University Hospitals Dorset
NHS Foundation Trust

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

BOARD OF DIRECTORS – PART 1 MEETING

Wednesday 30 March 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 held in public will commence at 13:15 on Wednesday 30 March 2022 via Microsoft Teams.
If you are unable to attend, please notify the Company Secretary's Team, telephone **0300 019 8723**

David Moss
Chairman

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

AGENDA – PUBLIC MEETING

13:15 on Wednesday 30 March 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**
	4	For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 26 January 2022	**Paper**	**Approval**	**Chair**
	5	Matters Arising - Action List	**Paper**	**Review**	**Chair**
	6	Chief Executive Officer's Report	**Paper**	**Noting**	**CEO**
13:45	**7**	**QUALITY AND PERFORMANCE**			
	7.1	Update on Covid	**Verbal**	**Noting**	**CNO/ COO**
	7.2	Integrated Quality, Performance, Workforce, Finance and Informatics Report	**Paper**	**Noting**	**EDs**
	7.3	Quality Impact Assessment Process	**Verbal**	**Approval**	**CNO**
	7.4	Nursing Establishment Review	**Verbal**	**Assurance**	**CNO**
	7.5	Ockenden Review and Kirkup Recommendations	**Paper**	**Noting**	**CNO**
	7.6	Strengthening our Approach to Reducing Health Inequalities	**Paper**	**Noting**	**CFO**
	7.7	Proposed Quality Improvement Programme	**Paper**	**Approval**	**CSTO**

14:30	**8**	**STRATEGY AND TRANSFORMATION**			
	8.1	Merger Benefits Realisation Update	**Paper**	**Noting**	**CSTO**
14:50	**9**	**GOVERNANCE**			
	9.1	Car Parking Policy	**Paper**	**Approval**	**CSTO**
	9.2	Independence of Non-Executive Directors	**Paper**	**Approval**	**Chair**
	9.3	NHS Improvement's Terms of Licence – Draft compliance report	**Paper**	**Approval**	**CEO**
	9.4	Annual Board Effectiveness Report	**Verbal**	**Noting**	**Co Sec**
	9.5	Annual Review of effectiveness of third party processes and relationships	**Paper**	**Approval**	**CEO/ Assoc. Director Comms**
15:05	**10**	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 27 March 2022 to company.secretary-team@uhd.nhs.uk		**Receive**	**Chair**
	11	Any Other Business	**Verbal**		**Chair**
	12	**Date and Time of Next Board Meeting Held in Public:** Board of Directors Part 1 Meeting on Wednesday 25 May 2022 at 13:15 via Microsoft Teams Future Meeting Dates: 27 July 2022, 28 September 2022 and 30 November 2022			
	13	**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.			
	14	NB: A glossary of abbreviations that may be used in the Board of Directors papers will be found at the back of the Part 1 papers.			
15:15	**15**	**Close**	**Verbal**		**Chair**

AGENDA – PRIVATE MEETING – PART 2

15:30 on Wednesday 30 March 2022

Time	Item		Method	Purpose	Lead
15:30	**16**	Welcome, Introductions, Apologies & Quorum	**Verbal**		**Chair**
	17	Declarations of Interest	**Verbal**		**Chair**
	18	For Accuracy and to Agree: Part 2 Minutes of meeting held on 26 January 2022	**Paper**	**Approval**	**Chair**
	19	For Accuracy and to Agree: Part 2 Minutes of meeting held on 23 February 2022	**Paper**	**Approval**	**Chair**
	20	Matters Arising – Action List	**Paper**	**Review**	**Chair**
15:40	**21**	**QUALITY, PERFORMANCE & RISK**			
	21.1	Risk Register Report: Risks 12 and Above	**Paper**	**Approval**	**CNO**
	21.2	Serious Incident Report	**Paper**	**Noting**	**CMO**
	21.3	Local Covid Outbreak and National Public Enquiry	**Verbal**	**Noting**	**CNO**
	21.4	Infection Prevention & Control Board Assurance Framework	**Paper***	**Assurance**	**CNO**
	21.5	Ukraine Update	**Paper***	**Noting**	**CNO**
16:10	**22**	**STRATEGY AND TRANSFORMATION**			
	22.1	Integrated Care System Update	**Verbal**	**Noting**	**CEO**
	22.2	New Hospital Programme Update	**Paper**	**Assurance**	**CSTO**
	22.3	Masterplan for Poole, Bournemouth and Christchurch	**Paper**	**Assurance**	**CSTO**
	22.4	Christchurch Business Case	**Paper**	**Approval**	**CSTO**
	22.5	Road and Infrastructure Instruction	**Paper**	**Approval**	**CSTO**
	22.6	Main Entrance and Patient and Visitor Instruction	**Paper**	**Approval**	**CSTO**

	22.7	Contract Decision Timetable	**Paper**	**Noting**	**CSTO**
	23	**GOVERNANCE**			
	23.1	Register of Compliance with Code of Governance	**Paper***	**Approval**	**CEO**
	23.2	Interim Operational Budget	**Paper**	**Approval**	**CFO**
	23.3	Going Concern	**Paper**	**Approval**	**CFO**
	24	Surgical Robot	**Paper**	**Ratification**	**CFO**
	25	Exception Reports from the Chairs of the Board Committees	**Verbal**	**Noting**	**Chair**
16:55	**26**	Any Other Business	**Verbal**		**Chair**
	27	Reflections on the Board Meeting	**Verbal**		**Chair**
	28	**Date and Time of Next Private Board Meeting:** Board of Directors Part 2 Meeting on Wednesday 27 April 2022 via Microsoft Teams. Future Meetings: Wednesday 25 May 2022 and 29 June 2022.			
17:00	**29**	**Close**	**Verbal**		**Chair**

* late paper

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

BOARD OF DIRECTORS PART 1

Minutes of the Board of Directors Part 1 meeting held on Wednesday 26 January 2022 at 13:15 via Microsoft Teams.

Present:	David Moss	Trust Chairman *(Chair)*
	Caroline Tapster	Non-Executive Director, Quality Committee Chair
	John Lelliott	Non-Executive Director
	Cliff Shearman	Non-Executive Director
	Stephen Mount	Non-Executive Director
	Philip Green	Non-Executive Director
	Debbie Fleming	Chief Executive
	Paula Shobbrook	Chief Nursing Officer, Deputy Chief Executive
	Alyson O'Donnell	Chief Medical Officer
	Pete Papworth	Chief Finance Officer
	Mark Mould	Chief Operating Officer
	Richard Renaut	Chief Strategy & Transformation Officer
	Karen Allman	Chief People Officer
	Peter Gill	Chief Informatics Officer
In attendance:	James Donald	Associate Director of Communications
	Sarah Locke	Deputy Company Secretary
	Ewan Gauvin	Corporate Governance Assistant *(minutes)*

BoD 001/22	**Welcome, Introductions, Apologies & Quorum** The Chair welcomed everyone to the meeting. Apologies were received from Pankaj Davé, Non-Executive Director. The meeting was declared quorate. The Board began the meeting by recognising the Chief Executive's receipt of an OBE.
BoD 002/22	**Declarations of Interest** No further interests were declared.
BoD 003/22	**Patient Story** The Chief Nursing Officer introduced two recent BBC South Today reports about the Trust, covering medically ready to leave patients and the Dorset Health Village respectively. These reports provided context to the current environment and related to a number of risks held on the Trust risk register.
BoD 004/22	**For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 24 November 2021** The minutes of the meeting held on 24 November 2021 were APPROVED as an accurate record.

BoD 005/22	**Matters Arising – Action List** The Chair summarised the action list. **BoD177/21 -** The Covid Outbreak Report would be presented to the January 2022 Board of Directors Part 2 meeting. This action was CLOSED. **BoD178/21 –** This item was deferred to March 2022 meeting of the Board of Directors. This action remained OPEN. **BoD181/21 -** The Safeguarding Statement of Compliance had been circulated to the Board of Directors, This action was CLOSED. **BoD183/21 –** The Infection Prevention & Control Statement of Commitment was circulated to the Board of Directors. This action was CLOSED. The Board agreed to CLOSE actions BoD177/21, BoD181/21 and BoD183/21, whilst action BoD178/21 remained OPEN.
BoD 006/22	**Chief Executive Officer's Report** The Chief Executive presented the report, highlighting the following key points: • The Trust performed well over the festive period, despite significant pressures. • 94.3% of Trust staff had received their two doses of Covid vaccination at the time of the meeting, an improvement on the 89.2% detailed in the report. • The care hotel facility would be opening later that day to support the care of medically ready to leave patients, of which there were currently 215 in the Trust. • A notable amount of planned work had to be cancelled due to demand on the Trust and staffing pressures. The Board were assured that robust plans were in place to maximise the number of patients that could be treated. • Siobhan Harrington had been appointed as Chief Executive of the Trust and would take up the post from 1st June 2022. The Deputy Chief Executive would become Acting Chief Executive during the interim period. • David Moss, Trust Chairman had announced his retirement. • The Integrated Care System (ICS) had been delayed nationally. The ICS would now be formed in July 2022, rather than April 2022. • A large number of students, from a wide range of disciplines, had recently joined the Trust. The Board NOTED the Chief Executive's report.

BoD 007/22	**Update on Covid and Winter**
	
	The Chief Nursing Officer presented an update on Covid and the winter period, highlighting the following key points:
	
	• Three key challenges were:
	  - Number of Covid patients admitted
	  - Increasing staff absences as infection rates rise
	  - Wider pressure in the health and care system
	• The Board were presented with and were assured by the Covid Incident Management Structure in place.
	• There were currently 61 admitted Covid positive patients, representing a reduction.
	• The number of staff absences was also decreasing.
	• Covid critical care capacity was improving.
	• Cases remained high in the Bournemouth, Christchurch and Poole (BCP) area at 827 cases per 100,000.
	• Key messages included:
	  - Number of symptomatic staff absent had reduced in the last 10 days.
	  - The Trust had introduced a number of national guidance in regards to reducing isolation and contacts of Covid.
	  - Staff continued to be encouraged to undertake twice-weekly lateral flow tests.
	  - A number of wards were closed due to outbreaks and there had been an increase in incidental findings of Covid cases.
	  - The requirement to wear face masks remained, despite changes in national guidance.
	• Staff wellbeing remained a top priority.
	
	The Chief Medical Officer added that vaccination rates in Dorset were excellent which had positively contributed to flattening the peak of Covid admissions.
	
	The Chair questioned how the message would be communicated to patients and the public that the Trust would be maintaining strong infection prevention and control (IPC) guidelines despite a relaxation in national guidance. The Chief Nursing Officer responded that the priority was to keep vulnerable patients safe and that the Communications Team would be working in partnership with the wider Dorset system to publicise this key message. Non-Executive Directors reflected on the downplaying of the need for testing, which emphasised the increased importance to maintain a robust IPC policy. The Chief Nursing Officer added that the Trust had visitor's guidance and that visitors were asked to undertake lateral flow testing, in addition to the twice-weekly testing of staff.
	
	A Non-Executive Director, asked whether the Trust was seeing ventilated Covid patients needing ventilation for longer, and whether this would become a concern given the ITU's limited resources. The Chief Medical Officer replied that there was a distinct difference being seen with the Omicron variant. The length of stay was generally shorter and a smaller percentage needed intensive care treatment. Patients who had long lengths of stay were generally clinically vulnerable. A Community Medicines Delivery Unit had been established providing neutralising monoclonal

	antibodies to patients at risk of severe Covid infections, with a view to preventing hospital admissions. Following on from the above discussion, the Board NOTED the Covid and winter update.
BoD 008/22	**Integrated Quality, Performance, Workforce, Finance and Informatics Report** Executive Directors presented the Integrated Performance Report, highlighting the following key points: **Quality:** • A number of falls had been reported, which could be correlated with staffing challenges. • There had been a slight increase in Section 42s raised compared to the last reporting period. These were currently pending the outcome of investigations. • Some training had been stepped down, as happens each January, but essential core skills training continued. • Level 3 Safeguarding training remained below target but a number of actions were in place to improve this. • The Trust received 3,585 Friends & Family Test (FFT) responses with 91% of patients rating their care "good" or "very good". • Focus remained on early resolution of complaints and the overall number of complaints had reduced. • Work continued to combine the UHD reporting process on SafeCare. The majority of red flags seen within the report had been mitigated. • All mortality metrics were within the expected range at Trust-level. A deep dive into the discrepancy between sites would be reported to the February 2022 Board Development session. • Three Serious Incidents had been received and one Never Event. These investigations were on-going. **Workforce:** • Turnover and vacancy rates remained stable at 12% year-to-date. • The number of posts being advertised had increased but applicant numbers were being affected by market conditions. • Staff isolation numbers were down to 26, from 40 the previous week. • Compliance with statutory and mandatory training remained strong despite operational and staffing pressures. • Demand for temporary staffing remained high. Fill rates were lower than previous months. • The workforce team continued the substantial work to implement Vaccination as a Condition of Deployment by 1 April 2022 and had supported a number of successful seminars delivered by the Chief Medical Officer. **Finance:** • The Trust's financial position was volatile due to operational pressures.

- A significant surplus of £1.470m was being delivered, £45k of which was favourable against the plan.
- The Trust was underachieving significantly against the Cost Improvement Programme (CIP) target.
- There had been a considerable increase in agency expenditure and a slippage in elective recovery expenditure.
- Forecasting a break-even financial outturn.
- Capital expenditure of £32.3m, which was £10.8m below plan. An underspend of £12.9m was being forecast.
- The operational capital forecast remained on-plan.
- The Trust had a strong cash position with a current balance of £75m. Cash had been fully committed over the medium term
- There had been a reduction in better payment performance which was at 91% against the 95% national target.

Informatics:

- A core IT infrastructure uptime of 99.9% was sustained.
- There were 50 informatics projects in escalation.
- There was heavy demand on the IT service desk, due to the number of Trust sites. An extended hours IT service desk was being trialled.
- Single sign-on was hugely successful, leading to 36,000 automated events the previous day with 6100 users.
- There had been an excellent response from information asset owners.
- Great progress had been made on cyber security with only 1% of servers now on unsupported operating systems.

Operations:

- There had been an overall reduction in waiting times, but an increase in the number of patients waiting.
- A significant programme of work was underway to reduce the number of patients waiting over 104 weeks.
- Diagnostics over six week performance increased to 14.3% in December 2021 despite a number of equipment breakdowns and staffing challenges.
- The Trust continued to experience significant challenges with emergency flow, with mean time performance increasing to over 300 minutes.
- Occupancy at both sites remained a significant challenge.
- There had been an increase of 16% in cancer referrals.
- The Trust was below the 85% threshold for the 62-day standard but remained above the national average.

A Non-Executive Director questioned the extent of progress made to reduce 104 week waits. The Chief Operating Officer assured the Board that there was a clear plan in place for each individual patient. As detailed in the plan submitted to the Region, it was believed that there would be no more than 240 waiting over 104 weeks by the end of March 2022.

Following on from the above discussion, the Board NOTED the Integrated Performance Report.

BoD 009/22	**Staffing Assurance Framework for Winter 2021** The Chief Nursing Officer presented the Staffing Assurance Framework, highlighting the following key points: • This report was a statutory responsibility of the Board and was in-line with CQC safe staffing regulations. • The Trust had carefully assessed itself against the Staffing Assurance Framework published by NHSE/I. The framework focused on four key areas: - **Staffing escalation**; the Trust had modelled up to 30% and 50% absence rates, although this escalation level had never been reached. - **Operational delivery**; there were clear processes for review and escalation in place. - **Daily governance** - **Board oversight and assurance;** corporate Board reporting was provided through the Board sub-committees and the monthly integrated performance report. • The Board were asked to note the report, which would then be formally signed off by the Workforce Strategy Committee. The Chief Medical Officer referred to a Dorset-wide group having been established to integrate electronic medical staffing systems which would allow a similar assessment to be undertaken for medical staffing. A Non-Executive Director asked when the Trust's performance in the staff survey would be available to view. The Chief People Officer advised that the national results were not yet available, but these were expected in mid-February 2022. The Board NOTED the Staffing Assurance Framework.
BoD 010/22	**Maternity Continuity of Carer Plan** The Chief Nursing Officer presented the Maternity Continuity of Carer Plan, highlighting the following key points: • There was a national requirement to deliver the midwifery continuity of carer model by 2023. • Every woman would have a named midwife, who would be part of a team, with each team having a link obstetrician. • Several significant benefits of this model were noted, including 16% less likely to lose their baby and 24% less likely to experience pre-term birth. • There was an in depth project plan, led by the Director of Midwifery, to deliver this model, with the implementation occurring in blocks. • Going forward, this would be reviewed through the Quality Committee. The Chair of the Quality Committee assured the Board that the full report had been reviewed at the December 2021 Quality Committee meeting.

	The Chief Strategy & Transformation Officer added that changes to the St Mary's site were being considered to allow the antenatal service to be based on a single site which would support providing this model of care. A Non-Executive Director asked whether this model of care formed part of midwifery courses to support future recruitment. The Chief Nursing Officer responded that the Trust's midwifery students were trained at Bournemouth University but that additional vacancies would open up due to the midwifery team's requirements. More registered midwives would be required, but Midwifery Support Workers were also incredibly valuable to the Trust. A Non-Executive Director asked whether midwives were supportive of this new model. The Chief Nursing Officer stated that there was some concern among some midwives due to the on-going operational pressures and transformation. For this reason it would be critical to implement change in phases. Midwives would initially be offered the opportunity to form part of the first team established by 2023/24. The Board NOTED the Maternity Continuity of Carer Plan.
BoD 011/22	**Sustainability Committee Terms of Reference** The Deputy Company Secretary introduced the Sustainability Committee Terms of Reference. The Board requested the following change: • To add a section mirroring section 9.2 of the Transformation Committee Terms of Reference. The Board APPROVED the Terms of Reference subject to the above amendment.
BoD 012/22	**Transformation Committee Terms of Reference** The Deputy Company Secretary introduced the Transformation Committee Terms of Reference. The Board requested the following changes: • To add Sustainability Committee to section 9.2 • Remove the meetings scheduled in section 3.1 • Remove the names of members and attendees in section 2 The Board APPROVED the Terms of Reference subject to the above amendments.
BoD 013/22	**Quality Committee Terms of Reference** The Deputy Company Secretary introduced the Quality Committee Terms of Reference. The Board APPROVED the Terms of Reference.

BoD 014/22	**Board of Directors Governance Cycle** The Deputy Company Secretary introduced the Board of Directors Governance Cycle. The Board requested the following changes: • Remove Financial Performance Report as this is a duplication of content included in the Integrated Performance Report. • Health & Safety reports should be assigned to the Chief People Officer. The Board APPROVED the Governance Cycle subject to the above amendments.
BoD 015/22	**Questions from the Council of Governors and Public** The Board received a question from David Triplow, Lead Governor: • *Was the prevalence of Covid-19 in schools affecting admissions to the Trust?* The Chief Nursing Officer responded that, overall, the Omicron variant had not been observed to be of great concern to young children; however it did impact on their parents and the requirement to isolate. The Chief Medical Officer added that the generational jump to grandparents was being carefully monitored but due to the excellent vaccination rates in Dorset, the infection rates in over 65s had begun to decrease. The Board received a question from Paul Hilliard, Appointed Governor for BCP Council: • *Referencing questions posed to the Governor from patients and members of the public, were there plans to open the new café near the west entrance at RBH?* The Chief Operating Officer responded that the intention was to open the facility as soon as possible, but that the Trust had to prioritise which facilities to have open at which times and further recruitment was also required.
BoD 016/22	**Any Other Business** The Chair introduced Jon Babb, a newly appointed Governor for the Bournemouth constituency.
	The date and time of the next Board of Directors Part 1 Meeting was announced as Wednesday 30 March 2022 at 13:15 via Microsoft Teams.

University Hospitals Dorset
NHS Foundation Trust

MATTERS ARISING: ACTION TRACKER PART 1 BOARD OF DIRECTORS MARCH 2022

Meeting Date	Minute No.	Matter Arising / Action	Trust / Lead	Due Date	Status
November 2021	BoD 178/21	**Quality Impact Assessment:** To present the updated Quality Impact Assessment policy to the January 2022 Board of Directors meeting.	PS	March 2022	Deferred from January to March 2022 meeting

Key:	Outstanding	In Progress	Complete	Future Action

Chief Executive Report
March 2022

1. Conflict in Ukraine

It is impossible to reflect on the current month without noting the devasting conflict currently going on in Ukraine. With the regular reports in the media, this situation is very much on our minds, and we all empathise strongly with those affected.

UHD has wellbeing support in place for those staff members who are personally impacted, as well as spaces available across all our sites for prayer and/or meditation. Understandably, many of us feel we would like to do something to support the Ukrainian people, and as such, we have been working closely with NHS England as they coordinate the overall NHS response. In this way, the Ukrainian and neighbouring governments can receive support for their citizens without the authorities becoming overwhelmed or being required to put additional resource into the management of the support offers. Similarly, a co-ordinated response means that the goodwill, time and contributions can be directed where they can make the most difference.

NHS England has suggested that donations should go to Disasters Emergency Committee, which brings together 15 leading UK aid charities to raise funds quickly and efficiently at times of crisis overseas. By donating to the Ukraine Humanitarian Appeal, individuals or organisations can help to provide food, water, shelter and healthcare to refugees and displaced families.

2. Operational Pressures

As many will be aware, the Trust continues to operate under considerable pressure, with a significant gap between the demand for emergency/urgent care and the capacity available within our organisation to meet this. Unfortunately, there has been a big increase in the Covid-19 case rate within BCP – 767.0 per 100,000 (compared to 448.6 on 11 March) as well as a significant increase in Dorset – 860.5 per 100,000 (compared to 425.2 on 11 March). As a consequence, there has been an increase in the number of covid admissions in recent weeks – although it is important to note that fewer patients are needing to be admitted to critical care. At the time of writing, our Trust has admitted 112 Covid-19 positive patients, with 1 person being treated within our critical care unit.

Although the number of Covid-19 admissions is much lower than it was at the peak of the pandemic, this is still having a very disruptive impact on the work of the Trust. At the time of writing, we have been managing an Internal Capacity Incident for over 70 days, a situation which is truly unprecedented - both for UHD and the wider Dorset system.

The main challenges faced every day by staff working within UHD include the following:-

- Bed occupancy – this is now consistently over 97% on both sites, which impacts significantly on both emergency and elective flow
- There continue to be large numbers of “medically ready to leave” patients in our beds, which means that around one-fifth of our capacity is not available for new admissions
- The lack of downstream beds results in delays in ambulance handovers and increased waiting times within our Emergency Departments
- As Covid-19 admissions and contacts increase, this impacts further on the available bed capacity, with more wards/bays having to close to new admissions
- The increased demand for emergency care beds reduces the number of beds available within our hospitals for elective (planned) surgery

- The opening of additional beds in response to increased demand requires more staff, at a time when there are already gaps in the workforce. This inevitably means that the Trust must increase its use of temporary/agency staff
- Increased staff sickness associated with rising Covid-19 infection rates in the community results in increased pressure on all clinical and non-clinical areas

In light of all the above, all our teams are extremely busy and staff are feeling the strain. It is also frustrating and upsetting (for patients and staff alike) that the on-going emergency pressures make it hard to recover our elective (planned) work – despite all our commitment and best efforts. Every day, staff are doing everything possible to avoid cancelling and/or having to reschedule elective activity, but this is an on-going struggle.

In response to this situation and in developing our Annual Operating Plan for 2022/23, we continue to work collaboratively with our partners in Dorset on a "System Recovery Plan". On 14 March, Pete Papworth (Chief Finance Officer), Mark Mould (Chief Operating Officer), Pankaj Dave (Non Executive Director) and myself attended a workshop to review the Dorset position and agree the priorities that need to be embraced for the system to get back on track.

A number of key actions have been agreed that will make a significant difference in re-balancing capacity and demand, so that we are able to make better use of our collective resources. Four priority areas have been agreed, that will be taken forwards collaboratively by all system partners:-

- increase pace in respect of the key Transformation and Delivery programmes that will reduce the pressures on beds and improve the flow of patients through our hospitals;
- focus on opportunities to increase productivity, so as to maximise available resources, gain access to the national incentive schemes, and avoid financial penalties;
- undertake a system wide review of all costs funded from COVID allocations, and agree a consistent plan that will enable us to reduce this back to normal funded levels;
- review and take action to reduce agency spend across the various providers – including taking action to close unfunded beds.

Partners expect to continue providing mutual aid to each other wherever possible in response to surges in demand, and to support the flexible use of staff across Dorset.

As part of this work, we shall be exploring how we can further develop and transform the model for elderly care within Dorset. Dr Ian Philip (previously national Clinical Director for elderly care for NHS England) has been asked to attend the System Leadership Team meeting due to take place on 24 March to discuss ideas and options with senior leaders. In this way, it is hoped that partners will be able to step up their collective plans to better meet the needs of our elderly population.

3. UHD Leadership – a time of transition

As members will be aware, the 31 March 2022 is an important date as both myself and David Moss retire from the NHS. As reported previously, our new chief executive Siobhan Harrington will be taking up her post from 1 June 2022, and the Trust is currently out to advert for a new Chair, with an appointment anticipated in early April.

Whilst it is recognised that this represents a significant change for our organisation, members can be assured that robust arrangements have been put in place to manage the transition and maintain strong leadership within the organisation. Paula Shobbrook, our chief nursing officer and deputy chief executive will be acting chief executive for the intervening period, until Siobhan takes up her post. Paula is a very experienced executive director and is well known to many within the Trust and the wider Dorset system. Similarly, Philip Green, vice chair on the Board of directors and chair of the Audit Committee for UHD will be acting chair for UHD, until the new chair takes up his/her post.

With such a strong Board of Directors, a well-established Trust Management Group and a dedicated Council of Governors, both David and I have every confidence in the on-going leadership and governance of the organisation. Whilst the Trust is indeed operating under significant pressures, it is important to note that we have laid some very good foundations within UHD as we have established our new organisation. Therefore, the Trust is well-placed to rise to the challenge of recovery, in the wake of the pandemic.

On a personal note, I should like to confirm how much I have enjoyed my 38 years in the NHS, and in particular, the last few years as chief executive for UHD. Whilst this has been an extremely turbulent and challenging period, I have always been so proud of UHD and the dedicated staff working within in. I should like to take this opportunity to wish all my colleagues the very best for the future.

4. Service of Remembrance

Members will be aware that the Trust hosted a special service of remembrance across all three of our hospital sites on 23 March. This very moving event people to come together to reflect on the pandemic and remember the family, friends, patients and colleagues we have tragically lost to the virus.

I should like to take this opportunity to thank our incredible Chaplaincy team for organising this event and arranging for simultaneous services to take place at Christchurch, Poole and the Royal Bournemouth Hospital. I should also like to thank our enormously dedicated Communications team for all their hard work in publicising the event and ensuring that things ran smoothly on the day.

5. Staff Survey

The detailed results of the annual staff survey will not be published until 30 March however, senior colleagues have had the opportunity to review the benchmark report that was shared with us last month. This is the first staff survey for UHD and therefore represents an important baseline position for our new organisation.

Clearly, the feedback from our staff survey is immensely valuable, and we use this information to identify areas for improvement, shape our further engagement work and ultimately, ensure that action is taken to maintain an environment where our people can give of their best. It is encouraging to note that whilst there is still lots to be done, despite having recently gone through a merger, we are already doing better than most Trusts in the country in looking after and developing our people - and we shall build on this going forwards.

The results of the staff survey are consistent with much of the other feedback that has been received over the past few months, and as such, work is already underway to address the issues that staff have raised. The data will be reviewed in detail by individual Care Groups, Directorates and Departments, who will be developing their own local improvement plans, supported by our organisation development team. Progress will be monitored by our Workforce Strategy Committee.

Finally, it is important to note that whilst the feedback provided within the staff survey is extremely useful, the response rate for UHD was 37.1%. Although this figure is a little higher than the 2020 combined rate for our two legacy trusts (35.7%) it is lower than the national average. The Trust would hope to see a higher response rate in the future.

6. Capital Programme

The transformation of our hospital sites is now well underway, with enormous progress having been made in recent months. Members who have recently visited the Bournemouth site may have noticed the new Café West has opened in the new temporary main entrance near the Jigsaw building. David Moss our Char and Paula Shobbrook, Chief Nursing Officer and Deputy Chief Executive officially opened this new facility at the start of this month. I should like to take this opportunity to thank our Estates team and Catering teams for organising such a positive, enjoyable event.

Still on the Royal Bournemouth Hospital site - the demolition and the Piling work is all complete, and the second tower crane has been installed. Elsewhere, as part of the Wessex Fields development, work has commenced on the new Pathology Hub. The footings for this building are complete and the steel framed structure is now clearly visible.

On the Poole Hospital site, the steel frame for the new Theatre complex is complete, with work now focusing on cladding and the first stage “fit-out” for the floors. The “Topping Out” Ceremony (a traditional ceremony that is held when you reach the highest point in the building) has been arranged to take place on 20 May. On this occasion, we shall once again be joined by Hector McAlpine (executive partner, Sir Robert McAlpine) as we mark this important milestone.

Finally, we should all be delighted by the successful outcome of our submissions to the New Hospitals Programme (NHP). Our team - working in conjunction with colleagues from Dorset University Healthcare NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust - have secured funding for all five of the Dorset schemes that were put forward as part of “Cohort 2” for the New Hospital Programme. This is extremely important for UHD, in that this will enable us to complete the transformation of our sites by 2024, in line with the recommendations of the Dorset Clinical Services review.

The reports and risks relating to these major capital schemes continue to be regularly reviewed by our Reconfiguration Oversight Group and monitored by the Transformation Committee.

7. Veterans Aware Event

Last November (2021), University Hospitals Dorset, as a new organisation, was accredited as a “Veterans Aware” trust by the Veterans Care Health Alliance (VCHA). Unfortunately, due to uncertainty regarding the Omicron variant at that time, our public launch and celebration of this achievement had to be postponed.

I am delighted to report that this event took place at the Royal Bournemouth Hospital on 24 March 2022, led by our Chair, David Moss. Colleagues from across UHD and a number of our partners attended the event and were able to witness the Deputy Lord Lieutenant of Dorset present a plaque to our Trust.

UHD has signed the Armed Forces Covenant, which is our pledge to supporting veterans. Being “Veterans Aware” means that we are now one of 103 NHS providers who have been accredited as exemplars of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families.

8. Visit of the Secretary of State

UHD was delighted to welcome Sajid David, Secretary of State for Health and Social Care, on the 17 February as he visited the South West to understand how the region is tackling the Covid-19 backlog as part of his ‘Road to Recovery’ tour. During this trip, we hosted him at the Outpatient Assessment Clinic (OAC) at Beales department store in the Dolphin Centre, Poole.

This proved an excellent opportunity for us to showcase great partnership work and all the innovation. Colleagues were invited to talk about how the facility is playing a vital part in tackling hospital waiting lists as well as increasing the volume of life-saving screening as part of Dorset's 'Think' Big initiative. Sajid's visit resulted in widespread media attention and he was interviewed by both the Bournemouth Echo and BBC Radio Solent.

9. Other Good News

Understanding Fibromyalgia
The Trust is hosting a free virtual "Understanding Health" talk on fibromyalgia on 27 April 2022. Senior clinicians from Christchurch Hospital – Darren Cains, senior physiotherapist and rheumatology practitioner and Caroline Wood, occupational therapist – will be explaining what fibromyalgia is, describing the symptoms that can be experienced, and discussing some of the self-help treatments.

Improved Services for Cancer Patients
The aseptic pharmacy unit at Poole Hospital will soon be delivering an improved service to patients with cancer using two new state-of-the-art chemotherapy preparation cabinets. The technology in the new cabinets will reduce the risk of errors as the correct dose of chemotherapy is automatically imported into the machine via the hospital's prescribing system. This is an extremely exciting development as this investment of just over £150,000 will enable our pharmacy team to operate more effectively, which in turn, will reduce the waiting times for patients.

UHD Work App
As members would expect, we are always looking at new ways of maintaining effective communications with our staff. Many do not have access to desktop computers during their working day, but do have mobile phones. With this in mind, we have created a UHD work app - a portal that colleagues can download which gives them secure access to work rosters, email, our virtual learning environment and our Trust news channels. We are also able to send out "push notifications" to colleagues whenever there is important news. Since its launch last year, over 7,360 colleagues have downloaded the UHD app and it is proving very popular and well used. The app is managed by our communications team and is provided free of charge to the Trust.

Official Launch of the Dorset Clinical Trials Unit (DCTU)
On 14 March 2022, the Dorset Clinical Trials Unit located in the Dorset Clinical Research Centre at RBH was officially launched. The DCTU provides a dedicated space for patients to take part in life-changing research and creates opportunities for members of staff to develop their research skills – something that is extremely important for UHD as a University Hospital. This facility, funded through £500k awarded by Dorset Local Enterprise Partnership (LEP), will not only support the development of research across the Dorset health system, but will also help to strengthen research evidence in priority areas of the National Institute for Health Research (NIHR).

Debbie Fleming
Chief Executive

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART 1– COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 7.2

Subject:	University Hospitals Dorset (UHD) NHS Foundation Trust Integrated Performance Report (IPR) February 2022

Prepared by:	Executive Directors, Alex Lister, Sophie Jordan, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Irene Mardon, Jo Sims, Andrew Goodwin
Presented by:	Executive Directors for specific service areas

Purpose of paper:	To inform the Board of Directors and Sub Committees members on the performance of the Trust during February 2022 and consider the content of recovery plans
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 to deep dive into a particular area of interest for additional information and scrutiny. The operational planning guidance (outlining the priorities for the year ahead) are detailed below: **Systems are being asked to deliver on the following ten priorities in 22/23:** A. Investing in the workforce and strengthening a compassionate and inclusive culture B. Delivering the NHS COVID-19 vaccination programme C. Tackling the elective backlog D. Improving the responsiveness of urgent and emergency care and community care E. Improving timely access to primary care F. Improving mental health services and services for people with a learning disability and/or autistic people G. Developing approach to population health management, prevent ill-health, and address health inequalities H. Exploiting the potential of digital technologies I. Moving back to and beyond pre-pandemic levels of productivity J. Establishing ICBs and enabling collaborative system working

Key points for Board members:

Areas of Board Focus

Current Ambulance handover delays and the amount of time patients are spending in the emergency department. Continuing high bed occupancy levels driven by the number of patients with 'No Reason to Reside' (NRTR), increasing number of Covid19 patients across the organization and the escalating elective recovery programme. Impact on reduced hospital flow has the potential to impact on patient safety, experience, staff wellbeing and increased elective cancellations. Workforce availability for staffing escalated and repurposed capacity levels drives increased agency costs. Potential impact on hospital reputation and increased challenge to elective care. The impact this may have on the fundamentals of care deconditioning of patients.

Operational Performance

Urgent and Emergency Care

Emergency Care @ UHD

UHD continues to experience significant challenges with its emergency flow. ED attendances have increased compared to January 2022 by 10% but remain marginally lower than the same period in 19/20.

Ambulance delays continue to increase due to ongoing crowding in the Emergency Departments. Overall hospital occupancy created very challenging pathways for admissions.

Emergency Departments

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

- Ambulance conveyances are YTD 7.2% below those observed in the same period in 2019/20, and YTD ED attendances are 0.7% above 2019/20.
- ED mean time on both sites deteriorated following 2 months of improvement, this is being driven by admitted times. Non admitted mean time for RBH was at 314 mins, and 235 at Poole.
- There were 60 x 12 hour waits from Decision to Admit (DTA) a decrease in month compared to January, however the total number of patients in the departments longer than 12 hours increased.

(colours based on change from last month)

		Feb-22		
Standard	**Aim**	**Poole**	**RBCH**	**Combined**
Operational (Field testing standards)				
Mean time in the dept	200 mins	285	321	304
Time to Initial Assessment	15 mins	7	5	6
12 Hour ED Waits	0	242	306	548
Internal Care Standards				
Time to first clinician seen (*RBCH: to Dr seen*)	60 mins	114	183	151
Mean Clinically Ready To Proceed to Leave Dept	60 mins	252	142	196

Externally system conversations continue with Local Authorities and Dorset Health Care actions to unlock the current high level of patient delays in the system. Internally the Trust Flow Improvement Programme is progressing a series of workstreams supporting a range of transformation actions and recovery projects to complement the wider system conversations.

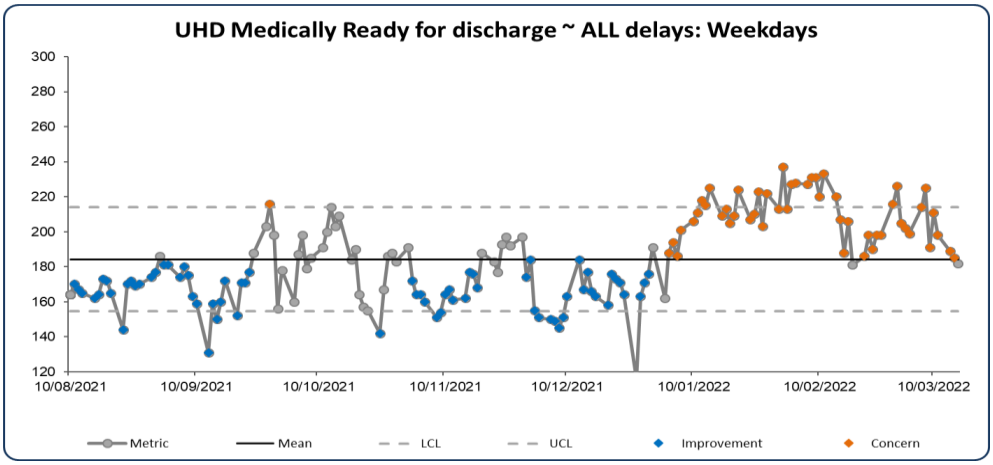
Occupancy, Flow and Discharge

Both sites continued to have all escalation & extremis beds open in February alongside the majority of infection control closed beds using robust risk assessment and mitigation plans to ensure we optimally offset risks. However, despite this, occupancy remained high at 94.4%.

The number of patients ready to leave with No Reason to Reside (NRTR) increased in month to 212 (a rise of+5 patients per day). Occupied bed days remains high for patients with a longer length of stay (7/14/21+). The latter continues to exceed the national standards as a proportion of all inpatients.

The introduction of the Omicron variant resulted in increased care home suspensions and a reduction in availability of care hours as staff self-isolate. This has increased the Medically Ready to Leave position as patients are unable to transfer out of the Trust, increasing bed occupancy levels and the number of outliers in non-specialty areas.

Further strategies are being adopted to manage the emerging pressures including introduction of a Care Hotel (16 beds) which has enabled a specific cohort of patients to be transferred out of the acute environment.



The recent increase in the number of Covid outbreaks on the wards and incidental infections has led to the loss of inpatient capacity. Coupled with the MRTL position it has indicated the need to introduce additional extremis surge plans in order to support urgent care pathways. This has negatively impacted several key clinical areas, e.g. Treatment and Investigation Units and the cancellation of routine Orthopaedic elective activity as the Derwent is repurposed to support increasing number of MRTL patients across both sites.

Surge, Escalation and Operational Planning

At the time of writing, we have 102 confirmed Covid inpatients, below the levels experienced in Wave 2 but above the 5% national planning requirements. This has resulted in additional covid inpatient capacity being operationally required and has reduced the availability of green' (non Covid) elective and non-elective capacity. Covid outbreaks on wards has stretched the allocated covid inpatient capacity.

Referral to Treatment (RTT)

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

	Jan 22	Feb 22	
Referral to treatment 18 week performance	**60.90%**	**60.44%**	**Target 92%**
104 weeks	295	**408**	**Target agreed 252 by March 22**
Hold or reduce >52+ weeks compared to Sept 21	2,777	**2,680**	**-606 v Sept 21**
Stabilise Waiting List size compared to Sept 21	53,168	**54,602**	**+3,111 v Sept 21**

Planning Requirements

- Eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer (Patients codes P6 on the national prioritization coding).
- Hold or where possible reduce the number of patients waiting over 52 weeks.
- Stabilise the waiting list to the level seen at end of September 2021.

Factors impacting on the RTT standard

The high number of RTT waits over 52 weeks is mainly due to a reduction in theatre/treatment and outpatient capacity during the pandemic in 2020-21. An improving and reducing monthly trajectory continues in line with the trust's operational plan for 2021/22. A reducing proportion of these are waits over 78 weeks.

Furthermore, the process of moving a cohort of patients awaiting Orthodontic treatment onto the active patient treatment list to enable them to be part of the Trust's tracking and monitoring of long waits reported last month, was completed in February. (A detailed paper was provided to the Finance and Performance committee in March).

The Trust is currently working to an agreed trajectory of 252 patients over 104 weeks by March 2022. As noted above however, the requirements for additional Covid inpatient capacity has reduced the availability of 'green' (non Covid) elective capacity in February which has impacted on the 104 week wait recovery plan, particularly across surgical specialties. As part a whole system approach to managing longwaiters in Dorset Integrated Care System, actions have been taken to increase capacity through mutual aid arrangements internally and external to the ICS; optimise our utilisation of independent sector capacity; and through internal efficient use of available capacity.

High level elective care recovery actions include:

- ***Two organisational-wide improvement programmes:***
    a. Theatre improvement programme: value and efficiency
    b. Outpatient Enabling Excellence and Transformation programme
- ***Ongoing clinically led waiting list validation***
- ***Further expansion and improved utilisation of additional insourcing and outsourcing capacity***
- ***Increased use of Patient Initiated Follow Ups and Advice and Guidance***

- ***Capital transformation through the Targeted Investment Fund***

DM01 (Diagnostics report)

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

November	Total Waiting List	< 6weeks	>6 weeks	Performance
UHD	11,661	10,139	1,522	**13.1%**

The DM01 standard has achieved 86.9% of all patients being seen within 6 weeks of referral, 13.1% of diagnostic patients seen >6weeks. Impact of staffing gaps has impacted on February position. The Trust still remains a high performer in DMO1 recovery.

High level diagnostic recovery actions include:

- Continuation of additional temporary endoscopy capacity
- Working collaboratively across both sites to standardise and reduce waiting times for cardiology, ultrasound, MRI and CT
- Outsourcing Ultrasound to the Independent Sector
- Insourcing radiological reporting to provide additional capacity
- Additional mobile MRI and Echo capacity brought online
- Plans for additional CT capacity

Cancer Standards

Measure	Target	Q1 21/22 - FINAL	Q2 21/22 - FINAL	Q3 21/22 - FINAL	Jan 21 FINAL
Cancer Plan 62 Day Standard (Tumour)	85%	79.1%	76.9%	70.9%	71.6%
62 Day Screening Standard (Tumour)	90%	88.1%	81.0%	87.0%	85.2%
31 Day First Treatment (Tumour)	96%	97.1%	97.4%	96.8%	96.2%
Subsequent Treatment - Surgery	94%	91.2%	92.2%	93.9%	86.8%
Subsequent Treatment - Radiotherapy	94%	99.0%	97.8%	100.0%	98.5%
Subsequent Treatment - Anti Cancer Drugs	98%	98.8%	98.1%	100.0%	100.0%
Faster Diagnosis	75%	76.5%	75.4%	66.6%	60.4%
Over 104 days (treated in month)	N/A	30	28	36	7

In January the rate of two week wait referrals were higher when compared to the previous year (+24.5%). This trend has continued into February. The sites seeing the highest increases in referrals for February were lung (+30%), upper GI (+28%), skin (+26%), colorectal (+22%) and urology (+21%).

At Trust level the 28-day FDS improved in January however performance was below the national standard (75%); a further improvement in February is expected increasing to 72.1% with 7 sites achieving over the 75% threshold and a further 2 performing over 63%.

The Trust has consistently achieved the 31-day standard for 10 consecutive months and is expected to be achieved in February.

Two out of the three subsequent treatment KPI's were achieved in January, with surgery falling below the 94% threshold (86.8%).

The 62-day performance in January was below the 85% threshold (71.6%), however remains above the current national average of 63.1%. UHD has continued to perform above the national average since merging and reported the highest number of treatments against this standard within Wessex.

Factors impacting on standard

Demand	• Referral numbers continue to put additional pressure on several services at all stages of the pathway
Clinical Processing Capacity	• Patient choice continues to impact across all specialties - especially causing delays at diagnostic stage in some pathways • Specific challenges in several pathways - due to capacity to manage the increased demand - especially colorectal and breast. • Delays in histopathology reporting turnaround times, mainly affecting patients on a pathway at Poole Hospital. • Workforce capacity to manage the large 2 week wait volume, specifically fast track booking teams

High level actions include:

- A Dorset Cancer Partnership wide Cancer Improvement Programme with a focus on delivering accelerated improvement across six priority tumor sites is progressing
- Additional capacity has been sourced to mitigate the backlog of 1st OPA for 2ww referrals (colorectal and breast) and support the FDS delivery
- Review of capacity and demand work to establish the additional capacity required to meet recurrent demand.

Health Inequalities

The Trust continues to support work to tackle health inequalities through the Dorset ICS Health Inequalities in Elective Care Programme. Benefits realised include an increase in the system's technical capability to undertake population health management through linked datasets to enable population segmentation and risk stratification, with a focus on improving access and health equity for underserved communities. Relationships across the system have been established or strengthened, including with VCSE groups, through this collaborative programme and learning has taken place on design and analytical methods. Patients in selected cohorts are being supported to access community and self-care services that will enable them to optimise their health whilst on the waiting list.

Quality, Safety, & Patient Experience

Infection Prevention and Control:

- Covid19 outbreak report now finalised and an action plan sent to the CCG. Work will commence on the follow up of outbreaks for 2021/22 during April.
- Community cases of COVID-19 increased, translating to an increase in sustained hospital admissions but less impact upon critical care.
- Outbreaks have been reported within Wards on both sites.
- The impact of the new variant, Omicron is being felt with the majority of cases (if not all) associated with this variant. 60% of cases are now the Ba2 variant.
- MRSA - 1 CA case reported this year. Patient admitted with complex risks that required treatment for bacteraemia and digital halux amputation. RCA completed with system wide input. Learning related to rapid sharing of information being worked through with the cross Dorset access to the IPC data sharing tool, ICNET.
- MSSA and E.coli now have additional case definitions that include

community cases with previous hospital admission (last 28 days) so comparison to the previous year is not possible by these number. A collaborative project looking at MSSA has commenced within Dorset. Themes identified within the PIR for these cases point towards poorly maintained vascular access devices and poor skin integrity being a common factor in bacteraemia, there may be some benefit in looking at skin decolonisation for high risk patients as a future QI project for UHD. Hospital associated E.coli and MSSA blood stream infections remain above expected trends.

- Case of Clostridioides Difficile have increased for those patients with a hospital onset and community onset healthcare associated infection in conjunction with this, the frequency of relapse and the severity of cases has also increased. This is 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. However, our rates per 100K admissions is below the England rate (36 vis 45 per 100K). Current themes from Post Infection Review indicate the challenge of ensuring prompt identification, sampling and isolation of patients is a key factor for the Trust to improve upon.

Clinical Practice Team:
Moving & Handling

- Moving & Handling equipment including hoists, stand aids and new slings have been purchased for the Poole site. The Team are now developing a plan for implementation and training in situ on the new equipment.

Falls prevention & management

- This month sees a further rise in the number of falls incidents. This month has seen six fractured neck of femurs and two head injury events. All these events are recorded as unwitnessed falls. A thematic review of fall SIs occurring during this quarter will be overseen by the Falls Steering Group. Staffing and our ability to provide consistent enhanced care requirements are acknowledged as contributing factors. The team are supporting the development of an Enhanced Care SOP and Process for requesting a Registered Mental Health Nurse SOP.
- Risk register funding has been approved for more floor cushions to be purchased, although not preventing a patient from falling, they have been shown to reduce the potential harm sustained.

Tissue Viability

- The team are currently experiencing an increase in referrals and a high number of patients with highly complex wound care needs. Clinical workloads have been prioritised unfortunately at the expense of training sessions.
- The team have committed to provide ongoing care on a twice weekly basis for a patient in order to facilitate a safe discharge due to his complex wound care needs.
- Working with the Safeguarding Team to co-design a standard reporting template that can be shared with the Adult Safeguarding Board as part of their quarterly report.

The Clinical Practice Team have continued to support ward teams when staffing has been challenging across both sites.

Patient Experience:

Friends & Family Test

FFT Positive responses are fractionally lower at 89.29% compared with 90.67% in January, this shows a downward trend for two consecutive months (our lowest positive response this year was recorded in August at 86.36%)

PALS and Complaints

- In February there were 17 formal complaints and 18 Early Resolution of complaints processed.
- There are 81 outstanding open complaints, 42 of which have been open longer than 55 working days. A reduction in the number of open complaints is steadily declining.
- The number of complaints responded to in month has dropped to 11, primarily due to delays in progress complaint resolution and/or investigation due to operational pressures on clinical teams.
- Key themes from PALS and complaints :
    - failures in communication across all specialties and disciplines
    - discharge arrangements – either too soon or poorly coordinated
    - poor staff attitude and behaviours.

Workforce

YTD Indicators to February 2022:

		21/22 YTD	20/21 YTD	Variance
Turnover		12.3%	12.2%	0.1%
Vacancy		5.1%		N/A
Sickness Rate		5.0%	4.8%	0.2%
Appraisals	Values Based	38.9%	45.7%	-6.8%
	Medical & Dental	54.5%	56.0%	-1.5%
Statutory and Mandatory Training		87.0%	86.8%	0.3%

February (in month) Indicators:

		Actual this month	Variance on last month
Turnover		13.5%	0.4%
Vacancy		4.8%	-0.4%
Sickness Rate		6.1%	-0.6%
Covid-absence non-sickness		0.3%	-0.1%
Appraisals	Values based	59.1%	0.5%
	Medical & Dental	38.8%	-8.1%
Statutory and Mandatory		85.6%	-0.1%

Month	Sickness Covid	Sickness Other	Sickness Total	Other Covid
Oct-21	0.20%	5.56%	5.76%	0.60%
Nov-21	0.20%	5.69%	5.89%	0.42%
Dec-21	0.29%	6.33%	6.61%	0.41%
Jan-22	0.33%	6.38%	6.70%	0.37%
Feb-22	0.22%	5.91%	6.13%	0.30%

Workforce Metrics:

UHD turnover has risen slightly to 13.5% actual this month and is tracking at 12.3% year to date.
Vacancy Rate is showing at 4.8%, a decrease of 0.4% on last month. Year to date 5.1%. Work continues to refine our data analysis and establishment processing.
Overall Sickness levels have decreased this month to 6.1%. Covid related sickness has reduced to 0.22%. Year to date sickness absence is 5.0%
Medical & Dental appraisal levels have continued to fall this month and are showing a decrease of 8.1%. Year to date is 54.5%.
Value based appraisal levels are up slightly again this month by 0.5%. but are still tracking low, year to date 38.9%
Statutory and Mandatory training: although compliance continues strong despite continuing disruption to training due to operational pressures, this month has again shown a small decrease in compliance by 0.1%. Year to date 87.0%.

Chief People Officer Headlines:
People Operations
Vaccination as a Condition of Deployment (VCOD) for Healthcare Workers: We previously reported that the requirement for social care and patient-facing NHS staff to be vaccinated against COVID-19 as a condition of deployment was being reconsidered and the Government's intention was to revoke the Regulations. There then followed a public consultation which ended on 16 February. The Government's response to this consultation has now been published which confirms that the requirement to be vaccinated ended on 15 March 2022 when new regulations came into force revoking the current Regulations. UHD continues to encourage uptake of the vaccine to protect staff and patients.

Policy Development: Work is underway with staff side, to scope a programme for UHD employment policy development, which will align legacy policies. This will ensure they are fit for purpose and inclusive of our core values and cultural intent across UHD. Alongside this, people management training for Trust managers is being developed in partnership with HR, OD and Education colleagues.

Transformational Change: HR Business Partners are working collaboratively with Care Group leaders and the Trust's Strategy and Transformation team to plan for the reconfiguration of services over the next four years and associated workforce requirements. Other teams will be engaged to support these plans, such as Organisational Development, Workforce Rostering, Recruitment and other professional colleagues.

Employment Relations Cases: With increased emphasis on coaching line managers to handle employee matters informally where appropriate, in line with Just and Learning culture principles, only 2 cases relating to

misconduct were referred to the team for formal investigation in February 2022. Both of these were deemed to be of a serious nature and required formal action.

Occupational Health and Enhanced Wellbeing Service

Referrals into Occupational Health continue to remain high. There is currently a 6-7 week wait for an appointment with an OH Nurse Adviser or OH Doctor due to low staffing levels and sickness absence within the team. All waiting referrals are currently being reviewed and prioritised. No delays are being experienced with pre-employment checks currently. Recruitment to additional OH roles, following approval of a business case to enhance capacity, has commenced.

The Staff Physiotherapy service is working closely with the Heart Club setting up an onsite facility for staff to access the gym and exercise guidance. A pathway has been set up in collaboration with Orthopaedics enabling the Orthopaedic team to directly refer all staff members who have undergone a knee scope or a total hip replacement to Occupational Health physiotherapy. This will aid in supporting staff members recovery and their timely return to work after undergoing surgery.

Demand for the Psychological Support & Counselling Service continues to increase. The team remain under capacity due to staffing gaps and at present are unable to meet demand. Many referrals are being redirected to the ICS Wellbeing Hub, which is resulting in the hub reporting a significant increase in waiting times. A business case to enhance the capacity of this service has been agreed and planning for recruitment has commenced.

Resourcing

General Recruitment	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Number of Applications	2023	1824	2105	2048	2166	2315	2657	2838	2222	2029	2683	2316
Candidates Offered	195	211	234	258	229	256	257	247	299	229	248	271
Adverts Posted	210	183	206	263	282	277	295	257	299	345	319	312
New Joiners to the Trust	28	30	61	83	62	90	125	123	129	60	101	80
Internal Candidates	35	62	70	105	91	123	121	143	121	90	142	119
Total number of starters	63	92	131	188	153	213	246	266	250	150	243	199

The data above shows general recruitment activity over the past year, with increasing levels of posts being advertised and numbers of candidates being managed within the recruitment process. Lower level of starters in February 22 likely relates to a lower number of applications and offers in Dec 21.

Of note is the increasing number of internal moves, suggesting both internal market forces as well as external ones.

Ongoing Recruitment work streams updates include:

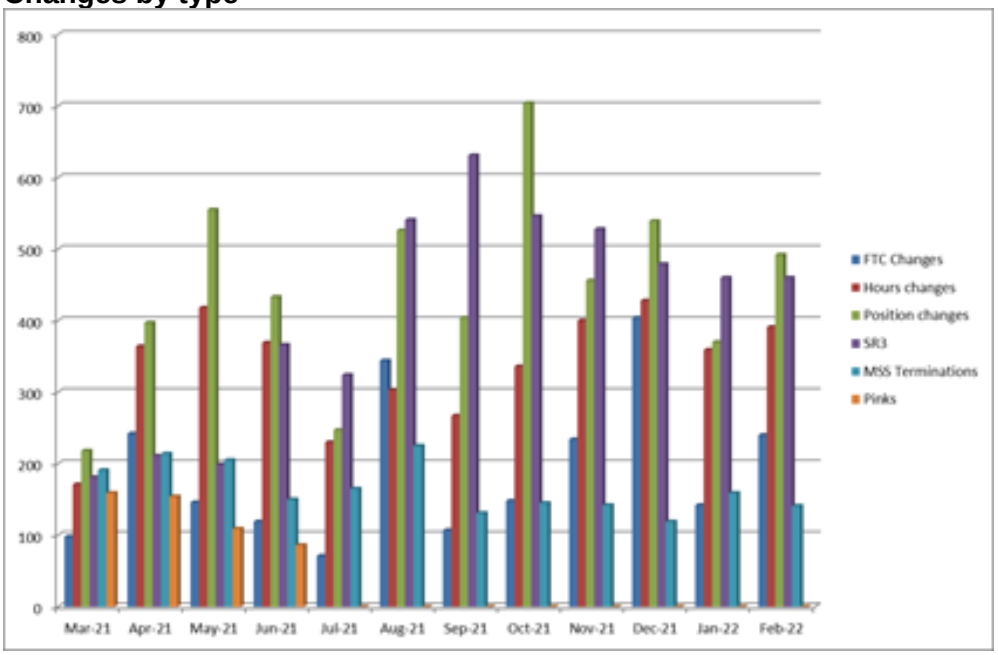
NHSI HCSW Initiative for reduction of vacancy rates - most recent weekly reporting is 56 HCSW vacancies with a pipeline of 36, and 30 applicants to be interviewed this week. This includes 14 candidates who have applied to work at UHD, following a 4 week programme run in partnership with the ICS. It is expected that the scheme will be extended to other staff groups following this pilot. We have requested a focus on Admin and Clerical roles, with relevant IT training provided as part of the centralized development programme.

International Nurse Recruitment: to date 12 of our 120 international nurse objective for this calendar year have arrived, with another 61 in the pipeline, 33 of whom we have already issued a certificate of sponsorship for. The Dorset trusts are aligning their terms and package for international nurse recruits.

We are likely to experience a delay in new arrivals becoming fully registered to practice, as OSCE exam centers are at full capacity and not able to offer further appointments. We are part of the national forums on best practice for supporting and onboarding new arrivals, and keep abreast of new development nationally.
Our **partnership with Bournemouth University** is growing, with a number of year and shorter-term placements commencing within clinical and non-clinical area.
Yeoman's House - the medical and general recruitment teams are now co-located in this off-site facility which is expected to give more opportunity for aligning the department structure to the new trust care groups.

Workforce Systems:
The total amount of changes processed by the team in February was 234 more than in January. The most noticable change was the increase in position changes increasing from 370 in January to 492 in February.
MSS terminations decreased from 159 in January to 141 in February (these include staff that have chosen to retain a bank contract).

Changes by type

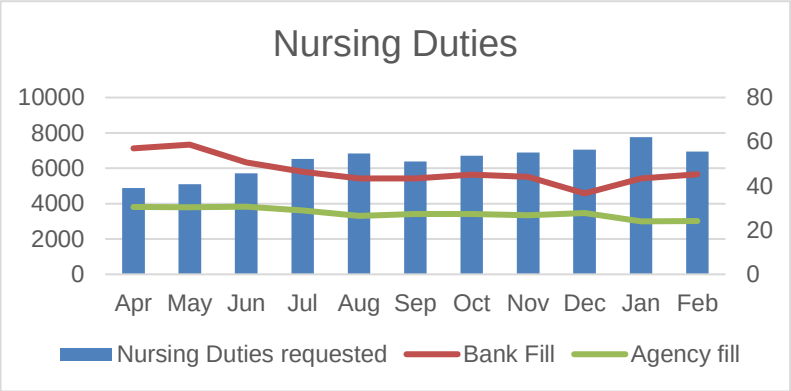


Temporary Workforce:
Invoicing
High agency usage during quarter 3 and to date has seen an increase of invoices to be paid. In order to meet the financial standing directive some focused work has been required and put in place to reduce financial penalties of uncleared aged invoices. The average daily overdue has reduced by c89% compared to a month ago. We are now working to clear complex queries by 31st March.

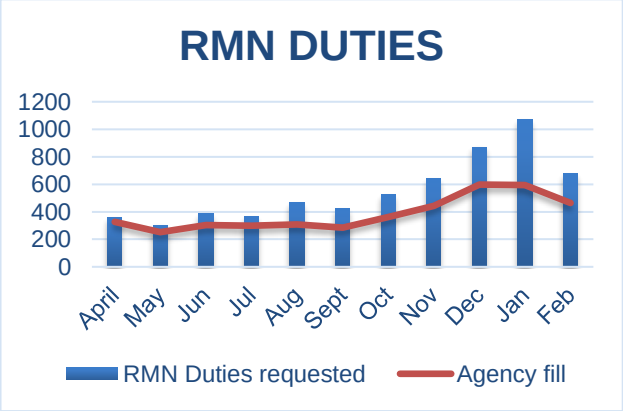
	10-Feb	09-Mar	11-Mar
Coded for approval	1114	544	604
30	1118	523	259
>91	290	4	3
61-90	12	1	0
31-60	3	26	26
Grand Total	**2537**	**1098**	**892**

Date	08-Feb	09-Feb	10-Feb	11-Feb	14-Feb	15-Feb	16-Feb	17-Feb	18-Feb	21-Feb	22-Feb	23-Feb	24-Feb	25-Feb	28-Feb	01-Mar	02-Mar	04-Mar	07-Mar	08-Mar	09-Mar	11-Mar
Outstanding invoices for coding	3078	2639	1423	1456	1357	1234	1154	1023	998	1076	1015	854	553	529	587	671	658	612	672	718	554	288
Coded for authorisation	1568	1065	1114	1150	849	605	776	941	704	86	286	124	403	331	429	320	358	477	175	160	454	604
Total Live invoices	4646	3704	2537	2606	2206	1839	1930	1964	1702	1162	1301	978	956	860	1016	991	1016	1089	847	878	1008	892

The volume of nursing duties is down from m10 noting a slight increase in % fill by 3% and likely to maintain a similar trajectory for M12.



Significant drop-in qualified mental health support requested as compared to previous month. The demand for enhanced care remains high but supply of suitable qualified support staff has been challenging. A growing need to upskill current staff as well as recruit mental health support.



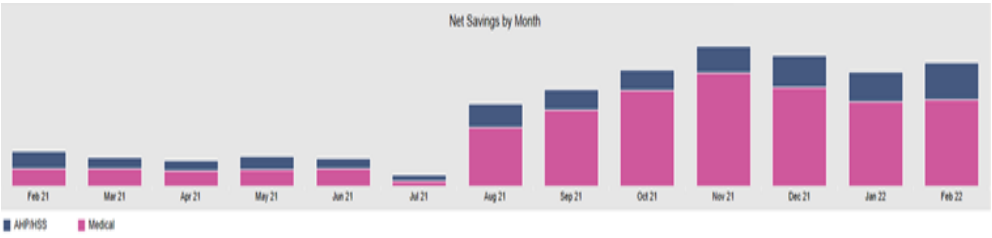
Medics:

Bank

Highest volume of shifts reported filled via Locums nest in February since launch. 844 duties covered, Bank doctors filling 53% and collaborative 4% 373 duties covered via Healthroster covering 89% of requested duties.

Medics + AHP Agency

Highest demand is for Consultants covering 111 shifts in February (third of the demand). c£37k Net ADE savings achieved. This is monthly savings made on VAT net of Liaisons fee.



	Finance At the end of February, the Trust is reporting a £48,000 favorable variance. Within this aggregate position, the Surgical Care Group report an adverse variance of £1.7 million, mainly due to CIP under achievement and additional medical staffing costs, partially offset by reduced activity particularly within Orthopaedics; the Medical Care Group report an adverse variance of £0.6 million due to unachieved CIP offset by over achievement in cardiac private patient income and the cessation of Bowel Scope and Bowel Cancer screening services; and the Specialties Care Group report a favorable variance of £1.3 million principally due to vacancies within Pathology and Pharmacy. Additional expenditure of £12.9 million has been incurred in the Trusts elective recovery programme which has been fully reimbursed by additional elective recovery funding. Cost savings of £3.8 million have been achieved to date against a target of £8.706 million, representing an under achievement of £4.9 million. The Trust is forecasting to deliver a shortfall of £5.9 million and a recurrent shortfall of £7.3 million against the £10.1 million full year target. This places a considerable pressure on future years budgets. The Trust continues to forecast achievement of the break-even financial control total. The Trust set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for the Dorset Integrated Care System. This has required very careful management, and as at 28 February cumulative capital spend totals £62.3 million, being £0.2 million behind plan. A further and significant underspend is forecast in March against the BEACH building due to the overall programme slippage of 4 weeks, resulting in a forecast underspend against the capital programme of £11.5 million. The Trust is currently holding a consolidated cash balance of £88.4 million, which is fully committed in support of the medium-term strategic reconfiguration programme. The Trust's payment performance deteriorated further during February reflecting the significant number of overdue agency invoices processed in month. This reflects the agreed action plan to address the backlog of invoices following staff shortages within the temporary staffing team. Payment performance is expected to gradually improve following the completion of the agreed mitigations.
Options and decisions required:	No decisions required
Recommendation:	**Members are asked to note:** • The area of Board focus for discussion
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:	**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. **To ensure that all resources are used efficiently to establish financially and environmentally sustainable services** and deliver key operational standards and targets. **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 **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. **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.
BAF/Corporate Risk Register: (if applicable)	**Risks scoring ≥12:** **UHD 1342** - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak – increased score to 16 **UHD 1131** – inability to effectively place patients in the right bed at the right time (Flow) **UHD 1387** - Demand for acute inpatient beds will exceed bed capacity (Demand & Capacity) **UHD 1460** – UEC national metrics **UHD 1429** – Ambulance handovers **UHD 1053 –**Long Length of Stay / Discharge to Assess /NRTR **UHD 1430** – ED workforce **UHD 1074** - Risks associated with breaches of 18 week Referral to Treatment and 52 week wait standards **UHD 1292** – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates **UHD 1386** – Cancer waits increasing due to increased referrals. **UHD 1276** – Delayed patient care due to delays in surgery for #NOF patients **UHD1447** - Adverse Outcomes for Orthodontic Patients due to COVID restrictions and lack of additional facilities and manpower **UHD1024** - Risks associated with continuity, capacity and staffing during Pandemic Infectious Disease and seasonal flu **UHD1574 -** Lack of Breast screening staff impacting on waiting times **UHD1437** – Loss of IT Service **UHD1592** - Electronic Prescribing and Medicines Administration Project Delay **UHD1599** - Safety checklist process for all interventional procedures (Never Events) **UHD1260** - Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling **UHD1607** - Failure to maintain Hospital standardised mortality **UHD1640** - Fetal Monitoring equipment **UHD1577** - Unsafe Storage (Fire and Infection Control Compliance) – PH **UHD1591** - Information Asset Management **UHD1202** - Medical Staffing Women's Health **UHD1378** - Lack of Electronic results acknowledgement system **UHD1355** - Lack of integration between the Electronic Referral System (eRS) & Electronic Patient Record (ePR)
CQC Reference:	All 5 areas of the CQC framework

Committees/Meetings at which the paper has been submitted:	Date
Trust Board (Full report)	March 2022
Quality Committee (Quality)	March 2022
Finance & Performance Committee (Operational / Finance Performance)	March 2022
Trust Management Group	March 2022

University Hospitals Dorset
NHS Foundation Trust

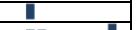
INTEGRATED PERFORMANCE REPORT




February 2022

Created March 2022

Performance at a Glance - Key Performance Indicator Matrix

				standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	ytd	ytd var	trend
SAFE																									
Quality	Presure Ulcers (Cat 3 & 4)				12	6	10	8	12	12	13	16	11	15	12	15	8	10	6	7	6	13	14	117	-16	
	Inpatient Falls (Moderate +)				5	2	3	5	4	4	5	2	4	6	2	7	1	3	6	1	1	7	8	46	3	
	Medication Incidents (Moderate +)				1	2	5	4	9	2	4	4	1	0	1	1	1	6	2	8	2	3	2	27	-3	
	Patient Safety Incidents (NRLS only)				1379	1341	1654	1581	1537	1492	1239	1006	1029	752	959	1022	1012	871	1064	888	871	1072	918	10458	-4413	
	Hospital Acquired Infections	MRSA			0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	
		MSSA			1	2	3	9	8	4	6	4	3	2	4	5	5	3	3	4	4	3	7	43	-4	
		C Diff			7	6	1	3	1	2	9	3	4	8	8	8	5	8	6	6	4	2	8	67	17	
		E. coli			3	12	5	8	2	11	3	3	4	4	9	8	10	7	8	7	9	7	2	75	13	
EFFECTIVE																									
Mortality	SMR	Latest Jan 21	(source Dr Foster)		104.042	97.2055	111.664	113.307	96.5075	171.543	119.6	87.4													
	Patient Deaths		YTD		207	185	265	244	249	469	299	217	165	185	170	232	223	202	222	238	247	270	203	2357	-289	
	Death Reviews		Number		105	85	124	111	127	207	152	103	83	98	81	107	97	75	73	30	37	5	0	686		
	Deaths within 36hrs of Admission				30	35	40	36	49	47	39	37	30	29	33	48	38	19	33	44	36	48	34	392	-20	
	Deaths within readmission spell				15	13	15	22	25	36	18	16	12	14	10	26	22	17	13	12	12	21	15	174	-25	
CARING																									
	Complaints Received				57	48	51	56	62	53	53	51	60	68	62	52	57	51	39	20	27	48	38	522	3	
	Complaint Response in month				57	48	51	48	49	43	59	59	47	26	64	53	55	28	32	39	58	37	37	476	-14	
	Section 42's				0	2	0	0	0	0	1	0	0	0	22	0	0	14	0	0	13	0	0	49	23	
	Friends & Family Test				90%	91%	91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	87%	87%	89%	91%	90%	89%	89%	-3%	
WELL LED																									
Safety	Risks 12 and above on Register				36	38	39	31	32	27	31	34	35	40	43	44	47	44	49	44	44	42	41	49	15	
	Red Flags Raised*				31	47	51	43	73	129	51	28	41	45	56	80	117	105	160	209	161	180	148	1302	824	
	*different criteria across RBCH & PHT																								
	Overall CHPPD				9.5	8.8	9.0	9.4	9.4	8.3	9.4	9.3	5.7	5.3	5.2	5.0	5.2	5.0	4.7	4.8	3.3	4.7	3.2	4.8	-1.6	
	Patient Safety Alerts Outstanding				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
People	Turnover				10.40%	10.70%	10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	11.50%	12.20%	12.40%	12.10%	12.20%	12.60%	12.81%	12.10%	13.50%	12.1%	-0.1%	
	Vacancy Rate *(only up to Oct 2020)*				1.0%	0.7%	1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%	-	-	
	Sickness Rate				4.2%	4.2%	4.2%	4.4%	4.5%	7.1%	4.9%	7.1%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.2%	5.2%	5.3%	5.1%	5.2%	5.0%	-0.2%	
	Appraisals	Values Based			41.6%	53.5%	57.3%	61.5%	63.9%	63.7%	63.1%	62.9%	4.6%	9.0%	16.7%	25.7%	35.7%	48.7%	54.5%	58.2%	58.4%	55.3%	59.1%	36.9%	-6.8%	
		Medical & Dental			52.0%	45.9%	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	61.0%	62.8%	54.4%	61.1%	63.1%	54.1%	44.1%	38.8%	56.1%	-1.5%	
	Statutory and Mandatory Training				86.52%	86.96%	88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.90%	88.20%	88.10%	88.60%	87.70%	86.50%	85.80%	86.18%	85.72%	85.60%	87.2%	0.3%	

Performance at a Glance - Key Performance Indicator Matrix

			standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	ytd	ytd var	trend
RESPONSIVE																									
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)			8	20	25	17	29	36	10	17	14	8	9	11	5	3	7	9	5	9	6	86	-118	
	Patient Moves Out of Hours (Non-Clinically Justified Only)			58	64	84	106	103	187	75	70	67	72	98	122	65	51	82	45	53	57	64	776	-206	
	ENA Risk Assessment	Falls		62%	61%	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	55%	56%	55%	53%	58%	51%	58%	57%	-3%	
	**infection eNA assessment*	Infection*		74%	73%	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	58%	59%	58%	56%	58%	54%	61%	61%	-11%	
	went live at RBCH	MUST		64%	64%	63%	65%	61%	57%	63%	63%	69%	66%	65%	61%	59%	60%	59%	57%	58%	56%	62%	61%	-2%	
	during April 20	Waterlow		61%	61%	61%	61%	60%	52%	59%	60%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	57%	-2%	
RTT	18 week performance %		92%	49.0%	56.2%	60.4%	63.4%	64.8%	63.0%	59.3%	58.2%	59.6%	63.2%	65.7%	65.2%	65.4%	64.1%	64.0%	64.0%	61.6%	60.9%	60.4%			
	Waiting list size		44,508	41,172	43,123	44,320	44,349	44,117	44,615	45,524	47,133	47,984	48,773	49,099	48,687	49,906	51,491	52,787	52,383	52,972	53,168	54,602			
	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)		0%	-3%	1.3%	4.1%	4.1%	3.6%	4.8%	6.9%	10.7%	7.8%	9.6%	10.3%	9.4%	12.1%	15.7%	18.6%	1.7%	2.9%	3.3%	6.0%			
	No. patients waiting 26+ weeks			16,950	17,001	14,220	12,131	10,738	10,904	11,672	12,408	12,692	12,682	11,972	11,085	10,929	11,508	11,600	11,746	12,904	13,561	13,829			
	No. patients waiting 40+ weeks			6,395	6,921	7,197	7,799	8,031	7,258	7,006	6,727	6,474	6,151	5,962	5,872	5,971	5,922	5,559	5,413	5,374	5,391	5,764			
	No. patients waiting 52+ weeks		0	2,050	2,636	2,998	3,242	3,439	4,273	5,325	5,595	4,816	4,156	3,737	3,402	3,408	3,480	3,442	3,322	2,968	2,777	2,680			
	No. patients waiting 78+ weeks			0	70	92	149	291	542	726	979	1,176	1,268	1,180	1,318	1,635	1,740	1,416	1,329	952	870	864			
	No. patients waiting 104+ weeks			0	0	0	0	0	0	0	0	9	24	66	101	133	178	247	248	273	295	408			
	Average Wait weeks		8.5	20.8	20.6	19.5	18.3	18.6	18.3	18.3	20.1	19.5	19.5	20.1	20.1	20.1	20.1	17.8	17.8	19.5	18.5	20.1			
Theatre	Theatre utilisation - main		98%	67%	71%	71%	71%	73%	69%	67%	73%	73%	74%	75%	72%	73%	74%	75%	72%	70%	71%	75%			
	Theatre utilisation - DC		91%	70%	73%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%	58%	65%	63%	61%	62%	64%			
	NOFs (Within 36hrs of admission - NHFD)		85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%	39%	20%	42%	4%	9%	32%			
Outpatients	**Referral Rates**																								
	GP Referral Rate year on year +/-	*(20/21 baseline)*	-0.5%										200.1%	127.3%	86.0%	66.7%	50.5%	42.0%	38.3%	34.3%	33.5%	32.4%			
		(19/20 baseline)	-0.5%	-45.8%	-37.8%	-34.4%	-32.0%	-28.2%	-29.5%	-29.0%	-22.4%	-12.6%	-10.2%	-8.6%	-10.8%	-10.8%	-10.9%	-11.3%	-10.7%	-10.2%	-10.8%	-10.7%			
	Total Referrals Rate year on year +/-	*(20/21 baseline)*	-0.5%										169.1%	120.5%	87.2%	70.3%	53.5%	42.6%	37.1%	31.2%	27.1%	26.4%			
		(19/20 baseline)	-0.5%	-45.3%	-37.1%	-32.2%	-28.7%	-24.5%	-22.8%	-22.2%	-17.2%	-8.9%	-8.0%	-3.9%	-6.2%	-6.0%	-5.6%	-5.8%	-5.0%	-4.6%	-5.0%	-4.8%			
	Outpatient metrics																								
	Overdue Follow up Appts			13,652	13,941	13,722	13,099	13,941	14,883	15,775	15,669	15,404	15,266	15,330	15,389	16,272	16,487	16,174	15,846	16,393	16,523	16,649			
	Follow-Up Ratio		1.91	1.46	1.44	1.44	1.48	1.44	1.63	1.54	1.44	1.40	1.36	1.37	1.40	1.47	1.48	1.43	1.44	1.49	1.53	1.45			
	% DNA Rate		5%	5.7%	6.6%	7.0%	6.6%	6.0%	5.5%	5.0%	5.0%	5.7%	5.8%	6.3%	6.6%	6.7%	6.9%	6.9%	6.8%	7.1%	7.1%	6.7%			
	Patient cancellation rate			9.2%	9.9%	10.3%	9.5%	10.4%	12.1%	8.8%	5.4%	8.3%	9.1%	10.5%	12.2%	11.7%	13.0%	12.4%	11.8%	14.0%	12.9%	12.9%			
	30% reduction in face to face attendances																								
	% telemedicine attendances		25%	52.9%	44.5%	42.0%	43.1%	39.4%	52.1%	52.8%	42.5%	37.3%	34.1%	31.3%	28.7%	28.5%	26.1%	26.6%	26.7%	27.8%	26.5%	25.7%			
DM 01	**Diagnostic Performance (DM01)**																								
	% of <6 week performance		1%	19.5%	16.9%	9.8%	1.4%	2.7%	6.4%	5.9%	2.9%	3.7%	2.6%	1.8%	3.3%	6.1%	5.5%	5.5%	7.8%	14.3%	18.3%	13.1%			
Cancer	2 week wait (RBH not being monitored)			99.3%	95.4%	-	-	-	-	-	-	-	-	-	-	-	-	-							
	62 day standard		85%	76.6%	76.1%	77.9%	80.3%	77.5%	78.5%	71.6%	83.2%	76.1%	76.9%	79.8%	78.8%	77.3%	74.6%	71.3%	71.4%	70.0%	71.6%	61.9%	*(February predicted)*		
	28 day faster diagnosis standard		75%	80.3%	72.9%	76.6%	86.7%	78.6%	72.5%	80.2%	83.6%	75.9%	77.6%	75.3%	78.2%	75.2%	72.8%	68.0%	66.4%	65.4%	60.4%	72.1%	*(February predicted)*		
Emergency Dept	Arrival time to initial assessment		15	5.7	5.7	5.1	5.0	6.0	6.0	5.0	6.0	9.0	9.0	13.0	14.0	10.0	7.0	5.0	4.0	4.0	4.0	6.0			
	Clinician seen <60 mins %			31.0%	36.2%	39.9%	43.7%	41.8%	50.5%	52.9%	45.2%	30.6%	27.0%	18.3%	16.1%	17.1%	19.8%	21.4%	24.5%	30.6%	31.6%	23.7%			
	PHT Mean time in ED		200	227	206	210	230	235	266	235	205	217	229	239	250	274	266	280	277	298	297	285			
	RBCH Mean Time in ED		200	211	217	226	219	259	258	222	206	223	228	250	280	297	278	294	297	304	294	321			
	Patients >12hrs from DTA to admission		0	0	0	0	7	8	3	1	0	0	0	0	0	0	5	16	21	34	73	60			
	Patients >6hrs in dept			1833	1454	1540	1488	2126	2052	698	1072	1674	2110	2735	3656	4349	3679	4258	3980	4071	3763	4089			
SWAST SCAST	ED attendance Growth (YTD)	*vs 20/21*										94.3%	17.0%	56.1%	45.8%	37.4%	33.2%	31.5%	31.5%	31.5%	30.2%	31.2%			
		vs 19/20		-26.0%	-23.2%	-15.7%	-21.2%	-21.8%	-22.6%	-31.4%	-21.1%	-3.0%	-15.0%	9.0%	0.9%	1.7%	2.3%	2.8%	2.5%	2.8%	0.7%	0.5%			
	Ambulance handover growth (YTD)	*vs 20/21*										43.0%	35.7%	22.9%	14.6%	9.8%	6.1%	2.7%	1.0%	2.7%	-1.3%	-2.0%			
		vs 19/20				-6.7%	-7.5%	-7.0%	-4.7%	-11.9%	-4.4%	7.8%	8.8%	8.9%	7.3%	1.7%	2.4%	-0.4%	-2.6%	-0.4%	-5.9%	-7.2%			
	Ambulance handover 30-60mins breaches			313	228	249	213	261	296	126	190	227	264	341	411	330	290	213	262	281	362	349			
	Ambulance handover >60mins breaches			56	52	48	57	103	203	12	20	42	67	117	168	238	203	127	175	164	510	655			
Patient Flow	Emergency admissions growth (YTD)	*vs 20/21*										33.2%	17.0%	2.2%	26.7%	21.1%	17.0%	14.4%	13.1%	14.4%	11.5%	10.9%			
		vs 19/20		-11.9%	-10.5%	-12.1%	-15.4%	-16.4%	-13.1%	-19.3%	-13.4%	-16.2%	-15.0%	-15.1%	-1.4%	-2.2%	-2.9%	-4.1%	-5.5%	-4.1%	-8.0%	-8.6%			
	Bed Occupancy		85%		85.9%	86.0%	85.4%	85.2%	87.4%	84.6%	82.3%	85.1%	90.5%	90.3%	89.7%	92.5%	90.3%	92.4%	92.4%	91.3%	94.9%	94.4%			
	Stranded patients:																								
	Length of stay 7 days				380	394	385	311	443	311	347	338	374	390	407	483	467	475	514	500	553	544			
	Length of stay 14 days				197	214	219	155	242	155	184	178	195	216	233	296	294	295	328	318	360	359			
	Length of stay 21 days		108		108	126	132	86	144	86	105	103	115	132	148	198	198	202	224	224	260	253			
	Non-elective admissions				6089	6279	5673	6034	5231	6034	6130	6355	6463	6366	6486	6119	5972	6291	5852	5621	5823	5301			
	> 1 day non-elective admissions				3796	3932	3554	3686	3521	3686	3737	3873	4025	3885	4108	3950	3756	4009	3727	3575	3817	3339			
	Same Day Emergency Care (SDEC)				2291	2346	2118	2344	1710	2344	2387	2481	2437	2478	2374	2166	2211	2275	2123	2044	2004	1961			
	Conversion rate (admitted from ED)		30%		34.40%	36.10%	38.30%	36.90%	42.30%	36.90%	37.00%	33.90%	32.50%	30.40%	29.90%	29.00%	28.30%	30.10%	29.90%	32.70%	31.40%	28.20%			

Quality - SAFE

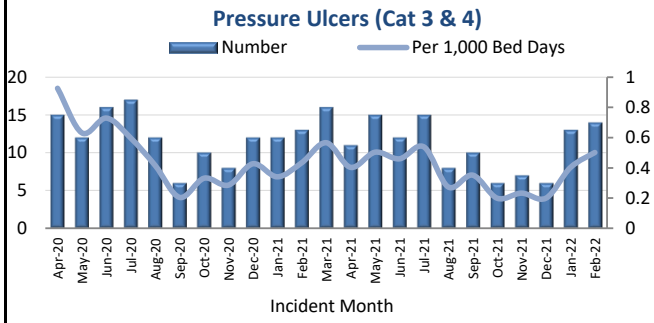
Commentary on high level board position

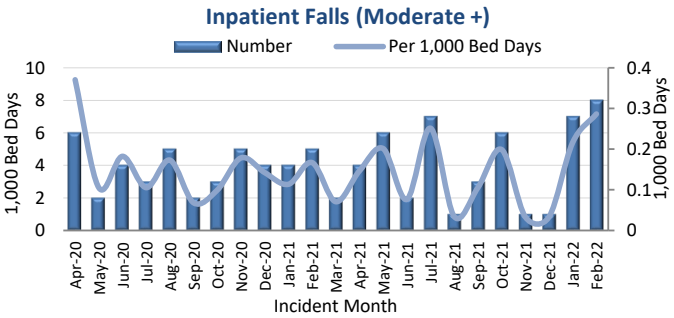
- 14 cat 3's reported this month. Two incidents are mixed aetiology, moisture & pressure. In total 7 incidents were reporting deterioration from pre-existing pressure ulceration. Two patients were on the EOLC pathway.
- Eight fall incidents, 6 #nof's/fractures and two incidents where patients sustained head injury's. All falls were reported as unwitnessed.
- Three (3) new Serious Incidents reported in month (February 22). Full report on learning from completed scoping meeting and investigations included in CMO report to Quality Committee and Board.
- Total number of SIs reported YTE remains on the same trajectory as 20/21.
- No Never events reported in month. YTD figure remains below 20/21 figure.

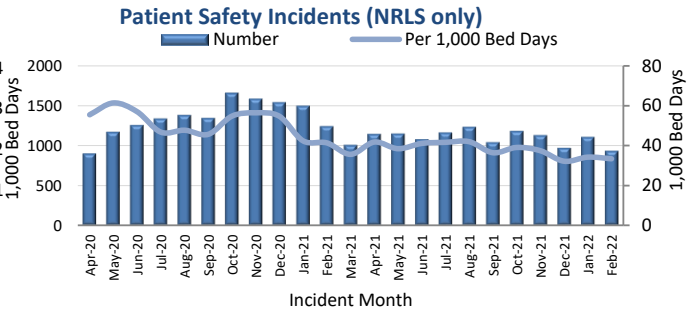
High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Presure Ulcers (Cat 3 & 4)	Number	117	133	-16
	Per 1,000 Bed Days	0.37	0.45	-0.08
Inpatient Falls (Moderate +)	Number	46	43	3
	Per 1,000 Bed Days	0.14	0.15	0.00
Medication Incidents (Moderate +)	Number	27	30	-3
	Per 1,000 Bed Days	0.08	0.10	-0.02
Patient Safety Incidents (NRLS only)	Number	12,092	14,871	-2779
	Per 1,000 Bed Days	37.86	50.35	-12.48
Hospital Associated Infections	MRSA	1	0	1
These are difficult to compare to 20/21	MSSA	43	47	-4
in terms of pure numbers.	C Diff	67	50	17
See Cover Sheet for more info.	E. coli	75	62	13

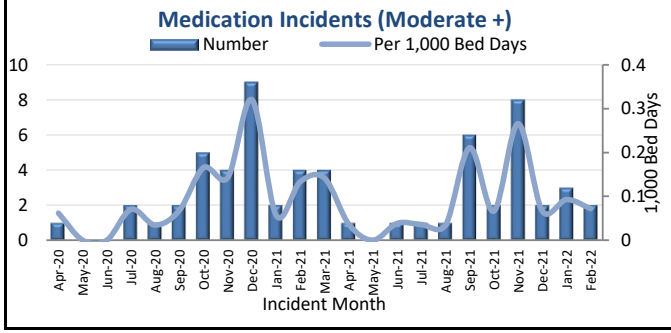
High Level Trust Performance

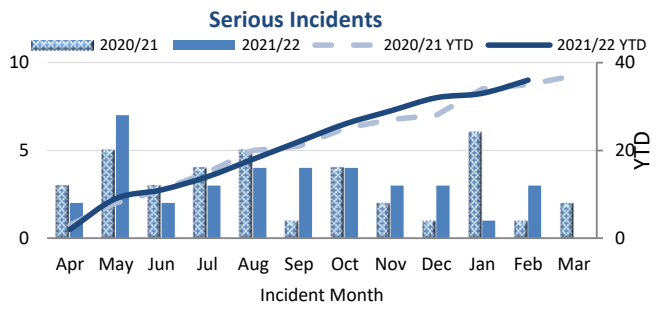


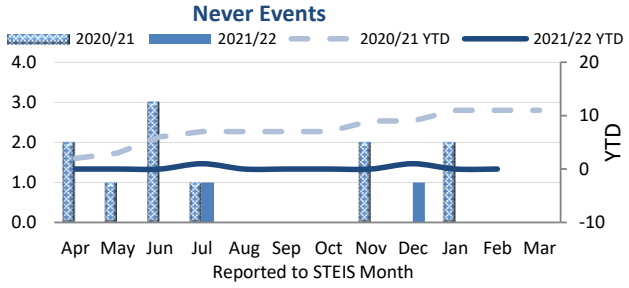




0 (Jan)	HAI: MRSA	0 (Feb)	3 (Jan)	HAI: MSSA	7 (Feb)	7 (Jan)	HAI: E. coli	2 (Feb)	2 (Jan)	HAI: C Diff (HOHA & COHA)	8 (Feb)







Quality - RESPONSIVE

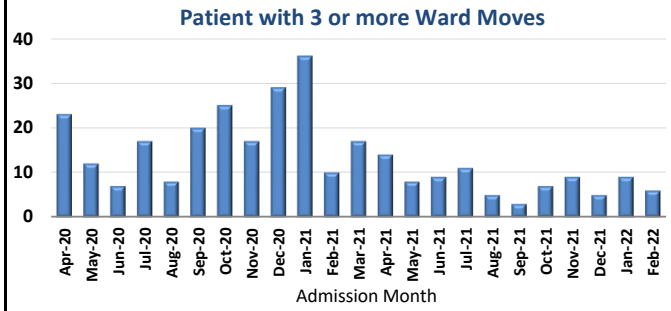
Commentary on high level board position

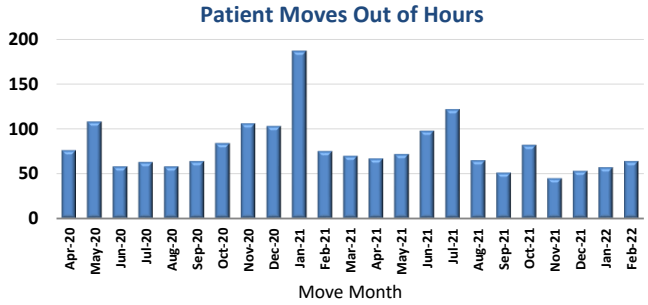
- eNA compliance of the initial assessment completion within 6hrs of admission remains a challenge. However areas have maintained their levels of compliance this month. eNA task & finsh group, with the aim of reviewing the risk assessments and compliance requirements is set to meet in April.

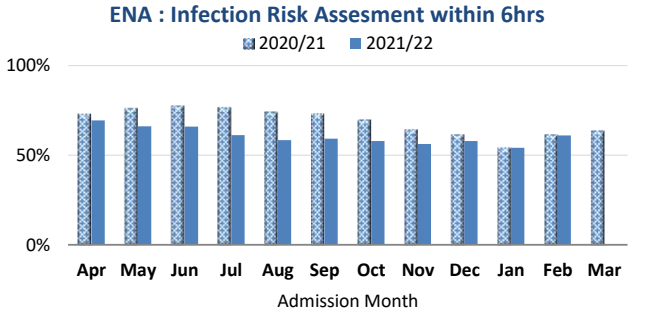
High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	86	204	-118
Patient Moves Out of Hours (Non-Clinically Justified Only)	776	982	-206
Mixed Sex Acc. Breaches Suspended Apr20 - Sep21	19	N/A	N/A
ENA Risk Assessment			
Falls	56.8%	59.6%	-2.9%
Infection	60.8%	72.1%	-11.2%
MUST	60.9%	63.2%	-2.2%
Waterlow	57.1%	59.3%	-2.3%

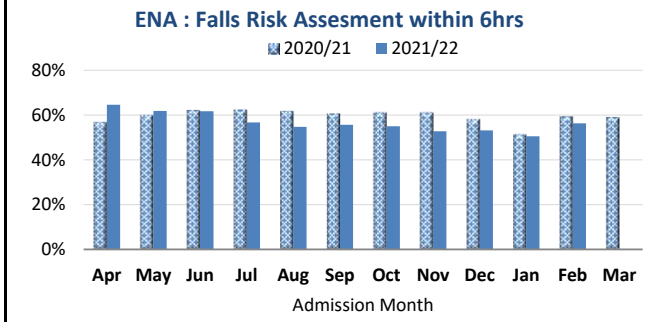
High Level Trust Performance

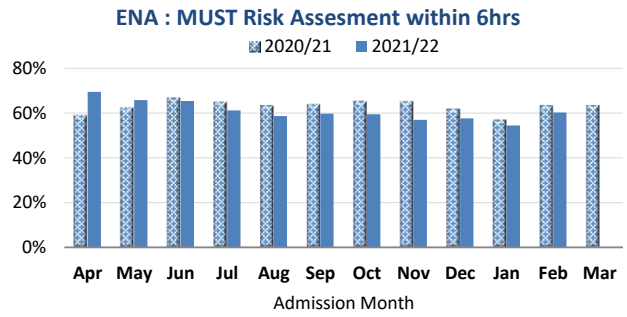


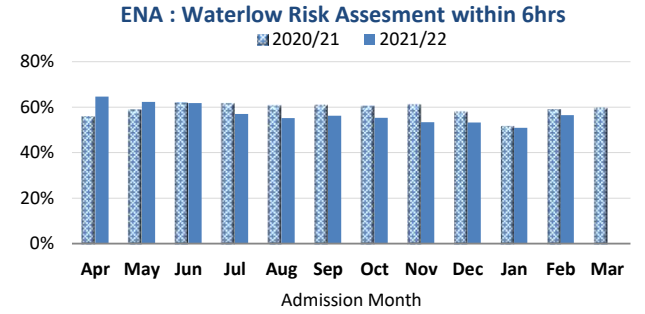




50.9%	Falls	57.6%	54.2%	Infection	61.2%	55.7% (Jan)	MUST	61.7% (Feb)	51.3% (Jan)	Waterlow	57.7% (Feb)







Quality - EFFECTIVE AND MORTALITY

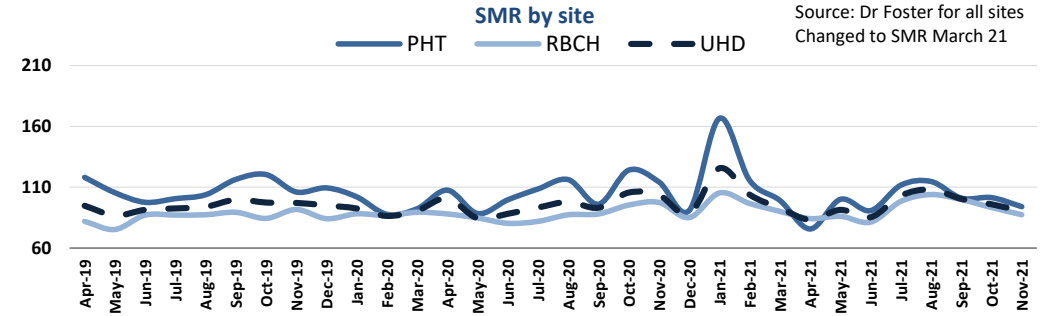
Commentary on high level board position

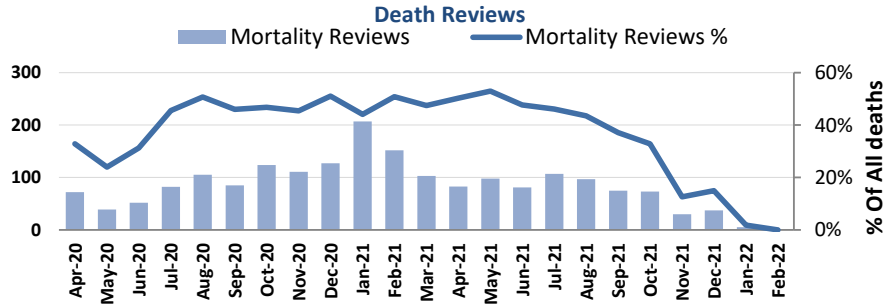
- Please see separate CMO paper regarding Mortality
- A project to roll out a new learning from deaths process across UHD restarted in November 22. The aim of the project is to implement a single IT system across UHD for the verification of death, mortuary admisssion process, Medical examiner scrutiny and completion of consultant led mortality case note reviews for all inpatient deaths. The project group are working on multiple parallel workstreams including:
  - Agreement of a new UHD learning from deaths review form to ensure consistency across all sites (agreed)
  - Development of a standard Verification of death form to ensure consistency across all sites (agreed)
  - Agreement of the specification for Bereavement Team and Mortuary workflows and database requirements across all sites (agreed)
  - Development of M&M workflows for all specialities across UHD (in progress)

High level Board Performance Indicators

			21/22	20/21	Variance
SMR (Source: Dr Foster for all sites)	Latest (Nov-21 - UHD)		90.3	103.5	
Patient Deaths		YTD	2357	2646	-289
Death Reviews Note: 3 month review turnaround target		Number	686	1156	N/A
		Percentage	29%	44%	
Deaths within 36hrs of Admission			392	412	-20
Deaths within readmission spell Patient readmitted within 5 days			174	199	-25

High Level Trust Performance

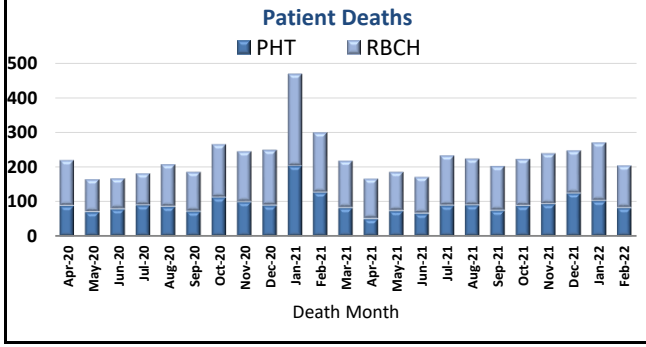


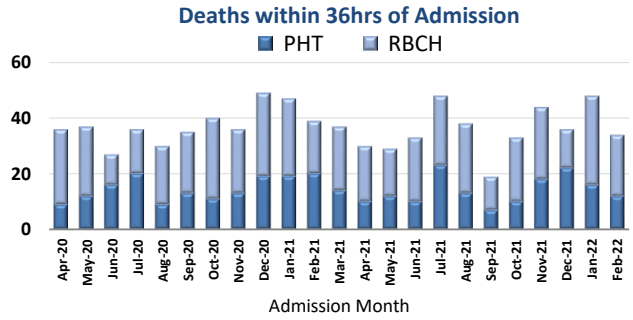


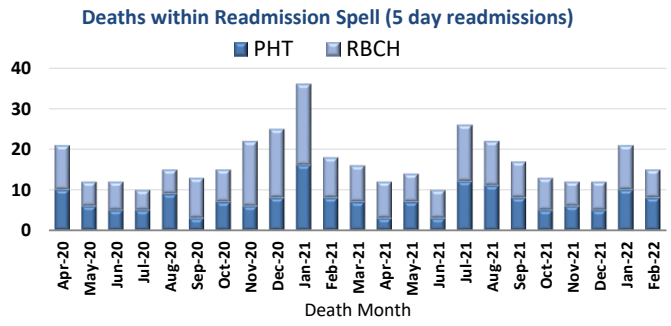
96.0 (Oct) | SMR | 90.3 (Nov)

270 (Jan) | Patient Deaths | 203 (Feb)

32.9% (Oct) | Deaths Reviewed | 12.6% (Nov)







Quality - CARING

Commentary on high level board position

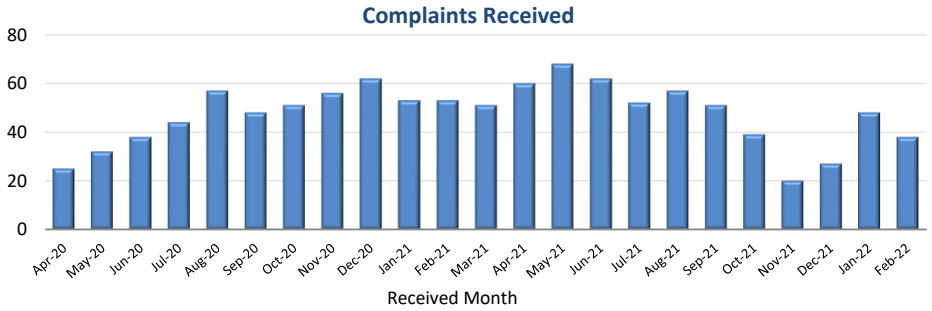
- FFT Positive responses are fractionally lower at 89.29% compared with 90.67% in January, this shows a downward trend for two consecutive months (our lowest positive response this year was recorded in August at 86.36%)
- In February there were 17 formal complaints and 18 Early Resolution of complaints processed.
- There are 81 outstanding open complaints, 42 of which have been open longer than 55 working days. A reduction in the number of open complaints is steadily declining. The number of complaints responded to in month has dropped to 11, primarily due to delays in progress complaint resolution and/or investigation due to operational pressures on clinical teams.
- Workforce pressures in the corporate complaints team are expected next month due to vacancies. To give a more realistic time frame and to avoid extension of complaint responses, this has been communicated to complainants as 55 days, with an internal target to be less.

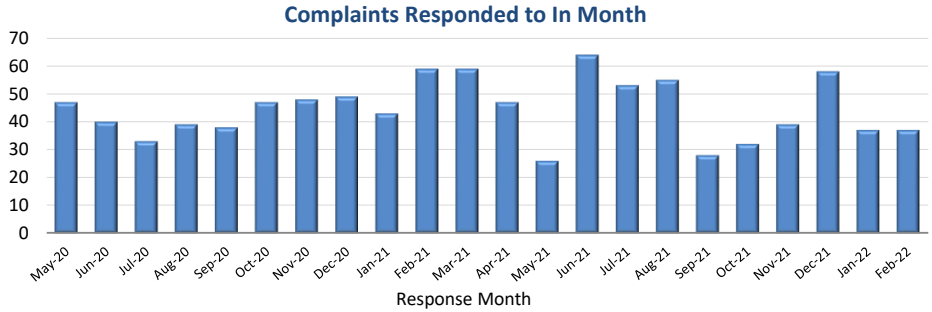
Key themes from PALS and complaints : failures in communication across all specialties and disciplines; discharge arrangements – either too soon or poorly coordinated; poor staff attitude and behaviours.

High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Complaints Received	522	519	3
Complaint Response Compliance	TBC		
Complaint Response in month	476	490	-14
Section 42's	49	26	23
Reported quarterly			
Friends & Family Test	89%	91%	-3%
New guidelines from June 2020			

High Level Trust Performance

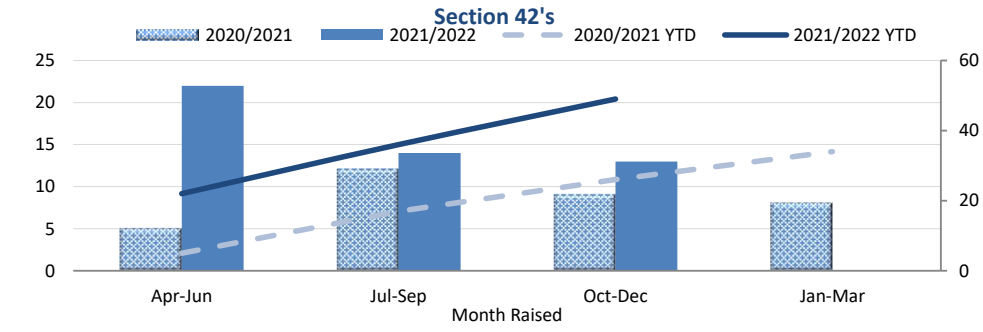


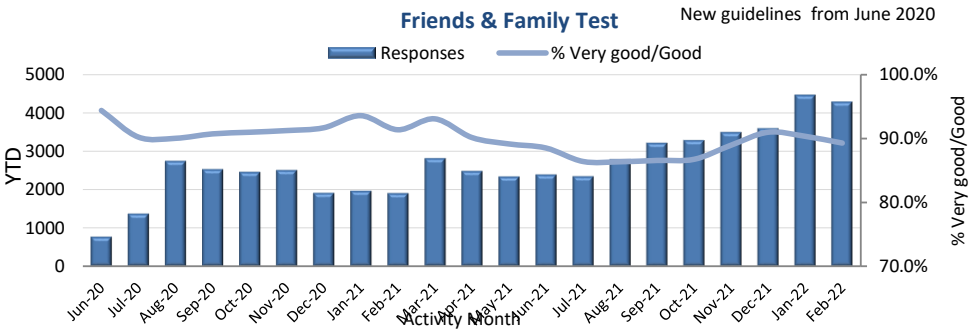


37 (Jan)	Complaints Received	37 (Feb)

48 (Jan)	Complaint Responses	38 (Feb)

90.4% (Jan)	FFT % V.Good/Good	89.3% (Feb)





Quality - WELL LED

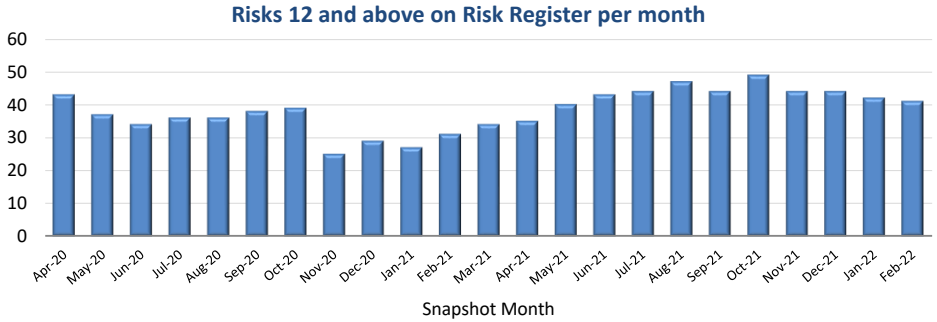
Commentary on high level board position

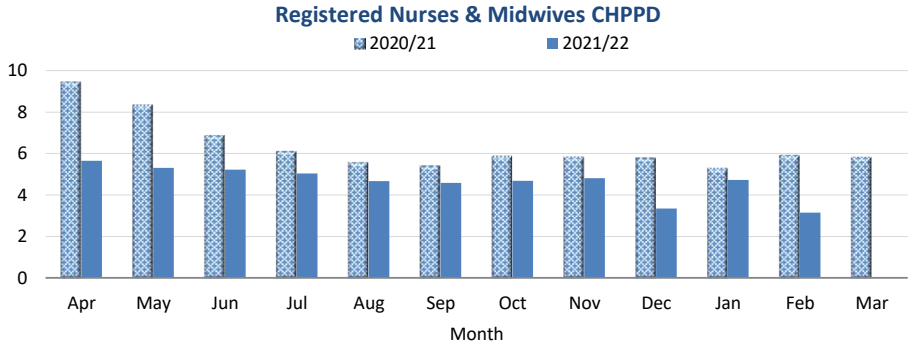
- Risk register update (as at 10/3/2022) provided in Quality Committee, TMB, and Board report
- Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group .

High level Board Performance Indicators

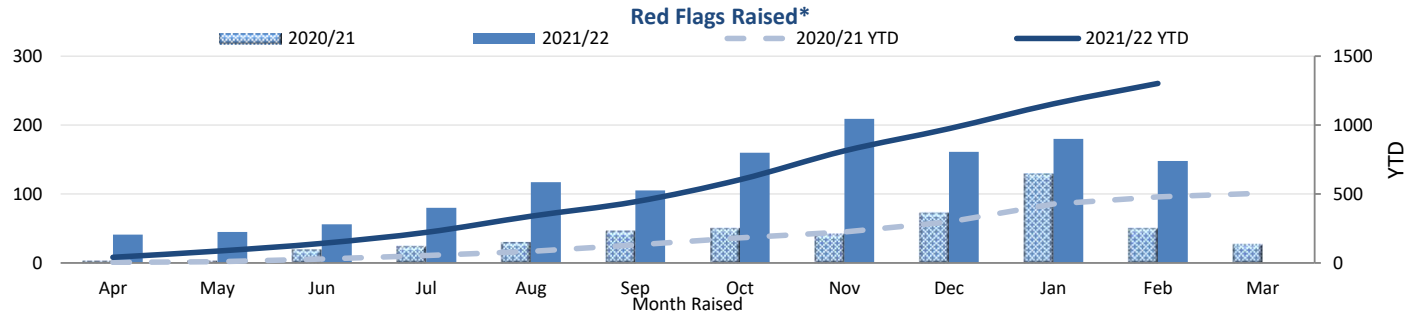
	21/22 YTD	20/21 YTD	Variance
Risks 12 and above on Register	42	27	15
Red Flags Raised*	1302	478	824
*Source: SafeCare from Dec21. Criteria aligned.			
Registered Nurses & Midwives CHPPD	4.6	6.2	-1.6
Patient Safety Alerts Outstanding	0	0	0

High Level Trust Performance





42 (Jan)	Risks 12+	41 (Feb)	4.7 (Jan)	RN & RM CHPPD	3.2	180 (Jan)	Red Flags Raised	148 (Feb)



Workforce

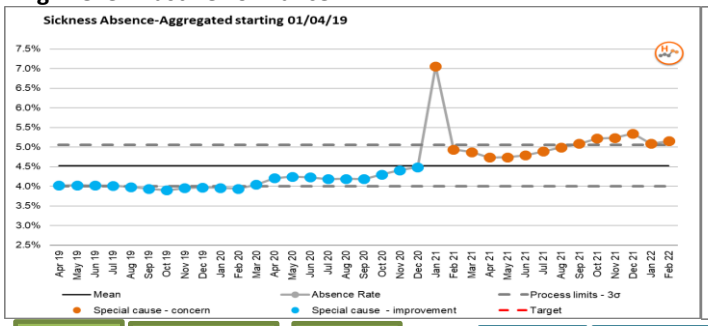
Commentary on high level board position

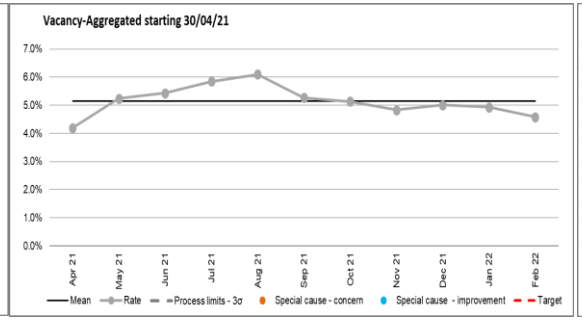
UHD turnover has risen slightly to 13.5% actual this month and is tracking at 12.3% year to date.
Vacancy Rate is showing at 4.8%, a decrease of 0.4% on last month. Year to date 5.1%. Work continues to refine our data analysis and establishment processing.
Overall Sickness levels have decreased this month to 6.1%. Covid related sickness has reduced to 0.22%. Year to date sickness absence is 5.0%
Medical & Dental appraisal levels have continued to fall this month and are showing a decrease of 8.1%. Year to date is 54.5%.
Value based appraisal levels are up slightly again this month by 0.5%. but are still tracking low, year to date 38.9%
Statutory and Mandatory training: although compliance continues strong despite continuing disruption to training due to operational pressures, this month has again shown a small decrease in compliance by 0.1%. Year to date 87.0%.
Agency usage remains high across all staff groups with a slight increase in bank fill of 3% in M11 and Medics bank fill up 6% from previous months.

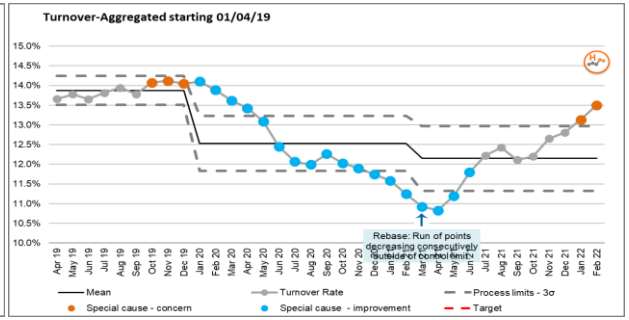
High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Turnover		12.3%	12.2%	0.1%
Vacancy		5.1%		N/A
Sickness Rate		5.0%	4.8%	0.2%
Appraisals	Values Based	38.9%	45.7%	-6.8%
	Medical & Dental	54.5%	56.0%	-1.5%
Statutory and Mandatory Training		87.0%	86.8%	0.3%

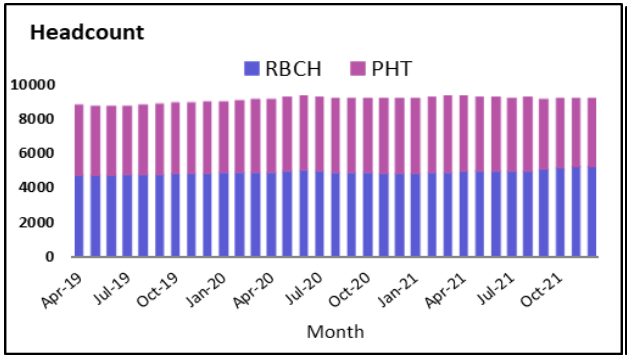
High Level Trust Performance

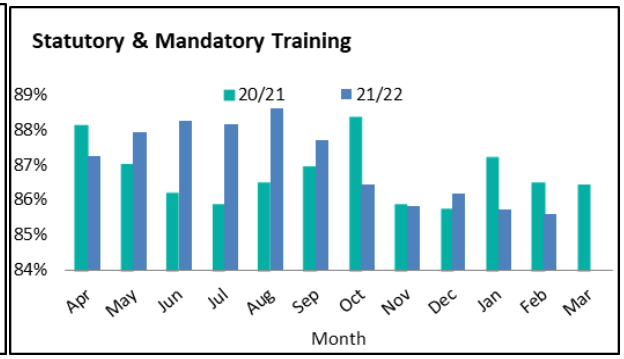


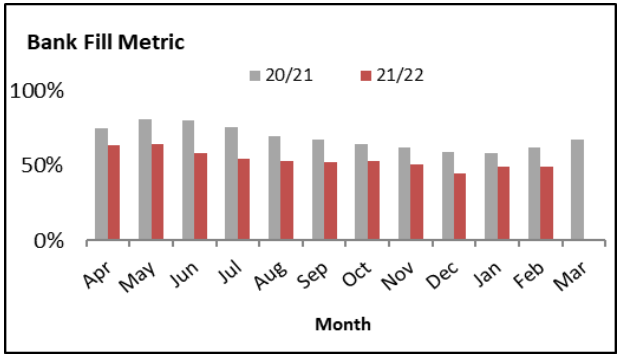




46.8% (Jan)	Appraisals (Medical)	38.8% (Feb)	58.6% (Jan)	Appraisals (Values)	59.1% (Feb)	13.1% (Jan)	Turnover	13.5% (Feb)	5.1% (Jan)	Sickness Absence	5.2% (Feb)







Emergency

Commentary on high level board position

Nationally Urgent Care is extremely pressured, and both our Emergency Departments are experiencing unprecedented levels of crowding resulting in long waits, ambulance delays and ultimately increased risk. Attendances were almost 10% higher than January and December averaging 431 per day. The non-admitted mean time for RBH was 314 mins, and 235 at Poole however for admitted patients these were 511 and 492 minutes respectively driving up the reported mean times to 362 minutes for RBH, and 300 for Poole.

Hospital occupancy driven by discharge challenges. escalation and ward closures due to COVID impact flow resultiung in long waits for beds and the high admitted mean times. UHD also saw an increase in patients waiting for more the 12 hours in the emergency department with 30 more than the previous month, including 60 waiting for more than 12 hours for a bed from the decision to admit (13 less than in January).

Ambulance delays continue to challenge the entire system. In February 655 waiting for more than 60 minutes to handover to the ED teams at UHD. This is due to crowding in the Emergency Departments and a national directive that Ambulance Crews are not permitted to cohort ambulance patients in queues. Delays are a national focus, with SWAST reported by the HSJ as a challenged Trust. UHD and SWAST continue to work closely on this, with broader system plans and assurance being submitted to NHSE via CCG leads.

The Trust Flow Improvement Programme is now progressing a series of workstreams and Transformation and recovery projects that improve flow and ultimately crowding in our EDs, reporting or TMG directly.

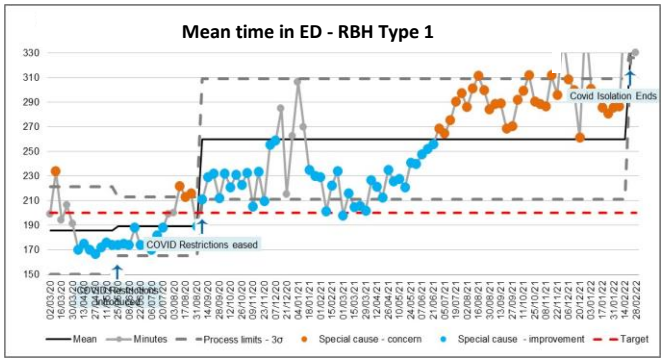
High level Board Performance Indicators

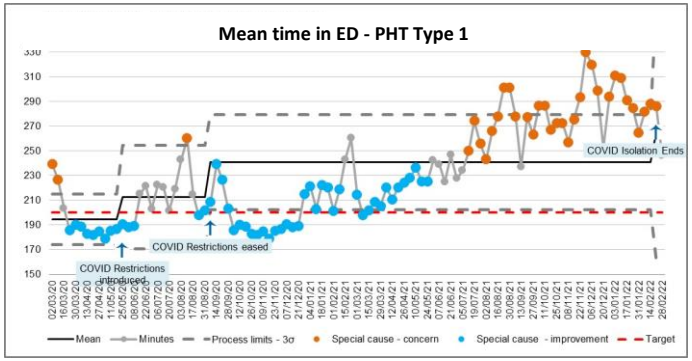
Type 1 ED	Standard	Merged Trust
Emergency Dept		
Arrival time to initial assessment	15	6
Clinician seen <60 mins		23.7%
PHT Mean time in ED	200	285
RBCH Mean Time in ED	200	321
Patients >12hrs from DTA to admission	0	60
Patients > 12hrs in dept		548
YTD ED attendance Growth vs 20/21 (vs 19/20)		31.2% (0.5%)
Ambulance Handover		
YTD Ambulance handover Growth vs 20/21 (vs 19/20)		-2.0% (-7.2%)
Ambulance handover 30-60mins breaches		349
Ambulance handover >60mins breaches		655
Emergency Admissions		
YTD Emergency admissions growth vs 20/21 (vs 19/20)		10.9% (-8.6%)

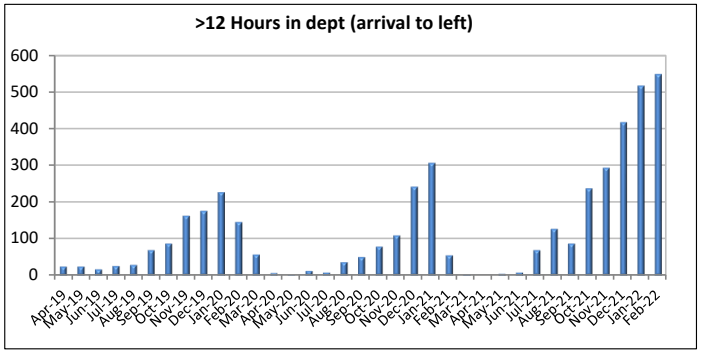
4 mins Jan-22 → time to initial assessme → 6 mins Feb-22

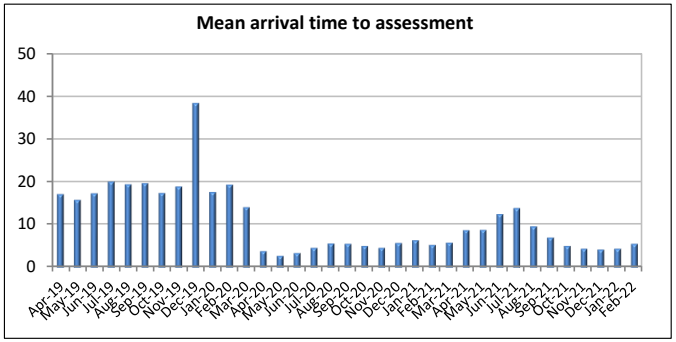
296 mins Jan-22 → time in Dept. RBH & → 304 mins Feb-22

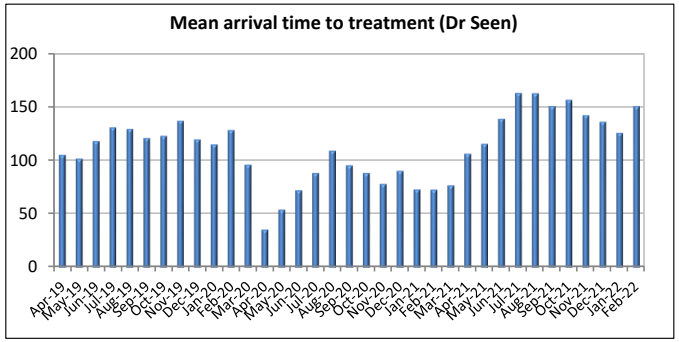
High Level Trust Performance

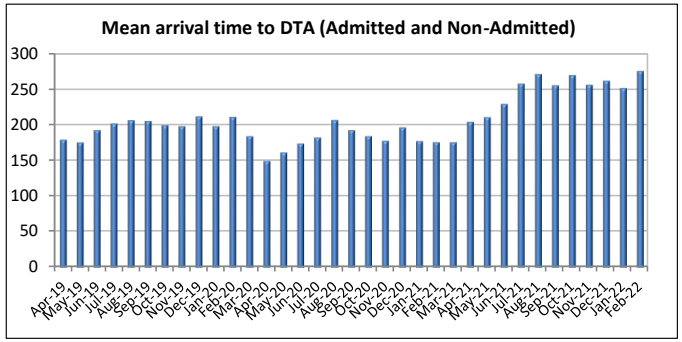












Patient Flow

Commentary on high level board position

Patient Flow

Bed occupancy has marginally reduced in February to 94.4% (-0.5%) compared to previous month. The elevated occupancy rate can be attributed to the low discharge rate due to high MRFD position and the impact of Covid outbreaks. This is significantly higher than the 88% target set within the bed modelling exercise for the winter plan and has impacted on the number of outliers across specialties. The figure also includes escalation/extremis beds opened due to the inability to discharge patients. The Trust continues to require designated covid bed capacity to manage infection control outbreaks to maintain elective and emergency activity.

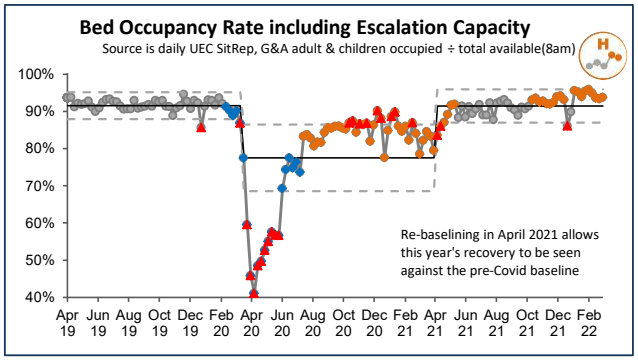
The ED conversion rate has reduced in month by 3.2% to 28.2% which was below the national standard (improvement).

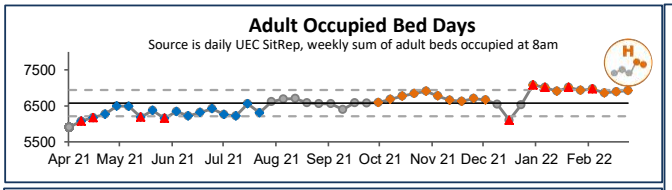
Adult occupied bed days have decreased by 3,377 days alongside a reduction in net admissions, +6 admissions compared to +101 in January. The mean bed wait for patients improved in February to 185 mins compared to 210 mins the previous month.

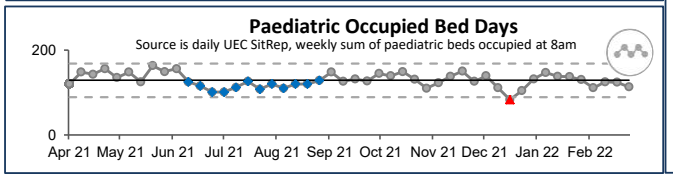
High level Board Performance Indicators & Benchmarking

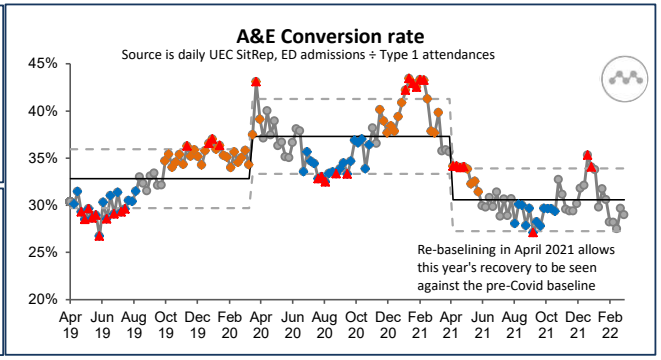
February 2022	Standard	Merged Trust
Patient Flow		
Bed Occupancy		
(incl. escalation in capacity)	85%	94.4%
(excl. escalation in capacity)		98.0%
Occupied Bed Days		28,155
Admissions v Discharges		6,065 v 6,059
Net admissions	<= 0	+6
Non-elective admissions		5,301
> 1 day non-elective admissions		3,339
Same Day Emergency Care (SDEC)		1,961
Conversion rate (admitted from ED)	30%	28.2%
Mean bed wait: minutes *w/c 28th Feb*		185.83

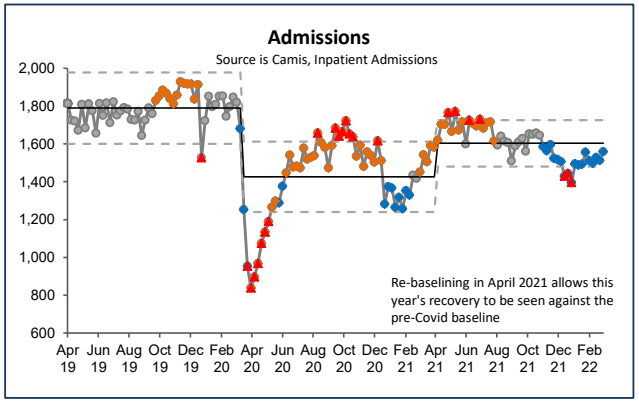
High Level Trust Performance (weekly)

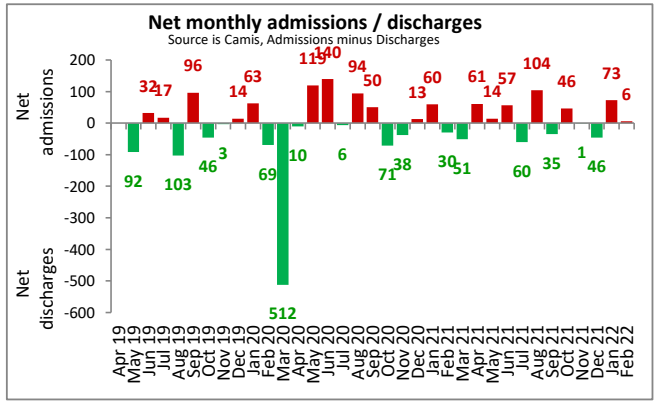


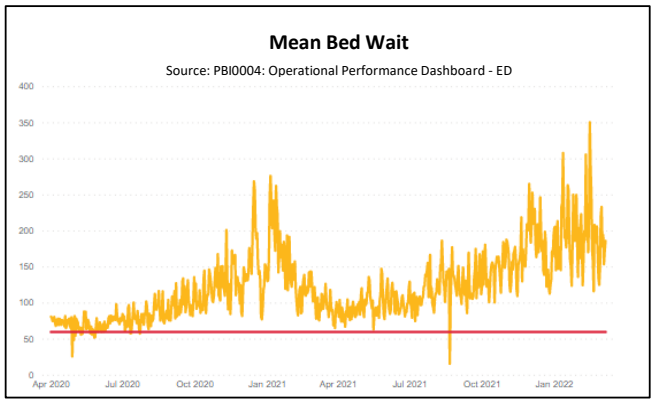












Length of Stay and Discharges

Commentary on high level board position

Patient Flow

The average number of beds per day occupied by patients with a length of stay>7days has reduced in month by 9 patients. The number of patients with a length of stay over 21 days has also reduced to 253 (-7 patients) This is not a significant change in performance (0.3% improvement) and remains above pre pandemic levels. The overall increased stay for stranded patients remains above the standard and has had a detrimental impact on the national UEC metrics, particularly 12hr DTA and ambulance handovers.

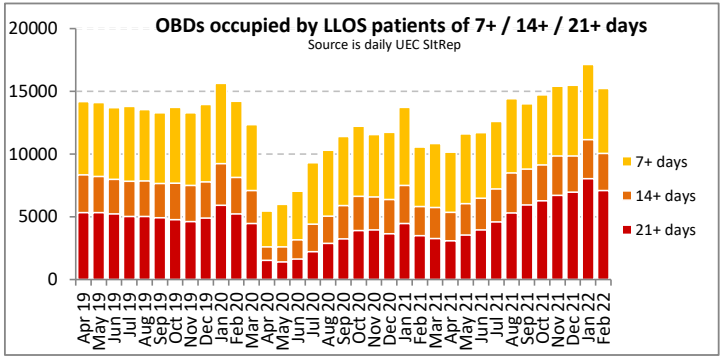
The average number of patients who are ready to leave/have no reason to reside (MRTL/NRTL) has continued to increase to 212 patients waiting in month compared to 207 in January. The position worsened as Care Homes, block book beds and community care continue to be impacted by covid suspensions and staff sickness across the board. The overall proportion of NRTR patients worsened in month to 25% (increase of 1%). Internal processes accounted for 14% of patients no longer meeting the criteria to reside (CTR), equal to the previous months position.

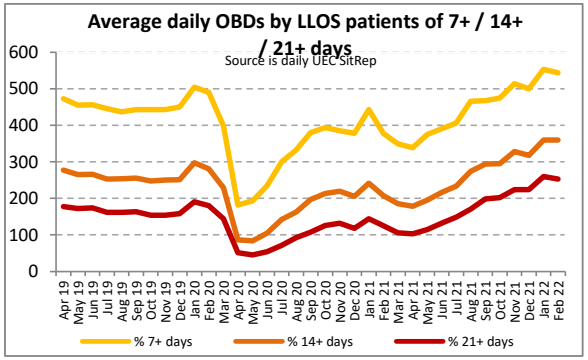
High level Board Performance Indicators & Benchmarking

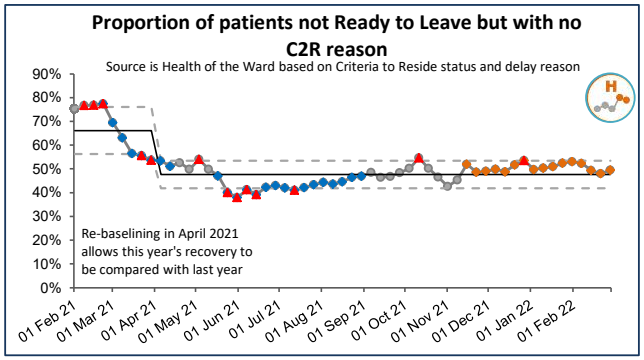
February 2022	Standard		Merged Trust	
Length of Stay and Discharges				
Stranded patients:				
Length of stay 7 days		*42%*	544	*54.1%*
Length of stay 14 days		*21%*	359	*35.7%*
Length of stay 21 days	108	*12%*	253	*25.2%*

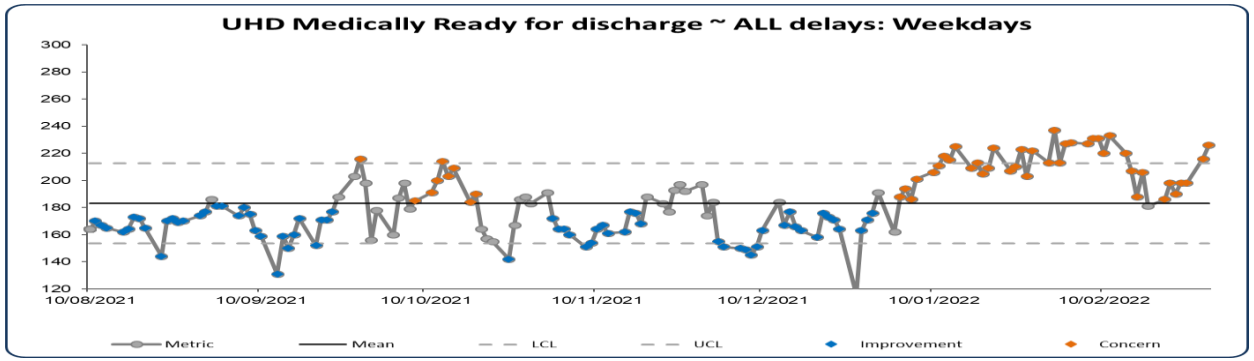
Criteria to Reside (excludes Ready to Leave)	Physiology	6%
	Function	13%
	Treatment	24%
	Recovery	6%
	Not Recorded	**51%**
Proportion of patients who are Ready to Leave		25%

High Level Trust Performance (weekly)









Escalation Report

Feb-22

Trauma Orthopaedics : 49% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.

Activity	Response

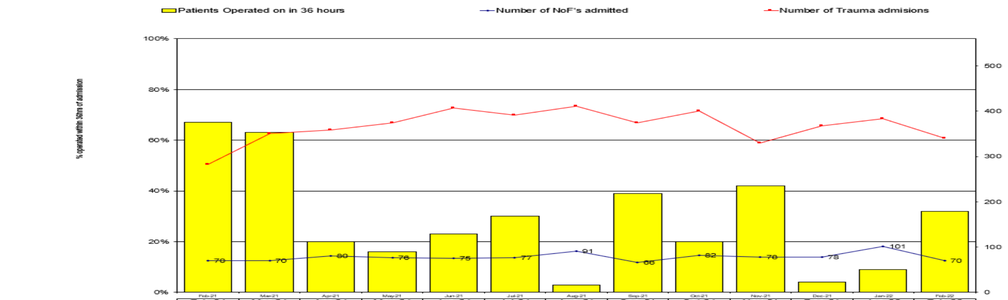
Definition of Trauma Quality Targets & Compliance Achieved

NHFD Best Practice Tariff Target: 85% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission.
Feb 2022 Compliance: 32%
CCG 2018-19 Quality Target: 95% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission or of being clinically appropriate for surgery, increasing to 95% by March 2019 (internal target remains at 95% on a monthly basis).
Feb 2022 Compliance: 49%
Internal Target: 95% of other trauma patients to theatre within 48 hours of admission or being deemed fit for surgery.
Feb 2022 Compliance: 94%

Breakdown of Breach Reasons and Waiting Times

NoF Breach Reasons	No. of pts
Patients not fit pre-op & needed optimising	9
Patients on anti coagulants	3
Other NoF/trauma patients prioritised	34
Loss of weekend capacity due to theatre staffing	5
Awaiting x-ray/scan availability	6
Required medical review pre-op	0
Equipment failure	0
Awaiting specialist surgeon	2
Total breached NoFs	59

Demand on Trauma Directorate during Febuary 2022



	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Patients Operated on in 36 hours	67%	63%	20%	16%	23%	30%	3%	39%	20%	42%	4%	9%	32%
Number of NoF's admitted	70	70	80	76	75	77	91	66	82	78	78	101	70
Number of Trauma admisions	283	351	358	374	407	391	411	374	401	330	368	384	340

Escalation Activity in Febuary 2022

February saw daily admission levels stabilise with less daily variance. total 340 admissions including 70 patients with a fractured neck of femur (# NoF) and 9 with a femoral shaft fracture. as a result of stabilised demand overall figures have improved this month with 32% of # NoF patients attaining surgery within 36 hours of admission and just under 50 % from being deemed fit for surgery.
Following from a difficult position in January the service started the month in a poor position with 11 NoF's outstanding (of 28 inpatients) resulting in a delay in the patients getting to theatre, the first patient to get to theatre within 36 hours of admission was admitted on the 6th February.
The trauma service started the month in stage 3 of escalation remaining in stage 3 for all but 6 days in stage 2, despite this overall performance has improved this month.
Trauma operating capcity lost approximately 24 theatre sessions in February, compared to our the pre Covid template.
Theatre staffing and radiographer availability continue to affect the availability and utilisation of our trauma lists

Mitigations and Reset

.
Bi weekly Trauma Improvement group in place to review opportunity and blocks to safety, productivity and efficiency. Remedial action plan created and action log in place. April innaugral Trauma summit planned. Fracture clinic capacity increased to 550 per week, all patients are reviewed and receive telephone consultations where appropriate.
Virtual fracture clinic capacity increased to provide same day access.
Bed base, reduction in core capacity (108 to 89) to support Covid capcity and Critical Care capacity.
No overall change in average daily NOF admissions leading to backlog of patients awaiting surgery remains 3.25 per day.
Daily trauma escalation operational huddle in place.
Availability of timely fracture clinic reviews, both face to face and via telephone.
Recruitment under way for consultant posts to support Derwent 3rd theatre and trauma capacity.
Trauma Ambulatory Care Unit (TOACU) opened at the end of July 80% admission avoidance rate improving to 90%. Service impacted over holiday period as capacity used for inpatient capacity for 3 days.
Service now had consistent ringfencing resulting in up to 40 pts/wk with admissions avoidance >80%.

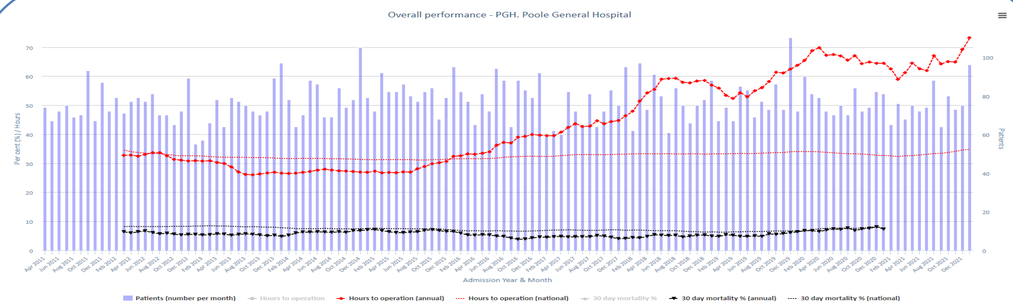
Complexity of Case Load

Soft Tissue	No. of pts
Patients requiring returns to theatre	20
Additional theatre slots required	26
Complex Surgery	No. of pts
Total Hip Replacements for NoFs	6
Revisions carried out	3

In Febuary 6 patients had a THR for their fractured NoF and a further 3 patients had a revision to a THR for failed PFN which result in extended operating times on a theatre list.

Of the Febuary trauma admissions 20 patients required 2 or more surgical interventions resulting in an additional 26 theatre visits equates to approximately 9 theatre sessions (of multiple trips to theatre) if 3 soft tissue cases are done on a session.

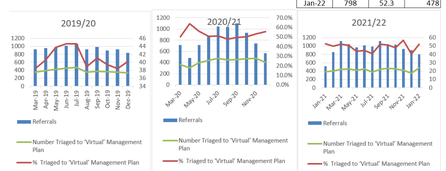
Neck of Femur QSPC Focus



Name	Code	Number of cases submitted	Case ascertainment: total cases compared to last year (%)	Acute length of stay (days)	Overall hospital length of stay (days)	Documented final discharge destination	Discharge to original residence within 120 days	Hip fractures which were sustained as an inpatient	Documented not to have developed a pressure ulcer	Documented not to have had a reoperation within 120 days	120 day follow up	Crude 30 day mortality rate	Adjusted 30 day mortality rate
Poole General Hospital	PGH	921	96.7	14.0	14.3	88.2	72.0	2.2	91.4	4.3	68.6	8.3	8.3
Queen Elizabeth Hospital, Edgbaston	QEB	867	182.9	10.6	17.0	78.9	55.0	2.3	100.0	0.0	0.0	8.2	9.4
Norfolk and Norwich Hospital	NOR	842	100.0	12.7	12.6	56.7	53.4	2.9	90.3	0.8	0.0	8.3	8.8
Leicester Royal Infirmary	LER	821	90.6	12.5	20.2	91.8	82.6	2.3	99.8	0.0	0.0	8.4	9.3

Febuary Update on virtual fracture clinic

2019/20				2020/21				2020/21			
Month	Referrals	% Triaged to 'Virtual' Management Plan	Number Triaged to 'Virtual' Management Plan	Month	Referrals	% Triaged to 'Virtual' Management Plan	Number Triaged to 'Virtual' Management Plan	Month	Referrals	% Triaged to 'Virtual' Management Plan	Number Triaged to 'Virtual' Management Plan
Mar-19	924	38.4	355	Jan-20	860	40.2	314	Jan-21	518	52.5	383
Apr-19	953	40.6	387	Feb-20	889	39	365	Feb-21	852	50	400
May-19	972	43.7	425	Mar-20	716	50.4%	361	Mar-21	1117	52.1	438
Jun-19	1012	44.6	451	Apr-20	484	63.6%	308	Apr-21	1039	50.6	452
Jul-19	1064	44.6	467	May-20	716	55.9%	400	May-21	972	43.7	425
Aug-19	926	38.9	352	Jun-20	861	50.8%	438	Jun-21	1012	44.6	451
Sep-19	988	41.1	375	Jul-20	1040	51.1%	473	Jul-21	988	41	375
Oct-19	899	39.4	365	Aug-20	1038	47.8%	448	Aug-21	1117	52.1	438
Nov-19	924	38.4	355	Sep-20	1100	49.3%	452	Sep-21	1040	51.1	473
Dec-19	832	40.2	332	Oct-20	934	50.3%	467	Oct-21	1038	47.8	448
				Nov-20	743	53.2%	478	Nov-21	928	56.8	425
				Dec-20	563	55.6%	403	Dec-21	899	40.2	345
								Jan-22	798	52.3	478



In comparison to 2019 activity there has been an increase in patients managed virtually, with up to 64% of all referrals managed as such. Over the comparable months there has been an over all increase to 55% versus 40% in 2019. This has undoubtably helped to mitigate demands on face to face fracture clinics and remains a huge success.

Author John West

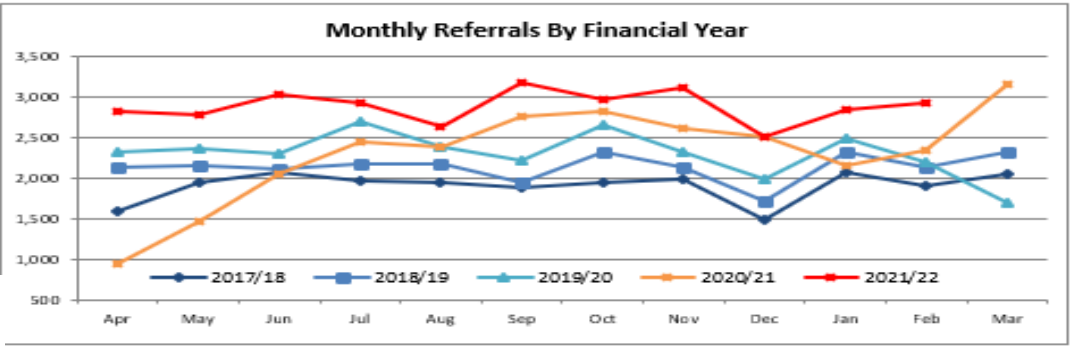
Cancer - Actual January 2022 and Forecast February 2022

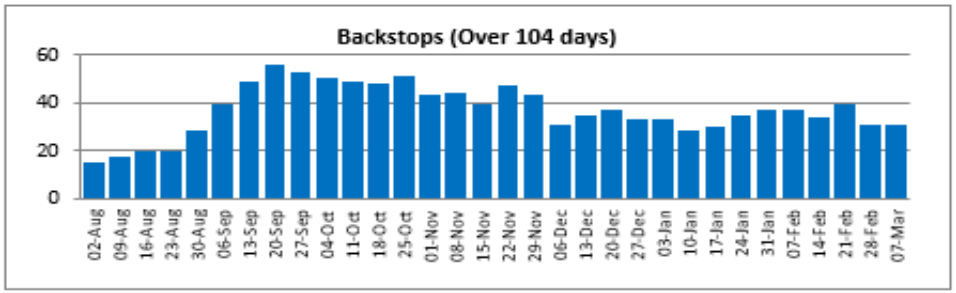
Commentary on high level board position

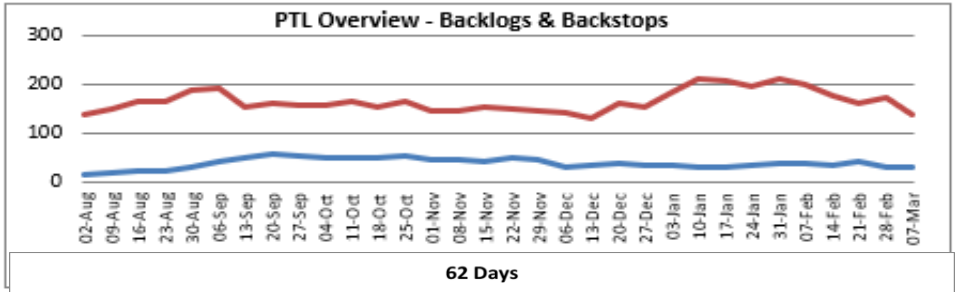
The rate of two week wait referrals in January 2022 saw an increase of 24.5% when compared to January 2021 and remains just above the trajectory. Referrals in February saw a 20% increase when compared to February 2021 and is 11% above the trajectory. The sites seeing the highest increases in referrals for February were lung (+30%), upper GI (+28%), skin (+26%), colorectal (+22%) and urology (+21%). The total number on the UHD PTL in February continues to be above 3100 and ranks 20th when compared nationally. The high increases in referral numbers for the above mentioned tumour sites continues to challenge all performance standards. However, of the 30 trusts with the largest PTL's nationally, UHD has the 3rd lowest % of backstop patients, even with the current challenges. Latest National backlog position of 6.3% for Dorset is the 3rd best performing ICS nationally. 28-day FDS in January remained below the 75% threshold reporting 60.14%, however provisional performance for February has increased to 72.1% with 7 sites achieving over the 75% threshold and a further 2 performing over 63%. Data completeness in January against this standard was above the target of 95% achieving 98%. The Trust has consistently achieved the 31-day standard for 10 consecutive months and is expected to be achieved in February. Two out of the three subsequent treatment KPI's were achieved in January, with surgery falling below the 94% threshold (86.8%). The 62-day performance in January was below the 85% threshold (71.6%), however remains above the current national average of 63.1% with only 15 trusts achieving. UHD has continued to perform above the national average since merging and reported the highest number of treatments against this standard within Wessex. The Wessex Alliance was the 6th highest performing alliance and the 7th highest in the number of reported treatments.

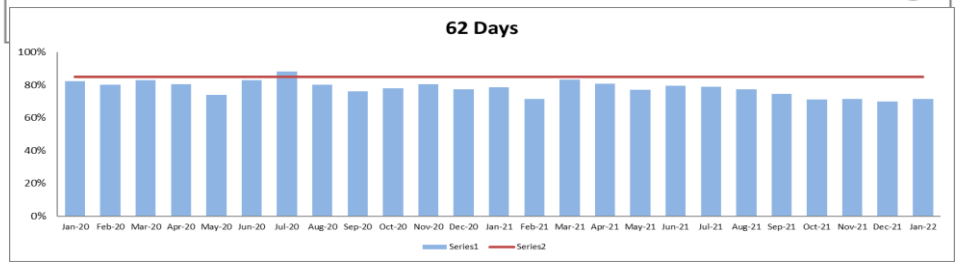
High level Board Performance Indicators & Benchmarking

Cancer Standards	Standard	UHD Jan-22	Predicted Feb-22
31 day standard	96%	96.2%	96.5%
62 day standard	85%	71.6%	61.9%
28 day faster diagnosis standard	75%	60.4%	72.1%

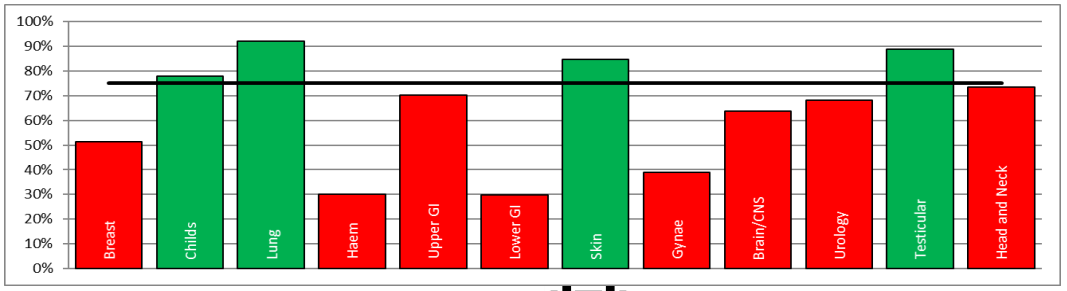




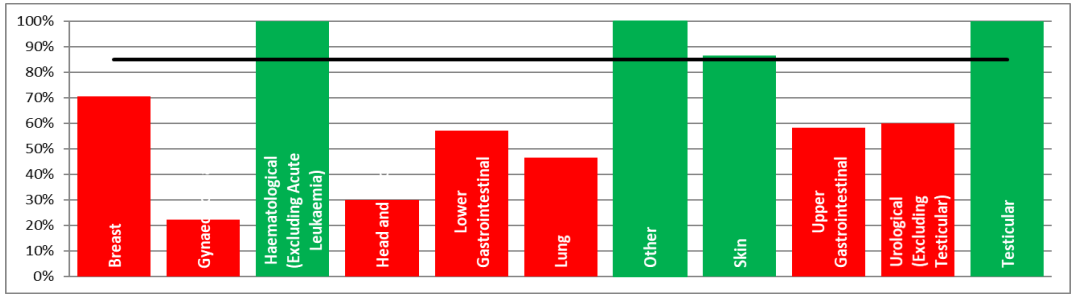




Target 75% | **28** | **UHD: January 2022: 60.4%**



Target 85% | **62** | **UHD: January 2022: 71.6%**



Elective & Theatres

Commentary on high level Board position

18 Weeks Referral to Treatment
At the end of February 2022, the Trust's 18 week RTT performance is **60.4%** (92% standard).

- 2,680 patients were waiting over 52 weeks for treatment, a decrease of 97 compared to January. The percentage of the waiting list now over 52 weeks has also reduced to **4.9%** .
- 864 patients are waiting over 78 weeks, a decrease since Janaury, whilst 408 patients are waiting over 104 weeks, an increase of 113 since the previous month. The 104week wait position is expected to reduce in March 2022.
- Specialty level improvement trajectories for longwaiters are in place and governed by the Care Groups with oversight of delivery through the Operational Performance Group.
- The overall **waiting list size** has grown in 21/22 and is 6.0% above the September 2021 position. Reduced capacity during the pandemic, an increase in Covid positive patients and an increase in bed occupancy have contributed to this position.
- **99.9998%** of patient referrals have been allocated a clinical prioritisation code (P code) with fewer than 3 not yet with a P code recorded on the patient administration system (PAS).

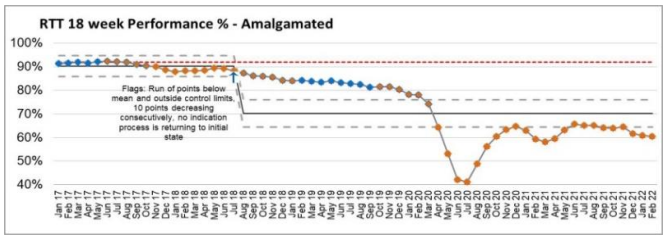
Theatre utilisation
The current theatre (main) utilisation rate has **improved by 2%** since last month.

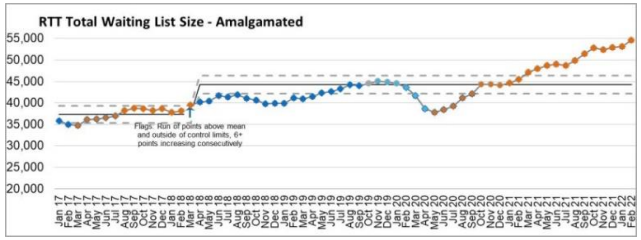
Trauma The percentage of patients with a fractured neck of femur treated within 36 hours of admission (32%) has improved considerably since last month (9% January).

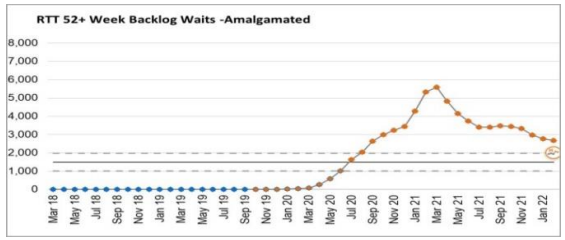
High level Board Performance Indicators & Benchmarking

	Standard	Merged Trust	% of pathways with a DTA
Referral To Treatment			
18 week performance %	92%	60.4%	
Waiting list size	51,491	54,602	22%
Waiting List size variance compared to Sep 2021 %	0%	6.0%	
No. patients waiting 26+ weeks		13,829	36%
No. patients waiting 40+ weeks		5,764	50%
No. patients waiting 52+ weeks (and % of waiting list)	4.9%	2,680	65%
No. patients waiting 78+ weeks		864	68%
No. patients waiting 104+ weeks		408	65%
Average Wait weeks	8.5	20.1	
% of Admitted pathways with a P code		99.9998%	
Theatre metrics			
Theatre utilisation - main	80%	75%	
Theatre utilisation - DC	85%	64%	
NOFs (Within 36hrs of admission - NHFD)	85%	32%	

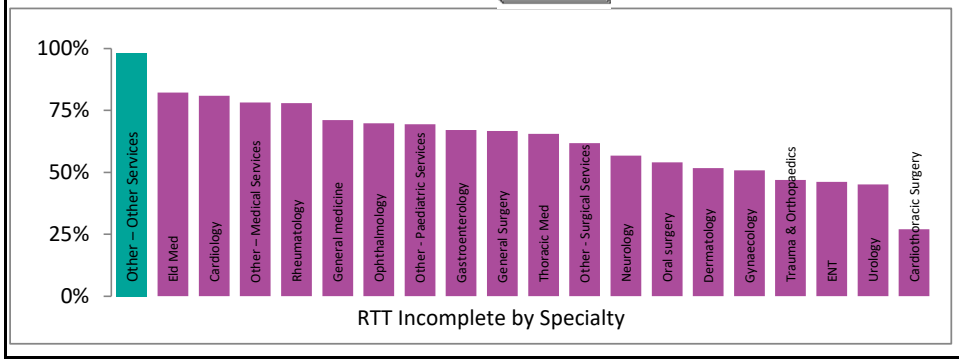
High Level Trust Performance



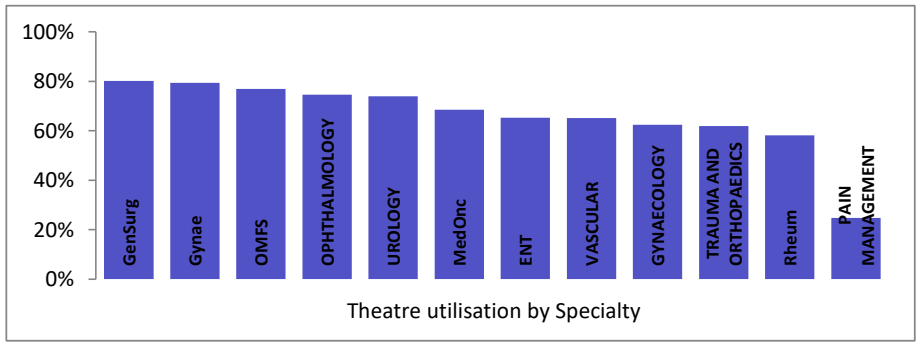




RTT Incomplete 60.4% <18weeks 18 WEEKS **(Last month 60.9%) Target 92%**



Theatre Utilisation 71% **(Last month 69%)**



Referral to Treatment (RTT)

What is driving under performance?

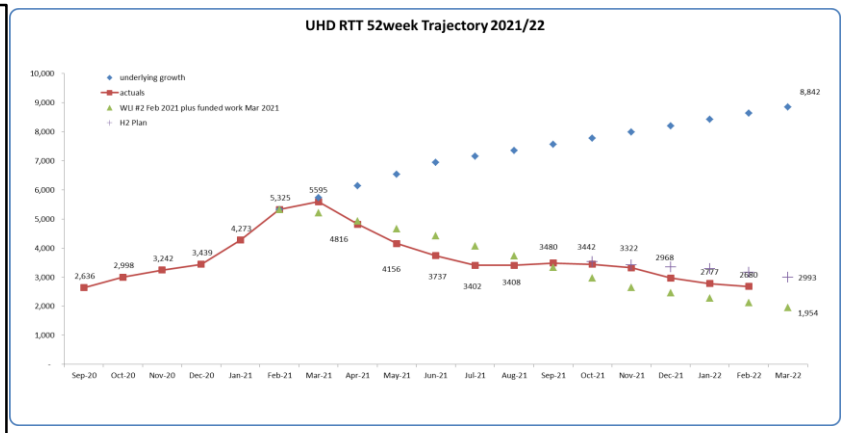
92% of all patient should be seen and treated within 18 weeks of referral.
60.4% of all patients were seen and treated within 18 weeks at the close of February 2022.
The overall waiting list (denominator) was **54,602** which is higher than previous months and 6.0% above the September 2021 waiting list of 51,491.

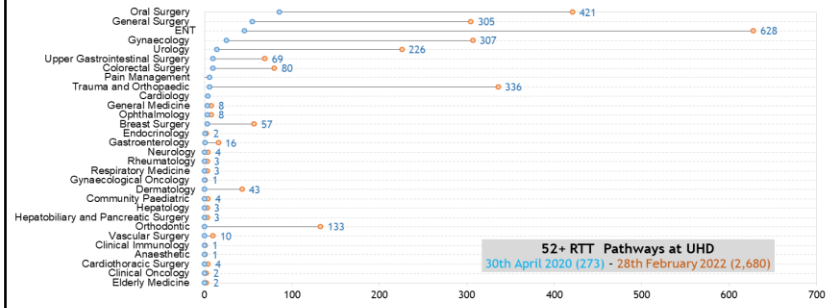
2,680 RTT waits exceeded 52 weeks, which is an improved position and aligned with the Trust's operational plan trajectory for Sept 2021-March 2022.

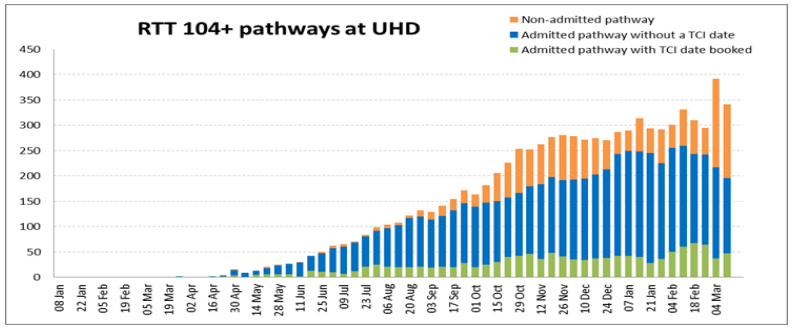
February 2022 (compared with previous month)
33,000 increase < 18 weeks
13,829 increase > 26 weeks
5,764 increase > 40 weeks
2,680 decrease > 52weeks
864 decrease > 78 weeks
408 increase > 104 weeks
During February maintaining recovery of elective activity has remained a challenge alongside our continued focus on responding to COVID activity, managing an increase in non-elective demand, adhering to national guidelines on social/physical distancing, shielding and self isolation (patients and staff) and management of workforce capacity shortfalls in a number of areas. This has led to a reduction in routine elective activity including outpatient appointments and surgical procedures compared to 2019/20. Independent sector providers continue to provide capacity to support recovery of elective waits.

104 week-waiters improvement plan
To support a reduction in the Trust of people waiting over 104 weeks, local recovery plans are in place and additional monitoring and tracking of improvement has been established.

25% of patient waiting >104 weeks are waiting to start Orthodontic treatment. As part a whole system approach to managing this group of patients in Dorset Integrated Care System actions have been taken to:
- Access capacity at DCH for patients in treatment and 'new' patients waiting to enter into treatment
- Contact all patients waiting to enter into treatment to offer DCH as an alternative to UHD
- Enact a Clinical Priority Plan which optimises capacity available across the Dorset system based on clinical need.
- Deliver two additional 'super clinics' in April for 'new' patients, targeting 104ww
- Commence a review of clinical pathways in Dorset
- Recruit to the substantive Consultant vacancy at UHD.
- Purchase a 4th dental chair and Trios3 Intra-oral scanner which will support senior decision making, management pre and post operatively and reduce the need for each appointment to be at DCH which may increase the uptake of care transfer.







What actions have been taken to improve performance ?

An Elective Operational Performance, Assurance and Delivery (OPAD) programme is in place to oversee improvements in performance, activity and reducing the number of patients waiting a long time for treatment. The OPAD programme accounts to the Chief Operating Officer through the Trust Operational and Performance Group.

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

- A **Theatre improvement programme** - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres
- **Outpatient Enabling Excellence and Transformation programmes - including three elements:**
  - Enabling Excellence programme - to deliver 'back to basics' improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients
  - Digital Outpatients transformation, and
  - Pathway Transformation programme
- We are also continuing the roll out plan to maximise use of high flow outpatient assessment clinics at Beales as part of the Dorset Health Village concept.

- Underpinning these improvement programmes are:
  - The validation & clinical prioritisation of all waiting lists; extension of the digital enabled validation programme included neurology services in December 21 and additional insourced validation resource commences in March 2022.
  - Delivery of the Single PAS project to support merged teams to manage single UHD waiting lists.
  - Standard operating procedures which support the trust's Access Policy are being developed alongside moving to a single PAS and the merger of teams to increased standardisation and reduce variation.
  - Establishing long waiters improvement trajectories and deploying demand and capacity tools to support management /tracking of improvements
  - Continued improvements in business intelligence to support and monitor recovery.
  - Mutual aid arrangements across the Dorset ICS to reduce patient waits. Additional capacity using local independent sector providers and/or Insourcing companies has also been optimised.

Health Inequalities
The Trust continues to support work to tackle health inequalities through the Dorset ICS Health Inequalities in Elective Care Programme. Benefits realised include an increase in the system's technical capability to undertake population health management through linked datasets to enable population segmentation and risk stratification, with a focus on improving access and health equity for underserved communities. Relationships across the system have been established or strengthened, including with VCSE groups, through this collaborative programme and learning has taken place on design and analytical methods. Patients in selected cohorts are being supported to access community and self-care services that will enable them to optimise their health whilst on the waiting list.

Executive Lead Mark Mould | Trust wide Lead | Author Judith May

6

Outpatients & Diagnostics

Commentary on high level board position

Outpatients

- GP Referrals down 1% on last month
- Patient cancellations are high with 0% change on last month.
- Non Face-to-Face attendances - performing above the national standard
- An outpatients transformation programme is being delivered to support immediate and sustainable efficiency improvements in Outpatients, digital transformation and pathway Transformation.
- Aligned to this isdelivery of the key requirements identified in the Sept 2021-March 2022 planning guidance (12% advice and guidance, 2% patient initiated follow-up and maintaining at least 25% remote delivery of outpatient attendances)

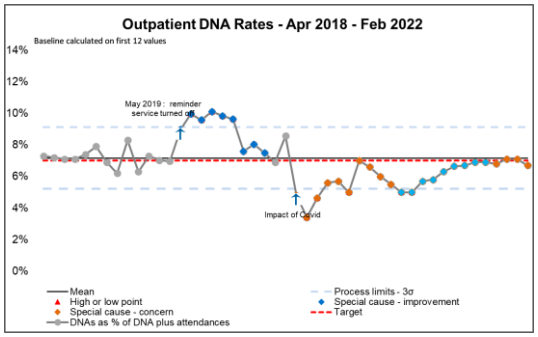
Diagnostics

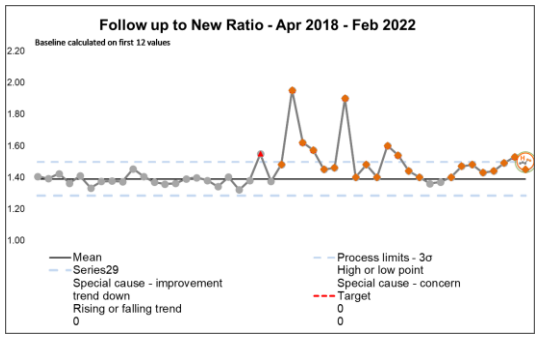
- Increase against January position from 81.7% to 86.9% of all diagnostics tests required within 6 weeks
- Endoscopy position has improved from 55.5% in January to 64.1% in February
- Echocardiography has improved from 53.6% in January to 62.5% in February
- Neurophysiology has improved from 90.2% in January to 99.8% in February
- Radiology has improved from 94% in January to 96.8% in February

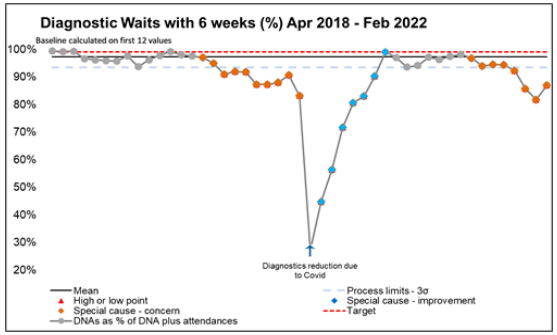
High level Board Performance Indicators & Benchmarking

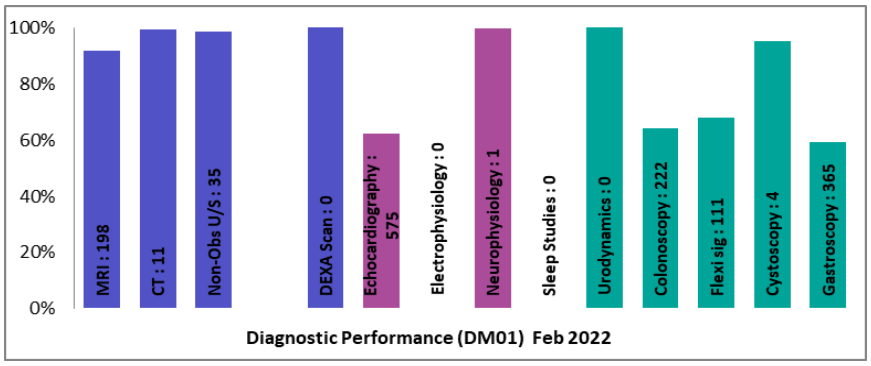
		Standard	Values	Merged Trust
Referral Rates				
GP Referral Rate year on year	*(values 20/21 v 21/22)*	-0.5%	87563 / 115935	32.4%
	(values 19/20 v 21/22)		129890 / 115935	-10.7%
Total Referrals Rate year on year	*(values 20/21 v 21/22)*	-0.5%	162646 / 205553	26.4%
	(values 19/20 v 21/22)		215995 / 205553	-4.8%
Outpatient metrics				
Overdue Follow Up Appointments				16,649
Follow-Up Ratio		1.91		1.45
% DNA Rate	*(New & Flup Atts / Total DNAs)*	5%	29021 / 2069	6.7%
Patient cancellation rate	*(New & Flup Atts / Total Pat Canx)*		29021 / 4282	12.9%
reduction in face to face attendances				
% telemed/video attendances	*(Total Atts / Total Non F-F)*	25%	29021 / 7469	25.7%
Diagnostic Performance (DM01)				
% of >6 week performance	*(Total / 6+ Weeks)*	1%	11661 / 1522	13.1%

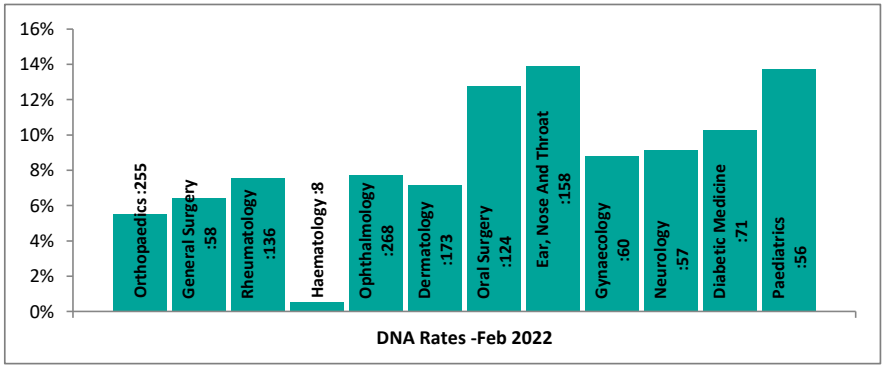
High Level Trust Performance











SCREENING PROGRAMMES

Commentary on High Level Board Position

Bowel Cancer Screening

Invitation Backlog Recovery

Invitation backlog recovery achieved in May 2021.

The National Team have produced guidance to support programmes to adjust the invitation rate to enable the smoothing of peaks in invitations created during recovery through higher than normal levels of inviting. The current performance standard is +/- 6 weeks from invitation due date, the new guidance will allow for up to + 14 weeks. Additional flexibility with this standard will enable the programme to manage spikes in demand in 2023.

Dorset Plan agreed in January 2022.

Age Extension

Age extension was launched in May 2021 with invitations to 56 year olds and the bowel scope cohort. The team are preparing to invite 58 year olds in 2022/23 as of April 2022.

Key Performance Standards

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

The average uptake rate is 73% since January 2021 (acceptable performance = >52%; achievable performance = >60%).

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

The clinic wait standard has been maintained at 100% for the last 18 months via virtual clinics (acceptable performance = 95%; achievable performance = 98%).

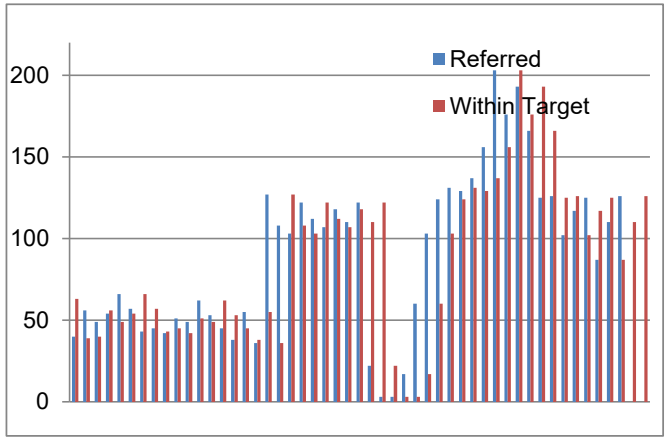
*** Diagnostic Wait Standard** *(Proportion of patients with an abnormal FIT result whose first offered diagnostic test date falls within 14 days of their SSP appointment)***:**

The diagnostic wait standard has not been achieved at an acceptable level in February 2022 at 71%. This is due to the ventilation work at the RBH site that commenced on 21st February and is scheduled to last up to 9 weeks. The required activity is available via weekend insourcing lists on the PGH site, and some in week WLI lists. However, this capacity cannot be spread out in the same way and therefore the diagnostic wait standard will remain at risk until the end of May 2022.

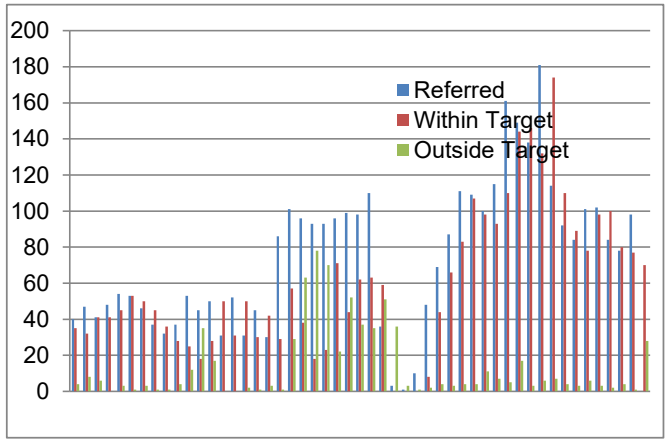
High Level Board Performance Indicators

Bowel Screening Standard	Target	Trust February Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	71%

Clinic Wait Standard



Diagnostic Wait Standard



SCREENING PROGRAMMES

Commentary on high level board position

Breast Screening

With the exception of Round Length the KPI's are being regularly met.

Recovery is likely to be achieved nearer to June/July 22 based on our current projections.

We have had some equipment issues in recent weeks which have affected the rate of screening in the Dorchester area.

Significant training of staff is still ongoing as most of our new recruits have been newly qualified. This is having an impact on our rate of screening. We have more new recruits due to start in coming weeks.

High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95.00%	99.00%
assessment appointment within 3 weeks	95.00%	100.00%
Round Length within 36 months	90.00%	30.00%
Longest Wait time (Months)	36	42

Maternity

Commentary

Sucessful implementation of maternity IT system badgernet which allows patient interation through an App supporting personalised care for women.

Medical and midwifery workforce gaps remains challenging and slower progress on implementing safety changes and quality improvements.

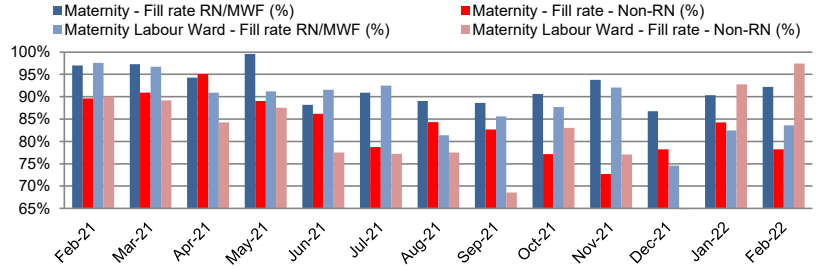
Purchase of new fetal monitoring equipment and Ultrasound machine now arrived on the wards, risks taken off the risk register.

Positive CQC maternity survey 2021.

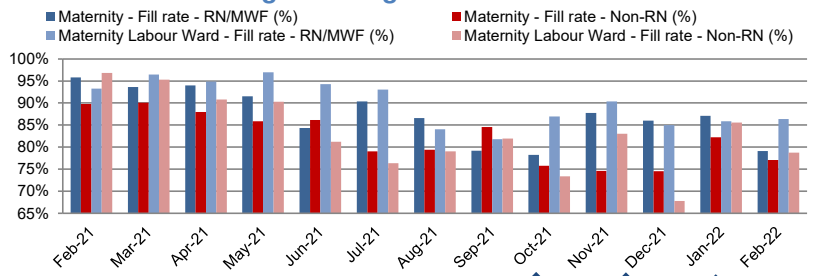
CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Requires Improvement	Good	Outstanding	Good	Outstanding

Screening incidences		1	
Serious Incidents Reported		1	
HSIB Cases Reported		1	
HSIB / NHSR /CQC Concerns		No	
Coroner Reg 28		No	
Maternity Safety Support Programme		No	
FFT Maternity User Response	Good / Very Good	90%	
	Poor / Very Poor	6.50%	
	Neither	1.40%	
	Don't Know	2%	

Day average staff fill rate



Night average staff fill rate



Training Compliance PROMPT Feb 2022

	Number Compliant January 2021 to date	Number of Headcount Staff @ February 2022	Percentage Compliant
Midwives Band 5	14	18	77.7%
Midwives Band 6	129	173	74.5%
Midwives Band 7	28	30	93.3
Midwiifery Managers, Matrons &Other Band 8+	5	7	71.4%
Consultant Obstetricians	16	17	94.1%
Obstetric Trainees (Doctors)	22	25	88%
Obstetric Anaesthetics	12	27	44.4%
HCAs/MCAs/MSWs	51	78	65.3%
ODP	10	13	76.9%

Maternity

Severe Incidents (1)

HSIB Referal case (1)

Screening Incidents (1)

Report sent to ODN for neonatal birth at 25 weeks -arrived before transferred to level 3 NICU

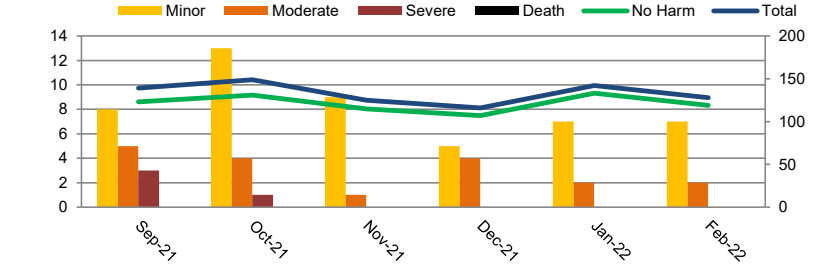
Perinatal Mortuary Review Panel

Learning from cases:

To ascertain timescale for reimplementation of face to face bookings and CO readings

Ensure alert has been added to Badger-Net in the event of a fetal loss.

Datix Incidents



No Harm	123	131	115	107	133	119
Minor	8	13	9	5	7	7
Moderate	5	4	1	4	2	2
Severe	3	1	0	0	0	0
Death	0	0	0	0	0	0
Total	139	149	125	116	142	128

Learning from incidents

Serious incident findings stillbirth - L71454

Triage processes out of hours to be undertaken by dedicated midwifery staff in location with ease of access to additional midwifery and medical support

Update Antenatal assessment and Urgent care Triage Service to include specific arrangements for 'out of hours'

Update triage guidance documents (BSOTs) and other relevant pathways to ensure concerning symptoms in women with raised blood pressure in pregnancy are recognized and escalated appropriately

Ensure adequate ongoing risk assessment as part of analysis of fetal monitoring

Clarify escalation processes when antenatal fetal monitoring analysis does not meet Dawes-Redman criteria

Review handover guideline to ensure awareness of roles and responsibilities among the on-call team

Review medical staffing to ensure adequate emergency cover to ensure timely senior review of high risk patients and contingency for unexpected absences

FINANCE

FINANCIAL INDICATORS	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000	Forecast Variance £'000
Control Total Surplus/ (Deficit)	2,512	2,559	48	528
Capital Programme	62,524	62,324	200	11,525
Closing Cash Balance	62,031	88,454	26,423	29,989
Public Sector Payment Policy	95%	90%	-5%	-3%

Commentary

At the end of February, the Trust is reporting a £48,000 favourable variance. Within this aggregate position, the Surgical Care Group report an adverse variance of £1.7 million, mainly due to CIP under achievement and additional medical staffing costs, partially offset by reduced activity particularly within Orthopaedics; the Medical Care Group report an adverse variance of £0.6 million due to unachieved CIP offset by over achievement in cardiac private patient income and the cessation of Bowel Scope and Bowel Cancer screening services; and the Specialties Care Group report a favourable variance of £1.3 million principally due to vacancies within Pathology and Pharmacy. Additional expenditure of £12.9 million has been incurred in the Trusts elective recovery programme which has been fully reimbursed by additional elective recovery funding.

Cost savings of £3.8 million have been achieved to date against a target of £8.706 million, representing an under achievement of £4.9 million. The Trust is forecasting to deliver a shortfall of £5.9 million and a recurrent shortfall of £7.3 million against the £10.1 million full year target. This places a considerable pressure on future years budgets.

The Trust continues to forecast achievement of the break-even financial control total.

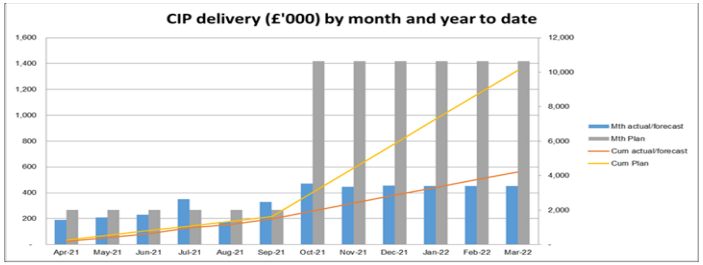
The Trust set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for the Dorset Integrated Care System. This has required very careful management, and as at 28 February cumulative capital spend totals £62.3 million, being £0.2 million behind plan. A further and significant underspend is forecast in March against the BEACH building due to the overall programme slippage of 4 weeks, resulting in a forecast underspend against the capital programme of £11.5 million.

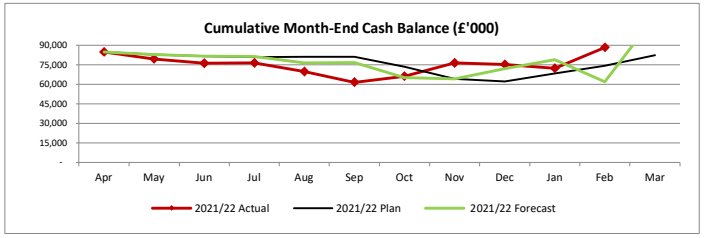
The Trust is currently holding a consolidated cash balance of £88.4 million, which is fully committed in support of the medium-term strategic reconfiguration programme.

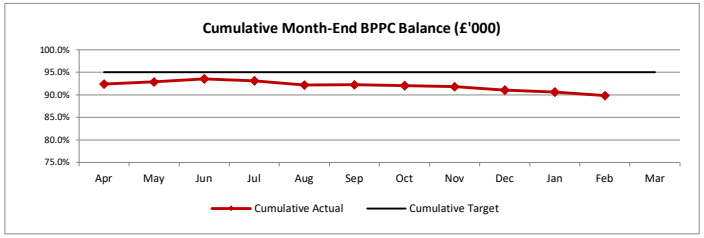
The Trusts payment performance deteriorated further during February reflecting the significant number of overdue agency invoices processed in month. This reflects the agreed action plan to address the backlog of invoices following staff shortages within the temporary staffing team. Payment performance is expected to gradually improve following the completion of the agreed mitigations.

REVENUE	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Surgical	(122,478)	(124,146)	(1,668)
Medical	(149,785)	(150,416)	(632)
Specialties	(158,792)	(157,469)	1,322
Operations	(24,195)	(23,430)	765
Corporate	(59,432)	(59,328)	103
Trust-wide	516,780	517,021	240
Surplus/ (Deficit)	**2,099**	**2,230**	**131**
Consolidated Entities	275	365	90
Surplus/ (Deficit) after consolidation	**2,374**	**2,595**	**221**
Other Adjustments	138	(36)	(174)
Control Total Surplus/ (Deficit)	**2,512**	**2,559**	**48**

CAPITAL	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Estates	17,976	14,590	3,385
IT	2,128	1,073	1,055
Medical Equipment	3,193	8,035	(4,842)
Donated Assets	1,402	1,979	(577)
Strategic Capital	37,825	36,647	1,179
Total	**62,524**	**62,324**	**200**







University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 7.5

Subject:	Ockenden Review & Kirkup Recommendations

Prepared by:	Lorraine Tonge Director of Midwifery
Presented by:	Paula Shobbrook Chief Nursing Officer

Purpose of paper:	This report is to provide assurance to the Trust's Board of the continual monitoring of safety and quality through the Ockenden and Kirkup recommendations and action plans to meet full compliance.
Background:	Donna Ockenden and her team are currently reviewing the maternity care given in Shrewsbury and Telford over the last 20 years. This investigation was instigated, due to patient concerns and expressions of not being heard with increased maternity incidences. Seven immediate actions were recommended for all maternity units. UHD have been working on implementing all actions. In March along with an updated assessment of Ockenden recommendations all Trusts have been asked to benchmark themselves against the Kirkup report. The Kirkup report was a review of maternity care given in Morecambe Bay hospital in 2017. Recommendations were made, and implement all actions must be completed.
Key points for members:	87% of Ockenden recommendations have been met by UHD. An action plan is in place to achieve the remaining outstanding actions. The main actions are: • Maternity dashboard - New maternity IT system implemented in March which will deliver new maternity dashboard. Evidence of reporting to LMNS will provided by September 2022. • Development of maternal medicine network in progress with UHS, clinical pathways agreed, audit evidence by September 2022. • New audit midwifery post commencing in April – yearly audit plan will be in place.

	• Improvements in maternity matters website continue - on-going updates to website will be required The Kirkup report was revisited and outstanding actions will be addressed. The main Kirkup actions are: • Practice educator to provide quarterly training reports on new staff competencies; • Induction and education process for locum doctors package to be developed; • RCA training or equivalent for consultants and risk team; • 3-5 year workforce strategy for midwifery and medical staffing; • Sharing learning from early resolution to be embedded. The challenge will be the workforce gaps impacting on clinical expertise resource to complete the actions. But maternity is committed to completing all actions to improve safety.
Options and decisions required:	The paper is to summarize the current position against the Ockenden and Kirkup recommendation and actions to achieve full compliance.
Recommendations:	To note report and presentation to the public Board before submission to LMNS and Regional Chief Midwife by the director of Midwifery.
Next steps:	Continual monitoring of safety.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	**AF1** To provide assurance to the trust board of the continual work of the maternity safety champions in promoting safety within the maternity unit.
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	**Safe**: Patients are protected from abuse and avoidable harm.

Committees/Meetings at which the paper has been submitted:	**Date**
Care Group board	18/3/22
DQR	17/3/22
Quality Committee	28/3/22

University Hospitals Dorset
NHS Foundation Trust

Maternity Ockenden and Kirkup assessments

Quality Committee 28th of MARCH 2022

Public Trust Board 30th of March 2022

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

Background

Donna Ockenden and her team are currently reviewing the maternity care given in Shrewsbury and Telford over the last 20 years.
This investigation was instigated, due to patient concerns and expressions of not being heard with increased maternity incidences. 7 immediate actions were recommended for all maternity units. UHD have been working on implementing all actions.

The Kirkup report was a review of maternity care given in Morecambe Bay hospital in 2017. Recommendations were made.

All trusts are now asked to review these recommendations alongside the Ockenden report and implement all actions.

Ockenden

University Hospitals Dorset NHS Foundation Trust position March 2022

1) Enhanced Safety	A plan to implement the Perinatal Clinical Quality Surveillance Model	Partial
	All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	Compliant
2) Listening to Women and their Families	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services	Compliant
	Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion	Compliant
3) Staff Training and working together	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week	Compliant
	The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place	Compliant
	Confirmation that funding allocated for maternity staff training is ringfenced	Compliant
4) Managing complex pregnancy	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	Partial
	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Compliant
5) Risk Assessment throughout pregnancy	A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance	Partial
6) Monitoring Fetal Wellbeing	Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines	Compliant
7) Informed Consent	Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website	Partial

Ockenden Actions

- Maternity dashboard - New maternity IT system implemented in March which will deliver new maternity dashboard. Evidence of reporting to LMNS will provided by September 2022.

- Development of maternal medicine network in progress with UHS, clinical pathways agreed, audit evidence by September 2022.

- New audit midwifery post commencing in April – yearly audit plan will be in place.

- Improvements in maternity matters website continue - on-going updates to website will be required.

Kirkup

R2 Preceptorship	Review the current preceptorship programme	Compliant
R2 Preceptorship	Obtain feedback from midwives and nurses who have recently completed a preceptorship programme to identify any improvements that can be made to the programme	Partial
R2, R3 Workforce / Training	Review the skills of Band 6 midwives to identify and address any training needs to ensure a competent and motivated workforce	Compliant
R2, R3 Workforce / Training	Review the current induction and orientation process for midwives and nurses joining the organisation at Band 6 to ensure they are competent and confident to provide care	Non-compliant
R2 Workforce / Training	Review the current induction programme for locum doctors	Non-compliant
R2 Workforce / Training	Review the current provision of education and training for locum doctors with the aim of introducing streamlined bespoke training for this group	Non-compliant
R2 Training	Review the provision of maternal AIMS courses and ensure that all places are allocated appropriately and staff attend the session	Compliant
R2 Trainng	Review the educational opportunities available for staff working in postnatal areas to increase their understanding of the compromised neonate, including consideration of bespoke educational sessions and HEI courses e.g. Care of the compromised baby module at University of Salford	Partial
R2 Training	Improve staff knowledge, response time and escalation processes in relation to a woman's deteriorating condition	Compliant
R2 Learning	Implement a process for cascading learning points generated from incidents or risk management in each clinical area e.g. email to staff, noticeboard, themed week / message of the week, core huddles, NICU news	Compliant
R3 Workforce	Review the current process for staff rotation to ensure that a competent workforce is maintained in all clinical areas	Partial
R3 Training	Review the support provided when staff are allocated to a new clinical area and what supernumerary actually means in order to manage staff expectations	Non-compliant
R8 Workforce	Develop and implement a recruitment and retention strategy specifically for the obstetric directorate	Non-compliant
Workforce	Ensure that all staff who leave are offered an exit interview with a senior member of staff and use the information gained from these interviews to inform changes aimed at improving retention	Partial
Learning	Provide Staff Forum meetings where staff are encouraged to attend and discuss concerns	Compliant
Only applicable to multi-site trusts	Improve working relationships between the different sites located geographically apart but under the same organization	Partial
R11, R12 Learning	Ensure that staff receive education during their induction regarding the incident reporting process including the process for reporting incidents, the incidents that should be reported and the rationale for learning from incidents	Compliant
Learning	Ensure that staff undertaking incident investigations have received appropriate education and training to undertake this effectively	Non-compliant
R26 Learning	Ensure that all staff are aware of how to raise concerns	Compliant
R31 Patient Experience	Provide evidence of how we deal with complaints	Partial
R31 Patient Experience	Educate staff regarding the process for local resolution and support staff to undertake this process in their clinical area	Partial
R39 Learning	Ensure that Confidential Enquiry reports are reviewed following publication and that an action plan is developed and monitored to ensure that high standards of care are maintained	Compliant

Kirkup Actions

- Practice educator to provide training reports on new staff competencies
- Induction and education process for locum doctors
- RCA training or equivalent
- 3-5 year workforce strategy
- Themes - Learning from early resolution

Thank you

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 7.6

Subject:	Strengthening our approach to addressing Health Inequalities

Prepared by:	Pete Papworth, Chief Finance Officer
Presented by:	Pete Papworth, Chief Finance Officer

Purpose of paper:	This paper provides an update on the progress made in strengthening our approach to reducing health inequalities, following the recommendations made in January (Board Part II) and explored further in February (Board seminar). Some information is repeated for the benefit of our stakeholders and members of the public.
Background:	Our Trust, and our predecessor organisations, have a long history of tackling health inequalities both in the services we provide for our population and as an employer. Over the last two years we have naturally been focused on managing the Covid pandemic and developing a new culture for our merged organisation, with equality, diversity and inclusion at its heart. Nevertheless, we have always been clear that this is a priority, been an active member of the Health and Well Being Board and the Dorset Health Inequalities Group, and the Trust Board has dedicated time to focus on this area. We have led a number of crucial projects to develop our thinking and support targeted interventions to reduce health inequalities; however, we recognised that it was time to take stock and accelerate progress.
Key points for Board members:	Within the Trust, many of our services are configured and delivered in ways which address health inequalities either in the way in which they are specifically designed or geographically based. In fulfilling the requirements of the planning guidance and delivering the elective recovery work we are taking specific additional action to tackle health inequalities through, for example, our elective recovery programme. A number of recommendations have been agreed to strengthen our approach. Good progress has been made against these recommendations since approval in February, with the appointment of an operational lead and the development of a new Health Inequalities Group. Further progress will be made over the coming months, with a specific focus on identifying a clinical and nursing lead to support this vital work.

Options and decisions required:	The Board is asked to note the progress being made against the agreed recommendations.
Recommendations:	It is recommended that the Board continue to support and champion the Trusts ambition to reduce health inequalities by applying a health inequalities lens to everything we do.
Next steps:	The new Health Inequalities Group will be established, and a dedicated clinical and nursing lead will be identified to lead this work. Further updates will be provided at future meetings.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Objective 4: 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.
BAF/Corporate Risk Register: (if applicable)	N/A
CQC Reference:	Well-led

Committees/Meetings at which the paper has been submitted:	**Date**
None	N/A

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

STRENGTHENING OUR APPROACH TO ADDRESSING HEALTH INEQUALITIES

INTRODUCTION

The key founding principle of the NHS, set out in the Constitution is that it 'provides a comprehensive service available to all'. The Constitution sets out a particular duty 'to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population'.

Health Inequalities are defined as **'**unfair and avoidable differences in health status across population and between different groups within society'. Our health is determined by our genetics, our lifestyle, the health care we receive and the impact of wider determinants such as our physical, social and economic environment.

Population level interventions that are multifaceted and complimentary are most likely to be successful at addressing them. The key elements are:

- Civil interventions including targeted support and enforcement;
- Community engagement extended to those most in need;
- Effective services delivered with system, scale and sustainability.

Tackling health inequalities in Dorset is the collective responsibility of all partners within our Integrated Care System (ICS). In recent years there has been a steady move towards a place-based approach to health, with local commissioners and providers across sectors working together with communities to meet the specific needs of geographical localities. Developing this place-based system is key to ensuring the long-term sustainability of health and care services.

Our Trust, and our predecessor organisations, have a long history of tackling health inequalities both in the services we provide for our population and as an employer. Over the last two years we have naturally been focused on managing the Covid pandemic and developing a new culture for our merged organisation, with equality, diversity and inclusion at its heart. Nevertheless, we have always been clear that this is a priority, been an active member of the Health and Well Being Board and the Dorset Health Inequalities Group, and the Trust Board has dedicated time to focus on this area. We have led a number of crucial projects to develop our thinking and support targeted interventions to reduce health inequalities; however, we recognised that it was time to take stock and accelerate progress.

As a key partner in the Dorset ICS, the Trust's responsibility is to ensure we are clear about our response to reducing health related inequalities and that our services are planned and delivered in a way that makes a measurable impact and difference.

CONTEXT

Covid-19 has highlighted the urgent need to prevent and manage ill-health in groups that experience health inequalities, as outlined in the NHS Long Term Plan. To help address this the 2022/23 planning guidance continues to focus on five priority areas:

1. **Restore NHS Services Inclusively**
   In some cases, pre-existing disparities in access, experience and outcomes have been exacerbated by the pandemic. It is critical that Integrated Care Systems use their data to plan the inclusive restoration of services, guided by local evidence.

2. **Mitigate against digital exclusion**
   Assessing the impact of digital consultation channels on patient access and taking this into account when designing services. This will require more complete data collection in relation to access and utilisation of services broken down by relevant protected characteristic. Importantly, face-to-face care should continue to be offered where appropriate.

3. **Ensure data sets are complete and timely**
   The safe and effective use of patient data is regarded as key to Integrated Care System responsibility for tackling health inequalities. Integrated Care Systems are being asked to develop plans by June 2022 to put in place systems, skills and data safeguards. By April 2023 every Integrated Care System should have in place the technical capability required for population health management, with longitudinal linked data available to enable population segmentation and risk stratification, using data and analytics to redesign care pathways and measure outcomes.

4. **Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes**
   Accelerate preventative programmes and proactive health management for groups at greater risk of poor health outcomes.

5. **Strengthen leadership and accountability**
   Ensuring there is a named executive lead for tackling health inequalities, and that appropriate training is accessed.

In addition, the CORE20PLUS5 approach defines a target population cohort and identifies specific clinical areas requiring accelerated improvement. 'Core 20' refers to the most deprived 20% of our population; 'Plus' refers to the other population groups as identified by population health data, and '5' refers to targeting five key clinical areas of health inequalities:

- Early cancer diagnosis;
- Hypertension case finding;
- Chronic respiratory disease (driving covid and flu vaccination uptake);
- Annual health checks for people with serious mental illness; and
- Continuity of maternity carer plans.

Integrated Care Systems are also required to develop plans for the prevention of ill-health. These should reflect the primary and secondary prevention deliverables outlined in the NHS Long Term Plan and the key local priorities agreed by the ICS. Plans should set out how financial allocations will be deployed to:

- Support the roll out of tobacco dependence treatment services in all in-patient and maternity settings;
- Improve the uptake of life style services;
- Restore, to pre-pandemic levels, diagnosis, monitoring and management of hypertension, atrial fibrillation and high cholesterol and diabetes as well as asthma and COPD registers and spirometry checks for adults and children;
- Progress action against the NHS Long Term Plan high impact actions;
- Reduce anti biotic use in primary and secondary care; and
- Embed the response to climate change into core NHS business.

To address the strong evidence that people from socio-economic deprived populations and certain ethnic minority groups experience poorer health than the rest of the population Integrated Care Systems are asked to:

- Renew their focus on reducing inequalities in access to and outcomes from NHS public health screening and immunisation services;

- Continue to adopt culturally competent approaches to increasing vaccination uptake; and
- Continue to deliver on the personalised care commitments set out in the Long Term Plan.

REDUCING HEALTH INEQUALITIES

The Trust is an active member of the Dorset ICS Programme Board, the Health Inequalities Group (HIG), which has agreed a number of actions for collective delivery by Dorset NHS organisations:

- Awareness raising including the improvement and use of data and training of staff by way of a virtual academy;
- Ensuring a 'service improvement' approach to addressing health inequalities;
- Pursue the wider opportunities offered through the 'Anchor' organisation model;
- Review and support of collective ICS services;
- Progress the principle of Assurance and the process for this; and
- Understand and seek to overcome the barriers to intervention.

An integrated care strategy to address health inequalities in Dorset is currently in development and scheduled for completion in the autumn. This will allow partner organisations to be clear of their individual and collective responsibilities and ensure plans are complimentary.

Within the Trust, many of our services are configured and delivered in ways which address health inequalities either in the way in which they are specifically designed or geographically based. In fulfilling the requirements of the planning guidance and delivering the elective recovery work we are taking specific action to tackle health inequalities through, for example, targeting patients who have waited longer than they should and those of highest clinical priority. This will, in itself, address some areas of greatest health inequality where the cause of illness is associated with deprivation. Specific services and focused work include:

- Maternity;
- Drug and Alcohol services;
- Homelessness;
- Diabetes;
- Virtual consultations;
- Elective recovery programme;
- Outpatient Assessment Clinic at Dorset Health Village (Think Big);
- Urgent and Emergency Care;
- Our 'Green UHD' Environmental Sustainability Plan;
- Lead in Dorset for screening programmes including Bowel, Breast and Cervical;
- Staff engagement;
- Staff well-being; and
- Workforce policy and procedure review/ refresh.

At an ICS level, there have been some significant progress made including:

- Primary Care reduction in unknown ethnicity of patients from 25% to 16%
- Development of the Health Inequalities Group, with an initial focus on developing the necessary culture across the ICS to build upon;
- Development of the Dorset Intelligence and Insights Service (DiiS) population health management data analytics; and
- Creation of specific development programmes for our staff.

Continuing to build on this strong foundation will be vital for the Trust to deliver on its national and local responsibilities to patients, the people we serve and our staff. The challenge is to continue our work creating the culture and an organisational and individual mind-set where understanding and overcoming health inequalities is central to the services we deliver and the work we do.

We need to understand if all our patients, communities and staff experience our organisation with the same positive consistency and compassion. Stepping up to this challenge will require us to examine our services and data through a 'health inequalities lens' with a stronger understanding, focus and oversight of health inequality activity.

STRENGTHENING OUR APPROACH

To ensure delivery of our responsibilities as an NHS Foundation Trust and key partner in the Dorset ICS, we will need to be much clearer about how our services directly help to tackle health inequalities, the impact on our future planning and what this means for our people working hard to deliver high quality patient care.

Clearly, over the next few years, the Trust will continue to progress the design and delivery of its services. To accelerate progress and support this happening with a health inequalities lens a number of recommendations have been supported by the Board. Progress can be summarised as follows:

1. The Health Inequalities Leadership Framework Board Assurance Tool should be used to help promote a renewed focus and understanding.

   The February Board development session focused on our approach to reducing health inequalities, including the Health Inequalities Leadership Framework Board Assurance Tool. This will continue to be used to assess progress.

2. A Health Inequalities Group should be established, with appropriate connection to the Board through the Finance and Performance Committee and aligned to the ICS HIG, to scope and map current activities, agree the priorities and work programme, and oversee delivery for all patient services.

   Following approval of this recommendation in February, the Health Inequalities Group terms of reference is currently being drafted for consideration by the Finance and Performance Committee. It is envisaged that this group will be established in May.

3. Identify dedicated operational leadership and resources including a programme lead and clinical champion.

   Dedicated operational leadership has now been confirmed through the appointment of the Director of Operational Performance and Oversight. Dedicated clinical and nursing leadership is being sought to complete the leadership triumvirate.

4. Consider adoption of the Anchor Institute approach and be an active member of the Dorset Anchor Institution's Network.

   The Trust recognises that it is rooted within the local community. Through its size and scale, it can positively contribute to the local area in many ways beyond providing health care. The Trust can make a difference to local people by:

   - Widening access for local people to employment and training;
   - Procuring goods and services in ways that support local inclusive growth and reduce inequalities;
   - Managing its land and buildings for social environmental, and economic benefit; and
   - Mitigating against and adapting to the impacts of climate change.

   The Trust is well placed in relation to environmental sustainability and procurement, and work is already underway in relation to recruitment. The Trust has confirmed its support for

the Dorset Anchor Institutions Network, and this programme will be a key area of focus for the new Health Inequalities Group.

It is important to note that these recommendations were designed to improve the structure and governance to facilitate a step change in the pace of improvement. It is vital that reducing health inequalities is not considered a separate programme of work, instead being the lens through which all aspects of our performance is monitored, and all decisions are made.

RECOMMENDATION

Members are asked to note current progress against the agreed recommendations and continue to support and champion the Trust s ambition to reduce health inequalities by applying a health inequalities lens to everything we do.

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART ONE – COVER SHEET

Meeting Date: 30 March 2022

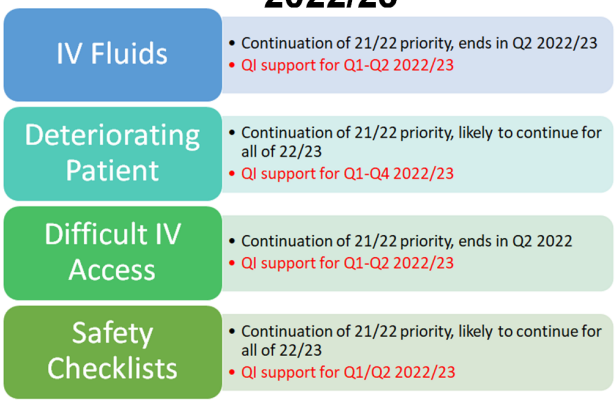
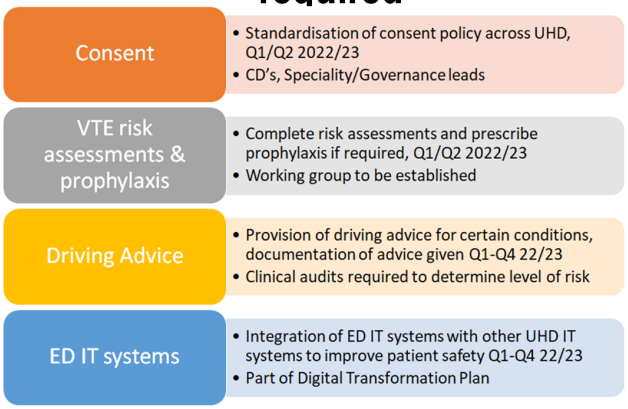
Agenda item: 7.7

Subject:	Quality Improvement Team support for Patient Safety Quality Priorities and Operational Programmes 2022/23

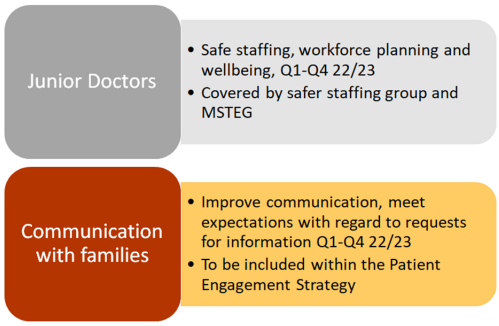
Prepared by:	Jo Sims & Alan Betts
Presented by:	Richard Renaut

Purpose of paper:	During 2021/22 the Trust Management Group approved 4 clinical priorities that would receive Quality Improvement (QI) team support. This ensured the priorities and their associated workstreams (approx. 14 in total) received dedicated support from the central QI team whilst the team also worked on delivery of a range of other grass roots QI projects and delivery of the Trust Board approved QI strategy such as provision of QI training to expand Trust capacity and capability. There are 3.6 WTE (Whole Time Equivalent) QI team Improvement Managers with 50% of the resource supporting priorities and 50% on delivery of QI strategy. For 2022/23 a similar approach is proposed with the addition of QI team support for some operational priorities for 2022/23, whilst additional skills and capacity to undertake QI is built within operational teams. The Board are asked to approve the Patient Safety Quality Priorities and the QI team input into both these and the Operational improvement programmes.
Background:	The Quality priorities for 2021/22 were agreed by: • Collating quality information from RISK/LERN/SI's/Medical examiner/Mortality review intelligence combined. • Areas of commonality were determined, and clinical pathways selected. • Quality Governance Group recommendations made to Transformation and Improvement Group (TIG) for QI support. • TIG agreed QI support and Quality priorities recommended to Trust Management Group for approval. • Trust Management Group approved priorities. • Progress was reported via TIG and QGG throughout 2021/22. During 2021/22 the approach delivered:

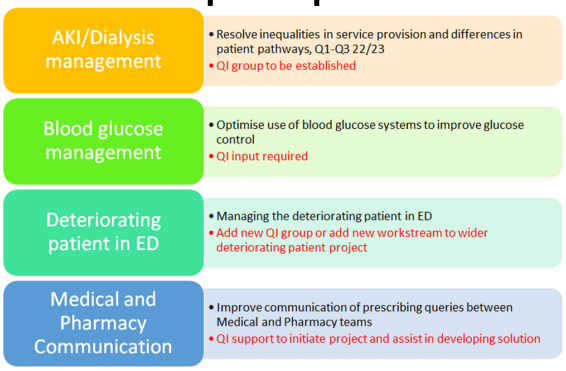
	• ICS QI lite development was UHD led and rolled out <6 months • QI celebration day successful (posters, >20,000 twitter views, c900 engagements, 315 views of posters) • Training, development, registration and website in place (c160 trained) • Over 150 QI projects registered and supported • Strategy implementation and development of a culture of improvement underway • UHD QI priorities supported - improved processes rolled out, over 14 large programmes supported. Progress on the 2021/22 priorities included: • IV Fluids - A new IV fluid prescription chart was launched in June 2021 which includes height and weight-based prescription/guidance for reduced rates for frail patients, one set of electrolyte guidelines for UHD, and standardises the practice across UHD. Audits show improvement against all 7 relevant NICE standards and we have succeeded in reducing free prescribing of 0.9% Sodium Chloride. From feedback we have drafted an even better iteration which will be discussed in March and rolled out thereafter. The pilot of the digital fluid balance is being piloted on 15 February 2022 and this should be rolled out across UHD in March or April. Once this is in place, we could think about digitising the prescription process, which would have even greater benefits. • Safety Checklists - Phase 1 review of over 90 checklists complete, Phase 2 speciality review underway to consolidate into approved WHO checklists, outcome is unified checklists across sites to reduce clinical variation and reduce risk to improve safety and clinical outcomes • Difficult IV Access - E-Form now created to automate the adding of a Critical Patient Information Flag to EPR for any patient identified as being at risk of DIVA. UHD DIVA pathway and process chart developed - currently undergoing formal Trust ratification. Six-month cross-site trial of the DIVA pathway (also introducing a new intermediate-length ultra-sonically guided cannula) is planned to commence from first week of April. • Deteriorating Patient – This is a large programme of 10 projects which started in July 2021. As part of this, we have launched a digital Treatment Escalation Plan for UHD and have made a safety improvement at Christchurch in the process of discussing the 2222 call structure. Other projects are well under way, and the programme will be extended throughout 2022-23 because of the scale and the detail involved in aligning practice across the two acute Hospitals. • Cancer support (operational programme support) - Rapid formation and oversight of a Cancer Improvement programme including individual projects covering all the priority tumour sites. Multiple project groups established to

	review all pathways, align across sites and realise efficiencies to streamline patient pathways. Close links established with Wessex Cancer Alliance and Dorset Cancer Partnership. Programme is rapidly expanding and expected to continue throughout 2022/3 For 2022/23 a similar process has been undertaken to determine potential Patient Safety Quality Priorities and consideration has also been given to QI team support of operational priorities.
Key points for members:	It is expected that patient safety clinical priorities and operational programmes will be supported by resources from across the Trust in addition to the support from the QI team. Patient safety quality priorities will be based on a clear rationale, with an identified lead, a timescale for delivery and associated monitoring/governance groups For 2022/23 the suggested Patient Safety Clinical Priorities and those that involve QI team input are set out in the slides below (see Appendix 1 for more detail): **Completion of existing Quality Priorities 2022/23**  **Draft Quality Priorities 2022/23 – QI input not required** 

Draft Quality Priorities 2022/23 – QI input not required



Draft Quality Priorities 2022/23 – new QI input required



This gives 10 patient safety quality priorities for 2022/23 of which 4 require new QI team input, in addition to completion of the 2021/22 priorities – two of which will continue all year and two will complete in Q1-Q2 2022/23.

There are also a range of operational improvement programmes that require some QI support in addition to that provided by operational teams, including:

- Cancer services
- Hospital flow/discharge pathways
- Theatres and outpatient improvement programmes
- Covid elective re-set
- Trauma Pathway re-design

The QI team input into the operational improvement programmes will be agreed with the Chief Operating Officer.

In order to maximize delivery of improvement programmes UHD can learn from other successful Trusts who have greatly expanded QI capability by ensuring a wide range of clinical and operational staff are trained in QI methods and have the support of a small central team. Most improvement projects are best carried out by those who work within the service to ensure the most successful changes are sustained.

	For 2022/23 the Improvement managers will spend 50% of available time (1.8WTE) on supporting agreed priorities (this includes the patient safety clinical priorities above and the operational programmes) and spend 50% of the time (1.8WTE) delivering the QI strategy for UHD with an aim of expanding the capacity and capability of operational and clinical teams to undertake structured improvement projects without the need for intensive support from the central QI team. In addition, a QI coach programme could greatly expand available QI support to teams and is in place in many other Trusts who have established QI approaches to improving services. A proposal for this is underway within the QI team.
Options and decisions required:	The Board are asked to approve the Patient Safety Quality Priorities and the QI team input into both these and the Operational improvement programmes
Recommendations:	The Board are recommended to approve the priorities and support as outlined above.
Next steps:	The Patient Safety Quality priorities will be undertaken and monitored per the appropriate governance route (See Appendix 1). QI input into the operational programmes will be agreed with the Chief Operating Officer.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Patient Safety
BAF/Corporate Risk Register: (if applicable)	Deliver patient safety priorities
CQC Reference:	Safe care

Committees/Meetings at which the paper has been submitted:	**Date**
Transformation and Improvement Group	Feb 2022
Trust Management Group	March 2022

Appendix 1: Patient Safety Quality Priorities

Quality Priority	Rationale	Resource requirement	Lead (person or group)	Timescale	Monitoring
IV fluids.	Continuation of 2021/22 Quality priority. SIs, LERNS, learning from Medical examiner and mortality reviews	Team already in place. QI support for Q1 and Q2	IV Group Clinical Lead – Dr Tiwari, Dr Cranshaw and Dr Thavanesan QI support – Dan Richter	QI input likely to finish at end of Q1 2022/23, Q2-4 to audit implementation and sustainability	Clinical Governance Group (CGG)
Deteriorating patient. Continuation of 2021/22 Quality priority. 10 project workstreams currently in progress (1 complete).	Continuation of 2021/22 Quality priority. SIs, LERNS, learning from Medical examiner and mortality reviews	Project likely to continue to require QI support for all of 22/23	Deteriorating Patient Group Clinical lead QI support – Dan Richer and Ian Neville	Q1-Q4	Clinical Governance Group (CGG)
Difficult IV access.	Continuation of 2021/22 Quality priority. SIs, LERNS, learning from Medical examiner reviews	Team already in place Embedding of 2021/22 quality priority. A 6 month trial starts 7th March 22	DIVA Group Clinical lead Dr D Morgan, Dr J Holloway, QI support – Ian Neville	Q1-Q2	Clinical Governance Group (CGG)
Safety Checklists. Continuation of 2021/22 quality priority.	Continuation of 2021/22 Quality priority. SIs, LERNS, Never events, CQC KLOE.	Workstreams established and likely to require QI input for most of year to support standardisation, implementation work and IT development work. IT and BI Team support needed for full benefits realisation and innovation.	Checklist Group Clinical lead Dr Holloway QI support – Jane Ward	Q1-Q4	Clinical Governance Group (CGG)

Quality Priority	Rationale	Resource requirement	Lead (person or group)	Timescale	Monitoring
Consent.	CQC KLOE, LERNS, standardisation across UHD. Implementation of UHD Consent Policy and consent training. Development of speciality level SOPs detailing consent processes for area	Clinical Directors and Speciality/Directorate Governance leads to support and ensure development of Consent SOPS for their areas.	Exec lead – Deputy CMO (MT), Quality Governance Team working with speciality and directorate governance leads to develop specific consent SOPs. Lisa McManus, Matthew Low – leading on Consent Training plans for UHD	Q1-Q2	Clinical Governance Group
Improving completion of VTE risk assessments and prescribing of VTE prophylaxis	LERNS/SIs - Trend in errors being reported involving lack of VTE prophylaxis being prescribed leading to patients developing Hospital Acquired Thrombosis (e.g. PE / DVT). VTE risk assessments are not being filled in completely and/or accurately and there is no section on the VTE risk assessment for the clinician to confirm if VTE prophylaxis is required or not. SIs related to missed VTE prophylaxis	Working group to be established to look at the issues and come up with some actions to drive improvement. Implementation of EPMA to RBH site will support pilot monitoring process introduced for OPS at Poole Hospital	Clinical lead - Hayley Flavell has already set up a working group	Q1-Q2	Medicines Governance Group, Clinical Governance Group, Thrombosis Group

Quality Priority	Rationale	Resource requirement	Lead (person or group)	Timescale	Monitoring
Provision of driving advice to patients. Identification of the clinical conditions where driving advice should be given and review if this is then provided and documented appropriately.	Potential area of risk	Baseline clinical audits required to understand level of risk	Speciality/Directorate Clinical Audit leads to add onto Clinical Audit Plan for 22/23 as appropriate	Q1-Q4	Clinical Audit and Effectiveness Group
Integration of ED IT systems with the rest of the Trust to improve patient safety.	Potential area of risk	To be picked up as part of Digital Transformation Plan	CIO	Q1-Q4	Digital Programme Group
Junior Doctors – Safe staffing, workforce planning and well being. How does current workforce planning impact on patient safety, training opportunities, medical workforce education, well being, working hours and retention.	Potential area of risk, risk register, LERNS, Staff Survey	Covered in the work by the safer staffing group and MSTEG	CMO	Q1-Q4	Safer staffing group, MSTEG, Workforce Committee
Communication with families – meeting expectations for response to telephone calls and requests for information.	Feedback from Medical examiners, Complaints	To be included in Patient Engagement Strategy	Deputy CNO, HoPE	Q1-Q4	Quality Committee

Quality Priority	Rationale	Resource requirement	Lead (person or group)	Timescale	Monitoring
AKI / Dialysis capacity and management	Identified from SIs, ME reviews and Learning from death/mortality reviews. Current inequalities for service provision and patient pathways across the two sites identified at Mortality Surveillance Group.	QI Group to be established	TBC	Q1-Q3	Medical Care Group Quality Board, Medicines Governance Group
Blood glucose management. Optimising use of current blood glucose database/monitoring systems to improve glucose control for patients	LERNS, Medical Examiner review	TBC	TBC	TBC	Medicines Governance Group
Managing the deteriorating patient in ED.	Quality priority identified from recent LERNS, SIs and ME reviews	Separate QI Group or added as new work stream to wider Deteriorating Patient QI Project	TBC	TBC	Clinical Governance Group
Improving communication of prescribing queries between Medical and Pharmacy team..	SI Reports.	QI support to get a group of doctors and pharmacists together, with senior support and buy in, to discuss the issues and come up with ideas of how best to communicate.	TBC	TBC	Medicines Governance Group

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 8.1

Subject:	Merger Benefits Realisation Update

Prepared by:	Director of Improvement and Integration - Alan Betts
Presented by:	Chief Strategy and Transformation Officer – Richard Renaut

Purpose of paper:	The purpose of the paper is to note the Post Transaction Integration Plan (PTIP) review report.
Background:	The Trust completed critical day one actions prior to merger and subsequently has a set of PTIP's in place that will ensure integration of systems and process and integration of services – delivering the benefits of the merger. PTIP delivery is continuing to take place with benefits being realised, albeit at a slower pace than was originally planned due to the pandemic.
Key points for Board members:	There are systems, processes and a governance structure in place in UHD to ensure PTIPs are delivered and benefits realised, whilst risks are managed. In addition, there has been a review of the merger by NHSE/I during 2021, an integration assessment during mid-2021 and an Internal Audit commissioned for early 2022 all of which are assisting in delivery of PTIPs and benefits. PTIP delivery is continuing to take place and the appointment of Tier 3 posts and corporate restructuring during 2021/22 recovered some of the pandemic delays. An integration assessment has been carried out that has identified further areas on which to focus to ensure services are integrating and developing single operating systems and models in order to deliver benefits. Benefits (corporate and clinical) are being delivered, although delayed, with the majority of the clinical benefits due to be realised after the reconfiguration in 2024-2026. Risks associated with PTIP delivery and Transformation activity are monitored and mitigated with actions and reviews in place.

Options and decisions required:	To note the Post Transaction Integration Plan review report
Recommendations:	N/A
Next steps:	To supply information to complete the Internal Audit and then implement recommendations throughout 2022. To draft and submit an end of year Integration report to the Transformation and Improvement Group in April 2022. To carry out the next Integration Assessment in June/July 2022 and act on the results.

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

Committees/Meetings at which the paper has been submitted:	**Date**
Integration Report presented to Transformation and Improvement Group Monthly	Monthly, last presented March 2022
Transformation Portfolio Dashboard presented to Transformation Committee Quarterly	Quarterly, last presented 11-3-22
Integration Assessment results presented to Transformation Improvement Group, Transformation Committee and Trust Board	Nov-21 to Feb 22

Review of Post Transaction Integration Plans	
Meeting	**Board of Directors**
Date of Meeting	**30 March 2022**
Report By:	**Director of Improvement & Integration**

1.0 Situation

In the run up to merger the merger programme had identified 33 critical 'day 1' actions covering 8 functional areas within the Trust as part of the merger Post Transaction Integration Plan (PTIP). All these actions were completed in line with merger plans prior to the merger taking place.

As part of the Trust PTIP planning, a further 102 actions were identified as non-critical but desired as part of post-merger integration covering all corporate functions. In addition to the corporate integration plans, each clinical speciality has an outline integration plan to be delivered in the years following merger in the run-up to the major reconfiguration of services in 2024-2026. All these plans rely on successful integration of clinical teams.

The delivery of the integration plans leads to delivery of benefits that were outlined in the Merger Business Case and the Patient Benefit Case.

This report summarises the progress made on delivering PTIP's and the ongoing systems and processes to ensure the benefits outlined the merger cases are delivered.

2.0 Background

Governance of PTIPs and Benefits

Following merger UHD established the Transformation Committee (TC) as a formal sub-committee of the Trust Board to provide the assurance that the benefits of merger were delivered (amongst other roles). In addition, a Transformation and Improvement Group (TIG) was established to ensure ongoing management of Transformation and Improvement activities was efficiently and effectively managed. Reporting into TIG is the Benefits Realisation Assurance Group (BRAG) that ensures benefits are collected, reported and delays are resolved.

On a monthly basis TIG receives an integration report (amongst other sub-group reports such as innovation, digital, reconfiguration, partnerships and care group highlight reports), outlining progress of delivery of PTIP plans, risks and issues. In addition, on a monthly basis BRAG meets to assess benefits delivered, risks and issues.

On a quarterly basis, the TC scrutinises progress by TIG and BRAG and the progress, risks and issues of the whole of the UHD transformation programme to ensure delivery is on track and risks managed.

In addition to the above:

- A merger report was produced for NHE/I in May 2021 outlining progress since merger and systems/governance in place to ensure continued delivery with subsequent NHSE/I & Trust meeting and assurance.
- An integration assessment has been carried out during summer/autumn 2021 to assess level of integration of clinical teams (many of the PTIP were related to teams coming together and operating as ‘one UHD’ team across Poole, Bournemouth and Christchurch sites).
- An Internal Audit has been commissioned during Q4 2021/22 to ensure benefits from PTIPs are being delivered.

Papers, reports and risk reports related to the above are available on request.

Delivery of PTIPs and benefits

The view of the governance groups outlined above has been that benefits are being delivered and PTIP’s being completed, albeit at a slower pace than was originally timetabled due to the Covid pandemic. Clinical delivery was always planned to be at a slower pace than corporate delivery and has been the most affected by the pandemic.

The latest position of the PTIP delivery as reported to TIG in January 2022 is outlined below:

	Completed	On Track	Off Track	At Risk	Not Started
August	40	57	1	2	2
September	40	57	1	2	2
October	59	38	1	2	2
November	60	37	1	2	2
January 2022	60	37	1	2	2

There is 1 PTIP off track (Image now for Mortality Reporting) that is progressing within the IT workstream and is not categorised as a significant risk, and 2 ‘at risk’ items (merger related savings and training space) are being monitored through the workstreams and do not require escalation to TIG at this stage. Merger related savings remain a risk on the risk register and are the focus of the UHD financial planning and governance groups.

A year end PTIP report is planned for April TIG at which point PTIP delivery monitoring will revert to corporate functions as part of business as usual, under the responsibility of the posts appointed to as part of the Tier 3 restructure in 2021. All Tier 3 posts have a duty to ensure teams are integrated and are working on aligning systems and processes into a single operating model for UHD.

To ensure that there is a central view of how teams are integrating and what the issues/problems might be (as this directly affects delivery of benefits), an Integration Assessment was designed and implemented during 2021. The assessment measured the technical aspects of integration and covered the following domains:

- Clinical integration
- Day to day operations
- Culture, vision and objectives
- Corporate support

The initial assessment was intended to be a ‘baseline’ of the level of integration given most of the clinical integration has been planned from 2022-2024. The results of the assessment have been presented at TIG, TC and Trust Board and can be broadly summarised as follows:

- Clinical Integration

    - *Area of Strength* - Single clinical leadership in place with cross site meetings taking place
    - *Area for Improvement* - Clinical pathways and SOP's need to be developed

- Day to Day Operations
    - *Area of Strength* - There is a clear escalation process for addressing operational concerns
    - *Area for Improvement* - Day to day operational policy/process needed and ability to work across sites improved

- Culture, Vision & Objectives
    - *Areas of Strength* - We have a clear vision and objectives for future service. We feel part of UHD
    - *Area for Improvement* - Further work required on a plan to manage reconfiguration of services over next few years (e.g. workforce)

- Corporate Support
    - *Area of Strength* - We know who our Corporate Business Partners are
    - *Areas for Improvement* - Joined up IT Systems needed, single budgets and other key information to manage single service.

An action plan is in place to deliver the areas for improvement, reporting to Executives and led by the Director of Organisation Development, Chief Strategy and Transformation Officer and the Chief Informatics and IT Officer.

In terms of benefits being delivered, the latest report from BRAG is due at the TC on 11 March and the report notes that good progress is being made against the identified patient benefits, although there have been significant challenges associated with Covid. Benefits are being achieved across the organisation and lessons learned have been shared (this is via communications channels, case studies at TIG and reports into Care Groups from BRAG and associated Groups). The majority of the clinical benefits are due to be realised after the reconfiguration in 2024-26.

Six of the seven planned benefits are on track or have been delivered, one is delayed (integrated ED workforce) although progress has been made. Of the corporate benefits planned, 3 are on plan, 4 are progressing with some/minor delays and 2 are off track (reduction in temporary staffing and adoption of new systems and processes). See Appendix 1 for details.

There are two main risks to PTIP delivery identified and monitored by the governance groups above:

- The risk of a lack of resources from clinical and operational teams who are expected to manage day-to-day operational pressures whilst integrating and transforming services.

- The risk of a possible delay in the integration of clinical teams leading to delays in service integration and the impact this could have on the reconfiguration move 1 in November 2024.

Both risks have mitigations in place and are reviewed monthly with associated actions taking place, however the committee should note the integration of teams is essential for reconfiguration and delivery of benefits and requires a 'whole Trust' approach in order to succeed.

3.0 Assessment of Options

To **note** the review of PTIP report, no options required.

4.0 Recommendations

To **note** this report.

5.0 Next Steps

To supply information to complete the Internal Audit and then implement recommendations throughout 2022.

To draft and submit an end of year Integration report to the Transformation and Improvement Group in April 2022.

To carry out the next Integration Assessment in June/July 2022 and act on the results.

The existing governance arrangements and actions in place will continue to ensure that PTIPs are delivered and merger benefits realised and communicated.

Appendix 1 : Benefits Realisation Assurance Group report

Appendix 1: Benefits Reporting Update

The table below sets out the current performance against the benefits identified as part of the Patient Benefit Case and Merger Business Case and their current status. Each Care Group is in the process of developing a broader range of benefits and metrics which are being reported through the relevant Transformation Steering groups and the Benefits Realisation Assurance Group. We are developing new templates to collect updates in performance.

As part of the plan to develop improvement priorities for each Directorate we will be using a range of data sources (e.g. GIRFT, model hospital) to identify measureable areas of performance supporting patient quality and the wider transformation agenda.

Clinical

Initiative / Operational change	Implementation	Benefit to patients	Number of patients to benefit	Update
Emergency Hospital				
Integrated ED workforce	Pre-	Improved clinical decision-making as a result of systematic knowledge sharing between ED clinicians, particularly in those specialties that are only delivered at one of the merging Trusts	500 per year	Joint nurse training. Development of ED workforce model and template planned RISK: Increase in majors demand and acuity impacting operational performance and may lead to the need to reconsider future model RISK: Difficulty of recruiting and training ANPs to support workforce model
Quality improvement through standardisation				
Standardisation of treatment protocols and patient pathways in overlapping specialties	Pre-	The adoption of standardised practices due to consolidation of overlapping services in a single location will lead to the adoption of best practice from each Trust	190,000 per year	Further development of single clinical pathways and engagement with Transformation programme of work has continued.
Haematology				
Patients at Poole Hospital able to access clinical trials operated from Bournemouth Hospital	Pre-	Early access to NHS licenced but unfunded drugs leading to better treatment outcomes	350 per year	Haematology research trials now started although some issues due to pharmacy capacity. Opening of Clinical Trials Unit (CTU) as focus for research.

Stroke				
Hyperacute stroke admissions consolidated at Royal Bournemouth Hospital	Pre-	Improved patient mortality and morbidity, reduced length of stay, greater independence and better quality of life following a stroke	1,300 per year	TIA weekend clinics moved to RBH site; increased activity through ESD RISK: LTS and vacancies causing operational challenges RISK: Delayed discharges with social services
TIA clinics consolidated at Poole Hospital	Pre-	Reduced risk of subsequent stroke	40 per year	
General Surgery				
Consolidation of colorectal cancer re-section activities, Complex Upper GI surgery and Pelvic Floor surgery	Pre-	Improved patient outcomes from concentrating small volume activity on consultants with most relevant sub-sector expertise	40 per year (min.)	Joint PTL and MDT now in place. Pelvic floor surgery consolidated. All complex upper GI moved to RBH. Currently reviewing future on-call rotas with external help secured to facilitate
Maternity				
New maternity unit at Royal Bournemouth Hospital	Post-	Significantly improved birth experience for women, especially those with mental health issues, disabilities or raised BMI and accommodation for partners	4,400 per year	Closure of birth centre at RBCH means services have now been consolidated at Poole site with the changes in access to care being implemented. Developments in the estate are being planned as part of the wider CSR transformation programme which will further support the improved birth experience. Agreement for the new model for antenatal clinics implemented
		Faster access to emergency services for women who develop complications before, during, or after giving birth at RBCH	100 per year	
		Faster access for women needing emergency care at PHT	25 per year	

Corporate

Ref	Merger Benefit	Owner	Current Status	Comments	
MB1	Better workforce deployment and development	**Karen Allman**		Rotation of workforce across both sites in some Clinical Specialities. Role of Workforce Planning Group moving forward	Developing across site and with different clinical teams
MB2	Improved recruitment	**Karen Allman**		Recruitment/Retention being delivered in a joined up co-ordinated way across sites.	Significant international recruitment programme commenced. Job market significantly different due to COVID. International nurse recruitment c. 200 planned and on target to deliver
MB3	Reduction in temporary staffing (Agency and Bank)	**Karen Allman**		Linked to CIP (key metric spend); analysis limited by COVID impact	Significant work on-going to manage staffing. COVID has placed significant challenge on staffing and spend remains high. Transformation Enabling Groups leading on opportunities for change
MB4	Development of new roles	**Karen Allman**			On-going with appointments to RNDA and physician associate roles
MB5	Single strategic approach to estate development and utilisation	**Richard Renaut**		Capital Estates plan in place and Single Estates Team. Space Utilisation Group will play a role in decision making for future improvements on utilisation	In place and developing. Ability to work as a single team enabled fast response and development of new work programmes. Consistency of approach e.g. completion of fire safety assessments being reviewed for consistency of approach leading to review at PHT
MB6	Single unified IT strategy with improved reliability and productivity	**Peter Gill**		Single strategy in place. System Prioritisation approach developed to determine what systems will be integrated when. Financial benefits captured as part of MB8. Data Collection scorecard being developed for qualitative measures relating to reliability	Work on-going; see Digital part of papers
MB7	Improved efficiency through combining non clinical support functions	**Pete Papworth**		Proposals are being drafted by Chief Officers and relevant teams; check and challenge process is being developed	Business needs are limiting opportunities to explore longer term changes. Review of Corporate benchmarking has identified specific teams where

					costs are higher than average which are now under review
MB8	Efficiency in adopting new systems and processes for the Trust	**Pete Papworth**		Systems audit being completed; prioritisation and resource requirement scoping in progress	Single PAS system slippage – now due May 17th; however likely to drive significant change once fully implemented. Lessons learnt which can be shared throughout the organisation
MB9	Improved procurement and commercial contracting through greater purchasing power	**Pete Papworth**		Joint work-plan completed; resource requirements and timetables being developed for new financial year taking into account newly proposed collaborative arrangements	

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BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 9.1

Subject:	Travel and parking strategy and policies

Prepared by:	George Atkinson – Associate Director of Estates
Presented by:	Richard Renaut - CSTO

Purpose of paper:	Staffing travel to/from work, and parking for those who drive, is very important to get right so they become a "non-issue." Likewise patients and visitors deserve a stress free experience. Reducing congestion, improving air quality and cutting carbon are also objectives. To improve upon the current reality and achieve our objectives a programme of work has been developed, including a draft strategy, capital plan, and review of policies. The first policy is to create a single UHD car parking permit allocation policy, using the same criteria, fairly and consistently applied across the Trust workforce, and for visitors and volunteers. This will also reflect that government funding for staff parking ceases on 1st April 2022 (so charging will be re-introduced at that point). The attached powerpoint presentation is an introduction to what is being done to improve travel, and key aspects of the new parking permit policy. It also includes our planning for the next few years as we approach the major service reconfigurations in 2024-2026. The attached car parking policy is for approval and implemented for 2022/23. A Question and Answer information sheet is also attached. The wider package of changes, including securing more sustainable travel options will continue to be developed in parallel to the parking policy.
Background:	The context is that UHD needs to balance numerous competing demands - The Council limits the number of parking spaces allowed on each site - Road congestion in the BCP area is amongst the worst in England outside London, resulting in very slow travel times - Reducing carbon and air pollution in line with the Green NHS plan, and improving public health - Active travel (cycling, walking, buses) is better for personal health - As part of the planning permission for development on the RBH site, a significant package of non-car based travel solutions need to be delivered by the time staff transfer and work at either Poole or RBH - The staff culture champions' appreciative enquiry highlighted, amongst other things, that staff wanted to be able to park at work

	Regarding the car parking permits policy, helpful background includes: - Both Trusts had a charging scheme in place prior to Covid - Both were similar, points based - Both had "progressive" charging (i.e. lowest paid staff paid least) - The rates differed slightly and had different groupings - An external parking specialist has been used to review the policies (and that of other NHS Trusts) and helped shaped the attached proposal - Discussions have been held with Staff Partnership Forum and amendments made, as well as discussion with other groups including staff champions, and Medical Staff Committee - Visitor parking charges will be standardized across sites and are below either zero growth or below the rate of inflation.
Key points for members:	Travel for patients, visitors and staff is an important part of healthcare services. The need to re-introduce charges for staff is required now that central government funding linked to Covid is coming to an end. Support for sustainable transport and viable alternatives to single occupant car journeys is in place and many more developments are planned and being rolled out. Already a large amount of staff do not have a parking permit and managing the number of permits and fixed number of spaces requires careful management.
Options and decisions required:	There is an option to continue with the two existing staff parking permit policies for each site. This is not recommended as both inequitable and difficult to manage operationally. The option to not charge staff would generate a significant cost pressure which would need to come from direct patient care services. This is not recommended as not in line with our values, of putting patients first, and not in line with our Green UHD sustainability commitments. The proposed car parking policy is recommended for approval. Any updates received in the week before the Board, from Finance and Performance Committee or from staff representatives groups will be verbally updated at the meeting.
Recommendations:	Discuss and agree the policy. Note the wider work on transport and travel.
Next steps:	Communicate

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Sustainable use of resources
BAF/Corporate Risk Register: (if applicable)	n/a
CQC Reference:	Patient Access

Committees/Meetings at which the paper has been submitted:	**Date**
Board Part 2	February 2022

Transport and Parking at UHD

March 2022

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Our objectives

1. To offer staff travel options that makes getting to/from work as **hassle free as we can** – even enjoyable!

2. The Council allow us a fixed number of parking spaces as a way of controlling traffic. We want our limited parking **spaces allocated fairly & transparently**.

3. That the **costs of transport and parking are fair** - not taking resources from patient care and any charges we have in place cover costs, including promoting offers & incentives for those who can switch travel.

4. We will work to deliver our **UHD Green Plan and reduce congestion** around the sites. This means cleaner air and sustainable solutions, and less traffic.

To achieve those objectives

1. Hassle free
   - A parking space when you need one
   - Changing facilities, lockers, fresh towels etc
   - Help identify your journey options other than by car
2. Fair permits
   - A single policy, criteria and tariff from April 22
   - Engage & develop the policy working with Staff Partnership Forum
   - Criteria and scoring are fair and consistently applied
3. Costs & offers
   - Re-introduce charges from April 22 to cover costs, as Govt subsidy finishes
   - Incentivising those who have alternatives to single occupancy car use, to commute more sustainably
4. Cut congestion
   - Reduce single occupant, peak time car trips
   - Incentives for public transport and active commuting
   - Support staff working from home and other locations

Some key facts

- 10,000+ UHD staff
- 3,429 site parking spaces (set by Council)
- c5,700 parking permit holders
- c4,300 staff get to work without a parking permit
- BCP the 6th most congested area in all UK, 2nd most congested in the south

Current staff car permits by home location

We need a parking policy that supports our green travel plan.

One which reflects today's reality, tailored to our diverse staff, as one size won't fit all.

Site Specific historic policies vs One Organisation

- Historically the 2 sites had policies, similar but different
- Both based on a points system
- Both have set limitations
  - Council Planning, limit on site spaces
  - Council, some charges controlled
  - Location, sites constrained
- Both prioritised permits for staff with disabilities, working anti-social hours, and those with fewest alternative travel options
- Both had lower rates for lower paid staff
- When more permits are issued (and ratio of permits to spaces worsens) both sites ended up with frustrated staff driving round looking for spaces….

New policy needs to be fair, consistent and transparent about who gets a parking permit and who doesn't.

Site developments Poole Hospital

Alternative parking arrangements for staff

We have signed leases with Poole stadium to provide off-site parking spaces for staff.

There are now 487 UHD spaces at stadium this has been increased to try to keep up with demand and to replace those displaced by building works.

Poole stadium CP

New building area and COVID screening facility

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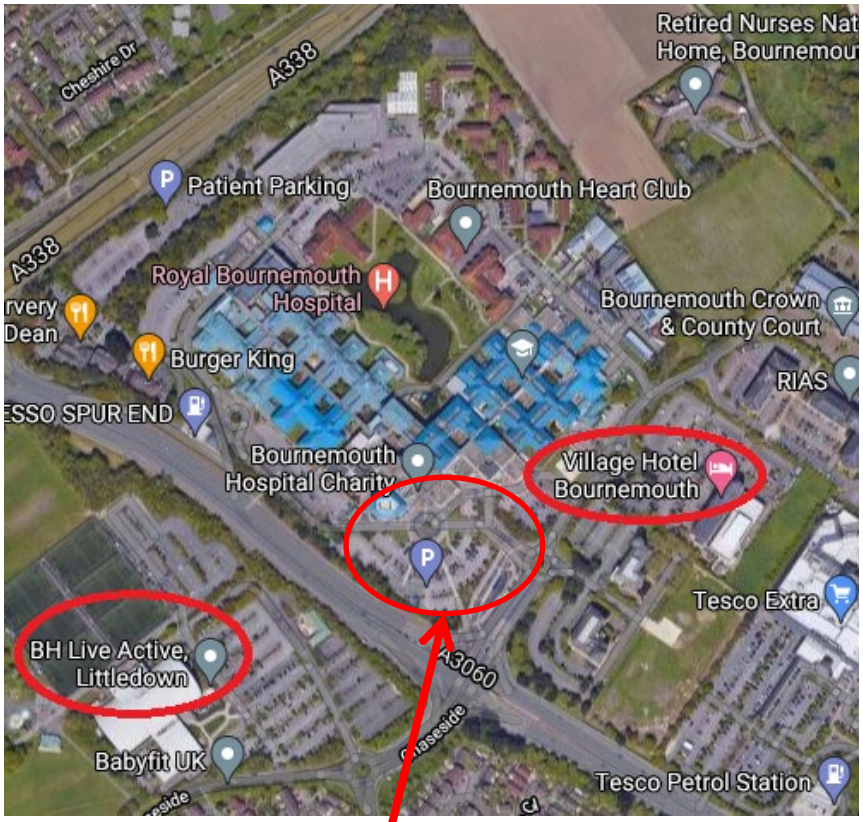
Site developments BH

Alternative parking arrangements for staff (RBH)

We have signed leases with The Littledown Centre to provide off-site parking spaces for staff.

- There are 226 UHD spaces at Littledown in two areas
- Approximately 300 staff have permits to use these spaces, which also helps ease congestion at RBH.
- Building contractors using some spaces at Village to avoid filling staff carparks

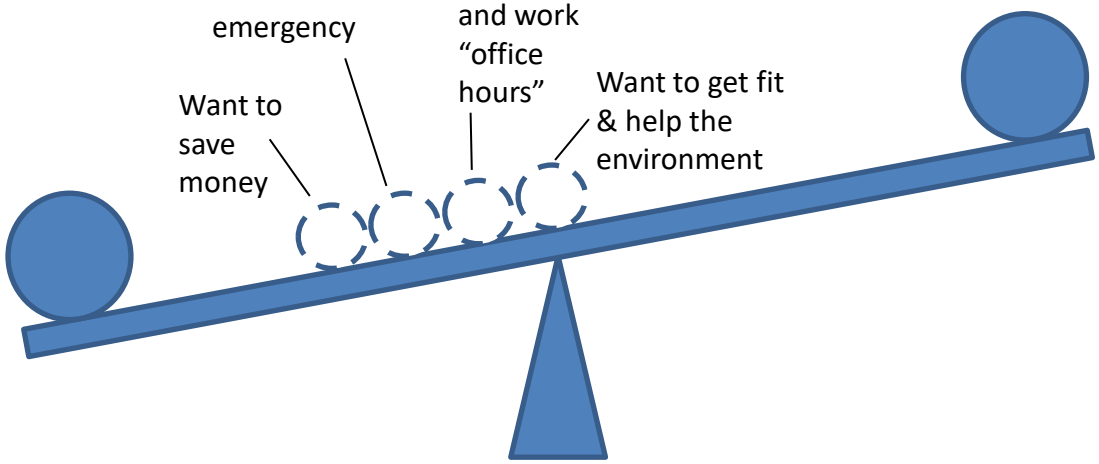


Construction site

One policy, one system

- The Trust has used a specialist parking advisor to review and develop a single policy for UHD and to look at our future needs, that will include meeting our sustainability targets. This work includes
  - Parking Policy
  - Control system & Operation of parking areas
  - Staff travel survey review
  - Identify alternative travel options for staff
- The work is completed as a draft to inform the Board approval of the UHD parking policy in Feb/March.
- UHD recently carried out a staff travel survey to help plan for the future and received over 1,000 returns. This is an excellent response for a survey of this type. This information has also been used.
- This policy is a key part of the wider Travel and Transport plan for the organisation.

Balancing Act: Parking Permits



Staff with no viable alternative to using their car or working unsocial hours

Too many permits issued means staff spend too much time looking spaces, that may not exist

Staff wanting to bike, walk, carshare or work from home (some or all the time)

Save money
Exercise
No congestion
Cut carbon & pollution

Currently With Permits c 5,300

Currently without Permits c 4,600

Over 3 years shift this balance, with nudges and incentives

Policy proposal key changes based on need. What is out.

Automatic permits for some

This can cause friction between different staff groups who are all critical to service delivery, this does not align with our fair and open policy.

Privilege, length of service

Not to be offered. Annual permit renewal process will be based upon need, and current address, working patterns etc. and not length of service. Note – new policy implementation criteria likely to be over 6 months.

Attending Irregular Meetings

If infrequent then we will reimburse any travel and parking charges, rather than issue a permit.

NB Volunteers and governors will in future park in public areas and reclaim any costs (so their volunteering is recognised). This frees up the ring fenced area in RBH multi storey.

Policy proposal key changes based on need. What is in.

Shift workers

Off-peak or Time Limited Permit (TLP) automatically granted that allows parking overnight, between 19:30 to 08:00 or any time at weekends or Bank holidays. Qualifying staff on 24/7 shifts receive a full permit where appropriate. The night shift is currently free in line with Government rules on NHS parking.

Residence parking

Subject to available spaces, this will most likely lead to a waiting list. Those with a need to use cars for work can apply under that criteria or use pool vehicles. Residents can apply for permits using the online application. Being a UHD resident does not guarantee a permit.

Use of vehicle for regular duties

Varying score depending on the frequency.

Cross site duties

Working days at different sites as part of the role will be reflected.

No viable alternative to single occupancy car travel

To be assessed by a personal travel plan which includes

Overall distance and travel time to work criteria assessed (Isochrone).

Parent or carer requirement

Regular and required support, varies by need.

Health issues

Supported by Occupational Health review and referral. Includes Blue Badge holder status.

Policy proposal key changes.
Scale of charges.

- Adhere to current government guidelines for NHS staff parking charges expected to resume from April 2022. Note, night shift is free in line with Government rules on NHS parking.
- Proposal recommends site equality giving a common structure of charges.
- Recommends public transport options to be cheaper than parking rates, to encourage staff to consider other options.
- Salary sacrifice option (staff benefits service, c14-25% lower cost, individual informal choice).
- Reviewed against other local hospital trusts for fairness:
  - Dorchester £50 pcm flat charge. Upto £63 UHS.
- Phased cost escalation year on year to meet the expectations of our sustainability strategy and UHD Green Plan and create a fund to protect and control the parking areas for those that need them most, while supporting alternatives to single car use.

Scale of charges: to be decided

Proposal from April 2022

Staff Parking Permits (incl. Locum, Agency & Bank)	Current charge per month		
Classification	Poole	Bournemouth	UHD 2022
Lower Earnings below HMRC tax threshold	£16	£12	£14
Earnings within the range AFC 2 to 5 inc	£32	£25	£28
Earnings within the range AFC 6 to 8b inc	£32	£30	£34
Consultant / Senior Management AFC 8c and over	£32	£48	£50
Resident parking spaces	£50	(Var c30)	£50

Plus: Occasional users option

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Thinking behind draft policy/prices

- Points based system has worked well, supported by an appeal process
- Simple bi-annual update (if your details haven't changed incredibly quick)
- **Occasional users option** – if you qualify for a permit but are part time, some WFH or want to mix other transport in, then only pay for limited access (up to 12 times a month, £3 all day)
- Keeps the different rates depending on pay band, protects lower earners
- There hasn't been any increase in parking charges for 3-4 years
- Planning for an annual increase in charges so (by 2024/25) it's cheaper to have an unlimited bus pass (comparable to DCH and UHS rate £50/£60pcm) and **creating a fund to get those who can swap incentivised to do so** (see later).

What's coming up: offsite parking

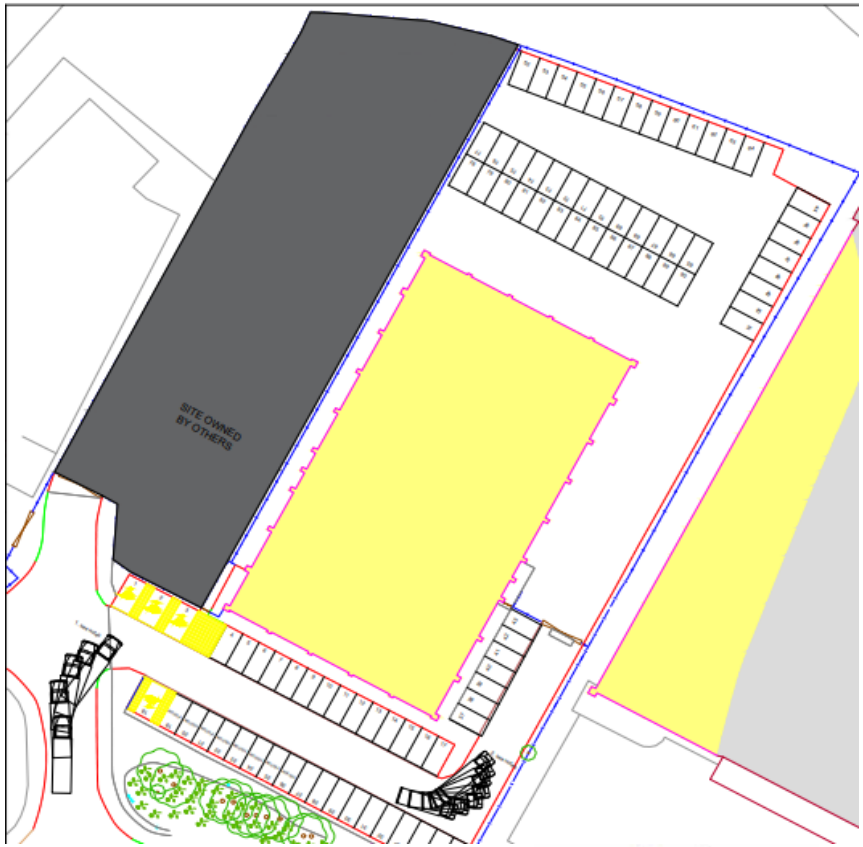
Yeoman's Way - flexible off-site working hub

From early 2022 Yeoman's Way (behind Castle Point) gives UHD newly refurbished offices, and c**90 car parking spaces.** Some staff will be permanently relocated here, others will work at Yeoman's on a more flexible basis. We expect about 130 staff from IT, Procurement, HR and other corporate functions to be based here.

There are also 60 outpatient booking staff working at offices in Wallisdown.

Similar to Littledown and the Village, this helps free up spaces on-site during office hours and reduces congestion.

Longer term plans include exploring layout of parking spaces and link road to Wessex Way to reduce RBH congestion.



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Supporting Cycling – your views?

We continue to host free bike maintenance sessions for staff across UHD, to reward those who cycle to work and act as an incentive for those who don't.

The Cycle to Work scheme has seen a four-fold increase in uptake this year compared to last year (which has already increased on the year before). ?**1,000** staff regular cycling

Our 'Bike User Group' (BUG) continues to grow and staff have organised led rides to/from work (and local pubs)

- Would having free bike and e-bike trials help some staff switch
- Better changing and shower facilities?
- More cycle sheds
- Already have staff discounts – better publicity?

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What's coming up…

- Improving cycle storage at PHT

- A shorter term objective is the improvement of the cycle parking facilities at PHT. These have been neglected over the years, and we aspire to provide safe, secure and tidy facilities to encourage cyclists to use them, and demonstrate to staff that we value those commuting by bike.

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What's coming up

- EV Charging

We are currently working with colleagues in Procurement for a self-managed commercial EV charging facility at RBH and PHT.

We recognise that current EV charging options across both sites are limited, and it is a key long-term aim to improve these (as outlined in the Green Plan).

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Bus travel

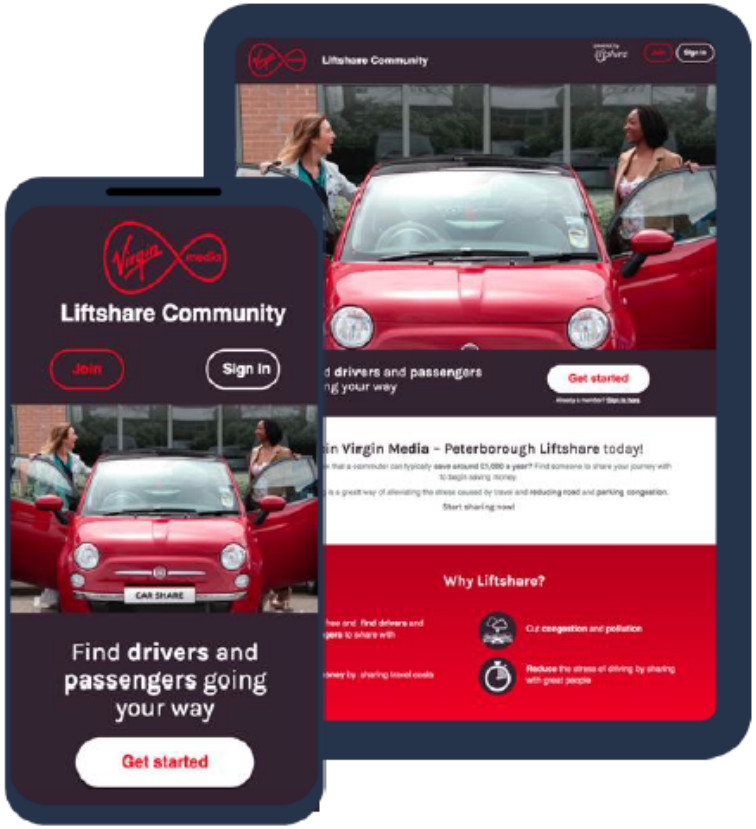
Your views please…

- Regular, rapid bus between RBH and Poole (Similar to Uni bus service) planned 2024/25, could be brought earlier?
- Currently unlimited bus pass £47 pcm – would a lower price switch some car users?
- Bus travel includes free wifi, and journey times can be comparable when including parking and walking from Stadium and Multi-storey.

Car share apps

Liftshare

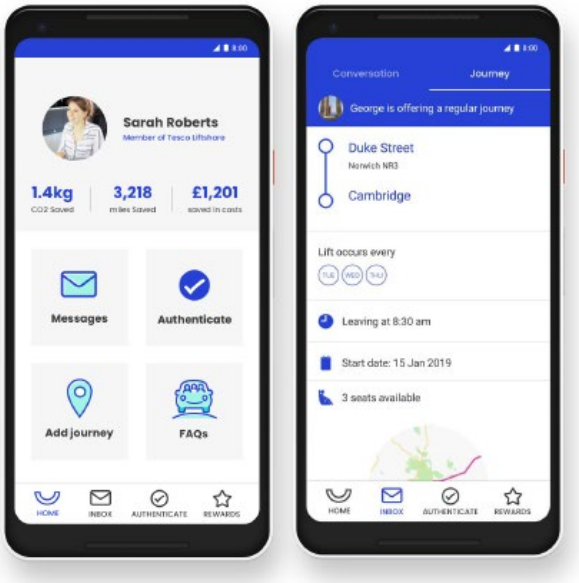
- A **web-based solution** which is **scalable** (multiple sites) and **fully responsive** i.e. can be accessed and viewed through desktop computers, smart phones, tablets and an app.
- A **bespoke**, custom branded carsharing website
- An **advanced search engine journey matching functionality**, with the option of filtering journeys by date, time, distance radius and to find matches 'on route



Car share apps

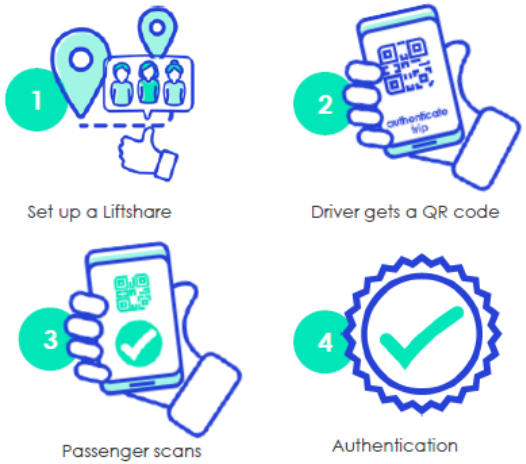
Liftshare – Smartphone app

Improved communication between Liftshare members via push notifications and instant messaging



Liftshare – Car sharing validation

Our app enables employees to authenticate the fact that they have shared. This can give them access to car share bays and/or other incentives.



Benefits:

- ✓ Real time tracking
- ✓ Proof of active sharing
- ✓ Incentivise with dashboard insights

Work from Home

Up to 400 staff regularly working from home, (for those this is an option)

Over £1m invested in IT to support this

Releases office space, parking space etc

Need to ensure staff remain supported, work safely etc

Options for more staff to work from home?

Summary

Are our objectives right?

We need to update our parking permit policy – What's your view of the proposed changes?

Getting *some* of our c5,400 permit holders to consider shifting travel options, sometimes, requires a mix of incentives…what works?

Making sustainable travel attractive and hassle free, and reducing congestion for staff and patients is a win-win!

How can you help us achieve this?

Questions

University Hospitals Dorset
NHS Foundation Trust

Car Parking Management Policy

If this document is printed – please check in the Policies, Procedures and Guidelines section of the intranet to ensure this is the most up to date version.

Out of date policy documents must not be relied upon.

A) EXECUTIVE SUMMARY POINTS
• This policy is created to harmonise the car parking processes across UHD sites.
• The policy aims to manage the limited parking spaces allowed on the sites in a fair manner
• A scale of staff eligibility criteria is defined together and an appeals process
• Charges and concessions for staff and the public are identified
•
•
•
•
B) ASSOCIATED DOCUMENTS
•
•
•
•
•
•
•

C) DOCUMENT DETAILS	
Author:	George Atkinson
Job title:	Associate Director of Estates
Directorate:	Strategy and Transformation
Version no:	V1.0
Equality impact assessment date:	10 January 2022
Target audience:	All staff and visitors
Approving committee / group:	
Chairperson:	
Review Date:	

D) VERSION CONTROL

Date of Issue	Version No.	Date of Review	Nature of Change – (include section reference)	Approval Date	Approval Committee	Author
Jan 2022	1.0	Jan 2023	Initial document for comment			
March 2022	1.1		Edited following SPF comments			

E) CONSULTATION PROCESS

Version No.	Review Date	Author	Level of Consultation

Contents

1 Introduction

This policy sets out how University Hospitals Dorset NHS Foundation Trust (the Trust) aims to balance staff, visitor, and patient parking demand, with the available parking supply, and support alternative modes of travel, in a way that is measured, fair and transparent.

In doing this the Trust takes the international requirement for action to prevent future climate change seriously. It recognises that it has a social responsibility to reduce its environmental impact and associated carbon emissions. One of the key areas for action is travel and transport. In practical terms this means the Trust will consider the use of resources in its day-to-day operations so that it optimises the use of renewable resources and preserves finite resources as much as possible. Therefore, the Trust will ensure that its use of utilities, transport requirements, purchasing decisions and production of waste is as effective as possible.

The Trust has a limited amount of parking available. BCP Council permits us to have a fixed number of parking spaces as set out through planning permissions and controls.

This policy considers the following key factors

- It is important that the limited parking spaces that we have are allocated fairly and transparently.
- In addition, the costs of transport and parking are fair - not taking resources from patient care and any charges we have in place cover all costs, including promoting offers and incentives to meet our travel objectives.
- We work to reduce congestion around the sites and promote cleaner air and sustainable solutions in line with the UHD Green Plan.
- The Trust looks to offer staff travel options that makes getting to/from work as hassle free as we can – and healthy and even enjoyable with initiatives to support and encourages those who can do so to use alternative modes.

2 Policy Conditions

The Trust retains all rights to parking on site. There is no right or assurance for anyone to be able to park on site. Any parking is under agreement and subject to the terms and conditions of use as set out by the Trust.

Land utilised for parking, and the infrastructure provided, presents a cost to the Trust. It remains a core policy to ensure that the allocation of resources to serve parking is kept under review and considered in the context of other potential uses of land, finance and personnel.

The Trust will ordinarily apply a charge for parking on the site. The Trust will apply concessions that will as a minimum include those set out in Government guidance.

The Trust will aim to deliver an efficient and effective parking service to visitors and staff. Infrastructure and machinery will be provided in sufficient quantities and at suitable locations and monitored, maintained and repaired to maintain a satisfactory level of service such that users are not inconvenienced when parking or attempting to pay.

3.1 Staff Parking

Our aim is to allocate spaces available fairly and make travel to work sustainable and convenient. The Trust also intends to progressively reduce the proportion of staff that travel to work by single occupancy private car use by supporting attractive alternatives which will drive forward our green objective in cutting pollution and congestion around the sites.

3.2 Eligibility

All parking by staff at any site will be managed by the Trust or its agents.

Parking on site will be subject to a permit or similar consent. A permit to park will be available only to staff who are eligible:

- those who are directly employed by the Trust or who are on a long-term contract or via a tendered service e.g., partner organisations and contractors
- meet the requirements to be allocated a permit

3.3 Permit Requirements

The Trust will provide permits to park on site based on appropriate need. It will operate a defined process for determining the minimum requirements for allocation of a parking permit. Appendix K. The process will use a Criteria Scoring System (CSS) to:

- provide an objective and fair assessment of applicants' needs against the threshold requirements for allocation of a permit to park on UHD property
- determine any allocation or conditions of use, including parking locations to be used, restrictions on time of entry, durations of stay, frequency of use or permissible days.

The Trust will provide an appeals process for staff to contest an eligibility decision by reviewing submitted and additional information against the criteria.

3.4 Charges and Payment

The Trust will apply a charge for staff provided with a permit to park at a hospital car park. The charge levied will be set to:

- Be at least sufficient to ensure operational costs associated with the provision of parking by the Trust, including equipment, renewal and maintenance and parking operational costs, are fully recovered by the users, this does not include the use of funds for building new car park.
- Be always more than a typical day return bus fare.
- Deliver a reduction in private single occupant car travel to the hospital, by creating incentives for those with viable alternative travel options.
- Avoid need for subsidy from healthcare services.

3.5 Payment Channels

The Trust will continue to seek efficiencies and user benefits. They will investigate options to move to an alternative system of payment and permissions to park where this offers scope to reduce administration and improve operational efficiency. Staff benefits (salary sacrifice) will be offered with appropriate advice to allow an informed decision in reducing costs to staff.

The use of Automated Number Plate Recognition (ANPR) may be introduced in future years.

3.6 Revenue Transparency

The Trust publishes the revenue generated from parking via the central NHS ERIC report, this is available to all online from NHS Digital.

3.7 Application process

The application process for staff car parking permits is biannual. Approaching the expiry of their parking permit, a staff member will receive an automated email from the Trust asking them to reapply and update their information. At this point eligibility will be reassessed.

A 6-month one-off transition period for all staff to reapply for permits or update their permit information will be introduced following the adoption of this policy.

3.8 Scoring and eligibility

Applicants for parking permits will be assessed on a range of criteria. The individual application will be assessed against the range of available permit types listed in Appendix K. In summary these consider the applicants status based on:

- Their work pattern being Day, shift or Part-time worker
- Whether the car is needed in the course of duties, (for avoidance of doubt this is not their daily commuting).
- Commitments outside of work relating to childcare, supporting close members of their family (carer status),
- Personal health grounds.
- The distance from the hospital/main site of work.
- The time that it will take to travel to work by car and or alternative means of transport (isochrone mapping) may in future updates of the policy be used to manage the demands on the parking resource as part of the drive to ensure fairness. This will replace crude distance measures and could be part of travel planning advice.
- The number of permits issued is constrained via the spaces available.

3.9 Cross-site worker's permits

Staff who work across the UHD sites can apply for a cross site permit. See Appendix M.

Following the creation of the combined organisation, there are several staff who now have responsibilities across multiple UHD locations. Following requests from management teams the Trust has in place a "cross-site" parking permit to make parking at our hospitals easier. These

permits will be recognised at Bournemouth, Christchurch and Poole Hospitals, allowing you to smoothly transition between workplaces when required.

3.10 Types of permits

For a full list of the various permits UHD offer, see Appendix K.

- **Shift workers: -** Off-peak or Time limited Permit (TLP) automatically granted that allows parking only if entry is between 19:30 to 08:00 or any time at weekends or Bank holidays
- **Use of vehicle for regular duties: -** Varying score depending on the frequency
- **Cross site duties: -** Working days at different sites as part of the role will be reflected
- **Parent or carer requirement: -** Regular and required support, varies by need
- **Health issues: -** Supported by Occupational Health review and referral. Includes Blue Badge holder status
- **No viable alternative to single occupancy car travel: -** To be assessed by a personal travel plan which includes the overall distance and travel time to work criteria assessed for a range of transport options (Isochrone)
- **Residence parking: -** Subject to available spaces, this will most likely lead to a waiting list. As residents are on/near site there is no guarantee of a parking space. Those with a need to use cars for work can apply under that criterion or use pool vehicles.

3.11 Occasional users

Staff who require parking 12 times per month or less can apply for an Occasional permit in place of a full permit. This permit allows the member of staff to park within any permitted staff car park on 12 occasions per calendar month. The criteria governing the allocation of these permits remains the same as other permits, despite the limited usage in comparison to other permits.

These permits will be monitored by on-site car parking management teams. In future Automated Number Plate Recognition (ANPR) systems may be employed to ensure that the 12 occasions per calendar month are not exceeded.

4 Patient and Visitor Parking

Parking for patients and visitors will be made available at appropriately signed car parks at the three hospitals.

4.1 Public permit or ticket to Park

The Trust requires users of the public car park facilities to comply with the terms of payment and use, including where specified, a requirement to display a valid permit or parking ticket whilst occupying a parking space.

4.2 Charges and Payment

The Trust will apply charges at all its public car parks. It will be set to:

- Be at least sufficient to ensure costs associated with the provision of parking by the Trust, including equipment, renewal and maintenance and parking operational costs, are fully recovered by the users
- Deliver a reduction in private single occupant car travel to the hospital, by providing alternatives to visiting the sites, or if travel is required, to provide viable alternatives
- Discourage occupation by non-hospital users. The unvalidated charge will be at least equivalent to the cost of parking for an equivalent time in any public parking facility within 600 metres of a hospital site.

4.3 Pickup / Drop-Off

Pick-up/Drop-off spaces may be made available close to the main entrances to the hospitals. These areas will be designated for a 20 or 30 minute maximum stay. They are for use by patients and visitors only for the purposes of delivering or collecting passengers.

5 Concessionary Parking

The Trust will provide specific concessions to some users to reduce or waive parking charges. These concessions include those within the guidance issued by the Department of Health and Social Care (Appendix H).

5.1 Disabled Parking

The Trust are committed to providing dedicated parking spaces for disabled users and staff parking facilities for disabled staff.

Disabled parking facilities will be provided in close proximity to each hospital. Vehicles may park in the designated parking spaces subject to:

- The driver or occupant being an eligible Blue Badge holder
- The badge being displayed in the windscreen
- Any stay beyond the maximum duration being notified and agreed with the Trust's on-site parking management staff.

Hospital staff holding a Blue Badge will be provided with a D-Permit. Vehicles displaying a D-Permit will be eligible to use the parking spaces reserved for disabled users in the staff parking areas.

5.2 Volunteers and non-staff Governors

The Trust welcomes and appreciates the considerable value provided by its volunteers and non-staff Governors. Volunteers or non-staff Governors who choose to drive to any hospital site will be:

- Provided public access to parking areas, and be able to claim a full refund for expenses accrued following a voluntary shift or governor activity

- entitled to a D permit if they are a Blue Badge holder (allowing use of staff disabled spaces).

5.3 Residents

All onsite residents holding a tenancy agreement will be able to apply for a parking permit subject to availability against the identified provision on the site of their accommodation for the duration of their stay. The permit will be subject to charge based on the Charging Rate Table. Once all parking is allocated, applicants may join a waiting list. From September 2022, non-NHS residents at Poole is expected to reduce.

Residents living with young dependants or with mobility needs will be offered permits for parking in close proximity to their accommodation, as and when they become available. Disabled staff in residences will be addressed in line with the wider disabled staff.

6 Monitoring and Enforcement

The Trust will pursue a corrective rather than punitive approach to parking infringements. Staff and users will be presented with a warning for the first and second occurrence infringements that present no inconvenience or danger to other users.

More significant actions, that cause obstruction, are deliberate, selfish or dangerous will be subject to penalties. Repetition of minor infringements will also be subject to penalties.

Drop-Off/Pick-Up spaces provide an important facility and serve a particular need for those that require those spaces. Inappropriate use can cause substantial inconvenience for other users and will be subject to a penalty charge.

Staff Permits may be cancelled and eligibility to on-site parking withdrawn as part of any sanction imposed by the Trust. This may be applied for users found to be:

- contravening the car parking policy,
- accruing an unreasonable number of Penalty Charges,
- failing to pay Penalty Charge Notices within the timescale permitted,
- driving on the site in a dangerous or otherwise careless manner including at excessive speed or
- for any other action considered inconsistent with the privilege of using a vehicle and parking on-site.

The Trust may require any member of staff to prove that any vehicle being parked on site has insurance, duty and where applicable a valid MOT. The Trust reserves the right to cancel any parking permit without notice.

6.1 Inappropriate Parking

Vehicles obstructing essential Trust services or otherwise presenting a danger, hazard or nuisance will be removed without the owner's consent. The Trust will not compensate and defend its actions against any damage which occurs to vehicles or their contents when moved.

6.2 Abandoned Vehicles

The Trust will maintain the car park for its service to all users. It will apply a Vehicle Abandonment Process to any vehicles that due to condition or placement are considered to be potentially abandoned.

7 Sustainable Travel Options

The Trust will encourage staff to travel to and from work sustainably and provide facilities and incentives to support cyclists, walkers, and users of public transport.

The Trust will:

- encourage its managers to be flexible with working arrangements to make sustainable travel easier for staff.
- provide discounted bus travel, facilitate car shares, loan bikes and operation of the *Bikes for NHS* cycle to work scheme. Secure cycle facilities, lockers and showers will be available for staff at each location.
- work with the local bus service providers and the local authority to promote and provide suitable information for public and staff who choose to travel by bus

The Trust will support steps taken to reduce the environmental impact of personal vehicles. It will:

- offer priority allocation of parking spaces for those that car share
- provide charging facilities for users of electric and hybrid vehicles.
- continue to monitor and review its EV charging options, parking eligibility and user charges as part of its Electric Vehicle Workplace Charging Policy.
- Offer salary sacrifice/staff benefits to purchase bikes, e-bikes and electric vehicles.

8 Approval and Review

The Chief Executive, as part of their overall remit for environmental issues, holds responsibility for the Car Parking Management Policy. The operational management is delegated to the Associate Director of Estates.

This policy shall be reviewed in consultatoion with the Staff Travel Group with representative from the staff side partnership, HR and parking team, 12 months from its approval or when any changes in sustainability practice or legislation occur. Changes will be subject to trust approval.

A copy of the Policy will be available on the Trust Intranet and website.

Approval of Policy	Trust Board	
Publication of Policy on intranet	Estates Department	
Monitoring of implementation of policy	Estates Department Trust Board	

EQUALITY IMPACT ASSESSMENT – SCREENING FORM

1. Title of document/service for assessment	UHD Parking policy
2. Date of assessment	
3. Date for review	
4. Directorate/Service	
5. Approval Committee	

	Yes/No	Rationale
Does the document/service affect one group less or more favourably than another on the basis of: N.B. The 'Rationale' box must be completed whether the answer is Yes or No.		
• Race	No	
• Gender (including transgender)	No	
• Religion or belief	No	
• Sexual orientation, to include heterosexual, lesbian, gay and bisexual people	No	
• Age	No	
• Disability – learning disabilities, physical disabilities, sensory impairment and mental health issues	Yes	It offers them preferential parking
• Marriage and Civil Partnership	No	
• Pregnancy and Maternity	No	
Does this document affect an individual's human rights?	No	
If you have identified potential discrimination, are the exceptions valid, legal and/or justified?	No	

If the answers to any of the above questions is 'yes' then:	Tick	Rationale
Demonstrate that such a disadvantage or advantage can be justified or is valid	✓	Government guidance stipulates that this group are provided free parking at hospitals. Parking provided in close proximity to entrances to assist with mobility limitations
Adjust the policy to remove disadvantage identified or better promote equality		
If neither of the above possible, submit to Diversity Committee for review.		

Screener(s)

Print name……

Date Policy approved by Committee	

Upon completion of the screening and approval by Committee, this document should be uploaded to papertrail.

9 Appendices

Appendix A Process for allocation of a parking permit

Staff will be able to apply for a parking permit at any point in the year. Applications will be processed through the permit system by members of the Estates Team. Each application will be assessed against allocation criteria and awarded points set by the parking review team.

The Team will set out those staff achieving sufficient points to reach the threshold for a permit. The results will be collated, and staff will be notified of the outcome.

Staff members are required to update information on any change of circumstances, this may include new home or work location, changes in personal circumstances and those of dependants.

The parking review panel may assess the parking criteria thresholds and make changes and adjustments as needed to manage the system capacity.

Appendix B Appeals Process for Allocation Decision

Staff who do not qualify for a Parking Permit may Appeal. In the first instance an appeal must be submitted in writing (by letter or email) to the Associate Director of Estates stating in detail the grounds for the appeal.

The Associate Director of Estates will anonymise the appeal letter. He or she will randomly select a minimum 5 members of the Allocation Review Panel to whom the anonymised appeal letter will be sent, the selected panel will invite both Staff-side and Management members. They will have seven days to respond whether the appeal should be upheld. The majority decision will prevail. The Associate Director of Estates will inform the member of staff concerned of the outcome by email.

A further appeal is available. In such an instance it should be addressed, in writing, to the Trust's Chief Strategy and Transformation Officer (CTSO). They may determine the appeal. They may decide to convene the full Allocation Panel to undertake a further review.

Should the Allocation Panel require further information, the secretariat of the Trust's Chief Strategy and Transformation will seek the appellant's consent to consult as required. This may include the employee's Head of Department and/or Occupational Health.

The Allocation Panel will provide the CTSO with a summary of the evidence presented and a recommendation. The CTSO will make a decision and inform the appellant. This decision will be final.

Appendix C Staff Parking Permits

Car Parking Permits will be for a calendar month or part thereof. Charges will be:

- Applied for the full calendar month
- deducted from the monthly salary.

- set to a rate as determined by the charging rate table for staff
- apply to any member of staff who works on Trust premises regardless of their employer or employment status.
- applied for the duration of the period that parking permission is granted irrespective of actual use. There will be no rebate for periods of annual leave, sickness or absence.

The Charging Rate Table will be published annually following review of this policy. It will establish the monthly charge to be paid based on a combination of the permit type granted and user's banding.

Parking charges will be reviewed as a minimum on an annual basis. Staff holding permits will be provided with a minimum two full calendar months' advance notification of any change to the charging policy or associated rates using

- the Trust's global email system and
- notifications within staff publications

Staff who may be subject to a change in charge liability as a consequence of transfer, promotion or other change in employment conditions will be subject to revised deductions based on the date of transfer.

The Trust consider that it is the permit holder's responsibility to check that the correct deductions are being made. The Trust reserves the right to claim back any unpaid costs from staff who have failed to pay either the full tariff or a lower tariff to that defined by the charging policy and will reimburse to staff any agreed over payments.

Appendix D Staff Parking Tariff Tables

Staff Permits

All Staff Permits will be moved over time to a standard charge set annually in line with policy to reduce travel to the hospital by single occupant car journey. This standard charge will be at least the return bus fare based on a monthly undiscounted bus permit for the Morebus zone A area (or other similar benchmark to be determined by the Trust).

Benchmark Parking Charge		
Bus Permit Zone A Morebus	Month	£56

The standard charge will be subject to discounts based on the band or job role. These discounts will reduce over the period 2021-2024. Staff applying for permits within the staff parking area will have the following charges deducted from the monthly salary. The Trust may withdraw monthly permits at any time during this period in preference for daily payments.

The Lower Earnings Charge applies to staff earning less than the HMRC Personal Tax Allowance.

Staff Parking Permits (incl. Locum and Agency)			
Classification equivalent earnings	Period	2022/3	
Lower Earnings Charge	Month	£14	
Bands 1 to 5		£28	
Bands 6 to 8b		£34	
Consultant / Senior Management Band 8C and above		£50	

Pkg Pers | UHD Staff Permit Discounts 01

*This policy sets the current years charges only. All future Staff parking charges will be reviewed annually in line with policy to reduce travel to the hospital by car by providing affordable alternatives. All parking is subject to availability and allocation policies.

Other Staff Parking

Other charges for staff parking are as follows:

Parking Type	**Period**	**Charge**
Overnight and Weekends only (Shift workers)	Month	£0
Required car user as appendix K Applicant uses vehicle daily to perform their daily duties as part of their normal work	Month	Parking charge as earnings**
Occasional 12 uses/month of Staff Parking	Per Day	£3
Residents	Month	£50
Parking Charge Notice	Per Penalty	See Appendix I

**the required car user parking is currently under review and may be subject to change from the current earning rates. Where staff who possess full permits on the basis of a regular requirement, to bring their own car on site for Trust business, other alternatives should be explored. If other alternatives are exhausted, individual assessments should take place with their directorate, around reimbursement for permit costs. Eg Community workers, Community Midwives etc.

Contractors' Parking

Contractors' reliance on vehicles to support their activities is recognised. Contractors that park vehicles at hospital sites are required to register these with the parking team. Parking is allocated Estate management team dependant on the scope of the contract.

Appendix E Public Parking Charges Table

The charge will be set to:

- be at least sufficient to ensure all costs associated with the provision of parking by the Trust, including land opportunity costs, capital, renewal, maintenance and operations, are fully recovered by the users.
- deliver a reduction in private car travel to the hospital.
- discourage occupation by non-hospital users. The unvalidated charge will be at least equivalent to the cost of parking for an equivalent time in any public parking facility within 600 metres of a hospital site.

Public car parks within 600 metres of Poole hospital entrance:

- Poole Car Park, Mount Pleasant Road (BCP)
- Swimming pool surface car park (BCP)
- Dolphin Shopping Centre Multi Storey car park
- Poole Stadium surface car park
- Lighthouse/Merck multi storey car park (weekends only)

Public car parks within 600 metres of Bournemouth hospital entrance:

- Non-identified

Public car parks within 600 metres of Christchurch hospital entrance:

- Non-identified

Daily Parking Charges

Duration of Stay	**UHD Trust (2022)**
Up to 2 hours	£2.20
Up to 3 hours	£3.30
Up to 4 hours	£4.40
Up to 6 hours	£6.60
Up to 14 hours	£10.00
24 hours	£12.00
Overnight (18:00-07:00)	£2.00

Weekly Tickets

Discount tickets for one week's parking are available for patients and visitors able to demonstrate cause for use of the hospital car park (thus not open to use for non-hospital users/visitors). These are only available from the car park office.

Discount Weekly Parking Ticket	£20.00

Appendix F Further Guidance on Disabled Parking

The University Hospitals Dorset NHS Trust are committed to providing specific parking spaces for disabled users and staff parking facilities for disabled staff.

Blue Badge holders are NOT permitted to park in any of the following locations:

- Double yellow lines, where loading/unloading is in force (indicated by one or two yellow marks on the kerb).
- Yellow hatched areas
- Where the kerb has been lowered or road raised to form a pedestrian crossing.
- Within bus lanes or bus stops.
- On pedestrian crossings or on the zigzag markings before and after all pedestrian crossings.
- Parking places reserved for specific users, e.g., loading bays, taxis, cycles, courier vehicles and the voluntary car services.
- Any other areas as defined in the Blue Badge Scheme booklet.

Holders of Blue Badges are requested to adhere to the time limits if using the pick-up/drop-off areas and ensure that their holder's clock is clearly visible.

Appendix G Concessions

Parking at no cost

The Trust will not charge the following to use the public car parks.

- Disabled patients and visitors for the duration of their attendance at, or visit to, the hospital.
- Disabled employees for purposes relating to their employment.
- Outpatients who attend hospital for an appointment at least 3 times within a calendar month and for an overall period of at least 3 months. A 'month' is defined as a period of 30 days.
- The parents/guardians of a child who is admitted as an inpatient at hospital overnight between the hours of 7.30pm and 8.00am while visiting the child. (Applicable to a maximum of 2 vehicles).
- Patients undergoing treatment for Cancer at the Trust when they are attending appointments as part of on-going treatment. This will include a course of Radiotherapy or Chemotherapy, regular reviews, daily or weekly infusions. Concessions do not apply to ad hoc visits once treatment has ceased nor for attendance for blood tests at any time.
- Relatives of patients who assist with the day-to-day care of an inpatient, on a daily basis, subject to confirmation by the ward sister.

- Relatives of patients who are receiving end of life care, over two or more days.
- Relatives of patients on the ITU/HDU wards where long term repeat visits are undertaken, for a stay over 3 days.

Pre-Arranged Parking at no cost

The Trust will offer parking at no cost when prearranged for the following cases. Current period of notice is at least one week in advance.

- Public attending fundraising events by the hospital charity, agreed between the charity and the car parking team.
- Public attending official Trust open days.
- Public attending Governor events, agreed between the Trust's Secretary's Office and the car parking team.
- Public attending weekend or weekday events starting after 4:30pm.
- Patient feedback groups, agreed between PALS and the car parking team.

All Day Parking for 2 Hour Rate

The Trust will offer parking at the 2-hour rate for all day parking when prearranged at least one week in advance for

- Prearranged Trust events, training, and seminars with 10 to 70 external attendees.
- Private organisations paying for conference facilities at the Trust with 10 to 70 attendees.

Staff Attending Training at another hospital site

Staff who hold a full salary deducted staff parking permit at one of the hospitals within the Trust may apply to for free parking when attending training at a different hospital within the Trust.

Staff who do not hold a full salary deducted staff parking permit may reclaim parking as a legitimate expense through the trust expenses policy

Process of Application

All applications for concessions are to be made to the Estates Department. All concessions for relatives are limited to two vehicle registrations per patient.

The issuing of concessionary parking is subject to change. The Trust has the right to refuse the issue of concessions or to validate parking tickets.

Appendix H Concessions - Government Guidance

The following extract is taken from Department of Health and Social Care Guidance NHS car parking guidance for NHS trusts and NHS foundation trusts (1 April 2021)

"Free car parking for those with greatest need"

The current (2020 to 2021) NHS Standard Contract [Service Condition 17.10] requires that NHS trusts and NHS foundation trusts must comply, where applicable, with NHS car parking guidance. From 1 January 2021, they must ensure that any car parking facilities at the provider's premises for service users, visitors and staff are available free of charge to those groups and at those times identified in, and otherwise in accordance with, that guidance.

The definitions of these groups are as follows.

Disabled people

A disabled person is a holder of a valid Blue Badge attending hospital as a patient or visitor or is a disabled person employed by the hospital trust.

Disabled patients and visitors receive free parking for the duration of their attendance at, or visit to, the hospital.

Disabled employees receive free parking while at the hospital for purposes relating to their employment.

Frequent outpatient attenders

Parking will be provided free to all outpatients who attend hospital for an appointment at least 3 times within a month and for an overall period of at least 3 months. A 'month' is defined as a period of 30 days.

Parents of sick children staying overnight

The parent of a child in hospital overnight is a parent or guardian of a child or young person, under 18 years of age, who is admitted as an inpatient at hospital overnight.

They receive free parking between the hours of 7.30pm and 8.00am while visiting the child. This would apply to a maximum of 2 vehicles.

Staff working night shifts (off peak staff)

Staff working night shifts are members of staff with a shift starting after 7.30pm and ending before 8.00am. They receive free parking for the duration of their shift.

Source

https://www.gov.uk/government/publications/nhs-patient-visitor-and-staff-car-parking-principles/nhs-patient-visitor-and-staff-car-parking-principles

Appendix I Parking Infringements

Parking Infringements

The Trust will pursue a corrective rather than punitive approach to parking infringements. Staff and users will be presented with a warning for the first and second occurrence infringements that present no inconvenience or danger to other users.

When issuing a Penalty Charge Notice (PCN), the Trust will do so in accordance with the government's guidance published on 07 February 2022, found here: https://www.gov.uk/government/publications/private-parking-code-of-practice/private-parking-code-of-practice

Removal

Vehicles obstructing essential Trust services or otherwise presenting a danger, hazard or nuisance will be removed without the owner's consent.

Penalty Charge Process

Parking Charge Notices will be issued and will incur a charge to be paid within the time specified.

Appeals

Any appeal against a fixed penalty notice should be in writing to the address provided on the PCN.

Staff

An unreasonable number of Penalty Charges will be interpreted to be three within a rolling twelve-month period.

Staff who accrue unresolved Parking Charge Notices may be found to be in breach of the Trust's disciplinary procedures.

Appendix J Vehicle Abandonment Process

Vehicles considered or reported to be abandoned will logged in the Security Occurrence Book. After three days a “Vehicle Abandonment Notice” will be affixed to the windscreen. This notice will require the owner to remove the vehicle within a defined period (currently 10 days). After the notice period has elapsed the Trust may remove the vehicle and place a charge on the vehicle or its keeper for the removal and disposal costs. The Trust reserves the right to check vehicle status and ownership with the DVLA.

Appendix K # Permit Eligibility Criteria

Group	Criteria	Permit Type	Comments
Shift worker	Applicant works rotation night shifts	Off Peak or Time Limited Permit (TLP)	Time Limited Permit (TLP) automatically granted that allows parking only if entry is between 19:30 to 08:00 or any time at weekends/BH.
Shift worker	Applicant works rotation shifts, with rotation over a 24-hour period	Day permit	
Shift worker	Applicant only works night shifts	TLP	
Shift worker	Applicant only works shifts before 7am or finishing after 9pm starting	TLP	Permit criteria will still need to be met
At work car use	Applicant uses vehicle daily to perform their daily duties as part of their normal work duties (when no other alternative transport is available including lease vehicles)	Day permit	This is not commuting to from work at start and finish of the day
At work car use	Applicant uses vehicle on most days to perform their daily duties as part of their normal work duties (when no other alternative transport is available including lease vehicles)	Day permit	For clarity this is not commuting to from work at start and finish of the day
At work car use	Vehicle required to fulfil on-call duties within a timed basis from home.	TLP	
At work car use	Vehicle used between UHD sites as part of daily duties.	Day permit	This is not commuting to from work at start and finish of the day

	Trust Pool Car	Day permit	Placeholder for ensuring the pool car has a permit
Day worker	Applicant requires or chooses parking less than 12 times per month (Occasional)	**Occasional use**	Applicant will receive a permit which is valid for 12 uses per calendar month.
Day worker	No viable alternatives to single occupant car journey	Day permit	Those living within 2 miles or less from their main work site are automatically expected to be able to walk, bike, bus or car share. Beyond this distance others to be assessed by travel distance, graduated to reflect the greater the distance the higher the points. Over time personal travel plans to be developed which includes the overall distance and travel time to work, and assessment for a range of transport options. This would allow Isochrone mapping.
Commitments outside of work	The applicant is a parent or guardian for a child under 5 years at the time of application	Day permit	A graduated scale of points to reflect the independence of older children.
	The applicant is a parent or guardian for a child under 10 years at the time of application	Day permit	A graduated scale of points to reflect the independence of older children.
	The applicant is a parent or guardian for a child under 15 years at the time of application	Day permit	A graduated scale of points to reflect the independence of older children.
	The applicant is a sole provider of regular physical and emotional support, to someone with a recognised learning disability or longterm health condition, who without this care could not live independently. It is	Day permit	To include regular sole carer for dependents other than children. This is linked to travel requirements within a limited timeframe that public transport may not serve well. This registered carer evidence is required and for clarity is not ad-hoc attendance in case of need.

	possible the applicant may have leave site in an emergency to provide assistance.		
Health grounds	Occupational Health have provided a statement that the applicant cannot access the workplace using other means than car (or other such restrictions and conditions) for a stipulated duration.	Day permit	This gives eligibility for an automatic space within the staff parking. Where OH stipulate higher mobility issues then a D-Permit can be issued.
	Applicant holds a Blue Badge	Disabled permit registered	D-Permit
Other	Performs a voluntary role at the hospital	n/a	An easy re-imbursement process or fixed daily attendance travel allowance
Other	Resident - Living in Hospital Accommodation	Resident Permit	This gives space on the Hospital site for one vehicle in the residents parking zone, a waiting list will apply if demand exceeds capacity. Staff with need of a car for duties, or disabled staff, can apply under those specific criteria.
Excluded	Applicant has submitted deliberately misleading information in their application to receive parking.	Permit is revoked	Deliberately misleading information will bar the applicant and be of concern to the Trust. This should also be referred for disciplinary action
Excluded	Applicant has outstanding unpaid PCNs issued on Trust property	Permit is revoked	Included to enforce adherence to policy.

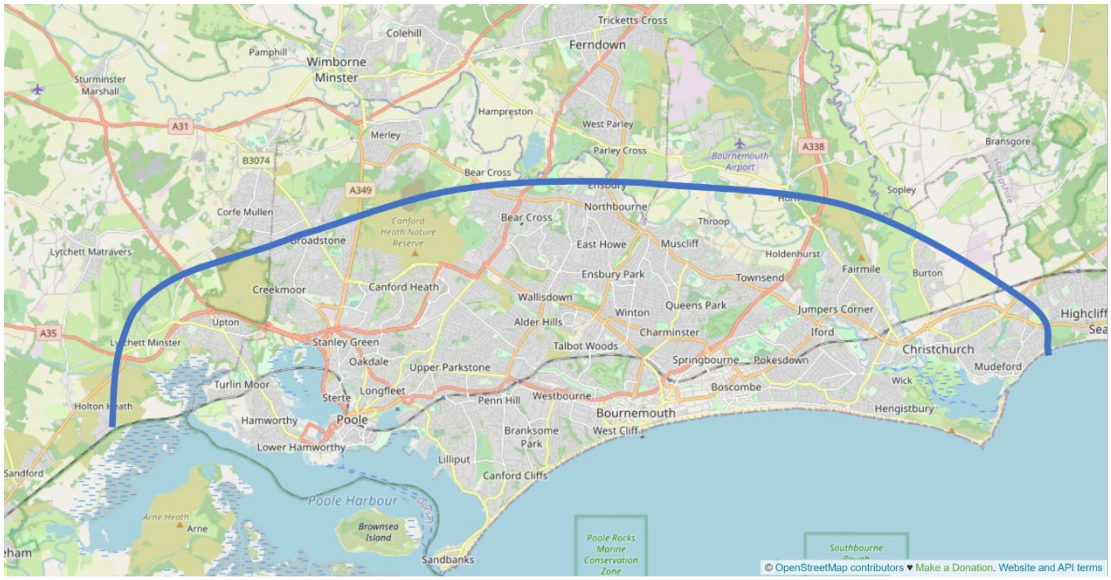
Appendix L

Morebus Zone A Pricing

Unlimited travel on any more bus within zone A, as far as Kinson, Christchurch and Turlin Moor (except night buses).

Zone A	3 days	7 days	30 days	90 days	Annual
morebus app	£8.60	£15.00	£56	£145	-
TheKey	-	£17.00	£56	£145	£530
Driver	-	£18.00	£66	-	-

https://www.morebus.co.uk/fares-and-tickets



APPENDIX M Cross site parking permit

Following the creation of the combined organisation, there is a large number of staff who now have responsibilities across multiple UHD locations. Following requests from management teams the Trust is launching a new “cross-site” parking permit to make parking at our hospitals easier. These permits will be recognised at Bournemouth, Christchurch and Poole Hospitals, allowing staff to smoothly transition between workplaces when required.

Where will the cross-site permit enable me to park?

Depending on your circumstances upon application, you may be offered a cross-site parking permit which enables you to park on or off-site. If parking off-site, your cross-site permit will allow you to park at:

Attending Poole Hospital: Cross-site parking permit holders will be expected to park at the Stadium (Stadium Way, Poole, BH15 2BP).

Attending The Royal Bournemouth Hospital: Cross-site parking permit holders will be expected to park at the Littledown Centre (Chaseside, Bournemouth BH7 7DX). An image of the UHD-leased areas at the Littledown Centre is attached. Access is between 6am and 10:15pm on weekdays, and 8am – 6pm on Saturdays. The gates will be locked after this time and you'll be unable to enter/exit the facility, so outside of these hours, you may park in any staff bay on-site at RBH.

Please note that you must display your valid permit on your dashboard or windscreen at all times while parked.

13. Equality Impact Assessment

This section should refer to the equality impact assessment and the assessment should be attached as an annex to the 'procedural document'.

1. Title of document	**UHD Car Parking Policy JAN22**
2. Date of EIA	10/01/2022
3. Date for review	
4. Directorate/Specialty	Transformation / Estates

5. Does the document/service affect one group less or more favorably than another on the basis of:

	Yes/No	Rationale
• Age – where this is referred to, it refers to a person belonging to a particular age or range of ages.	No	The document does not refer to specific ages of staff. The document does not affect one age group more/less favorably than another.
• Disability – a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal daily activities.	No	Provisions for the disabled people have been considered to ensure adequate representation and a consideration of their needs. The document does not affect disabled staff proportionately.
• Gender reassignment – the process of transitioning from one gender to another.	No	Gender reassignment is not mentioned in the document. The document does not affect one gender more/less favorably than another.
• Marriage and civil partnership – marriage can include a union between a man and a woman and a marriage between a same-sex couple.	No	Marital status is not mentioned in the document. The document does not affect one person's marital status more/less favorably than another.
• Pregnancy and maternity – pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.	No	Pregnancy and/or maternity is not mentioned in the document. The document does not affect pregnant persons disproportionately.

• Race – refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	No	Race is not mentioned in the document. The document does not affect one race more/less favourably than another.
• Religion and belief – religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No	The document does not refer to religion. It does not affect one religion more/less favourably than another.
• Sex – a man or a woman.	No	The document does not refer to a person's sex. It does not affect one sex more/less favourably than another.
• Sexual orientation – whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No	The document does not refer to a person's sexual orientation. It does not affect one sex more/less favourably than another.
7. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?	No	
8. If the answers to any of the above questions is 'yes' then:	**Yes**	**Rationale**
Demonstrate that such a disadvantage or advantage can be justified or is valid.		
Adjust the policy to remove disadvantage identified or better promote equality.		

STAFF CAR PARKING Q&As

These Q&As have been drafted to provide further information on the decision, subject to Board approval in March, to reinstate car parking charges for staff from 1 April 2022 and to introduce a single UHD car parking policy.

I haven't paid staff parking charges since April 2020 - why is it re-starting?

The government funded staff parking during the pandemic. This partly reflected the much reduced public transport options available. "Living with Covid" means the government is removing the funding for NHS staff parking from April 2022. Thus unless charges are applied again, there would be a reduction in the level of services we can provide. On this basis, the Trust has decided it needs to re-introduce charges.

Do I need a parking permit?

Yes. Under the unified UHD parking policy, any staff members intending to park a car on UHD property require a parking permit. You can view the full car parking policy on the staff intranet.

How do I apply for a permit?

To apply for a parking permit, you will need to visit the trust's car parking application portal: https://www.phftparkingpermit.co.uk*. Your application will be received by the UHD car parking team, who will assess your eligibility for a parking permit against the policy criteria. If your application for a parking permit is granted, this will be produced for you and you will need to collect it from the parking office at Poole Hospital or the Royal Bournemouth Hospital. For other sites, this can be sent to you in the internal post.

* if applying for a Yeomans Way permit, for the moment you will still be required to apply on the RBH portal: https://www.rbchparkingpermit.co.uk.

What information will I need to provide when applying for a permit?

You will need to provide information about your job role, working pattern, home address, and any other relevant personal circumstances, such as any children or caring responsibilities outside of work. This information is directly related to the criteria in the policy. In addition, you will be asked to provide details about your vehicle(s) and may also be asked to provide confirmation from your manager that the information included on your application is correct. This information is anonymised when received by the parking team, to ensure fairness and transparency when making a decision on your application.

Why can't everyone who wants a parking permit have one?

The local Council controls the number of parking spaces on UHD sites, and this is a fixed figure. They do this to reduce traffic congestion. As parking demand exceeds the number of spaces that we are allowed, we need a system to fairly allocate permits towards those staff who have no option other than single-occupancy car journeys. Such policies have been in place in our hospitals for many years.

Who agreed the staff car parking policy?

The policy draws upon the previous policies at both Poole Hospital, The Royal Bournemouth Hospital and Christchurch Hospital. The policy was then discussed with the Staff Partnership

Forum with Staff Side (union) representatives. It has also been reviewed at the Trust Management Board and a range of stakeholder meetings.

Which permit is best for me?

We have a range of parking permits based on staff's personal circumstances and working patterns.

If you only work evenings/nights and weekends, there is a permit offering on-site parking during these times only. This is free of charge.

Otherwise the parking permit is for use during daytimes (as well as evenings and weekends).

If your role is specific to one UHD site (I.e., you work full-time at The Royal Bournemouth Hospital) you will need to apply for a **site-specific permit**. The same applies to our other sites. Please note that site-specific permits may not be used at other UHD sites.

If your role requires you to perform your duties across UHD sites on a regular basis, you will need to apply for a **Cross-Site Worker (CSW) permit**. This will enable you to park between UHD sites as often as required. Depending on your job role, responsibilities, and other personal circumstances, you may be issued with an on-site CSW permit, or an off-site CSW permit. 'Off-site' is the Stadium (near Poole Hospital) or The Littledown Centre (near The Royal Bournemouth Hospital).

There is also the option of **"occasional parking"**. This is for 12 or fewer times per calendar month, when you need to bring a car to site. This could be for part time workers, or those mixing other travel methods, such as cycling or bus. You will be charged at £3 per visit, payable at the parking office.

If you intend on car-sharing with other UHD staff, you can apply for a **car-share permit**. To incentive car sharing, as well as saving you petrol and other costs, parking spaces are generally nearer to the main hospitals.

These are the most common permits available at UHD, however there are others which may be more relevant to your circumstances. Please speak to the car parking team if you need further advice.

How much does it cost?

The trust has a range of charges in place based on staff circumstances and working patterns. The trust, like many others in the NHS, has a "progressive" rate, with different pay rates based upon income. In short, the lowest paid staff pay least. This method is designed to spread the costs fairly, based on ability to pay, and to act as a "nudge" to consider other transport options.

You can see the range of prices in the table below:

Staff Parking Permits (incl. Locum & Agency)		
Classification equivalent earnings	Period	2022/3
Lower Earnings Charge	Month	£14

Bands 1 to 5		£28
Bands 6 to 8b		£34
Consultant / Senior Management Band 8C and above		£50

Other Staff Parking

Other charges for staff parking are as follows:

Parking Type	**Period**	**Charge**
Overnight and Weekends only (Shift workers)	Month	£0
Required car user as Appendix K Applicant uses vehicle daily to perform their daily duties as part of their normal work	Month	Parking charge as earnings*
Occasional 12 uses/month of Staff Parking	Per Day	£3
Residents	Month	£50
Parking Charge Notice	Per Penalty	£50

How do I pay for my permit?

Paying for car parking is most commonly done through payroll, where a deduction for car parking will automatically be taken from your pay each month.

If you are not a UHD employee, on a short-term secondment (less than 3 months) car parking can be paid for by card at the car park office. For long-term non-UHD employees exceeding 3 months, you can pay by standing order. You will need to choose this option on your application form.

Occasional permits can be paid for in a lump sum of 12 visits (£36) at Poole Hospital at the car park office, and renewed once the number of visits has been reached. At The Royal Bournemouth Hospital, Occasional permit holders will have to pay the £3 fee per visit at the car park office.

Can I reduce the cost by paying via staff benefits (salary sacrifice)?

This is an option for staff paying net car parking charges to choose to salary sacrifice, if you meet certain criteria. You will need to actively decide to take this option, to do this you will need to contact staff.benefits@uhd.nhs.uk. For those eligible, and taking up this option savings would be NI and pension contributions, if you are in the pension scheme. This scheme has HM Revenue and Customs approval.

Why do I need to pay?

The charges for staff parking permits are to ensure that we maintain our parking services, without taking from direct patient services funded by taxpayers. It means we can fund controls in place to try and ensure that parking spaces are available for people who need them. It also funds incentives to encourage staff who have the option of non-car journeys to try these. This in turn frees up spaces for more staff who have no option other than to travel by car. Funds raised maintain the parking and associated facilities.

Why is evening and weekend parking free?

The night shift is currently free in line with Government rules on NHS parking between 7:30pm to 8am, or any time at weekends or bank holidays. Qualifying staff on 24/7 shifts receive a free permit where appropriate.

My parking permit application was declined. Can I appeal?

Yes, there is an appeals process. If your parking permit application is rejected, you will receive an email notification which contains details on how to appeal the decision if you wish. This will be assessed by a mixed staff review panel to ensure fairness and consistency with our policy. Please provide as much information as possible, ensuring the panel can review this against the criteria.

I have a parking permit. Do I need to re-apply?

Yes, all staff will need to apply, but you will be contacted when it is your turn. Some staff parking permits may already contain an expiry date. Towards the end of its validity, you will be sent an email informing you that you will need to reapply.

If your permit does not have an expiry date, you will be contacted by the parking office and you will need to reapply should you wish to keep your parking permit. Broadly, all staff who do not have an expiry date will be contacted within the first 6 months of the new policy starting from 1st April 2022.

What happens if I park without a permit?

The Trust will take a corrective rather than punitive approach to car parking rules being breached. If parking without displaying a valid parking permit, for the first two infringements you will receive a warning, followed by a Penalty Charge Notice (PCN). Please see Appendix I of the UHD car parking management policy.

How do I update or change my details on the portal?

If your details have changed (i.e., you have a new vehicle) please log in to your account on the car parking application portal and update your details.

I am a resident on site. Where will I be able to park my car?

You can apply for a Residents car parking permit, but if demand exceeds the available spaces there may be a waiting list for this permit. There is no guarantee of on-site residents being able to keep a car on site.

I have a motorbike, do I need a permit?

No. You can park in a motorbike bay free of charge.

What are other hospitals charging?

Currently, Dorset County Hospital charges £50 per month for staff parking. University Hospitals Southampton charges a graduated rate as UHD, with the top charge being £63 per month. We have tried to set a rate that fairly reflects the costs of transport, in line with other acute hospitals, so it is neither an incentive or disincentive to working at UHD. Our focus is to try and ensure spaces for when staff have no alternative to a single-occupancy car journey.

What alternatives are available to single-occupancy car travel, and how do I access them?

Walk: Walking is an easy way to incorporate exercise into your daily routine. It is recommended that, where possible, employees living within a reasonable walking vicinity of the Trust walk to work.

Cycle: A growing number of UHD staff cycle to work, and the Trust recognises and rewards cyclists with initiatives such as free staff bike maintenance each month. The Trust also works closely with BCP on such programmes such as 'Transforming Travel' to improve cycling facilities and infrastructure across Bournemouth, Christchurch and Poole.

If you are based at The Royal Bournemouth Hospital or Christchurch Hospital and need a staff locker, please email the Travel Team (travelteam@uhd.nhs.uk). The Travel Team can also help you get access to the cycle sheds.

At Poole Hospital, to gain access to the indoor cycle area below the Philip Arnold Unit, you'll need to speak to the I.D. Team to ensure the correct permissions are loaded on to your card. They can be reached on 0300 019 8051, or in the office in Churchfield House between 10am and 2pm.

The Trust also operate a 'Cycle to Work' scheme, where employees can save on Income Tax and National Insurance contributions by having the cost of a new bike or bike equipment deducted from their gross salary via salary sacrifice. If you're interested in purchasing a bike or bike equipment through this scheme, please contact Staff Benefits: staff.benefits@uhd.nhs.uk.

Bus: The Trust has in place discounted bus passes with local bus companies Morebus and Yellow Buses. Discounted monthly tickets for Yellow Buses can be ordered at the RBH car parking office. Discounted tickets for Morebus can be purchased through their app with your UHD email address, and the following code: UHD22YR.

Train: Poole Hospital and Christchurch Hospitals are well-connected to local train stations (10-15 minute walk). Geographically, the closest train station to The Royal Bournemouth Hospital is Pokesdown, which is approximately a 30 minute walk or 10 minute cycle.

Car Sharing: The Trust encourages staff to car share and provides some designated spaces to enable car sharers to park at work. The Trust is intending to launch a lift-sharing platform to encourage staff to connect with others and begin sharing journeys.

Is there going to be a bus linking Poole and Bournemouth Hospitals?

Yes, this is planned for 2024, when the major reconfiguration of services occurs, and many staff will move their work location. A direct, fast route between sites is planned, probably with a stop by BU Health School/railway station at Landsdowne. There will be drop off/pick up very close to the hospital entrances to make the total travel time comparable to driving, parking and then walking to the hospital. The exact bus route and frequency is being planned by specialist advisors, mapping where clusters of staff live.

Is there going to be a new road and multi-storey car park at RBH?

The Trust has successfully applied for an extension to the multi-storey car park (MSCP) at Bournemouth. However NHS funding rules have recently changed so for the next few years at least, any new car park would have to be privately financed. The MSCP is likely to cost many millions of pounds to build, which would put pressure on the funds raised from car parking. There would also be limited control of a private car park operators charges. For those reasons the intent is to maximise all of the alterative travel and parking solutions, ahead of building the MSCP.

UHD is progressing with building a link road from the Wessex Way onto the back of The Royal Bournemouth Hospital site. This would only be for use of staff and deliveries, to avoid it becoming a rat run and adding to traffic congestion on Deansleigh Road. This will be a “left in, left out” junction, and not a full flyover. Planning permission is likely to be applied for in later 2022.

Does the Trust have charging facilities for electric vehicles?

The Trust currently has limited charging facilities available at The Royal Bournemouth Hospital site, at the rear of the MSCP. The Trust recognises that these facilities need to be improved and in 2022 will be tendering for improved facilities across UHD.

Are staff blue badge holders charged?

No, although the Trust will still need a record of your vehicle to ensure you can park in staff Blue Badge bays, and to confirm your Blue Badge status.

Why is the scoring criteria not published?

Although the new policy will be able for all staff to see, the scoring system at the review stage is private. This has always been the case and reduces the risk of any “gaming” of information as part of their application. The application form itself requests all the information required and all staff are requested to provide as much information as possible. The appeals process allows further information to be submitted and often personalised support to ensure that as fair a decision is made as possible.

Due to an oversubscription in car parking permits and the transformation works at The Royal Bournemouth Hospital in particular, we need to ensure that the fixed number of parking spaces are allocated fairly to those who need them the most, whether it be due to their personal circumstances of the nature of their role at the Trust. Also the number of applications varies, as staff turnover, and some permit holders switch to other forms of

transport and work patterns. This means the threshold can vary from time to time, so as to reduce the risk of staff with permits being unable to park when they do arrive on site.

Therefore, the scoring system has always remained private to ensure that the application is a true reflection of staff's personal and work circumstances.

If I have any concerns, who do I contact?

If you have any concerns, or complaints, about car parking at UHD please contact the parking team (carparks.admin@uhd.nhs.uk), or sustainable travel (travelteam@uhd.nhs.uk). If the issue remains unresolved, this will be escalated to the Travel and Transport Manager.

We will update this Q&A based upon feedback and frequently asked questions.

March 2022

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 9.2

Subject:	Independence of Non-Executive Directors

Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	David Moss, Chairman

Purpose of paper:	To consider and approve the assessment and formal statement on determination of the independence of the Trust's non-executive directors.
Background:	Monitor's (NHS Improvement) Code of Governance. Code Provision B.1.1. The Board of Directors should identify in their annual report each non-executive director it considers to be independent. The Board should determine whether the director is independent in character and judgment and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgment. The Board of Directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination.
Key points for Board members:	The attached paper sets out the Board of Director's determination on the independence of non-executive directors and the formal annual report statement on the independence of non-executive directors for 2021/2022.
Options and decisions required:	To determine the independence of non-executive directors.
Recommendations:	To approve the formal statement on the independence of the non-executive directors.
Next steps:	The approved statement will be included in the Annual Report 2021/22.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Not applicable
BAF/Corporate Risk Register: (if applicable)	Not applicable
CQC Reference:	Well Led

Committees/Meetings at which the paper has been submitted:	**Date**
None	

University Hospitals Dorset NHS Foundation Trust

Report on Independence of non-executive directors
(Monitor's (now NHS Improvement) Code of Governance B.1.1)

Introduction

Under paragraph B.1.1 of Monitor's (now NHS Improvement's) Code of Governance, the Board of Directors should identify in its annual report each non-executive director it considers to be independent.

Assessment

In determining the independence of non-executive directors, the Board of Directors has considered whether there are relationships or circumstances which are likely to affect or could appear to effect a non-executive director's judgement including if the director:

- has been an employee of the NHS foundation trust within the last five years; *None have*.

- has, or has had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust; *None have.*

- has received or receives additional remuneration from the NHS foundation trust apart from a director's fee, participates in the NHS foundation trust's performance-related pay scheme, or is a member of the NHS foundation trust's pension scheme; *None have.*

- has close family ties with any of the NHS foundation trust's advisers, directors or senior employees; *None have.*

- holds cross-directorships or has significant links with other directors through involvement in other companies or bodies; *None have.*

- has served on the board of the NHS foundation trust for more than six years from the date of their first appointment; *None have.*

- is an appointed representative of the NHS foundation trust's university medical or dental school. *Not Applicable.*

Statement for Trust's 2021/22 Annual Report

All of the non-executive directors are considered to be independent by the Board of Directors.

Recommendation

The Board approves the assessment and formal annual report statement on the independence of non-executive directors.

March 2022

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 9.3

Subject:	NHS Improvement's Terms of Licence – Draft compliance report

Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance and the Executive Directors
Presented by:	Debbie Fleming, Chief Executive

Purpose of paper:	To present for approval an assessment of compliance with the Trust's Licence conditions.
Background:	As part of the Trust's Licence Conditions, the Board of Directors is required to meet the conditions of the Licence. Where the Trust does not meet a condition, the Board must inform NHS Improvement and provide an explanation and a plan to meet that condition.
Key points for members:	For this year (2021/22) the document has been updated by the Associate Director of Corporate Governance and reviewed by all executive directors prior to being presented to the Board for approval in March 2022. The Trust's current assessment is one of compliance with all applicable conditions. The draft report was circulated to members of the Audit Committee prior to presentation to the Board.
Options and decisions required:	The Board is asked to note and approve the current assessment of compliance with the Licence.
Recommendations:	The Board is asked to approve the report.
Next steps:	The compliance report will be held on the FT Governance register.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Not applicable
BAF/Corporate Risk Register: (if applicable)	Not applicable
CQC Reference:	Well-Led

Committees/Meetings at which the paper has been submitted:	**Date**
Circulated to members of the Audit Committee for scrutiny prior to presentation to the Board.	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

REGISTER OF COMPLIANCE WITH NHS PROVIDER LICENCE STANDARD CONDITIONS

Draft V1 2021/22 WORKING DOCUMENT (Audit Committee to review March 22 and BoD to Approve March 22)

CONDITIONS		LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
Section 1 General Conditions These licence conditions will apply to all licence holders.			
G 1	**Provision of information**		
	1. Subject to paragraph 3, and in addition to obligations under other Conditions of this Licence the Licensee shall furnish to Monitor such information and documents, and shall prepare or procure and furnish to Monitor such reports, as Monitor may require for any of the purposes set out in section 96(2) of the 2012 Act.	CEO	The Board is aware that NHS England and Improvement, previously Monitor, may specify its requirements at appropriate times. The Trust will respond in accordance with the provisions of the guidance.
	2. Information, documents and reports required to be furnished under this Condition shall be furnished in such a manner, in such form, at such place and at such times as Monitor may require.	CEO	The Board notes this condition and shall comply.
	3. In furnishing information documents and reports pursuant to paragraphs 1 and 2 the Licensee shall take all reasonable steps to ensure that: (a) in the case of information or a report, it is accurate, complete and not misleading; (b) in the case of a document it is a true copy of the document requested; and	CEO	The Board notes this condition and shall take all reasonable steps to ensure compliance.

	4. This condition shall not require the Licensee to furnish any information, documents or reports which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.	CEO	The Board notes the limitations on this condition.
G 2	**Publication of information**		
	1. The Licensee shall comply with any direction from Monitor for any of the purposes set out in section 96(2) of the 2012 Act (see definition in G1) to publish information about health care services provided for the purposes of the NHS and as to the manner in which such information should be published.	CEO (ADoC)	The Board is aware that NHS England and Improvement, previously Monitor may direct its requirements at appropriate times. The Trust will respond in accordance with the provisions of the Act.
	2. For the purposes of this condition "publish" includes making available to the public, to any section of the public or to individuals.	CEO (ADoC)	The Board notes this condition and shall comply.
G3	**Payment of fees to Monitor**		
	1. The Licensee shall pay fees to Monitor in each financial year of such amount as Monitor may determine for each such year or part thereof in respect of the exercise by Monitor of its functions for the purposes set put in section 96(2) of the 2012 Act. (see definition in G1).	CFO	The Board is aware and is awaiting any determination.
	2. The Licensee shall pay the fees required to be paid by a determination by Monitor for the purpose of paragraph 1 no later than the 28th day after they become payable in accordance with that determination.	CFO	The Board is aware and will comply with any such determination.
G4	**Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)**		
	1. The Licensee shall ensure that no person who is an unfit person may become or continue as a Governor, except with the approval in writing of Monitor.	CEO (Co Sec)	The Board is aware and will comply with this condition. This is a Constitutional requirement and annual declarations from Governors required at year end.
	2. The Licensee shall not appoint as a Director any person who is an unfit person, except with the approval in writing of Monitor.	CEO (CPO)	The Board is aware and will comply with this condition. This is a Constitutional requirement, declaration within contracts of employment. Annual declarations from directors are required at year end with sign off of each Fit and Proper Persons Declaration by the Chairman. Reminders are sent to directors by the Company Secretary that they need to

			disclose any of the potentially disqualifying conditions in the event that any become possible.
	3. The Licensee shall ensure that its contracts of service with its Directors contain a provision permitting summary termination in the event of a Director being or becoming an unfit person. The Licensee shall ensure that it enforces that provision promptly upon discovering any Director to be an unfit person, except with the approval in writing of Monitor.	CEO (CPO)	The Board notes and will comply with this condition.
	4. If Monitor has given approval in relation to any person in accordance with paragraph 1, 2, or 3 of this condition the Licensee shall notify Monitor promptly in writing of any material change in the role required of or performed by that person.	CEO (CPO)	The Board notes and will comply with this condition.
	5. In this Condition an unfit person is: (a) an individual; i) who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or (ii) who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or (iii) who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or (iv) who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986; or (b) a body corporate, or a body corporate with a parent body corporate: (i) where one or more of the Directors of the body corporate or of its parent body corporate is an unfit person under the provisions of sub-paragraph (a) of this paragraph, or (ii) in relation to which a voluntary arrangement is proposed under section 1 of the Insolvency Act 1986, or	CEO (CPO)	The Board has noted this definition. This is a Constitutional requirement for governors and directors This is identified through the application process upon governors and/or directors joining or through Fit and Proper Persons information.

	(iii) which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking, or (iv) which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act, or (v) which passes any resolution for winding up, or (vi) which becomes subject to an order of a Court for winding up.		
G5	**Monitor Guidance**		
	1. Without prejudice to any obligations in other Conditions of this Licence, the Licensee shall at all times have regard to guidance issued by Monitor for any of the purposes set out in section 96(2) of the 2012 Act. (see definition in G1).	CEO	The Board has noted this condition and shall comply.
	2. In any case where the Licensee decides not to follow the guidance referred to in paragraph 1 or guidance issued under any other Conditions of this licence, it shall inform Monitor of the reasons for that decision.	CEO	Where it is decided that such guidance is not followed it will be reported by the lead director to the Board. Any such decision will be noted and NHS England and Improvement, previously Monitor shall be informed.
G6	**Systems for compliance with licence conditions and related obligations**		
	1. The Licensee shall take all reasonable precautions against the risk of failure to comply with: (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.	CEO	Description of Assurance (for complying with the conditions of this licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS) will be via: • the Trust's risk and performance management reporting frameworks; • the mandatory in-year and annual reporting as required by NHS England and Improvement, previously Monitor; • regular external governance reviews; and • the reviewing of this register annually by the Audit Committee and Board.

	2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.	CNO	The Trust has a comprehensive and robust approach to risk management. The Board Assurance Framework is a systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust in achieving its strategic goals. The document gives a clear picture of the risks relating to each of the strategic objectives, including the controls, any gaps in control and actions required to close any gaps. The document is subject to six monthly review by the Audit Committee in relation to risks to the Trust's strategic objectives; quarterly review by the Quality Committee in relation to changes relating to quality; and six monthly review by the Board of Directors. The Head of Internal Audit's opinion for 2021/2022 was TBC The Risk Management Strategy was endorsed in 2021 and identifies the Trust's risk appetite. The strategy supports delivery of the Trust's corporate objectives and describes the organisation's approach to the identification, assessment and management of risk.
	3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to Monitor a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.	CFO	By 31 May a certificate will be approved by the Board and submitted to NHS England and Improvement, previously Monitor, to the effect that regular review of whether those processes and systems to identify risks and guard against their occurrence have been implemented and of their effectiveness. The Associate Director of Communication will ensure completion is included on the check-list for the Annual Report.
	4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to Monitor in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.	CFO (CNO/ ADoC)	By 30 June (or within one month from the submission to NHS England and Improvement, previously Monitor) each certificate will be published by the Associate Director of Communication in a manner to bring it to the attention of such persons who reasonably can be expected to have an interest in it.

G7	**Registration with the Care Quality Commission**		
	1. The Licensee shall at all times be registered with the Care Quality Commission in so far as is necessary in order to be able lawfully to provide the services authorised to be provided by this Licence.	CNO	The Trust is and has been consistently registered with the Care Quality Commission for all the regulated activities it undertakes.
	2. The Licensee shall notify Monitor promptly of: (a) any application it may make to the Care Quality Commission for the cancellation of its registration by that Commission, or (b) the cancellation by the Care Quality Commission for any reason of its registration by that Commission.	CNO	The Board of Directors approves all applications for registration or deregistration. There have been no proposals to deregulate any regulated activities of the Trust. The Board of Directors is notified of all Care Quality Commission actions in relation to the Trust. There have been no deregistration actions taken by the Care Quality Commission.
	3. A notification given by the Licensee for the purposes of paragraph 2 shall: (a) be made within 7 days of: (i) the making of an application in the case of paragraph (a), or (ii) becoming aware of the cancellation in the case of paragraph (b), and (b) contain an explanation of the reasons (in so far as they are known to the Licensee) for: (i) the making of an application in the case of paragraph (a), or (ii) the cancellation in the case of paragraph (b).	CNO	The Board of Directors approves all applications for registration or deregistration. There have been no proposals to deregulate any regulated activities of the Trust. The Board of Directors is notified of all Care Quality Commission actions in relation to the Trust. There have been no deregistration actions taken by the Care Quality Commission.
G8	**Patient eligibility and selection criteria**		
	1. The Licensee shall: (a) set transparent eligibility and selection criteria, (b) apply those criteria; in a transparent way to persons who, having a choice of persons from whom to receive health care services for	COO	All Trust access policies and procedures will comply with national guidance in support of e-referral, RTT, Emergency Department pilot standard, access to diagnostics (DMo1) and screening and cancer pathways including the DoH cancer waiting times guide.

	the purposes of the NHS, choose to receive them from the Licensee, and (c) publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them.		Trust policies and procedures are accessible on the Trust intranet. Trust Access policy and procedures align to Dorset wide Access policy and national guidance with a link to the Dorset Access Policy and the policy for individual patient treatment which includes the evidence based interventions. Noted and understood.
	2. "Eligibility and selection criteria" means criteria for determining: (a) whether a person is eligible, or is to be selected, to receive health care services provided by the Licensee for the purposes of the NHS, and (b) if the person is selected, the manner in which the services are provided to the person.	COO	Pan Dorset policy documents, produced by the CCG, are embedded into the contract. (Note: these relate to specific services criteria). The general rights people have to access all services delivered b a provider. The NHS Constitution is also referenced in the contract. Noted and understood.
G9	**Application of Section 5 (Continuity of Services)**		
	1. The Conditions in Section 5 shall apply: (a) whenever the Licensee is subject to a contractual or other legally enforceable obligation to provide a service which is a Commissioner Requested Service, and (b) from the commencement of this Licence until the Licensee becomes subject to an obligation of the type described in sub-paragraph (a), if the Licensee is an NHS foundation trust which: (i) was not subject to such an obligation on commencement of this Licence, and (ii) was required to provide services, or was party to an NHS contract to provide services, as described in paragraph 2(a) or 2(b); for the avoidance of doubt, where Section 5 applies by virtue of this subparagraph, the words "Commissioner Requested Service" shall be read to include any service of a description falling within paragraph 2(a) or	CFO	The Head of Contracting and Commissioning maintains a register of CRS services and will ensure compliance with relevant conditions, reporting any potential breaches to the Chief Finance Officer.

	2(b).		
	2. A service is a Commissioner Requested Service if, and to the extent that, it is: (a) any service of a description which the Licensee, being an NHS foundation trust with an authorisation date on or before 31 March 2013, was required to provide in accordance with condition 7(1) and Schedule 2 in the terms of its authorisation by Monitor immediately prior to the commencement of this Licence, or (b) any service of a description which the Licensee, being an NHS foundation trust with an authorisation date on or after 1 April 2013, was required to provide pursuant to an NHS contract immediately before its authorisation date, or (c) any other service which the Licensee has contracted with a Commissioner to provide as a Commissioner Requested Service.	CFO	Definition noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.
	3. A service is also a Commissioner Requested Service if, and to the extent that, not being a service within paragraph 2: (a) it is a service which the Licensee may be required to provide to a Commissioner under the terms of a contract which has been entered into between them, and (b) the Commissioner has made a written request to the Licensee to provide that service as a Commissioner Requested Service, and either (c) the Licensee has failed to respond in writing to that request by the expiry of the 28th day after it was made to the Licensee by the Commissioner, or (d) the Commissioner, not earlier than the expiry of the [28th] day after making that request to the Licensee, has given to Monitor and to the Licensee a notice in accordance with paragraph 4, and Monitor, after giving the Licensee the opportunity to make representations, has issued a direction in writing in accordance	CFO	Definition noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.

	with paragraph 5.		
	4. A notice in accordance with this paragraph is a notice: (a) in writing, (b) stating that the Licensee has refused to agree to a request to provide a service as a Commissioner Requested Service, and (c) setting out the Commissioner's reasons for concluding that the Licensee is acting unreasonably in refusing to agree to that request to provide a service as a Commissioner Requested Service.	CFO	Definition noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.
	5 A direction in accordance with this paragraph is a direction that the Licensee's refusal to provide a service as a Commissioner Requested Service in response to a request made under paragraph 3(b) is unreasonable.	CFO	Definition noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.
	6. The Licensee shall give Monitor not less than [28] days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to a Commissioner for which no extension or renewal has been agreed.	CFO	The Head of Contracting and Commissioning provides a single point of contract for contractual arrangements with commissioners and ensures that all changes in CRS contracts are recorded and brought to the attention of the responsible Chief Officer. The Chief Finance Officer will ensure that NHS Improvement, previously Monitor, is notified.
	7. If any contractual obligation of a Licensee to provide a Commissioner Requested Service expires without extension or renewal having been agreed between the Licensee and the Commissioner who is a party to the contract, the Licensee shall continue to provide that service on the terms of the contract (save as agreed with that Commissioner), and the service shall continue to be a Commissioner Requested Service, for the period from the expiry of the contractual obligation until Monitor issues either: (a) a direction of the sort referred to in paragraph 8, or	CFO	The Head of Contracting and Commissioning provides a single point of contact for contractual arrangements with commissioners and ensures that all changes in CRS contracts are recorded and brought to the attention of the responsible Director. The Chief Finance Officer will ensure that all CRS services are maintained until appropriate agreement with NHS Improvement, previously Monitor.

	(b) a notice in writing to the Licensee stating that it has decided not to issue such a direction.		
	8. If, during the period of a contractual or other legally enforceable obligation to provide a Commissioner Requested Service, Monitor issues to the Licensee a direction in writing to continue providing that service for a period specified in the direction, then for that period the service shall continue to be a Commissioner Requested Service.	CFO	Noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.
	9. No service which the Licensee is subject to a contractual or other legally enforceable obligation to provide shall be regarded as a Commissioner Requested Service and, as a consequence, no Condition in Section 5 shall be of any application, during any period for which there is in force a direction in writing by Monitor given for the purposes of this condition and of any equivalent condition in any other current licence issued under the 2012 Act stating that no health care service provided for the purposes of the NHS is to be regarded as a Commissioner Requested Service.	CFO	Noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.
	10. A service shall cease to be a Commissioner Requested Service if: (a) all current Commissioners of that service as a Commissioner Requested Service agree in writing that there is no longer any need for the service to be a Commissioner Requested Service, and Monitor has issued a determination in writing that the service is no longer a Commissioner Requested Service, or (b) Monitor has issued a determination in writing that the service is no longer a Commissioner Requested Service; or (c) it is a Commissioner Requested Service by virtue only of paragraph 2(a) above and 3 years have elapsed since the commencement of this Licence; or (d) it is a Commissioner Requested Service by virtue only of paragraph 2(b) above and either 3 years have elapsed since 1 April 2013 or 1 year has elapsed since the commencement of this Licence, whichever is the later; or	CFO	Noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.

	(e) the contractual obligation pursuant to which the service is provided has expired and Monitor has issued a notice pursuant to paragraph 7(b) in relation to the service; or (f) the period specified in a direction by Monitor of the sort referred to in paragraph 8 in relation to the service has expired.		
	11. The Licensee shall make available free of charge to any person who requests it a statement in writing setting out the description and quantity of services which it is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services.	CFO	The Head of Contracting and Commissioning provides a single point of contact for contractual arrangements with commissioners and ensures that a record is maintained of all designated Commissioner Requested Services. A schedule of such services will be provided on request.
	12. Within [28] days of every occasion on which there is a change in the description or quantity of the services which the Licensee is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services, the Licensee shall provide to Monitor in writing a notice setting out the description and quantity of all the services it is obliged to provide as Commissioner Requested Services.	CFO	The Head of Contracting and Commissioning will ensure that all changes in the description or quantity of the services which the Licensee is under a contractual or other legally enforceable obligation to provide as Commissioner Requested Services, are notified to NHS Improvement, previously Monitor, in accordance with Licence conditions.
	13. Unless it is proposes to cease providing the service, the Licensee shall not make any application to Monitor for a determination in accordance with paragraph 10(b): (a) in the case of a service which is a Commissioner Requested Service by virtue only of paragraph 2(a) above, in the period of 3 years since the commencement of this Licence or (b) in the case of a service which is a Commissioner Requested Service by virtue only of paragraph 2(b), in the period until the later of 1 April 2016 or 1 year from the commencement of this Licence.	CFO	Noted and understood. The Head of Contracting and Commissioning acts as the single point of contact for all information on CRS services and will ensure compliance with Licence conditions, maintaining whatever records are required.
	14. In this Condition “NHS contract” has the meaning given to that term in Section 9 of the 2006 Act.	CFO	Definition noted and understood.

Section 2 Pricing These conditions will apply to all licensees providing services that are covered by the National Tariff document.			
P1	**Recording of information**		
	1. If required in writing by Monitor, and only in relation to periods from the date of that requirement, the Licensee shall: (a) obtain, record and maintain sufficient information about the costs which it expends in the course of providing services for the purposes of the NHS and other relevant information, and (b) establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information, as are necessary to enable it to comply with the following paragraphs of this Condition.	CFO	The Trust has a costing system and the relevant expertise to obtain, record and maintain sufficient information to meet the requirements of the Licence. .
	2. From the time of publication by Monitor of Approved Reporting Currencies the Licensee shall maintain records of its costs and of other relevant information broken down in accordance with those Currencies by allocating to a record for each such Currency all costs expended by the Licensee in providing health care services for the purposes of the NHS within that Currency and by similarly treating other relevant information.	CFO	When reporting requirements are published by NHS Improvement, the Deputy Chief Finance Officer shall be responsible for ensuring that costs and other relevant information are recorded.
	3. In the allocation of costs and other relevant information to Approved Reporting Currencies in accordance with paragraph 2 the Licensee shall use the cost allocation methodology and procedures relating to other relevant information set out in the Approved Guidance.	CFO	The Board is aware of this requirement and will ensure compliance with the cost allocation methodology and procedures relating to other relevant information set out in the Approved Guidance.
	4. If the Licensee uses sub-contractors in the provision of health care services for the purposes of the NHS, to the extent that it is required to do so in writing by Monitor the Licensee shall procure that each of those sub-contractors: (a) obtains, records and maintains information about the costs which	CFO	Sub-contractors are used in service delivery and to support RTT and diagnostic standards, these are all recognised providers of NHS services and will therefore be used to and able to comply with costing requirements. Sub-contractors are also required to meet the conditions precedent of the main commissioner contract, which are:

	it expends in the course of providing services as sub-contractor to the Licensee, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of that information, in a manner that complies with paragraphs 2 and 3 of this Condition, and (b) provides that information to Monitor in a timely manner.		• Evidence of CQC Registration for the Provider and all its Sub-contractors (permitted and mandatory) • Evidence of Monitor's Licence [where required] for the Provider and all its Sub-contractors (permitted and mandatory) • Copy of all contracts with Sub-contractors (permitted and mandatory) signed, dated and in a form approved by the Coordinating Commissioner • Evidence of appropriate Indemnity Arrangements If the Licensee uses sub-contractors in the provision of health care services for the purposes of the NHS, to the extent that it is required to do so in writing by NHS England and Improvement, the Deputy Chief Finance Officer and Head of Contracting and Commissioning shall ensure that if such information is provided as required.
	5. Records required to be maintained by this Condition shall be kept for not less than six years.	CFO	The Board is aware of this requirement and the Chief Finance Officer will ensure that required records are maintained.
	6. In this Condition: "the Approved Guidance" means such guidance on the obtaining, recording and maintaining of information about costs and on the breaking down and allocation of costs by reference to Approved Reporting Currencies as may be published by Monitor; "Approved Reporting Currencies" means such categories of cost and other relevant information as may be published by Monitor; "other relevant information" means such information, which may include quality and outcomes data, as may be required by Monitor for the purpose of its functions under Chapter 4 (Pricing) in Part 3 of the 2012 Act.	CFO	Definitions noted and understood.

P2	**Provision of Information**		
	1. Subject to paragraph 3, and without prejudice to the generality of Condition G1, the Licensee shall furnish to Monitor such information and documents, and shall prepare or procure and furnish to Monitor such reports, as Monitor may require for the purpose of performing its functions under Chapter 4 in Part 3 of the 2012 Act. (See G1)	CFO	The Board is aware of these requirements and has established the functions and resources in the Information Department to enable compliance with these 4 conditions
	2. Information, documents and reports required to be furnished under this Condition shall be furnished in such manner, in such form, at such place and at such times as Monitor may require.	CFO	
	3. In furnishing information documents and reports pursuant to paragraphs 1 and 2 the Licensee shall take all reasonable steps to ensure that: (a) in the case of information or a report, it is accurate, complete and not misleading; (b) in the case of a document, it is a true copy of the document requested; and	CFO	
	4. This Condition shall not require the Licensee to furnish any information, documents or reports which it could not be compelled to produce or give in evidence in civil proceedings before a court because of legal professional privilege.	CFO	
P3	**Assurance report on submissions to Monitor**		
	1. If required in writing by Monitor the Licensee shall, as soon as reasonably practicable, obtain and submit to Monitor an assurance report in relation to a submission of the sort described in paragraph 2 which complies with the requirements of paragraph 3.	CFO	The Board is aware of these requirements. The Chief Finance Officer will be responsible for commissioning and providing an assurance report if required by NHS Improvement, previously Monitor.

	2. The descriptions of submissions in relation to which a report may be required under paragraph 1 are: (a) submissions of information furnished to Monitor pursuant to Condition P2, and (b) submissions of information to third parties designated by Monitor as persons from or through whom cost information may be obtained for the purposes of setting or verifying the National Tariff or of developing non-tariff pricing guidance.	CFO	The Board is aware of these requirements. The Chief Finance Officer will be responsible for commissioning and providing an assurance report if required by NHS England and Improvement, previously Monitor.
	3. An assurance report shall meet the requirements of this paragraph if all of the following conditions are met: (a) it is prepared by a person approved in writing by Monitor or qualified to act as auditor of an NHS foundation trust in accordance with paragraph 23(4) in Schedule 7 to the 2006 Act; (b) it expresses a view on whether the submission to which it relates: (i) is based on cost records which have been maintained in a manner which complies with paragraph 2 in Condition P1; (ii) is based on costs which have been analysed in a manner which complies with paragraph 3 in Condition P1, and iii) provides a true and fair assessment of the information it contains.	CFO	The Board is aware of these requirements. The Chief Finance Officer will be responsible for commissioning and providing an assurance report if required by NHS England and Improvement, previously Monitor.
P4	**Compliance with the National Tariff**		
	1. Except as approved in writing by Monitor, the Licensee shall only provide health care services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor, in accordance with section 116 of the 2012 Act.	CFO	The Board is aware of these requirements and has previously informed NHS England and Improvement, previously Monitor of the agreement of contracts with its local commissioners which include historically agreed transitional funding in addition to the income calculated in accordance with national tariffs.

			The Chief Finance Officer is responsible for maintaining records of income which enables this analysis to be provided both to the Board and to NHS England and Improvement, previously Monitor.
	2. Without prejudice to the generality of paragraph 1, except as approved in writing by Monitor, the Licensee shall comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the national tariff published by Monitor in accordance with, section 116 of the 2012 Act, wherever applicable.	CFO	See above
P5	**Constructive engagement concerning local tariff modifications**		
	1. The Licensee shall engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of the 2012 Act, in any case in which it is of the view that the price payable for the provision of a service for the purposes of the NHS in certain circumstances or areas should be the price determined in accordance with the national tariff for that service subject to modifications.	CFO	The Board is aware of this requirement and has regular and constructive dialogue with commissioners.
Section 3 Choice and Competition apply to all licence holders			
C1	**The right of patients to make choices**		
	1. Subsequent to a person becoming a patient of the Licensee and for as long as he or she remains such a patient, the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, he or she is notified of that choice and told where information about that choice can be found.	COO	National My Planned Care Tool going live in April 2022 and rolled out during 2022/23 across the Trust. Noted and understood.
	2. Information and advice about patient choice of provider made available by the Licensee shall not be misleading.	COO	Trust Access policy includes patient choice element in line with national guidance. Dorset CCG Waiting Times portal indicate options for patient choice.

			Further development of My Planned Care tool during 2022/23 will provide patients with additional sources of advice for choice. Noted and understood.
	3. Without prejudice to paragraph 2, information and advice about patient choice of provider made available by the Licensee shall not unfairly favour one provider over another and shall be presented in a manner that, as far as reasonably practicable, assists patients in making well informed choices between providers of treatments or other health care services.	COO	Noted and understood.
	4. In the conduct of any activities, and in the provision of any material, for the purpose of promoting itself as a provider of health care services for the purposes of the NHS the Licensee shall not offer or give gifts, benefits in kind, or pecuniary or other advantages to clinicians, other health professionals, Commissioners or their administrative or other staff as inducements to refer patients or commission services.	COO	Noted and understood. Supported by the Trust's Managing Conflicts of Interest policy.
C2	**Competition oversight**		
	1. The Licensee shall not: (a) enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS, or (b) engage in any other conduct which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of health care services for the purposes of the NHS, to the extent that it is against the interests of people who use health care services.	CSTO	The Board is aware of this requirement and will take legal advice before entering into any agreement which may not comply with competition regulations. (This was reviewed as part of the merger of the former Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust and compliance achieved). The Board is also aware of its duty to co-operate and collaborate in the provision of healthcare services for the purpose of the NHS and will be an active member of provider collaboratives and agreements, in line with the new Health Act 2022.

Section 4 Integrated care apply to all licence holders			
IC1	**Provision of integrated care**		
	1. The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of such services by others with a view to achieving one or more of the objectives referred to in paragraph 4.	COO	Noted and understood. Dorset System Collaborative Agreement. The Trust is part of local and national networks and has SLA's for provision of shared services with other NHS Trusts.
	2. The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of health-related services or social care services by others with a view to achieving one or more of the objectives referred to in paragraph 4.	COO	Noted and understood. In addition, there is an agreed multi-agency Pan Dorset Quality Standards and Leaving Hospital Policy.
	3. The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use health care services by being detrimental to enabling it to co-operate with other providers of health care services for the purposes of the NHS with a view to achieving one or more of the objectives referred to in paragraph 4.	COO	The Trust works in partnership across a number of areas to deliver the best outcomes for patients eg, Dorset ICS and the Dorset Cancer partnership. In addition, the organisation is an active member of the Dorset System Leadership Team.
	4. The objectives referred to in paragraphs 1, 2 and 3 are: (a) improving the quality of health care services provided for the purposes of the NHS (including the outcomes that are achieved from their provision) or the efficiency of their provision, (b) reducing inequalities between persons with respect to their ability to access those services, and (c) reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services .	COO	Board will comply. The Board is aware of these objectives and will apply.
	5. The Licensee shall have regard to such guidance as may have been issued by Monitor from time to time concerning actions or behaviours	COO	The Board is aware that NHS England and Improvement, previously Monitor and the Care Quality Commission may

	that might reasonably be regarded as against the interests of people who use health care services for the purposes of paragraphs 1, 2 or 3 of this Condition.		specify a requirement at appropriate times. The Trust will respond in accordance with the provisions of such guidance.
Section 5 Continuity of Service apply to all licence holders that provide Commissioner Requested Services			
CoS1 Continuing provision of Commissioner Requested Services			
	1. The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service otherwise than in accordance with the following paragraphs of this Condition.	CFO	The Board is aware of this requirement. The Head of Contracting and Commissioning will ensure that records of CRS services are maintained. The Board, before making any decision to cease or materially change any CRS service will ensure that the conditions in this section are complied with.
	2. If, during the period of a contractual or other legally enforceable obligation to provide a Commissioner Requested Service, or during any period when this condition applies by virtue of Condition G9(1)(b), Monitor issues to the Licensee a direction in writing to continue providing that service for a period specified in the direction, then the Licensee shall provide the service for that period in accordance with the direction.	CFO	The Board is aware of this requirement and will comply.
	3. The Licensee shall not materially alter the specification or means of provision of any Commissioner Requested Service except: (a) with the agreement in writing of all Commissioners to which the Licensee is required by a contractual or other legally enforceable obligation to provide the service as a Commissioner Requested Service; or (b) at any time when this condition applies by virtue of Condition G9(1)(b), with the agreement in writing of all Commissioners to which the Licensee provides, or may be requested to provide, the service as a Commissioner Requested Service; or (c) if required to do so by, or in accordance with the terms of its authorisation by, any body having responsibility pursuant to	CFO	The Board is aware of this requirement and its authorisation is required before there is any significant change to the provision of CRS services. The Head of Contracting and Commissioning maintains a register of CRS services and will ensure compliance with relevant conditions, reporting any potential breaches to Chief Finance Officer.

	statute for regulating one or more aspects of the provision of health care services in England and which has been designated by Monitor for the purposes of this condition and of equivalent conditions in other licences granted under the 2012 Act.		
	4. If the specification or means of provision of a Commissioner Requested Service is altered as provided in paragraph 3 the Licensee, within [28] days of the alteration, shall give to Monitor notice in writing of the occurrence of the alteration with a summary of its nature.	CFO	The Chief Finance Officer is responsible for ensuring that NHS England and Improvement, previously Monitor is informed of any significant change including changes to CRS services. The Head of Contracting and Commissioning maintains a register of CRS services and will ensure compliance with relevant conditions, reporting any potential breaches to the Chief Finance Officer
	5. For the purposes of this Condition an alteration to the specification or means of provision of any Commissioner Requested Service is material if it involves the delivery or provision of that service in a manner which differs from the manner specified and described in: (a) the contract in which it was first required to be provided to a Commissioner at or following the coming into effect of this Condition; or (b) if there has been an alteration pursuant to paragraph 3, the document in which it was specified on the coming into effect of that alteration; or (d) at any time when this Condition applies by virtue of Condition G9(1)(b), the contract, or NHS contract, by which it was required to be provided immediately before the commencement of this Licence or the Licensee's authorisation, as the case may be.	CFO	Definition noted and understood.
CoS2 Restriction on the disposal of assets			
	1. The Licensee shall establish, maintain and keep up to date, an asset register which complies with paragraphs 2 and 3 of this Condition ("the Asset Register").	CFO	The Board is aware of this requirement and the Chief Finance Officer is accountable to the Board for maintaining information systems which comply with the requirements of

	2. The Asset Register shall list every relevant asset used by the Licensee for the provision of Commissioner Requested Services.	CFO	the organisation and the requirements of NHS England and Improvement, previously Monitor, and other key external stakeholders.
	3 The Asset Register shall be established, maintained and kept up to date in a manner that reasonably would be regarded as both adequate and professional.	CFO	The Trust maintains an Asset Register which is continuously updated. It records the required information for all assets including those required for the provision of CRS services. The quality of this register is assured by Trust officers and internal and external audit. The Chief Finance Officer will produce an Annual Report for the Finance and Performance Committee summarising the assets of the Trust, identifying those required for the provision of CRS services. The Trust's SFIs require Board authorisation.
	4. The obligations in paragraphs 5 to 8 shall apply to the Licensee if Monitor has given notice in writing to the Licensee that it is concerned about the ability of the Licensee to carry on as a going concern.	CFO	The Board is aware of this requirement. The ability of the Trust to continue as a going concern is reviewed annually by the Audit Committee, Finance and Performance Committee and by the Board. The Board would inform its external auditors and NHS England and Improvement, previously Monitor, if it was concerned about its ability to do so.
	5. The Licensee shall not dispose of, or relinquish control over, any relevant asset except: (a) with the consent in writing of Monitor, and (b) in accordance with the paragraphs 6 to 8 of this Condition.	CFO	If the Board were concerned about the Trust's ability to continue as a going concern it would seek advice and consent from NHS England and Improvement, previously Monitor even if a formal notice had not been issued and would ensure that the organisation complied with conditions 6-8.
	6. The Licensee shall furnish Monitor with such information as Monitor may request relating to any proposal by the Licensee to dispose of, or relinquish control over, any relevant asset.	CFO	The Board is aware of this requirement and will ensure compliance.
	7. Where consent by Monitor for the purpose of paragraph 5(a) is subject to conditions, the Licensee shall comply with those conditions.	CFO	The Board is aware of this requirement and will ensure compliance.
	8. Paragraph 5(a) of this Condition shall not prevent the Licensee from	CFO	The Board is aware of this requirement and will ensure

	disposing of, or relinquishing control over, any relevant asset where: (a) Monitor has issued a general consent for the purposes of this Condition (whether or not subject to conditions) in relation to: (i) transactions of a specified description; or (ii) the disposal of or relinquishment of control over relevant assets of a specified description, and the transaction or the relevant assets are of a description to which the consent applies and the disposal, or relinquishment of control, is in accordance with any conditions to which the consent is subject; or (c) the Licensee is required by the Care Quality Commission to dispose of a relevant asset.		compliance.
	9. In this Condition: "disposal" means any of the following: (a) a transfer, whether legal or equitable, of the whole or any part of an asset (whether or not for value) to a person other than the Licensee; or (b) a grant, whether legal or equitable, of a lease, licence, or loan of (or the grant of any other right of possession in relation to) that asset; or (c) the grant, whether legal or equitable, of any mortgage, charge, or other form of security over that asset; or (d) if the asset is an interest in land, any transaction or event that is capable under any enactment or rule of law of affecting the title to a registered interest in that land, on the assumption that the title is registered, and references to "dispose" are to be read accordingly;	CFO	Definition noted and understood.

	"relevant asset", means any item of property, including buildings, interests in land, equipment (including rights, licenses and consents relating to its use), without which the Licensee's ability to meet its obligations to provide Commissioner Requested Services would reasonably be regarded as materially prejudiced; "relinquishment of control", includes entering into any agreement or arrangement under which control of the asset is not, or ceases to be, under the sole management of the Licensee, and "relinquish" and related expressions are to be read accordingly.		
	10. The Licensee shall have regard to such guidance as may be issued from time to time by Monitor regarding: (a) the manner in which asset registers should be established, maintained and updated, and (b) property, including buildings, interests in land, intellectual property rights and equipment, without which a licence holder's ability to provide Commissioner Requested Services should be regarded as materially prejudiced.	CFO	The Board is aware of this requirement and the Chief Finance Officer is accountable to the Board for maintaining information systems which comply with the requirements of the organisation and the requirements of NHS England and Improvement, previously Monitor, and other key external stakeholders.
CoS3 Standards of corporate governance and financial management			
	1. The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as: (a) suitable for a provider of the Commissioner Requested Services provided by the Licensee, and (b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.	CFO/CEO	The Board is aware and will comply with this condition. The Trust will ensure governance and reporting arrangements are in place to maintain the capacity to deliver the Commissioner Requested Services. These will be subject to annual, quarterly (monthly) report to NHS Improvement, previously Monitor. The Trust will give assurance over its status as a going concern through its quarterly reporting and annual self-certification to NHS England and Improvement, previously Monitor.

			For the year in question, after making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. This is based on the public sector interpretation as defined within the Government's Financial Reporting Manual and the Foundation Trust Annual Reporting Manual. Assurance is via the Trust's performance management reporting framework, the mandatory in year and annual reporting as required by NHS England and Improvement, previously Monitor, the Board certification process and regular external governance review.
	2. In its determination of the systems and standards to adopt for the purpose of paragraph 1, and in the application of those systems and standards, the Licensee shall have regard to: (a) such guidance as Monitor may issue from time to time concerning systems and standards of corporate governance and financial management; (b) the Licensee's rating using the risk rating methodology published by Monitor from time to time, and (c) the desirability of that rating being not less than the level regarded by Monitor as acceptable under the provisions of that methodology.	CFO/ CNO	The Board is aware and will comply with this condition. The Trust complies with the principles of corporate governance, the Code of Governance and its Constitution. The Trust will act on any new guidance or code of practice issued by NHS England and Improvement, previously Monitor as appropriate. Assurance is via the Board certification process and annual internal governance review. The risk ratings will be calculated using NHS England and Improvement's, previously Monitor's methodology and notification made to that organisation.
CoS4 Undertaking from the ultimate controller			
	1. The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee, in the form specified by Monitor, that the ultimate controller	CFO	The Board is aware of this requirement and will ensure via the Chief Finance Officer that this requirement is built into standard contracts / agreements with an ultimate controller.

	("the Covenantor"): (a) will refrain for any action, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will refrain from any action, which would be likely to cause the Licensee to be in contravention of any of its obligations under the 2012 Act or this Licence, and (b) will give to the Licensee, and will procure that any person which is a subsidiary of, or which is controlled by, the Covenantor (other than the Licensee and its subsidiaries) will give to the Licensee, all such information in its possession or control as may be necessary to enable the Licensee to comply fully with its obligations under this Licence to provide information to Monitor.		
	2. The Licensee shall obtain any undertaking required to be procured for the purpose of paragraph 1 within 7 days of a company or other person becoming an ultimate controller of the Licensee and shall ensure that any such undertaking remains in force for as long as the Covenantor remains the ultimate controller of the Licensee.	CFO	The Board is aware of this requirement and will ensure via the Chief Finance Officer that this requirement is built into standard contracts / agreements with ultimate controller.
	3. The Licensee shall: (a) deliver to Monitor a copy of each such undertaking within seven days of obtaining it; (b) inform Monitor immediately in writing if any Director, secretary or other officer of the Licensee becomes aware that any such undertaking has ceased to be legally enforceable or that its terms have been breached, and (c) comply with any request which may be made by Monitor to enforce any such undertaking.	CFO	The Board is aware of this requirement and will ensure via the Chief Finance Officer that NHS England and Improvement, previously Monitor is informed.
	4. For the purpose of this Condition, subject to paragraph 5, a person (whether an individual or a body corporate) is an ultimate controller of the Licensee if:	CFO	Definition noted and understood.

	(a) directly, or indirectly, the Licensee can be required to act in accordance with the instructions of that person acting alone or in concert with others, and (b) that person cannot be required to act in accordance with the instructions of another person acting alone or in concert with others.		
	5. A person is not an ultimate controller if they are: (a) a health service body, within the meaning of section 9 of the 2006 Act; (b) a Governor or Director of the Licensee and the Licensee is an NHS foundation trust; (c) any Director of the Licensee who does not, alone or in association with others, have a controlling interest in the ownership of the Licensee and the Licensee is a body corporate; or (d) a trustee of the Licensee and the Licensee is a charity.	CFO	Definition noted and understood.
CoS5 Risk pool levy			
	1. The Licensee shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers under section 135(2) of the 2012 Act, including sums payable by way of levy imposed under section 139(1) and any interest payable under section 143(10), by the dates by which they are required to be paid.	CFO	The Board will comply with any requirements imposed by NHS England and Improvement, previously Monitor in accordance with the legislation.
	2. In the event that no date has been clearly determined by which a sum referred to in paragraph 1 is required to be paid, that sum shall be paid within 28 days of being demanded in writing by Monitor.	CFO	The Board will comply with any requirements imposed by NHS England and Improvement, previously Monitor in accordance with the legislation.
CoS6 Co-operation in the event of financial stress			
	1. The obligations in paragraph 2 shall apply if Monitor has given notice in writing to the Licensee that it is concerned about the ability of the	CFO	The Board is aware of this requirement and will ensure compliance with this section.

	Licensee to carry on as a going concern.		
	2. When this paragraph applies the Licensee shall: (a) provide such information as Monitor may direct to Commissioners and to such other persons as Monitor may direct; (b) allow such persons as Monitor may appoint to enter premises owned or controlled by the Licensee and to inspect the premises and anything on them, and (c) co-operate with such persons as Monitor may appoint to assist in the management of the Licensee's affairs, business and property.	CEO	The Board is aware of this requirement and will ensure compliance with this section.
CoS7 Availability of resources			
	1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.	CEO	The Board is aware of this requirement and has governance processes in place via its committees to ensure compliance
	2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.	CEO (CFO)	The Board is aware of this requirement and will comply with this condition
	3. The Licensee, not later than two months from the end of each Financial Year, shall submit to Monitor a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms: (a) "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate." (b) "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it	CFO	The Board is aware of this requirement and will include its approval on the Governance cycle of the Audit Committee and the Board. The Chief Finance Officer will be required to provide assurance and supporting evidence that the Board is able to confirm the relevant certificate at the same time and in the same way as evidence is provided to confirm going concern status.

	after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services". (c) "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate".		
	4. The Licensee shall submit to Monitor with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.	CFO	The Board is aware of this requirement and will include its approval on the Governance cycle of the Audit Governance Committee and the Board. The Chief Finance Officer will be required to provide assurance and supporting evidence that the Board is able to confirm the relevant certificate at the same time and in the same way as evidence is provided to confirm going concern status.
	5. The statement submitted to Monitor in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.	CFO	The Board is aware of this requirement and will include its approval on the Governance cycle of the Audit Committee and the Board.
	6. The Licensee shall inform Monitor immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate given under paragraph 3.	CFO	The Board is aware of this requirement and will inform NHS Improvement, previously Monitor of any change in their expectations / forecasts.
	7. The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.	CFO	The Certificate will be published as part of the Annual Report and Accounts.
	8. In this Condition: "distribution" includes the payment of dividends or similar payments on	CFO	Definition noted and understood.

	share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital; "Financial Year" means the period of twelve months over which the Licensee normally prepares its accounts; "Required Resources" means such: (a) management resources, (b) financial resources and financial facilities, (c) personnel, (d) physical and other assets including rights, licences and consents relating to their use, and (e) working capital as reasonably would be regarded as sufficient to enable the Licensee at all times to provide the Commissioner Requested Services.		
Section 6 NHS Foundation Trust Conditions will apply only to NHS foundation trusts.			
FT1 Information to update the register of NHS foundation trusts			
	1. The obligations in the following paragraphs of this Condition apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.	CEO	The Board is aware of these obligations and will comply with this condition.
	2. The Licensee shall ensure that Monitor has available to it written and electronic copies of the following documents: (a) the current version of Licensee's constitution; (b) the Licensee's most recently published annual accounts and any report of the auditor on them, and (c) the Licensee's most recently published annual report, and for that purpose shall provide to Monitor written and electronic copies of any document establishing or amending its constitution within 28 days of being adopted and of the documents referred to in	 CEO (Co Sec) CFO CFO	The Board is aware of these obligations and will comply with this condition. These documents are lodged with NHS England and Improvement, previously Monitor. Processes are already in place to ensure compliance. Processes are already in place to ensure compliance.

	sub-paragraphs (b) and (c) within 28 days of being published.		
	3. Subject to paragraph 4, the Licensee shall provide to Monitor written and electronic copies of any document that is required by Monitor for the purpose of Section 39 of the 2006 Act within 28 days of the receipt of the original document by the Licensee.	CEO (ALL)	The Board is aware of this obligation and will comply with this condition.
	4. The obligation in paragraph 3 shall not apply to: (a) any document provided pursuant to paragraph 2; (b) any document originating from Monitor; or (c) any document required by law to be provided to Monitor by another person.	CEO	The Board notes the limitations on this condition.
	5. The Licensee shall comply with any direction issued by Monitor concerning the format in which electronic copies of documents are to be made available or provided.	CEO (ALL)	The Board is aware of these requirements and shall comply.
	6. When submitting a document to Monitor for the purposes of this Condition, the Licensee shall provide to Monitor a short written statement describing the document and specifying its electronic format and advising Monitor that the document is being sent for the purpose of updating the register of NHS foundation trusts maintained in accordance with section 39 of the 2006 Act**.**	CEO (ALL)	The Board is aware of these requirements and shall comply.
FT2 Payment to Monitor in respect of registration and related costs			
	1. The obligations in the following paragraph of this Condition apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.	CFO	The Board is aware of this requirement and will comply with NHS England and Improvement's, previously Monitor's requirements.
	2. Whenever Monitor determines in accordance with section 50 of the 2006 Act that the Licensee must pay to Monitor a fee in respect of Monitor's exercise of its functions under sections 39 and 39A of that Act the Licensee shall pay that fee to Monitor within 28 days of the fee being notified to the Licensee by Monitor in writing.	CFO	The Board is aware of this requirement and will comply with NHS England and Improvement's, previously Monitor's requirements.

FT3 Provision of information to advisory panel			
	1. The obligation in the following paragraph of this Condition applies if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.	CFO	The Board is aware of this requirement and will comply with NHS England and Improvement's, previously Monitor's requirements.
	2. The Licensee shall comply with any request for information or advice made of it under Section 39A(5) of the 2006 Act.	CFO	The Board is aware of this requirement and will comply with NHS England and Improvement's, previously Monitor's requirements.
FT4 NHS foundation trust governance arrangements			
	1. This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.	CEO	The Board is aware of this condition.
	2. The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	CEO	The Board is aware of this condition and will comply.
	3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall: (a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; and (b) comply with the following paragraphs of this Condition.	CEO	The Board is aware and will comply with this condition. The Trust complies with the principles of corporate governance, the Code of Governance and its Constitution. The Trust will act on any new guidance or code of practice issued by NHS England and Improvement as appropriate.
	4. The Licensee shall establish and implement: (a) effective board and committee structures; (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) clear reporting lines and accountabilities throughout its	CEO CEO (ALL) CEO/	The Board is aware and will comply with this condition. The board and committee structures are reviewed in line with NHS England and Improvement's, previously Monitor's code of governance. The reservations and delegations of powers and SFIs are set out and all committees have terms of reference.

	organisation.	COO (CoSec)	The Trust maintains a clear map of its organisational structure and this is communicated widely.
	5. The Licensee shall establish and effectively implement systems and/or processes:		The Board is aware and will comply with this condition.
	(a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;	CEO	Effective systems shall be overseen via the Board and its committees.
	(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;	CEO	Timely and effective scrutiny and oversight shall be achieved by means of approved Board and committee governance cycles.
	(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;	COO/CPO	Compliance and exceptions to compliance on all health care standards relevant to the Trust shall be presented to the Board. The Board shall receive an annual assurance of compliance with the Quality Governance Framework.
	(d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);	CEO (CNO)	Information for decision-making shall be disseminated via the approved Board committee and governance cycles and SFIs and management accounting processes.
	(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	CEO	Information is disseminated to Board and committees with approved governance cycles.
	(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;	CNO	Material risks shall be identified and managed as part of the Board Assurance Framework, as overseen by the Board and its committees. The Board shall receive and approve an annual assurance framework. The assurance framework shall be regularly updated and reported.
	(g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and	CEO	The Board receives regular Integrated Performance Reporting/Board Assurance and risk reports
	(h) to ensure compliance with all applicable legal requirements.	Co Sec	All applicable legal requirements in regards to the licence and FT governance will be complied with.

	6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:		The Board notes and will comply with this condition.
	(a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;	CEO (CNO)	The Board has identified responsibilities for the Chief Nursing Officer and Chief Medical Officer and non-executives.
	(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;	CEO (CNO)	The Board and the Quality Committee consider quality indicators and quality impact assessments in decision making
	(c) the collection of accurate, comprehensive, timely and up to date information on quality of care;	CEO (CNO)	The Board and the Quality Committee consider quality indicators and quality impact assessments in decision making
	(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;	CEO (CNO)	The Board uses its auditors to scrutinise and report on data quality of the quality indicators
	(e) that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and	CNO	The Board holds public meetings, hears patient stories, has listening events and offers a number of patient/public forums/groups and uses the output to improve its services.
	(f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	CNO	The accountability for quality is clearly articulated in the Trust's structures, philosophy and reporting. Staff are regularly updated on their quality responsibilities, which are included in corporate and personal objectives.
	7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified	CEO (CPO)	The Board is aware and will comply with this condition. The composition of the Board has been agreed and is working effectively. The composition of the Board of the new organisation was presented in January 2021. Effectiveness

	to ensure compliance with the Conditions of this Licence.		will be reviewed regularly by means of the Annual Governance review, supported by a Board Development Plan, the latter of which has been in place since October 2020.
	8. The Licensee shall submit to Monitor within three months of the end of each financial year: (a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and (b) if required in writing by Monitor, a statement from its auditors either: (i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or (ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.	CFO	The Board is aware of this requirement and will comply with NHS England and Improvement's, previously Monitor's requirements. The Chief Finance Officer is responsible for ensuring compliance and already has confirmed process in place.

Section 7 Interpretation and Definitions

D1 Interpretation and Definitions

1. In this Licence, except where the context requires otherwise, words or expressions set out in the left hand column of the following table have the meaning set out next to them in the right hand column of the table.

"the 2006 Act"	the National Health Service Act 2006 c.41;
"the 2008 Act"	the Health and Social Care Act 2008 c.14;

		“the 2009 Act”	the Health Act 2009 c.21;	
		“the 2012 Act”	the Health and Social Care Act 2012 c.7;	
		“the Care Quality Commission”	the Care Quality Commission established under section 1 of the 2008 Act;	
		“clinical commissioning group”	a body corporate established pursuant to section 1F and Chapter A of Part 2 of the 2006 Act;	
		Commissioner Requested Service”	a service of the sort described in paragraph 2 or 3 of condition G9 which has not ceased to be such a service in accordance with paragraph 9 of that condition;	
		“Commissioners”	includes the NHS Commissioning Board and any clinical commissioning group;	
		“Director”	includes any person who, in any organisation, performs the functions of, or functions equivalent or similar to those of, a director of: (i) an NHS foundation trust, or (ii) a company constituted under the Companies Act 2006;	
		“Governor”	includes any person who, in any organisation, performs the functions of, or functions equivalent or trust as specified by statute;	
		“the NHS Acts”	the 2006 Act, the 2008 Act, the 2009 Act and the 2012 Act;	
		“NHS Commissioning Board”	the body corporate established under section 1E of, and Schedule A1 to, the 2006 Act;	
		“NHS foundation trust”	a public benefit corporation established pursuant to section 30 of, and Schedule 7 to, the 2006 Act.	
	2. Any reference in this Licence to a statutory body shall be taken, unless the contrary is indicated, to be a reference also to any successor to that body.			
	3. Unless the context requires otherwise, words or expressions which are defined in the 2012 Act shall have the same meaning for the purpose of this Licence as they have for the purpose of that Act.			
	4. Any reference in the Licence to any provision of a statute, statutory instrument or other regulation is a reference, unless the context requires otherwise, to that provision as currently amended.			

ANNEX 1

REFERENCES

Reference	Extract/ website link	Condition ref
Health and Social Care Act 2012		
Section 96(2)	Monitor may only exercise a function to which this section applies— (a) for the purpose of regulating the price payable for the provision of health care services for the purposes of the NHS; (b) for the purpose of preventing anti-competitive behaviour in the provision of health care services for those	G1, G2, G3, G5

Reference	Extract/ website link	Condition ref
	purposes which is against the interests of people who use such services; (c) for the purpose of protecting and promoting the right of patients to make choices with respect to treatment or other health care services provided for the purposes of the NHS; (d) for the purpose of ensuring the continued provision of health care services for the purposes of the NHS; (e) for the purpose of enabling health care services provided for the purposes of the NHS to be provided in an integrated way where Monitor considers that this would achieve one or more of the objectives referred to in subsection; (f) for the purpose of enabling the provision of health care services provided for the purposes of the NHS to be integrated with the provision of health-related services or social care services where Monitor considers that this would achieve one or more of the objectives referred to in subsection; (g) for the purpose of enabling co-operation between providers of health care services for the purposes of the NHS where Monitor considers that this would achieve one or more of the objectives referred to in subsection; (h) for purposes connected with the governance of persons providing health care services for the purposes of the NHS; (i) for purposes connected with Monitor's functions in relation to the register of NHS foundation trusts required to be maintained under section 39 of the National Health Service Act 2006; (j) for purposes connected with the operation of the licensing regime established by this Chapter; (k) for such purposes as may be prescribed for the purpose of enabling Monitor to discharge its duties under section 62. (3) The objectives referred to in subsection (2)(e), (f) and (g) are— (a) improving the quality of health care services provided for the purposes of the NHS (including the outcomes that are achieved from their provision) or the efficiency of their provision, (b) reducing inequalities between persons with respect to their ability to access those services, and (c) reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services.	
Chapter 4 (Pricing) Part 3	http://www.legislation.gov.uk/ukpga/2012/7/part/3/chapter/4/enacted	P1, P2
Section 116	http://www.legislation.gov.uk/ukpga/2012/7/section/116	P4
Section 124	http://www.legislation.gov.uk/ukpga/2012/7/section/124	P5
Section 135(2)	In order to raise money for investment in a fund it establishes under this section, Monitor may impose requirements on providers or commissioners.	CoS5
Section 139(1)	The power under section 135(2) includes, in particular, power to impose a levy on providers for each financial year.	CoS5
Section 143(10)	If the whole or part of the amount which a person is liable to pay is not paid by the date by which it is required to	CoS5

Reference	Extract/ website link	Condition ref
	be paid, the unpaid balance carries interest at the rate for the time being specified in section 17 of the Judgments Act 1838; and the unpaid balance and accrued interest are recoverable summarily as a civil debt (but this does not affect any other method of recovery).	
National Health Act 2006		
Section 9	http://www.legislation.gov.uk/ukpga/2006/41/section/9	G9, CoS4
Paragraph 23(4) Schedule 7	But a person may not be appointed as auditor unless he (or, in the case of a firm, each of its members) is a member of one or more of the following bodies— (a) the bodies mentioned in section 3(7)(a) to (e) of the Audit Commission Act 1998 (c. 18), (b) any other body of accountants established in the United Kingdom and approved by the regulator for the purposes of this paragraph.	P2
Section 39	http://www.legislation.gov.uk/ukpga/2006/41/section/39	FT1, FT2, FT3
Section 50	An authorisation may require an NHS foundation trust to pay a reasonable annual fee to the regulator.	FT2
Company Directors' Disqualification Act 1986	http://www.legislation.gov.uk/ukpga/1986/46/contents	G4.5
Section 1, Insolvency Act 1986	http://www.legislation.gov.uk/ukpga/1986/45/contents	G4.5
Terms of Authorisation condition 7(1)	The Trust is required to provide for the purposes of the health service in England the goods and services listed in Schedule 2 in the volumes or amounts specified therein ("**mandatory goods and services"**) which goods and services in the volumes or amounts specified are to be provided pursuant to a legally binding contract or contracts between the Trust and one or more of the commissioning bodies, or on the understanding that the Trust and the relevant commissioning body or bodies will conclude a legally binding contract or contracts for the provision of said goods and services in the volumes or amounts specified within 12 months of the date on which this authorisation comes into force. This requirement includes an obligation to provide any ancillary services, accommodation and other facilities related to said goods and services and which are generally accepted to be required for the effective, efficient and economic provision of said goods and services in the volumes or amounts specified.	G9

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS PAPER PART 1 – COVER SHEET

Meeting Date: 30 March 2022

Agenda item: 9.5

Subject:	Annual Review of effectiveness of third-party processes and relationships 2021/22

Prepared by:	James Donald, Associate Director of Communications
Presented by:	Debbie Fleming, Chief Executive

Purpose of paper:	To present a schedule of third parties which UHD has a duty to cooperate with and the nature of the trust's relationship with those organisations. The Board is asked to review the effectiveness of these processes and relationships as set out in the attached paper and where necessary, note any further actions to improve them.
Background:	As compliance with the NHS England and NHS Improvement Code of Governance Comply/Explain framework
Key points for Board members:	This document sets out the details of third parties which UHD has a duty to co-operate. The list is indicative and not exhaustive. Where appropriate, it is split into third parties with a remit specific to healthcare and those with a more general remit, such as the local safeguarding boards. NHSEI guidance states that the board of directors should be clear as to the specific third-party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third-party bodies in order to discharge their statutory duties. The board of directors should also ensure that effective mechanisms are in place to co-operate with relevant third-party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.
Options and decisions required:	For scrutiny
Recommendations:	Decision on if this should be published on our website as background to our Trust?
Next steps:	Publish online if agreed.

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

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

SCHEDULE OF THIRD PARTIES 2021/22

This list is indicative and not exhaustive. Where appropriate, it is split into third parties with a remit specific to healthcare and those with a more general remit. N.B. the list may change from time to time.

Key to responsibilities:

Chief Executive Officer (CEO)
Chief Nursing Officer (CNO)
Chief Medical Officer (CMO)
Chief Finance Officer (CFO)
Chief Operating Officer (COO)
Chief People Officer (CPO)
Chief Strategy and Transformation Officer (CSTO)
Chief Informatics and IT Officer (CIITO)

Relevant NHS England and NHS Improvement Code of Governance guidance:

E.2.1 The board of directors should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.

E.2.2 The board of directors should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.

1. Bodies with statutory enforcement powers

NHS England and NHS Improvement does not reasonably expect to be involved with the resolution of issues covered by such bodies, except where persistent failures may indicate fundamental governance failings and a breach of authorisation.

	FORM AND SCOPE OF COOPERATION
Statutory remit specific to healthcare	
Care Quality Commission (CQC) (CNO)	UHD will comply with the CQC standards and maintain its registration. UHD will comply with requests from the CQC and if issues regarding compliance are identified will work with the CQC to address these.
Public Health England (PHE) (COO)	UHD will comply with directions from PHE to respond to health hazards and emergencies. UHD will work with partner agencies to anticipate and prepare for emerging and future threats with regard to public health.
Human Fertilization and Embryology Authority (HFEA) (CMO)	UHD does not currently provide any services which would be regulated by the HFEA.
NHS England and NHS Improvement (NHSEI) (CEO/CFO)	UHD submits board-approved plans to NHSEI and reports in line with requirements.

Regulators of Individual Health Professionals: 1. General Chiropractic Council (CMO/CNO) 2. General Dental Council (CMO/CNO) 3. General Medical Council (CMO) 4. General Optical Council (CMO) 5. General Osteopathic Council (CMO/CNO) 6. General Pharmaceutical Council (COO) 7. Health and Care Professions Council (CMO/CNO) 8. Nursing and Midwifery Council (CNO)	There are currently eight regulators of individual health professionals covering a range of professions which UHD is linked with. UHD would cooperate with the regulators with regard to fitness to practice of an individual.
General statutory remit	
The Charity Commission (CFO)	UHD Charity is registered with the Charity Commission and sends them their Annual Report and Accounts each year within the specified timescale.
Equality and Human Rights Commission (CPO)	UHD will comply with its legal duties with regard to equality and human rights and will cooperate with the Equality and Human Rights Commission when they are undertaking their statutory remit in protecting and monitoring human rights and equality.
Environment Agency (CSTO)	UHD will comply with the requirements of the Environment Agency with regard to protecting the environment and dealing with clinical and non-clinical waste.
Fire and Rescue Authorities (CSTO)	UHD is subject to statutory fire checks and would consider any recommendations by the Fire and Rescue Authorities about changes to buildings or operations to prevent fires.

Dorset Police (COO)	Dorset Police provides cover for the hospitals. The Trust has a local security manager, and there are various other points of contact through the hospital.
Health and Safety Executive (HSE) (CNO)	UHD will comply with policy from the HSE with regard to the safety of its staff, patients and members of the public on UHD premises. UHD will report reportable incidents to the HSE (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, RIDDOR). UHD will cooperate with any investigation undertaken by the HSE and implement the recommendations of such an investigation.
HM Revenue and Customs (CFO)	UHD is aware of its responsibilities to HM Revenues and Customs and will comply with all appropriate requirements
Human Tissue Authority (HTA) (COO)	UHD holds a licence with the HTA. The Trust submits an annual report showing audit results. The trust may be inspected without notice.
Information Commissioner (CIITO)	The Information Commissioner oversees and enforces compliance with the Data Protection Act 1998 and Freedom of Information Act 2000. UHD has an approved publication scheme and responds to requests under these Acts within the statutory timeframes. If a serious data loss/breach occurs, UHD is required to inform the Information Commissioner.
Local planning authorities (CSTO): 1. BCP Council local planning authority 2. Dorset Council highways agency	UHD will work with local planning authorities on all appropriate development activities, and has a single point of contact for major planning applications through the estates office.

Public Accounts Committee (CEO/CFO)	The Public Accounts Committee has the power to call any Accounting Officer of a public body before it. UHD's Accounting Officer would cooperate with any such request from the Public Accounts Committee.
Secretary of State for Health and Social Care (CEO)	NHS Foundation Trusts are not generally subject to direction by the Secretary of State for Health and Social Care. However, there may be directions issued from time to time which would be applicable to UHD which would be implemented appropriately.

2. Bodies with a statutory role but no enforcement powers

Commissioners: 1. Dorset Clinical Commissioning Group (COO/CFO) 2. NHS England and NHS Improvement (commissioners of specialist services) (COO/CFO)	UHD is required to meet its contractual obligations to its commissioners. Integrated Care Boards (ICBs) are planned to be established as statutory bodies from July 2022.
Health and Wellbeing Boards (HWB): 1. Bournemouth, Christchurch and Poole HWB (CEO) 2. Dorset Council HWB (CEO) 3. Hampshire County Council HWB (CEO)	HWB took on their statutory function from April 2013. UHD will collaborate with local HWBs to understand local needs, and address the broader determinants of health and wellbeing.
BCP Safeguarding Adult Board Dorset Safeguarding Adult Board Dorset Safeguarding Children Partnership (CNO)	UHD will work closely with Dorset and BCP partners to improve the safety and well-being of adults/children who might be at risk of harm.
Public Health England (PHE) (CNO)	UHD will work closely with the local PHE authority to deliver improvements in public health outcomes for the local population

NHS Blood and Transplant (COO)	UHD complies with advice and best practice guidance provided by NHS Blood and Transplant.
Parliamentary and Health Service Ombudsman (CEO/CMO)	UHD will consider recommendations made by the Parliamentary and Health Service Ombudsman where we have been unable to resolve a complaint locally.
Co-operation and Competition Panel (CCP) (CEO/CFO)	UHD will cooperate with any investigation undertaken by the CCP.
Care Quality Commission (CMO/CNO)	UHD complies with the Mental Health Act as appropriate to its patients, and is aware of its responsibility to the Commission.
NHS Digital (CFO/CIITO)	UHD will report data to NHS Digital as required to do so by Schedule 6 of our Authorisation.
Overview and Scrutiny Committees (OSC): • BCP Council OSC (CEO) • Dorset Council OSC (CEO) • Hampshire County Council OSC (CEO)	UHD will consult with the relevant Overview and Scrutiny Committees before making any material changes to services and will provide the Committee with information if it is requested.
Healthwatch Dorset (CNO)	UHD will work with Healthwatch Dorset to understand and respond to the views of the local community with regard to healthcare, and will accommodate ‘enter and view’ visits
General Remit	
Ofsted (CPO)	UHD would comply with requests from Ofsted for information relating to an inspection.
HM Inspectorate of Prisons (CFO)	UHD would comply with requests from HM Inspectorate of Prisons for information relating to an inspection.

National Audit Office (NAO) (CFO)	UHD would comply with requests from the NAO for information relating to an audit.

3. Bodies with no statutory role but a legitimate interest

NHSEI expects that NHS foundation trusts will generally cooperate with such bodies and a failure to cooperate may, under certain circumstances, constitute a breach of authorisation.

Clinical Pathology Accreditation (UK) Ltd (CMO)	A private organisation which provides a nationally recognised accreditation for clinical laboratories.
Committees, working groups and forums advising the Department of Health and Social Care on topics across health and social care (CNO/CMO)	UHD would consider the key recommendations from such groups and would identify appropriate changes to clinical practice which would improve the quality of care and patient outcomes.
Confidential enquiries, including: • The National Confidential Enquiry into Suicide and Homicide by People with Mental Illness (CMO) • The Centre for Maternal and Child Health Enquiries (CMO) • The National Confidential Enquiry into Patient Outcome and Death (CMO)	UHD would consider the key findings and recommendations from the reports and would identify appropriate changes to clinical practice which would improve the quality of care and patient outcomes.
Health Education England Wessex (CPO)	UHD will maintain a relationship with the Local Training and Education Board (LETB) to ensure we are working to best practice with regard to education, training and workforce planning in the fields of medicine, dentistry, pharmacy and healthcare science.

Medicines and Healthcare Products Regulatory Agency (MHRA) (COO)	UHD will work with and pay heed to the advice of MHRA
National screening programme teams (CMO)	UHD will work with and pay heed to advice from the national breast, cervical and bowel cancer screening teams. UHD manages the Dorset Bowel Cancer Screening Program.
NHS Business Services Authority (NHSBSA) (CFO)	The NHS Business Services Authority is responsible for policy and operational matters relating to prevention, detection and investigation of fraud and corruption. UHD will work with the Local Counter Fraud Specialist (LCFS) or NHS Protect (NHSBSA) to investigate and recover losses in cases of fraud or corruption.
NHS Resolution (CMO)	UHD is a member of the NHS Resolution Risk Pooling Schemes and as such undertakes NHS Resolution assessments which are a mandatory part of the scheme. UHD also complies with appropriate requests from NHS Resolution with regard to its claims management and liaises with them to bring a satisfactory resolution to the claim.
Other local NHS provider trusts, including: • Dorset County Hospital NHS Foundation Trust • Dorset Healthcare University NHS Foundation Trust	UHD works collaboratively with other local provider trusts as appropriate to meet the needs of patients within the local community

Royal Colleges, including: • Royal College of Anaesthetists (CMO) • Royal College of GPs (CMO) • Royal College of Midwives (CNO) • Royal College of Nursing (CNO) • Royal College of Obstetricians and Gynaecologists (CMO) • Royal College of Ophthalmologists (CMO) • Royal College of Paediatrics and Child Health (CMO) • Royal College of Pathologists (CMO) • Royal College of Physicians (CMO) • Royal College of Psychiatrists (CMO) • Royal College of Radiologists (CMO) • Royal College of Speech and Language Therapists (CNO) • Royal College of Surgeons (CMO)	UHD considers the key recommendations from the Royal Colleges and identify appropriate changes to clinical practice which would improve the quality of care and patient outcomes.
UK Genetics Testing Network (CMO/COO)	UHD will work with and pay heed to the advice of the UK Genetic Testing Network
Universities and post-graduate Deaneries (CMO/CNO/ COP)	UHD is a university hospital trust that has a relationship with a number of local universities, including our partner Bournemouth University and Southampton University, and offers professional education and training in conjunction with a range of universities and professional bodies. The trust enjoys a strong relationship with the Wessex Deanery.