr><td>Appraisals</td><td>Values based</td><td>28.9%</td><td>9.0%</td></tr><tr><td></td><td>Medical & Dental</td><td>59.1%</td><td>0.1%</td></tr><tr><td>Statutory and Mandatory</td><td></td><td>87.1%</td><td>1.6%</td></tr></tbody></table> <p>UHD turnover continues to track at 14.5% this month.</p>			Actual this month	Variance on last month	Turnover		14.5%	0.0%	Vacancy		7.2%	0.8%	Sickness Rate		4.7%	-1.1%	Covid-absence non-sickness		0.2%	0.0%	Appraisals	Values based	28.9%	9.0%		Medical & Dental	59.1%	0.1%	Statutory and Mandatory		87.1%	1.6%
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	<p>Vacancy rate is being reported at 7.2%, an increase of 0.8% 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.</p> <p>Overall Sickness absence In August is 4.7%, a reduction of 1.1% compared to July. Covid related absence remains at 0.2%.</p> <p>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.</p>
CPO Headlines:	<p>The Royal College of Nursing will be opening a statutory ballot on pay and industrial action with effect from 15th September 2022. This will be a postal ballot of all RCN members who hold an Agenda for Change contract of employment. The ballot will run until 13th October 2022. The trust will put appropriate plans in place to ensure continuity of critical services during any potential industrial action.</p> <p>The HR Operational Team are working closely with the Strategy & Transformation team, supporting the trust with several organisational change processes.</p> <p>Medical locum rates are now in place across UHD. Usage together with escalation of rates will be closely monitored during the coming months.</p>
Occupational Health and Enhanced Wellbeing Service	<p>Pre-Placement Referrals: Activity levels remain high. Staff who do not require nurse appointments are being cleared in 3-4 working days, those new staff members who require a nurse appointment are being seen in 1-2 weeks after referral.</p> <p>Management Referrals: A high number of management referrals are being made, these are becoming more complex and multi-factorial. To ensure staff receive the correct level of support and advice, increased time and resource needs to be allocated. The current waiting time for a new patient appointment is 5 weeks.</p> <p>The Psychological Support & Counselling service is operating to capacity with wellbeing appointments, with a 4-6 week wait for counselling appointments.</p> <p>The staff Autumn vaccination programme (co-administration of flu and Covid bivalent vaccines) will be delivered to staff over 4 weekends in October.</p> <p>Clinics are being set up across RBH and PH to accommodate 2000 appointments a weekend.</p>
Resourcing	<p>Medical Recruitment: August was a busy month for medical recruitment, with the highest number of new joiners (23) Internal moves (19) and applications (713) recorded this year. The project to move Medical recruitment to the TRAC Recruitment portal is well under way, with that switch due at the end of September 2022.</p> <p>General Recruitment: The number of new joiners to the Trust during August was 111, the highest number since April, and a further 114 internal appointments being made in month. This suggests that the Internal job market is as competitive as the external one. The recruitment focus remains on HCSW and administration roles, where vacancy rates are highest. An Open Day event held beginning of September has resulted in 60 offers of employment being made of HCSW roles, and similar events are being planned for November 22 and January 23. Recruitment events are being attended at Bournemouth University, and Bournemouth Pavilion during September. The demand for support via digital marketing and advertising continues to grow.</p>

Workforce Systems	Staff changes during August increased by 714. July saw 2255 and August 2969. This includes fixed term contract, hours and position changes, SR3's and MSS terminations.
Temporary Workforce	<p>The Temporary Staffing team are facing significant staffing challenges. A recent recruitment campaign has proved successful and it is anticipated that vacant roles will be filled from the beginning of October.</p> <p>Continued increase in demand across all staff groups for temporary workforce support.</p> <p>Nursing requests up 3% with bank fill remaining stable at 44% and a 2% reduction in agency fill. The combined bank & agency fill rate is down 2% to 70% compared to the recorded 72% in July. This is reflective of the 2% reduction in agency fill.</p> <p>Total AFC bank requests for August sit at 11,484 resulting in a 2% increase in demand from July. August shows combined bank and agency fill is down 1% to 59% compared to July's 60% demand fill. Once again bank fill remained stable and the decrease in fill is influenced by a reduction in agency fill.</p> <p>94 contracts processed and sent to payroll, 79 of which are internal additional assignment requests and 15 external.</p> <p>A total of 1178 medical bank shifts were filled across UHD on Locum's Nest – 707 shifts were filled at Poole and 468 shifts filled at Bournemouth. 114 new requests were received to join Locums Nest during August.</p>
Organisational Development	<p>Recruiting to the new Team Leader toolkit pilot session in October which will give team leaders of smaller teams the skills and tools to work with their own teams on integration.</p> <p>Successfully allocated places to the first Leadership Fundamentals programme beginning in October.</p> <p>Reinforcing messages to line managers about the importance of a quality values-based appraisal discussion and understanding the development needs for individuals and teams</p> <p>NHS Staff Survey - workforce data submitted for survey distribution to commence on 30th September. Separate survey to include Bank staff.</p> <p>EDI - WRES and WDES data submitted to NHS England. Rainbow Badge (LGBTQ+ workforce standard) data currently in process of being evaluated.</p> <p>Wellbeing - NICE NG212 standard (Stress at work) action plan being completed.</p> <p>FTSU: The main theme of referrals to the FTSU team continues to be relating to behaviours and attitudes (44%) and an emerging challenge to tackle those particularly difficult behaviours when staff are fearful of repercussions.</p> <p>FTSU speaking up month in October. Staff will be encouraged to take part in "Wear green Wednesdays" throughout October to show their visible support for FTSU .</p>
Trust Finance Position	<p>Finance</p> <p>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.</p> <p>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</p>

	<p>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.</p> <p>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.</p> <p>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%.</p>
Options and decisions required:	No decisions required.
Recommendation:	<p>Members are asked to note:</p> <ul style="list-style-type: none"> Note the content of the report.
Next steps:	Work will continue in addressing the actions raised as part of the escalation reports and through Trust Management Group.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.</p> <p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience.</p> <p>To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p> <p>To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.</p>
BAF/Corporate Risk Register: (if applicable)	<p>Risks scoring ≥ 12:</p> <p>UHD 1342 - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak – increased score to 16</p> <p>UHD 1131 – inability to effectively place patients in the right bed at the right time (Flow)</p> <p>UHD 1387 - Demand for acute inpatient beds will exceed bed capacity (Demand & Capacity)</p> <p>UHD 1460 – UEC national metrics</p> <p>UHD 1429 – Ambulance handovers</p> <p>UHD 1053 –Long Length of Stay / Discharge to Assess /NRTR</p> <p>UHD 1074 - Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards</p> <p>UHD 1292 – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates</p>

	UHD 1386 – Cancer waits increasing due to increased referrals. UHD 1276 – Delayed patient care due to delays in surgery for #NOF patients UHD1574 - Lack of Breast screening staff impacting on waiting times UHD 1397 - Provision of 24/7 Haematology/ Transfusion Laboratory Service UHD 1342 -The inability to provide the appropriate level of services for patients during the COVID-19 pandemic UHD 1283 - There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.
CQC Reference:	All 5 areas of the CQC framework

Committees/Meetings at which the paper has been submitted:	Date
Quality Committee (Quality)	27 September 2022
Finance & Performance Committee (Operational / Finance Performance)	26 September 2022
Trust Management Group	20 September 2022

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 6.2

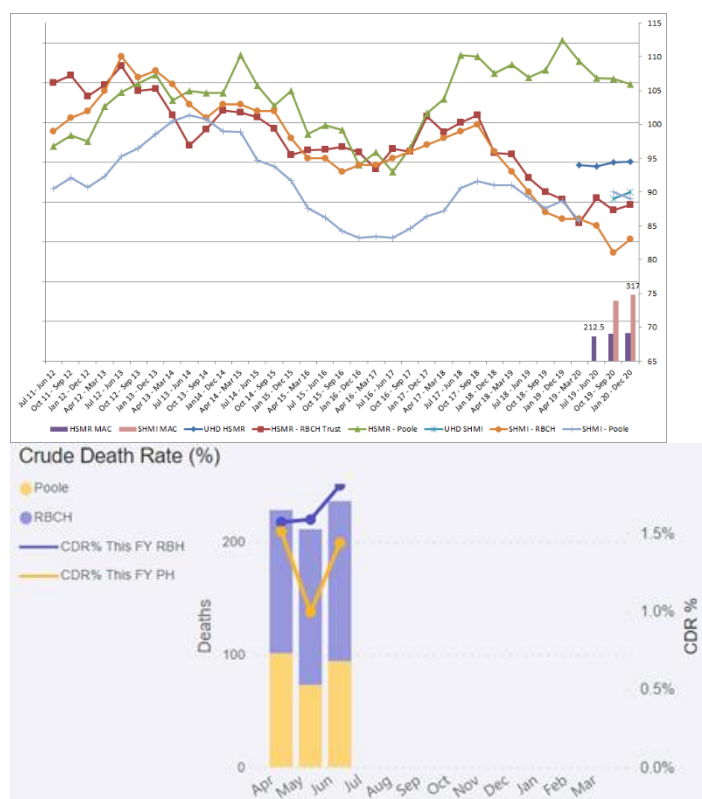
Subject:	Mortality Report Q1
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Prepared by:	Dr Divya Tiwari, Trust Mortality Lead
Presented by:	Ruth Williamson, Interim Chief Medical Officer

Purpose of paper:	This report advises the Board of the Mortality metrics within the Trust.
Background:	This paper is a regular review of mortality metrics for UHD. Monitoring of crude rates and aligning methodology to the Dr Foster platform is part of a systematic UHD approach to learning from deaths.
Key points for members:	The mortality ratios for the last financial year have been released, this is the first full financial year without significant 'Covid' activity. All metrics are within or better than expected. Specific QI projects related to learning from deaths are summarised.
Options and decisions required:	For information
Recommendations:	For information
Next steps:	None

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	To be a great place to work , by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.
BAF/Corporate Risk Register: (if applicable)	N/A
CQC Reference:	Safe, well led
Committees/Meetings at which the paper has been submitted:	Date
Quality Committee	22 August 2022

Chief Medical Officer's Report to the Board Mortality Update



HSMR April 21 to March 22 (UHD) SHMI Jan 21 to Dec 21

Indicator	Site	Value	Range
HSMR	RBH	87.0	Better than expected
	Poole	97.5	As expected
	UHD	98.6	As expected
SMR	RBH	86.4	Better than expected
	Poole	91.3	Better than expected
	UHD	95.3	Better than expected
SMHI	RBH	84	As expected
	Poole	88	As expected
	UHD	90	As expected

Mortality Ratios

The Mortality ratios for the last financial year have been released, this is the first full financial year without significant 'Covid' activity. Statistical variation is small due to fluctuating hospital admissions. Hospitals on average had 92% admission rates compared to pre-pandemic admission rates nationally.

UHD Hospital Standardised Mortality Ratio (HSMR) is within the expected range and Standardised Mortality Ratio (SMR) is in the better than expected range. Summary Hospital-level Mortality Indicator (SHMI) (calendar year) is also in the expected range. All mortality indices for UHD are in the good range and therefore at UHD level there is no significant statistical variation. Site level data continues to show convergence with improvement in all mortality indices (HSMR, SMR, SHMI).

Poole site ratios show great improvement (SMR is in the better than expected range, HSMR in the as expected range) and Bournemouth has all ratios in the better than expected range.

There are no new Dr Foster diagnostic or procedural alerts, diagnostic alerts in intestinal obstruction is under review.

The crude mortality ratios show fluctuating trends with variation on two sites showing spikes in June and July. Operational pressures during the summer months have been greater than ever and there is often correlation with acuity/'OPEL' grading/ bed occupancy and 'clinical outcomes' (mortality and morbidity). MSG will report adjusted mortality ratios for the new financial year as soon as the national benchmarking is available.

Diagnostic and Procedural Alerts – Table 1

Dr Foster's Senior Analyst presented an intelligence report and alerts in the January Mortality Surveillance Group (MSG).

Dr Foster Alert	Type of Alert	Site	Action Plan	Completion Date
Fracture of lower Limb	Diagnostic alert (CUSUM)	Poole	Study link with fra neck of femur	Review linked to # NOF
Lower respiratory tract infection	Diagnostic (Relative risk)	RBH	Awaits mortality review	Review, completed, learning disseminated
Intestinal obstruction without hernia	Diagnostic(Relative risk)	Poole	Combined RBH/ Poole review	December 2021 (report delayed)
Pneumonia	Diagnostic(Relative risk)	Poole	Case notes review	Review Complete, Action plan agreed
Total excision of bladder	Procedural (Relative risk)	RBH	Internal review Case	Review complete Action plan agreed
#NOF	Procedural alert(within expected for 12 month, very high for November and expected to climb)	Poole	Review complete	Initial findings discussed at MSG, action plan agr
Tuberculosis	Diagnostic alert 2020	RBH	Case notes review	Review complete Learning disseminated

Dr Foster Alert in Acute Bronchitis (June 2022)

Trust MSG lead conducted this review and discussed the findings and action plan. Two deaths were graded as 2 (possibly avoidable mortality) and one as grade 1 (deficiency in clinical care but death was not avoidable).

Actions:

Difficulty in gaining IV access in a septic patient contributed to the mortality, SI panel recommendations include UHD wide implementation of trained workforce to facilitate timely IV access in difficult cases. Dr Claire Spake is leading on this QI project and presented new Difficult Intravenous Access (DIVA) team development across the UHD.

Dr Adam Wheldon confirmed that the Health Records office is now scanning all death certificates on the Poole site to facilitate mortality reviews.

Mortality Review related QI projects

IV fluid management and prescription:

This trust-wide QI group has just launched a new improved version of the IV fluid prescription chart, this will further improve IV fluid prescription practices and compliance with the NICE standards.

Electronic fluid balance chart development is on pause due to IT workforce issues. MSG hopes that the IT developers will be soon able to return to this project.

Learning from Death Review QI project

This QI group is reporting to the CMO (MSG chair) and led by Jo Sims. Subdivided in many task and finish group under supervision of Morgan Smith this group has made significant progress. Currently IT developers are developing various IT platforms to transition paper based processes to electronic platform (e-fication). Group reached a consensus on new UHD wide 'learning from death review' form and this has been rolled out at the Bournemouth site from July 2022 deaths. MSG thanked Morgan Smith for his excellent leadership in moving this QI project forward.


BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 6.3

Subject:	Risk Register Report
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Prepared by:	Joanne Sims, Associate Director Quality, Governance and Risk Janey Harbord, Head of Governance & Risk
Presented by:	Paula Shobbrook, Chief Nursing Officer

Purpose of paper:	To provide details of the risks rated 12+ on the UHD NHS Foundation Trust risk register.				
Background:	The report is provided in accordance with the UHD Risk Management Strategy.				
Key points for Board members:	Current risks rated at 12 and above on the risk register			39	
	Risk(s) increased to 12 and above for review			0	
	Reduced, closed or refreshed risk(s)rated at 12 and above to note			1	
	Potential new risks for review			0	
	New risks provisionally rated 12 and above for consideration				
	Risk no:	Title	Proposed Grading	Exec Lead	Papers
		None			
	To note - Current 12+ Risks increased in month				
	Risk no:	Title	Risk Owner	Risk Trend	
		None			
	To note - Current 12+ Risks decreased in month				
	Risk no:	Title	Risk Owner	Risk Trend	
1658	Maternity Community services (Clinics, Homebirth Service and Staffing)	Taylor, Kerry - Head of Midwifery	 Decreased from 12 to 8		
Risks graded 12+ - Compliance with review timescales - to note					
No: of risks under review	Number of Risks compliant with Risk Appetite timescales	% of Risks Compliant with Risk Appetite timescales	Month on month position		
203	141	69%	↓3%		

Options and decisions required:	For approval.
Recommendations:	For approval.
Next steps:	<ul style="list-style-type: none"> • New and existing risks graded at 12+ will reflect acceptance (or not) on the current (live) Trust Risk register. • Actions identified in relation to current risks to be communicated and facilitated by Risk Owners. • Acceptance of closure and downgrade of risks to be reflected on the current (live) Trust Risk register.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	All
BAF/Corporate Risk Register: (if applicable)	N/A
CQC Reference:	All Domains

Committees/Meetings at which the paper has been submitted:	Date
Quality Committee	27 September 2022

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.1

Subject:	Freedom to Speak up; Bi-Annual Report 2022/23
Prepared by:	Helen Martin: Freedom to Speak Up Guardian (FTSUG)
Presented by:	Helen Martin
Purpose of paper:	<p>This paper is seeking approval by the board. This paper will:</p> <ul style="list-style-type: none"> celebrate our progress in creating our speaking up culture since April 2022 (until end July). understand why our staff are raising concerns and what we have learnt. ACTION for the board: <ul style="list-style-type: none"> to commit to Sir Robert Francis speaking up principles and declaration of behaviours (Appendix 1). approve timetable of actions to comply with new NHSE policy and board assessment/guidance. Consider mandating speaking up module for all staff and within induction programme (including temporary staffing).
Background:	<p>Every Trust is mandated to have a named FTSUG in post and an expectation as part of the well led domain, to see FTSUG reports submitted at least 6 monthly to enable the board to maintain a good oversight of FTSU matters and issues. Reports are to be presented by the FTSUG in person. Reports must include both quantitative and qualitative information and case studies or other information that will enable the board to understand the issues being identified, areas for improvement, and take informed decisions about action.</p>
Key points for Board members:	<p>Themes and trends April – end July 2022</p> <ul style="list-style-type: none"> 66 referrals have been made to the FTSU team; similar to same period 2021/22. Reductions seen at Poole. Thirty per cent of referrals come from staff at our Poole site and 70% from RBH. Work already focused at XCH qtr 2/3. 52% of referrals to the FTSU team are because either their line manager was the issue of the concern or that the line manager was aware of the issue but not addressing the issue. There is a significant increase of staff who reported not feeling secure in raising concerns with line managers (21%). An emerging trend that staff looking for another channel for advice (18%).

	<ul style="list-style-type: none"> • Seven per cent of referrals to the FTSU team were made anonymously (5 staff); lower than that seen nationally 2021/22 (10.4%). • Staff approach the FTSU team for a number of reasons. Process or procedure (41%) was the greatest theme followed closely by referrals with an element of behaviours (39%); of which 2 were bullying and harassment. Twelve percent were related to worker safety and wellbeing and 4% to issues relating to patient safety. • When staff come to the FTSU team, there are a number of routes taken. In 30% of cases staff are empowered to escalate the issue to their line manager to investigate and action. In 39% of cases, referrals are signposted to our experts such as HR, OH or other experts. In 11% of referrals; escalated by the FTSUG to director or executive level. An emerging theme are the increasing number of referrals for support from the FTSU, someone to provide confidential and impartial insight and work through (coach) their concern (20% of cases). • The largest workforce speaking up to the FTSU team are our nurses/midwives (38%), followed by our Administrative staff (22%) and for the first-time medical workforce (10%). • Eighteen per cent of staff (12 staff) who raised a concern across UHD are from an ethnic minority background. Unlike other years, themes raised reflect that of our white staff (42% procedure and 42% behaviours). • Staff across all areas of UHD use FTSU with Medicine having the highest number (23), followed by Specialties (12) and then Surgery (10). • Four key observations: <ul style="list-style-type: none"> ○ Compassionate and Inclusive leadership and People Management ○ Psychological safety ○ Developing a civil and respectful culture ○ Team integration
Options and decisions required:	<ul style="list-style-type: none"> • ACTION for the board: <ul style="list-style-type: none"> ○ to commit to Sir Robert Francis speaking up principles and declaration of behaviours (Appendix 1). ○ approve timetable of actions to comply with new NHSE policy and board assessment/guidance (section 3.3.1). ○ Consider mandating speaking up module for all staff and within induction programme (including temporary staffing; section 3.3.4).
Recommendations:	<ul style="list-style-type: none"> • Approve Bi-annual report. • Commit to actions outlined above. • Role model Speaking up is everyone's business (part of Speaking up October). Wear Green Wednesdays. • Promote the HEE/NGO e-learning Speak up, Listen Up, Follow up programme.
Next steps:	<ul style="list-style-type: none"> • Approved report and declarations uploaded onto FTSU intranet.

	<ul style="list-style-type: none"> • Support FTSU October. • Arrange FTSU session (NHSE tool) in Board Development Quarter 4.
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Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	To be a great place to work , by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.
BAF/Corporate Risk Register: (if applicable)	Not applicable
CQC Reference:	Safe

Committees/Meetings at which the paper has been submitted:	Date
Workforce Strategy Committee	17 August 2022
Governors Meeting	25 August 2022
Staff Side	17 August 2022

Freedom to Speak Up (FTSU)

Bi-Annual Report 2022/23

1.0 Introduction



Our values reflect how we can make the UHD the best place to work. Speaking up is core to our values and needs to be welcomed and valued as an opportunity to learn and

The recent guide to leaders from NHSE/I (June 2022) reminds us that speaking up benefits everyone. They describe our people as our eyes and ears of an organisation. In fact, the views of our people, their improvement ideas and concerns act as a valuable early warning system. Not only this, a speaking up culture benefits staff satisfaction and performance too, as people who feel that their opinions matter and are valued and acted on, feel they belong and become more committed, increasing performance and retention. With this in mind, speaking up is integral to UHDs cultural programme.



Speaking up is however more than having a FTSU team and needs all our leaders, and in fact everyone, to welcome challenge and change. Speaking up is everyone's business.

All levels of our leaders play a vital role for setting the right cultural tone for speaking up and for handling speaking-up matters effectively. They influence how their teams and

Freedom to Speak Up Bi-Annual report; 2022-23

Board - September 2022

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colleagues behave and so it is essential that they have to role model the speaking up principles. This paper will remind us what these are and the behaviours we commit to as part of our annual reflection and commitment to speaking up (refer section 3.1 and Appendix 1). We also need to remember that our data tells us that a number of staff use the FTSU route because either our leaders are the issue or they are aware of the issue but not addressing it (refer to section 3.3.3). For this we need to address how we train our line managers and promote our FTSU models; Speak up, listen up, follow up (refer to 3.3.4).

This bi-annual report reminds us that our people are speaking up across all sites of UHD, endorsing the significant steps that we have so far taken to creating a healthy speaking up culture. This will not only protect our patients but also improve the experience of our NHS workers.

The purpose of this paper is to;

- celebrate our speaking up culture since April 2022.
- understand why our staff are raising concerns and what we have learnt.
- **ACTION** for the board:
 - to commit to Sir Robert Francis speaking up principles and declaration of behaviours (Appendix 1).
 - approve timetable of actions to comply with new NHSE policy and board assessment/guidance (section 3.3.1).
 - Consider mandating speaking up module for all staff and within induction programme (including temporary staffing; section 3.3.4)

2.0 Vision of Speaking up and Commitment from the FTSU team



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

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The Freedom To Speak Up commitment

**S
P
E
A
K**

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

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

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

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

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



2.1 Speaking up at UHD – A new structure following NGO guidance (2021)



Our FTSU model at UHD has been in place since 2018 and has helped address challenges posed by our organisation size and geography. All members of the FTSU team have been key to our success by accessing and supporting different members of the organisation.



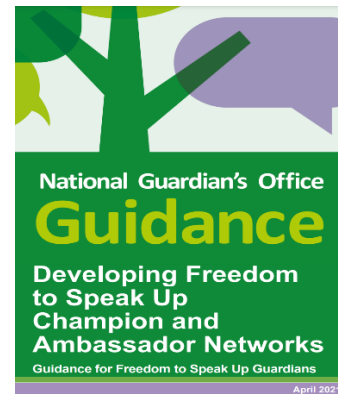
Alongside our FTSU Ambassadors (FTSUA), our FTSU work has a number of key and important allies such as those within our staff networks, wellbeing ambassadors and mental health advisers. This allows us to broaden our message and reach those perhaps harder to reach.

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As of April 2022, the NGO expects us to have a speaking up model which separates the roles of our FTSUG and FTSUA. It explicitly set expectations that our FTSUG works proactively, setting strategic direction and reactively by hearing cases. In contrast our FTSUA are limited to raising awareness and signposting (including to the FTSUG). We comply to this expectation however it now poses limitations to a sole individual handling cases.



With this in mind, it is essential to acknowledge that staff at UHD use this channel for speaking up more than an average (similar sized) trust. This is resulting in the FTSUG working in a more reactive rather than proactive way. This inevitably reflects the increase of size of our organisation following the merger across multiple sites. It is also well documented that at times of significant change such as merger, operational restructuring, healthcare structural changes or building work will increase workloads for FTSU teams (NHSE, 2022). The NGO are clear in reporting that speaking up will not become business as usual if FTSGU are spending all their time acting as an additional channel rather than working with their organisation to overcome the barriers that result in workers feeling that they must come to a guardian in the first place.

We also know the need to continue to make progress against indicators such as NHS Workplace Race Equality Standard (WRES) and Workplace Disability Equality Standard (WDES). This progress is well documented from our Equality and Diversity Committee and to do this our workers need to speak out but are also the more likely to raise issues that are more likely to be more complex and take more time to talk through, understand and resolve.

3.0 Key Progress since April 2022

3.1 Senior leader commitment of speaking up

Every year the board publicly commit to the Sir Robert Francis principles of speaking up alongside a declaration of their behaviours. This annual commitment is a visual statement, supporting the vision of speaking up and by committing to developing a culture of safety. The declaration of behaviours also sets out how each board member will role model this thereby setting the tone of the culture.

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ACTION: Board to commit to Sir Robert Francis speaking up principles and declaration of behaviours (Appendix 1).

3.2 NGO mentor

The FTSUG has been successfully recruited by the NGO, into one of the 35 posts as national mentor. This role will help facilitate reflective conversations with newly trained FTSUG and ensure that they understand what is expected of them and that they are getting, or know how to access, the support they need to perform their role effectively. The FTSUG continues to do this role alongside the network chair roles for Dorset and co-chair for South-West.

3.3 National Guardian Office (NGO)

3.3.1 Key documents: Speaking up Policy and A guide for leaders



In June, three documents were published by NHS England. Firstly, the updated the Freedom to Speak Up policy, which is applicable to primary care, secondary care and integrated care systems. Alongside this, NHS England and the National Guardian's Office also published new and updated Freedom to Speak Up guidance and a Freedom to Speak Up reflection and planning tool. All of these documents were designed to help organisations deliver the People Promise for workers, by ensuring they have a voice that counts, and by developing a speaking up culture in which leaders and managers value the voice of their staff as a vital driver of learning and improvement.

A number of expectations from these publications will need to be evidenced by January 2024:

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	National Deadline	UHD plan	Link
An update to their local Freedom to Speak Up policy to reflect the new national policy template;	Jan 2024	Submit and approve by board by April 2023 (Annual report)	NHS England » The national speak up policy
Results of their organisation's assessment of its Freedom to Speak Up arrangements against the revised guidance; and	Jan 2024	Board Development Session Qtr 4 2022/23	B1245 ii NHS-FTSU-Guide-eBook.pdf (nationalguardian.org.uk)
Assurance that it is on track implementing its latest Freedom to Speak Up improvement plan.	Jan 2024	Board Bi- annual report 2023 (Sept 2023)	B1245 iii Freedom-To-Speak-Up-A-reflection-and-planning-tool 060422.docx-RC RW Final Arial12.docx (live.com)

ACTION for Board: Approve timetable of actions to comply with policy and board guidance from NHSE.

3.3.2 FTSUG Survey; Part 2

The FTSU annual board report presented in May gave an overview of the issues raised within the national annual NGO FTSUG survey.

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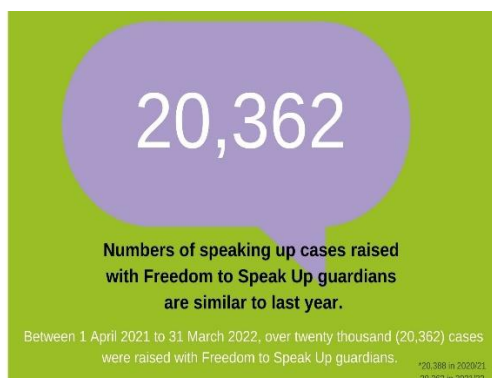


Part 2 of this FTSUG survey was more recently published in June, and looked in more detail at the responses from guardians about their wellbeing and the support available to them, whether that's from their leaders, their guardian peers, or the NGO. Results showed that just over half of FTSUGs who responded to the survey said that their role can negatively affect their emotional well-being. Yet when they are able to effect positive change, the role can be the most fulfilling. A key message from the results highlighted again the importance of adequate ring-fenced time for carrying out the FTSUG role. Finally, this report also reminded us on the type of work our FTSUG should be doing including both proactive and reactive elements of the role. (refer to section 3.3.3)

The FTSUG has strong support from a number of sources including Board members, line manager, clinical supervision, network and national guardian support and FTSU team.

3.3.3 NGO Annual Report (2021/22)

The NGO has recently published its annual report highlighting the activity and themes of speaking up across healthcare for 2021/22.



<https://www.youtube.com/watch?v=fF6JNXfctng>

This short clip highlights the main themes of the Annual report

Key points from the annual report are illustrated below and are benchmarked against our position at UHD.

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Table 1: National and local key data from 2021/22

National Data (2021/22)	UHD data (2021/22)	
Over twenty thousand (20,316) cases were raised and remain at pandemic levels. This is seen at UHD	Similar trend seen at UHD. 2020/21 – 238 cases raised to FTSU team 2021/22 – 232 cases	
The percentage of cases raised anonymously decreased to 10.4%	5%	
Nineteen per cent of cases raised included an element of patient safety, a slight increase on 2020/21	5%	
13.7% of cases had an element of worker safety	15%	
Poor behaviour remains a cause for concern, with the highest proportion of cases. Over a third (32.3%) includes an element of behaviours. This is a rise from 30.1% in 2020/21	47%	
Reported detriment for speaking up has increased to 4.3% from 3.1% in 2020/21	1%	

Table 1 above highlights how UHD benchmarks against national data and shows that those cases raised to the FTSU team at UHD are related more to worker safety and wellbeing with elements of poor behaviour. Those cases raised anonymously and with reported detriment are below that seen nationally as are those cases with elements of patient safety. In terms of number of cases, UHD shows a similar static trend as that nationally but as table 2 illustrates above like sized trusts across the country and also that seen locally.

Table 2: Quarterly NGO data submissions 2021/22 (x = no data submitted to NGO)

2021/22	Size	Qtr1	Qtr2	Qtr3	Qtr 4	TOTAL
Dorset CCG	Small	1	2	0	x	3
Dorset County	Medium	2	19	x	24	45
Dorset Healthcare	Small	24	31	28	40	123
Salisbury	Small	18	16	27	28	89
Solent	Medium	X	2	7	8	17
University Hospitals Dorset	Medium	57	71	58	46	232
University Hospitals Southampton	Large	8	25	x	13	46

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The NGO tell us that the national average of referrals to FTSUG, for medium/large trusts are 32.7 per quarter. UHD has just under double this with 58 cases per quarter (2021/22). This data needs to send caution to our leaders as it shows the FTSUG carrying out more reactive work (listening to workers) rather than proactive (supporting the organisation to learn from the opportunities that speaking up brings and tackling the barriers). Speaking up will not become business as usual if FTSUG are spending all their time acting as an additional channel rather than working with their organisation to overcome the barriers that result in workers feeling that they must come to a guardian in the first place.

The FTSU team wanted to look at why staff were using this route for concerns. An hypothesis at the time was that following significant staff changes in management, staff were not aware of whom to escalate issues to. This has not however appeared to be the case. Since January, the FTSUG has asked staff why they are using this route to raise concerns. Data from April to end of July 2022, shows us that 52% of referrals to the FTSU team are because either their line manager was the issue of the concern or that the line manager was aware of the issue but not addressing the issue. This trend is mirrored in the staff survey (2021) Q21f, where only 50.1% reported saying that they are confident issues would be addressed. That said, this trend is slightly down on that collected in quarter 4 (2021/22). Instead, this period shows a significant increase of staff who reported not feeling secure in raising concerns with line managers (21%). Whilst this is in conflict to the staff survey where Q17a showed a significant improvement with more staff “feeling secure about raising concerns about unsafe clinical practice”, it needs monitoring. A culture of speaking up needs a strong foundation of psychological safety.

Table 3: Why staff are using the FTSU team to raise concerns

	Qtr 4 (2021/22)	April-end July 2022
Unaware of who line manager is	3	1
Line manager is aware of the issue but have not acted or addressed the issue	10	16
Not secure in raising the concern with the line manager	2	14
The line manager is the issue of the concern	24	18
Did not think to ask my line manager	6	5
Unknown (advice)	1	12
TOTAL	46	66

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3.3.4 NGO: Freedom to Speak Up training programme



Speak Up, Listen Up
 Free e-learning training for all workers and managers
 Register today



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

- **'Speak Up'** is core training for all workers including volunteers, students and those in training, regardless of their contract terms. Its aim is to help everyone working in health to understand what speaking up is, how to speak up and what to expect when they do.
- **"Listen Up"** is for managers at all levels, focuses on listening and understanding the barriers to speaking up.
- **"Follow up"** module, is for senior managers and leaders and provides an opportunity for leaders to pause and reflect on their influence in shaping the speaking up culture in UHD.

The FTSUG has worked with our education team and the modules are now within our BEAT catalogue for staff to access and self-register. A communications strategy has frequently occurred Summer 2021, FTSU month and again Spring 2022.

There have been 244 people who has accessed the training, approximately 2.4% of the Trust. This is disappointing especially when comparing uptake with Somerset who has an 81.2% uptake. They have done this by making the speaking up module mandatory and core within the induction programme. In contrast and similar to UHD, Dorset Healthcare is less than 5% uptake.

Conversations have occurred with our leadership training team as speaking up and creating psychologically safe space is essential toolkit for our line managers and leaders and it is now included in all our management modules and leadership programmes. The question of mandating this training needs discussion and consideration.

ACTION: Consider mandating speaking up module for all staff and within induction programme (including temporary staffing)

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3.4 NHS Staff Survey – Heat Maps

Our FTSU annual report in May, presented in detail the results from our staff survey and the data around the People Promise “we each have a voice that counts”. As a reminder, Q21f is highly regarded to reflect a speaking up culture and whilst this is the first year it has been asked, it shows only 50.1% of people whom completed the staff survey feel that if they were to speak up, that UHD would address it. This is higher than average comparator (47.9%) but lower than the best Trust of (67.2%). Table 4 shows some new data looking at some of our neighbouring comparators.

Table 4: Benchmark of Speaking up culture question in staff survey (Q21f)

Trustname	q21f_2021
University Hospital Southampton NHS Foundation Trust	0.601047308
Yeovil District Hospital NHS Foundation Trust	0.600954618
Somerset NHS Foundation Trust	0.572735377
Southern Health NHS Foundation Trust	0.549047453
University Hospitals Bristol and Weston NHS Foundation Trust	0.533773968
Royal Devon and Exeter NHS Foundation Trust	0.530693973
Portsmouth Hospitals University NHS Trust	0.523395681
Dorset County Hospital NHS Foundation Trust	0.502304987
Royal United Hospitals Bath NHS Foundation Trust	0.502461602
University Hospitals Dorset NHS Foundation Trust	0.501318448
Isle of Wight NHS Trust (acute sector)	0.470999109
Salisbury NHS Foundation Trust	0.446213085

Since then, UHD has received more department level data also referred to as heat maps. Tables 5, 6, 7 and 8 allows us to draw some more interesting observations and see variations across UHD.

Table 5: Heat maps of directorates at UHD

Question 21f : If I spoke up about something that concerned me, I am confident my organisation would address my concern.		
UHD 50.1%		
Green	Amber	Red
Clinical Support (55.1%)	Cancer Care (47.8%)	AMU (40.8)
Executive Board (90.5%)	Cardiology (52.8%)	Anaesthetics (42%)
Finance (60.9%)	Child Health (49.5%)	Facilities (44.3%)
Head and Neck (53.7%)	Clinical Site (48.1%)	Pathology (40.5%)

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Medicine Management (57.9%)	Informatics and IT(48%)	Strategy and transformation (46.5%)
Medical Specialities (55.9%)	People (49.3%)	Surgery (45.3%)
OPM and Neurosciences (56.1%)	Urgent and ED (50%)	Surgical management (43.5%)
Operation performance (62.5%)		Trauma and Orthopaedics (43.9%)
Radiology and Pharmacy (54.1%)		Women's Health (39.7%)

Table 6: Heat maps by profession

Question 21f : If I spoke up about something that concerned me, I am confident my organisation would address my concern.		
UHD 50.1%		
Green	Amber	Red
Additional Clinical Service (53.9%)	Additional Professional Scientific (49.7%)	Estates and Ancillary (41.3%)
AHP (54.7%)	Admin and Clerical (50.7%)	Healthcare Scientists (37.1%)
Medical and Dental (54.5%)	Nursing and Midwives (48.4%)	

Table 7: Heat maps by disability

Question 21f : If I spoke up about something that concerned me, I am confident my organisation would address my concern.		
UHD 50.1%		
Green	Amber	Red
No disability (52.5%)		Yes disability (43%)

Table 8: Heat maps by ethnicity

Question 21f : If I spoke up about something that concerned me, I am confident my organisation would address my concern.		
UHD 50.1%		
Green	Amber	Red
Irish (63.6%)	English (49%)	Mixed multiple Ethnic (37.5%)
White Asian (60%)	Any other white (50.8%)	Pakistani (41.7%)
Indian (67%)	Chinese (47.4%)	Any other ethnic (44%)
Any other Asian (60.5%)		
African (60%)		
Arab (66.7%)		

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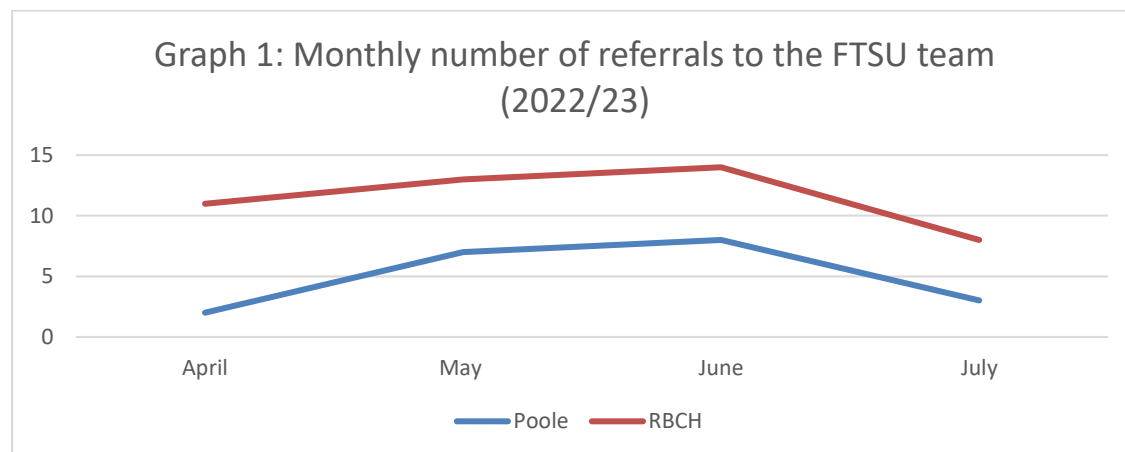
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This data will allow us to focus our speaking up programme of work but also recognise those areas to celebrate.

4.0 Case Referrals – the headlines

A range of data is collected by the FTSUG. This report will review the data including the key themes of concerns raised, where concerns have been raised and by whom. Referrals come from several routes including trust communications, website, signposting from other departments such as OH and HR, word of mouth, LERs, the UHD app and personal recommendation. Graph 1 shows the number of referrals received by the FTSU team since April 2022. The number of referrals is similar from same period 2021/22. Referrals are however reduced from staff at the Poole site and activity at Christchurch needs focus in Qtr 2.



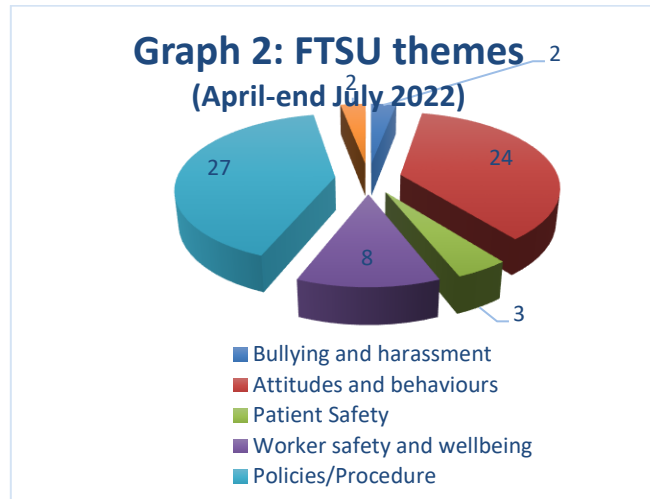
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4.1 Key Themes of concerns

Staff approach the FTSU team for a number of reasons. The Pie Graph opposite illustrates the greatest theme from April to end of July 2022. Process or procedure (41%) was the greatest theme followed closely by referrals with an element of behaviours (39%); of which 2 were bullying and harassment. Twelve percent were related to worker safety and wellbeing and 4% to issues relating to patient safety.



4.1.1 Process and procedure – compassionate and inclusive leadership

The greatest time as to why staff approach the FTSU team is to do with process and procedure. It is well documented that at times of significant change such as merger, operational re-structuring, healthcare structural changes or building work will increase workloads for FTSU teams and part of this is due to issues relating to process or procedure. (NHSE, 2022). Forty-one percent of issues raised were related to process and procedure from April to end of July. These issues ranged from requests for agile working, support of staff going through organisational change, assurances that recruitment is both fair with equal access, support through probation and access to study leave. A number of these issues often arise from a conversation or mis-communication with their line manager resulting in the FTSU team supporting the staff member, often providing re-assurance or clarification of the issues, and then coaching them with the tools to speak again with their line manager. When looking at why staff are coming to the FTSU team rather than their line manager, 52% of them stated that their line manager was the issue of the concern or knew about the issue but not addressing it. A further 21% said it was that they felt insecure in raising this issue. (table 3, section 3.3.3). The gift of change lies predominantly with our line managers and clearly in most cases a resolution needs to happen with them. In other cases, it has been signposting them to the experts such as HR or our unions. Section 4.2 shows this.

It is well documented about the importance of delivering compassionate and inclusive leadership. It is encouraged that our leaders, and particularly our junior leaders, listen to our teams (with fascination), acknowledge and understand each-other's challenges, Freedom to Speak Up Bi-Annual report; 2022-23

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empathise and appreciate the frustrations and then support each other so to drive action and change (Michael West). Delivering compassionate leadership and care requires investment in time, in skill and an appreciation of the benefits for our people and ultimately the care we give to our patients. Compassion needs to meet people's needs for belonging and develop and sustain trust for psychological safety.

Speaking up and listening up are now core elements of our management training as well as our soon to be refreshed leadership programmes.

4.1.2 Behaviours and Attitudes (incivility)

Thirty-nine per cent of referrals had elements of behaviours and attitudes ranging from 35% at Poole and 41% at RBCH. Research tells us that bullying and harassment at work is disproportionate within minority and protected groups; where an individual is a member of more than one protected group, the probability of being bullied spirals (Roger Kline, 2020). Our data in since April, in contrast to other years, is similar to those staff who raise concerns from ethnic minorities (42%; 5 staff).

Rude behaviour (incivility) within a clinical setting has a significant adverse impact on staff performance and patient health outcomes. The way an organisation handles issues says a lot about the culture. At UHD, the intention is to support staff and to understand and change behaviour, not blame and punish.

The FTSU team in conjunction with HR, Occupational Health and our OD colleagues have pulled together some tools and support to help our own behaviours but also to address those whose behaviour is either dis-respectful and incivil <https://intranet.uhd.nhs.uk/index.php/respect>. Alongside this, HR have also commenced some exciting work and driving a Just and Learning Culture and early work is showing that the number of formal concerns are being reviewed earlier and restorative alternatives being offered.

This programme of work is key to our values and needs consideration, accountability and resource to take forward. A SBARN has been completed and being considered.

4.1.3 Patient Safety

Four per cent of referrals were related to patient quality and safety issues. This is significantly lower than the national figure of 19% and needs monitoring. Often these issues were escalated as they frequently needed addressing promptly (refer to section 4.2).

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4.1.4 Worker safety and wellbeing

This theme related to any cases with an element that may indicate a risk of adverse impact on worker safety or wellbeing. This can include issues such as lone working arrangements, insufficient access to equipment and stress at work. Twelve per cent of staff who accessed the FTSU team described this theme and predominantly as a result of excessive workload. Burnout is a commonly used term and is used to describe a form of exhaustion caused by constantly feeling overwhelmed, emotionally drained and unable to keep up with demands. Michael West states that there is an inverse relationship between compassion and burnout amongst healthcare professionals and until we address the triggers of burnout we will continue to have a workforce susceptible to burnout.

4.2 Outcome of referrals

Table 9 illustrates the outcome of referrals once they were made to the FTSU team. Of those referrals, 30% of cases were escalated to the line manager to investigate and action. In 39% of cases, the member of staff was signposted to experts in the field of the concern such as HR, OH or other including infection control, training and education or risk and governance. Eleven per-cent of cases were escalated to director or executive level which is similar to that last year (10%). These issues would be deemed as needing senior leadership/direction or immediate action. An increasing trend are the number of referrals for advice and support from the FTSU, someone to provide confidential and impartial insight and work through (coach) their concern (20% of cases).

Table 9 Outcome of referrals received by FTSU team

April-end July 2022		Poole	RBCH	Total UHD
Line manager		2	18	20
FTSU advice		5	8	13
Escalate to Chief/Director		4	3	7
Signpost	HR	6	10	16
	OH	0	0	0
	Network	0	0	0
	Other	3	7	10
TOTAL		20	46	66

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4.3 Who are raising concerns?

Table 10 shows that our shows nurses and midwives account for the biggest portion (38%) of speaking up cases raised with FTSU team, followed by our administrative staff (22%) and Medical workforce (10%). Five staff felt necessary to remain anonymous. This figure remains lower than the national figure of 10.4% (refer to section 3.3.3). Special attention was made over the last 12 months to engage with our medical workforce and so far this year the number of referrals has picked up to being the third largest profession coming to FTSU team.

Table 10 : Staff who are raising concerns to the FTSU team

April- end July 2022	Poole	RBCH	Total UHD
Additional Clinical services*	1	2	3
Additional Professional#	1	1	2
Admin and clerical	5	10	15
AHP	3	2	5
Estates and Ancillary	0	4	4
Healthcare scientists	0	0	0
Medical and Dental	2	5	7
Nursing/Midwife	5	19	25
Students	0	1	1
Other	0	0	0
Anon	3	2	5
TOTAL	20	46	66
BAME	1	11	12

*Additional clinical services includes staff directly supporting those in clinical roles such as HCAs, AHP support workers. They have a significant patient contact as part of their role.

#Additional professional scientific and technical include scientific staff including pharmacists, psychologists, social workers

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

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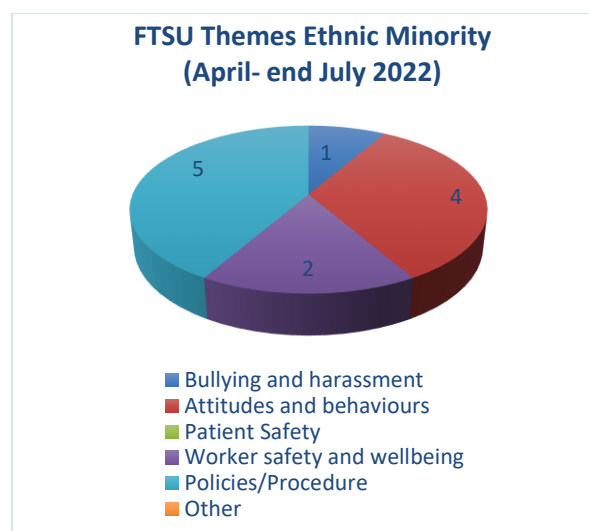
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Eighteen per cent of staff (12 staff) raised a concern from an ethnic minority background. All staff were signposted to our BAME networks who were also able to support and advise. The FTSUG is an integral member of the Equality, Diversity and Inclusion Committee and will continue to work together to improve and support our BAME employee experience.



The themes raised to our FTSU team from our ethnic minority staff are like our white staff. In contrast to other years, there are joint highest reason as to why concerns were raised were issues relating to behaviours and attitudes and process and procedure at 42% (5 staff each).

4.4 Where are concerns being raised?

Significant effort has been made to ensure that the FTSU team visit and meet all members of staff across each site and the ambassador model allow for this. Table 11 outlines the concerns raised across our care group structure. The FTSUG monitors this closely so to ensure that all areas are aware of the FTSU service and how to access it.

Table 11: The number of concerns raised in UHD

April – end July 2022				
Care Group	Directorate	PHT	RBCH	Total
Medical (23)	Emergency and Urgent			
	Acute and Ambulatory Medicine		2	2
	Cardiology and Renal		1	1
	Medical specialities	2	9	11
	Older Persons and Neurosciences		9	9
Surgical (10)	Surgery		2	2

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	Anaesthetics	1	3	4
	Head and Neck	1		1
	Trauma and Orthopaedics	2	1	3
	Private			0
Specialties (12)	Cancer Care		2	2
	Child Health			0
	Women's Health	2	1	3
	Radiology and Pharmacy	2	2	4
	Clinical Support	1	2	3
	Pathology			0
Operations (6)	Clinical Site			0
	Facilities		6	6
	Partnership, integration and discharge			0
	Emergency Planning			0
	Operational Performance			0
Corporate (10)		6	4	10
Anon (5)		3	2	5
TOTAL		20	46	66

5.0 Learning and reflections

Whilst each referral will have its own learning, themes can be drawn to help develop and embed our culture as a new organisation.

5.1 Compassionate and Inclusive leadership and People Management

It is well documented that at times of significant change such as merger, operational restructuring, healthcare structural changes or building work will increase workloads for FTSU teams and part of this is due to issues relating to process or procedure (NHSE, 2022). In these uncertain times it is essential that our leadership deliver compassionate and inclusive leadership and it is encouraged that our leaders, and particularly our junior leaders, listen to our teams (with fascination), acknowledge and understand each-other's challenges, empathise and appreciate the frustrations and then support each other so to drive action and change. And yet, our data since April shows that 52% of referrals made to the FTSU team was because the line manager is part of the concern or knew about the issue but not addressing it. Moreover, 41% of issues raised related to management operational, process and procedural issues. These ranged from requests for agile working, support of staff going through organisational change, assurances that recruitment is both fair with equal access, clarification of probation and access to study

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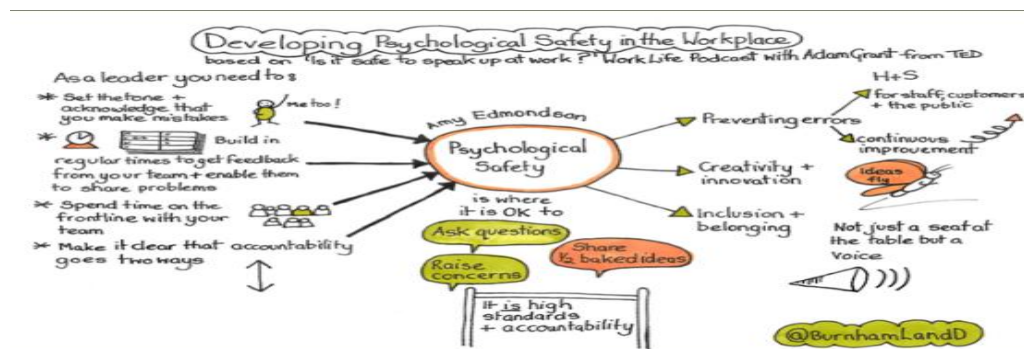
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leave. Often this is a mis-communication or poor message delivery and so having speaking up, listen up and follow up as main components in our management modules and leadership programmes will go some way to skill our leaders to having these better conversations. Delivering compassionate leadership and care requires investment in time, in skill and an appreciation of the benefits for our people and ultimately the care we give to our patients

5.2 Psychological safety; a means to get to high quality care



An emerging theme which needs monitoring is that regarding psychological safety; *a shared belief held by members of a team that the team is safe to speak up allowing for interpersonal risk-taking without fear of negative consequence*. Our FTSU data is telling us that they are using the FTSU route because they feel insecure in raising them using traditional routes (21% qtr 1; 2022). This mirrors some of the trends seen in our staff survey which also highlights only 50.1% of staff feel we had a speaking up culture. According to Amy Edmondson there are 5 steps to enhance psychological safety including brave leadership, inclusion and acceptance, learning through pilots and experimentation, respectfully challenging the status quo and innovation.

<https://www.youtube.com/watch?app=desktop&v=eP6guvRt0U0>

5.3 Developing a civil and respectful culture

Developing a civil and respectful culture is another learning theme. Behaviours including disrespect and rudeness, can create an environment where quality of work reduces, people are less likely to help each-other and there are more errors as people are afraid to speak up. Patients also feel more anxious. Having the tools to feedback poor behaviours in a respectful and compassionate way is needed to ensure that issues are dealt in a quick and informal way with a mutual understanding. Early data of the just culture in HR, is showing good results for those involved and more satisfactory outcomes are found. Clearly there are times we need to escalate some behaviours to a more formal intervention. We now have our data from our staff survey and see that the gaps are how we are with each-other, fellow colleagues but also more emphasis and support for our ethnic minority colleagues. The next step is to look at resourcing and agreeing on an accountable programme of work, to support our cultural journey.

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5.4 Team integration

Another emerging theme has been the impact of 2 teams coming together and the anxiety that this is causing our staff. There are a number of reasons as to why teams coming together can find it difficult. These can include teams not knowing each-other, everyone thinking their way is best, hierarchical interests, lack of respect for each other, lack of clarity of objective and team role. Other factors can also be at play especially if a team is also moving location including transport, impact on home balance and uncertainty. An emerging theme has been that staff feel their voice and concern is not being heard or being dismissed without discussion. This has creating a number of staff to becoming unsettled and undervalued. They have felt that if they had been listened to and adjustments made to implement this change, the levels of anxiety could have been avoided. Providing our line managers with the skills of holding these conversations and listening actively will be key going forward.

6.0 Summary



University Hospitals Dorset's values celebrates the importance of having an open and honest culture. Speaking up has never been as important as it is today. It is everyone's business to encourage speaking up. We are #TeamUHD and collectively we need to Speak Up, Listen Up and Follow Up so to continually improve our culture of safety.

APPENDIX 1

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

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

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

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

The key principles the Board is committed to include:

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

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

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Speaking up ANNUAL DECLARATION

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

Declaration

Please tick the statements below to confirm that you remain.

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

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

Signed: _____ Date: _____

Name in block letters: _____

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BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.2

Subject:	Guardian of Safe Working Hours Annual Report for UHD 1 July 2021 – 30 June 2022
Prepared by:	Ruth Williamson/ Mike Vassallo/ Paul Froggatt
Presented by:	Ruth Williamson, Acting Chief Medical Officer
Purpose of paper:	For noting. To summarise the number of exception reports for the annual period 1 July 2021 – 30 June 2022.
Background:	The Guardian post was created as part of the 2016 Junior Doctor contract, to ensure hours worked, and levels of supports, are safe for doctors and patients, based on exception reports.
Key points for Board members:	<p>There has been an increase in the number of exception reports on both sites reflecting the work done at induction and by supervising staff to embed a reporting culture into practice. This increase is ascribed to an improvement in reporting culture alongside service pressures. This annual report highlights the exceptions raised over the last year, their specialties and the reasons why. On the Bournemouth and Christchurch sites there have been 18 reports highlighted as immediate safety concern, with 12 on the Poole site. These have all been reviewed and resolved. Themes were around a cluster of workforce gaps, workload pressures and better signposting of senior support at handover.</p> <p>There were still issues during this period with access to education and training, although some improved fill rates of training posts and the relaxation of covid restrictions is anticipated improve matters.</p>
Options and decisions required:	<p>Consider funding for further medical and non-medical staff to support junior doctors (such as trust appointment of doctors, physician associates, advanced nurse practitioners and prescribing pharmacists).</p> <p>Areas under pressure will be targeted for systematic workforce review to maximize opportunities for using skill mix for a multiprofessional workforce and mitigate against locum shift requests which cannot be filled.</p>
Recommendations:	<ol style="list-style-type: none"> 1. To support and encourage the work of the Guardian and the Director of Medical Education in engaging Educational Supervisors and Consultants in the exception reporting system. 2. To ensure a positive regard for the education of doctors in postgraduate training recognising the importance of the medical workforce and safeguarding the balance of

	service provision and education. 3. To support initiatives to improve the doctors in training experience at UHD and strengthening the Trust's reputation and attractiveness as a training provider/employer.
Next steps:	Awareness of the role of Guardian of Safe Working and ongoing commitment to the process of exception reporting and addressing concerns raised.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	To be a great place to work , by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well led

Committees/Meetings at which the paper has been submitted:	Date
Workforce Strategy Committee	17 August 2022

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.3

Subject:	Nursing Establishment Review/Six Month Safe Staffing Report
Prepared by:	Fiona Hoskins, Deputy Chief Nursing Officer Tracy Moran, Workforce Lead
Presented by:	Paula Shobbrook, Chief Nursing Officer
Purpose of paper:	For Noting: This paper provides a review of the staffing position in the Trust from 1 April 2021 – 31 March 2022: and a report on current nursing workforce activity.
Background:	The paper is written as part of the Board Assurance structure.
Key points for Board members:	<p>Part One</p> <p>This section sets out the Trust's management and oversight of safe staffing. It provides an overall picture of the daily management and levels of staffing; items to note include:</p> <ul style="list-style-type: none"> • Improvement in Safecare compliance. This electronic tool drives safe staffing in the organisation, ensuring that acuity and dependency matches staffing levels. • Evidence from Safecare tool shows occasions where the organisation does not match planned staffing levels to demand, however it is important to note the mitigating actions taken to maintain safe staffing. • As with previous waves of the pandemic the impact on staffing levels is clearly seen in the data. • Red flag data aligned with mitigating actions demonstrates that the Trust has maintained a safe staffing position. On the occasions where staffing has dipped our red flag data shows no evidence of harm associated with staffing levels. • The corporate staffing risks are an accurate reflection of the challenges shown in the data used to assess safe staffing. • The oversight of staff wellbeing continues to be a priority for the nursing workforce. • The annual benchmark against the Nursing Workforce Standards shows the Trust to be fully compliant for six of the standards with partial compliance for eight of the standards.

	<p>Part Two</p> <p>This section sets out the Care Group Safe Staffing details for quarters three and four. Quarters one and two were reported previously.</p> <ul style="list-style-type: none"> • Implementation of ward hostess role on the Poole Hospital Site. • Changes to Covid pathway back to specialities, which has a positive impact on staff morale. • High turnover across all Care Groups with higher vacancy levels in Older Persons Services and Emergency Departments. • High agency usage in all areas, due to sickness, vacancy and acuity.
Options and decisions required:	This paper is for noting only.
Recommendations:	No recommendations.
Next steps:	N/A

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience</p>
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Safe, Effective, Well-led

Committees/Meetings at which the paper has been submitted:	Date
Workforce Strategy Committee	17 August 2022

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.4

Subject:	UHD Annual Safeguarding Report 2021-2022 including Statement of Commitment.
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Prepared by:	Philippa Knight, Head of Safeguarding Fiona Hoskins, Deputy Chief Nursing Officer
Presented by:	Paula Shobbrook, Chief Nursing Officer

Purpose of paper:	<ul style="list-style-type: none"> For noting: Annual report in respect of Safeguarding Adults and Children for the year 2021/22 for noting. Endorsement: Annual Statement of Commitment.
Background:	<p>It is a requirement for the Trust to:</p> <ul style="list-style-type: none"> Produce an Annual Report to Board setting out Safeguarding activity for both Adults and Children. Publish a statement of commitment with regard to safeguarding.
Key points for members:	<p>Corporate Team</p> <ol style="list-style-type: none"> The Safeguarding teams from Poole Hospital and Royal Bournemouth and Christchurch Hospital are currently going through a consultation period to agree both team structure and ways of working. Successful recruitment to Head of Safeguarding Position. The new governance structure for Safeguarding is set in the annual report. <p>Adult Safeguarding</p> <ol style="list-style-type: none"> A downward trend in cause for concerns has been noted, which is reflective of the work undertaken to address an increase noted in the 2020/21 year. In year concerns raised around the interface between the Mental Capacity Act and Mental Health Act, with concerns around potential that patients may be deprived of their liberty. Awareness around this raised through training. The anticipated code of practice for Liberty Protection Standards has not been launched. A call nationally for rapid implementation of this process is a risk to the Trust due to training implications. The quality committee requested a risk be added to the register outlining the concerns. <p>Safeguarding Children</p> <ol style="list-style-type: none"> Training compliance remains a challenge with a compliance rate of 82%. Plans are in place to improve this. The provision of supervision for staff around safeguarding remains a challenge, which is being looked at across the ICB.

	<p>3. The Trust has escalated to the system a notable increase in admissions from children with complex needs often leading to lengthy hospital admissions. Work for this is on-going.</p> <p>4. Significant increase in Child Protection discussions with the level of medical assessments undertaken remaining consistent throughout the year.</p> <p>5. Challenges with regards to the Named Doctor role and cover for the Child Protection medical rota, causing increased workload for consultant colleagues.</p> <p>Safeguarding Within Midwifery</p> <p>1. Creation of the Oasis safeguarding team post-merger, to oversee the delivery of good quality safeguarding maternity care.</p> <p>2. Recruitment of peri-natal mental health midwife.</p> <p>3. Evidence of good system wide working.</p>
Options and decisions required:	The Board is asked to approve the report and statement of commitment.
Recommendations:	Approval of report and sign off for publication of the statement of commitment.
Next steps:	Statement of Commitment to be published on the website.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience</p> <p>To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p>
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Safe, Well Led

Committees/Meetings at which the paper has been submitted:	Date
Quality Committee	22 August 2022



University Hospitals Dorset
NHS Foundation Trust

University Hospital Dorset (UHD) Annual Safeguarding Report 2021-22

1. Introduction

This report details activity in respect of Safeguarding Adults and Children for the year 2021/2 for University Hospital Dorset NHS Foundation Trust.

It is presented to provide assurance of Safeguarding across the Organisation.

Safeguarding means protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.

NHS England (2020)

Safeguarding Adults

An adult is an individual aged 18yrs or over.

The Care Act (2014) provides the legislative framework for safeguarding adults, the definition of an adult at risk is:

- Aged 18 years or over
- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding Children

A child is an individual under the age of 18 years.

Working Together to Safeguard Children (2018) defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

2. Safeguarding Infrastructure

Due to operational pressures the safeguarding team restructure has commenced in March 2022. The Safeguarding have been in Consultation regarding restructure of safeguarding posts and arrangements. Consultation with Band 8 post holders for the Head of Safeguarding role commenced on 14 March 2022.

The team have continued their alignment work for referral routes, pathways and policies for staff, whilst covering the day to day operational safeguarding cases and the strategic alignment with partners across Dorset in preparation for the Integrated Care System launch in July 2022.

Safeguarding Staff (as at 31 March 2022)	
UHD Executive Lead for Safeguarding	Paula Shobbrook
Designated Officer for Safeguarding Allegations and Deputy to Executive Lead	Fiona Hoskins
Lead Nurses for Safeguarding Adults	Jenny House and Teresa Izzo
Specialist Nurse for Safeguarding Adults	Helen Beaulieu
Specialist Nurse for Learning Disability	Naomi Rees
Named Doctor for Safeguarding Children	Dr Nicole Guppy supported by Dr Mark Tighe, Dr Delyth Howard Dr Matt Baker
Named Nurses for Safeguarding Children	Lynne Lourence and Pippa Knight
Lead Specialist Nurse for Safeguarding Children	Natalie Hawker
Bournemouth ED Lead Nurse	Cheryl Chainey
Named Midwife for Safeguarding Children	Kerry Medina
Lead Midwives for Safeguarding	Kelly Philips
Lead for Domestic Abuse	Pippa Knight supported by Teresa Izzo

3. Strategic Context

The impact of the Covid-19 pandemic on our patients and staff has been at the heart of safeguarding and continues to inform and direct our work. Multiagency working is a key function in safeguarding and UHD has close relationships with the safeguarding partnership boards for both adults and children. There is regular commitment to partnership sub-groups and task and finish groups.

UHD is a member of both Bournemouth Christchurch and Poole (BCP) and Dorset Safeguarding Adult Boards and their sub-groups. The BCP Safeguarding Adults Board is a partnership Board with senior representatives from statutory partners in the Local Authority, Police and Health and other member organisations including the emergency services, probation and the voluntary sector.

This year the two Boards planned to undertake a governance review with the aim of forming one shared Safeguarding Adults Board. This would enable better consistency and focus across the Pan Dorset region as well as a more efficient use of time, particularly for those partners working sub-regionally. Where specific place-based work is identified each local authority will establish separate task-specific arrangements for working/ governance within its own area to focus on this work.

BCP Adult Safeguarding Board have 4 strategic aims to underpin their work;

- Effective Prevention
- Effective Safeguarding
- Effective Learning
- Effective Governance

[Bournemouth, Christchurch and Poole Safeguarding Adults Board \(BCPSAB\) - Bournemouth, Christchurch and Poole Safeguarding Adults Board \(BCPSAB\) \(bcpsafeguardingadultsboard.com\)](https://www.bcpsafeguardingadultsboard.com)

UHD is a member of the Pan-Dorset Safeguarding Children Partnership sub-groups but is not a board member.

The Safeguarding Children Partnership is led by the following four organisations:

- Bournemouth, Christchurch and Poole Council
- Dorset Council
- NHS Dorset Clinical Commissioning Group (CCG)
- Dorset Police

The Partnership has 2 main objectives;

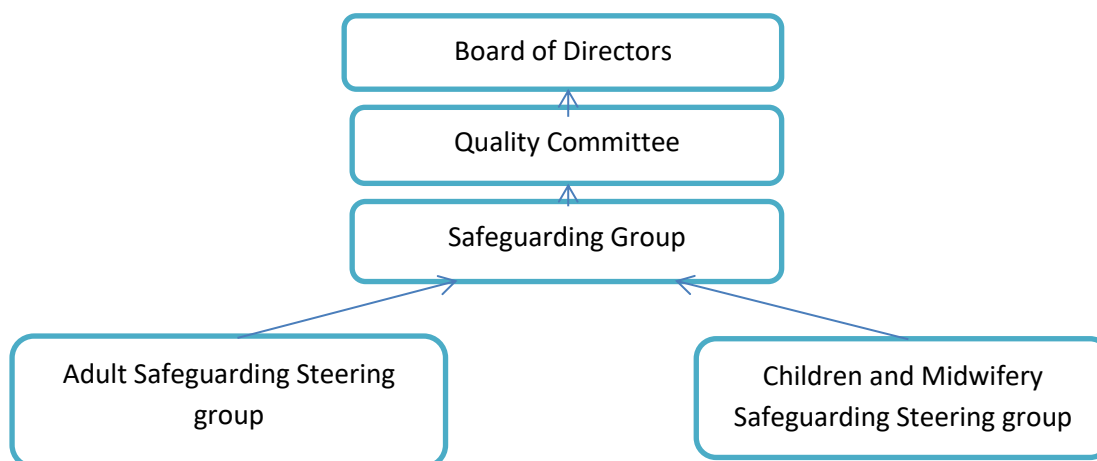
- To co-ordinate local work to safeguard and promote the welfare of children
- To ensure the effectiveness of that work

[Pan-Dorset Safeguarding Children Partnership - Pan-Dorset Safeguarding Children Partnership \(pdscp.co.uk\)](https://www.pdscp.co.uk)

UHD works closely with NHS Dorset safeguarding professionals.

4. Governance Arrangements

The current reporting structure for safeguarding.



Risks associated with Safeguarding as at 31st March 2022

Adult risks.

1723 – Held by Safeguarding *Liberty Protection Safeguards (LPS)*

Child risks.

1340 - Held by Child Health *Children's Safeguarding On-call Rota*

1300 - Held by Child Health - *Provision of 24hr specialist care for children under 18 who have mental health needs*

1641 - Held by Safeguarding Children Child Safeguarding – *UHD Transition*

1718 and 172 – Held locally by ED but reflecting child safeguarding

5. Safeguarding Inspections

There have been no formal safeguarding inspections for UHD in this reporting period. There A Quality Assurance visit from the CCG (now NHS Dorset) was undertaken in May/June 2022. The outcomes for this visit will be used for the Section 11 inspection.

6. Safeguarding Education

Safeguarding Education is covered within the Essential Core Skills Framework. All staff are offered Safeguarding training appropriate to their role and at the end of this year all staff access training requirements via the VLE system. The Trust are engaged with partners in the ICB to seek and offer training opportunities across Dorset.

Overall Safeguarding Adult Training compliance at reporting end: 90.0% across UHD

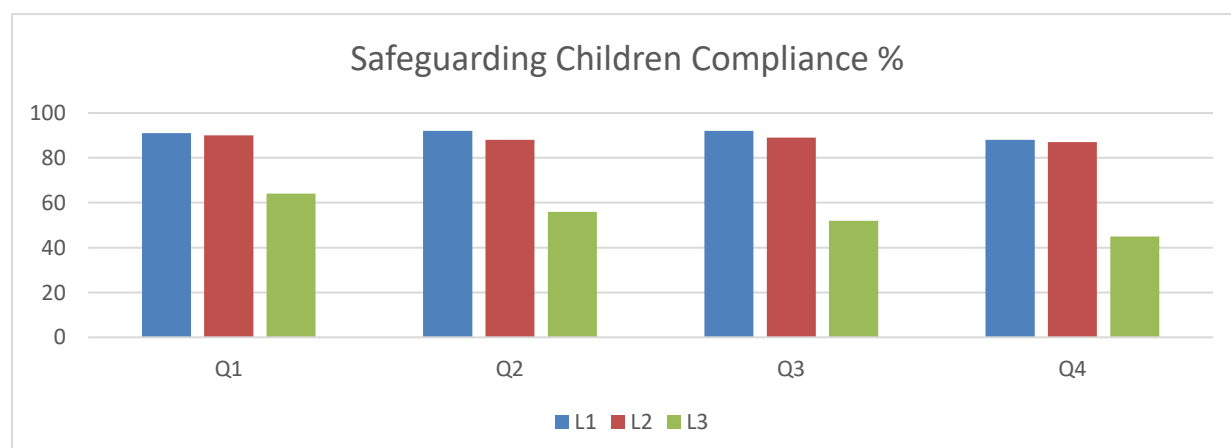
Overall Safeguarding Children Training compliance at reporting end: 82.0% across UHD

The safeguarding children training level assignment to staff has been completed but was an extensive project, completed and live towards the end of Q4. This extensive project will allow much improved accuracy for reporting training compliance and targeted and focussed support for areas with compliance deficits. Staff are assigned Level 1, 2 or 3. L1 and 2 are available as e-learning modules developed by the hospital team. Level 3 is multiagency training and was severely impacted by Covid-19. Traditionally L3 was face to face off site but e-learning pathways have been integrated to our VLE and in-house training days (with multi-agency presenters) have been re-introduced. There have been challenges with Child Protection Consultants being available to deliver sessions on the in-house Level 3. Staff sickness, change in staff, pressure at front door areas and restrictions in numbers of staff joining training all contributed to the fall in compliance. Work is underway to improve compliance and this is a new risk for 22/23.

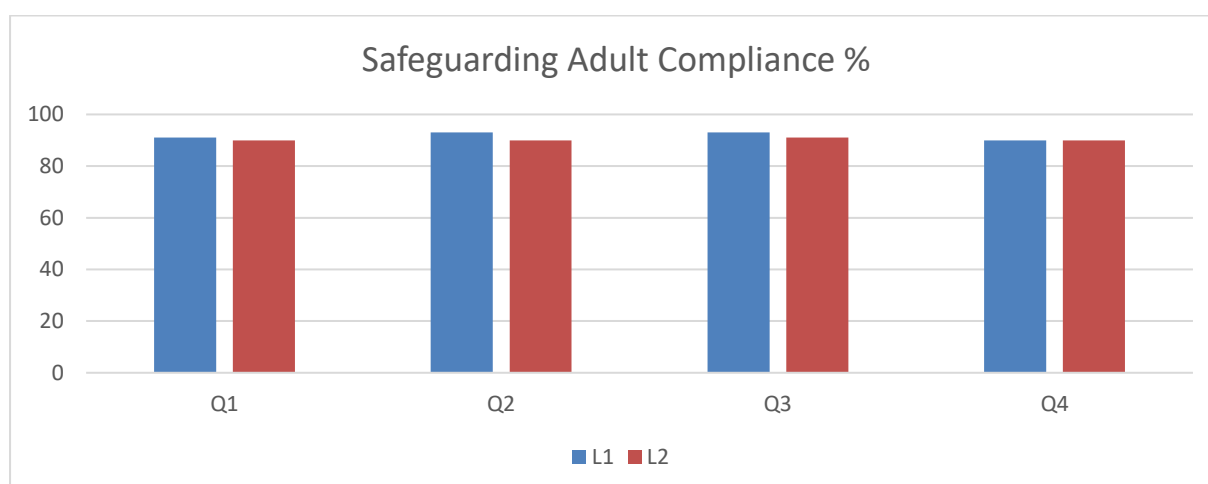
For Safeguarding Adult training, staff are assigned level 1 or level 2 and complete e-learning developed by the hospital team. Level 3 training will need to be offered and the assigning and approving of training will commence in 22/23. The provision of Level 3 for adults is a new risk for 22/23.

Named professionals are required to complete Level 4 training and this has been offered and completed by all Named Professionals in UHD.

Safeguarding Children Education



Safeguarding Adult Education



7. Policies and SOPs

Several policies and SOPs have been updated in year reflecting national changes and alignment across through merger.

- ICS Safeguarding Policy. UHD escalated to the CCG that this policy needed review. The CCG have led the review and it has been adopted across the ICS in June 2022.
- PAN Dorset MASH/UHD SOP for when a child protection medical may be required.
- UHD Was Not Brought SOP
- UHD Non-mobile Child in ED SOP
- UHD Working with our Domestic Abuse Advocates SOP
- UHD Adolescent Risk SOP
- UHD How to Refer if you have a Safeguarding Child Concern

8. Safeguarding Supervision

Offering supervision has remained a challenge through this reporting period. The child safeguarding team have continued to offer adhoc supervision for any member of staff. More recently they have been able to start offering some limited routine programmed sessions again, Poole site has been more consistent with routine sessions. The Named Safeguarding Professionals have had intermittent access to regular supervision.

Safeguarding adults do not currently offer regular supervision to groups of staff but can offer case by case support.

Supervision for safeguarding is a work plan item across the ICB for 2022/23.

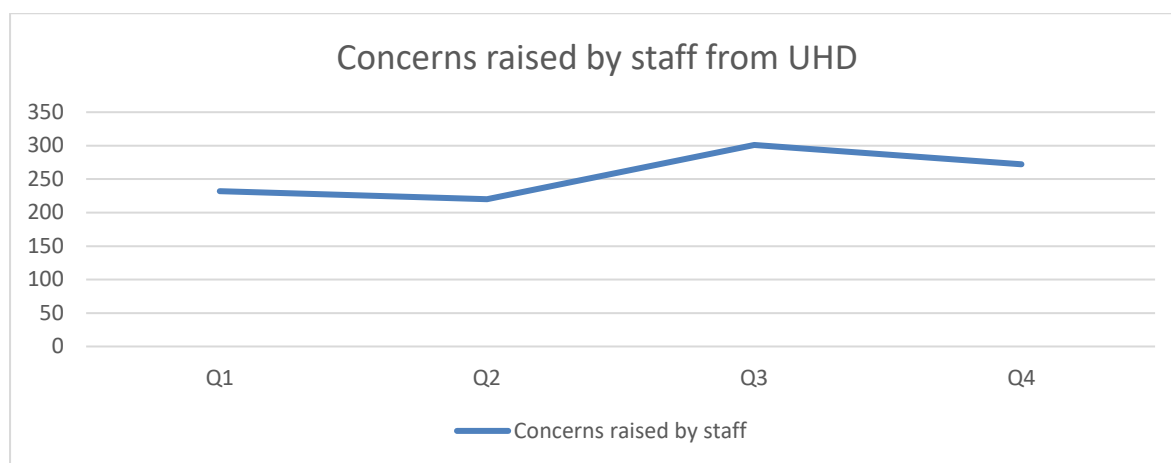
9. Safeguarding Adults

Safeguarding Adults referrals

There has been a decrease in adult cause for concerns on Bournemouth through this reporting period. Cause for concerns are raised by staff identifying potential harm or neglect to patients attending the Trust. By highlighting concerns on admission we can optimise safer discharge. Nationally neglect is usually the most common abuse and this is reflected by our and data submitted by other agencies in Dorset.

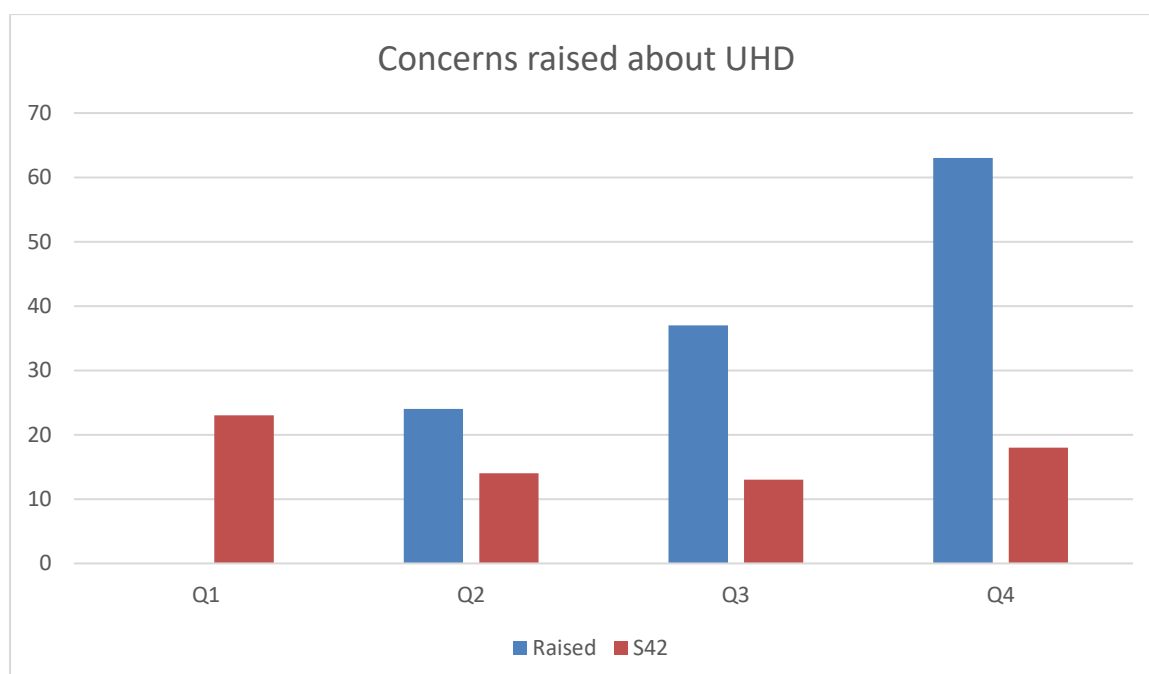
UHD submit most concerns for neglect/physical abuse and domestic abuse.

1025 Concern were raised by staff in year, which is consistent with the 1057 raised in 2020/21.



Incidents related to Trust Activity

Where concerns are raised by others regarding UHD activity and care, they are jointly reviewed by our adult safeguarding leads and a representative of the Local Authority safeguarding team. Through joint meeting and discussion and review of cases a higher percentage of concerns can be responded to quickly and either confirmation of whether they need to progress to S42 – an example might be where a community care setting notes a person has tissue damage on discharge from hospital and raises a concern – the records are jointly reviewed between local authority and UHD safeguarding, a body map completed on admission confirms whether the tissues damage was present on admission to UHD and whether there has been improvement, deterioration or no change.



SG Adult Serious Incidents (SIs)

One SI in Q2 and an additional scoping meeting attended in Q4 but SI threshold not met.

Prevent

The prevent leads for UHD are the security managers on each site. It has been confirmed the Trust is completing its contractual duties. There have not been any referrals during this reporting timeframe.

Training compliance at reporting end across UHD: 84% WRAP 68% Basic Prevent. Compliance with WRAP is consistent through the year and greatly improved for Basic Prevent.

Human Slavery

A member of the UHD team attends the Dorset partnership group for Human Slavery. There are very few cases identified locally through UHD, only one again in this reporting timeframe.

Safeguarding Adult Reviews (SARs)

Dorset Safeguarding Adult Board published although 'Katherine' in 2021.

10. Domestic Abuse

Systems are now aligned across sites with a new SOP developed, and DA policy updated awaiting ratification. We have improved the referral processes within safeguarding to include more prompts about domestic abuse. The referrals reflect more areas and a greater age range of patients where staff identify domestic abuse. Our domestic abuse advocates continue to offer a valuable and needed support service to our staff.

At multi-agency meetings children's social care continue to reflect that most referrals for a child's welfare include domestic abuse, the police being the greatest referrer to children's social care.

Our LADO colleagues continue to share cases where the police have attended a domestic abuse call and find a member of the household is a hospital worker. Typically, these cases are considered and shared to us under the transferrable risk threshold, to ensure that our staff are appropriately supported.

Our joint domestic abuse health advocates project with Paragon continues and funding has been extended to March 2023 reflecting the gap in health advocates between post holders leaving and joining.

Our domestic abuse health advocates have reported improved quality of risk assessment and MARAC referrals by staff. This is positive as more referrals will progress and be accepted for MARAC intervention. This improvement is highly likely to reflect the training delivered to staff by our advocates. Training is offered to small teams, larger directorates and is included on the L3 Safeguarding Children programme, it is always evaluated positively. Through our advocates we have identified better collaboration with external partners including Maple Team, Community Safeguarding Homeless Team and Psychiatric liaison team.

MARAC referrals from UHD = 65

DHRs

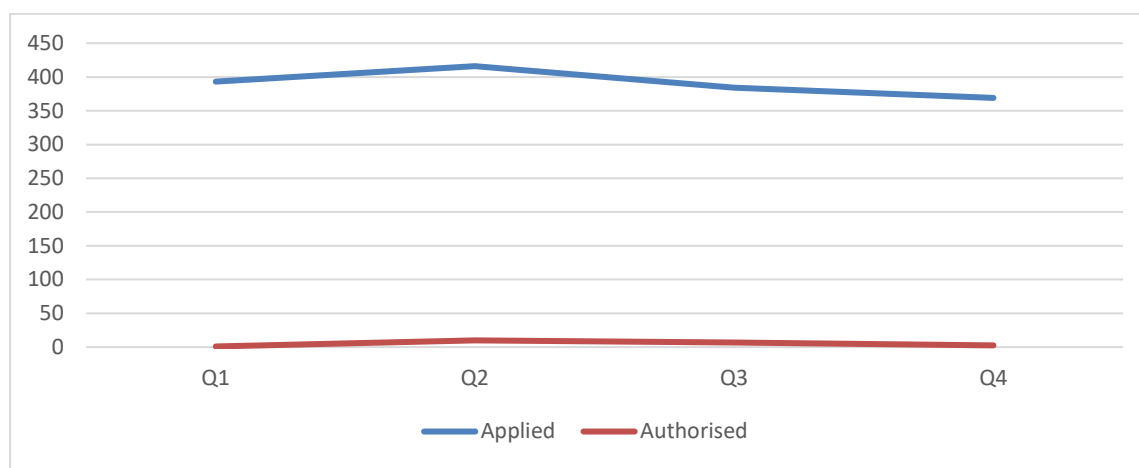
No DHRs contributed to by safeguarding at UHD.

Although no DHRs have been published, a Safeguarding Adult Review 'Katherine' and a Child Safeguarding Practice Review 'Iris' refer to elements of domestic abuse which contributed to the end of life.

11. MCA and DOLS

All applications for DoLS continue to be made electronically to the local authority and recorded within a central database. The trust remains compliant with mandatory reporting to the CQC. There is an internal difference between sites for how the report to the CQC is made which will need review during the Safeguarding Consultation.

During Q3 it was identified that there was inconsistent knowledge around the interface between the Mental Capacity Act (MCA) and the Mental Health Act (MHA) - it was highlighted that patients were being deprived of their liberty without any legal process in place. Therefore, this could may be considered a breach of their Article 5 Human Rights. At this time cases were reviewed individually and advice was sought from the Trust legal team. The MCA team provided awareness training regarding the interface between the MCA and the MHA. Representatives from the Trust will join a Dorset wide working group to agree and establish the process if a patient is found ineligible for DoLS



Liberty Protection Standards (LPS)

The new code of practice for Liberty Protection Standards has not been implemented as anticipated. Currently there is no confirmation of a start date for this new process. UHD are represented in the work with the ICS to identify how Liberty Protection Standards will be implemented across the county. This is a new risk for 2021/22.

12. Learning Disabilities (LD)

Our UHD LD Specialist nurse is now full time and covering all sites. Improved visibility of Naomi has triggered a tangible increase in joint working with external teams and involvement of capacity assessments and Best Interest meetings. This is leading to improvements in decision making processes for many of our most vulnerable inpatients and outpatients.

Learning Disabilities Awareness Week was celebrated in collaboration with external partners. A successful week, with stands in the atrium and dome on both sites. The LD nurse was supported by the safeguarding leads to visit most wards and departments speaking directly with frontline staff. A short, animated video was made and launched by our LD nurse and Safeguarding Lead at Poole, which was made known to staff during the awareness week. A Learning Disabilities staff awareness leaflet and poster were designed and distributed to team. The **sunflower** is being used to identify LD and added to health of the ward.

The training of UHD staff in relation to Learning Disabilities is largely via the VLE Safeguarding modules and ward based/team based bespoke sessions. However, the Trust is considering how best to introduce the Oliver McGowan training and develop LD Champions across UHD.

Learning Disability Policy has been updated and is due for ratification. It is anticipated that the ratified policy will improve compliance with Reasonable Adjustment form submission. The application of Reasonable Adjustments flags and forms is a new Trust Risk for 22/23 and has been escalated to our senior team for support.

The Year 4 NHS England and NHS Improvement Learning Disability Improvement Standards Collection was submitted in March. rather than January because the timescales were extended due to the pressures caused by the pandemic.

Number of patients with a Learning Disability admitted to hospital in 2020/21 = 990 patients.

The number of patients with a reported LD admitted to hospital in 2021/22 = 999 but of those typically only 49% have a confirmed LD diagnosis. All 999 patients may require Reasonable Adjustments during their admission, but they will not all need specialist support/advice from our LD nurse. There needs to be an improved reporting system via the Reasonable Adjustment flag to ensure the valuable resource of our LD specialist nurse is working with our best suited patients.

UHD	Q1	Q2	Q3	Q4
Reported admissions for patient with LD	259	236	255	249
Confirmed LD	Not recorded	110	127	127
Death of patient with confirmed LD	4	4	5	5

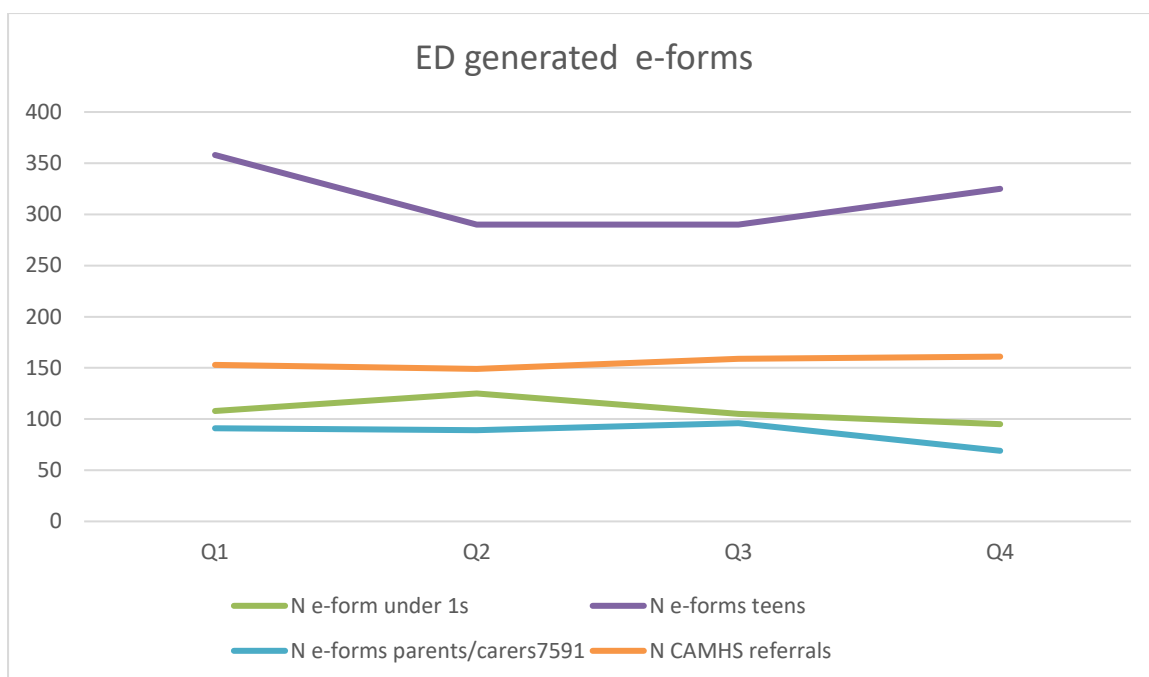
UHD is compliant regarding reporting the death of a patient with a learning disability to the Learning Disability Mortality review (LeDeR) and to the Trusts Mortality Group.

13. Safeguarding Children

Safeguarding Children referrals

Staff continue to use our e-form system to share information relevant to safeguarding children with partners in Primary Care, Community Health Services, Children's Social Care and Community drug and alcohol services. Some of these contacts are pure information sharing, for example if a child attending the emergency department is noted to have a national CP-IS alert. At other times e-forms are used to refer a case to our Children's Social Care Services. The e-form system is standardised across UHD and can be used from any area, by any member of staff who has a concern. Our front door departments and child health wards complete and send the most e-forms, as would be expected.

In our Emergency Department the safeguarding priorities have been aligned to the PAN Dorset Safeguarding Children Partnerships; Under 1s, Teens at Risk and Parents/Carers of children. In 2021/22 we have seen over 30,000 child attendances to ED, 15.7% of attendances gave cause to raise a safeguarding e-form.



Child Health Unit

Children's Unit	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total number of e-Forms submitted	583	516	556	449
Number of e-Forms to CSC Average = 36%	230	192	171	166
Information sharing to HV	336	323	362	274

Corporate Referrals (non-ED or Child Health)

Referrals from other areas range from 40-55 per quarter and reflect our out-patient clinics and departments, adult wards including medicine, surgery and intensive care and other therapy and speciality teams such as Alcohol Specialist nurses.

Typically, 20-25% of these referrals are where a parent/carer is admitted or attends and their presentation gives cause for concern of their child.

Children with longer stays

UHD, like other providers have noted and escalated that there are more presentation of children with complex needs which sometimes results in extended periods of time in the acute hospital setting. The Trust has worked with NHS Dorset to consider a Memorandum of Understanding - a process to escalate complex cases and ensure everyone works together to support the child being in the right place.

These children with longer stays may linked with Risk 1300. Children in hospital for support with mental health presentations can be extremely complex and challenging for our acute ward staff.

Children with Eating Disorders have the longest stays

Length of stay	Area of Care	Destination on discharge
124 night	Children's Unit	discharged home
93 night	Children's Unit	required specialist bed
41 night	Adult ward – Ward 1 - Bournemouth	initially waiting for specialist bed but then given the known waits, amended to community health input but requiring a suitable local authority placement
23 night	Children's Unit	required specialist bed
21 night	Children's Unit	required specialist bed

Children with Complex Social/Mental Health needs on adult wards

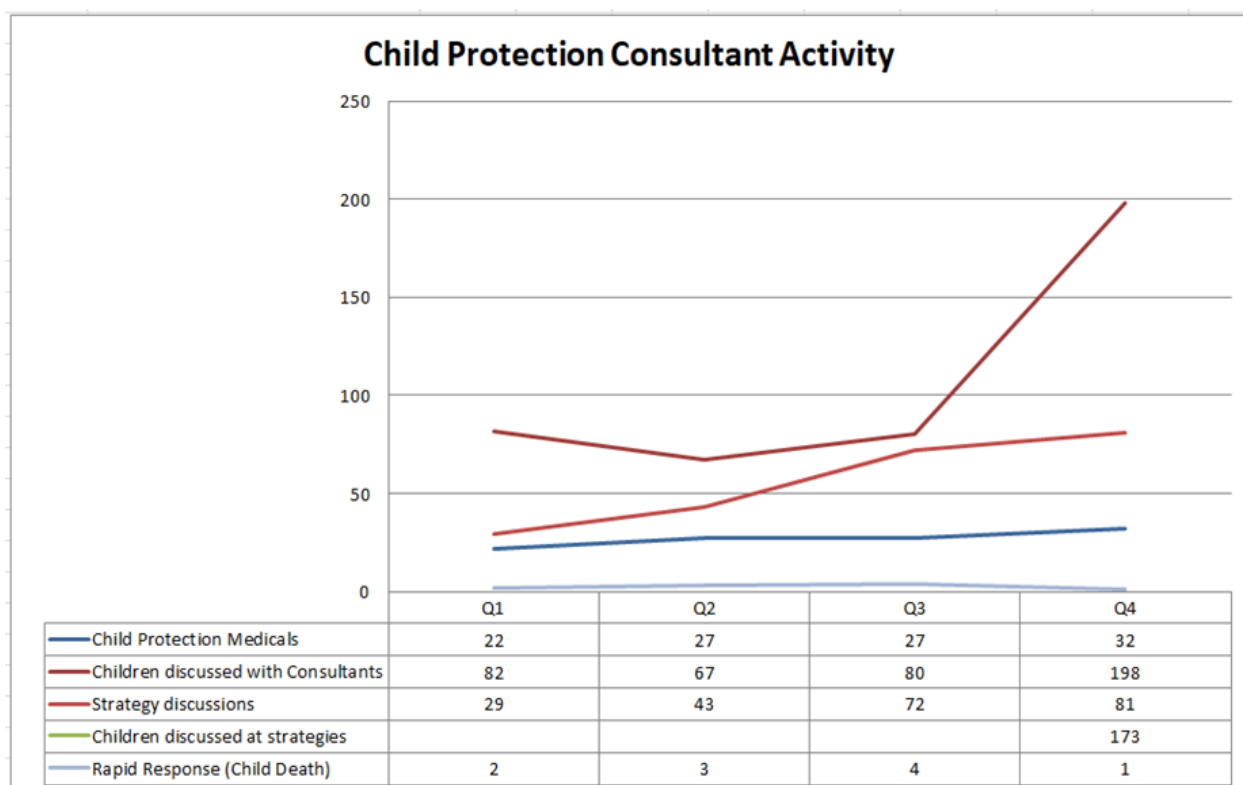
Length of stay	Area of care
16 night	AMU - Poole
13 night	Ward 3
12 night	AMU - Bournemouth
12 night	B5
10 night	B5
2 x 9 night	Same child – AMU - Poole

Children with Complex Social/Mental Health needs on child health unit

Length of stay	Age	Reason for stay
28 night	15	social care placement /mental health
28 night	16	social care placement /mental health
36 night	14	Social care placement /complex neuordisability
22 night	11	EPO – no placement for discharge

Child Protection Medicals data

This year has shown a significant increase in the number of children who have been discussed with the consultants. The total number of Child Protection Medical Assessments undertaken has remained consistent over the past 4 quarters, with the proportion referred by Strategy Discussion continuing to increase (20% Q1 vs. 70% Q4).



This increase is particularly significant when considered against the Risk 1340. The risk was opened in February 2020 – present. Last reviewed January 2022 with a recommendation of increase in risk from 8 to 12 being taken by Child Health to Risk Management Team. Increase in risk felt to be required due to: persistent failure to recruit to consultant posts from Feb 2020, extended nature of current interim cover measure (1 consultant covering 1:3 with locum pay), and expected retirement of a further consultant from the workforce.

The impact of the cover for the rota is seen in increased workload for the Consultants and unavailability to support in-house Safeguarding Children training.

There have been challenges for the Named Doctor including

- staffing of the rota, a number of new clinicians to the child protection rota,
- organisational change in management and leadership due to UHD merger
- partner agencies under a high level of scrutiny with high levels of management turnover and temporary staff

Despite the challenges there has been progress against the RCPCH Service Delivery Standards for CP Medicals. During a bench marking exercise by the Named Doctor in 01/21 5 areas were rated a RED. As at 01/22, 3/13 areas remain RED;

1. Clinicians undertaking child protection medical assessments are appropriately supported through their job plans as well as having access to formal and informal emotional support, psychological support, legal support and personal security.
2. There is regular review of the quality of the child protection medical assessment service.
3. There is a managed process to obtain photographic documentation of all significant visible findings.

Child Deaths

There have been 27 child deaths in year. Most of these deaths have been anticipated due to a medical condition but several have been unexpected including:

- An 8-week baby who died in their moses basket at home
- A 22/40 premature baby born outside of hospital but brought for attempted resuscitation
- 2 teenage boys (separate incidents) whose deaths were related to drug misuse/self-harm

Exploitation

Child exploitation remains a high priority area of work for both UHD and the safeguarding partnership. Safeguarding professionals attend multi-agency sub groups and work to develop safer hospitals systems for children at risk. In year the trust has worked well to develop relationship with BCP and Dorset LA team and Dorset Police. BCP launched a Reachable Moment initiative offering immediate support to children who attend UHD emergency departments or who are in police custody to consider their risk of exploitation. To support the initiative UHD have hosted additional training via The Children's Society.

FGM

Reporting systems are in place across UHD however the variance in the systems across the sites remains and is captured through Risk 1641. It has been agreed how the future system will work, and this has begun. There remains a low number of cases reported across UHD, consistent with previous years. All except 1 were reported via maternity services. Maternity services are compliant with FGM-IS. In this reporting year 5 FGM-IS flags were added to babies record at birth.

	Q1	Q2	Q3	Q4
Reported by maternity (excluding Type 4 piercing)	0	2	3	2

Serious Incidents

There have been no Safeguarding Children SIs in this reporting time frame.

There have been 2 SI Scoping meeting for Safeguarding Children incidents but neither reached SI threshold.

There has been one incident raised by NHSE and Dorset CCG regarding activity at the Sexual Assault and Referral Centre (SARC).

Child Safeguarding Practice Reviews and Rapid Reviews

During 2021/22, the Partnership published 4 Child Safeguarding Practice Reviews:
Child A published by Dorset LA in June 2020
S33 published by Dorset LA in September 2020
Iris published by Dorset LA in October 2021
A Thematic Summary of Intra-familial Sexual Abuse published by Dorset in March 2022

UHD have submitted 3 Briefing Reports as part of the Rapid review process to our Safeguarding Partnership but they have not progressed to Safeguarding Practice Reviews.

One involved 'pills by post' and resulted in a late termination of pregnancy – this topic has gained national attention (although not our case) and one resulted in a Local Learning Review (Child M).

UHD have contributed to nil Safeguarding Practice Reviews in year.

Nationally published - Myth of invisible Men (National Child Safeguarding Review Practice Panel 2021)

Between 2000 and 2015 in England and Wales, 122 babies were killed by fathers (11 of these by step-fathers) giving an average of eight infants per year killed. Of these, 31 died as a consequence of shaking.

The National Child Safeguarding Review Practice Panel reviewed 92 eligible cases that had come to the Panel; 23 of these were identified for a more in-depth review via the review's fieldwork

UHD has been part of the working group, led by CCG to look at the implications of this report and what actions are required for local practice.

14. Allegations against staff (LADO)

7 cases were reported to UHD during the year. The Trust reported one case of alleged harm to a child in our care by a member of staff to LADO. This case was considered under the SI scoping process. It was not graded as an SI but a full internal safeguarding review was completed and findings shared back to LADO. The remainder of the cases were brought to the Trust by LADO and considered under the transfer of risk category to ensure our patients were safe and members of staff were appropriately supported.

15. Safeguarding within Midwifery

Safeguarding in Maternity has continued to be busy this year. The safeguarding teams (Sunshine Team and Family Partnership Team) merged and became the Oasis team, based at Poole site but working across both sites. There was a restructure in the team with one Lead Midwife for Safeguarding and a newly appointed Named Midwife for Safeguarding. The team introduced a duty worker to cover the daily safeguarding concerns on the wards which has proven to be successful.

The Oasis team went on the risk register for a period of time due to staffing levels but have now come off due to increased staffing levels within the team. The Trust recruited a perinatal mental health midwife in February 2022 who works closely with the Oasis team and supports women with low to moderate mental health issues, working closely with obstetricians and the perinatal mental health team.

There has been good multi-agency working this year and the Named Midwife for Safeguarding meets with BCP Children's Social Care weekly to discuss the unborn tracker and all new referrals received by Children's Social Care. This allows maternity to pick up referrals from external agencies and to escalate any concerns. The Named Midwife for Safeguarding also meets with BCP service manager to discuss high risk cases monthly and allows both agencies to escalate any concerns. These meetings have led to a reduction in escalations and this year 18 cases have been escalated using the Pan Dorset Escalation policy.

There was an increase in the number of concealed pregnancies noted, particularly during quarter 4 with women from Nigeria coming over with no previous antenatal care. Meetings with the Home Office and liaison with Border Force have led to further investigations.

Maternity have had two serious incidents this year, one case was investigated by the police and the other case led to an internal investigation.

16. Monitoring and Assurance

This report is a broad overview of safeguarding across UHD. The more detailed quarterly reports are discussed in depth at the Safeguarding Steering groups and the Trust Safeguarding Group and are available to read.

Author: Pippa Knight

Statement of Commitment to Safeguarding children, young people and adults at risk.

Safeguarding means protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.

NHS England (2020)

At University Hospital Dorset we take our responsibility to safeguard very seriously. We recognise that anyone could be at risk of abuse or neglect, a person may be more or less vulnerable at different times of their life and that we are in a position to hear, recognise and respond accordingly.

We believe safeguarding requires a 'Think Family' approach as children, young people, adults and their families and carers do not exist or operate in isolation.

We believe that safeguarding is everybody's business. Every member of our staff has an individual responsibility for safeguarding; all our staff and volunteers are trained to recognise abuse and respond accordingly. We believe working in partnership with other agencies strengthens safeguarding and we are a member of Bournemouth Christchurch and Poole (BCP) and Dorset Safeguarding Adult Boards and their sub-groups, and Pan-Dorset Safeguarding Children Partnership sub-groups.

The Trust Board provides the support and resources to enable the delivery of statutory responsibilities. The Executive Lead for Safeguarding is the Chief Nursing Officer/Deputy Chief Executive, supported by the Deputy Chief Nursing Officer and safeguarding professionals across the Trust.

Chief Executive

Ms Siobhan Harrington

Chief Nursing Officer

Professor Paula Shobbrook

August 2022

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.5.1

Subject:	Annual Infection Prevention & Control Report 2021/ 22
Prepared by:	Paul Bolton Head of IPC
Presented by:	Paula Shobbrook – CNO and DIPC
Purpose of paper:	To inform the Board of Directors of the progress for the Trust against the standards set out within the Health and Social Care Act during 2021/22 in relation to Infection Prevention and Control.
Background:	The H&SC Act has been in place as legislation since 2012.
Key points for members:	<p>This Annual Report was submitted virtually to IPC Group on 11 August 2022 and was approved by group members. The key points are:</p> <ul style="list-style-type: none"> • During 2021/22 the Trust maintained systems and processes to direct the delivery of the 10 standards outlined in The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections. • However, the pandemic and ongoing extreme pressure on operational flow and higher than average acuity have all had an impact on teams across the Trust to meet these standards consistently. • It is the aim of the IPC Team to understand this greater as we move into 2022/23 and help support teams to make this more consistent. • The IPC Team are successfully using ICNET and will continue to monitor the findings of using this system. • Different policies across the organisation will need reviewing and combining to ensure that the systems and risk assessments we have in place remain current and effective. • The Trust has continued to maintain a clean environment despite the challenge of COVID-19, the report details the hard work and additional input that this has required. • Antibiotic audits have shown continued adherence to targets set but the ability to deliver audits and antibiotic ward rounds during the pandemic has mean there is not the level of information available usually used for assurance. • Work now needs to commence to review public facing information on Infection Prevention and Control. • Assessment tools to identify patients at risk of transmitting infection are in place. In line with merging of policies we need to ensure these match across all University Hospital Dorset sites.

	<ul style="list-style-type: none"> • The use of isolation facilities to ensure a reduction of transmission risk is delivered continues across sites in line with patient presentation and risk assessment. • The laboratories at Poole and Bournemouth Hospitals have continued to support the Trust going above and beyond to meet the requirements of Trust during the pandemic. • The occupational health team have continued to work closely with the IPC Team and across the whole Trust supporting the needs of staff wellbeing. <p>The care groups will now look to understanding how they implement the learning from this report and the associated outbreak reports.</p>
Options and decisions required:	No decisions or options to consider for approval of IPC report by the Board of Directors
Recommendations:	<ul style="list-style-type: none"> • Surgical site infection surveillance in a wider range of specialties should be a key priority for the Trust to establish over the next 12 months. • The Trust should continue to monitor closely rates of MSSA and Gram -ve blood stream infections to ensure that the rising trend in cases are subject to post infection review. • The Trust should continue to monitor closely the trend in cases of Clostridioides Difficile to ensure that the reasons behind the noted increasing rate are understood. • All learning from post infection review process should be disseminated through the Care Groups to ensure key staff are aware of recommendations and actions taken • Ensuring that the new build work, renovations and changes to the Trust work are subject to robust IPC input. • The IPC Team Structure, roles and responsibilities are assessed in light of the national and local learning around IPC Teams,
Next steps:	<p>The Board of Directors notes the work of the IPC team in leading through the Covid-19 pandemic and for formulating this 2021/22 Annual Report</p> <p>The Board of Directors notes the recommendations and developments for IPC across the Trust in 2022/23.</p>

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	All objectives
BAF/Corporate Risk Register: (if applicable)	N/A
CQC Reference:	Well-led

Committees/Meetings at which the paper has been submitted:	Date
Quality Committee	27 September 2022
IPC Group	11 August 2022

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.5.2

Subject:	Infection Prevention and Control Declaration
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Prepared by:	Dr Matthew Hodson, Deputy Chief Nursing Officer Paul Bolton Head of IPC
Presented by:	Professor Paula Shobbrook, Chief Nursing Officer

Purpose of paper:	To approve the UHD 2022 Infection Prevention and Control Declaration for recommendation to the Board of Directors for approval
Background:	The Board of Directors is required to sign and publish an annual statement which reaffirms its commitment to Infection Prevention and Control.
Key points for members:	The statement (attached) details the processes which are in place to meet the duties under The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2011). The statement had been previously updated to include reference to the CQC essential standards and the Trust's Quality Strategy.
Options and decisions required:	That the Board of Directors approves the 2022/23 IPC declaration.
Recommendations:	That the Board of Directors approves the 2022/23 IPC declaration.
Next steps:	Once approved, the statement will be published on the Trust's website to reaffirm to the public the Board's commitment to Infection Prevention and Control.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Responsive domain.

Committees/Meetings at which the paper has been submitted:	Date
Quality Committee	27 September 2022

Board of Directors' Statement of commitment to the principles of the Code of Practice for the Prevention and Control of Health Care Associated Infections 2022/23

The successful management, prevention and control of infection is recognised by the Trust as a key factor in the quality and safety of the care of our patients and of those in the local health community, and in the safety and wellbeing of our staff and visitors.

The Board is aware of its duties under The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2011). The Board has collective responsibility for infection prevention and control including minimising the risks of infection.

The Board receives assurance that the Trust has mechanisms in place for minimising the risks of infection by means of the Infection Prevention and Control Group and the Director of Infection Prevention and Control (DIPC). Assurance is provided by performance reports, audit reports, post infection review reports and verbal presentations from the DIPC.

The Infection Prevention and Control Group is chaired by the DIPC. It is a sub-group of the Quality Committee and the Quality Committee receives its quarterly escalation report and annual report. It has terms of reference which are approved by the Quality Committee.

The DIPC is appointed by the Board and reports directly to the Chief Executive and the Board. The DIPC role is incorporated in the Chief Nursing Officer portfolio and is a member of the Board of Directors and Quality Committee and produces an annual report. The post holder is assisted in discharging the relevant responsibilities by the Deputy Director of Infection Prevention and Control, Head of Infection Prevention and Control, Infection Prevention and Control Doctor and the Infection Control Team.

The Board is committed to the exemplary application of infection control practice within all areas of the Trust. To this end the Board will ensure that all staff are provided with access to infection control advice with a fully resourced infection control and occupational health service, access to personal protective equipment and training and policies that provide up-to-date infection control knowledge and care practices. Individual and corporate responsibility for infection control will be stipulated as appropriate in all job descriptions with individual compliance monitored annually through the appraisal systems and personal development plans.

The policies in place in the Trust and the arrangements set out above are to encourage, support and foster a culture of trust wide responsibility for the prevention and control of infection in practice, with the aim of continually improving the quality and safety of patient care. This extends to all relevant departments; clinical directorates, clinical support services, estates and ancillary services.

The Trust's policies and practices in respect of infection prevention and control accord with the aims and objectives in national policy and strategy and, in addition, the Trust participates fully in all national mandatory reporting requirements. This is aimed at ensuring the full confidence of the local population in the quality of care the Trust delivers.

August 2022

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.6

Subject:	EPRR Report 2021/22 and update of EPRR Core Standards 2022/23
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Prepared by:	Libby Swann Beesley, Head of EPRR
Presented by:	Mark Mould, Chief Operating Officer

Purpose of paper:	<p>To update Trust Board on:</p> <ul style="list-style-type: none"> Emergency Preparedness work undertaken within University Hospitals NHS Foundation Trust during 2021/22 and an outline of the work for 2022/23 EPRR Core Standards for 2022/23 the current status and the state of compliance.
Background:	<p>The Chief Executive is accountable for Emergency Preparedness within the Trust and the Chief Operating Officer is the responsible executive lead with the Head of EPRR undertaking the implementation.</p>
Key points for Board members:	<p><u>Appendix A: Update on EPRR activity contained in briefing Paper</u></p> <ul style="list-style-type: none"> Update provided on the CBRN work to date, annual audit to be planned later in the year. The change in Command and Control response to a major incident at UHD. Information on the incidents in 2021/22 Future plans for 2022/23. <p><u>Appendix B: Statement against the assessed 2022/23 EPRR Core Standards</u></p> <p>NHS England EPRR Core Standards Assurance process sets out the minimum EPRR standards expected of NHS organisations and providers of NHS funded care.</p> <ul style="list-style-type: none"> Core Standards released in Aug 2022 <ul style="list-style-type: none"> Small changes to the standards for 2022/23 Outstanding partially compliant core standards include: <ul style="list-style-type: none"> New and Emerging Pandemics EPRR exercising and testing programme Compliance with Data Protection and Security Toolkit Mutual aid arrangements Deep dive section for 2022/23 Evacuation and Shelter, currently the organization is partially compliant.

	<p>UHD has self-assessed against the 2022/23 core standards and is currently <u>declaring substantial compliance</u>.</p> <p>Appendix One – contains the EPRR Core Standards Action Plan for partially compliant standards 2022/23.</p> <p>Embedded in the document below is the list of the 68 Standards and the supporting information for evidence.</p> <p>The Accountable Emergency Office and Head of EPRR are due to meet with NHSEI and Dorset ICS in Autumn 2022 to confirm the organisation's statement of compliance and examine evidence.</p>
Options and decisions required:	Trust Board is asked to note the attached paper and the statement of assurance regarding the Trust's emergency preparedness, response and recovery agenda.
Recommendations:	No recommendations.
Next steps:	Actions from core standards are outlined in this paper and will be monitored by the Emergency Planning Group. Once the Trust representatives have met with NHSE and Dorset ICS in Autumn 2022 to confirm the organisation's statement of compliance and examine evidence an update will be provided to the Trust Board.

22

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience</p> <p>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.</p>
BAF/Corporate Risk Register: (if applicable)	Several risks are associated with Emergency Planning, including Pandemic Flu, Malicious attacks, Mass Casualty incidents, Industrial Action and Severe Weather – the EPRR agenda will provide assurance that plans are put in place to mitigate against these risks
CQC Reference:	All domains

Committees/Meetings at which the paper has been submitted:	Date
TMG	20 September 2022
Audit Committee	21 July 2022

Appendix A - Briefing Paper
EMERGENCY PREPAREDNESS, RESILIENCE
AND RESPONSE (EPRR) September 2022

1 PURPOSE AND BACKGROUND

- 1.1 This report provides an account of Emergency Preparedness work undertaken within University Hospitals NHS Foundation Trust during 2021/22 and provides a forward look at the work plan for 2022/23.
- 1.2 The Chief Executive is accountable for Emergency Preparedness within the Trust and the Chief Operating Officer is the responsible Executive Lead with the Head of EPRR undertaking the implementation.
- 1.3 The EPRR Assurance framework process is embedded within the organisations established Emergency Planning Group's (EPG) critical activities and serves as a minimum requirement. The Accountable Emergency Officer (Chief Operating Officer) chairs this group which emphasises inclusive, shared ownership of EPRR by all departments across the organisation and consists of representation including managerial and clinical leads. The EPG also serves to raise issues that areas of concern in relation to resilience and major incident situations across the Trust.
- 1.4 External forces, such as JESIP (Joint Emergency Services Interoperability Programme) may have impacts to how Acute Trusts respond to Major Incidents in the future. This is driven locally by the LRF (Local Resilience Forum) and actioned by the CCU (Civil Contingencies Unit). Health input is via the LHRP (Local Health Partnership Partnership) and any actionable items are completed by the LHRP Business group. The Head of EPRR keeps abreast of all national development that may impact on the Trust's Major Incident response (Incident Response Plan) and other plans.
- 1.5 This paper provides the committee with:
- An update on the EPRR activities during 2021/22;
 - The proposed next steps to further consolidate and increase EPRR engagement within the Trust.
 - The EPRR Core Standards for 2022-23 the current status and the current state of compliance

2. COVID-19

Worldwide, nationally and as hospital sites, University Hospitals Dorset have continued to experience disruption in responding to current levels of covid and recovering from of the Covid-19 pandemic with associated capacity, backlog and acuity challenges. Covid-19 and its associated challenges continues to be monitored and is discussed at the weekly Tactical group.

3. **EPRR CORE STANDARDS 22/23**

- 3.1 NHSEI through the EPRR Core Standards Assurance process sets out the minimum EPRR standards expected of NHS organisations and providers of NHS funded care. In addition, the standards: enable agencies across the country to share a common purpose and to co-ordinate EPRR activities in proportion to the organisation's size and scope; and provide a consistent cohesive framework for self-assessment, peer review and assurance processes. ICS Dorset oversee the assurance for this plan and meet on an annual basis with the Chief Operating Officer and Head of EPRR to agree this.

The assurance paper on **EPRR Core Assurance standards are included in Appendix A** with the Trust Action Plan University Hospitals Dorset is fully compliant **with 64 out of 68 core standards**, which are rated as substantially compliant.

Partially compliant standards include:

- New and Emerging Pandemics
- Training and Exercising
- Mutual Aid arrangements
- Business Continuity – Data protection and security toolkit

The 22/23 Deep Dive is Evacuation and Shelter and further work against these standards will be completed in 22/23

4. **CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR (CBRN) RESPONSE**

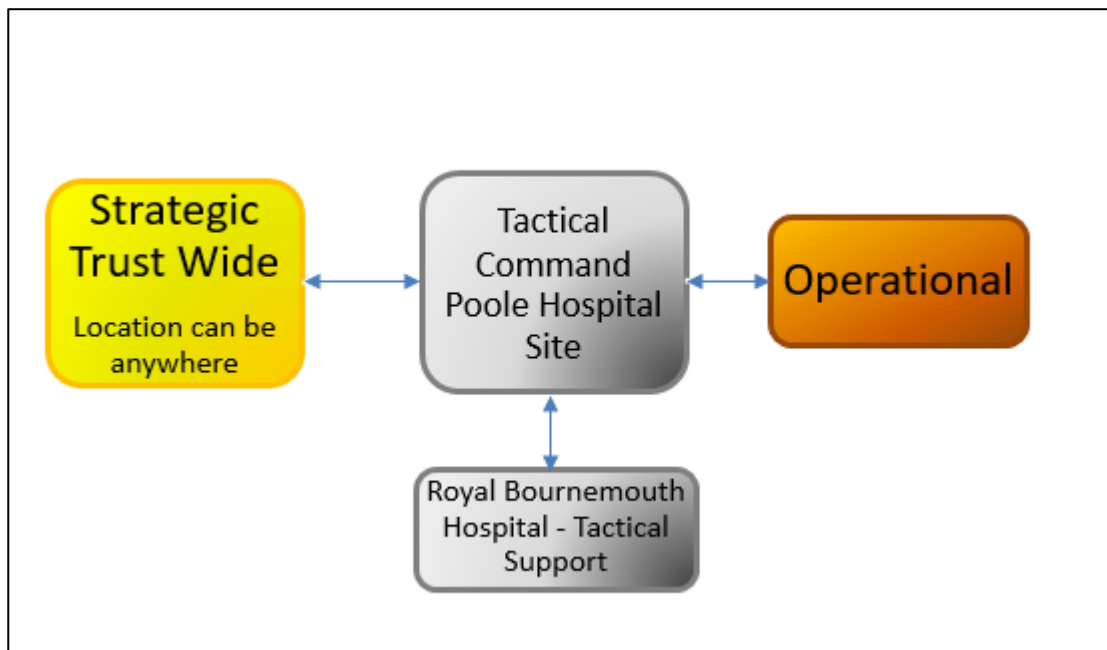
- 4.1 As part of University Hospitals Dorset NHS Foundation Trusts obligations under the Civil Contingencies act, the organisation is required to prepare, plan and train for the possibility of a chemical, biological, radiological or nuclear incident, whether accidental or deliberate. As part of the EPRR Core Standards the organisation is required to:
- Provide a CBRN plan that is monitored and reviewed
 - Assess the risk
 - Ensure that sufficient staff are trained in CBRN response
 - Own, monitor and update equipment as per equipment checklist in core standards
 - Ensure that the Organisation's CBRN lead (Head of EPRR) is kept up to date with training opportunities and national updates
- 4.2 South West Ambulance Service (SWAST) undertake an annual audit of CBRN capabilities; the date for this has not been set and again a report to the Audit and Governance Committee will be forwarded once the assessment following this has been received. Whilst last year an audit revealed that insufficient staff on the Bournemouth site had been trained to deal with a CBRN incident, increased training has been put in place and will be re-audited.
- 4.3 New decontamination tents have been purchased for the Bournemouth site due to the failure of the previous tent.
- 4.4 Due to ongoing building work at the Bournemouth site, the placement of the decontamination tent and storage of equipment has had to be moved. Currently work to move both equipment

and placement for the decontamination tent is progressing and should be complete by September 2022.

5. POLICIES AND PLANS

The Incident Response plan has been updated to reflect the change in Command and Control response to a major incident. The Incident Coordination Centre will now be based on the Poole site (previously command structure was mirrored on both sites) as per the illustration below. This will remain under review as the functionality of sites change over the next few years.

Figure 1: UHD Command and Control response to a major incident.



The following policies and plans have also been updated/developed:

- Heatwave Plan (updated on an annual basis to align with national plan)
- Cold Weather Plan
- Standard Operating Procedures for Lift Failure at Poole Hospital site
- Triggers and actions in the case of a Critical Incident (added to the Flow and Escalation Plan)

5. INCIDENTS

5.1 Covid-19 aside, University Hospitals Dorset NHS Foundation Trust have been required to respond to a wide-ranging number of incidents during 2021-22, these have included:

- Individual chemical exposure incident (CBRN)
- Fire incident in Pathology at Poole hospital
- Fuel shortage
- Increase in UK threat level
- Storm Eunice
- Russian invasion of Ukraine
- Planned and unplanned IT outages

- Heatwave
- Failure of cooling coil to Theatres at Poole
- Sustained high capacity on both acute sites

Lessons learnt from these incidents have, where appropriate, been incorporated into policies/plans and training.

6. COMMUNICATIONS EXERCISES

Communications exercise, in the form of a cascade calls are carried out bi-monthly, alternating in and out of hours to ensure a robust response. All tests have resulted in acceptable response rates. The cascade list of responders is regularly scrutinised and updated, for example when there are changes in personnel or structures.

7. FUTURE PLANNING

- 7.1 **Core Standards 22/23** - NHS England has written to commissioners and providers of NHS funded services confirming the process for the 2022/23 EPRR annual assurance, which includes EPRR annual assurance guidance and core standards self-assessment tool work will be progressed against these standards.
- 7.2 **Partnership** - The organisation continues to play an active role in the local health resilience group, working alongside other key organisations including the police, fire service, ambulance service and councils to ensure robust plans are in place for dealing with major incidents and responding to incidents affecting multi-agencies.
- 7.3 **Mass Casualty Planning** - the Head of EPRR sits on the Dorset group led by NHSEI looking at LRF Response to Mass Casualties in Dorset, creating a basis for a LRF Mass Casualty Support Plan that will include a list of capabilities from all responding agencies.
- 7.4 **Training** –Training has been ongoing throughout the year and has included both one to training for command posts, on call staff and Clinical Management Teams and online courses provided by Dorset LRF. Induction training for Major Incident takes places on a monthly basis on both sites.
- 7.5 **Business Continuity Plans** –Review with service areas business continuity plans which describes how they would keep their services running in the event of an emergency.
- 7.6 **Future New hospital Configuration** – Work closely with the UHD new hospital programme to ensure we recognise the new configuration of our sites / buildings to update and amend our existing documents.
- 7.7 **Retirement of Head of EPRR and appointment of the New lead** - Following the notice of retirement of the present Libby Beesley, a replacement, Mark Taylor has been appointment and will commence employment in time for a handover period. Mark is currently Head of EPRR at Dorset Country Hospital and has previously worked at Frimley Hospital.

Libby Swann Beesley
Head of EPRR

Appendix B

Core Standards Assurance 2022-23

1. Introduction

NHS England released the EPRR 22/23 core standards in August 2022 with a number of small changes to the standards and the details of the Assurance process for 22/23. The core standards set out the standards expected of NHS organisations and providers of NHS funded care. In addition, the standards will also: enable agencies across the country to share a common purpose and to co-ordinate EPRR activities in proportion to the organisation's size and scope; and provide a consistent cohesive framework for self-assessment, peer review and assurance processes. NHS Dorset oversee the assurance for this plan and meet on an annual basis with the Chief Operating Officer and Head of EPRR to agree this, and on a quarterly basis with the Emergency Preparedness Officer to monitor progress.

Amendments to core standards

- Governance – requirement for a specific non exec board member changed to 'all NEDs should assure themselves that requirements are being met
- Governance – requirement for EPRR Policy replaced by EPRR Policy Statement and now applicable to Clinical Support Unit and Primary Care Services
- Governance – added 'work programme should be regularly reported and shared with partners where appropriate
- Removal of Heatwave and Cold Weather plan requirement and incorporated into section regarding Adverse Weather
- Pandemic Influenza Plan replaced by Emerging Pandemic Diseases
- Requirement for specific Mass Casualty patient identification plan removed and incorporated as consideration with Mass Cas plan
- Mutual aid – must now include specific reference to MACA requests

Deep dive for 22/23 to be Evacuation and Shelter.

The EPRR Assurance framework process is embedded within the Emergency Planning Response Recovery Group's (EPG) critical activities. The Accountable Emergency Officer (Chief Operating Officer) chairs this group which emphasises inclusive, shared ownership of EPRR by all departments across the organisation and consists of representation including managerial and clinical leads. The EPG also serves to raise issues that are of concern in relation to resilience and major incident situations across the Trust.

The outstanding core standards and actions needed to complete these are included at appendix one.

2. NHS EPRR Assurance 2022-23 Process Update

Following the disruption due to Covid-19, the previous two years of EPRR Assurance were changed, with a number of previously required core standards not included in the EPRR Self-assessment tool. This year sees a return to the full EPRR Core Standards Assessment.

The chart below outlines the core standards to be worked towards. The Accountable Emergency Officer and Head of EPRR are due to meet with NHSEI and Dorset ICS in Autumn 2022 to confirm the organisation's statement of compliance and examine evidence provided. This assurance will be fed back to the UHD Trust Board. The chart below shows that University Hospitals Dorset NHS Foundation Trust is fully compliant **with 64 out of 68 core standards**, which **rates the organisation as substantially compliant**. Partially compliant standards include:

- New and Emerging Pandemics
- Training and Exercising
- Mutual Aid arrangements
- Business Continuity – Data protection and security toolkit

In the section – Deep Dive – Evacuation and Shelter, the following standards are partially compliant:

- Evacuation Patient triage
- Patient transportation
- Community Evacuation
- Partnership working
- Communication – warning and informing.

As detailed below, the actions to complete these standards will form part of the 2022-23 EPRR work plan.

Appendix One – contains the EPRR Core Standards Action Plan for partially compliant standards 22/23

Embedded in the document below is the list of the 68 Standards and the supporting information for evidence.



2022-23

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Appendix one – UHD EPRR Core Standards 2022-23 Action Plan

University Hospitals Dorset NHS Foundation Trust has assessed itself against the NHS Core standards for Emergency Preparedness, Resilience and Response (EPRR) as part of the annual EPRR assurance process for 2022/23. This action plan is the result of this self-assessment exercise and sets out the required actions that will ensure full compliance. This is a live document and it will be reviewed and updated as actions are completed. The plan will be monitored by the Trusts Emergency Planning Group and NHS Dorset.

Ref	Domain	Standard	Detail	Evidence required	RAG	Action to be taken	Timescale
13	Duty to maintain plans	New and Emerging Pandemics	To ensure a coordinated plan is in place	Plan		To work with NHS Dorset, Infection Control and Dorset Heath partners to ensure coordinated plan in place	January 2023
23	Training and Exercising	Responder Training	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards.	Training record		Health – Strategic Leadership in a Crisis training to be held Autumn 2023. Training to continue to be prioritised throughout 2022/23	March 2023
39	Warning and Informing	Mutual Aid arrangements	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.	Mutual Aid Plan		To work with NHS Dorset and Dorset Health partners to ensure coordinated plan in place	January 2023
44	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Statement of compliance		Due to timing of IT Toolkit this is expected to become compliant by January 2023	March 2023

Deep Dive – Evacuation and Shelter

Ref	Domain	Standard	Detail	Evidence required	RAG	Action to be taken	Timescale
DD4	Evacuation and Shelter	Evacuation patient triage	The organisation has a process in place to triage patients in the event of an incident requiring evacuation and/or shelter of patients.	Triage system		To look at available systems and risk assessment	April 2023
DD6	Evacuation and Shelter	Patient transportation	The organisation's arrangements, equipment and training includes offsite transportation of patients required to be transferred to another hospital or site.	Agreement and plan to be put in place		To work with NHS Dorset to put this in place	April 2023
DD9	Evacuation and Shelter	Community Evacuation	The organisation has effective arrangements in place to support partners in a community evacuation, where the population of a large area may need to be displaced.	Agreement and Plan to be put in place		To work with NHS Dorset and Dorset Health partners to put this in place	January 2023
DD10	Evacuation and Shelter	Partnership working	The organisation's arrangements include effective plans to support partner organisations during incidents requiring their evacuation.	Mutual Aid Plan		To work with NHS Dorset and Dorset Health partners to put this in place	March 2023
DD11	Evacuation and Shelter	Communications-Warning and informing	The organisation's evacuation and shelter arrangements include resilient mechanisms to communicate with staff, patients, their families and the public, pre, peri and post evacuation.	Crisis Communication Plan to include this		To work with Communications Team to ensure this is included in Crisis Communications Plan	March 2023

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.7

Subject:	Equality, Diversity and Inclusion Annual Report 2021-2022
Prepared by:	Jon Harding, Head of Organisational Development Debbie Robinson, EDI Lead
Presented by:	Karen Allman, Chief People Officer
Purpose of paper:	To provide the Board of Directors with assurance of progress on the implementation of the Equality and Diversity Strategy.
Background:	<p>The strategy was implemented in March 2021. The key priorities agreed in May 2021 were subject to reporting through the Workforce Strategy Committee.</p> <p>The initial priorities identified for UHD, together with associated actions, have been set in order to achieve the maximum positive benefit for our staff and patients. There is an element of overlap and interdependency across the themes.</p>
Key points for members:	<p>The immediate priorities focused on during the reporting period were:</p> <ul style="list-style-type: none"> • attaining <i>Model Employer</i> goals • improving <i>WRES / WDES</i> • developing inclusive Recruitment and Promotion • engaging and developing Staff Networks • reducing Health Inequalities <p>For information, the EDI strategy Annual Priority Actions were updated. The actions are included with the 2022 WRES and WDES reports, a copy of the revised annual priority actions was included in the reading room.</p>
Options and decisions required:	The Board of Directors are asked to approve the contents of this report and the action plan.
Recommendations:	The Board of Directors are asked to approve the contents of this report and the action plan.
Next steps:	The Annual Report will be published on the internal and external Trust websites following acceptance at Trust Board.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.</p> <p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience.</p> <p>To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p> <p>To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.</p>
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well Led (All)

Committees/Meetings at which the paper has been submitted:	Date
Equality Diversity and Inclusion Group	21 July 2022
Workforce Strategy Committee	21 August 2022



University Hospitals Dorset
NHS Foundation Trust

Equality, Diversity and Inclusion
Annual Report
University Hospitals Dorset
Period from April 2021 – Mar 2022

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Some useful abbreviations:

- BAME - Black, Asian and Minority Ethnic
- BME - Black Minority Ethnic
- EDI - Equality Diversity and inclusion
- EDIG - Equality Diversity and Inclusion Group
- WRES - Workforce Race Equality Standards
- WDES - Workforce Disability Equality Standards*
- ICS – Integrated Care System
- IEN – Internationally Educated Nurse

Equality, Diversity and Inclusion
Annual Report University Hospitals Dorset
Period from April 2021 – March 2022

1.0 Introduction

University Hospitals Dorset NHS Foundation Trust (UHD) aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our organisational objectives, values and the Equality, Diversity and Inclusion (EDI) strategy we aim to promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their families' carers and our people. We also aim to eliminate discrimination and harassment and reduce health inequalities.

Within this work is a commitment to understanding staff experience, to engage with staff in a way which respects and advances our commitment to the trust value of '*Listening to Understand*'. There is a valuable richness in the lived experience of members of staff across our hospitals and bringing human stories to the fore and sharing these to the benefit of others remains an important dimension of EDI work.

Research shows that organisations with diverse leadership are more successful and innovative. People who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace.

UHD has 9536 staff serving a population base of 395,330. [*The Diversity Census: 2011 ONS*]. 84.8% are White British, 11.6% BME (6.1% where English is not the first language). We will continue to monitor our data alongside the lived experiences of all our staff. Our staff network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers.

We are working to "*beyond compliance*" to create an inclusive organisation where individuals are treated fairly as part of our cultural change journey and with a sense of belonging. We want to ensure that every member of staff feels properly valued and engaged in the development of our new organisation.

In the last 12 months, notable success can be demonstrated through our staff networks:

- The British Empire Medal was awarded to one of the BAME staff network leads, for their services to the NHS and supporting Filipino healthcare workers during the Covid pandemic.
- Deepa Pappu is the UHD representative on the British Indian Nurses Association [BINA] that was founded in 2020. BINA has lead representatives across several

UK regions. BINA aims to support newly arrived nurses in the UK by helping nurses of Indian origin to “thrive” in the NHS, from advising nurses on how to stay warm in the British weather to helping them choose a new school for their children. BINA could help support Indian nurses establish themselves in their new jobs and hopefully stay within UHD and the NHS.

- The BAME staff network continues to provide pastoral support to the Internationally Educated Nurses (IENs) and work with the education and recruitment teams to welcome new arrivals and provide peer support. This collaborative work was recognised as best practice in the NHS Employers International Recruitment Toolkit:

<https://www.nhsemployers.org/publications/international-recruitment-toolkit>

- Our European network leads, Christos Christoforidis and Lumi Georgescu, worked in partnership with our HR team on the EU Settlement Scheme, providing support and assistance with the application process. They were also invited to present on a national webinar with the Cavendish Coalition, sharing their good practice and learning with other NHS organisations.
- The Armed Forces network lead, Nick Williams, in conjunction with Abigail Daughters, Director of Operations, successfully applied for a national grant to support the appointment of an Armed Forces Advocate for staff and patients. This is in addition to the accreditation with the Armed Forces Covenant for UHD and the Veteran Aware status.
- The LBTQ+ network is progressing the Rainbow Badge Project, supported by the Diversity and Inclusion Lead. The evaluation will provide an accreditation at Foundation, Bronze, Silver or Gold, with a roadmap to improve our visible inclusion and inclusive language in our policies and processes.
- The ProAbility network has worked consistently to raise awareness of staff living and working with disabilities and long-term health conditions. Deaf awareness training and supporting resources for wards to support patients who are deaf and hard of hearing.

1.1 Leadership

Due to Covid-19 our leadership programmes and training have needed to be delivered online which provided the most secure method of delivery. Online training by its nature does however impact interaction and the opportunity for networking; it does have its limitations.

Our **UHD Reverse Mentoring Programme** is now established and a second cohort is underway led online by Professor Stacy Johnson MBE, from the ReMEDI project in conjunction with the Organisational Development Team. This is a leadership programme aimed at developing our senior leaders to better understand cultural differences, develop cultural humility, challenge unconscious bias and identify organisational / system barriers which may be negatively impacting the progress of our underrepresented staff.

The second Reverse Mentoring cohort includes a wider group of Reverse Mentors including staff with long term medical conditions, from different ethnic backgrounds, from an Armed Forces background, LGBTQ+, newly recruited international staff as well as a diversity of UHD roles. This cohort also includes a Patient Partner representative as a pilot participant. We have continued to focus on **Unconscious Bias** as an important foundation topic also involving the services of Enact with a series of online sessions utilising an interactive theatre approach.

UHD has worked in partnership with colleagues in the ICS to develop the **Beyond Difference Leadership Development Programme** aimed at developing new and aspiring leaders from ethnically diverse backgrounds. The programme was managed by Wyman Associates and followed a period of engagement across Dorset with the aim to overcome the inequalities and structural barriers that have prevented our ethnically diverse staff from progressing in their careers. This programme provided them with tools and techniques to help them overcome these and achieve their career aspirations, become more confident and valuing their own wellbeing. Interested applicants for this programme exceeded available places with many quality candidates. Ten individuals were successful in securing a place and several are now more actively pursuing their career aspirations. Video link available on request.

1.2 Culture and Engagement

The co-lead of the Black, Asian and Minority Ethnic staff network was invited to participate in the **NHS WRES Expert Programme** to assist the organisation better identify organisational / systemic issues.

There have been many national events which our staff networks have promoted including the successful **Deaf Awareness Week** in May 2021 aimed at raising awareness for both staff and patients with hearing limitations. Lead by Ward Sister Toni Bailey, awareness engagement trollies visited departments across the hospital handing out posters, support for hearing stickers and generating discussion. In addition, deaf awareness training was sourced and is being promoted to benefit patients.

The ProAbility Staff Network group proudly celebrated international **Purple Light Up Day** in December 2021 to celebrate and draw attention to the economic contribution

of Disabled employees around the world. The theme for the day was - It's what you can do that counts!

The aim was to raise awareness and understanding of lived experiences including video blogs from Diane Potter regarding living with cancer as well as external speakers, Dr Hannah Barnham Brown who talked about '*Hidden Disabilities*' and Dr Liz O'Riordan will be soon be talking about '*Living and Working through Cancer*'. The secondary aim was to help create a safe culture for our staff to bring their whole selves to work – knowing they will be supported to be the best they can be, every day.

Our **UHD Culture Programme** has been running since April 2021 looking specifically at staff reward and recognition. A recruitment programme for Culture Champions via our staff networks was successful with 32% of champions from underrepresented groups.

In addition, inclusion of individuals from across different job bandings and work disciplines has also increased the breadth of diverse thought and approach. The Culture Champions receive on-going personal development as part of the programme; with anecdotal feedback citing increased confidence and visibility by their managers. Through our Culture Champions we can all live our UHD values.



UHD Trust Values

Our staff networks have been regularly invited to participate in **senior level recruitment panels** and discussion carousels including the recruitment of our new UHD Chief Executive – Siobhan Harrington.

1.3 Wellbeing

The UHD commitment to staff wellbeing has continued to develop and is accessible by all staff. UHD staff have a broad range of wellbeing offers available in house and

through the ICS. These are shared through the trust communications and via a set of intranet wellbeing pages across many subject areas.

The UHD **Building Healthy Working Lives** strategic framework outlines the intention for UHD to be the best place to work and provide high quality care by the health and wellbeing of our people becoming a part of our everyday operations and a key part of our workplace culture: promoting positive behaviour and challenging those which may be detrimental to the wellbeing of UHD people.

The UHD Healthy Working Lives Group, chaired by the UHD Wellbeing Guardian, has a role to implement and deliver activity on the UHD health and wellbeing framework. The group comprises staff with high engagement and enthusiasm in this area with practical skills and ability to apply this. Serving to guide and direct health and wellbeing focus and activity, it also represents our commitment to the *'We are Safe and Healthy'* People Promise and UHD values and culture.

The Group shares staff members with the Pro-Ability Staff Network and serves to widen an understanding of ability as an area of inclusion. It enables good practice, including the UHD Health Passport, to be shared across the trust and developed for the benefit of all staff groups. Governance in this key inclusion area is by the group reporting to the board-level Workforce Strategy Committee (WSC).

The UHD Occupational Health Team, working alongside the BAME staff network group, have been providing on-going support to staff from ethnic backgrounds that may have been reluctant to seek their **Covid-19 vaccinations**.

Working in partnership with the ICS Health and Wellbeing Service on the topic of potential **Health Inequalities**, we have initiated some targeted focus groups / self-care sessions within the housekeeping departments. The purpose of these sessions is two-fold: to provide some self-care information and to review any cultural issues accessing wellbeing offerings. This project across Dorset will inform the methods and technologies required for a more inclusive wellbeing service.

Wellbeing sessions and training are delivered across the organisation as a) general training and development sessions and b) bespoke offers designed to meet the needs of individuals and / or teams.

We have a number of wellbeing staff initiatives including Mental Health First Aiders, UHD Health and Wellbeing Ambassadors as well as Trauma and Risk Management Practitioners (TRiM). The mental wellbeing of staff is supported by Mental Health First Aid training, delivered face to face by UHD MHFA instructors. UHD has over 100 MHFA First Aiders, with a programme of support and continuous professional development in design.

Throughout COVID-19 we have developed an Organisational Development (OD) emergency coordinated response offer with Occupational Health for staff and teams following traumatic incidents where the appropriate level of support is provided.

2.0 Equality Diversity and Inclusion [EDI] Strategy & Group

The implementation of our Equality, Diversity and Inclusion Strategy is monitored through an EDI Group (EDIG), co-chaired by an Executive Director (also our board-level lead for tackling inequalities) and a Non-Executive Director.

The EDIG reports to the UHD Workforce Strategy Committee through to the Board of Directors. A whole spectrum of activity within the themes of our strategy are tracked and monitored through an EDI implementation plan or tracker.

A number of key priorities were agreed in May 2021 are now subject to reporting through the UHD Workforce Strategy Committee (WSC). The initial priorities identified for UHD, together with associated actions, have been set in order to achieve the maximum positive benefit for our staff and patients. There is an element of overlap and interdependency across the themes.

The immediate priorities focused on during the reporting period were:

- **attaining *Model Employer* goals**
- **improving *WRES / WDES***
- **developing inclusive Recruitment and Promotion**
- **engaging and developing Staff Networks**
- **reducing Health Inequalities**

To manage and support the progression of this work, a tracked action plan was developed which presented the work streams identified in the strategy aligned to trust objectives. This also included the actions from the NHS People Plan, the trust Organisational Development (OD) Plan and the March 2021 Audit Report. The specific targets in place will be re-evaluated following the identification of further areas of activity and all will be data tracked so that improvements made can be noted and advanced further.

As the NHS moves to work alongside Covid-19 and the emerging priorities identified through health inequalities including inequity it is recommended by the EDI Group that the Trust reviews the action plan. The recent *Race & Health Observatory Health Inequalities* report also has a clear call to action.



2.1 Model Employer Goals

Every day, nurses, doctors, other clinical and non-clinical staff impact the lives of people all over the country and beyond. To be a Model Employer, UHD needs to be inclusive - embodying a diverse workforce at all levels and bringing the wealth of experience and perspective for delivering the best outcomes for the community we serve. Two areas of progress during this reporting period are the Dorset ICS Beyond Difference Leadership Programme and the commissioning of a further cohort of Reverse Mentoring.

The Model Employer data for UHD was incomplete during the reporting period. This was due to the merger in 2020 and our legacy organisations data was still visible. For the next data set from 2021 the new entity of UHD will be available.

The next data point of 1 July 2022 will be the WRES/WDES data collection, and this will be the first set of data appearing in the Model Employer portal representing University Hospitals Dorset as one entity.

Dorset Integrated Care System: Beyond Difference – Personal leadership programme

This positive action programme was developed in partnership across the ICS, to provide a leadership programme within Dorset, to meet the identified need to provide development opportunities for aspiring leaders from an ethnically diverse background.



UHD had 10 attendees on the programme out of a total cohort of 50 spaces across Dorset. Overall feedback from attendees was positive, two UHD staff members achieved promotions during the programme and others reported increased confidence and awareness of how to elevate their personal profile and be more proactive in seeking learning and leadership opportunities.

The next cohort is being updated with the feedback and learning from the first programme.

Reverse Mentoring

Reverse Mentoring commenced in October 2021, with 17 pairings. Reflective workshops have been held in February and March for both mentors and mentees. Positive feedback has been received on conversations and building relationships. Further coaching and peer to peer support is also available through previous mentors.

The current cohort will continue until July 2022.

2.2 Workforce Race Equality and Disability Standards (WRES / WDES)

2.2.1 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandatory framework that we have to complete on an annual basis. The WRES standards are included in the NHS Standard Contract and all NHS organisations are required to demonstrate progress against nine indicators: four workforce data metrics, four staff survey findings regarding White and BME experiences, and one Board metric to address low levels of BME representation. The CQC inspect on the WRES implementation under the well-led domain. The Trust's WRES data for 2020/21 was published in October 2021 and a WRES action plan developed. The national report was published in March 2022.

2.2.2 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a mandatory standard introduced in April 2019. All NHS organisations are required to demonstrate progress against ten indicators: three workforce data metrics, six staff survey metrics and one Board metric. The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. The Trust's WDES report for 2020/21 data was published in October 2021 and a WDES action plan developed.

The next phase of reporting for WRES / WDES will commence on 1 July 2022. It is a priority to review the workforce and staff survey data and produce a draft action plan to be presented at the EDIG meeting on the 22 July 2022. This will enable the finalised action plan to be presented at the Workforce Strategy Committee in August for the Board to meet the publishing deadlines for both reports.

Our current programme of work and action plans to address the disparities and raise awareness include:

- Reverse Mentoring Programme
- ICS *Beyond Difference* Leadership Programme

- Leadership development: *coaching conversations*
- *Difficult Conversations* workshops
- Civility Policy and Toolkit
- *Feedback Skills* workshops
- Professional Nursing Advocate (PNA) programme, active recruitment of nurses from an ethnically diverse background
- WRES Expert Programme
- Developing a *Health Passport* for our workforce and Managers guidance documents, incorporating into our sickness management policy
- Raising awareness of hidden disabilities
- *Neuro-Diversity* workshops in partnership with Lexxic
- Deaf Awareness online training available for all staff and additional resources



2.2.3 Gender Pay and Disparity

The next phase of the WRES will focus on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change the deep-rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race.

A continuous embedding of accountability is required to ensure key policies have race equality built into their core, so that eventually workforce race becomes everyday business. The WRES will continue to work to evidence the outcomes of the work that is done, publishing data intelligence and supporting the system by sharing replicable good practice.

With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

Gender Pay

The Gender Pay Gap for all staff 31 March 2021 was 6.72%. This was the first reported data for University Hospitals Dorset NHS Foundation Trust. The previous year combined legacy organisation data produced a position of 7.9%, a theoretical reduction of 1.18%.

Disparity

The Race Disparity Ratio is the difference in proportion of BAME staff in Band 8 and above vs B5 and below in a Trust compared to proportion of White staff at those bands.

Progression closer to 1.0 is positive.

The position for clinical staff:

[lower 1 to 5, middle 6 & 7, upper 8a and above]

- Disparity lower to middle 1.96
- Disparity middle to upper 2.03
- Disparity lower to upper 3.98

The position for non-clinical staff:

[lower 1 to 5, middle 6 & 7, upper 8a and above]

- Disparity lower to middle 1.26
- Disparity middle to upper 2.49
- Disparity lower to upper 3.14

Our data suggests that:

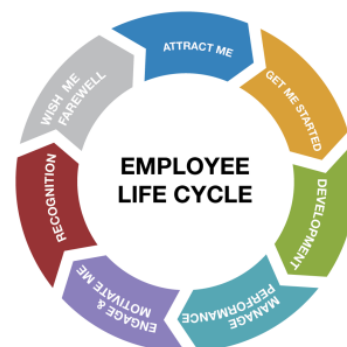
clinical white staff are 4 times more likely to progress to a senior role

2.3 Recruitment

The recruitment team have initiated values-based recruitment and training for managers. Values highlighted at every state of the recruitment process, including interview questions template and toolkit.

Project Kickstart: 2 placements within the trust (January 2022). One of the placements has now been appointed to a substantive post within the trust.

The national Scholarship Qualification programme co-ordinated by the ICS team is progressing. To date 14 Healthcare Assistants have been placed at UHD. Further development of the programme is to widen the opportunities across the whole Dorset healthcare sector and improving access to under-represented groups and characteristics, in line with our WRES / WDES standards. The EDI lead for UHD has been requested to join this group to provide expertise and guidance on equality and inclusion.



The work plan includes:

- Values based recruitment and training for managers
- Values highlighted at every state of the recruitment process, including interview questions template and toolkit
- The work on supporting the recruitment of International Nurses has been highlighted as good practice in the NHS Employers International Recruitment toolkit:
- <https://www.nhsemployers.org/publications/international-recruitment-toolkit>
- **Project Kickstart:** 2 placements within the trust (January 2022), others in the recruitment pipeline

- National Scholarship Qualification, working with the ICS and Job Centre to provide a 4-week pre-employment development programme. This will enable people to develop the skills and knowledge to successfully apply for entry level roles in the NHS such as Healthcare Support Worker. UHD diversity and inclusion lead is providing expert guidance to this programme to ensure accessibility and equal opportunities for all
- *Stay and Thrive* programme run by NHSE I in the South West has now reached into Dorset. The educational leads for international recruitment are working with the regional team and NHS England South West and have recently launched an accommodation survey, following feedback from focus groups for IENs. This was an ongoing issue across the region on cost and availability.

Relative Likelihood of staff being appointment from shortlisting across all posts (WRES data 2021)

Table 2.3.1 represents a positive trend in 2021 moving to 1.26 compared to 1.52 in 2020 showing a reduction in the likelihood of White staff being appointed from shortlisting compared to a representative sample of BME staff.

Table 2.3.1

Indicator	Measure	2020			2021		
		White	BME	unknown ethnicity	White	BME	unknown ethnicity
Number of shortlisted applicants	headcount	2768	588	8	1539	659	0
Number appointed from shortlisting	headcount	781	109	4	445	151	0
Relative likelihood of appointment from shortlisting	auto calculation	28.22%	18.54%	50%	28.91%	22.91%	
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	auto calculation	1.52			1.26		

2.4 Staff Networks



The National EDI Team is developing its knowledge base on staff networks across the whole system. There are good practices at many organisations, with some inconsistencies in how networks are run and resourced. The UHD Staff Networks have agreed terms of reference in place and chair/co-chairs identified. We continue to work with the networks on workplans and objectives/aims for the coming year.

The recognition of the staff networks at a national level is acknowledged and welcomed, we continue to ask to be included on a local level to ensure the resourcing and ongoing support and development of our network leads is appropriate. Our UHD Staff Networks are more mature in their development and progress compared to many others in the region; evidenced by invitations to speak with other trusts.

A new Women's Network is in development and due to launch later in the year, following an engagement exercise and listening event to understand the need for this network

European Network

The European Network has campaigned tirelessly for our ethnicity to be recognised within the Workplace Race Equality Standard reporting and action plans. We are very proud of the work we have done to lead this and are able to demonstrate in our organisation the lived experience of our European colleagues.



The European Network presented our work to the Cavendish Coalition in March 2021 and many other NHS trusts were interested in this approach. The NHS Health and Race Observatory leaders have recognised the need to widen the data and reporting for all ethnic groups and we will continue to monitor this through EDIG.

We have also built supportive working relationships with external organisations (Dorset Race Equality Council, Citizens Advice Bureau and the Cavendish Coalition) and internal HR teams to ensure our European colleagues had the best support available to enable them to process their Settled Status applications.

The network has supported colleagues to a) be heard and included in the work to support this staff group and b) acted as “cultural interpreters” for communication messages to ensure they are understood.

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

Statute prohibits us from checking the status of our existing workforce, checks on right to remain or work in the UK are for new employees only. We continue to support colleagues and raise awareness of the help available internally and externally. It should be noted that approximately 500 staff are potentially eligible for settled or pre-settled status (around 6% of our total workforce). It is apparent that 11% (112) have replied to indicate their status but less than 6% (57) have confirmed settled or pre-settled status.

Black, Asian and Minority Ethnic Network

Our ethnic minority network has gone from strength to strength in the last year. Following the trust merger, we have increased the network presence and visibility across both major hospital sites at Poole and Bournemouth.

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

We have also provided an on-going programme of pastoral support to our International Nurses, many of whom arrived during the height of the pandemic and needed to isolate due to Covid-19 in our residences. We reached out with a warm welcome and an induction session to orientate them in the support available in the organisation and are valued in our workforce. The network representatives have continued to provide essential pastoral support.

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

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

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

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

Our work in encouraging our members to speak up and be confident is evident in the increased reporting to the Freedom to Speak Up Team and in the national staff

survey results on behaviours. We know this continues to be a problem and we will work with the organisation to raise awareness and highlight areas of concern.

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

International Doctors Initiative

Dr Mohammed El-Masry is the lead for this network and continues to support newly arrived International Medical Graduates.

ProAbility

The ProAbility network is planning a listening event in July to raise awareness of the importance of updating ESR records and sharing information on health and disability. This is a key objective to improving declaration rates in the EDI strategy and nationally, educating why this is important and work together to generate psychological safety for everyone to bring their whole self to work.

The network has continued to raise awareness of the barriers for staff and patients who are deaf or hard of hearing. Resources and training have been implemented in the trust and peer support provided to staff who need reasonable adjustments and support with conversations using the Health Passport.

Lesbian, Gay, Bisexual, Transgender, Questioning+

The Rainbow Badge survey for staff, patients and community will be closing on the 16 June. We have submitted evidence and assessments on services and workforce processes / policies and await evaluation and feedback on how we can live our value of Inclusion.

The network is leading the representation of TeamUHD at Bourne Free Pride parade in Bournemouth on the 9 July. Members, allies and their families have been welcomed to take part on the day and celebrate 50 years of Pride.

A new digital magazine has been developed with articles, quizzes and links to support organisations. This has been well received and has generated many enquiries to join the network meetings and events.

Armed forces

Rob Horton is now in post and developing their profile as the lead for the network and advocate for patients in the trust.



UHD has been awarded Silver by the Defence Employer Recognition Scheme for proactively demonstrating that service personnel and the armed forces community are not unfairly disadvantaged during the recruitment processes, or in their career. It also highlights UHD's commitment to understanding the needs of reservists and ensuring they do not lose out financially or professionally due to reservist training or being called up.

Rob's role includes leadership of the network and develop their profile as a support advocate worker for staff and patients across the Trust.

2.5 Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. The Covid-19 pandemic highlighted the inequalities experienced by our population and the NHS long term plan has specific measurable goals for narrowing inequalities, the benefits of which are economic as well as social.

The Health Inequalities programme of work is reviewed through EDIG and a review in January 2022 recommended a separate health inequalities assurance group. This is in development and will be linked to the existing EDIG to ensure the alignment of all work on disparities for both patients and our workforce.

Actions from EDIG

- Neuro Diversity awareness workshops have been completed with Lexxic in April and a further Discovery workshop is planned to provide a deeper dive into Neuro Diversity support for our workforce and a roadmap.
- EDIG terms of reference and action plans are being reviewed and refreshed, to prepare a comprehensive report reviewing back and looking forward with clear priorities and actions for the next 12 months in line with the strategy objectives.

Gypsy, Roma and Traveller (GRT) community

Gypsies, Roma and Travellers have a rich and diverse culture. Gypsy Roma and Traveller people belong to minority ethnic groups that have contributed to British society for centuries. Their distinctive way of life and traditions manifest themselves in nomadism, the centrality of their extended family, unique languages and entrepreneurial economy. It is reported that there are around 300,000 Travellers in the UK and they are one of the most disadvantaged groups.

In October 2021 and March 2022, the Margaret Clitherow Trust ran two workshops for UHD Staff, linked to our value of Inclusion and Listening to Understand and in collaboration with the Patient Experience team. This links to our work within the WRES, as we do have staff members who identify as being from the GRT community.

The purpose of the training was to raise awareness and better inform staff of the history and cultural needs of GRT communities and explore ways to improve the experience of both the community and the hospital staff in engaging and interacting with individuals and communities during their everyday work.

The training was well received and feedback positive that this has raised awareness and the historical context of this community.

The training scenario handouts and top tips developed from the workshops are available on this intranet page and are relevant to patient care and staff support. These can be shared and referenced as a resource for information.
<https://intranet.rbch.nhs.uk/index.php/equality-diversity-and-inclusion/gypsy-roma-and-traveller-communities>

3.0 Workforce Information [staff on UHD 31 March 2022]

Embracing diversity supports the delivery of our strategic vision and helps to ensure that we are providing effective and inclusive services that meet the needs of our community.

We have a workforce EDI Strategy which is a public declaration of how we will demonstrably take forward our commitment to ensuring equality is embedded within all aspects of the organisation. Further details can be found on the Diversity and Inclusivity page on the Trust's website.

Staff Ethnicity

The staff ethnicity composition has become more diverse in 2020/2021 compared to 2019/2020, however the reported disclosure rate remains the same at 93.8%. Additionally, the workforce ethnicity profile is more diverse than the local community.

Table 3.1

Ethnicity (Grouped)	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Asian	1018	10.9%	1182	12.7%
Black	14	0.1%	12	0.1%
Chinese	58	0.6%	57	0.6%
Mixed	200	2.1%	243	2.6%
Not Stated/Undefined	578	6.2%	573	6.2%
White	7502	80.1%	7224	77.8%
Grand Total	9370	100.0%	9291	100.0%

Staff Disability

The percentage of staff declaring their disability disclosure has also improved compared to the previous year, staff are encouraged to disclose their disability status and continually update their data throughout their employment.

Table 3.2

Disability	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
No	6902	73.7%	6942	74.7%
Not Declared	1127	12.0%	1076	11.6%
Prefer Not to Answer	7	0.1%	8	0.1%
Unspecified	974	10.4%	849	9.1%
Yes	360	3.8%	416	4.5%
Grand Total	9370	100.0%	9291	100.0%

Staff Age Profile

The age profile for the Trust's workforce does raise a need to ensure that retire and return options are included in workforce planning. The dominating data suggests that 18.3% [55-64] of staff are approaching pensionable age whereas a further 24.4% [45-54] are approaching the period where similar choices are made. The trust needs to maintain options around retirement to retain colleague's valuable knowledge, skills and experience by allowing staff to retire and return to work. When comparing table 3.3 with 3.5, staff within age profile 55-64 present a potential issue for specialties other than Nursing and Midwifery.

Table 3.3

All staff

	31/03/2021		31/03/2022	
Age Profile	Headcount	%	Headcount	%
Under 25	538	5.7%	477	5.1%
25-34	2337	24.9%	2319	25.0%
35-44	2228	23.8%	2243	24.1%
45-54	2244	23.9%	2265	24.4%
55-64	1762	18.8%	1703	18.3%
65 and above	261	2.8%	284	3.1%
Grand Total	9370	100.0%	9291	100.0%

Table 3.4

Medical Staff

	31/03/2021		31/03/2022	
Age Profile	Headcount	%	Headcount	%
Under 25	32	2.7%	42	3.5%
25-34	469	39.5%	444	37.2%
35-44	310	26.1%	305	25.6%
45-54	228	19.2%	244	20.5%
55-64	122	10.3%	126	10.6%
65 and above	27	2.3%	31	2.6%
Grand Total	1188	100.0%	1192	100.0%

Table 3.5

Nursing and Midwifery

	31/03/2021		31/03/2022	
Age Profile	Headcount	%	Headcount	%
Under 25	110	4.2%	109	4.1%
25-34	758	28.8%	793	30.0%
35-44	670	25.5%	685	25.9%
45-54	664	25.2%	651	24.6%
55-64	397	15.1%	377	14.2%
65 and above	31	1.2%	31	1.2%
Grand Total	2630	100.0%	2646	100.0%

Staff Sexual Orientation

Declaration rates seem to be following a positive trend, this presents a positive message for staff and potential employees. Through our staff networks notably LGBTQ+ and the positive action with affiliated bodies and awareness events within

the trust, UHD can build on this inclusive culture and support our ambition to be ‘a great place to work’.

Table 3.6

	31/03/2021		31/03/2022	
Sexual Orientation	Headcount	%	Headcount	%
Bisexual	98	1.0%	122	1.3%
Gay or Lesbian	169	1.8%	173	1.9%
Heterosexual or Straight	6418	68.5%	6485	69.8%
Not Recorded	834	8.9%	733	7.9%
Not stated (person asked but declined to provide a response)	1842	19.7%	1765	19.0%
Other sexual orientation not listed	2	0.0%	6	0.1%
Undecided	7	0.1%	7	0.1%
Grand Total	9370	100.0%	9291	100.0%

Gender

The female workforce continues to dominate the overall headcount with 75.5% of the staff being female. Male headcount has risen in the reporting period compared to the previous year. This is comparable with the NHS national demographic.

Table 3.7

	31/03/2021		31/03/2022	
Gender	Headcount	%	Headcount	%
Female	7165	76.5%	7018	75.5%
Male	2205	23.5%	2273	24.5%
Grand Total	9370	100.0%	9291	100.0%

Religion or Belief

UHD has a multi-faith workforce and our chaplaincy service covers all hospital sites providing a confidential service that is available for patients, relatives, friends and carers, irrespective of whether or not you have a religious faith.

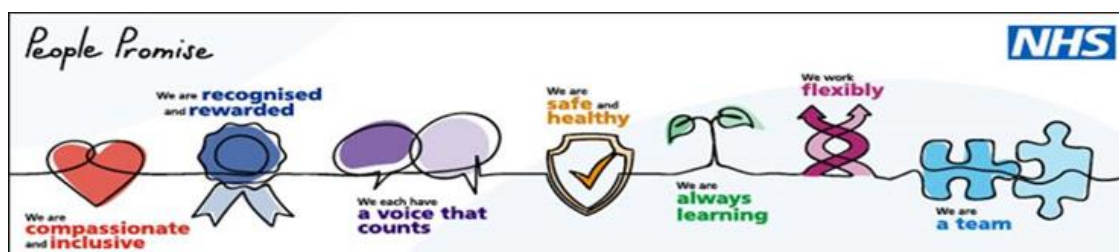
Chaplains are people with time to listen, offer support and journey alongside you. The team is made up of ordained chaplains and volunteer staff from the Christian and Jewish faiths. We can also contact faith leaders from the Muslim, Buddhist, Baha'i, Hindu, Sikh and Pagan traditions.

In table 3.8 during the reporting period more staff are proportionally disclosing their religion or belief.

Table 3.8

Religious Beliefs	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Atheism	1484	15.8%	1526	16.4%
Buddhism	64	0.7%	61	0.7%
Christianity	4089	43.6%	4119	44.3%
Hinduism	114	1.2%	129	1.4%
I do not wish to disclose my religion/belief	2078	22.2%	2009	21.6%
Islam	167	1.8%	188	2.0%
Jainism	1	0.0%	1	0.0%
Judaism	20	0.2%	17	0.2%
Not Recorded	826	8.8%	727	7.8%
Other	521	5.6%	503	5.4%
Sikhism	6	0.1%	11	0.1%
Grand Total	9370	100.0%	9291	100.0%

4.0 NHS Staff Survey: 'Together we can'



The new look NHS Staff Survey

The 2021 NHS Staff Survey was changed to reflect the themes in the NHS People Promise. All the People Promise scores for the 2021 NHS Staff Survey for UHD are broadly in line with the sector scores for other Acute and Community Trusts, with the 'We are compassionate and inclusive' score higher than the average of benchmarked trusts. When ranking UHD People Promise sub-scores, this sub-score was significantly higher than other People Promise scores.

Response rate

The NHS Staff Survey 2021 response rate for UHD was 37% (3393 staff) which was slightly higher than in 2020. A total of 32 scores were significantly better with 9 significantly worse and 58 showing no significant difference. Overall, 41 scores dropped below the UHD 2020 results. It is of note that the score for Question 17a,

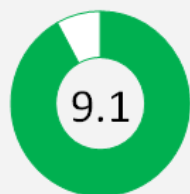
around raising concerns, improved from 74% in 2020 to 77% in 2021. Infographic on page 22 shows NHS Staff Survey results for BME staff relating to WRES indicators.

Areas of recommended focus:

- A review of the questions which make up the motivation score/ratio are likely to improve by resolving other issues from the survey
- Assess the way in which appraisals and reviews are conducted in order to increase their usefulness in supporting staff to find new ways to improve how they do their job
- Identify where particular groups/areas in **which staff say relationships are strained** and consider localised action to improve staff communications and interactions
- Ensure that team meetings allow all voices to be heard and encourage core values such as respect for each other
- Work directly with staff groups to understand why some would not recommend UHD as a place to work - and take appropriate action.
- Interrogate Staff FFT data/comments to identify whether this view is organisation-wide or limited to a particular area. Use FFT data and comments to monitor progress over time.

Please Note:

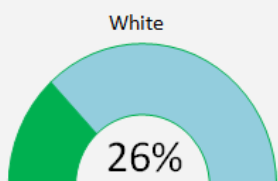
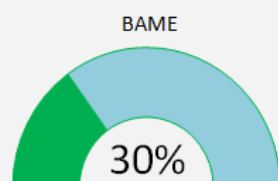
- a) The NHS Staff Survey results are in the public domain*
- b) Infographic on Pg. 23 shows NHS Staff Survey results for BME staff relating to the WRES indicators*



2021 UHD Staff Survey—Staff responses from those of an ethnically diverse background (BAME)

This overall theme scores from one to ten—and is all about fair career progression, experience of discrimination and adjustments that support people, to do a good job. The purpose of this document is to highlight the BAME employee experience as reported in the survey.

Indicator 5: Bullying, Harassment or Abuse From patient, relatives or public in last 12 months



4% difference

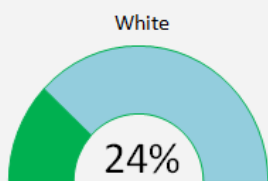
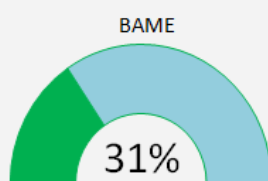
Score is
WORSE
since the year
before
(2020)

previous results

2020 **27%**

2019 **30%**

Indicator 6: Bullying, Harassment or Abuse From staff in the last 12 months



7% difference

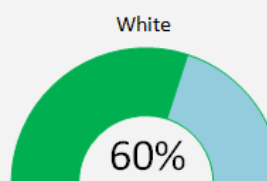
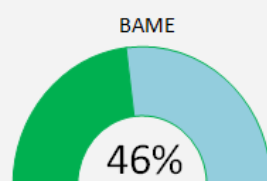
Score is
WORSE
since the year
before
(2020)

previous results

2020 **29%**

2019 **26%**

Indicator 7: Equal opportunities: Believing Trust provides equal opportunities for career progression or promotion



14 % difference

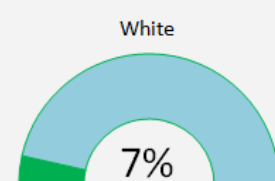
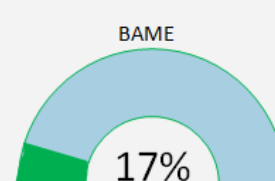
Score is
WORSE
since the year
before
(2020)

previous results

2020 **78%**

2019 **80%**

Indicator 8: Discrimination: Staff experiencing discrimination from their manager / team leader or other colleagues



10% difference

Our score is
about the
SAME
since the year
before
(2020)

previous results

2020 **17%**

2019 **14%**

Total Staff response rate for UHD NHS Staff Survey 2020: 36%

Total Staff response rate for UHD NHS Staff Survey 2021: 37%

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

5.0 Non-mandatory Training

The 2021 NHS Staff Survey question relating to UHD providing equal opportunities for career progression or promotion found 60% of White staff and 44.5% of BME staff believe they have equal opportunities for progression.

Although the likelihood of staff attending CPD or non-mandatory training that may lead to other opportunities presented a potentially deteriorating representation. UHD aims to provide development for all staff to address this disparity.

Table 5.1

Relative likelihood of staff accessing non-mandatory training and CPD

Indicator	Measure	2020			2021		
		White	BME	unknown ethnicity	White	BME	unknown ethnicity
Number of staff in the workforce	auto calculation	7542	1243	202	7301	1899	326
Number of staff accessing non-mandatory training / CPD	headcount	5845	1089	263	4987	1165	258
Likelihood of staff accessing non-mandatory training / CPD	auto calculation	77.5%	87.61%	130.2%	68.31%	61.35%	79.14%
Relative likelihood of White staff accessing non-mandatory training / CPD compared to BME staff	auto calculation	0.88			1.11		

6.0 Foundation Trust Membership

As a Foundation Trust, we are accountable to NHS England and NHS Improvement. As the regulator for health services in England it oversees the governance and performance of the organisation, providing support where required, and ensures the Trust operates in line with the conditions of its provider licence. We are also accountable to local people through our Council of Governors and members.

In addition, there is a large range of inspection and other regulatory bodies which govern the activities of the Trust, including the Care Quality Commission (CQC).

The Council of Governors, which represents around 15,000 members, is made up of members of the public, staff and appointed governors. They ensure members' views are heard and are fed back to our Board of Directors, and members of the public are kept up to date with developments within the hospitals.

Our Board of Directors is made up of full-time executives, who are responsible for the day-to-day running of the organisation, and part-time non-executive Directors. The executive Directors work closely with the clinical leaders and managers throughout the hospitals in running the services. The Board also works closely with the Council of Governors.

The Trust is organised under three clinical care groups and a number of departments providing support services. We also work closely with a range of key health and social care partners to develop and deliver our services, such as clinical commissioning groups (CCGs) and social services. We are also part of the Dorset Integrated Care System (ICS).

Table 6.1: UHD Membership at 31 March 2022

Pubic Constituency	31/03/2022	
	Number of Members	Eligible Membership %
Age (years):		
0-16	10	112,437
17-22	145	34,145
22+	14,640	487,012
Ethnicity:		
White	13,725	579,773
Mixed	105	8,361
Asian or Asian British	203	12,709
Black or Black British	40	2,977
Other	34	2,343
*Socio-economic groupings:		
AB	4,703	62,777
C1	4,389	88,900
C2	2,888	64,746
DE	2,789	65,562
Gender Analysis		
Male	5,462	314,309
Female	9,196	319,285
Additional information: <ul style="list-style-type: none"> 15 public members with no dates of birth 703 members with no stated ethnicity and 152 members with no gender declaration <p>*socio economic data is completed using profiling techniques (e.g. postcode) or other recognised methods. To the extent socio economic data is not already collected from members, it is not anticipated that NHS foundation trusts will make a direct request for this information from its members</p>		

7.0 Compliance with Mandatory Reporting and the Equality Act 2010

The Public Sector Equality Duty

The Equality Act 2010 (s.149) places an Equality Duty on public bodies which encourages the Trust to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve. The Equality Duty consists of a General Duty with three main aims. It requires the Trust to have due regard for the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Having 'due regard' means the Trust must consciously think about the three aims as part of our decision making processes and considerations of equality issues must influence our decisions, such as, how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services and how we commission and buy services from others. The general duty is also underpinned by a number of specific duties which include the need for us to:

- Set specific, measurable equality objectives;
- Analyse the effect of our policies and practices on equality and consider how they further the equality aims;
- Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

Specific Duties

The Equality Duty is supported by specific duties, set out in the regulations which came into force on 10th September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty, and to set themselves specific measurable equality objectives. All information must be published in a way which makes it easy for people to access. 8 The information published must include:

- Information relating to employees who share protected characteristics (for public bodies with 150 or more employees); and
- Information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example, service users).

- However, it is up to each public body to decide itself what information it publishes to show its compliance with the Equality Duty.

Publication Duties

The information must be published on an annual basis. The Trust has published:

Workforce Figures

The information published on workforce figures identifies information in relation to the Trust's workforce and protected characteristics as defined by the Equality Act 2010 annually;

- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Report

Gender Pay Gap Reporting

In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish statutory calculations no later than 30th March each year.

The information aims to establish the pay gap between male and female employees in March the previous year. For the 2021 submission, organisations were afforded an extension to the publication date, however we published our 2020 report on 30 March 2021.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

Salaries at the Trust are determined through a national NHS job evaluation scheme called Agenda for Change (AfC). Job evaluation evaluates the job and not the post holder. It makes no reference to gender or any other personal characteristics of existing or potential job holders. Therefore, the Trust is confident it is paying the same salary to roles of equal value.

The legislation requires an employer to publish six calculations:

- Average gender pay gap as a mean average

- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

Equality Delivery System 2 / Equality Delivery System 3

EDS2 is a mandatory framework to assist us with ensuring we treat our patients and staff fairly and equally. The Equality and Diversity Council (EDC) is currently leading on the development of EDS3 and are collating suggestions and seeking input ahead of its implementation. The launch of EDS3 was expected in 2020 but due to the Covid-19 pandemic it is delayed. The Dorset ICS through Dorset County Council are investigating a system approach to EDS3.

With the implementation of the Integrated Care System in Dorset, Citizen panels and forums are being developed. These platforms will provide an opportunity to undertake a system wide EDS3 assessment with improved access to community groups.

Equality Impact Assessments

An EqIA is the detailed and systematic analysis of the potential or actual effects of a policy, procedure or process, which is undertaken in order to establish whether the policy, procedure or process has a differential impact on different groups of people.

The aim of the EqIA is to eliminate discrimination and produce positive outcomes for equality. EqIA audits are undertaken on a quarterly basis and reported back to the Diversity and Inclusivity group.

8.0 Charters

UHD champions many charters and agreements with external organisations as we want UHD to be seen to be a safe and inclusive place to work and receive care, some of our charters include:

Armed Forces Covenant

The Armed Forces Covenant is a pledge to acknowledge and understand the needs of the Armed Forces community and aims to build a more open and honest relationship between employers, the Ministry of Defence and reservists.

Veteran Aware – silver status

Veteran Aware trusts are leading the way in improving veterans' care within the NHS, as part of the Veterans Covenant Healthcare Alliance (VCHA).

Hate Crime Charter

There is no place, excuse or reason for hate crime in UHD. A hate crime is subjecting people to harassment, victimisation, intimidation or abuse because of their ethnicity, faith, religion, disability or because they are lesbian, gay, bisexual or transgender this includes "Any incident, which constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate."

Disability Confident Employer

Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop Disabled people. Being Disability Confident is a unique opportunity to lead the way in your community, and you might just discover someone your business cannot do without.

Stonewall Diversity Champion

UHD aims to ensure all staff and patients feel welcome, notably our staff should feel respected and represented at work. Inclusion drives better individual, business and patient outcomes. When LGBTQ+ staff feel free to be themselves, everybody benefits.

Mindful Employer

Being a mindful employer demonstrates the UHD commitment to working toward achieving better mental health at work.

9.0 Developments

9.1



The NHS Race and Health Observatory (RHO) has been established to support the NHS in improving healthcare access, experience and outcomes of Black and minority ethnic patients and communities. Their strategy is an important document and has been referenced in the work we are undertaking to reduce health inequalities and support our workforce. Their [Report on Terminology](#) has been reviewed by our Black and Asian minority ethnic network and they will recommend adoption of the key 5 principles to the next EDI group meeting:

- Be specific: collective terminology should never be used for convenience or to save time
- No acronyms or initialisms: not using when referring to a group of human beings
- Context – only use collective terminology where we absolutely must.
- Transparency – always be up front and open about the approach we have taken to language.
- Adaptability – Accept that language develops and that a term that is acceptable today may not be in a few months' time.

The first national conference for the RHO was held at the beginning of July and the key themes and outputs from the event are:

- Use data to produce solutions
- Sustained and meaningful engagement with communities, patients and workforce
- Accountability for everyone
- Point moral compass in the right direction
- Importance of Leadership

The [NHS Employers](#) report on the experience of Disabled staff during Covid is now published. The report contains nine recommendations for NHS trust which developing a staff network. We are proud of the work of our ProAbility staff network, which started in 2019, and the work they continue to do to raise the voices of Disabled colleagues to the top of the organisation.

The next reporting phase of the workforce equality standards will be July 2022 and the national NHS teams, NHS Employers and the RHO will be focused on actions that deliver improvement and sharing good practice across all the NHS systems.

9.2 Stonewall

Membership of the Stonewall Diversity Champions programme has been reviewed through EDIG and a survey through the LGBTQ+ staff network. There have been emails into the organisation, Freedom of Information requests and questions to the public Board meeting on our membership, the risks relating to advice and guidance from Stonewall and its reputation. All responses have been consistent, we take advice from a number of sources with Stonewall being one of them and our membership is reviewed annually through the appropriate channels.

The staff network considered the support available to their members and patients and recommended continuing membership of Stonewall; renewal has now been approved by the Board [February 2022].

9.3 NHS Rainbow Badge Project

UHD has been a successful partner of the Phase I NHS Rainbow badge project since 2018 (under previous identity as RBCH), as a pledge campaign in return for displaying visible symbols of ally ship (lanyards, badges and displaying posters). We delivered over 4000 lanyards, 2500 badges, attended team meetings and held events (pre-covid-19) on pronouns, ally ship and support.



In 2022 UHD has been accepted as a pilot site for Phase II of the Rainbow Badge Project, commissioned by NHS England, in collaboration with LGBT Foundation, Stonewall, The LGBT Consortium, Brighton & Hove Switchboard and GLADD. The application for the project was endorsed by the Chief Finance Officer, as Executive Lead for Equalities and Sponsor for the LGBTQ+ staff network, alongside the staff LGBTQ+ network lead.

The pilot for Phase II moved from a pledge-based system towards an assessment model and allowed Trusts to demonstrate their commitment to reducing barriers to healthcare for LGBT people, whilst evidencing the good work they have already undertaken.

The criteria for the pilot were written following input from 5 separate focus groups. 2 of these groups featured professionals who gave a valuable insight into the challenges facing Trusts when trying to be more inclusive of LGBT staff and patients. 3 of the groups were for patients only and allowed for a greater understanding of the lived experiences of LGBT patients.

This project will enable us to reach out to community groups and through our existing community partners, to engage and hear from our LGBTQ+ community directly on their experience of accessing and using our hospital services. In addition, the project evidences the working relationships with NHS England and verified partners, including Stonewall, to ensure the project is balanced and without bias.

Pilot Assessment Process:

- Policy review
- Staff survey
- Patient survey
- Assessment Questionnaire - completed through a collaborative workshop approach or self-submission document

The review period is January – July 2022. The feedback and evaluation will provide critical data for the organisation regarding health inequalities and creating an inclusive and safe space to work.

The staff LGBTQ+ network has been re-launched with a new lead appointed and updated terms of reference. The network is developing their aims, aligned to the values, and objectives for the next 12 months.

LGBT+ history month has created an opportunity to promote the staff network, engage with staff and host an online poetry session with the LGBT Poet Laureate Trudy Howson. This has raised the profile of the network, 5 new members have come forward, 20 pledges for inclusion and 3 members of staff requesting,

9.4 Partnership working during Organisational Change – UHD Case Study publicised by NHS Employers

During a period of transformation, University Hospitals Dorset had to ensure there would be a strong focus on inclusivity as a core value, acknowledging and celebrating workforce diversity as a newly merged trust. The trust used the [NHS Employers Diversity in Health and Care Partners Programme](#) as a springboard for resources and information, establishing strong staff networks and creating a culture of listening to understand. The case study can be found ([Partnership working during organisational change | NHS Employers](#)).

9.5 Freedom to Speak Up

UHD continues to be an active contributor to the work from the National Guardians Office (NGO). Part of this work is to submit and support requirements from the NGO. These include quarterly submissions, census information and other surveys.



Quarterly information about speaking up cases are submitted to the NGO, outlining the themes and reporting the feedback received from those cases closed. Whilst number of referrals does not fully reflect the speaking up culture it does

illustrate whether the FTSU is an established route for staff to use. Table 1 below shows how staff at UHD use this service as compared to surrounding healthcare.

Table 1 illustrates that the number of referrals coming to the FTSU team at UHD is above that of our neighbouring Trusts but also that of the national average for similar sized Trusts. The national average for medium / large trusts are 32.7 per quarter. UHD has just under double this with 58 cases per quarter. Speaking up needs to be everyone's business and not just our FTSU team.

Table 1: NGO Data 2021/22

	Size	Qtr1	Qtr2	Qtr3	Qtr4	TOTAL (Qtr. 1-3)
Dorset CCG	Small	1	2	0		3
Dorset County	Small	2	19	No data		21
Dorset Healthcare	Medium	24	31	28		83
Salisbury	Small	18	16	27		61
Solent	Medium	No data	2	7		9
University Hospitals Dorset	Medium	57	71	58	46	186
University Hospitals Southampton	Large	8	25	No data		33

This is reflected further in the annual NGO FTSUG survey (section 3.7.5) which warned caution to our leaders with FTSUG carrying out more reactive work (listening to workers) rather than proactive (supporting the organisation to learn from the opportunities that speaking up brings and tackling the barriers).

Speaking Up will not become business as usual if FTSGU are spending all their time acting as an additional channel rather than working with their organisation to overcome the barriers that result in workers feeling that they must come to a guardian in the first place. This needs consideration and discussion. Many trusts are looking at developing deputy guardian roles to create resilience but also create more time for the FTSUG to help support the trust at being more proactive in the years coming.

The FTSU team wanted to look at why staff were using this route for concerns. Data has been collected since January this year (Qtr. 4) by asking staff why they are using this route to raise concerns. Table 2 shows that in 52% of referrals, staff stated that their line manager was the issue of the concern. In 22% of the referrals the line

manager was aware of the issue but not addressing the issue. The staff survey mirrors these observations (refer to section 3.7.6).

Results show that for those whom completed it, whilst they felt issues and concerns would be addressed more than the average it is a decrease on results seen at UHD the year before (q17b). Furthermore, in Q21f, only 50.1% reported saying that they are confident issues would be addressed. The hypothesis that following the recent staff changes in management, staff were not aware of whom to escalate issues to is not playing out in this data.

	Qtr. 4 (2021/22)
Unaware of who line manager is	3
Line manager is aware of the issue but have not acted or addressed the issue	10
Not secure in raising the concern with the line manager	2
The line manager is the issue of the concern	24
Did not think to ask my line manager	6
Unknown	1
TOTAL	46

10.0 Conclusion

There have been many conflicting priorities impacting the EDI workforce and patient work during the escalation and de-escalation phases of Covid-19. There is a prominent focus on staff wellbeing, recovery of patient services as well as Tier 3 leader restructuring, some of which will have had a positive impact on how we work now and how we can take EDI forward.

There has been a need to streamline meetings, training and development and deliver via TEAMS, all of which have had an impact on face to face engagement. Often staff are time pressured and unable to participate in many training or engagement events.

In addition to our own internal UHD EDI work plans and priorities, we are also required to engage and adhere to the national and regional EDI work streams, best practice forums and focus groups lead by NHSE/I.

The national NHS Race & Health Observatory was developed during pandemic to lay out some clear evidence-based principles, guidelines and best practice on health inequalities for patients and workforce. This is new additional information and will need to be incorporated into our EDI workforce and patient plans.

The Government Health & Social Care report includes key recommendations for the role of ICS in relation to health inequalities.

In terms of risk, UHD now has a much broader EDI work plan including Health Inequalities meaning that priorities are constantly having to be assessed and reviewed. UHD would benefit from the allocation of additional resource to maintain current momentum and this should include dedicated analyst support and resource for the Patient Engagement Team.

In summary, a significant amount of progress has been made regarding our EDI agenda and work plan. We do however recognise there is still more work to do to in line with our maturity assessment to ensure we continue to fully embed a compassionate and inclusive culture.

11.0 Next Steps

- Continue to review all data reports, submit nationally equality data and publish relevant equality reports in line with the mandated deadlines;
- Update the WRES / WDES data reports and action plans, ensuring the actions are clearly defined and aligned with the data story, directives from the national WRES / WDES teams and in partnership with our Dorset ICS partners;
- Prepare our next overarching 12-month EDI priority action plan [22 / 23] in conjunction with the EDI group and our staff networks;
- Continue ongoing monitoring of our EDI campaigns and interventions to the Workforce Strategy Committee [WSC] and the Board;
- Review the terms of reference for the EDI group to ensure membership remains appropriate and actively promotes ownership at every level within the organisation;
- Continue to develop the working relationship and system reporting with our ICS partners and the SWEDI team.

**Throughout this report, we have used a capital 'D' when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also signifies that Disabled people have a shared identity and are part of a community that continues to fight for equality.*

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.8

Subject:	Workforce Race Equality Standard (WRES) Report 2022/23
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Prepared by:	Debbie Robinson, Lead for Equality, Diversity and Inclusion Jon Harding, Head of Organisational Development
Presented by:	Karen Allman, Chief People Officer

Purpose of paper:	To provide the Board of Directors with the Workforce Race Equality standard (WRES) report and action plan 2022/ 23
Background:	The Trust is required to report annually on the WRES as an NHS contractual standard
Key points for members:	<p>The data analysis and action plan detail the disparity in the experience of our people from an ethnic background compared to their white colleagues.</p> <p>The key metrics that show a continued deterioration in performance or no improvement are:</p> <ul style="list-style-type: none"> • Bullying and harassment • Equal opportunities • Representation through the whole organisation relative to the workforce profile
Options and decisions required:	The Board of Directors is asked to approve the contents of this report and the action plan.
Recommendations:	The Board of Directors is asked to approve the contents of this report and action plan.
Next steps:	<p>The action plan and report will be published on the external Trust website following approval at Trust Board.</p> <p>The implementation of the action plan will be monitored through the Equality, Diversity and Inclusion Group [EDIG].</p> <p>Development of an Anti-Racist Board statement and underpinning cultural awareness programme.</p>

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p>To ensure that all resources are used efficiently to establish financially and environmentally</p>

	<p>sustainable services and deliver key operational standards and targets.</p> <p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience.</p> <p>To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p> <p>To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.</p>
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well Led (All)

Committees/Meetings at which the paper has been submitted:	Date
Equality Diversity and Inclusion Group	21 July 2022
Workforce Strategy Committee	17 August 2022

Useful Abbreviations:

- BAME – Black, Asian and Minority Ethnic
- BME – Black Minority Ethnic
- EDI – Equality Diversity and inclusion
- EDIG – Equality Diversity and Inclusion Group
- WRES – Work Race Equality Standards
- WDES – Work Disability Equality Standards
- ICS – Integrated Care System



University Hospitals Dorset
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report and Action Plan 2022/23

University Hospitals Dorset NHS Trust



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Some useful abbreviations:

- BAME (Black, Asian and minority ethnic) BME (Black Minority ethnic) (these terms are interchangeable within the reports and data collection for WRES)
- EDIG: equality, diversity and inclusion Group
- WOFC: Workforce and strategy committee
- HR: Human Resources
- OD: Organisational Development
- FTSU: Freedom to Speak Up (Guardian)
- ICS: Integrated Care System

1 Introduction

The NHS Workforce Race Equality Standard (WRES) was introduced in 2016 to address the inequalities and less positive lived experience of our ethnically diverse workforce.

This is the seventh year of reporting on the WRES and the second for University Hospitals Dorset NHS Foundation Trust (UHD).

It is evident from the national, regional and local data that there has been some improvement but this has not been at pace or consistent across NHS systems. This year's reporting includes the disparity data, which shows how our staff are represented in progression through the seniority ranks.

This is an extract from the national Workforce Race Equality Standard report published in May 2022:

1" Inequalities in any form are at odds with the values of the NHS – the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients. This data report represents the seventh since the Workforce Race Equality Standard (WRES) was established. It showcases the experience of staff at a pivotal moment in the 73-year history of the NHS. At a time when we continue to manage those directly affected by the pandemic whilst coordinating the recovery of services and simultaneously establishing integrated care systems (ICS) as the future vehicle to deliver the health and care needs across geographical areas.

The talents and dedication of the approximately 1.4 million NHS staff are a reflection of their diversity, with over 100 nationalities represented in the workforce engaged in over 350 different health-related careers.

The data in this year's report is a reflection of the systematised and complex picture that applies to racial discrimination in the country. Whilst there has been an increase in the number of very senior managers of black and minority ethnic (BME) origin, there has been a fall in the number of BME executives. While there has been a steady decline in the race disparity in staff being referred into the disciplinary process (especially in some regions), there remain 50% of organisations where this disparity persists. The picture is complex.

This cycle of the WRES sees a significant change of gear with regard to translating data into delivering enduring change. Presenting the data in more nuanced fashion with greater stratification is key to enabling leaders to identify where energy should be best directed to reverse inequity. The soon to be published workforce race equality strategy will assist organisations recognise what actions and what key performance indicators could be deployed to identify the course to follow. The COVID-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. The report presents the ethnicity aspect of this, and it is evident that there has been a worsening of the experience of BME compared to white staff in key domains, including discrimination from seniors and a sense of equal opportunity. As

we plan the recovery of services following the pandemic, addressing these issues of equality and inclusion are core to their success”.

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

Throughout this report, we have used the phrases ethnically diverse or ethnic background when referring to our Black, Asian and Minority Ethnic staff. The data label of BAME is used to reflect all ethnic minority categories and only in the context of data. The use of the word minority reinforces the disparities and we have reduced its use to within the data labels only.

This is in line with the NHS Race and Health Observatory report, [The Power of Language](#). As a result of a consultation process in 2021 they have developed five key principles when writing and talking about race and ethnicity:

- Be Specific
- No acronyms or initialisms
- Context
- Transparency
- Adaptability

At the EDIG meeting on the 20 January 2022 it was agreed to adopt these principles in our reporting.

¹ Foreword to the National Workforce Race Equality Standard Report 2021
[published in May 2022, by Professor Em Wilkinson-Brice, Acting NHS Chief People Officer and Anton Emmanuel, Head of WRES]

2 Executive summary

University Hospitals Dorset NHS Foundation Trust (UHD) aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our Trust objectives, values and the EDI Strategy we aim to promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their families’ carers and our people. We aim to eliminate discrimination and harassment and reduce health inequalities.

Research shows that organisations with diverse leadership are more successful and innovative. People who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. When the opportunity arises our board representation will reflect the local demographic of our staff and community as we have a commitment for our board to be representative and matched to our staff ethnicity.

The Messenger Review into Leadership in Health and Social Care by NHS Confederation in June 2022 reinforced the EDI vision for all NHS organisations:

“EDI embedded and mainstreamed as the responsibility of all regardless of role and especially leaders and managers from front line to board. This must include the practice of zero tolerance of discrimination, but also greater awareness of the realities in the workplace for those with protected characteristics.”

UHD has over 9500 staff serving a population base of 400,300 [Census: 2021 ONS]. In 2011, 84.8% were White British, 11.6% BME (6.1% where English is not the first language) [Diversity Census 2011 ONS]. We will continue to monitor our data alongside the lived experiences of all our staff.

We continue our commitment to understanding staff experience and to engage with staff in a way which respects and advances our commitment to the Trust value of ‘*Listening to Understand*’. There is a valuable richness in the lived experience of members of staff across our hospitals and bringing human stories to the fore and sharing these to the benefit of others remains an important dimension of our EDI work.

Our Staff Networks have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers. They are more mature in their development and progress compared to many others in the South West region, evidenced by invitations to speak with other trusts and the recognition at a national level.

To be a *Model Employer*, UHD needs to be inclusive - embodying a diverse workforce at all levels and bringing the wealth of experience and perspective for delivering the best outcomes for the community we serve.

3 Voice of our Networks

Our BAME Staff Network has gone from strength to strength over the last year and continues to provide pastoral and peer support to colleagues across the whole organisation. We have a network aim of tackling concerns with the aim to improve the work experience for all. Our network values, alongside the Trust values, are UNITED:

Unity
Nurture
Inclusive
Teamwork
Empower
Diversity

As a network we are proud of the rich diversity and wealth of experience the staff we represent bring to UHD.

The work we have undertaken this year has included:

- Supporting our Internationally Educated Nurses, with pastoral support, welcome introductions and ongoing peer support and guidance. This work has been recognised in the [NHS Employers International Recruitment toolkit](#) as best practice, working in partnership with recruitment and education teams.
- Providing expert advice for the development of Beyond Difference and Reverse Mentoring programmes, actively promoting and using coaching conversations to support applicants to access these programmes and self-development opportunities.
- Peer support for colleagues from all Staff Networks
- Expert review of documents and strategies from the Race and Health Observatory and recommendations on language and terminology used when referring to ethnically diverse staff.
- UHD representation on South West Expert Reference Group for Nursing/Midwifery staff from an ethnic background. This group is to inform and advise the regional NHSE/I team of what priorities should be focused on to make a difference.
- Providing information to national teams and linking to webinars, workshops and online forums

We are proud of our colleagues who have been active participants in the Reverse Mentoring Programme, Beyond Difference Leadership programme and have been successful in promotions and becoming Professional Nurse Advocates.

This demonstrates how positive action programmes, peer support and coaching conversations deliver results in addressing disparities. As a network we can deliver this on a small scale and this work needs to be advocated by everyone in the organisation to create a great place to work and equal opportunities for all.

Judith Dube and Marc Oborza, Co-Leads: BAME Staff Network.

4 Conclusion

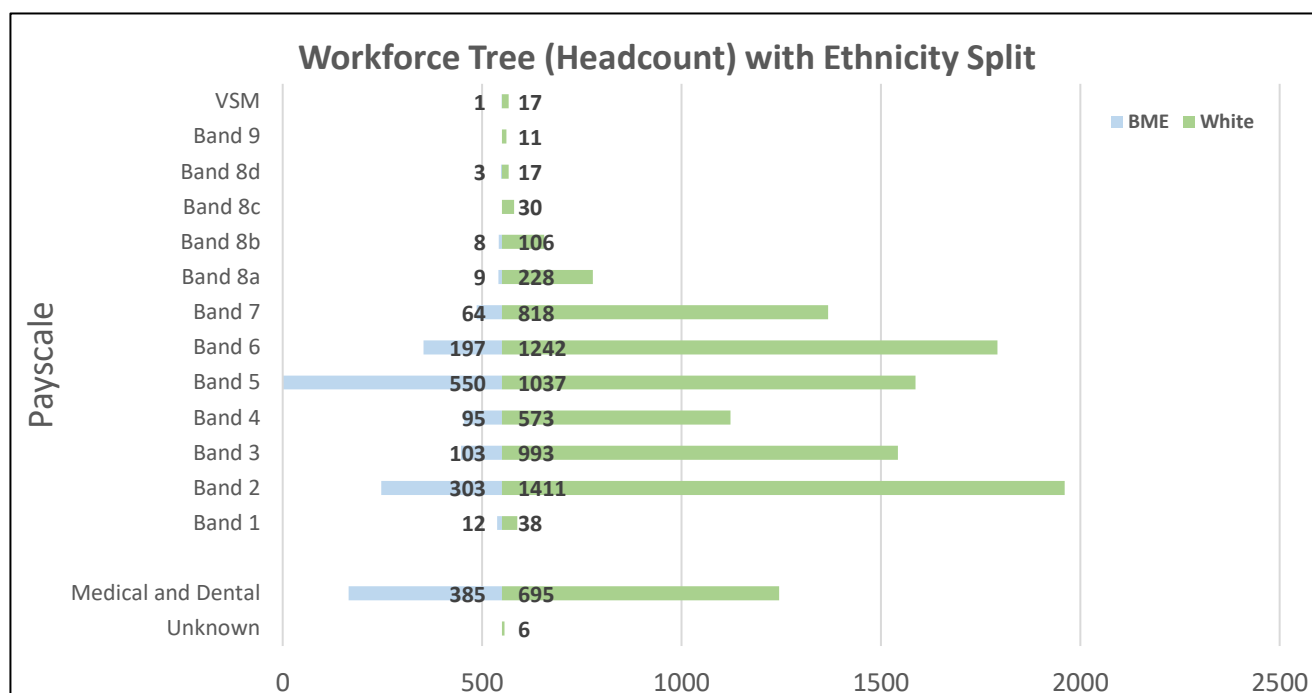
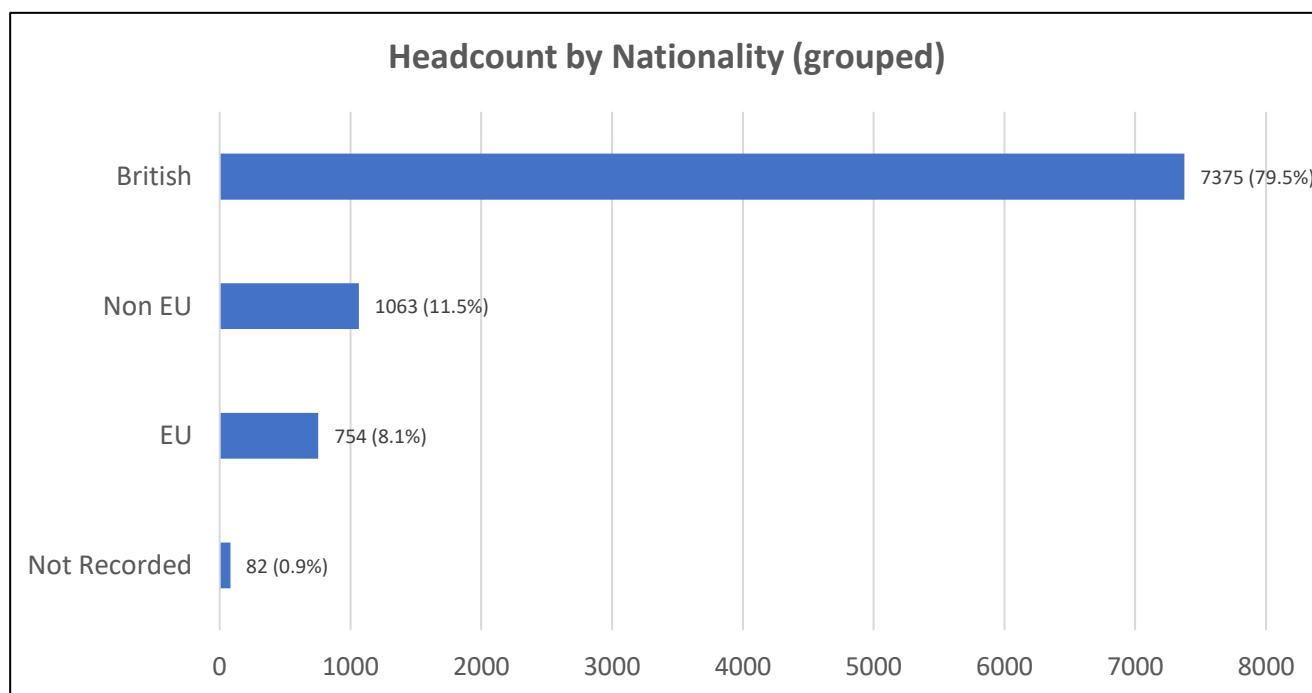
- The overall workforce has increased to 9536
- The number of ethnically diverse staff has increased to 1730, 18.7% of the total workforce.
- Ethnicity declarations remain high and above 95%
- The white ethnicity staff group (WME) has decreased slightly to 7.5%
- The relative likelihood of ethnic diverse staff being appointed from shortlisting across all posts has worsened to 1:2.09. This means for every one member of staff from an ethnic background, over 2 members of white staff are appointed.
- The relative likelihood of staff accessing non-mandatory training and CPD has improved to 0.79
- The bullying and harassment metrics show some worsening and stagnation.
- Indicator 7 shows a significant drop in staff believing the trust provides equal opportunities for both ethnic diverse and white staff. This is in line with the trend nationally of a decrease in positive results for this metric.
- The Board membership shows a very small improvement in representation of the overall workforce, but still being a large under-representation at the most senior level.
- Our workforce from an ethnic background continue to report less positive experiences in our staff survey and this is also reflected in data from our Freedom to Speak Up Guardian (appendix C).
- Our disparity ratios (appendix D) show a continuing trend of inequity in progression for our ethnically diverse staff from the lower to upper bandings in both clinical and non-clinical roles.

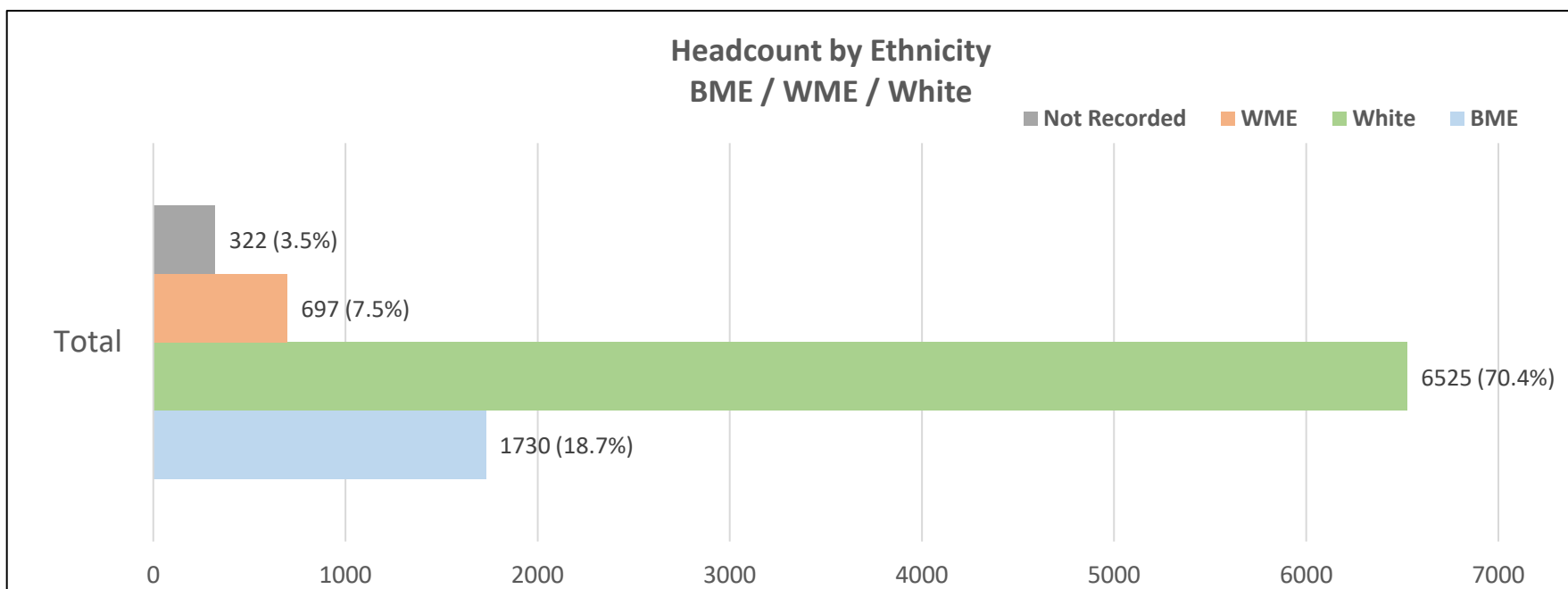
5 Next Steps

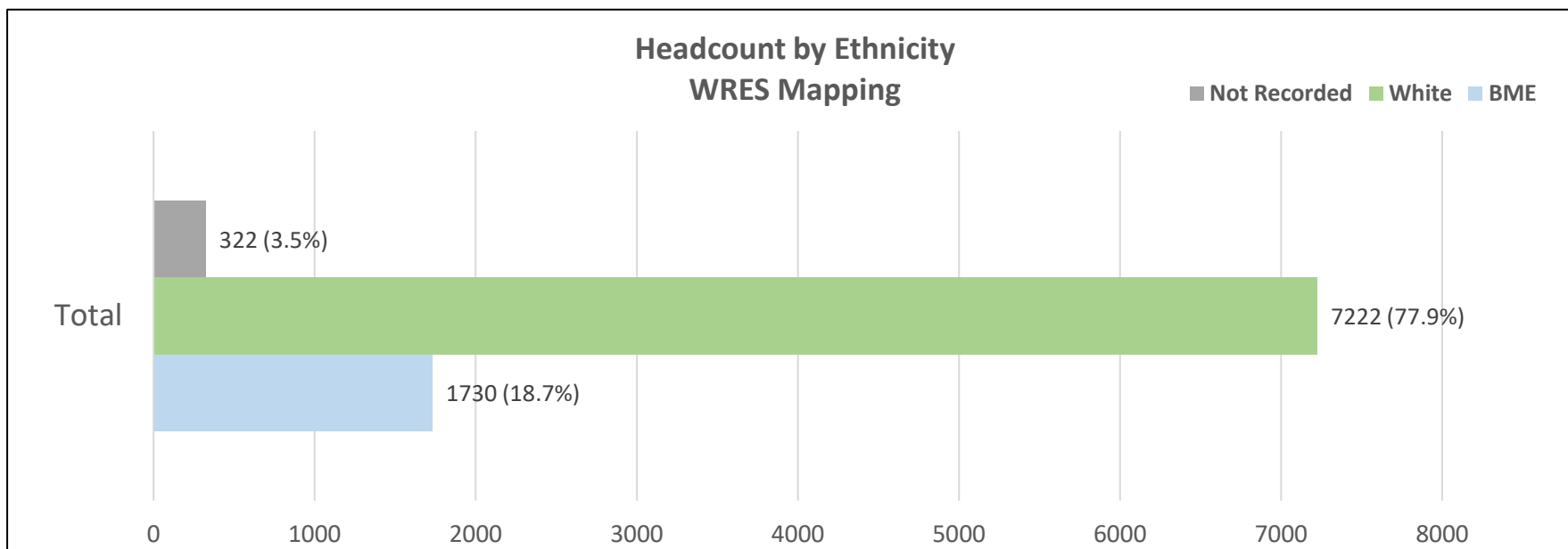
- Presentation of the reports to the Workforce and Strategy Committee and the Board
- Implementing and managing the action plan through the equality, diversity and inclusion group
- Working with our Dorset Integrated Care System partners to ensure this report and actions are integrated into all workstreams and share good practice across our systems
- Develop an Anti-Racist Board statement and linked cultural awareness programme
- Integrating EDI into all leader, manager and personal development training












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

Workforce Profile Charts







Workforce Race Equality Standard metrics	2021	2022
	University Hospitals Dorset	
Indicator 2: relatively likelihood of staff being appointed from shortlisting across all posts	1.26	2.09 
Indicator 3: relatively likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation	1.17	
Indicator 4: relatively likelihood of staff accessing non-mandatory training and CPD	1.11	0.79 
Indicator 5: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BAME: 27%	BAME: 30% 
	White: 25%	White: 26% 
Indicator 6: % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BAME: 29%	BAME: 31% 
	White: 22%	White: 24% 
Indicator 7: % percentage believing that trust provides equal opportunities for career progression or promotion	BAME: 78%	BAME: 46% 
	White: 90%	White: 60% 
Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	BAME: 17%	BAME: 17% 
	White: 6%	White: 7% 
Indicator 9: % difference between the organisations Board voting membership and its overall workforce (note: new Board in place 1/10/20 for UHD)	-13.7%	-12.2% 

WRES Action Plan

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 2 Likelihood of being appointed from shortlisting across all posts	<ul style="list-style-type: none"> Develop and launch values proposition for employee life cycle, support trust objective “a great place to work” Adoption of values based shortlisting and interview approach Values based recruitment Diverse talent panels Statement on all job adverts welcoming applications from under- represented groups, linked to inclusion networks Continue to promote targeted opportunities available through NHS South West Leadership Academy, including Stepping Up and WRES Expert programme 	<ul style="list-style-type: none"> Values based recruitment and interview approach embedded. Visible statements on all job adverts linked to inclusion networks. All Programmes for development and positive actions for underrepresented groups are shared trust wide and through staff inclusion networks. The networks have provided peer support and guidance on applications and encouraged diverse representation on courses and leadership programmes by positive role modelling. Network members becoming involved in senior panel interviews/carousels EDI team providing coaching for applications 	Continue to support improvement in recruitment and promotion practices to ensure an inclusive approach from application to appointment. <ul style="list-style-type: none"> Improve diverse panel compositions and interview questions and feedback panels Monitor candidate profiles at all stages of recruitment Refresh recruiting Managers selection training, knowledge of reasonable adjustments Commitment to balanced shortlisting Review job description and person specifications Review advertising and shortlisting processes, including Board appointments 	EDIG / Workforce Strategy Committee	Improvement in shortlisting ratio (1:1 or lower)
Indicator 3 Staff entering formal disciplinary process	<ul style="list-style-type: none"> Civility Toolkit/Dignity at work policy updated and published. Adoption of a just and learning culture, using a restorative justice, civility and respectful approach. Reverse Mentoring programme 	<ul style="list-style-type: none"> Civility Toolkit now published. Schwartz rounds have continued during Covid, virtual and small face to face groups, focusing on behaviours. Reverse Mentoring programme has given underrepresented staff 	<ul style="list-style-type: none"> Launch awareness campaign for a Just and Learning Culture Use of national decision trees checklist for Managers, post action audits on disciplinary decisions and pre-forma action checks 	EDIG Workforce Strategy Committee FTSU	FTSU reporting index Improvement in ratio to 1:1 or below

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
	<ul style="list-style-type: none"> Wellbeing conversations Coaching conversations Freedom to Speak Up support for mediated discussions Engaging through the BAME staff network for more diverse representation in investigation team. 	<ul style="list-style-type: none"> the confidence to question and raise concerns. Cultural differences referenced in new HR Policies Manager modules. Draft Staff check in/wellbeing conversations will provide additional opportunities to raise causes for concern by manager or staff member. 	<ul style="list-style-type: none"> Year on year reduction in number of BAME staff involved in disciplinary grievance procedures I 		
Indicator 4. Staff accessing non-mandatory training and CPD	<ul style="list-style-type: none"> Beyond Difference Leadership programme for BAME staff, in partnership with Dorset ICS. 9 Places for 2020, evaluation and development for further cohorts in 2021 with additional spaces. Appraisal process and documentation updated, reflection and review stages to review career pathway and self-development needed to achieve career goals Coaching and wellbeing conversations, linked to career development and progression. 	<ul style="list-style-type: none"> Next programme in development. 10 candidates attend for UHD, feedback used for next development. 2 promotions achieved during programme Career conversations still under development. To be tested via our Staff Network groups. Draft Staff check in/wellbeing conversations will provide Additional opportunities to discuss development and progression. Leadership training now tracking ethnicity demographics for data evaluation. 	<ul style="list-style-type: none"> Further rollout of Reverse Mentoring programme Further rollout of positive action programmes (Beyond Difference) in partnership with Dorset Integrated Care System Embed career conversations as part of the annual performance appraisal process Scope for Growth career conversation framework 	EDIG Workforce Strategy Committee	<p>Reduction in disparity between white and BME staff statistics</p> <p>Improvement in equal opportunities metric 7</p> <p>Visible diverse representation throughout the workforce structure</p>

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<ul style="list-style-type: none"> Continue to raise awareness of the FTSU Guardians, how to speak up and support available for all staff to report incidents. Regular reporting through assurance committees and highlighting themes and trends and hotspots in the organisation Civility/Dignity at Work policy and toolkit updated Hate Crime Charter is in place, organisation is an active member of Prejudice Free Dorset with access to resources and support for all staff to report incidents safely. 	<ul style="list-style-type: none"> FTSU Guardian and Ambassador continue to provide support to all staff. (Reference to their work and report is in appendix C) Civility toolkit now published and referenced within Manager Induction Modules EDI now linked with UHD Violence at work standard. 	<ul style="list-style-type: none"> Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel safe to come to work. Identify themes and hotspots for colleague-on-colleague BHDV Promote a transparent escalation pathway building on our values based behaviours Further promote the NHSI Civility and Respect Toolkit Bystander training, equip leaders to actively address inappropriate behaviours (recommended output from Reverse Mentoring) 	EDIG Workforce Strategy Committee	Improvement in staff survey results, narrowing the gap between white/bme staff and improving experience for all Recruitment and retention statistics (reasons for leaving) FTSU reporting index
Indicator 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	<ul style="list-style-type: none"> Civility/Dignity at Work policy and toolkit updated. Progression of process and policies to support a just and learning culture Second Reverse mentoring programme due to start October 2021 Staff networks included in partnership working, providing expert by experience advice and guidance. Wellbeing Conversations 	<ul style="list-style-type: none"> FTSU Guardian and Ambassador continue to provide support to all staff. (Reference to their work and report is in appendix C) Second cohort of Reverse Mentoring nearing completion with 22 mentoring partnerships. Sharing of personal stories and call to organisational action where required. Draft Staff check in/wellbeing conversations will provide additional opportunities to 	<ul style="list-style-type: none"> Launch <i>Let's Talk about Race</i> campaign and publish <i>Anti-Racism Statement</i> setting out our commitments as an inclusive organisation. Develop anti-racism guide for managers. Introduce core offer for <i>bias reduction</i> learning and development at all levels within the organisation Implement training resources / toolkit on civility and respect for all staff to 	EDIG Workforce Strategy Committee FTSU	Improvement in staff survey results, narrowing the gap between white/bme staff and improving experience for all Recruitment and retention

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
	<ul style="list-style-type: none"> FTSU and staff network support for mediated discussions 	discuss development and progression.	<p>support our positive workplace culture. Roll out at directorate level</p> <ul style="list-style-type: none"> Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel safe to come to work. Identify themes and hotspots for colleague-on-colleague BHDV Promote a transparent escalation pathway building on our values based behaviours Further promote the NHSI Civility and Respect Toolkit Bystander training, equip leaders to actively address inappropriate behaviours (recommended output from Reverse Mentoring 		statistics (reasons for leaving) FTSU reporting index

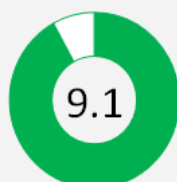
WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 7. Percentage believing that trust provides equal opportunities for career progression or promotion.	<ul style="list-style-type: none"> Positive action development programme: Beyond Difference. In partnership with Dorset ICS. Launches Sept 2021, further cohorts to develop on evaluation. Introduction of a system of constructive and critical challenge to ensure fairness during interviews. Including values based shortlisting, diverse interview panels, presence of an equality representative (staff networks), values based interview questions and specific equality and inclusion questions for band 8A and above. Values based shortlisting and interview approach 	<ul style="list-style-type: none"> Nine UHD delegates for ICS Beyond Difference Programme with 2 being promoted as a result. Unsuccessful candidates also followed up with informal career discussion by EDI team. Development opportunities shared with Staff Network groups. Review of progress with recruitment approach and consideration of constructive challenge process required. 	<ul style="list-style-type: none"> Further rollout of Reverse Mentoring programme Further rollout of positive action programmes (Beyond Difference) in partnership with Dorset Integrated Care System Embed career conversations as part of the annual performance appraisal process Scope for Growth career conversation framework Implement a development programme and talent pipeline to increase representation of BAME staff in (Agenda for Change) 8a-d and 9, very Senior Managers and the Board of Directors 	EDIG Workforce Strategy Committee	<p>Improvement in access to learning and development opportunities for all protected groups</p> <p>Improvement in the metric 7, narrowing the gap between white/bme staff and improving equal opportunities for all FTSU reporting index</p>

WRES indicator	Action 2021	Progress/Update on Actions	Actions 2022	Reviews/ Monitored	Impact Measure
Indicator 8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	<ul style="list-style-type: none"> Second cohort of Reverse Mentoring programme to commence October 2021. Actively promoted through staff networks, encourage under- represented groups to participate as Mentors with supported training and coaching. Continuing collaboration with BAME staff network and our Freedom to Speak Up Guardian/Ambassadors Unconscious Bias workshops Inclusive modules on all leadership programmes Reverse Mentoring programme Wellbeing conversations Coaching conversations FTSU support for mediated discussions, raising awareness 	<ul style="list-style-type: none"> Second cohort of Reverse Mentoring nearing completion with 22 mentoring partnerships. Sharing of personal stories and call to organisational action where required. BAME staff network & FTSU leads joined together on National Staff Networks Day in May and continue to work closely. Unconscious Bias now included in mainstream new Manager Induction module training. 	<ul style="list-style-type: none"> Include an EDI objective to ensure every leader is able to demonstrate their commitment to inclusion and fairness Further rollout of Reverse Mentoring programme, including Managers at all levels Bystander training 	EDIG Workforce Strategy Committee	Year on year improvement on this metric, narrowing the gap between white/bme and improving the experience for all staff FTSU reporting index
Indicator 9. Percentage difference between the organisations' board voting membership and its overall workforce.	<ul style="list-style-type: none"> Action plan aligned to Model Employer goals, increase BAME representation at Board/VSM level to reflect workforce diversity by 2025 (appendix b) Regular reporting against key metrics in the context of the broader performance frameworks 	<ul style="list-style-type: none"> This action is included in the recruitment and retention review action plan and is an ongoing commitment to improve the representation in line with the recommended Model Employer goal of relative representation (UHD 19%) 	<ul style="list-style-type: none"> Increase in staffing levels more reflective of diversity of local communication and regional/national labour markets. Significant annual improvement towards 18.7% BAME composition target to improve leadership diversity by 2025 (<i>Model Employer goals</i>) 	EDIG Workforce Strategy Committee Trust Board	Model Employer Goals/ Benchmarks Increased representation through the senior leadership structures

Appendix A



University Hospitals Dorset
NHS Foundation Trust

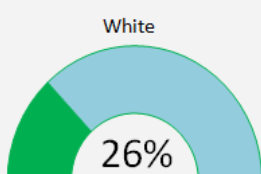
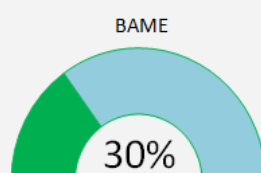


2021 UHD Staff Survey—Staff responses from those of an ethnically diverse background (BAME)

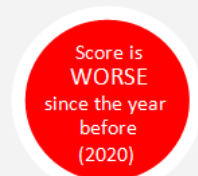
This overall theme scores from one to ten—and is all about fair career progression, experience of discrimination and adjustments that support people, to do a good job. The purpose of this document is to highlight the BAME employee experience as reported in the survey.

Indicator 5: Bullying, Harassment or Abuse

From patient, relatives
or public in last 12 months



4% difference



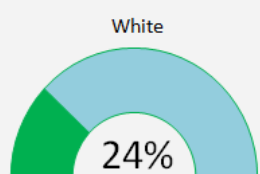
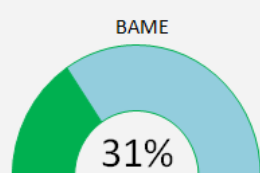
previous results

2020 **27%**

2019 **30%**

Indicator 6: Bullying, Harassment or Abuse

From staff in the last
12 months



7% difference

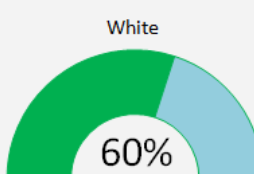
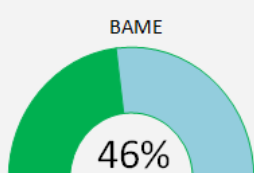


previous results

2020 **29%**

2019 **26%**

Indicator 7: Equal opportunities: Believing Trust provides equal opportunities for career progression or promotion



14 % difference

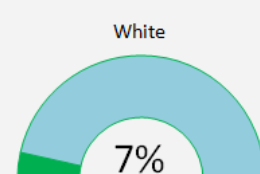
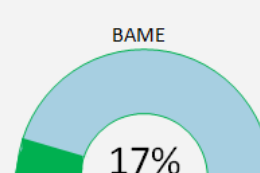


previous results

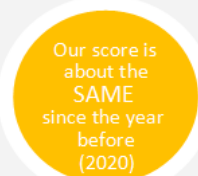
2020 **78%**

2019 **80%**

Indicator 8: Discrimination: Staff experiencing discrimination from their manager / team leader or other colleagues



10% difference



previous results

2020 **17%**

2019 **14%**

Total Staff response rate for UHD NHS Staff Survey 2020: 36%

Total Staff response rate for UHD NHS Staff Survey 2021: 37%

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

Appendix B

Update from FTSU Guardian and Data



UHD continues to be an active contributor to the work from the National Guardians Office (NGO). Part of this work is to submit and support requirements from the NGO. These include quarterly submissions, census information and other surveys.

Quarterly information about speaking up cases are submitted to the NGO, outlining the themes and reporting the feedback received from those cases closed. Whilst number of referrals does not fully reflect the speaking up culture it does illustrate whether the FTSU is an established route for staff to use. Table 1 below shows how staff at UHD use this service as compared to surrounding healthcare.

Table 1

Table 1: NGO data 2021/22	Size	Qtr1	Qtr2	Qtr3	Qtr4	TOTAL (Qtr. 1-3)
Dorset CCG	Small	1	2	0		3
Dorset County	Small	2	19	No data		21
Dorset Healthcare	Medium	24	31	28		83
Salisbury	Small	18	16	27		61
Solent	Medium	No data	2	7		9
University Hospitals Dorset	Medium	57	71	58	46	186
University Hospitals Southampton	Large	8	25	No data		33

Table 1 illustrates that the number of referrals coming to the FTSU team at UHD is above that of our neighbouring Trusts but also that of the national average for similar sized Trusts. The national average for medium/large trusts are 32.7 per quarter. UHD has just under double this with 58 cases per quarter. Speaking up needs to be everyone's business and not just our FTSU team.

This is reflected further in the annual NGO FTSUG survey (section 3.7.5) which warned caution to our leaders with FTSUG carrying out more reactive work (listening to workers) rather than proactive (supporting the organisation to learn from the opportunities that speaking up brings and tackling the barriers). Speaking up will not

become business as usual if FTSGU are spending all their time acting as an additional channel rather than working with their organisation to overcome the barriers that result in workers feeling that they must come to a guardian in the first place. This needs consideration and discussion. Many trusts are looking at developing deputy guardian roles to create resilience but also create more time for the FTSUG to help support the trust at being more proactive in the years coming.

The FTSU team wanted to look at why staff were using this route for concerns. Data has been collected since January this year (Qtr. 4) by asking staff why they are using this route to raise concerns. Table 2 shows that in 52% of referrals, staff stated that their line manager was the issue of the concern. In 22% of the referrals the line manager was aware of the issue but not addressing the issue. The staff survey mirrors these observations (refer to section 3.7.6). Results show that for those who completed it, whilst they felt issues and concerns would be addressed more than the average it is a decrease on results seen at UHD the year before (q17b). Furthermore, in Q21f, only 50.1% reported saying that they are confident issues would be addressed. The hypothesis that following the recent staff changes in management, staff were not aware of whom to escalate issues to is not playing out in this data.

Table 2

	Qtr. 4 (2021/22)
Unaware of who line manager is	3
Line manager is aware of the issue but have not acted or addressed the issue	10
Not secure in raising the concern with the line manager	2
The line manager is the issue of the concern	24
Did not think to ask my line manager	6
Unknown	1
TOTAL	46

Appendix C

Disparity Ratios

Table 3: Whole Organisation

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	3
Band 1	36	13	60
Band 2	1,419	312	29
Band 3	1,032	106	13
Band 4	581	111	45
Band 5	1,074	588	43
Band 6	1,307	198	16
Band 7	848	65	5
Band 8a	237	10	3
Band 8B	106	8	
Band 8C	30	1	
Band 8D	19	3	1
Band 9	11		0
VSM	17	1	0
Grand Total	6,717	1,416	218

Table 4

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	4,142	1,130	193
6 and 7	2,155	263	21
Band 8a+	420	23	4
Grand Total	6,717	1,416	218

Table 5

	White	BME
Lower to middle	1.92	4.30
Middle to upper	5.13	11.43
lower to upper	9.86	49.13

Table 6

Disparity ratio - lower to middle	2.24	Total No of Staff	BME representation at trust
Disparity ratio - middle to upper	2.23	*8,351	17.0%
Disparity ratio - lower to upper	4.98		

- *Note: the total number of staff differs from the total headcount. This is due to 299 staff did not have the required information recorded on ESR to attribute them to a banding or clinical/non-clinical grouping. 247 of these had either blank or 'not recorded' ethnicity on ESR.
- Additionally, 262 clinical staff did not have ethnicity recorded, and 60 non-clinical staff did not have ethnicity recorded

Table 7: Clinical Staff

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	0
Band 1	14	1	1
Band 2	892	185	38
Band 3	504	64	16
Band 4	158	89	5
Band 5	901	573	41
Band 6	1,198	185	39
Band 7	736	57	13
Band 8a	166	8	4
Band 8B	63	5	
Band 8C	5		
Band 8D	5	2	
Band 9	3		
VSM	8	1	0
Grand Total	4,653	1,170	157

Table 8

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	2,469	912	101
6 and 7	1,934	242	52
Band 8a+	250	16	4
Grand Total	4,653	1,170	157

Table 9

	White	BME
Lower to middle	1.28	3.77
Middle to upper	7.74	15.13
lower to upper	9.88	57.00

Table 10

	Total No of Staff	Clinical BME representation at trust
	5,980	19.6%

Disparity ratio - lower to middle	2.95
Disparity ratio - middle to upper	1.96
Disparity ratio - lower to upper	5.77

Table 11: Non - Clinical Staff

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	0
Band 1	22	12	2
Band 2	505	117	21
Band 3	524	42	13
Band 4	423	22	8
Band 5	171	15	4
Band 6	109	13	4
Band 7	112	8	3
Band 8a	71	2	1
Band 8B	43	3	3
Band 8C	25	1	
Band 8D	14	1	
Band 9	8		1
VSM	9		
Grand Total	2,036	236	60

Table 12

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	1,645	208	48
6 and 7	221	21	7
Band 8a+	170	7	5
Grand Total	2,036	236	60

Table 13

	White	BME
Lower to middle	7.44	9.90
Middle to upper	1.30	3.00
lower to upper	9.68	29.71

Table 14

	Total No of Staff	Non – Clinical BME representation at trust
	2,332	10.1%

Disparity ratio - lower to middle	1.33
Disparity ratio - middle to upper	2.31
Disparity ratio - lower to upper	3.07

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 September 2022

Agenda item: 7.9

Subject:	Workforce Disability Equality Standard (WDES) Report 2022/23
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Prepared by:	Debbie Robinson, Lead for Equality, Diversity and Inclusion Jon Harding, Head of Organisational Development
Presented by:	Karen Allman, Chief People Officer

Purpose of paper:	To provide the Board of Directors with the Workforce Disability Equality standard (WDES) report and action plan 2022/23
Background:	The Trust is required to report annually on the WDES as an NHS contractual standard
Key points for Board members:	<p>The data analysis and action plan detail the disparity in the experience of our people who have a Disability compared to non-Disabled.</p> <p>The key metrics that show a continued deterioration or no improvement in performance are:</p> <ul style="list-style-type: none"> • Bullying and harassment • Equal opportunities • Representation throughout the organisation relative to the workforce profile
Options and decisions required:	The Board of Directors is asked to approve the contents of this report and the action plan.
Recommendations:	The Board of Directors is asked to approve the contents of this report and the action plan.
Next steps:	<p>The action plan and report will be published on the external Trust website following acceptance at Trust Board.</p> <p>The implementation of the action plan will be monitored through the Equality, Diversity and Inclusion Group.</p>

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.</p>

	<p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience.</p> <p>To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p> <p>To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.</p>
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well led [All]

Committees/Meetings at which the paper has been submitted:	Date
Equality Diversity and Inclusion Group	21 July 2022
Workforce Strategy Committee	21 August 2022

Useful Abbreviations:

- BAME – Black, Asian and Minority Ethnic
- BME – Black Minority Ethnic
- EDI – Equality Diversity and inclusion
- EDIG – Equality Diversity and Inclusion Group
- WRES – Work Race Equality Standards
- WDES – Work Disability Equality Standards
- ICS – Integrated Care System

NHS Workforce Disability Equality Standard (WDES)

Annual Report and Action Plan 2022/23

University Hospitals Dorset NHS Foundation Trust



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Some useful abbreviations:

- EDIG: Equality, Diversity and Inclusion Group
- WSC: Workforce and Strategy Committee
- HR: Human Resources
- OD: Organisational Development
- FTSU: Freedom to Speak Up (Guardian)
- ICS: Integrated Care System

1 Introduction

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of Disabled colleagues in the NHS.

¹ *The NHS People Promise recognises and celebrates the diversity of the NHS, setting out seven themes that are fundamental to creating an open and inclusive environment; one in which our people can thrive in their teams, workplaces and careers. The fundamental principles set out in the People Promise provide the grounds for an inclusive environment for all our staff, in which the voices of Disabled staff are heard and listened to, in which Disabled staff feel recognised and valued, and will be supported to achieve their full potential*

The Workforce Disability Equality Standard (WDES) remains the only example in the UK where employers are mandated to report and publish annual data on the workplace and career experiences of Disabled staff. Our ambition is to increase the representation of Disabled people in the NHS workforce and see the disparities between Disabled and non-disabled staff reduce year on year; supported by an inclusive culture through the realisation of the vision set out in the People Promise.

Developing a consistent employment offer to attract Disabled people into healthcare careers will be key to distinguishing the NHS as a fully inclusive employer. Improving the way in which Disabled people are recruited and retained will be a key consideration as we work to sustain the workforce supply. The past two years have shown how extraordinary our NHS workforce is - responding remarkably to the new pressures of the COVID-19 pandemic, while at the same time remaining committed to the delivery of a world-class healthcare service, there for every person who needed it. But we know that it has been a particularly difficult time for many of our Disabled colleagues, both professionally and personally. This follows the wider truth that Disabled people have been disproportionately impacted by the pandemic and the measures taken across society to protect those most vulnerable to Covid complications.

The long term impact of the pandemic on our services and our workforce are yet to be fully understood. It makes our commitment to removing barriers and ensuring that Disabled people are able to thrive, wherever they are in the NHS, vital to the important task the health service now has ahead of it in recovering and rebuilding for the future. The WDES will continue to act as a catalyst for change, enabling employers to take the action that is needed to support positive working and career experiences of all our people, benefitting our staff, services users and patients. This report should therefore be vital reading for every colleague committed to the NHS' goals of providing excellent care for all, and being an employer of first choice in every community."

¹ Extract from the national Workforce Disability Equality Standard Report 2022 [published in March 2022, by Professor Em Wilkinson-Brice, Acting Chief People Officer]

This report for University Hospitals Dorset and the data submission will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG), the Workforce Strategy Committee and the Trust Board.

EDIG services to provide assurance that the Trust has an effective framework within which it oversees the implementation of the national Standards, which includes WDES.

Throughout this report, we have used a capital 'D' when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also signifies that Disabled people have a shared identity and are part of a community that continues to fight for equality.



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University Hospitals Dorset
NHS Foundation Trust

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We are inclusive

2 Executive Summary

University Hospitals Dorset NHS Foundation Trust (UHD) aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our Trust objectives, values and the EDI Strategy we aim to promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their families' carers and our people. We aim to eliminate discrimination and harassment and reduce health inequalities.

The Messenger Review into Leadership in Health and Social Care by NHS Confederation in June 2022 reinforced the EDI vision for all NHS organisations:

“EDI embedded and mainstreamed as the responsibility of all regardless of role and especially leaders and managers from front line to board. This must include the practice of zero tolerance of discrimination, but also greater awareness of the realities in the workplace for those with protected characteristics.”

UHD has over 9500 staff serving a population base of 400,300 [Census: 2021 ONS]. Our staff group shows 4.4% declare a Disability with 11.5% not wishing to disclose. This compares to our local population of 20% reporting poor or bad health (BCP Council statistics 2021). We will continue to monitor our data alongside the lived experiences of all our staff.

We continue our commitment to understanding staff experience and to engage with staff in a way which respects and advances our commitment to the trust Value of ‘Listening to understand’. There is a valuable richness in the lived experience of members of staff across our hospitals and bringing human stories to the fore and sharing these to the benefit of others remains an important dimension of EDI work.

Our Staff Networks have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers. They are more mature in their development and progress compared to many others in the region; evidenced by invitations to speak with other trusts and the recognition at a national level.

The UHD commitment to staff wellbeing has continued to develop and is accessible by all staff. UHD staff have a broad range of wellbeing offers available in house and through the ICS. These are shared through the trust communications and via a set of intranet wellbeing pages across many subject areas.

The UHD *Building Healthy Working Lives* strategic framework outlines the intention for UHD to be the best place to work and provide high quality care by the health and wellbeing of our people becoming a part of our everyday operations and a key part of our workplace culture: promoting positive behaviour and challenging those which may be detrimental to the wellbeing of UHD people.

The UHD Healthy Working Lives Group, chaired by the UHD Wellbeing Guardian, has a role to implement and deliver activity on the UHD Health and Wellbeing Strategy. The group comprises staff with high engagement and enthusiasm in this area with practical skills and ability to apply this. Serving to guide and direct health and wellbeing focus and activity, it also represents our commitment to the 'We are safe and healthy' People Promise and UHD Values and culture.

The Group shares staff members with the Pro-Ability Staff Network and serves to widen an understanding of ability as an area of inclusion. It enables good practice, including the UHD Health Passport, to be shared across the trust and developed for the benefit of all staff groups. Governance in this key inclusion area is by the Group reporting to the board-level Workforce and Strategy Committee.

Working in partnership with the ICS Health and Wellbeing service on the topic of potential **Health Inequalities**, we have initiated some targeted focus groups / self-care sessions within the housekeeping departments. The purpose of these sessions is two-fold; to provide some self-care information and to review any cultural issues accessing

NHS Workforce Disability Equality Standard (WDES) - Annual Report and Action Plan 2022/23

wellbeing offerings. This project across Dorset will inform the methods and technologies required for a more inclusive wellbeing service.

The national report on Disabled staff experience during Covid-19 report contains key recommendations:

- all NHS organisations have a Disabled staff network
- programmes and initiatives need to be introduced to inspire talented Disabled staff to become NHS leaders of the future
- line managers need to be better equipped and skilled to have meaningful health and wellbeing conversations with Disabled staff
- NHS England and NHS Improvement to lead work to improve the NHS Electronic Staff Record (ESR) disability declaration rate to at least 4 per cent in England.

<https://www.nhsemployers.org/publications/nhs-Disabled-staff-experiences-during-covid-19-report>



3 Voice of our Network

Our ProAbility staff network has gone from strength to strength over the last year and continues to provide pastoral and peer support to colleagues across the whole organisation. Our network aim is to create a sense of safety and openness with our diverse workforce and understand the personal stories and organisational barriers from those living with physical disabilities, long-term health conditions, special needs and mental health challenges.

As a network we are proud of the rich diversity and wealth of experience and talent the staff we represent bring to UHD. The Covid pandemic has been a particularly difficult time for staff living and working with a Disability and long term health condition. We are pleased to see the key recommendations in [The NHS Employers report](#) on the experience of Disabled staff during the Pandemic and we will continue working in

partnership with our organisation to ensure these are included in actions and improvement programmes within the WDES report.

The work we have undertaken this year has included:

- Providing peer support to staff through monthly meetings and listening events
- Actively promoting the Reverse Mentoring programme and proud of our colleagues who have been active participants
- peer support for colleagues from all Staff Networks
- review and recommendations into the refresh of the recruitment training for Managers
- poster campaign highlighting hidden disabilities
- holding online events to celebrate Purple Light Up day with keynote speakers and highlighting invisible disabilities
- Deaf awareness campaigns and procuring free online training for all staff
- Leading and developing a solution to patients lost hearing aids with branded boxes and an awareness campaign. (Current cost to trust of replacing lost appliances £35k)
- Supporting the Neuro Diversity workshops and events
- Representing UHD at the national Disability Pioneers forum
- being actively involved in the development of the national Disability Conference with NHS Employers (for December 2022)
- Ensuring communications are fully accessible for all and highlighting best practice for videos, team meetings and social media posts
- Developing information on reasonable adjustments and being active in working groups across the trust to develop best practice to support staff
- Updating and continuing to promote the Health Passport as a supportive tool for wellbeing conversations and encourage declaration on staff records
- Continued support and inclusion of colleagues working from home due to the on-going risks of the Covid virus.

This report shows the continuing gap in the experience of our Disabled and non-Disabled staff. The work to address these disparities requires positive actions, words are not enough. In trusts that have improved their declaration rates and experience of Disabled staff it is evident the tone from the top and representation of Disability at the highest level creates a psychologically safe place to bring your whole self to work and seek the adjustments and support to be the best you can be every day. We will work with our senior leaders and Executive Board members to champion visibility and openness, as role models and positive leaders.

We will continue to work in partnership with the Trust to elevate the voices of the staff group we represent and ensure the support continues for colleagues still working from home, who still need on-going support, inclusion and value as our hidden workforce.

Diane Potter, Jo Olsen & Jo Pritchard - Co-leads, ProAbility network

4 Conclusion

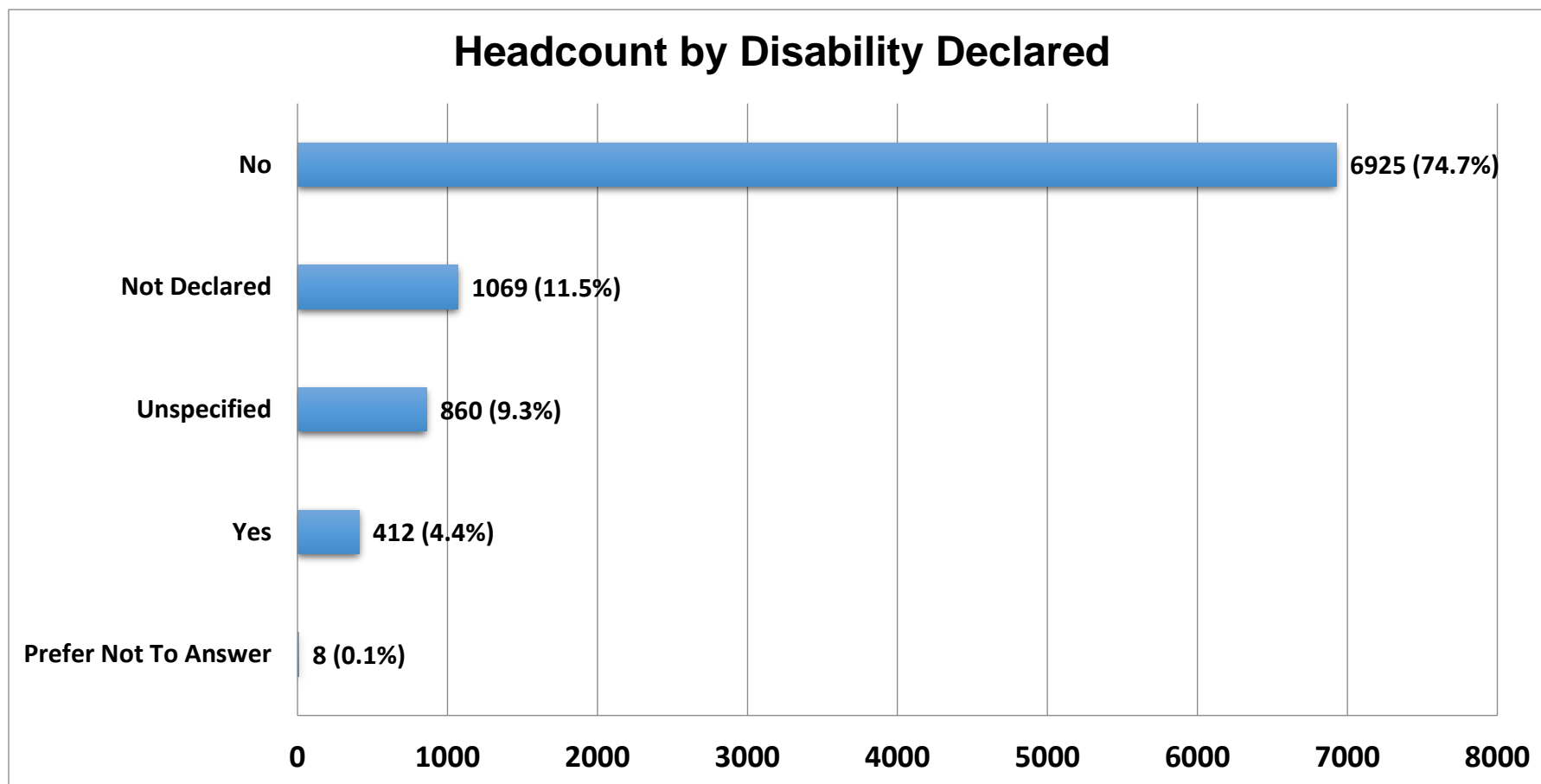
- The data shows a small improvement on our declaration rate to 4.4% (national target by NHSE is 4%)
- The honesty gap is 16.9% between our staff records declaration and the staff survey responses of 21.3%.
- The likelihood of Disabled staff being appointed from shortlisting has worsened to 1.20. This means a higher percentage of non-Disabled staff are appointed from shortlisting at a ratio of 1:1.20
- The reports of bullying and harassment by Disabled staff show an increase for metrics 4a and 4b and a small reduction for 4c and 4d.
- There is a decrease in Disabled staff believing the trust offers equal opportunities and this is also reflected as a decrease for non-Disabled staff.
- The presenteeism experience for Disabled staff has worsened, with a 5% increase in the disparity in their experience compared to Non-Disabled staff.
- The percentage of Disabled staff saying that their employer has made adequate adjustments has dropped to 78.3% from 81.3%.
- The relative likelihood of Disabled staff entering the formal capability process compared to non-Disabled staff is showing at 5.02. This means for every one member of non-Disabled staff 5 Disabled staff enter the formal capability process. Of note is the fact that no capability processes were on the grounds of ill health.
- This report contains information and action that highlights the need to improve recruitment for Disabled people. A simple act of keep asking the question: “How can we make this process better for you?” can make all the difference in an interview and beyond. (Paul Deemer, Head of D&I, NHS Employers)

5 Next Steps

- Continue to review progress against plan [see Appendix 2 for key actions]
- Update the action plan with on-going and / or new actions
- Presentation of the reports to the Workforce and Strategy Committee and the Board
- Implement the actions with the programme tracker for the Equality, Diversity and Inclusion Group (EDIG)
- Integrate EDI into all leader, manager and personal development training
- Develop a UHD Culture Dashboard

APPENDIX 1 - WDES Data 2020/21


Metric 1: Workforce



	Disabled Staff	% Disabled Staff	Non-Disabled staff	% Non-Disabled Staff	Disability unknown or null	Disability Unknown/null %
NON-CLINICAL						
Cluster 1 (under band 1, bands 1-4)	74	4.3%	1239	72.4%	398	23.3%
Cluster 2 (bands 5-7)	23	5.2%	350	79.7%	66	15.0%
Cluster 3 (bands 8a-8b)	5	4.1%	81	65.9%	37	30.1%
Cluster 4 (bands 8c – 9 & VSM)	1	1.7%	44	74.6%	14	23.7%
CLINICAL						
Cluster 1 (under band 1, bands 1-4)	102	5.2%	1521	77.3%	344	17.5%
Cluster 2 (bands 5-7)	172	4.6%	2850	76.1%	721	19.3%
Cluster 3 (bands 8a-8b)	12	4.9%	182	74.0%	52	21.1%
Cluster 4 (bands 8c – 9 & VSM)						
Cluster 5 (Medical & Dental Staff Consultants)	3	0.61%	304	62.30%	181	37.09%
Cluster 6 (Medical 7 Dental Staff, non-Consultants career grade)	5	1.81%	199	72.10%	72	26.09%
Cluster 7 (Medical & Dental staff, Medical and dental trainees)	29	6.30%	373	81.74%	55	11.96%


Metric 2 – Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts

(Data source: *Trust's recruitment data*)

	Relative likelihood in 2021	Relative likelihood in 2022 (A figure below 1 indicates more likelihood of Disabled staff being appointed)	Relative likelihood difference (+) between Disabled and non-Disabled staff	National Average
Relative likelihood of non-Disabled staff being appointed from shortlisting compared to Disabled staff	0.96	1.20	-0.20 	1.11





Metric 3

(Data source: *Trust's HR data*)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-) between Disabled and non-Disabled staff	National Average
Relative likelihood of Disabled staff entering formal capability process compared to non-Disabled staff	3.18	4.12 (note: no cases on grounds of ill health 2021/22)	+2.18 	1.94




Metric 4

(Data source: Question 13, NHS Staff Survey)

	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2021	National Average % points difference (+/-) between Disabled staff and non-Disabled staff responses 2021
	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	+4.4%	32%	25%	+7% 	+7.2%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	+0.7%	15.3%	9.1%	+6.2% 	+8.2%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	+8.4%	25%	19%	+6% 	+9.5%
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	-1.1%	45.8%	46.1%	-0.3% 	-0.8%

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2021	National Average
	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)
Metric 5 - Percentage of Disabled staff compared to non-Disabled staff believing that the trust provides equal opportunities for career progression or promotion.	-1.1%	54%	59%	-5% 	-5.4%
Metric 6 - Percentage of Disabled staff compared to non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	+3.5%	29.1%	21.0%	+8% 	-8.5%
Metric 7 - Percentage of Disabled staff compared to non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work.	-3.0%	35%	43%	-8% 	-10.7%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.		78.3% (81.3%)			

Metric 9 – Disabled Staff Engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2020 NHS Staff Survey (UHD)	Disabled staff engagement score for 2021 NHS Staff Survey (UHD)	Non-Disabled staff engagement score for 2021 NHS Staff Survey (UHD)	Difference (+/-) between Disabled staff and non-Disabled staff engagement scores 2021 (UHD)	National Average
a) The staff engagement score for Disabled staff, compared to non-Disabled staff.	7.0	6.6	7.0	-0.4	-0.6

Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)
Yes
Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.
<ul style="list-style-type: none"> • Listening Events and expert speakers • Monthly staff network meetings • Inclusion of the staff networks in the governance framework for the equality, diversity and inclusion group meetings. • Reverse Mentoring programme, positive work on deaf awareness and positive action of developing and procuring hearing aid boxes for patients to reduce loss whilst inpatients and cost to trust of £35k+ a year. • Continued peer to peer support through the ProAbility network.

(Data source: NHS ESR and/or trust's local data)

	Disabled Board members in 2021 (UHD)	Disabled Board members in 2022 (UHD)	Non-Disabled Board members in 2022 (UHD)	Board members with disability status unknown in 2022 (UHD)	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2022 (UHD)	National Average
	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	0%	0%	53.33%	46.67%	Total Board = 0% Overall workforce = 4.4% Difference -4.4% percentage points	Percentage of Disabled staff on Boards 3.7%

APPENDIX 2 - WDES Action Plan 2020/21

Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
Improve workforce data representation	Increase self-declaration rates and track action plan with targeted interventions against all NHS Standards action plans.	Self-declaration rates have improved slightly to 4.4%, above the national target of 4%. Work continues to improve this with implementation of ESR dashboards, promotion of updating records and ESR self-service now available trust wide.	<ul style="list-style-type: none"> Continue to promote through Employee Self Service, updating personal information and why this is needed. Board Development session on declaration and why it matters (Evidence of improved declaration when tone from the top is open and honest) 	EDIG Workforce Strategy Committee	Increase in declaration rates (2022 4.4%)
Recruitment and selection	<p>Values Based shortlisting and interview questions</p> <p>Statement on all job adverts welcoming applications from under-represented groups and links to staff networks</p> <p>Diverse representation on interview panels, including staff networks</p> <p>Raise awareness of reasonable adjustments</p> <p>Disability Confident and Armed Forces Covenant guaranteed interviews.</p>	<p>Values based shortlisting and interview templates implanted June 2021. All adverts contain statement and links to the staff networks.</p> <p>Interview panel for new CEO included diverse representation from the staff networks.</p> <p>DC and AFC guaranteed interviews continue to be provided and HR processes ensure applicants who meet minimum criteria are offered an interview to meet these accreditations</p>	<p>Continue to support improvement in recruitment and promotion practices to ensure an inclusive approach from application to appointment.</p> <ul style="list-style-type: none"> improve diverse panel compositions and interview questions and feedback panels monitor candidate profiles at all stages of recruitment continue accreditation practices and implementation of Disability Confident and Armed Forces Covenant explore Level 3 Disability Confident accreditation explore less traditional recruitment practices to attract and appoint 	EDIG Workforce Strategy Committee	<p>Improvement in metric 2, shortlisting</p> <p>Improvement in metric 5, equal opportunities</p> <p>Achieving renewal of accreditation and improving to Level 3 Disability Confident Leader</p>

Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
			<p>candidates who are Disabled</p> <ul style="list-style-type: none"> • Refresh recruiting Managers selection training, knowledge of reasonable adjustments • Commitment to balanced shortlisting • Review job description and person specifications • Review advertising and shortlisting processes, including Board appointments 		
Staff Experience	<p>Continued development of the staff network leads to work in partnership across the organisation and share their lived experience to inform and raise awareness</p> <p>Unconscious bias workshops to include disability/long term health conditions in scenarios</p> <p>Health Passports included in wellbeing conversations</p>	<p>Network leads develop continues through the Community of Practice. Specialist sessions with Power of Staff Networks and Story Telling workshop to develop profiles.</p> <p>Unconscious bias workshops in partnership with Enact Solutions.</p> <p>Health passports and toolkit promoted through ProAbility, Occupational Health, wellbeing pages and linked to sickness absence management policy.</p> <p>Wellbeing conversations continue in development.</p>	<p>Review Governance arrangements to ensure staff networks:</p> <ul style="list-style-type: none"> • Be able to contribute to and inform trust decision making processes • Have a programme of work that can be celebrated at the annual staff network event and engages further recruitment to the group • Continue to promote Health Passport and link to sickness absence and presenteeism support mechanisms • Ensure equitable representation in all work streams for staff living and working with a Disability, alongside all our equality standards 	EDIG Workforce Strategy Committee	Improvement in metrics 5-8, equal opportunities, value and presenteeism

Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
			<ul style="list-style-type: none"> Develop updated process and toolkit for EQIa, in partnership with staff networks 		
Career promotion and progression	<p>Promoting all development opportunities widely and encouraging applications from under-represented groups</p> <p>Ensure all training and development opportunities are fully accessible.</p> <p>Risk assessment and Equality Impact Assessments completed to ensure barriers and possible reasonable adjustments identified in advance.</p>	<p>Statement on all job adverts welcoming underrepresented groups and links to staff networks</p> <p>ELearning development in the BEAT team, lead is working with ProAbility to beta test accessibility tools</p> <p>Risk Management team wishing to be part of the EQIA workshops and develop protocols for widening use across trust for all processes.</p> <p>Reasonable adjustment awareness through talks and events with the ProAbility network.</p> <p>2 Lexxic workshops on Neuro Diversity and further audit workshop to develop roadmap being scoped for September 2022.</p> <p>Continuing work with risk management specialists on risk assessments / adjustments, developing toolkits and flowcharts for accessing support through Access to Work and in-house mechanisms.</p>	<ul style="list-style-type: none"> Equality Impact Assessment process and toolkit to be developed and programme of education and implementation Lexxic Discovery workshop to develop Roadmap of tools and resources to improve the experience of our Neuro Diverse people Listening events on talent management and career pathways, with support of staff network leads Increase in staffing levels more reflective of diversity of local community and regional/national labour markets - through declaration campaigns and creating a safe space to share health conditions for senior staff as role models Develop reasonable adjustment toolkit and flowcharts, raising awareness through education and promotion of tools and resources Scope for Growth career conversation framework 	<p>EDIG Workforce Strategy Committee</p> <p>Training and Development team Risk Management</p>	<p>Workforce Disability Equality Standard (WDES) improvement</p> <p>Improved metric 2, shortlisting, to 1:1 or below</p> <p>Improved metric 5 equal opportunities</p>

Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
Staff Wellbeing	<p>Continue to promote the Health Passport as a tool to support staff wellbeing and wellbeing conversations</p> <p>Wellbeing conversations</p> <p>Long Covid support programme</p> <p>Professor Clifford Shearman, Non-Executive Director appointed as Wellbeing Guardian to oversee the implementation of the Building Healthy Working Lives Framework, objectives and measures</p>	<p>Health passport continues to be used across the Trust and is updated on feedback from users.</p> <p>Wellbeing coaching/wellbeing ambassadors</p> <p>UHD responders programme, winter planning to support staff redeployed</p> <p>Wellbeing conversations to pilot in September 2022 with additional links to other support mechanisms</p>	<ul style="list-style-type: none"> Continue to promote and embed the Health Passport in all sickness review and support mechanisms Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel safe to come to work. 	<p>EDIG</p> <p>Workforce Strategy Committee</p> <p>Building Healthy Working Lives Group and Workforce Strategy Committee</p>	<p>Improved metric 4a/b</p> <p>Continue to improve metric 4c/d and increased reporting of incidents</p>

APPENDIX 3



University Hospitals Dorset
NHS Foundation Trust

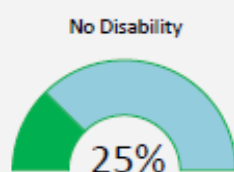
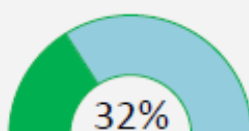


2021 UHD Staff Survey—Staff responses from staff with a disability

This overall theme scores from one to ten—and is all about fair career progression, experience of discrimination and adjustments that support people, to do a good job. The purpose of this document is to highlight the employee experience from staff with disabilities or on-going medical conditions.

2021 is the second year of data reporting as University Hospitals Dorset. Previous reporting by the legacy trusts (Poole Hospital and Royal Bournemouth & Christchurch Hospitals) are not included in this comparison.

Metric 4:
Bullying, Harassment or Abuse
From patient, relatives or public in last 12 months
Disability

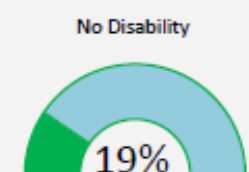
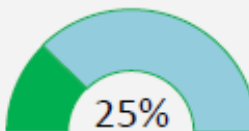


7% difference

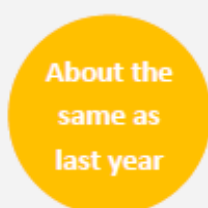


2020: 28.4%

Metric 4:
Bullying, Harassment or Abuse
From staff in the last 12 months
Disability

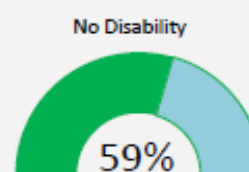
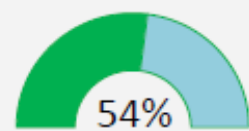


6% difference



2020: 25.1%

Metric 5:
Equal opportunities:
Believing Trust provides equal opportunities for career progression or promotion
Disability

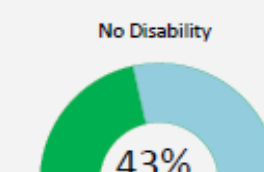
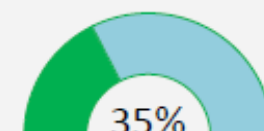


5% difference



2020: 87.7%

Metric 7:
Feeling Valued:
Staff satisfied with extent the organisation values their work
Disability



8% difference



2020: 43.5%

Total Staff response rate for UHD NHS Staff Survey 2021: 37%

Total Staff response rate for UHD NHS Staff Survey 2020: 36%

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