



**University Hospitals Dorset**  
NHS Foundation Trust

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

**Monday 27 March 2023**

**13:15 – 15:15**

**Via Microsoft Teams**

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

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

The next meeting of the University Hospitals Dorset NHS Foundation Trust Board of Directors Part 1 will be held at 13:15 on Wednesday 27 March 2023 via Microsoft Teams.

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

**Rob Whiteman**  
Chairman

**AGENDA – PART 1 PUBLIC MEETING**

**13:15 on Monday 27 March 2023**

Time	Item		Method	Purpose	Lead
<b>13:15</b>	<b>1</b>	Welcome, Introductions, Apologies & Quorum	<b>Verbal</b>		<b>Chair</b>
	<b>2</b>	Declarations of Interest	<b>Verbal</b>		<b>Chair</b>
	<b>3</b>	Patient Story	<b>Verbal</b>	<b>Discussion</b>	<b>CNO</b>
	<b>4</b>	Update from the Council of Governors	<b>Verbal</b>	<b>Information</b>	<b>Lead Governor</b>
<b>13:30</b>	<b>5</b>	<b>MINUTES AND ACTIONS</b>			
	<b>5.1</b>	For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 25 January 2023	<b>Paper</b>	<b>Approval</b>	<b>Chair</b>
	<b>5.2</b>	Matters Arising - Action List	<b>Paper</b>	<b>Review</b>	<b>Chair</b>
<b>13:35</b>	<b>6</b>	<b>TRUST CHAIR AND CHIEF EXECUTIVE UPDATES</b>			
	<b>6.1</b>	Trust Chair's Update	<b>Verbal</b>	<b>Information</b>	<b>Chair</b>
	<b>6.2</b>	Chief Executive Officer's Report <ul style="list-style-type: none"> <li>Update</li> <li>ICB Minutes – 5 January 2023</li> </ul>	<b>Paper</b>	<b>Information</b>	<b>CEO</b>
<b>13:50</b>	<b>7</b>	<b>INTEGRATED PERFORMANCE REPORT AND RISK</b>			
	<b>7.1</b>	Integrated Quality, Performance, Workforce, Finance and Informatics Report <i>Questions to the Executive Team by exception</i>	<b>Paper</b>	<b>Assurance</b>	<b>EDs</b>

	7.2	Risk Register Report	Paper	Review	CNO
14:00	8	<b>QUALITY AND PEOPLE</b>			
	8.1	CQC Inspection Reports	Paper	Information	CNO
	8.2	Staff Survey	Paper	Information	CPO
14:20	9	<b>STRATEGY AND PLANNING</b>			
	9.1	Integrated Care Partnership Strategy	Paper	Information	CEO
	9.2	Annual Operational Plan	Paper	Information	CSTO
14:35	10	<b>COMMITTEE CHAIRS' REPORTS</b>			
	10.1	Finance and Performance Committee – Chair's Reports – February and March 2023 <ul style="list-style-type: none"> <li>Annual Going Concern Statement (<i>for approval</i>)</li> </ul>	Paper	Assurance*	Committee Chair
	10.2	Quality Committee – Chair's Reports – February and March 2023	Paper	Assurance*	Committee Chair
	10.3	People and Culture Committee – Chair's Report – February 2023	Paper	Assurance	Committee Chair
	10.4	Audit Committee – Chair's Report – March 2023 <ul style="list-style-type: none"> <li>Register of Compliance with Licence Conditions (<i>for approval</i>)</li> <li>Register of Compliance with Code of Governance (<i>for approval</i>)</li> </ul>	Paper	Assurance*	Committee Chair
14:50	11	<b>GOVERNANCE</b>			
	11.1	Annual Board Effectiveness Report	Paper	Approval	Chair
	11.2	Terms of Reference: <ul style="list-style-type: none"> <li>Population Health and System Committee</li> </ul>	Paper	Approval	Chair
	11.3	Independence of Non-Executive Directors	Paper	Approval	Chair
14:55	12	<b>ITEMS FOR INFORMATION</b>			
	12.1	Nursing Establishment Review	Paper	Assurance	CNO

15:00	13	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 Friday 24 March 2023 to <a href="mailto:company.secretary-team@uhd.nhs.uk">company.secretary-team@uhd.nhs.uk</a>		Receive	Chair
	14	Any Other Business <ul style="list-style-type: none"> <li>Timing of January 2024 Board meeting</li> </ul>	Verbal	Discussion	Chair
	15	<b>Date and Time of Next Board of Directors Part 1 Meeting:</b> Board of Directors Part 1 Meeting on Wednesday 24 May 2023 at 13:15.			
	16	<b>Resolution Regarding Press, Public and Others:</b> To agree, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.			
15:15	17	Close	Verbal		Chair

\* Late paper

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The recording will be deleted after the minutes of the meeting have been approved.

### Items for Next Board Part 1 Agenda

#### Standing Reports

- Patient Story
- Trust Chair's Update
- Chief Executive Officer's Report
- Integrated Performance Report
- Risk Register Report
- Integrated Care Board Minutes (March 2023)

#### Quarterly Reports

- Mortality Report
- Guardian of Safe Working Hours Report

#### Bi-annual Reports

- Freedom to Speak Up Guardian Report (inc approval of Policy)
- 7 Day Services Board Assurance Framework

#### Annual Reports

- Final Annual Operational Plan
- Board Assurance Framework (Close sign/off previous year's framework)
- Board Assurance Framework (Approve annual framework)
- Workforce Race Equality Standards Report
- Workforce Disability Equality Standards Report
- Annual SIRO Report



- Annual Estates Report
- Annual Security Report
- Seal of Documents Register
- Gifts and Hospitality Register
- Register of Interests
- Review of effectiveness of third party processes and relationships
- Availability of Resources
- Systems for Finance Compliance
- Certification of Governance and Corporate Governance Statement
- Training of Governors

### Reading Room Materials

Staff Survey Workbook and Benchmark Reports (*Agenda Item 8.2*)

Annual Operational Plan (*Agenda Item 9.2*)

Mortality Report (*Agenda item 10.2*)

## AGENDA – PART 2 PRIVATE MEETING

**15:30 on Monday 27 March 2023**

Time	Item		Method	Purpose	Lead
<b>15:30</b>	<b>18</b>	Welcome, Introductions, Apologies & Quorum	<b>Verbal</b>		<b>Chair</b>
	<b>19</b>	Declarations of Interest	<b>Verbal</b>		<b>Chair</b>
<b>15:35</b>	<b>20</b>	<b>MINUTES AND ACTIONS</b>			
	<b>20.1</b>	For Accuracy and to Agree: Part 2 Minutes of meeting held on 22 February 2023	<b>Paper</b>	<b>Approval</b>	<b>Chair</b>
	<b>20.2</b>	Matters Arising – Action List	<b>Paper</b>	<b>Review</b>	<b>Chair</b>
<b>15:40</b>	<b>21</b>	<b>UPDATES</b>			
	<b>21.1</b>	Chief Executive Officer's Update	<b>Verbal</b>	<b>Assurance</b>	<b>CEO</b>
	<b>21.2</b>	Committee Chairs' Reports	<b>Verbal</b>	<b>Information</b>	<b>Chair</b>
	<b>21.2</b>	CQC Update	<b>Verbal</b>	<b>Information</b>	<b>CNO</b>
<b>15:55</b>	<b>22</b>	<b>QUALITY AND PEOPLE</b>			
	<b>22.1</b>	Serious Incident Report	<b>Paper</b>	<b>Review</b>	<b>CMO</b>
	<b>22.2</b>	Risk Register Report	<b>Paper</b>	<b>Approval</b>	<b>CNO</b>
<b>16:05</b>	<b>23</b>	<b>STRATEGY, TRANSFORMATION AND FINANCE</b>			

	23.1	Annual Operational Budget	Paper	Approval	CFO
	23.2	Endoscopy Expansion Capital Equipment	Paper	Approval	CFO
	23.3	Sutures	Paper	Approval	CFO
	23.4	Strategic Integrated Imaging Solution	Paper	Approval	CIO
	23.5	New Hospitals Programme Contract Authorisation	Paper	Approval	CSTO
	23.6	Wessex Fields Land	Paper	Approval	CSTO
	23.7	Community Diagnostic Centre Business Case update	Paper	Information	COO
	24	Any Other Business	Verbal		Chair
	25	Reflections on the Board Meeting	Verbal		Chair
	26	<b>Date and Time of Next Standing Board of Directors Part 2 Meeting:</b> Board of Directors Part 2 Meeting on Wednesday 24 May 2023 at 15:30.			
17:00	27	Close	Verbal		Chair

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#### Items for Next Standing Board Part 2 Agenda

##### Standing Reports

- Trust Chair's Update
- Chief Executive's Update
- Serious Incident Report

##### Quarterly Reports

- Guardian of Safe Working Hours Report

##### Annual Reports

- Annual Report and Accounts

#### Reading Room Materials

Strategic Integrated Imaging Solution (*Agenda Item 23.4*)

Community Diagnostic Centre Business Case update (*Agenda Item 23.7*)

**List of abbreviations:**

**Officer titles**

ACMO – Acting Chief Medical Officer  
CFO – Chief Finance Officer  
CSTO – Chief Strategy and Transformation Officer

CEO – Chief Executive Officer  
CNO – Chief Nursing Officer

**Other abbreviations**

CDEL – Capital Delegated Expenditure Limit  
CIP – Cost Improvement Programme  
ED – Emergency Department  
HSMR – Hospital Standardised Mortality Ratio  
ICB – Integrated Care Board  
ICS – Integrated Care System  
ITU – Intensive Therapy Unit  
MSG – Mortality Surveillance Group  
NHSE/I – NHS England/Improvement  
#NOF – Fractured neck of femur  
OPEL – Operational Pressures Escalation Levels  
SDEC – Same Day Emergency Care

SHMI – Summary Hospital-Level Mortality Indicator  
SMR – Standardised Mortality Ratio  
SWAST – South West Ambulance Service NHS  
Foundation Trust

**UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS PART 1**

Minutes of the Board of Directors Part 1 meeting held on Wednesday 25 January 2023 at 13:15 via Microsoft Teams.

<b>Present:</b>	Rob Whiteman	Trust Chair ( <i>Chair</i> )
	Karen Allman	Chief People Officer
	Peter Gill	Chief Informatics Officer
	Philip Green	Non-Executive Director
	Siobhan Harrington	Chief Executive
	John Lelliott	Non-Executive Director
	Mark Mould	Chief Operating Officer
	Stephen Mount	Non-Executive Director
	Pete Papworth	Chief Finance Officer
	Richard Renaut	Chief Strategy & Transformation Officer
	Cliff Shearman	Non-Executive Director
	Paula Shobbrook	Chief Nursing Officer
	Caroline Tapster	Non-Executive Director
	Ruth Williamson	Acting Chief Medical Officer
<b>In attendance:</b>	Mandi Barron	Appointed Governor
	Robert Bufton	Public Governor
	Caroline Boyd	Maternity Services ( <i>for item 3</i> )
	Sharon Collett	Lead Governor
	Yasmin Dossabhoy	Associate Director of Corporate Governance
	James Donald	Associate Director of Communications
	Cllr Beryl Ezzard	Appointed Governor
	Rob Flux	Public Governor
	Paul Hilliard	Public Governor
	Ewan Gauvin	Corporate Governance Manager
	Marjorie Houghton	Public Governor
	Frances Jones	Interim Director of Midwifery ( <i>for item 9.1</i> )
	Helen Martin	Freedom to Speak Up Guardian
	Keith Mitchell	Public Governor
	Markus Pettit	Staff Governor
	Patricia Scott	Public Governor
	Jeremy Scrivens	Public Governor
	Diane Smelt	Public Governor
	Susanne Surman-Lee	Public Governor ( <i>from agenda item 9.1</i> )
	Kani Trehorn	Staff Governor
	David Triplow	Public Governor
	Daniel Webster	Medical Director, Specialties Care Group ( <i>for item 9.1</i> )
	Michele Whitehurst	Deputy Lead Governor
	Sandra Wilson	Public Governor
<b>Public attendees:</b>	2 members of the public	

<b>BoD 001/23</b>	<b>Welcome, Introductions, Apologies &amp; Quorum</b> Rob Whiteman welcomed everyone to the meeting. Apologies were received from:
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	<ul style="list-style-type: none"> <li>• Pankaj Davé, Non-Executive Director; and</li> <li>• John Vinney, Associated Non-Executive Director.</li> </ul> <p>The meeting was declared quorate.</p>
<b>BoD 002/23</b>	<p><b>Declarations of Interest</b></p> <p>No existing interests in matters to be considered were declared.</p> <p>John Lelliott made a general declaration in relation to his appointment as Interim Chair of the Covent Garden Market Authority. Caroline Tapster made a general declaration in relation to her appointment as Interim Chair of Care Dorset.</p> <p>Subject to this, no further interests were declared.</p>
<b>BoD 003/23</b>	<p><b>Patient Story</b></p> <p>Paula Shobbrook introduced the Patient Story, which was a moving account about Timea, a first time mother who was nearing her due date when she contracted Covid. It had been filmed in the autumn of 2022.</p> <p>A video was presented which demonstrated the lengths to which the maternity team had gone to endeavour to keep mother and baby together. With Timea's condition having deteriorated, Caroline Boyd, maternity services, made considerable efforts with the support of others within the Trust, including infection prevention control, to enable baby to visit Timea while she was in intensive care. Timea's health continued to decline. A specialist team from St Thomas' London came to give her specialist care.</p> <p>Caroline Boyd expressed how difficult it was to watch the video, with Timea's survival chances having been low upon arrival at St Thomas'. It was a powerful way of being the patient's voice. Paula Shobbrook added that the story embodied the Covid time, it had been a very complex and demonstrated teamwork within the Trust.</p> <p>The Board NOTED and thanked Timea for the Patient Story and to Caroline Boyd and all the maternity services team.</p>
<b>BoD 004/23</b>	<p><b>For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 30 November 2022</b></p> <p>The minutes of the Board of Directors meeting held on 30 November 2022 were APPROVED as an accurate record.</p>
<b>BoD 005/23</b>	<p><b>Matters Arising – Action List</b></p> <p><b>BoD 073/22 – Annual Board Effectiveness Report</b> – Rob Whiteman updated that this was due to be presented at the March 2023 meeting. Action remained OPEN.</p>
<b>BoD 006/23</b>	<p><b>Trust Chair's Update</b></p> <p>Rob Whiteman provided the Trust Chair's Update highlighting:</p> <ul style="list-style-type: none"> <li>• The particularly strong pressures in the emergency department (ED) and for elective care.</li> <li>• Siobhan Harrington would cover in her Chief Executive Officer's Report the industrial action. On behalf of the Board, he extended thanks to all staff for their efforts under challenging current circumstances.</li> <li>• This was the first time that the Committee Chairs' assurance reports were being presented to the Board, which would be further refined going forward.</li> <li>• More formally on the agenda was an update from the Lead Governor on behalf of the Council of Governors.</li> </ul>

	<ul style="list-style-type: none"> <li>• He had attended the Integrated Care Partnership for Dorset and met Chairs from other providers both within Dorset and elsewhere within the country.</li> <li>• He had attended the induction for the newly elected Governors and welcomed them to the Trust.</li> </ul> <p>The Board NOTED the Trust Chair's Update.</p>
<b>BoD 007/23</b>	<p><b>Chief Executive Officer's Report</b></p> <p>Siobhan Harrington presented the Chief Executive's Report. Reflecting upon the Patient Story, she commented that she had experienced strong teamwork during the past two months at the Trust. The story had been a poignant grounding of the power of the NHS and the Trust's purpose.</p> <p>Through the papers, it could be seen that the Trust was continuing to strengthen its governance, risk management and accountability.</p> <p>Echoing the Trust Chair's thanks to staff, she referred to the impressive way staff had responded during the industrial action the previous week. She also thanked the local public, community, volunteers and governors for the support they had provided. The focus had continued on patient safety and looking after one another.</p> <p>In addition:</p> <ul style="list-style-type: none"> <li>• Referencing the visit from Professor Tim Briggs, she reported that he had written a letter congratulating the Trust on working across the system in Dorset on elective care, also providing some thoughts and challenges for the future.</li> <li>• The Trust continued to manage a baseline position on Covid. As at that morning, there were 27 patients across the Trust with Covid and approximately 50 staff off sick.</li> <li>• She drew attention to the use of statistical process control (SPC) charts in the Integrated Performance Report, which provided immediate insight into whether or not the challenges in urgent and emergency care were heightened. The report explained the Operational Pressure Escalation Levels (OPEL), which ranged from one to four. Beyond OPEL 4 were business continuity or critical incident. Within the past two months, on four occasions, the Trust had escalated to critical incident. In such circumstances, across the system, partners supported the Trust and responded; this cross system working helped maintain safety for patients. As at that morning the Trust was at OPEL 4, which was a pressured but well managed position.</li> <li>• The Trust was continuing to reduce its waiting times for elective care for patients, with the intent of no patients waiting longer than 78 weeks by the end of the year. She apologised to patients whose operations had been cancelled during the period of industrial action.</li> <li>• Efforts were continuing to achieve a financial break-even position by year end; however, this was not without risk.</li> <li>• The Care Quality Commission inspections, to which the Trust had responded on the factual accuracy of the reports, demonstrated an acknowledgment of areas of staff teamwork; they also showed areas where the Trust needed to improve. Once the final reports had been published, these would be brought back to the Board.</li> <li>• Tobias Ellwood, MP, had visited ED at Bournemouth hospital. Following his visit, he had published a video outlining the pressures faced by the Trust.</li> </ul>



	<p>She drew attention to the Patient First continuous improvement initiative upon which the Trust had embarked, investment into buildings, the work underway with colleagues across Dorset on the electronic patient record, imminent conclusion of the appointment of a Chief Medical Officer and Staff Excellence Awards.</p> <p>The Board NOTED the Chief Executive Officer's Report.</p>
<b>BoD 008/23</b>	<p><b>Integrated Care Board (ICB) Minutes – 3 November 2022</b></p> <p>Siobhan Harrington drew attention to the ICB minutes, noting that partnerships across the system were continuing to mature.</p> <p>The Board NOTED the ICB Minutes.</p>
<b>BoD 009/23</b>	<p><b>Integrated Quality, Performance, Workforce, Finance and Informatics Report (IPR)</b></p> <p>Rob Whiteman invited Executive Directors to highlight any matters that they wanted to add to complement the IPR.</p> <p>Commenting that the IPR had been presented to the Finance and Performance as well as the Quality Committees in January 2023, Mark Mould:</p> <ul style="list-style-type: none"> <li>• Echoed that operationally December 2022 had been the busiest month of the year for the Trust, which was also reflected nationally, regionally and across Dorset. During December 2022, more capacity had needed to be available in urgent and emergency care to maintain a level of flow across the organisation.</li> <li>• Updated that while the report covered the period of December 2022, as of January 2023, ambulance handovers and the number of patients waiting in ED were starting to reduce. Although the Trust was on OPEL 4, this was driven by the number of additional beds being open. As those beds were de-escalated, it was expected that the OPEL levels would reduce.</li> <li>• Diagnostic waiting times continued to be positive.</li> </ul> <p>Highlighting the challenges in the past month, Paula Shobbrook referenced:</p> <ul style="list-style-type: none"> <li>• Having business continuity and additional open capacity could be seen in the number of red flags reported through the Trust's staffing. The Trust was grateful to staff for supporting each other and keeping patients safe, including by moving around the organisation.</li> <li>• A review of respiratory illness had taken place through the Infection Prevention Control Group. There had been positive management of antibiotics, this being particularly important with C. Difficile.</li> <li>• A key area of focus had been on falls. Although there had been an increase in minor harm falls, it was important that staff reported these even when there had been no harm. This was indicative of a positive reporting culture, with learning being captured.</li> </ul> <p>Referencing coding issues which had impacted the mortality data, Ruth Williamson confirmed that these issues had been resolved. She commented upon the increase in deaths within 36 hours of admission, with some patients presenting later than prior to Covid.</p> <p>Karen Allman highlighted:</p> <ul style="list-style-type: none"> <li>• Data cleansing and increased assurance in relation to turnover, vacancy rate and sickness absence. The vacancy rate had decreased in December 2022 in comparison to November 2022. However, turnover rate remained higher than in the legacy trusts.</li> <li>• Stay discussions with staff continued to be important. The team were also working hard on recruitment.</li> </ul>

- Good progress had been made on wellbeing, which was an important service to staff. The average wait from referral to appointment for Occupational Health was six working days. This helped staff to receive the support they needed
- Internal mobility continued, this being positive for individuals through developing their roles.

In relation to the finances, Pete Papworth reported that:

- In comparison to two prior more positive months, there had been a decline in December 2022 with an aggregate £200k overspend, increasing the Trust's year to date deficit to £4.2m.
- During December 2022, the considerable operational pressures outweighed the impact of the recovery actions. The Trust had reported OPEL 4 for 29 of the 31 days in December. There had been 24 days in December where either a critical incident or a business continuity incident had been declared. This required the opening of additional escalation capacity, needing additional medical sessions and agency nursing at premium cost.
- Agency spend had increased even further in month to £2.5m.
- The position had continued into January 2023, where the Trust had been in OPEL 4 each day, with a critical incident or business continuity incident being declared in 19 of these. This had significantly increased the risk in the Trust's forecast. It was likely that the Trust would require additional funding from the ICB to deliver its forecast. Active conversations were taking place with the ICB about this.
- The Trust remained underspent year to date on capital. A small number of bids were outstanding.

Celebrating a year of more than 99% uptime of core infrastructure, Peter Gill highlighted the range of IT teams supporting business as usual, including one led by Rob Flux, recently elected staff governor. On average per month, people interacted with the service desk 12,000 times. Over 120 projects had been completed from the development teams; 57 projects were in escalation. Before the end of June 2023, additional focus was required on the legal information asset compliance.

Caroline Tapster enquired about the proportion of patients medically ready for discharge (MRFD) that had been admitted as an emergency and whether more could be done with partners to prevent people coming into the hospitals for emergencies and then being in a position where they were likely to be delayed in hospital beds. Mark Mould confirmed that he would update her outside of the meeting having reviewed this further; however, his initial sense was that it predominantly comprised emergency and urgent patients.

In relation to the Occupational Health and Enhanced Wellbeing area, Cliff Shearman commended the service which had significant positive reports. The MSK physiotherapy and psychological support and counselling services were the cornerstones of that service. He was aware that these were supported by charitable donations and asked how these were being incorporated into the organisation on a more permanent basis. Karen Allman responded that a business case had been put together to be presented to the Financial Planning Group. A discussion would be taking place not only about the financial return on investment, but also the experiential return on investment.

John Lelliott asked whether, given the national pressure challenges, additional central funding was expected to come through to systems and providers. Pete Papworth replied that although there was some lobbying for additional revenue funding, it was unlikely this would be received this year due to national affordability. National funding had been provided early in the year to



	<p>cover the cost of inflation. Most systems were expecting to balance their books, including Dorset, but with risk in the Dorset forecast. The following year would be very challenging, with good progress being made in developing the financial plans. However, the challenge was that over some years, there had been a significant recurrent underlying deficit and not all cost improvement plans (CIP) recurrently had been delivered due to the pressures. A partner had been appointed to assist the Trust with its operational planning for the following year, with a view to having a higher level of confidence in the Trust's ability to deliver savings.</p> <p>In relation to capital, Rob Whiteman commented that he had observed NHS England were introducing additional powers to cap revenue contributions to capital to exercise control on the capital departmental resource limit. Pete Papworth confirmed that he did not consider this would affect the capital program that the Trust had set out. Plans were being worked through.</p> <p>The Board NOTED the Integrated Performance Report.</p>
<b>BoD 010/23</b>	<p><b>Risk Register Report</b></p> <p>Noting that there had been two increased risks relating to medical staffing in women's health and maternity staffing, and triage, Paula Shobbrook confirmed that these were being managed robustly, with relevant controls and mitigants being in place.</p> <p>Risks on the register came within the domains of emergency, elective recovery, workforce challenges, reconfiguration and CIP.</p> <p>She reported that considerable work had been undertaken to ensure timely review and that the timescales were within the Trust's risk appetite.</p> <p>She clarified that the register was a point in time; where the report referenced action plans not being complete, for example, it may be as a result of the meeting of the Committee where it was reviewed not having taken place at the time of publication of the risk register.</p> <p>The Board APPROVED the Risk Register Report.</p>
<b>BoD 011/23</b>	<p><b>Trust Annual Objectives 2022-2023: 6 month review</b></p> <p>Richard Renaut presented the Trust Annual Objectives 2022-2023: 6 month review, noting that most were amber, signifying risk to delivery by year end. Finance and specific areas in relation to equality, diversity and inclusion were red, where the Trust needed to look particularly at its BAME representation at senior management level.</p> <p>Overall, there was a high level red amber green rating, with some further text detail provided. Work would be undertaken at a Board Development Session in February 2023 to look at aligning the strategy, board assurance framework, risk register and performance reporting. During the next year, considerable work would be undertaken on strategy through the Patient First initiative.</p> <p>Peter Gill specified that a change would be needed to the grading under 5.3 on page 90 of the pack. Currently, consideration was being given to engagement in the digital Dorset shared service design in view of other deliverables and therefore this should be re-graded from green to amber.</p> <p>The Board NOTED the Trust Annual Objectives 2022-2023: 6 month review.</p>
<b>BoD 012/23</b>	<p><b>Finance and Performance Committee: Chair's Report</b></p> <p>Philip Green presented the Finance and Performance Committee: Chair's Report, highlighting:</p> <ul style="list-style-type: none"> <li>The expanded remit of the Committee for sustainability, transformation, private patients' strategy.</li> </ul>

	<p>For those items, there would be a more detailed consideration on a quarterly basis. Each of those areas would have a Non-Executive Director lead.</p> <p>The transformational aspects of estates would be a standing monthly agenda item.</p> <ul style="list-style-type: none"> <li>• Efforts were underway for the reporting to the Committee to be more streamlined; he thanked Mark Mould who had adopted the alert, advise and assure framework for operational performance.</li> </ul> <p>The Board NOTED the Finance and Performance Committee Chair's Report.</p>
<b>BoD 013/23</b>	<p><b>Quality Committee: Chair's Report</b></p> <p>Cliff Shearman presented the Quality Committee: Chair's Report, also highlighting that the Quality Committee was on a journey. He commended the Committee Chair's Reports to the Board and to Governors, which, although new, would give a clear picture of areas upon which the Committee had been assured and potential areas to follow up.</p> <p>The SPC systems would help the Committee to further focus upon trends and areas where further consideration including potentially deep dives may be beneficial. This would be combined with more deep dives based on the risks presented. Visits between the Committee meetings would also support triangulation.</p> <p>The Board NOTED the Quality Committee Chair's Report.</p>
<b>BoD 014/23</b>	<p><b>Audit Committee – Chair's Report</b></p> <p>Stephen Mount presented the Audit Committee: Chair's Report highlighting that:</p> <ul style="list-style-type: none"> <li>• A planning session had been held with external auditors, KPMG.</li> <li>• He had an extensive run through with internal auditors on various projects completed. This was a key source of external assurance for the Board.</li> <li>• He had also met with the Counter Fraud team.</li> </ul> <p>He reported that no major issues were notable from those. Assurance was being obtained, however, from internal audit about the actions being taken by estates, particularly in Poole. There was a considerable backlog with a need to factor this in financially in due course.</p> <p>The Board NOTED the Audit Committee Chair's Report</p>
<b>BoD 015/23</b>	<p><b>2023/24 Priorities and Operational Planning</b></p> <p>Richard Renaut presented the 2023/24 Priorities and Operational Planning report.</p> <p>Interested in the funding aspects, Cliff Shearman sought clarification about the impact for the Trust of the unit prices for activity. Pete Papworth outlined that the national position was that elective would return to payment by results to incentivise additional activity. Additional guidance was expected. However, at this point, his current understanding was that the current block contracts with commissioners would continue, uplifted by relevant factors such as inflation. Each ICB would be given an activity target for elective recovery. Within the system, agreement would need to be reached on how that elective target should be delivered. For acute activity, it would be the Trust and Dorset County. This would be costed using the new tariff prices, which would be removed from the contract and not paid for on a block payment. As the activity were performed, this would then be paid at the tariff price. There would be risk if the pressures continued and with the levels of MFRD patients in the</p>

	<p>Trust's beds. However, opportunities would arise if some of those pressures were reduced through system initiatives.</p> <p>Related to this, Stephen Mount queried whether the higher levels of admission through ED were also a challenge. Mark Mould confirmed that the number of actual attendances into ED were not significantly higher than 2019/20. Same day emergency care capacity was being used better than had been seen over the last period. The decision to admit rested upon clinicians; however, there were more minor injuries and ailments being seen at ED, putting more pressure around urgent care capacity. The Trust was looking at different options in relation to a further expansion of supporting individuals more at home, including virtual wards.</p> <p>Rob Whiteman sought clarification from Pete Papworth that if the Trust underperformed on elective activity agreed for the block then it would not receive the monies, these remaining with the ICB. However, for overperformance on elective, this would not be a system pressure, but rather it would be funded nationally. Pete Papworth confirmed that this was correct on the overperformance. However, there was some ambiguity on what happened in the event of underperformance. It had been suggested that it may be returned nationally. There had been a roadshow for ICB Chief Financial Officers, with another expected shortly to give final clarification.</p> <p>Noting the reference to ICBs soon being given the responsibility of managing population healthcare budgets, Caroline Tapster enquired what these were. Richard Renaut responded that there had been a budget held by ICBs and CCGs previously, which had been targeted in areas such as smoking cessation.</p> <p>Siobhan Harrington welcomed the shorter planning guidance, commenting that a resolution was needed to the turmoil and industrial action with there being much to deliver. She felt positive about the maturing Dorset system and working together on simplifying discharge processes. There had been limited focus on equality diversity and inclusion in the guidance but there would be a further report issued. On quality improvement, centrally considerable work was ongoing; many Trusts were adopting the Patient First approach and she was looking forward to working more closely across the south west on quality improvement experiences.</p> <p>Rob Whiteman referenced interesting discussions having taken place at the Integrated Care Partnership the previous day about inequalities and whole population health issues. More broadly, he enquired whether the local management, including through Patient First, was being reflected in the Trust's approach to alignment with the national guidance. Siobhan Harrington and Richard Renaut confirmed that work was in progress in relation to strategy deployment; the Trust was in a transition to a Patient First approach, with a different thought perspective needed to manage the priorities in the planning guidance.</p> <p>The Board NOTED the 2023/24 Priorities and Operational Planning.</p>
<b>BoD 016/23</b>	<p><b>Freedom to Speak Up Strategy</b></p> <p>Helen Martin presented the Freedom to Speak Up Strategy, noting that the paper set out an ambitious strategy improvement. It had a robust vision and priorities beneath it. Currently, although it may need modification once the Trust's objectives had been established, it was based on four main pillars, reflecting national priorities and local drivers. Under each of those, was a work program.</p> <p>Supporting the Strategy, John Lelliott referenced being particularly interested in para 6.1 and enquired whether this was part of Patient First, with key</p>

	<p>components being “walking the talk” and “tone from the top”. Helen Martin confirmed that she would be supporting and contributing to the Patient First program of work.</p> <p>Siobhan Harrington added that part of Patient First was active listening, which spoke to this agenda and was a key part of the cultural change. She thanked Helen Martin for all her work; integral to Patient First was speaking up and listening being everyone’s business.</p> <p>Also thanking Helen Martin and the Freedom to Speak Up Champions, Philip Green enquired whether she was able to receive feedback on the effectiveness of the freedom to speak up process, including staff levels of comfort with using the mechanisms. Helen Martin responded that she followed the national guidance; when people spoke up with her, she visited them one month, then six months afterwards and asked them whether they would speak up again if they had another issue. 100% of staff would speak up again.</p> <p>Philip Green asked whether there was a way of capturing the views of those who would not speak up and understanding the reason for that. Referencing those who were silent, Helen Martin indicated that although there was not one sole measure, triangulation through staff surveys and engagement with HR on where staff were silent gave opportunities for focused work.</p> <p>In the context of the industrial action, Richard Renaut raised whether there was adjustment to the strategy considering staff not feeling heard about pay and conditions. Caroline Tapster questioned how people speaking up, particularly to their line managers, could be celebrated. Helen Martin commented upon the importance of rich conversations such as this and that further time at a Board development session was being planned for these discussions. She outlined examples of staff being celebrated for speaking up through “you said, we did”, videos and other methods.</p> <p>Siobhan Harrington added that she had been providing briefings where staff had raised matters anonymously, which added a different perspective. “Ask Me” events would be commenced and webinars. Manager development was also very important aspect alongside the Patient First culture change.</p> <p>While hoping staff could speak with their line manager, Kani Trehorn asked about the possibility of a buddy system with a separate allocated staff welfare member. Noting this viewpoint, Helen Martin commented upon the current challenges for line managers and the need for them to have support. She promoted the management modules, recognising also the benefit of exploring all opportunities.</p> <p>Stephen Mount asked Karen Allman whether there were sufficient numbers of line managers signing up for courses or whether they should be compulsory as part of manager development. She replied that the good people management training had been extremely well received. More dates were to come. Karen Allman also echoed Helen Martin’s comments about the current pressures upon line managers.</p> <p>The Board APPROVED the Freedom to Speak Up Strategy.</p>
<b>BoD 017/23</b>	<p><b>Maternity Incentive Scheme (MIS)</b></p> <p>Paula Shobbrook introduced the MIS. She welcomed Frances Jones, Interim Director of Midwifery and Daniel Webster, Medical Director for the Care Group to the meeting.</p> <p>Paula Shobbrook presented slides outlining the process for evidence and assurance. The MIS had ten safety standards and involved a significant amount of money for the Trust. She reported to the Board that there were very robust processes in place to ensure patient safety in maternity services.</p>

	<p>The safety standards were nominated to individuals within the service. Frances Jones had mapped to them working with the teams. There was technical guidance which had changed significantly over the year; each of the standards changed slightly each year. The process for assurance had been presented to the Quality Committee. Within each of the ten safety standards were a significant number of items upon which to be assured. These had been reviewed within the maternity team, with a deep dive with the Care Group team and a review undertaken by internal auditors.</p> <p>Frances Jones presented slides relating to staff working together and training together. She explained that much of the evidence had been scrutinized for some of the scheme standards. It also included anaesthetists, theatre staff and neo-natal colleagues. All such teams had faced significant staffing challenges in early 2022. In recognition of this, the MIS paused briefly, recommencing with new guidance in May 2022.</p> <p>Clarification had been sought on areas of ambiguity both with region and NHS Resolution. Much of the work was scrutinised as part of the CQC inspection before Christmas 2022. She outlined that as part of the Trust's declaration, the Trust would be required to inform NHS Resolution that the CQC report was still outstanding.</p> <p>Frances Jones presented slide with an overview of standards for Year 4 MIS and the summary position standard 8. She commented that at the end of December 2022, it was believed that the Trust had achieved compliance. All of the evidence was held and available to Board members. The Trust would declare non-compliance with two elements of 17 in the maternity specific training. Although the threshold had been met of all staff groups of 90% and above compliance, there were challenges with the recording the evidence.</p> <p>Summarising the position, Paula Shobbrook confirmed that she was supportive of the position outlined and recommended it to the Board. There would be a recommendation to put the training onto the BEAT system. The position would be shared with the LMNS following the Board meeting, with the position across Dorset being reviewed.</p> <p>She requested that the Board delegate responsibility to her, Caroline Tapster and Siobhan Harrington to make the submission.</p> <p>Caroline Tapster enquired about the consequences of not achieving all ten standards. Frances Jones outlined that to achieve the rebate, all ten domains had to be passed. Business cases could be put in to support remedial action. In some domains where the Trust had passed, it would be putting in action plans. This meant that the Trust was unlikely to receive the full rebate.</p> <p>Expressing support for the position proposed by Paula Shobbrook and the need to be open and honest in line with the Trust's duty of candour, Pete Papworth commented that the key point was learning from this. He enquired what percentage of the training compliance could be evidenced. Frances Jones explained that there was no "amber" in the submission. Paula Shobbrook that in the final rating, the point would be made that it was over 90% but could not all be evidenced. This was followed by general discussion about submitting "partial compliance".</p> <p>The Board APPROVED the process for evidence and assurance related to the Maternity Incentive Scheme and delegated authority to Paula Shobbrook, Caroline Tapster and Siobhan Harrington to make the submission.</p>
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<b>BoD 018/23</b>	<b>Enabling Accountability Framework</b> Mark Mould highlighted that there was further work in progress to update the Enabling Accountability Framework which would be brought back in February/March 2023. The Board APPROVED the Enabling Accountability Framework.
<b>BoD 019/23</b>	<b>Terms of Reference</b> The Board APPROVED the Terms of Reference for the Appointments and Remuneration Committee, Audit Committee, Charitable Funds Committee, Finance and Performance Committee, People and Culture Committee and Quality Committee.
<b>BoD 020/23</b>	<b>Composition of Board Committees</b> The Board APPROVED the Composition of the Board Committees.
<b>BoD 021/23</b>	<b>Policy Approvals: Managing Conflicts of Interest; Anti-Fraud, Bribery and Corruption Policy</b> The Board APPROVED the Managing Conflicts of Interest and Anti-Fraud, Bribery and Corruption Policies.
<b>BoD 022/23</b>	<b>Catering – Charity Business Case December 2022</b> Rob Whiteman drew attention to the Catering - Charity Business Case December 2022 not having yet been endorsed by Financial Planning Group or Charitable Funds Committee. The Board APPROVED the Catering – Charity Business Case December 2022 (and use of charitable funding).
<b>BoD 023/23</b>	<b>Update from Council of Governors</b> Sharon Collett commented upon the Council of Governors' strong appreciation of the Board and its calibre. She updated on recent Governor activity; a wide range of small group talks had been organised across the conurbation, including a variety of listening events and understanding health talks, concluding with a Christmas event designed not only to increase membership but also to secure feedback and bring festive cheer to the Royal Bournemouth Hospital. A theme from feedback secured, generally confirming what Governors already knew, was that members of the public did not yet understand urgent treatment centres. A vast majority remained under the impression that there would be no ED at Poole hospital. Concern had been expressed about moving the maternity provision and interest as well as scepticism about the new theatre block. The split of planned and emergency care caused anxiety linked with ambulance times and distance. Small things were also important, for example, what items can be purchased on sites. Members of the public were sanguine about the merger preferring smaller units such as Wimborne Victoria Hospital. However, the vast majority of people spoke highly of staff at all hospitals. All comments had been responded to by Governors with positivity, carefully addressing misconception and with leaflets. The Council of Governors was intent on aligning its activity with Trust priorities. Consideration was also being given to how to recruit staff governors in Medical and Dentistry and in Allied Health. Trust members as opposed to public feedback was challenging to secure. This opportunity was managed at the annual members' meeting and at health talks. The Council of Governors would look to other organisations in the

	<p>system for best practice and would continue to provide information to members in the monthly newsletter and other ways.</p> <p>Priorities included working within the integrated care system to secure feedback such as on population health.</p> <p>There was now a renewed Council of Governors, with nine new Governors welcomed and three who had returned.</p> <p>The Council of Governors was aiming to increase inclusivity; more opportunities to experience group and committee work were being considered. To further secure and utilise Governor views, building on Governor feedback in a “you said, we did” format was being utilised.</p> <p>Significant strengths included Governors’ gratitude for hospital experiences as a key motivator for seeking election and willingness to share skills, knowledge, expertise and time for the benefit of the Trust. Governors were showing a willingness to care and support for each other, for example, through the buddy system and social opportunities.</p> <p>Going forward, an area for improvement would be securing detailed public or member feedback and suitable presentation and analysis of it.</p> <p>She thanked all Governors and the Company Secretary Team for supporting their work.</p> <p>Rob Whiteman expressed thanks on behalf of the Board to Sharon Collett, Lead Governor and Michele Whitehurst, Deputy Lead Governor. He noted the distinction between the Board which had individual responsibilities, while the Council of Governors were a collective. It had been positive to hear about the Council of Governors’ teamwork.</p>
<b>BoD 024/23</b>	<p><b>Questions from the Council of Governors and Public</b></p> <p>Diane Smelt, Public Governor, had submitted the following question to the Board in advance of the meeting:</p> <p><i>According to the Integrated Performance Report diagnostic waits increased in December against the November position from 88.8% to 86.4% of all patients being seen within six weeks of referral. The imaging position within the Trust also deteriorated predominantly in December due to capacity in ultrasound and a reduction in cardiology CT and MRI scans. GPs have now been given authority to refer patients directly for CT and MRI scans which is a change in current practice. Can the Trust give an indication how this will work and give an assurance that the changes will not have an adverse effect on a) those patients already on the waiting list for a diagnostic test; and b) those patients yet to be referred for diagnostic tests by the Trusts own Consultants?</i></p> <p><i>Furthermore, is it intended to amend the IPR to reflect this change in practice with a view to highlighting any possible health inequalities because of these additional referrals from Primary Care Practitioners?</i></p> <p>Thanking Diane Smelt for this question, Mark Mould responded that GPs could not currently request CTs and MRIs but could request ultrasound. The Trust was working with primary care about when and how they would access capacity, which was expected to be a staged approach. It was expected that some of those patients waiting would be individuals who would receive direct access. He added that Ruth Williamson had undertaken excellent work developing community diagnostics. The Trust as part of the wider system had a number of developments regionally and nationally about increasing diagnostic capacity in Poole, Bournemouth and some community hospitals. Therefore, it was not expected to have a direct impact on people waiting, although would further improve the position giving sustainability in diagnostic waiting times.</p>

Diane Smelt, Public Governor, had also submitted the following question to the Board in advance of the meeting:

*The changes to Board Committees to allow two Governors to attend as Observers is very welcome. However, these Committees are not open to the Press and Members of the Public which could be argued is not in the public interest given that these committees are established to provide regular assurances to the Board and the Community it serves. The Board of NHS England's Quality Committees membership includes a number of Patient and Public Voice members. Their patient and public voice partners policy sets out how partners and people with lived experience are involved in the work that they do as NHS England consider their partnership with people and communities to be central to the way that the NHS works.*

*Working in partnership with people and communities is a new statutory guidance for ICB's, NHS Trusts and FT's which supports them to meet their public involvement legal duties and the new triple aim of better health and well being, improved quality of services and the sustainable use of resources.*

*Can the Board give an assurance that they are actively exploring additional ways of working in partnership with our Communities to fulfil their statutory duties and that both the Quality Committee and all Governors will be given the opportunity to be part of these discussions to involve people in their own health and care.*

Thanking Diane Smelt for the question, Rob Whiteman responded that, in general, Committee meetings were not held in public within NHS trusts. The work of the Committees was reported through to the Board, strengthened through the Committee assurance reports. Therefore, it was not an approach to which he would want to move, with sufficient transparency being achieved through the way in which Board meetings were conducted. The Trust was always looking for new ways to hear patient voices and he was keen to work with the Council of Governors collectively to hear the patient voice and patient experience reflected through when decisions were made.

Keith Mitchell, Public Governor, had submitted the following question to the Board in advance of the meeting:

*The death toll in England and Wales was the highest since February 2021 at the height of Covid. Senior doctors warned that "dangerous" A&E waits were killing hundreds of people. Dr Adrian Boyle, president of the Royal College of Emergency Medicine, defended analysis suggesting that 300 to 500 people a week are dying due to A&E delays, calling it a "conservative, cautious estimate". Are the non executive members of the Board assured that everything is being done at the Trust to minimise these deaths?*

Thanking Keith Mitchell for this question, Ruth Williamson drew attention to these being media headlines about excess deaths and ED waits. At the Trust, EDs were under pressure, but there were a range of interventions in place to mitigate the risks. If, for example, ambulances could not be unloaded in 15 minutes, there were operating procedures in place to mitigate the risks. She had been speaking with ED colleagues that day about audits around managing patients arriving at ED when there was a large influx at any one time

Noting the difficulty of the question and how assurance is gained varies from time to time, Cliff Shearman responded that although there had been the media reports of excess deaths, the causes were not clear and it was a complex area.



	<p>From the perspective of being assured as a Non-Executive Director, he commented upon the importance of listening to different sources of information, such as the responsiveness of the organisation. Mark Mould had provided some examples during the meeting about how the Trust had changed its business model as a result of pressures increasing in ED. This provided an element of assurance that people were aware of the risk to patients and were taking action.</p> <p>Cliff Shearman also highlighted examples of steps taken over a number of years including external reviews of improving flow through ED, different professional groups involved with patients and assessing them and the urgent treatment centre. These also provided assurance that the Trust was cognisant of the pressures and trying to change.</p> <p>He emphasised the enormous pressure upon staff working in ED who worked hard to deliver high quality care and the work in the organisation that Karen Allman had referenced earlier in the meeting to support staff.</p> <p>Also referencing the examples of the safety quality priorities, deteriorating patients and the role of the integrated care system, he commented upon the earlier discussions about work underway in relation to what happens before patients come to the Trust and after they leave.</p> <p>These various examples were among the means of obtaining assurance that the Trust took safety seriously.</p>
<b>BoD 025/23</b>	<p><b>Any Other Business</b></p> <p>There being no further business, the meeting was closed.</p>
<b>BoD 026/23</b>	<p><b>Resolution Regarding Press, Public and Others</b></p> <p>The Board APPROVED, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board, 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 nature of the business to be transacted.</p>
	<p><b>The date and time of the next Board of Directors Part 1 Meeting was announced as Monday 27 March 2023 at 13:15 via Microsoft Teams.</b></p>

Board Part 1 Action List - March 2023						
Meeting Date	Minute No.	Matter Arising / Action	Lead	Due Date	Progress	Status
30/03/2022	BoD 073/22	<b>Annual Board Effectiveness Report:</b> The annual board effectiveness report would be scheduled for a future Board meeting following the completion of Board Committee reviews	SL	<del>September 2022</del> March 2023	<p><b>November 2022:</b> Following the Committee Annual Reports presented to the Board in July 2022, the Board is in the process of reviewing its Committee structures (with external governance advisers engaged). It is proposed that following the Committee structures having been established that the Board Effectiveness Review be concluded at that time.</p> <p><b>March 2023:</b> Scheduled for March Part 1 Board meeting.</p>	Complete

## **CHIEF EXECUTIVE'S REPORT MARCH 2023**

As we emerge from the latest round of industrial action, I would like to thank all our staff and volunteers across UHD for what they continue to do each and every day, maintaining patient safety and caring for each other.

This month marks the end of the operational and financial year for the NHS. It has been a challenging time for us with the publication of our CQC reports in the last few weeks. These reports on our maternity, surgical and medical services reflect the pressure we faced across the system in autumn last year. I am very grateful to all colleagues for their response and reaction to these reports and for their approach to ensuring we create a movement for continuous improvement across UHD with Patient First. Further detail on these issues is included below.

Despite this backdrop, it is important to consider what we continue to achieve while also recovering from the pandemic, transforming our services and dealing with disruption from industrial action. In February we saw 31,234 patients in our outpatients department and an additional 6,892 virtually. We carried out 999 day-case procedures, supported the birth of 272 babies, attended 11,000 patients in ED, and started more than 187 patients on their radiotherapy journey, alongside caring for our 1100 patients in our beds.

- We are making progress on our operational plan for 2023-4.
- We have appointed our new chief medical officer, Dr Peter Wilson, who will begin work at the Trust on 3 April.
- The national Staff Survey results have seen an improvement in some significant areas around Equality Diversity and Inclusion (EDI) and there has been positive feedback about UHD managers and how much staff feel involved. Obviously, we still have areas to improve and these are being addressed. Further detail is included in the report.
- Recently we've managed to ensure no patient is waiting more than 104 weeks, which is a further milestone in our improvement.
- We have recently reviewed our care group structure and accountability. The new accountability framework will be presented to the next Trust Board meeting.

### **1. NATIONAL UPDATES**

#### **Workforce Race Equality Standard findings 2022**

The Workforce Race Equality Standard 2022 has recently been published for NHS Trusts. Key findings nationally identified significant continued differences in opportunities for black & minority ethnic staff. Agreement has been reached to have one equality, diversity and inclusion approach across the Dorset system and the ICB Chief People Officer is coordinating the implementation of the agreed South West strategy.

## **Dorset wide**

The Dorset ICP strategy has now been approved and will be considered by our first meeting of the UHD Population Health Committee.

The National Discharge team visit was held in February. We welcomed system partners with Lesley Watts the National Discharge Director for NHSE and also DHSC colleagues to discuss our current UEC challenges and discharge pathways for patients. Following the visit we have a system action plan which is being developed to help us improve our pathways across UHD and Dorset

Matthew Bryant has started as joint chief executive of Dorset County Hospital & Dorset HealthCare and we look forward to working closely with him in his new role. Matthew has come from his role as chief operating officer at Somerset NHS Foundation Trust.

## **2. PERFORMANCE**

### **Urgent & Emergency Care and Flow**

All Staff at UHD have continued to work to ensure our patients are kept safe during a very busy 'winter' period. January and February remained very busy with long waits in our Emergency Departments for beds.

UHD has reported against the pilot UEC standards since 2019 however we have now had formal notice this will cease and we will return to reporting the 4-hour ED standard from mid May 2023. This will be a challenging transition and we have a set of actions in place to support this. We have also now launched the 4-hour safety standard campaign with our communications team to ensure all are aware that they have an important part to play in delivering the 4-hour standard.

Pressure on our Emergency Pathways has meant that UHD has remained at OPEL 4 consistently for January and February. We have worked closely with the whole health and care system across Dorset, focussing on discharge and admission avoidance to alleviate the pressures within the emergency departments. We cancelled some elective operations in early January and have opened additional capacity across the trust.

At the time of writing, the Trust has not escalated to "critical incident" since the last report to the Board.

We are working with system partners to reduce the number of patients in UHD beds that are waiting for discharge, and have received significant investment into Dorset to support this.

With Dorset ICB we are developing plans for reinstating the local Discharge to Assess model (D2A) which will see patients leave hospital for care assessments rather than remain in hospital, this will have a significant impact on the number of patients medically fit in hospital. So far 20 local beds are supporting this scheme.

Internally we have made changes to our Health of the Ward bed management system, which will support discharge planning and accurate identification of patients leaving hospital (which will support flow management and planning). Currently well over 80% of our discharges are 'simple' discharges that do not require assessment or support after discharge and we are committed to supporting discharges earlier in the day, and increase the use of our discharge lounges. In January 180 patients used one of the

UHD discharge lounges, in February this rose to 271, and in the first 8 days of March this was 166.

### **Elective and Cancer Care**

As mentioned previously, we reached a key milestone to have no patients on the waiting list who have been waiting over 2 years for treatment, other than where the patient has chosen to wait. Teams are also working hard to minimise the waits over a year and a half (78 weeks) by the end of March and we are seeing a week on week reduction in our long waits.

We are maintaining our position as the best performing Trust in the South West for diagnostics performance and the Community Diagnostics Centre (CDC) programme which the ICB continues to gather momentum. The programme which was launched in October 2021 and has attracted considerable levels of investment from NHSE, will see the development of hub and spoke arrangements. The hub will be Poole hospital aligned to its role as the major planned care hospital in east Dorset; spokes will be in the following locations - Beales, Poole, South Walks House, Dorchester, Weymouth Community Hospital, and AECC Boscombe.

We continue to make progress on delivery of Cancer improvements and February saw the recovery of the Faster Diagnosis standard within the skin tumour site pathway and a further reduction in the number of patients breaching 62 days.

Industrial action at the beginning of the year has affected elective performance as the Trust focuses on staffing our Emergency Pathways and the time critical needs of patients..

## **3. FINANCE**

Whilst operational pressures remain considerable, the Trust reported a more positive financial position in month with a favourable budget variance of £2.1 million. This reduces the year to date adverse variance to £1.7 million. The Trust remains confident that this will be fully mitigated during March resulting in a small surplus for the year.

Our work to identify financial savings opportunities in support of the 2023/24 financial plan continues in earnest. The full budget recommendation will be presented to the Part II board for consideration and approval.

## **4. CARE QUALITY COMMISSION INSPECTIONS**

The Care Quality Commission (CQC) inspected three of our services in September and November 2022. These were medicine and surgery across Poole and RBH, and maternity at Poole. The reports were published on 10 March. Their findings are reflective of the challenges across the Trust.

We know our staff are working hard for our patients and each other so it has been difficult for everybody reading the reports. However, I do believe that the themes within the reports are able to be fixed. We have already put improvements in place and fixed some of the issues raised. We recognise though that there is more to do and will ensure we take the actions needed.

Moving forward, we will be asking for focus on compliance with standards, managing and reducing risks and strengthening our governance. We recognise this requires

strong visible leadership across the trust, where people feel safe to speak up and where we have a shared vision for the future about our services for patients and our staff.

A series of staff webinars are being held to provide an opportunity for staff to discuss the reports and the improvements made and we will continue with our staff engagement.

## **5. PATIENT FIRST**

“Let’s have a conversation about Patient First” sessions for staff took place at the end of February with a combination of face to face and virtual sessions. Attendance was good particularly via the virtual sessions. The rationale why this approach was being undertaken resonated with the attendees. Further sessions are planned.

The programme is on target and communication and engagement activities are well supported from a variety of staff groups. This is a transition year where we are training our staff and aligning how we move to the Patient First approach.

## **6. WORKFORCE**

Industrial action continues with the post graduate doctors in training taking strike action on 13, 14 and 15 March. There are national talks between the Government and other trades unions and we hope to see a resolution shortly.

Our work to recruit additional staff has resulted in additional staff being recruited:

- Healthcare Support Workers 133 conditionally offered posts
- Recruitment is underway for 80 Internationally Educated Nurses to arrive in the Trust in 2023
- 4 International Midwives have been offered posts in March. A further 8 will join later in the year, supported through national funding.
- Trainee Nurse Associate apprenticeships have begun, seven of which were existing UHD employees.

Our newly formed UHD Women’s Network hosted a staff event with external speakers to celebrate International Women’s Day on 8 March.

Our first UHD Staff Awards Ceremony will be held on Thursday 15 June at The Pavilion, Bournemouth, with a ‘go live’ launch date for staff nominations across a broad range of categories planned towards the end of March.

I also would remind staff to consider their own wellbeing and utilise the support services we have available. These are all available to access through both our staff intranet and our staff app.

## **7. TRANSFORMING OUR BUILDINGS**

Getting the right travel solutions for staff is important as a new Trust particularly when some services move between Bournemouth and Poole hospitals. Asking for input

from staff will ensure that staff voices can help us shape the future of travel across UHD and make good decisions on transport investments.

Catering teams are now beginning to work through the changes for our sites. The Oasis café has now closed and a newly refurbished Atrium café has been opened on the Royal Bournemouth site. I'd like to offer my thanks to the catering staff who are continuing to work towards our new offering whilst continuing to feed our patients and staff.

Staff and patients will see across the Royal Bournemouth site a number of works underway, including electrical services, oxygen supplies, and the creation of a cycle hub and better entrances for disabled access. Our estates team would like to thank everyone for their patience and support to build a better UHD.

Other works are also underway for bigger changes in the coming months, especially affecting cardiac, stroke and complex older people's care, Poole theatres and pathology.

**8. STEP DOWN OF DR RUTH WILLIAMSON, ACTING CHIEF MEDICAL OFFICER**

Dr Ruth Williamson will be stepping down from the role of Acting Chief Medical Officer at the end of March. Ruth has provided enthusiasm and laser focus on some of our most important challenges including medical staffing transformation amongst others. On behalf of the Trust Board and Trust Management Group I'd like to thank her for her unwavering support for UHD over the last year. She will continue to be involved in the medical leadership at the Trust.

**9. UHD STAFF EXCELLENCE AWARDS**

We continue to receive nominations for the Staff Excellence Awards and the following staff have been identified as going above and beyond in their duties. Recent recipients have been:

Paul Bolton – Infection Prevention and Control

Dermatology Team

Louisa Way – Clinical Practice Team

Lukasz Barwinski – IT Desktop Technician

**10. INTEGRATED CARE BOARD (ICB)**

I attended the ICB meeting which took place on 3 November 2022. The approved minutes of the meeting are included in the reading room.

**Minutes of the meeting of the ICB Board – Part 1 - Public  
of NHS Dorset  
Thursday 5 January 2023 at 10am  
Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TG  
and via MS Team**

<b>Members Present:</b>		
	Jenni Douglas-Todd (JDT)	ICB Chair
	John Beswick (JB)	ICB Non-Executive Member
	Cecilia Bufton (CB)	ICB Non-Executive Member
	Jonathon Carr- Brown (JCB)	ICB Non-Executive Member
	Dawn Dawson (DD)	Acting Chief Executive Dorset Healthcare NHS Foundation Trust and ICB NHS Provider Trust Partner Member
	Siobhan Harrington (SH)	Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member
	Paul Johnson (PJ)	ICB Chief Medical Officer
	Patricia Miller (PM)	ICB Chief Executive
	Rob Morgan (RM)	ICB Chief Finance Officer
	Karen Rampton (KR) (Virtual)	Local Authority Partner Member (East) Nominated Deputy for Drew Mellor
	Debbie Simmons (DSi)	ICB Chief Nursing Officer
	Manish Tayal (MT)	Interim Non-Executive Member
	Kay Taylor (KT)	ICB Non-Executive Member
	Forbes Watson (FW)	GP Alliance Chair, Primary Care Partner Member
	Dan Worsley (DW)	ICB Non-Executive Member
<b>Invited Participants Present:</b>		
	Neil Bacon (NB)	ICB Chief Strategy and Transformation Officer
	Louise Bate (LBa) (virtual)	Manager, Dorset Healthwatch
	David Freeman (DF)	ICB Chief Commissioning Officer
	Dawn Harvey (DH)	ICB Chief People Officer
	Nick Johnson (NJ) (virtual)	Interim Chief Executive Officer, Dorset County Hospital NHS Foundation Trust
	Karen Loftus (KL) (virtual)	Chief Executive, Community Action Need
	Matt Prosser (MP)	Chief Executive, Dorset Council
	Andrew Rosser (AR)	Chief Finance Officer, SWAST
	Ben Sharland (BS)	Primary Care Participant
	Jon Sloper (JS)	Chief Executive, Help and Kindness
	Stephen Slough (SS)	ICB Chief Digital Information Officer
	Dean Spencer (DSp)	ICB Chief Operating Officer
<b>In attendance:</b>		
	Frances Aviss (FA) (for ICBB23/005) (virtual)	ICB Senior Public Engagement Lead
	Liz Beardsall (LBe) (minutes)	ICB Company Secretary
	Kirsty Hillier (KH) (for item ICBB23/005) (virtual)	ICS Communications Lead
	Fran Pingarelli (FP) (for ICBB23/012)	ICB Workforce Redesign Lead



	Sarah Smith (SSm) (observing)	Deputy Chief Finance Officer
	Natalie Violet (NV)	Business Manager to the ICB Chief Executive
<b>Public:</b>		
	1 member of the public in attendance 8 members of the public via Livestream	
<b>Apologies:</b>		
	Sam Crowe (SC)	Director of Public Health Dorset
	Graham Farrant (GF)	Chief Executive, Bournemouth, Christchurch and Poole Council
	Spencer Flower (SF)	Leader Dorset Council and ICB Local Authority Partner Member (West)
	Leesa Harwood (LH)	ICB Associate Non-Executive Member
	Drew Mellor (DM)	Leader Bournemouth, Christchurch and Poole Council and ICB Local Authority Partner Member (East)

**ICBB23/001 Welcome, apologies and quorum**

The Chair declared the meeting open and quorate. There were apologies from Sam Crowe, Graham Farrant, Spencer Flower, Leesa Harwood and Drew Mellor.

**ICBB23/002 Conflicts of Interest**

There were no conflicts of interest declared in the business to be transacted on the agenda.

**ICBB23/003 Minutes of the Part One Meeting held on 3 November 2022**

The minutes of the Part One meeting held on 3 November 2022 were agreed as a true and accurate record.

**Resolved: the minutes of the meeting held on 3 November 2022 were approved.**

**ICBB23/004 Action Log**

The action log was considered and approval was given for the removal of completed items. It was noted that all items were complete or in hand.

**Resolved: the action log was received, updates noted and approval was given for the removal of completed actions.**

**ICBB23/005 Board Story: 100 Conversations**

The Chief People Officer introduced the Board Story video presentation on the 100 Conversations project. The video shared the experiences of three members of the community, the key themes that the 100 Conversations had raised and how these had shaped the priorities in the ICP Strategy. The next stage would be to work on co-designing solutions to the themes raised.

Kirsty Hillier, ICS Communications Lead, and Frances Aviss, ICB Senior Public Engagement Lead, joined the meeting to discuss the video with the Board.

The Board welcomed the opportunity to hear from participants in the 100 Conversations project and discussed the need to:

- Simplify access to, and navigation through, the system
- Personalise services where possible, noting the requirement to balance this with the need for pathways
- Close the feedback loop to those people who had participated in the conversations
- Embed solutions in the community and resist medicalising social issues
- Look at solutions at a place/community/neighbourhood level
- Consider how these issues felt for the workforce in the system
- Communicate with the community about what is going well, to counter the negative media narrative about health and social care
- Equip the workforce so they can assist people in accessing the right services and information
- Embed the 100 Conversations approach across all partners, so that services can be co-designed around people's needs.

The ICB Chief Strategy and Transformation Officer noted the importance of a single point of access for all services and offered to take ownership of this from the transformation perspective. He would bring a proposal back to the Board.

**ACTION: NB**

It was noted that the national deadline for the Forward Plan had been moved to June, but it had been agreed locally to work towards the original deadline of March. The Forward Plan would be discussed at the Board Development Session in February to enable the Board to feed into the planning process.

The Board thanked the team for all their work on the 100 Conversations and asked for the Board's thanks to be fed back to all the participants from the community.

**Action: FA, KH**

**ICBB23/006**

#### **Chief Executive Officer's Report**

The ICB Chief Executive Officer (CEO) introduced the previously circulated CEO's Report, which was taken as read. Highlights included:

- Steve Barclay's reinstatement as Secretary of State for Health and Social care. The ICB CEO and Chair had a very positive meeting with him before Christmas
- An update on the Hewitt Review, including the CEO's involvement
- Details of upcoming planned industrial action and reflections on the impact of action in December
- The allocation of the £500 million Adult Social Care Fund, and the related requirement to reduce No Criteria to Reside patient numbers
- The operating model for the ICB was nearly finished and this would be brought to Board shortly for sign-off.
- The work on the Forward Plan was on track and would be shared with Board at the February Board Development Session
- Positive updates from the GP Alliance, provider partners, ambulance trust and local authorities were noted.

In relation to GP direct access to diagnostic scans, the ICB Chief Operating Officer would meet with the Primary Care Partners to discuss the position in Dorset further.

**ACTION: DSp, BS, FW**

In response to the CEO's Report, the Board discussed the hot-desking opportunities at the Department of Health; the lack of reference in the 2023/24 planning guidance to workforce and the guidance that was expected later in the year on workforce strategy; the challenges faced by the ambulance workforce; and the need to manage expectations and communications with the community.

**Resolved: the Board noted the Chief Executive Officer's Report.**

**Items for Decision**

**ICBB23/007**

**Quality and Safety Committee and Risk and Audit Committee Workplans and Committee Terms of Reference**

The Company Secretary asked the Board to approve the workplans for the Quality and Safety and Risk and Audit committees, which had been approved by the respective committees. The Board was also asked to approve an amendment to the Terms of Reference for the regular Board committees to reflect that the meetings were now being held bi-monthly rather than monthly.

The Chair of the Risk and Audit Committee confirmed that advice on the workplan had been taken from external and internal audit, as well as from management. The workplan would be reviewed and revised as necessary for the next financial year.

**Resolved: The Board approved the Quality and Safety Committee and Risk and Audit Committee workplans, and approved the amendment to the regular Board committees' Terms of Reference.**

**Items for Noting/Assurance/Discussion**

**ICBB23/008**

**Quality Report**

The ICB Chief Nursing Officer introduced the previously circulated Quality Report, which had previously been discussed in detail at the Quality and Safety Committee (QSC). This was a new version of the report, which would evolve to provide the QSC and Board with relevant quality and risk information. Areas highlighted included the continued focus on maternity services, the completion of the section 11 audit for health, the action plan relating to initial health assessments, Care Quality Commission (CQC) visits to University Hospitals Dorset (UHD) and positive progress with quality improvement initiatives.

The ICB Chief Nursing Officer offered to support the UHD CEO with using the Dorset Intelligence & Insight Service (DIIS) to drill down into the data underpinning the Quality Report.

**ACTION: DSi/SH**

The Board discussed the CQC visits at UHD and the impact, consistency and proportionality of CQC visits during this period of significant challenge, noting the importance of maintaining high standards even in times of pressure.

**Resolved: the Board noted the Quality Report.**

**ICBB23/009**

**Performance Report**

The ICB Chief Operating Officer introduced the previously circulated Performance Report, highlighting the differences between November, which had seen performance improving, and December which had been negatively impacted by cold weather, industrial action and pressure over the Christmas period. The current performance for 104 and 78 weeks waits were noted, as was the positive performance against the cancer standards and the improving productivity in diagnostics. The challenges regarding ambulance standards and No Criteria to Reside (NCTR) patients were also noted.

The Board discussed performance for the children and young people's eating disorder service and mental health service (CAHMS). It was noted that there would be a deep dive on mental health performance at the next ICB Finance and Performance Committee meeting. The Interim CEO Dorset HealthCare offered to bring a deep dive on the eating disorder service figures to the next Board meeting.

**ACTION: DD**

The ICB Chief Commissioning Officer provided a brief update on the mental health teams in schools programme and offered to bring further report on CAHMS to the next Board meeting (following discussion at the System Executive Group).

**ACTION: DF**

The Board discussed the issue of ambulance handover times, noting the range of factors that contributed to this, and that it was a symptom of other pressures on flow in the system. The need for a faster rate of change to address pathway problems was discussed, and the Board agreed that a test-and-learn culture needed to be encouraged, where people could 'fail safely' and the speed of change could be accelerated as a result.

There was a brief discussion of the Winter Plan (included in the circulated Board papers as a consent item), noting that the three workstreams in the plan supported managing the current pressures and planning for the future.

The Chair requested that Cllr Karen Rampton liaise with the ICB Chief Commissioning Officer regarding the Raizer emergency lifting chairs programme and its impact on reducing ambulance calls.

**ACTION: KR/DF**

*Paul Johnson and Dean Spencer left the meeting.*

**Resolved: the Board noted the Performance Report.**

**ICBB23/010**

**Finance Report**

The ICB Chief Finance Officer introduced the previously circulated Finance Report, which summarised the financial position of the Integrated Care System (ICS) at November 2022 and incorporated month 8 reporting for ICS providers and NHS Dorset. At month 8 the ICS was reporting a deficit of £23.2m against breakeven plans submitted to NHS England: £13.2m relating to Dorset ICB and £10.0m relating to NHS providers. There were some signs of improvement regarding cost pressures, but prescribing, independent sector providers, personal health commissioning and agency spend remained key cost pressures.

It was noted that a further discussion would be held in the Part Two ICB Board meeting about the current financial position.

**Resolved: the Board noted the Finance Report.**

**ICBB23/011**

**International Recruitment Update**

The ICB Chief People Officer drew the Board's attention to the previously circulated update on international recruitment, following on from the Board Story video in November. The report provided an overview on the international recruitment work across the ICS and demonstrated how partners addressed issues which impacted on the experience of internationally recruited colleagues.

The large amount of work which had been done to improve the experience of overseas recruits since 2018 was noted especially regarding pastoral support, accommodation, integration, education and career progression. However challenges remained around issues including the cost of accommodation in Dorset, transport in rural areas, and the UK cost of living. Some, but not all, of these could be addressed in the ICS's longer-term planning. The ambition was to look to reduce reliance on international recruitment and the People Plan would look to balance the need for international recruitment and opportunities for local recruitment.

It was noted that retention of overseas recruits was not deemed to be an issue, however it was difficult to extract data on this metric from the overall retention data.

The CEO Dorset Council reported that a date had now been set for a round-table discussion regarding housing, as had been discussed at the previous ICB Board meeting in relation to overseas recruitment.

The Board discussed the ambition for a system wide approach to pastoral support, the importance of learning from colleagues from collectivistic societies; the need to influence the national requirements around international recruitment; how the system could position itself as a leader in this work; and how the system's successes to date could be used to further promote the Dorset system as a good place to work.

**Resolved: the Board noted the International Recruitment Update.**

**ICBB23/012**

**System Workforce Race Equality Standards and Workforce Disability Equality Standards Deep Dive**

The ICB Chief People Officer referred the Board to the previously circulated System Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) Deep Dive. The meeting was joined by Fran Pingarelli, ICB Workforce Redesign Lead, who co-authored the paper with Emma Hallett, ICS System Equality, Diversity and Inclusion Lead.

The report, which had been discussed in detail at the ICB People and Culture Committee, provided a baseline position to inform the priorities in the People Plan. The Board agreed that the report made for sobering reading and there was much work to be done. There was a need for a cultural step-change to ensure a compassionate and inclusive culture across the ICS.

The positive impact of work at Dorset County Hospital in 2020/21 demonstrated that positive change was possible and that Dorset could become a leading system in this work. This ambition would require a commitment from the ICB Board members to a common approach to equality, diversity and inclusion (ED&I). It was noted that discussion on the possibility of a proactive anti-racist statement would form part of the People Plan work.

The Board supported having a consistent, system-wide approach to ED&I and the Board noted its appetite to be a leading system in this work

*Louise Bate left the meeting.*

**Resolved: the Board noted the System Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) Deep Dive to inform the People Plan, and committed to having a consistent, system-wide approach to equality, diversity and inclusion.**

#### ICBB23/013

##### **Reading the Signals Update**

The ICB Chief Nursing Officer drew the Board's attention to the previously circulated report which provided an overview of Reading the Signals Report of the independent investigation into maternity and neonatal services in East Kent and outlined the Dorset Local Maternity and Neonatal System (LMNS) next steps in response. Delivery of the actions was being overseen by the LMNS, in addition to a regional return on monthly basis.

It was noted that the two Dorset providers had done well in delivering on the actions arising from the first Ockenden Report. A template and national timescale for delivery was awaited from NHS England regarding the actions arising from Ockenden Two and Reading the Signals, but the system had already commenced work.

The cultural issues raised in the Reading the Signals report were discussed. The Board noted that a range of assurance measures, including Insight visits, incident reporting and serious incident panels, were in place to ensure that similar cultural failings did not arise in Dorset. It was noted that the increased risks for those from Black, Asian and mixed ethnic groups and those living in the most deprived areas were addressed

in the Maternity Equity and Equality Action Plan which would be discussed in the Part Two ICB Board meeting.

The Board welcomed the news of the recruitment of an ICB Deputy Director of Maternity and Perinatal Services, which would provide additional assurance on these matters.

**Resolved: the Board noted the Reading the Signals Update.**

**Items for Consent**

The following items were taken without discussion.

**ICBB23/014 Dorset ICS Quality Framework**

**Resolved: the Board noted the Dorset ICS Quality Framework.**

**ICBB23/015 Dorset ICS Winter Plan**

**Resolved: the Board noted the Dorset ICS Winter Plan.**

**ICBB23/016 Emergency Planning Annual Report for 2022**

**Resolved: the Board noted the Emergency Planning Annual Report for 2022.**

**ICBB23/017 Bournemouth, Christchurch and Poole Council Special Educational Needs and Disabilities Joint Commissioning Plan 2022-23**

**Resolved: the Board noted the Bournemouth, Christchurch and Poole Council Special Educational Needs and Disabilities Joint Commissioning Plan 2022-23.**

**ICBB23/018 Questions from the Public**

No questions were received in advance of the meeting from members of the public.

**ICBB23/019 Any Other Business**

There was no other business discussed.

**ICBB23/020 Key Messages from the Meeting**

The Chair summarised the key messages from the meeting as:


- The importance of adopting a consistent, system-wide approach to the WDES and WRES work, influencing national policy and learning from partner organisations, to ensure that Dorset ICS was a leading organisation in this work.
- The importance of developing a test-and-learn culture, and the role of the Board members in role-modelling this behaviour.

**ICBB23/021 Date and Time of Next Meeting**

The next meeting of the ICB Board would be held on Thursday 2 March 2023 at 10am, in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset DT1 1TG

**ICBB23/022 Exclusion of the Public**

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

Signed by: 

Jenni Douglas-Todd, ICB Chair

Date: 2 March 2023

Approved



## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 March 2023**

### Agenda item: 7.1

<b>Subject:</b>	Operational Performance
<b>Prepared by:</b>	Executive Directors, Alex Lister, Sophie Jordan, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Irene Mardon, Jo Sims, Andrew Goodwin
<b>Presented by:</b>	Mark Mould, Chief Operating Officer

<b>Strategic Objectives that this item supports/impacts:</b>	Continually improve quality <input checked="" type="checkbox"/> Be a great place to work <input checked="" type="checkbox"/> Use resources efficiently <input checked="" type="checkbox"/> Be a well led and effective partner <input checked="" type="checkbox"/> Transform and improve <input checked="" type="checkbox"/>
<b>BAF</b>	Trust Integrated Performance report February 2023 - Appendix A
<b>Purpose of paper:</b>	Assurance
<b>Executive Summary:</b>	<p>Continuing pressure across the Urgent &amp; Emergency care pathway further impacted by industrial action in February 2023. Ambulance handover delays in January 2023 improved but hours lost remain high. Continuing challenges with 'No Reason to Reside' (NRTR) linked to the increase in bed pressure and crowding in the emergency departments, contributing to overall high bed occupancy. Community and hospital associated cases of COVID-19 in Dorset remain variable and seasonal Flu had increased with a steady reduction in January 2023. Impact on reduced hospital flow has the potential to impact on patient safety, experience, increased cancellations and industrial action days. Workforce availability to meet escalating capacity levels, that driving increased agency costs and staff wellbeing. Impact on hospital reputation and increased challenge to elective care recovery as a result of having to more capacity aside for emergency /urgent care response. The impact this may have on the fundamentals of care.</p>
<b>Background:</b>	<p>The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into an area of interest for additional information and scrutiny.</p> <p>As part of our commitment against the CQC Well-Led Framework we continue to develop the format and content of the IPR by:</p>

	<ul style="list-style-type: none"><li>Extending best practice use of Statistical Process Control (SPC) Charts.</li><li>Greater focus on breakthrough indicators.</li><li>Providing SPC training to operational leads who compile the narrative against the data included within the report.</li><li>Linking the structure of the report to the delivery of our strategic objectives.</li></ul>																																													
Urgent & Emergency Care (2 Advise)	<p><b>Strategic objective: To continually improve the quality of care</b></p> <p><b>Advise (1): Time lost to ambulance handover delays and handovers&gt;60 minutes – remains above trajectory</b></p> <p><b>Advise (2): 2023/24 planning requirement on Emergency Department 4 Hour performance</b></p> <ul style="list-style-type: none"><li>Increased activity managed within the Trust’s emergency departments on a daily basis. Almost 12,000 ED attendances in February 2023; 45 per day more across UHD than seen in January.</li><li>The number of patients waiting over 12 hours in ED increased, and those waiting more than 12 hours after a Decision to Admit also increased.</li><li>Ambulance conveyances decreased at both RBCH and Poole and there was a significant decrease in ambulance handover delays.</li></ul> <p><i>(colours based on change from last month)</i></p> <table><tr><th></th><th></th><th colspan="3">Feb-23</th></tr><tr><th>Standard</th><th>Aim</th><th>Poole</th><th>RBCH</th><th>Combined</th></tr><tr><td colspan="5"><b>Operational (Field testing standards)</b></td></tr><tr><td>Mean time in the dept</td><td>200 mins</td><td>377</td><td>368</td><td>372</td></tr><tr><td>Time to Initial Assessment</td><td>15 mins</td><td>8</td><td>22</td><td>15</td></tr><tr><td>12 Hour ED Waits</td><td>0</td><td>714</td><td>729</td><td>1443</td></tr><tr><td colspan="5"><b>Internal Care Standards</b></td></tr><tr><td>Time to first clinician seen (RBCH: to Dr seen )</td><td>60 mins</td><td>147</td><td>184</td><td>166</td></tr><tr><td>Mean Clinically Ready To Proceed to Leave Dept</td><td>60 mins</td><td>391</td><td>233</td><td>315</td></tr></table> <p>The recovery plan to reintroduce the 4-hour standard by 1 April 2023 has commenced.</p>			Feb-23			Standard	Aim	Poole	RBCH	Combined	<b>Operational (Field testing standards)</b>					Mean time in the dept	200 mins	377	368	372	Time to Initial Assessment	15 mins	8	22	15	12 Hour ED Waits	0	714	729	1443	<b>Internal Care Standards</b>					Time to first clinician seen (RBCH: to Dr seen )	60 mins	147	184	166	Mean Clinically Ready To Proceed to Leave Dept	60 mins	391	233	315
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Occupancy, Flow & Discharge (1 Alert)	<p><b>Strategic objective: To continually improve the quality of care</b></p> <p><b>Alert: Medically Ready to Leave (MRTL) - reduction delivered is not at a level to achieve reduction in funded bed occupancy</b></p> <ul style="list-style-type: none"><li>Both sites continued to maintain escalation beds open in February 2023. Occupancy remains at an average of 94.1% across UHD (up 1 % over January 2023), however has often exceeded 100% on a single site, with OPEL 4 being declared across UHD consistently and patients waiting in ED for admission.</li><li>There was an average of 244 patients MRFD occupying beds across both sites in February 2023; 22 more than January 2023 a significant number of patients waiting for local authority interventions (assessments &amp; brokerage), intermediate care, community hospital placements and self-funding support. The</li></ul>																																													

	<p>Trust's discharge processes and systems are also reviewed daily to minimise internal delays.</p> <ul style="list-style-type: none"><li>• In partnership across Dorset we are developing plans for reinstating the local Discharge to Assess model (D2A) which will see patients leave hospital for Care Act assessments outside of hospital. So far 20 local beds are supporting this scheme.</li><li>• UHD and the Dorset ICB have welcomed Lesley Watts, national SRO for discharge in February 2023 and a 12-point action plan is being developed as a result of the feedback from this visit (Dorset wide).</li></ul>																								
Surge, Escalation and Ops Planning	<p><b>Strategic objective: To continually improve the quality of care</b></p> <ul style="list-style-type: none"><li>• UHD has seen challenges with both COVID and Norovirus which is challenging to both flow and discharges (providers will not accept patients from wards with norovirus).</li><li>• Both sites remain escalated with additional beds open, however the total number has been reduced from January 2023.</li><li>• January and February 2023 have seen a number of strikes that have affected UHD and required focus of staffing and available resources on our Emergency Pathways, and the cancellation of elective programmes. Our Incident Control Centre (ICC) has been formally stood up to manage the impact of Industrial Action</li><li>• The UHD Timed Admission and Discharge (TAD) process continues alongside a move to centralise the bed management model to improve Co-ordination of capacity.</li></ul>																								
Referral to Treatment (RTT) (1 Advise, 1 Assurance)	<p><b>Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services</b></p> <p><b>Advise: Reduction seen in elective long waiters over 78 weeks – Tracking reduction but not yet at 0.</b></p> <p><b>Assurance: Delivery of 104 zero position at end of February 2023.</b></p> <table><tr><th>Planning requirement</th><th>Jan 23</th><th colspan="2">February 23</th></tr><tr><td>Referral to treatment 18-week performance</td><td>55.4%</td><td>55.31% ▼</td><td>National Target 92%</td></tr><tr><td>Eliminate &gt; 104 week waits</td><td>10</td><td>0 ▼</td><td>Plan Trajectory 0 by February 23</td></tr><tr><td>Reduce &gt;78 week waits to zero</td><td>395</td><td>274 ▼</td><td>Trajectory 95 by February 2023</td></tr><tr><td>Hold or reduce &gt;52+ weeks</td><td>3,565</td><td>3,861 ▲</td><td>Trajectory 2,559 by February 2023</td></tr><tr><td>Stabilise Waiting List size</td><td>71,230</td><td>72,522 ▲</td><td>Increase of 1,292 v January 2023</td></tr></table> <ul style="list-style-type: none"><li>• The Trust successfully eliminated elective waits over two years at the end of February 2023 and continues to deliver a reduction in 78 week waits.</li></ul>	Planning requirement	Jan 23	February 23		Referral to treatment 18-week performance	55.4%	55.31% ▼	National Target 92%	Eliminate > 104 week waits	10	0 ▼	Plan Trajectory 0 by February 23	Reduce >78 week waits to zero	395	274 ▼	Trajectory 95 by February 2023	Hold or reduce >52+ weeks	3,565	3,861 ▲	Trajectory 2,559 by February 2023	Stabilise Waiting List size	71,230	72,522 ▲	Increase of 1,292 v January 2023
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Hold or reduce >52+ weeks	3,565	3,861 ▲	Trajectory 2,559 by February 2023																						
Stabilise Waiting List size	71,230	72,522 ▲	Increase of 1,292 v January 2023																						

	<ul style="list-style-type: none"><li>Non-elective pressures, acuity, higher than optimal bed occupancy and high numbers of no criteria to reside patients continued to impact the elective bed base in February 2023.</li><li>Cancelled elective (outpatient, day case and inpatient) activity due to industrial action further impacted on the Trust's ability to deliver a reduction in the RTT waiting list. The operational teams have reprofiled or created additional elective capacity in order to rebook patients displaced or delayed due to industrial action.</li><li>The Trust's waiting list validation programme continues to run alongside operational delivery to ensure teams are working with a validated waiting list.</li><li>All efficiency markers for theatre utilisation were down in February 2023 due to cancellations and the impact of industrial action. The theatre utilisation rate delivered was 75% against a plan for 82%, highlighting the impact of bed pressures and an increase in 1-2-day prior cancellations.</li><li>Surges in fractured neck of femur presentations, industrial action and high demand resulted in a deterioration against the NHFD Best Practice Tariff target and quality target for Trauma Orthopaedics; with 47.5% of patients achieving surgery within 36 hours of being fit for surgery.</li></ul>																														
Cancer Standards (1 Advise)	<p><b>Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services</b></p> <p><b>Advise: January 2023 validated cancer performance shows a decrease in performance for Faster Diagnosis and 62day cancer standards compared to December 2022. Whilst the number of patients waiting 63 days or more for treatment after referral for suspected cancer is reducing.</b></p> <ul style="list-style-type: none"><li>Higher than pre-Covid rates of referrals continue to challenge delivery of improvement in the performance standards.</li><li>Loss of capacity by industrial action and bed capacity in month. In line with this the number of patients over 62 days on the PTL increased to 301 in January 2023, compared with 241 in December 2022.</li></ul> <table><tr><th>KPI</th><th>Q1 22/23</th><th>Q2 22/23</th><th>Q3 22/23</th><th>Jan 23 FINAL</th></tr><tr><td>ED Presentation</td><td>73</td><td>121</td><td>76</td><td>29</td></tr><tr><td>FDS* (Current) <i>Target 75%</i></td><td>70.2%</td><td>63.7%</td><td>63.5%</td><td>65.0%</td></tr><tr><td>62 Day* (Current) <i>Target 85%</i></td><td>71.4%</td><td>68.5%</td><td>65.7%</td><td>63.6%</td></tr><tr><td>31 Day* (Current) <i>Target 96%</i></td><td>97.4%</td><td>97.4%</td><td>97.4%</td><td>94.9%</td></tr><tr><td>Screening* (Current) <i>Target 90%</i></td><td>82.4%</td><td>94.0%</td><td>83.7%</td><td>67.5%</td></tr></table> <ul style="list-style-type: none"><li>Scheduling of additional clinics for colorectal, gynae and urology to address 2ww slot requirements has been extended for the remaining months in the Quarter.</li></ul>	KPI	Q1 22/23	Q2 22/23	Q3 22/23	Jan 23 FINAL	ED Presentation	73	121	76	29	FDS* (Current) <i>Target 75%</i>	70.2%	63.7%	63.5%	65.0%	62 Day* (Current) <i>Target 85%</i>	71.4%	68.5%	65.7%	63.6%	31 Day* (Current) <i>Target 96%</i>	97.4%	97.4%	97.4%	94.9%	Screening* (Current) <i>Target 90%</i>	82.4%	94.0%	83.7%	67.5%
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	<ul style="list-style-type: none"><li>Improvement work continues, led by the Trust's Corporate Cancer Team, working in partnership with the Care Groups to embed escalation processes that provide a focus on the avoidance of 62 day breaches.</li></ul> <p><b><u>Looking forward</u></b></p> <ul style="list-style-type: none"><li>February's FDS performance has improved and is currently at <b>71%</b>. This is a <b>6.6%</b> improvement from January 2023 to date.</li><li>The over 62D PTL has reduced for 7 consecutive weeks. There are now 234 patients over 62D which is 14 patients away from our March 2024 target.</li><li>62 weeks remains challenged at 60.5%.</li></ul>										
<b>DM01 (Diagnostics report)</b>	<p><b>Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services</b></p> <p><b>Advise: UHD continues to achieve the best performance in the SW for diagnostics (DM01) in February (7.4%) – Number of patients are waiting 6 weeks or more for a diagnostic test.</b></p> <ul style="list-style-type: none"><li>The DM01 standard has achieved 92.6% of all patients being seen within 6 weeks of referral, 7.4% of diagnostic patients seen &gt;6weeks.</li></ul> <p><b><i>1% of patients should wait more than 6 weeks for a diagnostic test</i></b></p> <table><tr><th>December</th><th>Total Waiting List</th><th>&lt; 6weeks</th><th>&gt; 6 weeks</th><th>Performance</th></tr><tr><td>UHD</td><td>11,040</td><td>10,224</td><td>816</td><td><b>7.4%</b></td></tr></table> <p><b><u>UHD remain the top performing Trust for diagnostic in the south-west region.</u></b></p>	December	Total Waiting List	< 6weeks	> 6 weeks	Performance	UHD	11,040	10,224	816	<b>7.4%</b>
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UHD	11,040	10,224	816	<b>7.4%</b>							
<b>Stroke Performance</b>	The Stroke (SSNAP) quarterly clinical and organisational audit indicator score for quarter 3 was C.										
<b>Elective Recovery Actions</b>	<p><b><i>Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:</i></b></p> <ul style="list-style-type: none"><li><b>A Theatre improvement programme</b> - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres.</li><li><b>Outpatient Enabling Excellence and Transformation programmes</b> - including three elements: 'back to basics' outpatient improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients; Digital Outpatients transformation, and speciality led outpatient reviews of capacity and utilisation.</li><li><b>Diagnostics recovery:</b> Endoscopy, Echocardiology and imaging.</li><li><b>Cancer recovery and sustainability:</b> Developing a sustainability plan to improve Cancer Waiting Times across 6</li></ul>										

	<p>priority tumour sites which aligns with the Dorset Cancer Partnership objectives.</p> <ul style="list-style-type: none"><li>• <b>Data and validation optimisation:</b> Ensuring access to the best quality data for elective care delivery and planning.</li></ul>																																																												
<b>Health Inequalities</b>	<p><b>Strategic objective: To transform and improve our services in line with the Dorset ICS Long Term Plan</b></p> <p>The Dorset Intelligence &amp; Insight Service (DiiS) Health Inequalities dashboard enables analysis waiting times disaggregated by ethnicity and deprivation (Dorset Patients only).</p> <p><u>Waiting list by Index of Multiple Deprivation (IMD)</u> Analysing RTT activity in Quarter 4 to date, the median weeks waiting at the point of treatment shows no variation between the 20% most deprived and the rest of the population treated.</p> <p><u>Waiting list by ethnicity</u> An analysis of the median weeks waiting by ethnicity grouping identifies no variation between patients within community minority groups and White British populations in Q4 to date.</p> <p>A health inequalities improvement programme is supporting action on health inequalities in the Trust.</p>																																																												
<b>Infection Prevention and Control:</b>	<p><b>Quality, Safety, &amp; Patient Experience Key Points</b></p> <p>Hospital Associated cases trend (22/23)</p> <table><tr><th>Organism</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th></tr><tr><td>C Diff</td><td>9</td><td>10</td><td>9</td><td>9</td><td>11</td><td>9</td><td>2</td><td>4</td><td>5</td><td>6</td><td>6</td></tr><tr><td>E Coli</td><td>6</td><td>1</td><td>7</td><td>4</td><td>7</td><td>9</td><td>6</td><td>7</td><td>5</td><td>10</td><td>7</td></tr><tr><td>MRSA</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>1</td><td>0</td></tr><tr><td>MSSA</td><td>4</td><td>4</td><td>2</td><td>3</td><td>3</td><td>3</td><td>7</td><td>2</td><td>3</td><td>3</td><td>1</td></tr></table> <ul style="list-style-type: none"><li>• Work continues the follow up of COVID-19 outbreaks with post infection review for cases from Q3 2021 to Q1/Q2 2022. This will be presented to the IPC Group.</li><li>• Community and hospital associated cases of COVID-19 in Dorset remain variable and seasonal Flu cases continued to decline from our December position.</li><li>• There was six reported CDiff Cases reported, 7 E-Coli cases reported and 0 MRSA case in February 2023, appropriate post infection reviews to take place.</li><li>• Norovirus also began to surface within our inpatient population.</li><li>• The Head of IPC left the organisation in February 2023, to a public health role in the community. A substantive member of the team has taken an interim Lead IPC CNS post for six months while we recruit and review this position.</li></ul>	Organism	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	C Diff	9	10	9	9	11	9	2	4	5	6	6	E Coli	6	1	7	4	7	9	6	7	5	10	7	MRSA	0	0	0	0	0	1	1	0	0	1	0	MSSA	4	4	2	3	3	3	7	2	3	3	1
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<b>Clinical Practice Team</b>	<p><b>Moving &amp; Handling</b></p> <p>Our Band 4 Associate Practitioner Falls and Moving and Handling has now joined the Education &amp; Training team. The vacant post has been advertised, however please note this now leaves only two M&amp;H trainers within the team.</p>																																																												

### **Essential Core Skills**

- The ability to meet the face-to-face level two training requirements for clinical staff continues to be a challenge. The risk register entry remains at 10 (moderate) and under continuous review.
- An SBARN has been circulated and approval regarding the proposal to deliver a hybrid model of refresher level 2 training, consisting of face to face and eLearning has been approved by the relevant committees.

### **Falls prevention & management**

- Our Lead Nurse Falls and Moving & Handling has been successfully recruited into the permanent Matron for Medical Specialties post. This post will be advertised and made open to both nursing and AHP colleagues
- There were four fall incidents in month, one patient sustained a fracture of the humerus (moderate) & three patients sustained #nofs (severe), 3 of the incidents were unwitnessed falls, these falls will be following the appropriate scoping and investigation process. The relevant scoping and investigations are being undertaken with support from the falls team.

### **Tissue Viability**

The ability of the service to meet the increased demand has been distilled into a risk register entry 1821 and rated as 9 (moderate), an action plan has been completed and updated.

The number of complex patients being referred to the service remains high.

- The number of referrals to the service are now consistently above 200 per month
- The number of complex patients who are remaining on the caseload during admission are also on the increase
- A band 5 advert has gone to temporary staffing for additional support

A total of nine category 3 pressure ulcers have been reported in this month (to note) two of these related to combination ulcers (moisture + pressure) & three having deteriorated from category 2 pressure damage present on admission, and four related to deep tissue injuries and a deterioration of pressure damage.



## Patient Experience:

### Friends & Family Test

Have improved in February 2023 with an increased positive response rate.

### PALS and Complaints

There were 17 PALS concerns raised, 42 new formal complaints and 42 Early Resolution complaints (ERC) processed. Which is an increase in the number of concerns and complaints being raised in February.

### Complaint response times

The number of complaints that were responded to and closed still remains low with a high number of complaints exceeding 55-day response time, which remains a concern.

Trust Management Group (TMG) have agreed to temporarily change the complaints handling process pending recruitment into the corporate complaints team to address the long response times and to reduce additional pressures on operational teams.

### Mixed Sex Accommodation Breaches

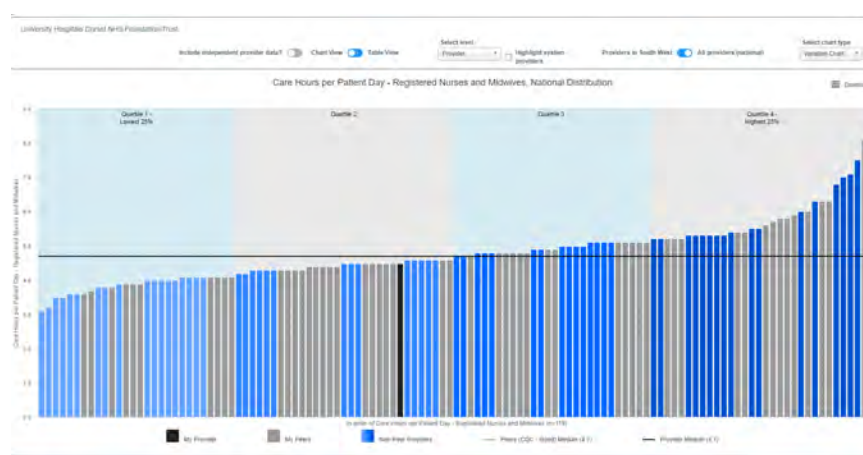
There were no MSA incidents in February 2023.

### Care Hours per Patient Day (CHPPD)

February 2023's CHPPD for registered nurses and midwives remains stable at 4.7. The latest model hospital data (December 2022) shows the Trust (black bar) with a score of 4.5 against a peer median of 4.7. Placing the trust at the upper end of the second quartile:

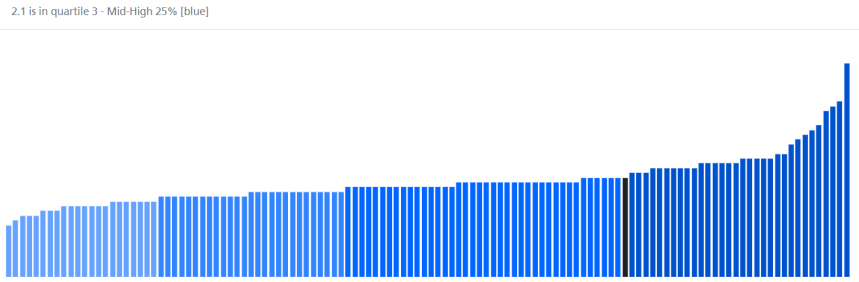
CHPPD registered nurses and midwives

## Nurse Staffing:



The ratio between qualified nursing and midwifery to all nursing support (including HCAs and others) is 2.1 against a peer median of 1.9 in quartile three.

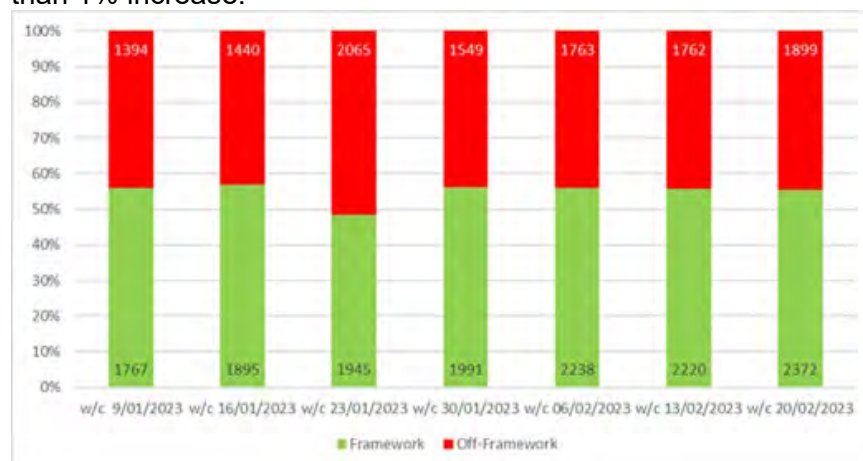


	<p><b>Registered nurse / midwife to health support worker ratio</b></p> <p>2.1 is in quartile 3 - Mid-High 25% [blue]</p>  <p>It is worth noting though that the CHPPD for healthcare support workers is 2.2; placing the trust in quartile 1 (lowest): This data reflects the healthcare support worker vacancy level within the inpatient areas, with low CHPPD reflected against a high qualified to unqualified nurse ratio. In partnership with HR, initiatives to improve HCSW recruitment and retention, including assessment against job profiles and innovative recruitment are priority projects.</p>
<p><b>Workforce Performance:</b></p>	<p><b>UHD turnover</b> has remained very consistent at 14.7% as at end of February 2023, for the 12 months prior.</p> <p><b>Vacancy rate</b> is being reported at 7.7% as at end of February 2023. Previous months data continues to adjust as the data cleanse in ESR continues.</p> <p><b>Sickness absence</b> in-month for February 2023 was 4.7%, in line with January and much less than 6.4% we saw in December 2022. Latest rolling 12 month is 5.4% (12 months to February 2023), in line with previous position.</p> <p><b>Statutory and Mandatory training:</b> Overall UHD Trust compliance is standing at 86.7% as at end of February 2023, a slight improvement on previous month. Our aim is to reach 90% across all sites. Face to face course are still proving difficult.</p>
<p><b>CPO Headlines:</b></p> <p><b>People Operations:</b></p>	<p><b>Industrial Action in relation to the National Pay Dispute:</b> The BMA trade union have asked Doctors in Training to take official strike action from 06:59 on Monday 13 March 2023 until 06:59 on Thursday 16 March 2023 as a result of the National dispute around pay. The BMA has confirmed there will be no derogations in place for this action and the only situation in which any form of derogation will be considered by the BMA during the industrial action will be in the instance of a mass casualty event. The Trust has worked in partnership with the BMA, JLNC and MSC to agree arrangements to facilitate Consultants/SAS Doctors and non-striking doctors in training to provide additional staffing cover during this time.</p> <p>People teams have supported the tactical planning arrangements with the development of managerial guides and staff "Frequently Asked Questions", local and national SitRep reporting, upskilling and rearrangement of training along with supporting operational colleagues on the days of the strike.</p> <p>The Chartered Society of Physiotherapy (CSP) have paused their planned strike action planned for 22 March 2023 to enable talks to</p>

	<p>talk place with the government. Their mandate for industrial action will remain in place should it not be possible to resolve the dispute on pay and retention measures.</p> <p><b>Employee Relations:</b> The HR Operational team continue to support increasing people management cases around grievances and disciplinary matters. Transformational &amp; organisational change projects are also increasing which is presenting significant capacity challenges for the team.</p>
<b>Occupational Health and Enhanced Wellbeing Service</b>	<p>Occupational Health continues to work to improve access times to the service.</p> <p><b>Pre-Placement Referrals:</b> Activity levels remain high. In February 45.7% were cleared in 5 days.</p> <p><b>Management Referrals:</b> A high number of management referrals are being made. OH received 144 referrals in February 2023; of these 61.8% were seen within 5 days from the referral being received.</p>
<b>Blended Education &amp; Training</b>	<p>Overall compliance for mandatory and statutory training currently sits at <b>86.7%</b> across UHD, a slight increase on last month. Areas of concern in UHD compliance include Information Governance, IPC level 2 and <b>Manual Handling</b> level two. The risk register entry remains at 10 (moderate) and under continuous review.</p> <p>A SBARN to convert refresher training to eLearning as a hybrid model has been approved in all relevant committees.</p> <p>We are really pleased to have appointed 9 Physician Associates, growing this new workforce across UHD (1 at Poole Hospital and 8 at RBCH)</p> <p>There are 355 apprentices on the UHD Apprenticeship Levy (DAS account). 121 of these started their apprenticeships in 2022</p>
<b>Resourcing</b>	<p><b>Medical Recruitment:</b> There were 16 Medical starters in February 2023, and we posted 16 jobs in month. The number of applications was half that received during the previous month. One of our longest standing vacancies, for a Registrar /Clinical Fellow in Medicine, which has been vacant since January 2022, was finally offered this month.</p> <p><b>General Recruitment:</b> As February is a shorter month general recruitment, saw less starters, 174 versus the usual pattern of over 200. All other activity, the number of Jobs advertised, Applications received, and Candidates offered were far higher than in previous months, this should result in higher numbers of starters in two months' time.</p> <p><b>HCSW Open Days</b> have resulted in 133 conditionally offered candidates who are in the process of clearing employment checks. Our bid for <b>funding 80 IEN's</b> to arrive in the Trust between April – November 2023 was successful, and recruitment is underway.</p> <p>UHD's first <b>4 International Midwives</b> have been offered posts this</p>

	<p>week and are expected to arrive at the end of May. A further 8 will join later in the year, with funding from NHSI.</p>
<b>Workforce Systems</b>	<p><b>Operational Summary:</b> The total amount of employee changes processed by the team continues to be high (Average numbers remain about 2500 per month), with large volumes of finance subject code changes contributing to this.</p> <p>The ESR establishment data cleanse work continues with high volumes of changes coming through (Average numbers remain at about 1000 per month). A further detailed analysis is being carried out on the HCSW data to ensure vacancy numbers from a systems perspective balance with vacancy numbers from an operational perspective.</p> <p>Healthcare Scientist ESR data is also being reviewed to ensure correct coding and roles, to align and support the National reporting requests.</p> <p><b>Rostering:</b> Roster finalizing continues to be a challenge with large numbers of rosters being unfinalized by the designated deadline. Senior nursing leads are being sent details of their unfinalized units to try and support this monthly process.</p> <p><b>Transformation:</b> Employee changes due to Organisational transformation changes are starting to arrive within the workforce teams currently about 150 changes have been received so far.</p>
<b>Temporary Workforce</b>	<p><b>Bank Recruitment:</b></p> <p><b>Healthroster Bank staff data:</b> 160k hours have been requested and logged on Healthroster for various staff groups giving a Bank fill rate of 56.5% and agency 19.5%. This does not include Locum's Nest + TempRe data.</p> <p><b>Medical Bank:</b> 1,515 shifts were requested in February, with 73% filled via Locum's Nest and 27% unfilled. The top three users for February were: Medicine (498 shifts, 72% filled), Emergency Medicine (462 shifts, 59% filled) and Orthopedic Surgery (216 shifts, 95% filled). Nearly 5% of all shifts were filled by doctors from the Digital Collaborative Bank. RBH fill rate was 70%, Poole fill rate was 77% and Christchurch fill rate was 82%. 52 new locum affiliation requests were received by UHD in February 2023.</p> <p><b>Nursing and Midwifery:</b> 58,517 RN and RM hours were requested in February (down 3% from January), with a fill rate of 84% (up 2% from January). 68% of hours were filled by bank and 32% by agency (the same ratio as January). Of the 15,929 hours filled by agency, 45% were off-framework (down 1% from January).</p> <p><b>Mental Health Support:</b> Positive trend showing a marked reduction in Off-framework fill for Registered Mental Health Nurses down 21% from the previous month.</p> <p>An overall fill rate of 92% was achieved of all RMN hours requested in February.</p> <p>Various workstreams in progress within the organisation to address increasing need for enhanced care support including</p> <ul style="list-style-type: none"> <li>• Bank MHSW recruitment.</li> <li>• Streamlining processes – identifying right skill requirement for patients.</li> <li>• Framework engagement for agency support.</li> </ul>

**“Our Dorset” Collaborative - Off- Framework Reduction Strategy (nursing):** As at week ending 26 February 2023, framework agencies have shown improved fill performance for Registered Nursing staff (Acute) up 34% compared to week 1 of introducing single agency rate. Despite early signs of a reduction in Off-framework usage in week, current data indicates an overall increase at 2% of Off-framework fill and steady bank fill rate less than 1% increase.



**Bank Recruitment:** Circa 21 Bank adverts and 129 candidates in progress on TRAC. Rolling adverts in place mainly to support clinical demand to backfill vacancies and sickness and workload.

## Organisational Development

**Leadership & Talent:** Initial briefing conducted for first Leadership in Action cohort since re-launch. Cohort 3 of Leadership Fundamentals to be delivered w/c 13 March 2023.

Additional management module launched on using the Staff Survey data.

Task & finish group for Management development making progress.

Second cohort of ILM7 Senior Leadership programme with BU being recruited to.

**Team Development:** Successful referrals being seen of team leaders requesting support to the training module on leading teams through integration and change.

**Culture & Engagement:** Staff Awards due to be launched in March. Presentation date and venue secured for 15 June 2023.

UHD has signed up for the new Pulse pilot for April 2023

National Staff Survey data was published on 9 March 2023.

Team results distributed to team leaders with an action plan template and links to the manager's module and drop-in sessions.

**Health & wellbeing:** Sorcha Dossitt joined the team as our new Wellbeing Lead OD practitioner.

**EDI:** Work is progressing with Nick Child on the Gender reassignment and EDI policy.

Gender Pay Gap and EDS2 reports are being drafted for publication at the end of March 2023.

**FTSU:** The FTSU team remain a well-used route for our staff to raise concerns. There were 258 referrals from April to the end of February with elements of behaviours being identified in 38% of these.

	Support has been approved for another FTSU Guardian, in line with guidance set out by the National Guardian Office (NGO). This development will allow the service at UHD to remain sustainable and resilient in meeting the demand of our staff speaking up.												
<b>Trust Finance Position</b>	<p>Operational pressures continue to drive the Trust's financial performance, increasing expenditure and limiting clinical and operational capacity to deliver efficiencies and transformation projects. This is exacerbated by rising inflation, with food and energy prices putting particular pressure on Trust budgets. Collectively, these pressures have resulted in a year to date deficit of £1.7 million.</p> <p>The Trust recorded a positive in-month variance of £2.1 million reducing the year to date deficit to £1.5 million being an adverse variance of £1.7 million against plan.</p> <p>At 28 February 2023, the Trust continues to forecast a full year break-even position, supported by £2 million of additional income agreed from NHS Dorset ICB in recognition of the operational pressures experienced during December, January, February which are expected to continue through March 2023.</p> <p>The Trust's capital expenditure is above plan, with a year to date variance of £4.3 million, largely driven One Dorset Pathology Hub build commitments of £3.9 million. Medical equipment and IT are above plan, however, additional MOU funding is expected in March and has been reflected in the forecast accordingly. The capital forecast remains volatile, with additional capital allocations still being confirmed. The Trust is forecasting to operate within the agreed CDEL envelope.</p> <p>As at 28 February 2023 the Trust is holding a consolidated cash balance of £122.5 million. The current cash balance is significantly higher than planned due to the successful in year award of MOU capital funding for multiple schemes alongside a re-phasing of the capital programme spend. This has resulted in a cash drawdown of £48 million received in February. The cash flow forecast for 2023/24 will be aligned to the financial plan and capital programme phasing. The increased cash balance will attract Government Banking Services interest of 3.89% at current Bank of England rates, and PDC benefit at 3.5% offset.</p> <p>The Trust's payment performance continued to recover during February, however the previous impact of the national cyber attack continues to impact the year to date achievement which currently stands at 91.3%. Further improvement is expected in the remaining months of the year.</p>												
<b>Key Recommendations :</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of the report.</li> <li>• Note and consider the areas of Board focus.</li> </ul>												
<b>Implications associated with this item:</b>	<table> <tr> <td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr> <td>Equality and Diversity</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Financial</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Operational Performance</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Public Consultation</td><td><input type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality and Diversity	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>
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	Quality	<input checked="" type="checkbox"/>
	Regulatory	<input checked="" type="checkbox"/>
	Strategy/Transformation	<input checked="" type="checkbox"/>
	System	<input checked="" type="checkbox"/>
<b>CQC Reference:</b>	Safe	<input checked="" type="checkbox"/>
	Effective	<input checked="" type="checkbox"/>
	Caring	<input checked="" type="checkbox"/>
	Responsive	<input checked="" type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input checked="" type="checkbox"/>

<b>Report Committees/Meetings at which the item has been considered:</b>	<b>History: at</b>	<b>Date</b>	<b>Outcome</b>
Trust Management Group		March 2023	Meeting has not yet taken place at the time of submission of this report.
Quality Committee (Quality)		March 2023	Meeting has not yet taken place at the time of submission of this report.
Finance & Performance Committee (Operational / Finance Performance)		March 2023	Meeting has not yet taken place at the time of submission of this report.

<b>Reason for submission to the Board in Private Only (where relevant)</b>	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>





# Integrated Performance Report

Reporting month: February 2023

Meeting Month: March 2023

## Performance at a Glance - Key Performance Indicator Matrix

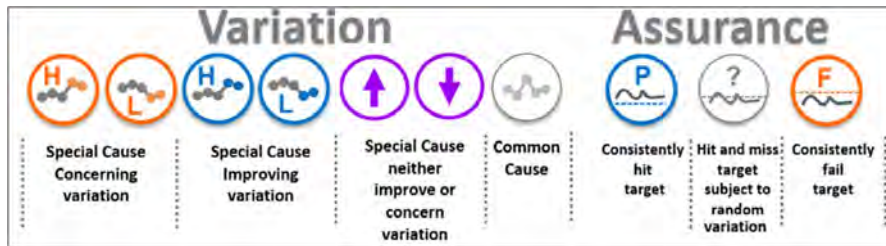
		standard	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
SAFE														
Quality	Pressure Ulcers (Cat 3 & 4)		5	4	5	2	1	3	5	4	6	9	7	10
	Inpatient Falls (Moderate +)		3	3	5	1	6	7	7	3	2	5	9	4
	Medication Incidents (Moderate +)		2	1	0	0	2	2	1	0	1	0	0	1
	Patient Safety Incidents		1035	1011	1024	1004	1133	1112	1021	1166	1128	1101	1053	887
	Hospital Acquired Infections	MRSA	0	0	0	0	0	0	1	1	0	0	1	0
		MSSA	5	4	4	2	3	3	3	7	2	3	3	1
		C Diff	3	9	10	9	9	11	9	2	4	5	6	6
E. coli		4	6	1	7	4	7	9	6	7	5	10	7	
EFFECTIVE														
Mortality	SMR	Latest Jan 21 (source Dr Foster)	97.09	100.79	91.83	102.71	102.81	108.75	106.81	100.40	101.00			
	Patient Deaths	YTD	241	227	211	236	234	226	225	256	256	294	273	217
	Deaths within 36hrs of Admission		29	41	31	37	30	29	29	41	37	50	38	37
	Deaths within readmission spell		22	13	18	35	21	22	21	21	17	24	23	23
CARING														
Complaints Received		65	55	63	80	78	83	90	98	100	75	92	83	
Complaint Response Rate (55 Days)		62.30%	66.70%	56.90%	66.70%	67.70%	63.90%	56.60%	66.70%	58.70%	62.30%	52.50%	50.00%	
Friends & Family Test		88%	88%	90%	88%	86%	90%	90%	90%	90%	88%	91%	93%	
WELL LEAD														
Safety	Risks 12 and above on Register		38	36	37	34	34	35	38	37	35	37	38	40
	Risks 15 and above on Register		18	17	17	18	17	19	20	19	19	19	20	21
	Red Flags Raised*		130	159	41	45	86	128	142	107	74	84	41	43
People	Turnover		14.00%	14.50%	12.80%	14.80%	14.50%	14.50%	14.70%	14.60%	14.70%	14.80%	14.94%	14.72%
	Vacancy Rate		4.64%	7.52%	7.6%	5.68%	6.02%	8.90%	6.19%	7.96%	8.82%	7.3%	8.0%	7.7%
	Sickness Rate		6.8%	6.5%	4.8%	5.1%	5.8%	4.7%	4.9%	5.7%	5.2%	6.4%	4.8%	4.7%
	Statutory and Mandatory Training		84.79%	84.50%	83.41%	83.70%	85.50%	87.10%	86.75%	85.32%	85.80%	85.91%	86.31%	86.80%













# Performance at a Glance - Key Performance Indicator Matrix

		standard	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
RESPONSIVE															
RTT	18 week performance %	92%	61.0%	56.1%	59.2%	58.2%	58.3%	57.1%	54.9%	55.5%	56.1%	55.1%	55.4%	54.3%	RAG cf trajectory 22/23
	Waiting list size	44,508	56,038	61,278	72,568	73,932	75,502	75,065	72,860	70,918	71,161	70,259	71,230	72,522	
	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)	0%	8.8%	19.0%	40.9%	43.6%	46.6%	45.8%	41.5%	37.7%	38.2%	36.4%	38.3%	40.8%	
	No. patients waiting 26+ weeks		13,765	17,433	19,913	20,428	20,244	21,326	21,172	20,227	20,765	21,024	21,726	22,109	RAG cf trajectory 22/23
	No. patients waiting 40+ weeks		5,650	7,370	8,521	9,395	9,075	9,446	8,920	8,231	8,657	8,696	8,728	9,613	
	No. patients waiting 52+ weeks		2,655	2,798	3,325	4,493	4,170	4,010	3,559	3,468	3,634	3,472	3,565	3,861	
	No. patients waiting 65+ weeks		1,431	1,322	1,116	1,714	1,405	1,464	1,420	1,449	1,342	1,195	1,127	1,147	RAG cf trajectory 22/23
	No. patients waiting 78+ weeks	0	758	759	550	520	492	502	504	513	487	473	395	274	
	No. patients waiting 104+ weeks	0	280	238	194	118	100	95	76	63	37	25	10	0	
	Theatre utilisation (capped) - main	98%	71%	71%	76%	78%	74%	75%	75%	69%	75%	73%	71%	71%	RAG cf trajectory 22/23
Outpatients Theatre	Theatre utilisation (capped) - DC	91%	63%	62%	69%	73%	69%	69%	70%	74%	74%	69%	69%	67%	
	NOFs (Within 36hrs of admission - NHFD)	85%	24%	24%	3%	2%	12%	18%	8%	40%	52%	43%	49%	24%	
	Outpatient metrics														
	Overdue Follow up Appts		16,503	46,566	36,798	25,671	32,621	33,268	33,840	32,999	32,757	33,369	34,863	34,756	
	% DNA Rate	5%	6.4%	6.7%	6.9%	8.3%	8.3%	8.0%	7.4%	6.8%	6.5%	7.5%	7.5%	6.5%	
	Patient cancellation rate		13.2%	12.7%	10.5%	10.7%	11.2%	10.5%	11.4%	11.0%	10.5%	12.3%	10.6%	10.8%	
	% non face to face (telemedicine) attendances	25%	25.8%	24.0%	22.6%	22.9%	22.5%	21.8%	21.1%	20.4%	20.0%	20.2%	20.8%	21.3%	
	Diagnostic Performance (DM01)														
	% of >6 week performance	1%	15.9%	19.9%	18.6%	19.5%	20.2%	22.6%	20.0%	16.4%	11.0%	13.6%	10.7%	7.4%	
	28 day faster diagnosis standard	75%	73.3%	71.9%	71.8%	66.9%	63.6%	62.9%	64.7%	63.1%	59.6%	68.4%	65.0%	71.0%	Feb 23 PROVISIONAL
Cancer	62 day standard	85%	71.3%	71.5%	69.6%	73.4%	66.2%	65.9%	71.2%	69.4%	64.3%	63.4%	63.6%	60.5%	Feb 23 PROVISIONAL
	PTL Over 62 Day (Avg)		167	195	204	242	264	273	332	306	293	261	301	261	
	Arrival time to initial assessment	15	7.0	7.0	9.0	18.0	21.6	30.0	15.0	16.0	15.0	20.5	11.0	15.0	
	Clinician seen <60 mins %		21.6%	26.9%	24.4%	20.0%	20.9%	26.6%	26.0%	25.5%	24.3%	21.8%	31.6%	25.7%	
	PHT Mean time in ED	200	300	307	296	317	297	295	303	325	307	357	499	377	
	RBCH Mean Time in ED	200	374	314	302	300	329	355	406	355	347	433	357	368	
	Patients >12hrs from DTA to admission	0	89	188	88	105	97	103	129	295	157	343	234	294	
	Patients >12hrs in dept		879	758	626	769	879	779	886	1292	1074	2000	1108	1443	
	ED attendance Growth (YTD)	vs prev yr	30.5%	-3.0%	-0.3%	-0.2%	-2.2%	-6.4%	-7.5%	-1.7%	2.3%	-0.2%	-0.6%	-0.6%	
		vs 19/20	2.9%	64.3%	29.4%	37.2%	20.5%	5.4%	6.6%	20.0%	31.0%	29.3%	29.4%	30.4%	
SWAST	Ambulance handover growth (YTD)	vs prev yr	-3.3%	7.8%	9.9%	-13.6%	-19.9%	-8.2%	-3.6%	-3.7%	2.6%	-10.8%	-11.2%	-10.2%	
		vs 19/20	-7.6%	43.0%	29.4%	-16.4%	-15.7%	-14.9%	-14.8%	-18.5%	-8.4%	-11.5%	-12.3%	-12.0%	
	Ambulance handover 30-60mins breaches		280	315	469	462	449	490	371	401	496	765	714	731	
	Ambulance handover >60mins breaches		727	557	606	629	642	445	547	666	583	1568	733	859	
	Emergency admissions growth (YTD)	vs prev yr	-7.2%	0.0%	-1.7%	-9.7%	-11.8%	-11.9%	-8.4%	-11.7%	-0.6%	-8.4%	-8.0%	-7.7%	
		vs 19/20	9.5%	66.1%	30.2%	3.6%	-3.5%	-10.2%	-9.3%	-10.7%	3.3%	2.1%	2.6%	2.3%	
	Bed Occupancy (capcity incl escalation)	85%	93.7%	94.7%	94.3%	93.4%	93.6%	93.4%	92.8%	94.2%	92.7%	93.3%	93.1%	94.1%	
	Stranded patients:														
	Length of stay 7 days		530	549	539	539	543	577	567	605	550	522	564	582	
	Length of stay 14 days		339	361	355	360	357	400	397	421	375	332	366	387	
Patient Flow	Length of stay 21 days	108	238	247	254	256	255	295	303	315	281	228	250	269	
	Non-elective admissions		5899	5485	6401	5802	5778	5367	5472	5535	5817	5956	5693	5165	
	> 1 day non-elective admissions		3747	3488	4081	3633	3652	3396	3475	3578	3676	3905	3673	3202	
	Same Day Emergency Care (SDEC)		2149	1994	2317	2168	2126	1971	1996	1956	2141	2050	1979	1963	
	Conversion rate (admitted from ED)	30%	28.70%	29.20%	28.40%	26.90%	26.50%	26.30%	27.60%	25.80%	29.10%	28.30%	30.90%	27.79%	

# Statistical Process Control (SPC) – Explanation of Rankings



Assurance									
Variation/Performance									
		<b>Excellent</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is high numbers and you have some.</li><li>You are consistently achieving the target because the current range of performance is above the target.</li></ul>	<b>Celebrate and Learn</b>	<b>Good</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is high numbers and you have some.</li><li>Your target lies within the process limits so we know that the target may or may not be achieved.</li></ul>	<b>Celebrate and Understand</b>	<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is high numbers and you have some.</li><li>HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change.</li></ul>	<b>Celebrate but Take Action</b>	<b>Excellent</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is high numbers and you have some.</li><li>There is currently no target set for this metric.</li></ul>	<b>Celebrate</b>
		<b>Excellent</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is low numbers and you have some.</li><li>You are consistently achieving the target because the current range of performance is below the target.</li></ul>	<b>Celebrate and Learn</b>	<b>Good</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is low numbers and you have some.</li><li>Your target lies within the process limits so we know that the target may or may not be achieved.</li></ul>	<b>Celebrate and Understand</b>	<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is low numbers and you have some.</li><li>HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.</li></ul>	<b>Celebrate but Take Action</b>	<b>Excellent</b> <ul style="list-style-type: none"><li>This metric is improving.</li><li>Your aim is low numbers and you have some.</li><li>There is currently no target set for this metric.</li></ul>	<b>Celebrate</b>
		<b>Good</b> <ul style="list-style-type: none"><li>This metric is currently not changing significantly.</li><li>It shows the level of natural variation you can expect to see.</li><li>HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.</li></ul>	<b>Celebrate and Understand</b>	<b>Average</b> <ul style="list-style-type: none"><li>This metric is currently not changing significantly.</li><li>It shows the level of natural variation you can expect to see.</li><li>Your target lies within the process limits so we know that the target may or may not be achieved.</li></ul>	<b>Investigate and Understand</b>	<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is currently not changing significantly.</li><li>It shows the level of natural variation you can expect to see.</li><li>HOWEVER your target lies outside the current process limits and the target will not be achieved without change.</li></ul>	<b>Investigate and Take Action</b>	<b>Average</b> <ul style="list-style-type: none"><li>This metric is currently not changing significantly.</li><li>It shows the level of natural variation you can expect to see.</li><li>There is currently no target set for this metric.</li></ul>	<b>Understand</b>
		<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is low numbers and you have some high numbers.</li><li>HOWEVER you are consistently achieving the target because the current range of performance is below the target.</li></ul>	<b>Investigate and Understand</b>	<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is low numbers and you have some high numbers.</li><li>Your target lies within the process limits so we know that the target may or may not be missed.</li></ul>	<b>Investigate and Take Action</b>	<b>Very Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is low numbers and you have some high numbers.</li><li>Your target lies below the current process limits so we know that the target will not be achieved without change.</li></ul>	<b>Investigate and Take Action</b>	<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is low numbers and you have some high numbers.</li><li>There is currently no target set for this metric.</li></ul>	<b>Investigate</b>
		<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is high numbers and you have some low numbers.</li><li>HOWEVER you are consistently achieving the target because the current range of performance is above the target.</li></ul>	<b>Investigate and Understand</b>	<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is high numbers and you have some low numbers.</li><li>Your target lies within the process limits so we know that the target may or may not be missed.</li></ul>	<b>Investigate and Take Action</b>	<b>Very Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is high numbers and you have some low numbers.</li><li>Your target lies above the current process limits so we know that the target will not be achieved without change.</li></ul>	<b>Investigate and Take Action</b>	<b>Concerning</b> <ul style="list-style-type: none"><li>This metric is deteriorating.</li><li>Your aim is high numbers and you have some low numbers.</li><li>There is currently no target set for this metric.</li></ul>	<b>Investigate</b>
									<b>Unknown</b> <ul style="list-style-type: none"><li>There is insufficient data to create a SPC chart.</li><li>At the moment we cannot determine either special or common cause.</li><li>There is currently no target set for this metric.</li></ul>

# Performance at a glance – Key Performance Indicator Matrix



## UHD Quality

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays	Feb 23	0.3	-			0.3	0.0	0.5
Inpatient Falls (Moderate +) per 1,000 beddays	Feb 23	0.1	-			0.1	-0.1	0.4
Medication Incidents (Moderate +) per 1,000 beddays	Feb 23	0.0	-			0.0	-0.1	0.1
Medication Incidents (All) per 1,000 beddays	Feb 23	3.7	-			5.1	3.6	6.6
Patient Safety Incidents (All) per 1,000 beddays	Feb 23	30.4	-			37.4	32.0	42.8
Patient Safety Incidents (Moderate +) per 1,000 beddays	Feb 23	0.1	-			0.4	0.1	0.7
Serious Incidents	Feb 23	2				3	-2	8
Never Events	Feb 23	0	-			0	-1	1
Hospital Associated Infections - MRSA	Feb 23	0	0			0	-1	1
Hospital Associated Infections - MSSA	Feb 23	1	0			4	-1	8
Hospital Associated Infections - C Diff	Feb 23	6				7	0	13
Hospital Associated Infections - E Coli	Feb 23	7	0			6	-1	14
Risks 15+ on Register	Feb 23	21	-			18	14	21
			-					
Mixed Sex Accommodation Breaches	Feb 23	0	0			5	-17	26
Complaints Received	Feb 23	83	-			66	36	95
Complaint Response Rate (55 Days)	Feb 23	50.0%				61.9%	31.4%	92.4%
Friends & Family Test	Feb 23	92.7%	-			89.0%	85.4%	92.5%
SMR	Nov 22	101.0	100.0			98.3	81.3	115.3
Patient Deaths	Feb 23	217	-			228	166	290
Deaths Within 36hrs of Admission	Feb 23	37	-			36	13	59
Deaths Within Readmission Spell	Feb 23	23				19	5	33
Risks 12+ on Register	Feb 23	40				40	34	46
Red Flags Raised	Feb 23	43				104	21	186
CHPPD (Registered Nurses & Midwives)	Feb 23	4.7				4.6	3.6	5.7



# Performance at a glance – Key Performance Indicator Matrix



## UHD Workforce

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Vacancy Rate at end of each month	Feb 23	7.7%	-			6.2%	3.8%	8.6%
In Month Sickness Absence	Feb 23	4.7%	3.0%			5.4%	4.0%	6.9%
Mandatory Training Compliance at end of each month	Feb 23	86.8%	95.0%			86.3%	84.5%	88.0%
Temporary Hours Filled by Bank	Feb 23	57.0%	-			53.4%	46.7%	60.0%
Temporary Hours Filled by Agency	Feb 23	19.4%	-			13.9%	11.7%	16.1%

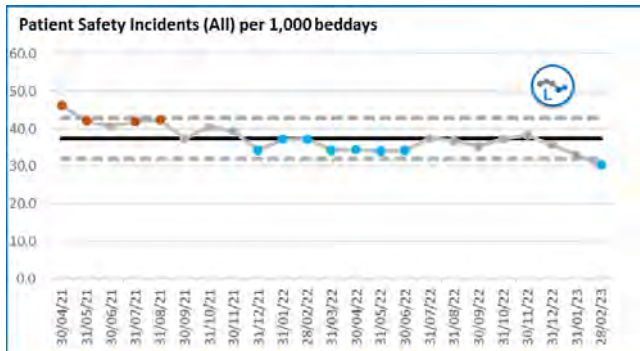




# Quality - Safe

**Executive Owner:** Paula Shobbrook (Chief Nursing Officer/ Deputy CEO)

**Management/Clinical Owner:** Jo Sims



## Background/target description

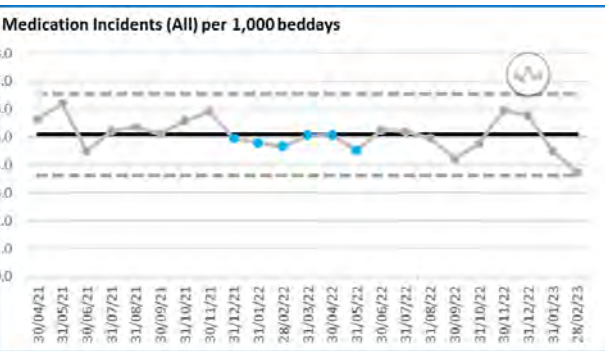
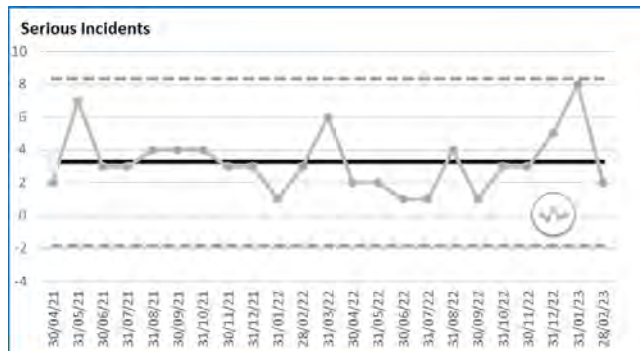
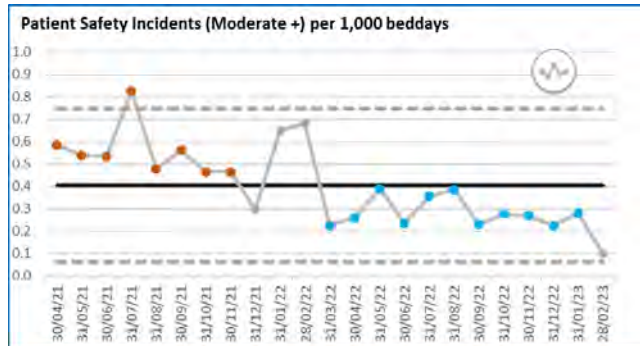
To improve patient safety.

## Performance:

- Two (2) externally reported incidents reported in month (February 23).
- No Never events reported in month (Feb 23) for the 6th month running.
- Reduction in reported patient safety incidents – potentially linked to operational pressures. To keep under review.

## Actions:

Full report on learning from completed scoping meeting and investigations to be included in CMO report to Quality Committee and Board.



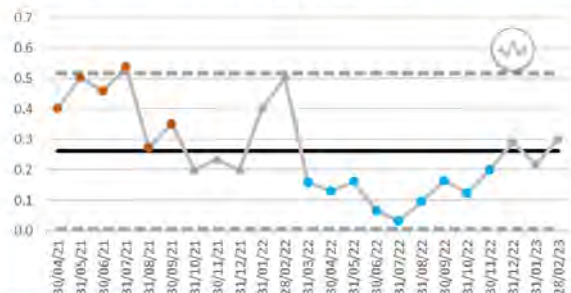
# Quality – Safe (continued)



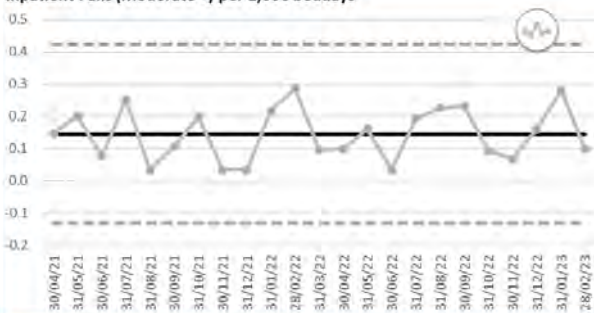
**Executive Owner:** Paula Shobbrook (Chief Nursing Officer/ Deputy CEO)

**Management/Clinical Owner:** Matthew Hodson (Deputy CNO)

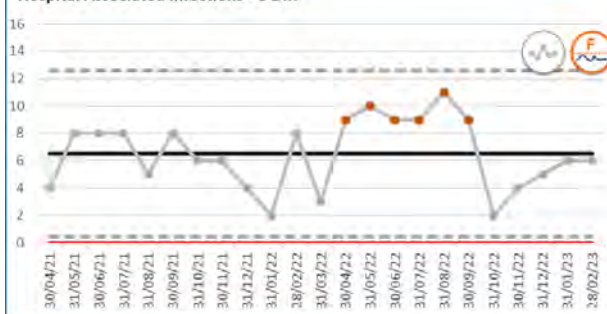
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays



Inpatient Falls (Moderate +) per 1,000 beddays



Hospital Associated Infections - C Diff



## Background/target description

To improve patient safety and care; supporting reduced length of stay.

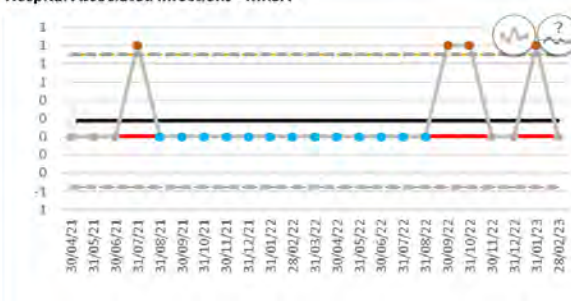
## Overview:

- Nine category 3 pressure ulcers reported in month of which (to note) 2 of these related to combination ulcers (moisture + pressure) & 3 having deteriorated from category 2 pressure damage present on admission, and 4 related to deep tissue injuries and a deterioration of pressure damage.
- There were 4 fall incidents in month, 1 patient sustained a fracture of the humerus (moderate) & 3 patients sustained #nofs (severe), 3 of the incidents were unwitnessed falls. These falls will be following the appropriate scoping & investigation process
- There were 6 C Diff hospital associated cases in February 23, with a reduction in E-coli (7) and MSSA (1) reported, appropriate post infection reviews in progress. The Trust continues with a number of Covid-19 patients and has also reported Covid-19 outbreaks for the year.
- February saw side rooms and bays across sites with Flu A and Flu B patients with one ward with a mixed COVID-19 and Flu outbreak.
- Norovirus also began to surface within our inpatient population.
- C.difficile multi-disciplinary meeting have seen an increase in patients to with an increase in severe disease seen in 2023.

## Actions:

Full report on learning from completed scoping meeting and investigations to be included in CMO report to Quality Committee and Board.

Hospital Associated Infections - MRSA



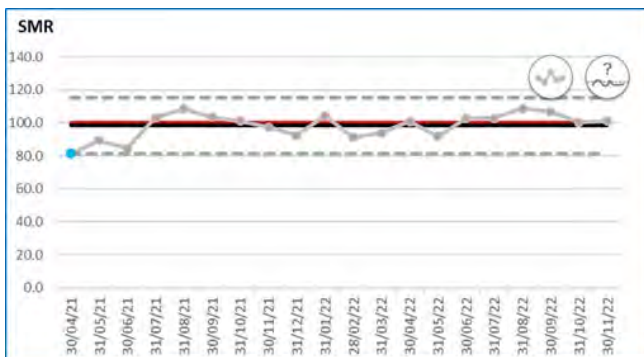
Hospital Associated Infections Summary for IPR

Month	C Diff	E Coli	MRSA	MSSA
Mar-22	3	4		5
Apr-22	9	6		4
May-22	10	1		4
Jun-22	9	7		2
Jul-22	9	4		3
Aug-22	11	7		3
Sep-22	9	9	1	3
Oct-22	2	6	1	7
Nov-22	4	7		2
Dec-22	5	5		3
Jan-23	6	10	1	3
Feb-23	6	7		1

# Quality – Effective & Mortality

Executive Owner: Ruth Williamson (Acting Chief Medical Officer)

Management/Clinical Owner: Jo Sims

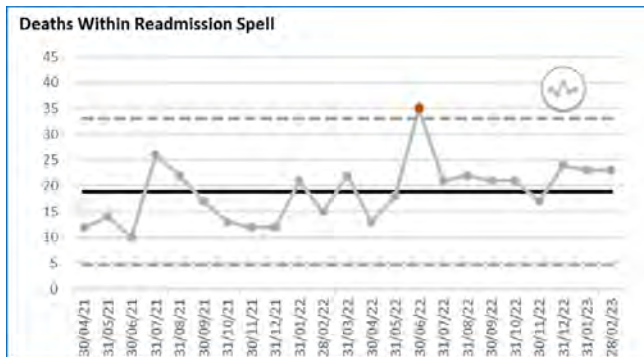
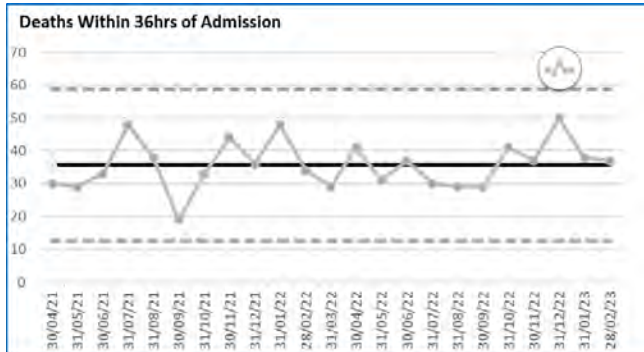


## Performance:

- SMR (Standardised Mortality Ratio) is up to November 2022 and is at 101.0

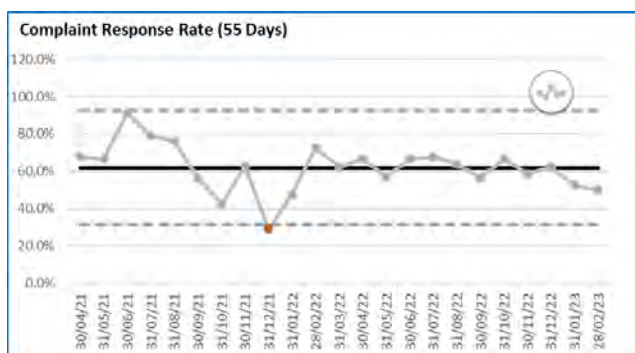
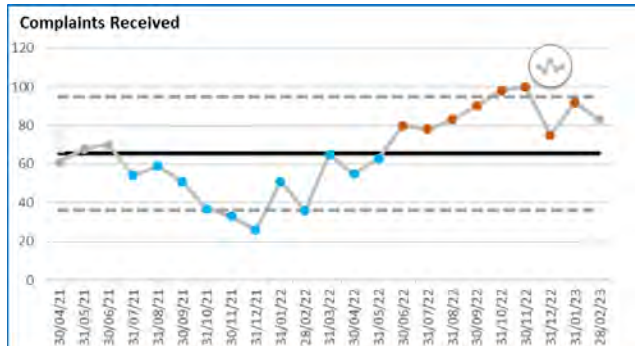
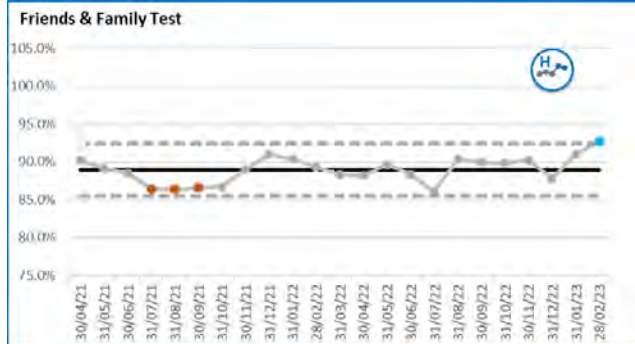
## Actions:

Work progresses on embedding the new UHD eLearning from Deaths process which was rolled out fully in December 2022. Reporting on Mortality review compliance is being worked on.



# Quality – Caring

Executive Owner: Paula Shobbrook (Chief Nursing Officer)  
Management/Clinical Owner: Matthew Hodson (Deputy CNO)



## Performance:

- FFT positive responses increased further in February
- There were 0 Mixed Sex Accommodation breaches in February 2023.
- In February there were 417 PALS concerns raised, 42 new formal complaints and 42 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in February were 77. Regular meetings with the care groups continue to focus on closing of complaints.
- In February there were 231 outstanding open complaints including ERC, 85 of which have been open 55 working days or longer.
- Key themes from PALS and complaints:
  - Communication – Absent or incorrect
  - Respect, caring and patient rights
  - Organisation process – Bureaucracy, waiting times, accessing care

## Underlying issues:

- Increased number of Complaints contacts in February 2023
- Significant number of complaint responses exceeding the 55-day response target.

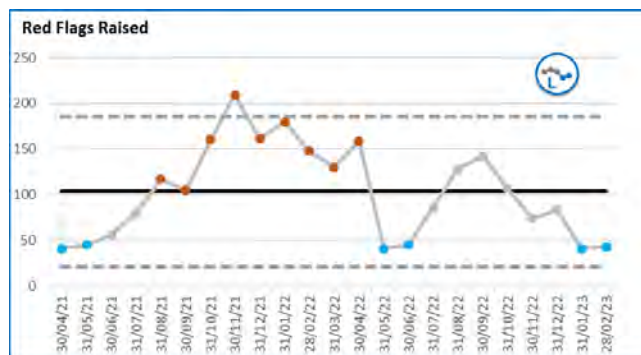
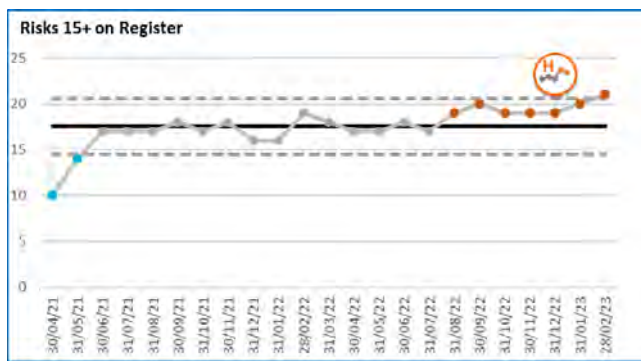
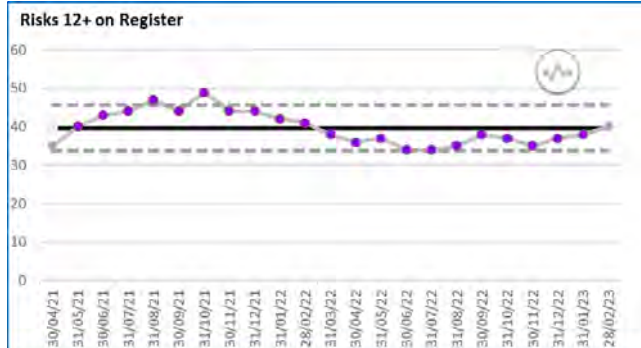
## Actions:

- TMG agreement for a temporary corporate model of complaints handling to reduce extended waits for complaint investigations and letters being sent to complainants.
- Process to start pending additional recruitment into the complaints team which is active.



# Quality – Well Led

**Executive Owner:** Ruth Williamson (Acting Chief Medical Officer)  
**Management/Clinical Owner:** Jo Sims / Fiona Hoskins (Deputy CNO)



## Performance:

- Current live risks at the end of last month (February 2023) 12 or above was 40 – a slight increase since end of January 2023. As part of a review of risk appetite and risk reporting, monitoring of risks rated 15+ has been added. Currently at 21.
- CHPPD (Care Hours Per Patient Day) for registered nurses and midwives in February 2023 was 4.7 in line with January. This has remained consistent for several months and between each site. On model hospital ( December 2022 data) the Trust benchmarks at 4.5 - 0.2 below the peer median.
- The number of red flags raised in February was below 50 with no critical staffing incidents reported (excluding industrial action days). During industrial action, derogated staffing levels were achieved.

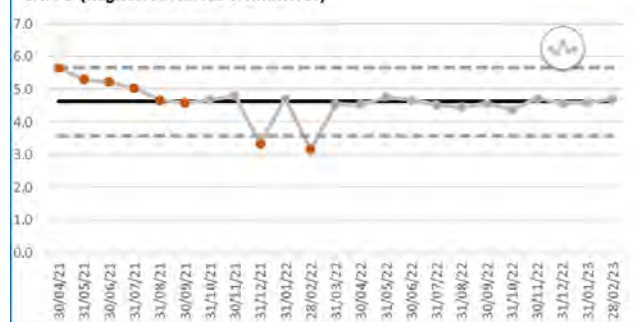
## Actions:

Risk register update provided in Quality Committee, TMB, and Board report.  
 Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group .

## CHPPD Hours / Fill Rate (February 2023)

Hospital Site name	Patient Count	Registered Nurses/Midwives			
		Total monthly planned staff hours	Total monthly actual staff hours	Fill Rate %	CHPPD
Poole Hospital	15785	74802.5	73017.5	97.6%	4.6
Bournemouth & Christchurch	14739	67134.8	71128.3	105.9%	4.8
<b>UHD Total</b>	<b>30524</b>	<b>141937.3</b>	<b>144145.7</b>	<b>101.6%</b>	<b>4.7</b>

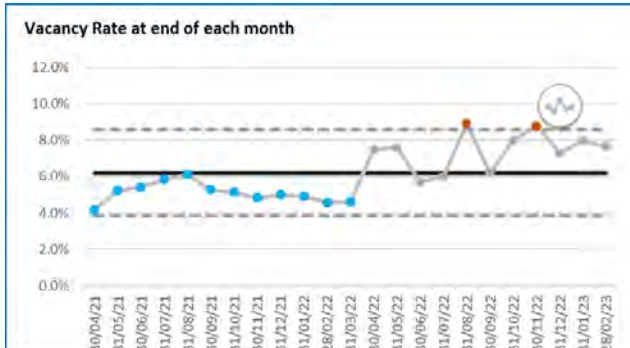
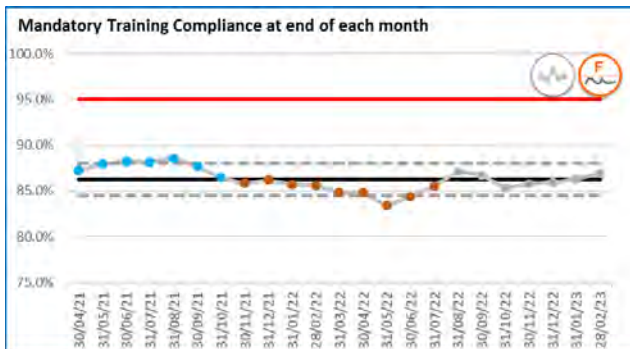
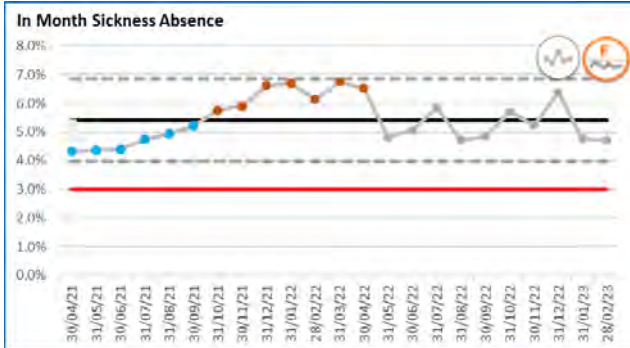
## CHPPD (Registered Nurses & Midwives)



# Workforce

**Executive Owner:** Karen Allman (Chief People Officer)

**Management/Clinical Owner:** Irene Mardon (DCPO)



## Performance:

- Rolling 12 month Turnover rate (excluding fixed term temp) is at 14.7%, remaining consistent with the last year.
- In month sickness absence for February 2023 was at 4.7%, a slight reduction since previous month. Latest rolling 12 month rate (as at end of February 2023) is 5.4% which follows the in-month reduction in trend.
- Mandatory Training has improved by slightly to 86.7% as at end of February 2023. Our aim is to reach 90% across all sites.
- Latest vacancy position is 7.7% (February 2023). Previous months data continues to adjust as the ESR data cleanse continues.

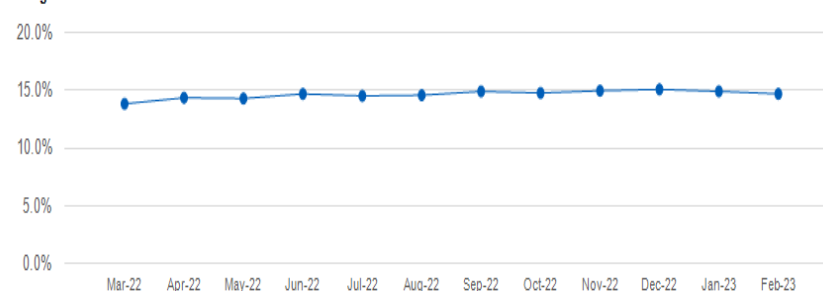
## Underlying issues:

- Face to face courses are still proving difficult in supporting mandatory training compliance.
- The ESR establishment work continues but the team are hoping to see the data stabilize in the next couple of months.

## Actions:

The BEAT team are reviewing an alternative blended online version for Manual Handling with the Risk team.

## Rolling 12 Month Turnover



**Appraisal Compliance**  
Latest (28/02/23)

Values Based  
59.2%

Medical & Dental  
60.6%

# Performance at a glance – Key Performance Indicator Matrix



## UHD Elective care

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
UHD - Total Waiting List Size	Feb 23	72522	51491			72602	69372	75831
UHD - Patients waiting >104 wks	Feb 23	0	0			124	37	211
UHD - Patients waiting >78 wks	Feb 23	274	95			855	548	1162
UHD - Patients waiting >65 weeks	Feb 23	1147	-			1908	1508	2308
UHD - Patients waiting >52 weeks	Feb 23	3861	2559			3707	2856	4558
UHD - Patients waiting >26 weeks	Feb 23	22109	-			15755	13901	17609
UHD - RTT Performance against 18 week standard	Feb 23	54.3%	92.0%			56.4%	54.0%	58.9%
UHD - Total Diagnostic Waiting List	Feb 23	11040	-			10443	8468	12418
UHD - % waiting over 6 weeks	Feb 23	7%	1%			11%	5%	18%
Cancer 2ww Referrals	Jan 23	3029				2982	1533	4430
UHD - Faster Diagnosis Standard (FDS) 28 days	Jan 23	65%	75%			70%	61%	80%
UHD 62 day standard	Jan 23	64%	85%			72%	63%	81%
UHD - Total Outpatient - Virtual (%)	Feb 23	21.3%	25.0%			28.1%	23.9%	32.2%
UHD Outpatient DNA rate	Feb 23	7%	5%			7%	6%	8%
Theatre utilisation (capped) - main	Feb 23	71%	0%			73%	67%	79%
Theatre utilisation (capped) - DC	Feb 23	67%	91%			65%	58%	73%
UHD Theatre case opportunity	Feb 23	18%	15%			27%	15%	39%
% of NOF patients operated on within 36 hrs of admission	Feb 23	24%	85%			27%	-16%	69%





# Performance at a glance – Key Performance Indicator Matrix



## UHD Emergency Care and Patient Flow

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Mean time in ED RBH type 1	Feb 23	368	200			306	239	374
Mean time in ED Poole type 1	Feb 23	377	200			288	243	334
Arrival time to initial assessment	Feb 23	15	15			11	2	20
Clinician seen <60 mins %	Feb 23	26%	-			27%	16%	38%
Patients >12hrs from DTA to admission	Feb 23	294	0			90	-20	200
Patients >12hrs in dept	Feb 23	1443	-			584	78	1090
Ambulance handovers	Feb 23	3483	-			3950	3455	4445
Ambulance handover 30-60mins breaches	Feb 23	631	-			388	147	628
Ambulance handover >60mins breaches	Feb 23	859	0			448	66	829
Bed Occupancy (capacity incl escalation)	Feb 23	94%	85%			92%	88%	95%
Stranded patients: Length of stay 7 days	Feb 23	582	-			493	415	571
Stranded patients: Length of stay 14 days	Feb 23	387	-			312	248	375
Stranded patients: Length of stay 21 days	Feb 23	269	108			215	165	264
UHD NCTR % - all delays	Feb 23	49.1%	-			50.1%	42.4%	57.8%
Non-elective admissions	Feb 23	5165	-			5861	5007	6714
> 1 day non-elective admissions	Feb 23	3202	-			3712	3093	4331
Same Day Emergency Care (SDEC)	Feb 23	1963	-			2146	1824	2469
Conversion rate (admitted from ED)	Feb 23	27.8%	30.0%			30.3%	26.0%	34.6%
NCTR - all delays (beddays)	Feb 23	11407				12308	8148	16469
Ready to leave (beddays)	Feb 23	9657				9863	8324	11401



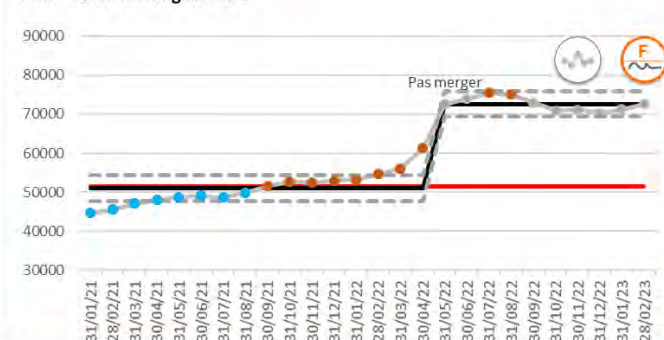
# Referral to Treatment (RTT)

**Executive Owner:** Mark Mould (Chief Operating Officer)

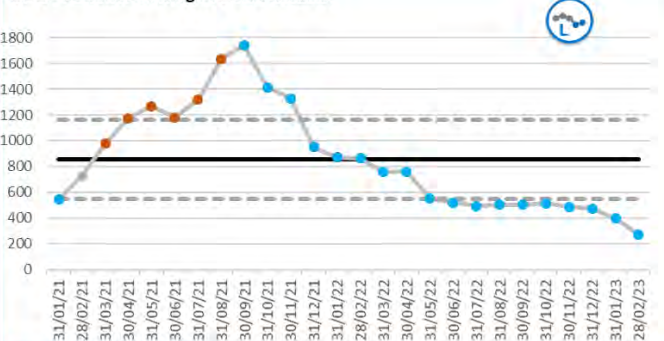
**Management/Clinical Owner:** Judith May (DOPO)



**UHD - Total Waiting List Size**



**UHD - Patients waiting >78 wks actuals**



	Standard	Merged Trust	% of pathways with a DTA
<b>Referral To Treatment</b>			
18 week performance %	92%	54.28%	
Waiting list size	51,491	72,522	17%
Waiting List size variance compared to Sep 2021 %	0%	40.8%	
No. patients waiting 26+ weeks		22,109	21%
No. patients waiting 40+ weeks		9,613	26%
No. patients waiting 52+ weeks (and % of waiting list)	5.3%	3,661	35%
No. patients waiting 78+ weeks	0.4%	274	68%
No. patients waiting 104+ weeks	0.00%	0	0%
% of Admitted pathways with a P code		99.80%	

## Data Description and Target

Total number of patients waiting on an RTT elective waiting list.

Number of patients on an elective RTT waiting list whose wait exceeds 78 weeks.  
Trust target no more than 123 by 31 March 2023, national target 0 by March 2023.

## Performance

Consistent improvement evidenced for 78 week waits with a reduction of 121 to 274. Current progress and actions in place indicate the Trust is on track to delivery its trajectory at the end of March 2023.

The total waiting list was 712,522 which is 1,292 more than last month and 11.9% above the February 2023 operational plan waiting list trajectory of 64,799.

- Industrial action during Quarter 4 has reduced capacity for elective care.
- Non-elective pressures, acuity, higher than optimal bed occupancy and high numbers of no criteria to reside patients continued to impact the elective bed base in February.
- Commencement of additional validation capacity secured through a pilot with NHSE South-West was delayed coming online due to delays in recruitment by the external employing organisation. Planned start date is now 28 March 2023.
- Refresher training needs have been identified for some staff groups to ensure correct administrative processes are being followed when opening/closing RTT pathways.

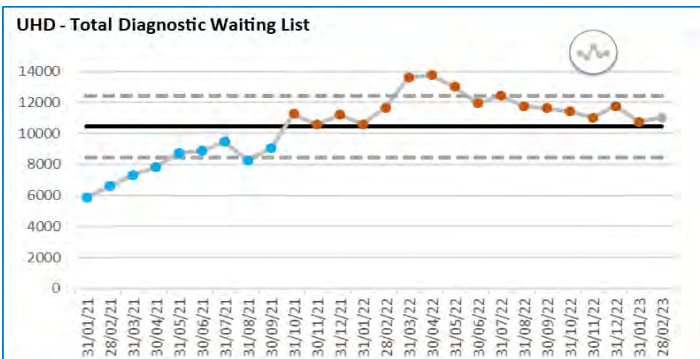
## Key Areas of Focus

- Deliver the 78 week waiter trajectory by 31 March 2023, including rebooking patients displaced due to industrial action.
- Commence training for additional validation resources recruited to through the South West Validation pilot.
- Target enhanced validation to specialities identified as experiencing a rise in their waiting list, to understand root causes.

# Diagnostic Waits (DMO1)

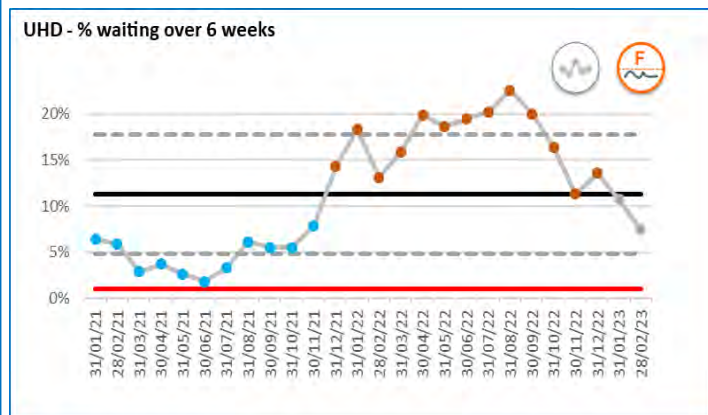
**Executive Owner:** Mark Mould (Chief Operating Officer)

**Management/Clinical Owner:** Judith May (DOPO)



## Diagnostic Performance (DMO1)

% of >6 week performance (6+ Weeks/Total) 1% 816/11040 **7.4%**



## Data Description and Target

Total number of patients waiting a diagnostics test

Number of patients whose wait for a diagnostic test exceeds 6 weeks. Target 1%

## Performance

Overall diagnostics (DMO1) performance has improved in February to 7.4%

**Endoscopy** position has continued to improve and is 30.6% at the end of Feb, this includes a 2% impact due to industrial action during February

- Continued reliance on mobile unit and insourcing to manage backlog – this will continue through Q1 2023/24 supported by ERF funding.

**Echocardiography** has improved from 25.3% in January to 16.3% in February.

- Consistent progress on reducing the backlog has been delivered with the expectation that the Trust will deliver recovery in year.
- Insourcing supporting high staff vacancies,

**Neurophysiology** has recovered from 7.9% in January to 1.7% in February

**Radiology** has improved from 1.3% in January to 0.5% in February

- Imaging position improved predominately due to additional capacity in Ultrasound (AECC and WLI's) but ongoing reduction in cardiologist CT / MRI sessions.

## Key Areas of Focus

- Mitigation of the impact of industrial action in March 2023.
- Continued delivery of 3 Endoscopy rooms per day running at weekends.
- Business cases submitted as part of Community Diagnostic Centre (CDC) bid have been approved, final case for 3 more rooms at Poole site will be submitted in March.
- Working with Cardiology to establish sustainable workforce plan to resource cardiac CT and MRI; currently being covered predominately by specialist radiologists.
- Continued assistance from AECC planned in March to maintain ultrasound position



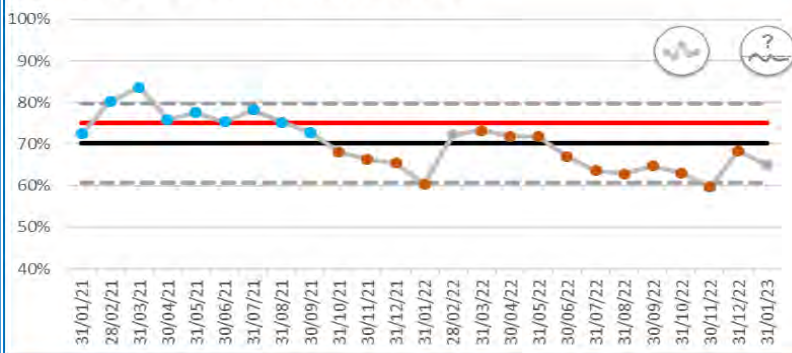
# Cancer Standards (1)

**Executive Owner:** Mark Mould (Chief Operating Officer)  
**Management/Clinical Owner:** Judith May (DOPO)



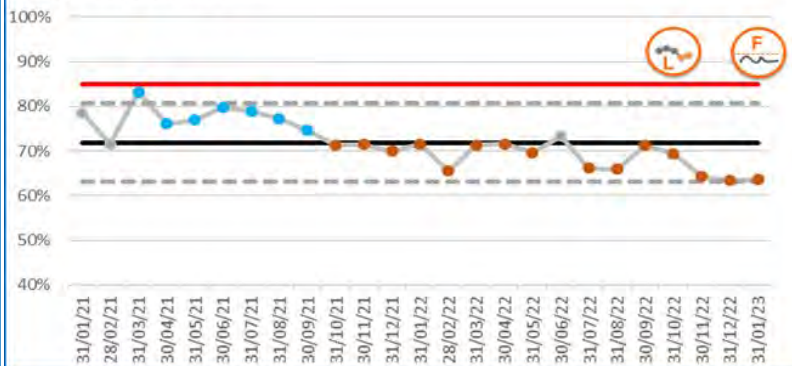
## 28 Day Faster Diagnosis Standard (Target 75%) January Performance by Tumour Site (65%)

UHD - Faster Diagnosis Standard (FDS) 28 days



## 62 Day Standard (Target 85%) January Performance by Tumour Site (63.6%)

UHD 62 day standard



## Data Description and Target

- Percentage of patients informed of diagnosis within 28 days from referral. Faster Diagnosis Standard 75%
- Percentage of patients who receive their 1st treatment for cancer within 62 days. 62d Standard 85%
- The number of 62-day patients waiting 63 days or more on their pathway.

## Performance

Performance for January decreased for the Faster Diagnosis Standard and remained level with December performance for the 62 day standard.

Over 62 day breaches increased to 301 against a trajectory of 265.

- Referrals in January 2023 were higher than pre-Covid levels in January 2020 and variance was greater at tumour site level in Brain, Gynaecology, Head and Neck and Urology.
- Additional funded capacity for first outpatient appointments for cancer referrals was insufficient to meet demand.
- The identified risk of an increase in 62 day breaches in January following a peak in referrals for some tumour sites in November materialised.
- The high number of reported breaches were also partly due to industrial action and bed capacity in month.
- Delays in administrative processes within the pathway continued to have an impact on performance.



## Cancer Standards (2)

**Executive Owner:** Mark Mould (Chief Operating Officer)

**Management/Clinical Owner:** Judith May (DOPO)

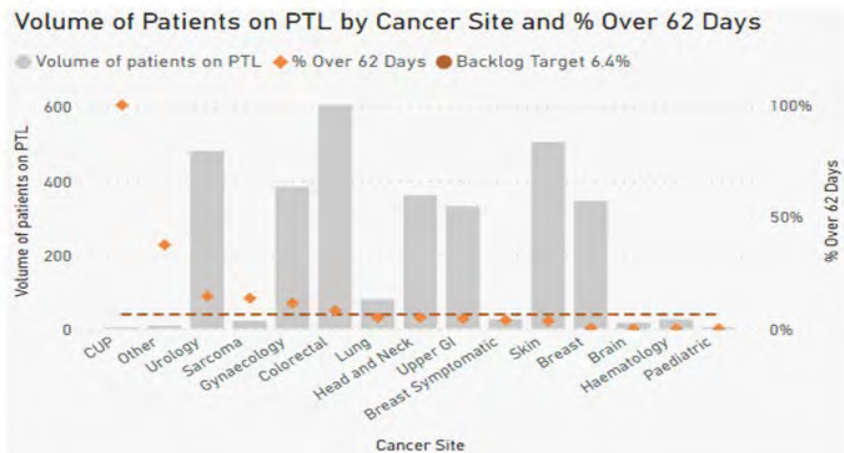
### High Level Performance Indicators

Cancer Standards	Standard	Final	
		Jan-23	Feb-23
31 day standard	96%	94.9%	97.0%
28 day faster diagnosis standard	75%	65.0%	71.0%
62 day standard	85%	63.6%	60.0%

### Key Areas of Focus

- Scheduling of additional clinics for colorectal, gynae and urology to address 2ww slot requirements.
- Embedding of Directorate level escalation processes to provide a focus on the avoidance of 62 day breaches.
- Deployment of Pathway Navigators to work with clinical teams (colorectal, gynae, skin and urology) to reduce the amount of FDS breaches due to delays in administrative processes.
- Additional LA template biopsy sessions are planned following sonographer training from March 2023.

### Over 62 Day Breaches (Target January 295) January Performance 301



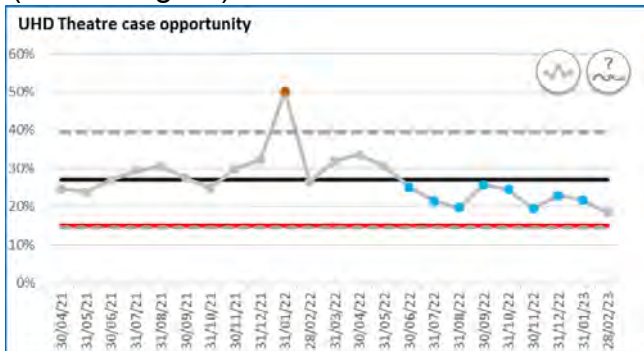


# Theatre Utilisation



**Executive Owner:** Mark Mould (Chief Operating Officer)

**Management/Clinical Owner:** Abigail Daughters (GDO) , Mr Robert Howell (GMD Surgical)



## Data Description and Target

Trust pursuing a capped utilisation of 85% which takes into consideration downtime between patients. Capped utilisation <65% will trigger external intervention/ support.

Intended utilisation is the utilisation booked into lists and excludes any on the day / 1-day prior cancellations. Theatre utilisation as reflected below includes emergency trauma lists which will be lower than capped utilisation (left) due to the unpredictable nature of emergency lists vs planned lists

## Performance

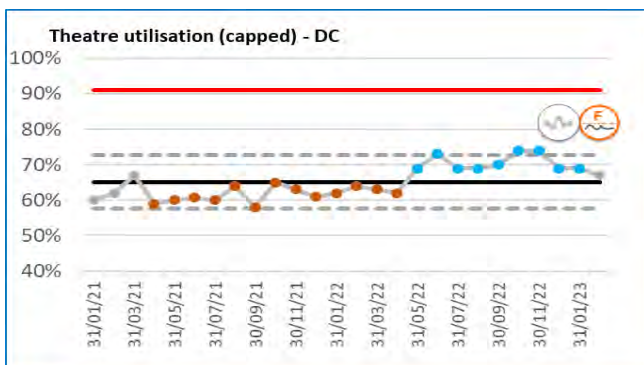
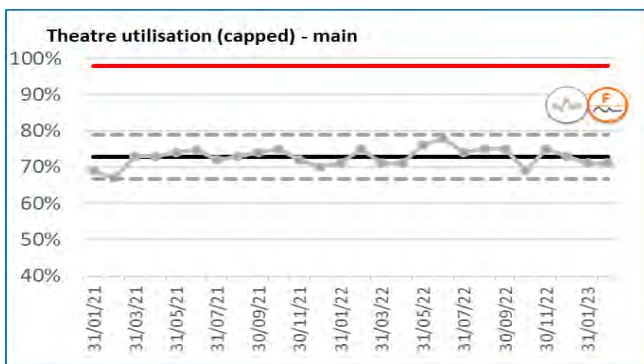
- February 2023 month end snapshot of intended utilisation is 82% but actual utilisation of 75%, highlighting impact of bed pressures and increase in 1-2 day prior cancellations. End of month position showing some recovery. All efficiency markers down due to cancellations.
- Period prior to extremis saw continued and sustained improvement in early finishes, late starts, utilisation and number of lists run vs template.
- Number of lists run continues to be below template but noting an increase as compared to Oct 22. Recent deterioration in lists run due to impact of industrial action.
- Staff turnover improved as compared to preceding months

## Underlying issues:

- Two day industrial action by RCN in addition to bed capacity, impacted on overall utilisation, as demonstrated in the difference between intended and capped.
- Ongoing staffing shortages across theatres.

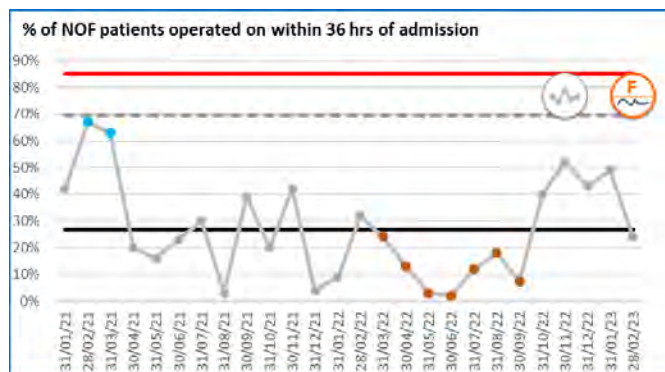
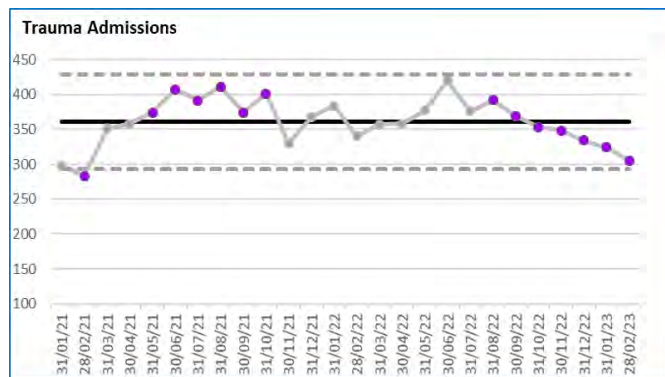
## Key Areas of Focus

Ongoing improvement work focusing on theatre staffing, scheduling, digital solutions and pre-op assessment. 2023 improvement plan in progress including leadership and development programme for theatre leads.



# Trauma Orthopaedics

**Executive Owner:** Mark Mould (Chief Operating Officer) **Management/Clinical Owner:** Abigail Daughters (GDO) Mr Paul Pavlou (CD Trauma & Orthopaedics)



## Data Description and Target

**NHFD Best Practice Tariff Target:** Fractured neck of femur (NoF) patients to be operated on within 36 hours of admission.

**Quality Target:** 95% of fractured neck of femur (#NoF) patients to be operated on within 36 hours of admission and being clinically appropriate for surgery.

## Performance

February performance for time to theatre for fractured neck of femur (# NoF) patients, was 47.5% achieving surgery within 36 hours of being fit for surgery and 24% with surgery within 36 hours from admission.

- High numbers of patients (11) admitted in first 2 days in February who were delayed due to outstanding patients which took clinical priority and surgeon specific cases including hip revisions and complex upper limb injuries.
- Industrial action impacted decreasing capacity to recover performance.
- High demand continued into February including 3 separate 72 hour periods where greater than 12 NoF's were admitted and sequential days of high #NoF admissions (>5day).
- Twelve shaft of Femur fractures admitted in month of which 11 required surgery in addition to a complex hip revision for recurrent dislocations.
- Challenge to access laminar flow theatres with radiological cover.
- 21 patients not medically fit on admission and 11 patients required 2 or more trips to theatre (21 in total) impacting available theatre capacity

## Key Areas of Focus

- eTrauma Business case approved, implementation requires IT engagement
- Trauma Ambulatory Care Unit (TOACU) - Service relocated to OPD to protect capacity. Service now has consistent ringfencing resulting in up to 40 patients/wk. with admissions avoidance >80%.
- Liaison and working with Trust operational flow project (TAD) to support reduction in high level of MRFD patients across trauma (40%).
- Business case for Orthogeriatrician service presented to care groups and trust management group. Monthly Trauma Improvement group in place to review opportunity and blocks to safety, productivity and efficiency.

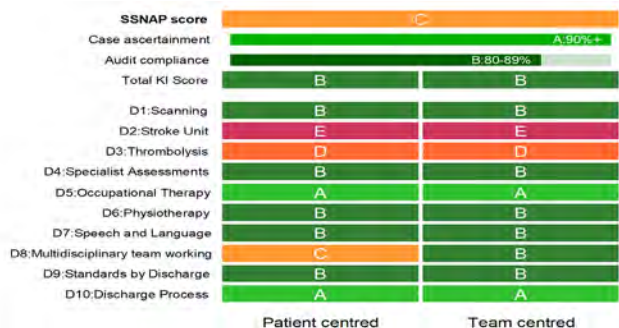
# Stroke



**Executive Owner:** Mark Mould (Chief Operating Officer)

**Management/Clinical Owner:** Leanna Rathbone (GDO) Dr Becky Jupp (CD Older People's Medicine Neurosciences)

Domain / Time period	Apr-Jun 2022	Jul-Sep 2022	Oct-Dec 2022
1) Scanning	B	B	B
2) Stroke unit	E	E	E
3) Thrombolysis	C	D	D
4) Specialist Assessments	B	B	B
5) Occupational therapy	B	A	A
6) Physiotherapy	C	B	B
7) Speech and Language therapy	C	A	B
8) MDT working	A	A	B
9) Standards by discharge	B	B	B
10) Discharge processes	A	A	A
Case ascertainment band	A	A	A
Audit compliance band	B	B	B
Team-centred SSNAP level (after adjustments)	C	B	B
Team-centred SSNAP score	68.4	74.1	70.3



Source: SSNAP Oct-Dec 2022

## Data Description and Target

To measure the quality of care provided to stroke patients (clinical audit) and the structure of stroke services (organisational audit).

Domain levels are combined into separate patient-centred and team-centred total key indicator scores. A combined total key indicator score is derived from the average of these two scores. This combined score is adjusted for case ascertainment and audit compliance.

## Performance

- Q3 SSNAP C
- Reduction in MDT working 0.5 point off B
- Audit compliance 0.8 point off B
  - Timely request and access to scans in and out of hours.
  - Over management of stroke mimics leading to reduced capacity in outreach team

## Key Areas of Focus

- Formal consultations finished with all staff for move planned for April 9th 2023.
- Data analysis for development of SDEC, required capacity and potential impact on improved flow through admission areas. Space allocation to be agreed.
- Estates work starting on new stroke unit Summer 2023.
- 43 Bedded template to be finalised.
- Development of Stroke ANP role to facilitate timely access including clerking and thrombolysis on the unit
- Increased ESD activity in last quarter.



# Outpatient Improvement



**Executive Owner:** Mark Mould (Chief Operating Officer)

**Management/Clinical Owner:** Sarah Macklin (GDO) Dr Jonathan Marks

Referral Rates (acute only)	Standard	Last Year	This Year	Trust Perf
GP Referral Rate year on year	-0.5%	128463	115115	-10.4%
Total Referrals Rate year on year	-0.5%	203354	176771	-13.1%
<b>Outpatient metrics (acute only)</b>				
Overdue Follow Up Appointments				34756
New Appointments				15052
Follow-Up Appointments				19640
% DNA Rate (Total DNAs / New & Flup Atts)	5%	2405 / 34692		6.5%
Hospital cancellation rate (Hospital Canx / Total Booked Appts)		10005 / 52820		18.9%
Patient cancellation rate (Patient Canx / Total Booked Appts)		5718 / 52820		10.8%
<b>Reduction in face to face attendances (acute only)</b>				
% telemed/video attendances (Total Non F-F / Total Atts)	25%	7375 / 34692		21.3%

## Data Description and Target

Reduction in DNA rate

25% of all attendances delivered virtually

## Performance

- Reduction in DNA rate in February to 6.5%
- Reduction in impact of Royal Mail industrial on patients receiving letters in time
- Increased use of broadcast messaging via DrDoctor being used to notify patients of cancelled appointments, fill fast track slots and send reminders.

Improved recovery in virtual appointments (now at 21% versus national target of 25%)

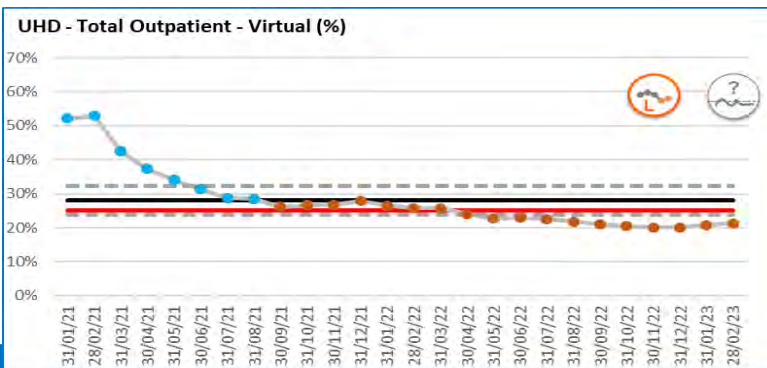
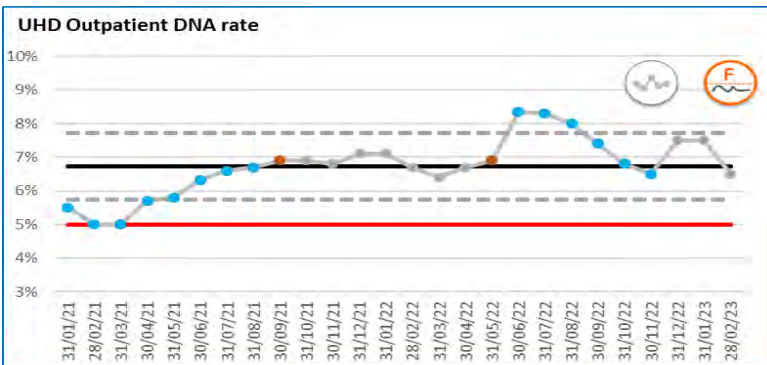
Performance impacted by persistent high vacancy rates amongst outpatient administrative team, lower numbers of applicants for posts than previously.

## Key Areas of Focus

Continued DrDoctor expansion to build on soft launch undertaken of 'Quick Question' and Broadcast messaging'.

Exploration of vocational scholarships via programme led by Dorset ICS.

Working with specialties to understand current position in undertaking clinic template reviews, roll out of PIFU and A&G and validation of waiting lists.



# Health Inequalities

Executive Owner: Ruth Williamson (Acting Chief Medical Officer)

Management/Clinical Owner: Judith May (DOPO)



## Data Description and Target

Analysis of variation in weeks waiting on an elective waiting list according to the patient's Index of Multiple Deprivation and ethnicity grouping to understand areas of variation.

## Performance

**Waiting list by Index of Multiple Deprivation (IMD)** 8.2% of the Trust's waiting list are patients living within the 20% most deprived areas of Dorset by Index of Multiple Deprivation (IMD) (decreased 0.1% compared to January). Analysing RTT activity in Quarter 4 to date, the median weeks waiting at the point of treatment shows no variation between the 20% most deprived and the rest of the population treated.

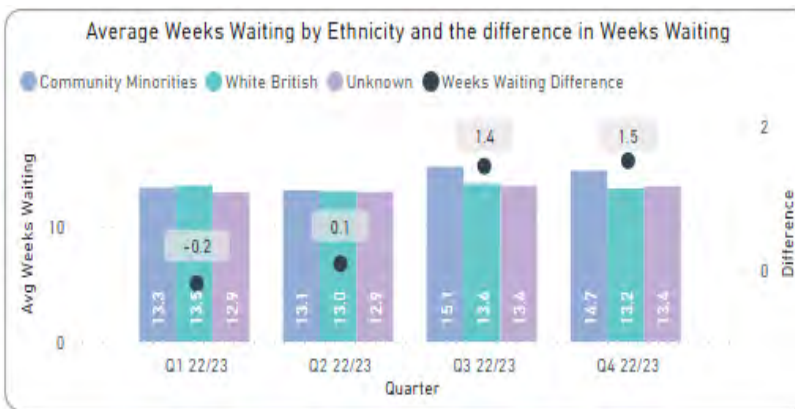
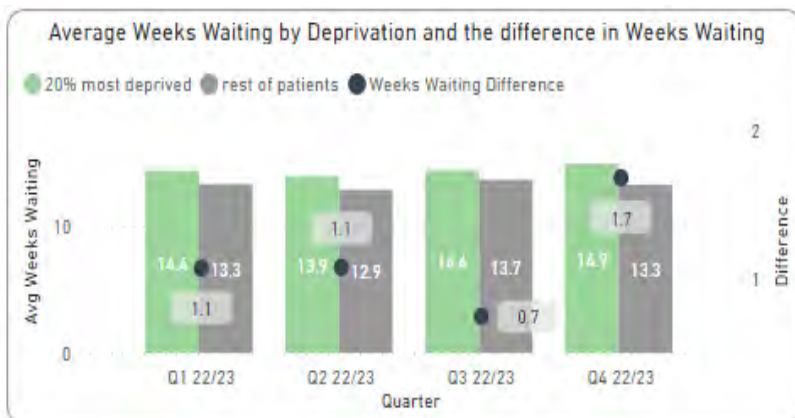
## Waiting list by ethnicity

Where ethnicity is recorded, 10.7% of patients on a UHD waiting lists are within community minority ethnic populations. This is a decrease of 0.3% since January. An analysis of the median weeks waiting by ethnicity grouping identifies no variation between patients within community minority groups and White British populations in Q4 to date.

## Key Areas of Focus

2022/23 priority actions agreed via Trust Management Group are being delivered, including:

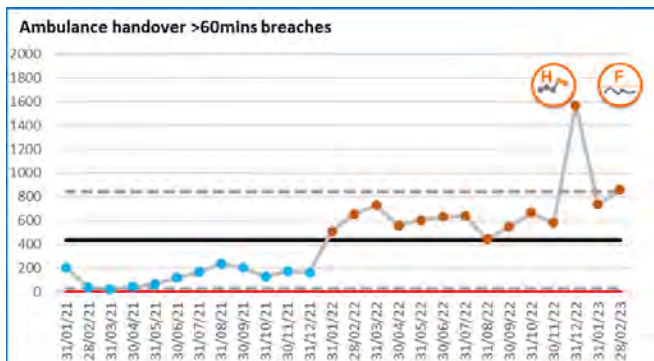
- A deep dive strategic review of DNAs and variation according to IMD and ethnicity.
- Prioritisation of people with learning disabilities and enhancing their access to care ensuring they have access to a first OPA within 18 weeks of referral.
- Development of approaches to address health inequalities through proactively targeting specific groups who do not engage, for example access to screening programmes
- An assessment of the Trust against the CORE20PLUS5 approach.
- Publicising health inequalities training opportunities for staff.



# Ambulance Handovers

**Executive Owner:** Mark Mould (Chief Operating Officer)

**Management/Clinical Owner:** Leanna Rathbone (GDO)



## Data Description and Target

Number of ambulance handover delays greater than 60 minutes from arrival to a receiving Emergency Department. 15 minutes is the target for an Ambulance to handover to a receiving ED from arrival. There should be no ambulances waiting over 60 minutes.

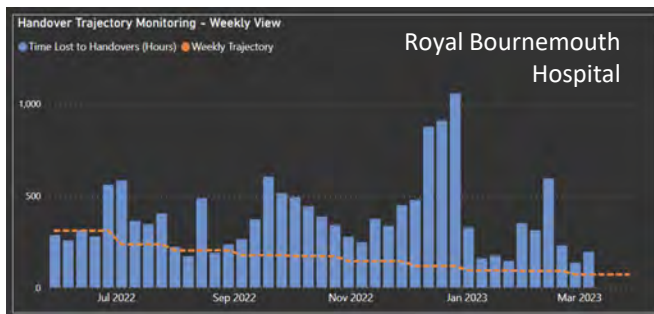
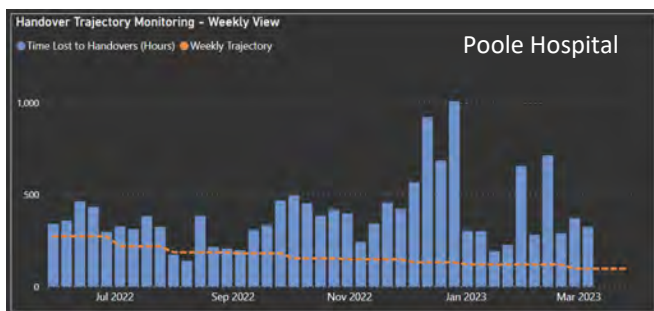
Number of ambulance hours lost due to handover delays. There is a site level recovery trajectory for lost ambulance hours per day.

## Performance

- There was an increase in ambulance conveyances in February (Average of 17 per day, split equally between sites).
- 859 Ambulances waited longer than 60 minutes in February, an increase of 126 from January.
- In total there were 3379 hours reported as lost at UHD sites in February.
- SWAST saw a decrease in handover delays to 25,448 hours for the Southwest Region, compared to over 34,000 hours in January.
- Ambulance delays continue to be a barometer of crowding and delays in the Emergency Departments due to delays in transfers of patients that are clinically ready to proceed to an inpatient wards.
- SWAST are providing support to cohorting, but the handover time continues to run for each patient cohorted by SWAST until transferred to ED care.

## Key Areas of Focus

- Dorset ICB have re-established the joint meetings with UHD and SWAST to address the handover challenge, including a data cell that is meeting in mid March.
- The Trust's ED 4 hour recovery meeting, chaired by the COO continues to oversee ED performance and departmental decompression, which will support a reduction in ambulance handovers.

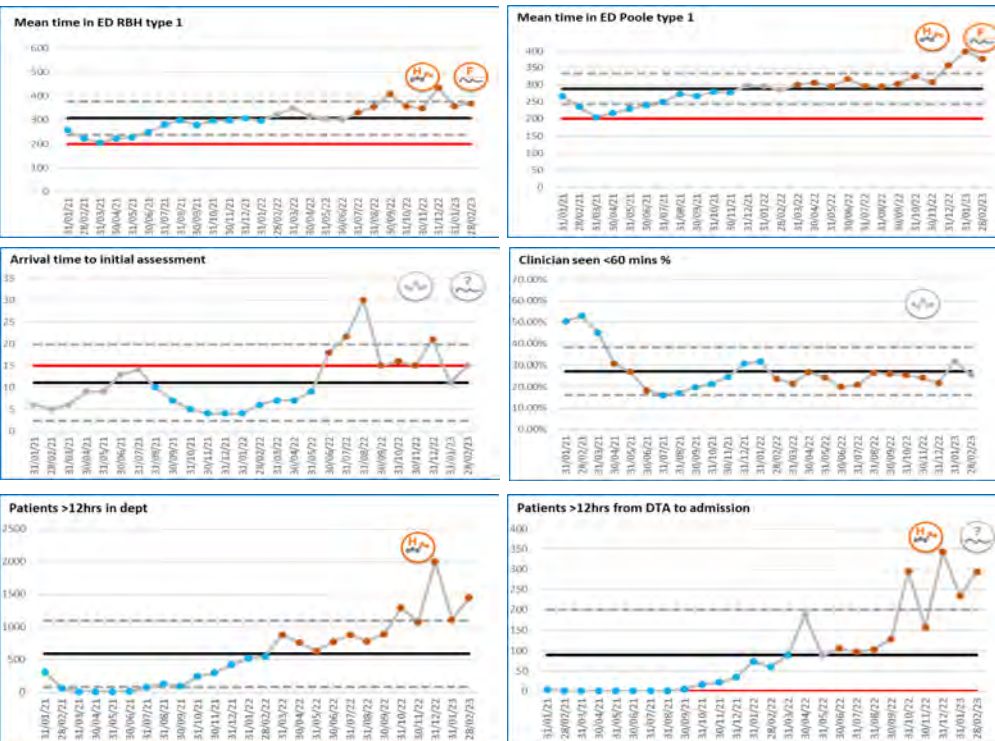




# Emergency Care Standards



**Executive Owner:** Mark Mould (Chief Operating Officer) **Management/Clinical Owner:** Leanna Rathbone (GDO) Harry Adlington (CD Emergency Care)



## Data Description and Target

UHD will continue to report against the pilot UEC standards, however we have now had formal notice this will cease. As previously reported a recovery plan to support the transition back to the 4-hour ED standard is in place, and UHD will be reporting against the 4 hours standard from mid May 2023

## Performance

Overall attendances were significantly higher than in January (av. 45 per day more attendances). The average meantime for attendances decreased by a further 5 minutes to 372 minutes (target 200 minutes). There was however an increase in the number of patients spending more than 12 hours in our EDs (335 more in month). The number of patients waiting for more than 12 hours after a decision to admit also increased by 59 to 294 (target – Zero).

The mean time for admitted patients has increased on both sites in February and remains over 9 hours from arrival to leaving the department. This continues to cause crowding and challenges to internal flow in the department and also drives up the overall time in the department.

## Key Areas of Focus

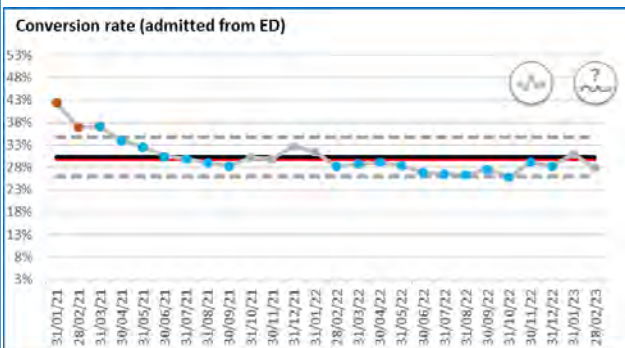
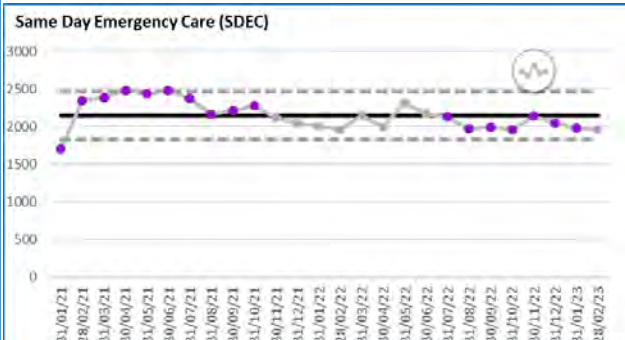
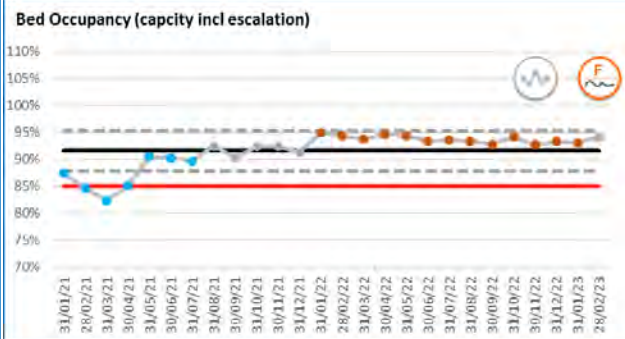
Delivery of the recovery plan to reintroduce the 4-hour standard at UHD, which is currently demonstrating some improvement.



# Patient Flow

Executive Owner: Mark Mould (Chief Operating Officer)

Management/Clinical Owner: Alex Lister (DCOO)



## Data Description and Target

85% bed occupancy would support flow and delivery of rapid progression from the Emergency Department within an hour of being clinically ready to proceed

## Performance

Bed occupancy **remains above 85% at 94.1%** (+1% in month), this includes planned winter escalation but does not account for additional surge beds opened in extremis.

- Additional capacity has been required to support the pressures of Covid/Flu occupancy, maintaining elective activity and emergency care demand.
- High occupancy is in the main attributed to a significant number of MRFD patients within the Trust.
- February saw slightly **more patients discharged** than admitted (net difference of 26 patients). However, there remained a consistent need to open surge capacity to manage high occupancy and MRFD levels.
- The mean bed wait for a patient is over 4.5 hours and lack of flow across assessment areas and downstream pathways continues to hamper ED recovery.

## Key Areas of Focus

- Continued targeted focus on Timely Admission and Discharge (TAD) process and improved utilisation of Departure Lounges.
- Introduction of the Discharge to Assess model will reduce length of stay and provide improved flow.
- Rapid review of daily bed management process, including implementation of the centralised bed model, with expected improvements in timeliness and coordination.

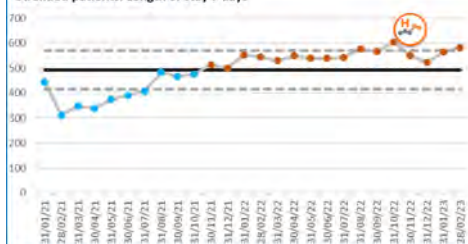
# Length of Stay and Discharges

Executive Owner: Mark Mould (Chief Operating Officer)

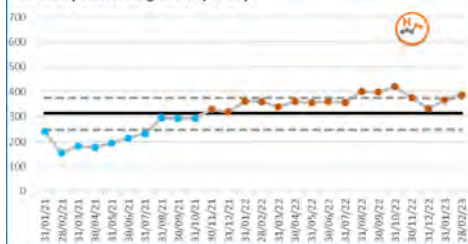
Management/Clinical Owner: Alex Lister (DCOO)



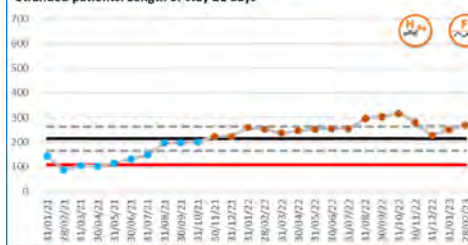
Stranded patients: Length of stay 7 days



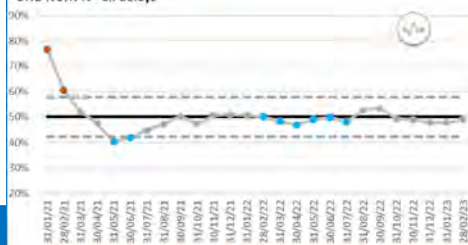
Stranded patients: Length of stay 14 days



Stranded patients: Length of stay 21 days



UHD NCTR % - all delays



## Data Description and Target

The number of patients with a length of stay greater than 7, 14 and 21 days

The proportion of delays in discharge for whom the patient has no criteria to reside. Target to reduce the number of patients with no criteria to reside by 50%.

## Performance

The average daily number of patients who are ready to leave/have no criteria to reside was 244 in February, **an increase** of 22 patients per day compared to January.

- The overall delayed discharge position continues to challenge hospital flow. The overall proportion of MRFD patients **increased to 29%**. (+2%)
- The number of internal delays also reported **decreased by 3%** (20% of delays were due to internal processes)
- The number of patients with a length of stay (LoS) over 21 days **remains challenged** at 269.
- Delays in accessing community health and social care driven by bed, workforce and processing capacity are the significant factors impacting LoS and patients waiting discharge.
- Internal delays are reviewed and challenged daily, key themes include completion of therapy assessments and discharge referrals.

## Key Areas of Focus

- Internal incident support pre/post-strike days to reduce internal and all delays
- Daily partner meetings focusing on MRFD
- Weekly Matron led ward Long Length of Stay (LLOS) meetings plus additional Exec level meetings instigated to support escalation
- 46 patients currently in additional Care Home capacity to support rapid decant of patients
- System led accelerated Discharge to Assess (D2A) model commenced in February
- System visits to UHD and Community Hospitals identified key system themes and opportunities for improvement
- Focus for organisation via Hospital Flow Programme Workstream 4, with an aim of improving early discharge planning, D2A pathways and data completeness in Health of the Ward (HotW)

# Screening Programmes

**Executive Owner:** Mark Mould (Chief Operating Officer)

**Management/Clinical Owner:** Leanna Rathbone/Sarah Macklin (GDO)



High Level Board Performance Indicators  
FEBRUARY position :

Breast Screening	Standard	ACHIEVED
Screening to Normal Results within 14 days	95.00%	99%
Screening to first offered assessment appointment within 3 weeks	95.00%	83%
Round Length within 36 months	90.00%	94%
Longest Wait Time (Months)	36	36

## Background/target description

To ensure the breast screening access standards are met.

### Performance:

- We are now able to maintain a steadier level of screening over all our locations now that the backlog has been recovered. Round length target has been achieved again this month and is 94%.
- The date first offered assessment target has not been met this month due to Radiology sickness which caused a delay in film reading and a loss of assessment clinic cover .
- All other KPI targets have been met and there is no backlog of women overdue a recall due to the pandemic.

### Underlying issues:

There have been some equipment issues at Think Big which has meant we have had to cancel the clinics running at that location for the last week of February up to 7th March.

### Actions:

The women have been accommodated at our main Poole Unit until the issue is fixed which is expected w/c 6th March.

## Background/target description

To ensure the bowel screening access standards are met.

### Performance:

- SSP Clinic Wait Standard : The clinic wait standard continues to be maintained at 100%. Face to face clinics have restarted at all sites.
- Diagnostic Wait Standard : The diagnostic wait standard was achieved at 98% through Q1 2022/23 rising to 99% for Q2 and maintained in Q3.

### Underlying issues:

- The programme continues to see fluctuations in numbers of FIT positive patients coming into clinic which makes planning for colonoscopy demand difficult.
- Developing new accredited screeners and succession plan for existing screeners continues to present a challenge

### Actions:

The challenge regarding new accredited screeners and succession plan for existing screeners is now on the risk register.

Bowel Screening Standard Target Trust Feb Performance

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



# Maternity

**Executive Owner:** Paula Shobbrook (Chief Nursing Officer/ Deputy CEO)

**Management/Clinical Owner:** Sarah Macklin (GDO) / Lorraine Tonge Director of Midwifery / Mr Alex Taylor Clinical Director

CQC Maternity Ratings	OVER INADEQUATE	INADEQUATE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
10 <sup>th</sup> March 2023	INADEQUATE	INADEQUATE	GOOD	OUTSTANDING	GOOD	INADEQUATE
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)						73.2%
Proportion of specialty trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)						89.3%



## National position & overview

- This Perinatal Quality Surveillance Dashboard describes a standard data set for Trust Board overview (set out Jan 2021)
- There are a number of items which require narrative rather than graphic benchmarking and these are described below

Matters for Board Information and Awareness	Findings of review of all perinatal deaths using the national monitoring tool	Progress in achievement of NHSR/MIS Yr 4
<p>A Maternity CQC inspection took place on Tuesday 8<sup>th</sup> November 2022 focusing on safety and well led domains, as part of their nine-month national programme of reviewing all maternity services.</p> <p>The results were published for UHD maternity on Friday 10<sup>th</sup> March 2023 rating the maternity service INADEQUATE. Much work has already been undertaken to reduce and address the risks identified during the inspection and this is being led by the Head of Midwifery with senior MDT support and involvement of our maternity voices partnership, the LMNS and UHD staff.</p> <p>Of note, low levels of complaints have been received in February and praise from our patient experience surveys for individuals and the service is very heartening to read.</p> <p>FFT – first month indicating returns as a percentage of births 12% rather than % of positive responses, hence red on dashboard. The requirements for this indicator will need to be reviewed in future.</p>	<p><b>3 x lost babies to report to MBACE</b></p> <p><b>Submitted for PMRT reviews in February 2023:</b></p> <p><b>Neonatal Death L101123</b></p> <ul style="list-style-type: none"> <li>Anticipated due to known anomaly</li> </ul> <p><b>Actions/Learning</b></p> <p>Good bereavement and neonatal support</p> <p><b>Stillbirth L101123</b></p> <ul style="list-style-type: none"> <li>Antenatal Intrauterine death at 27 weeks gestation. Absent fetal heart detected in routine antenatal checkup, cause unknown for further investigation</li> </ul> <p><b>Late fetal loss L102599</b></p> <ul style="list-style-type: none"> <li>Detected at 6 month routine scan, 22 weeks gestation. Cause unknown for further investigation</li> </ul>	<p>The full compliance report was sent to NHS Resolution (MIS) on February 1<sup>st</sup>. Although the maternity service met safety criteria in respect of training thresholds, there was insufficient auditable evidence of this in respect of maternity support workers (skills and drills) and neonatal nurses band 5-7 ( newborn advanced life support) as a continuum between MIS year 3 and MIS year 4.</p> <p>Action plans included with the submission focused on moving professional mandatory training onto the BEAT and ESR.</p> <p>To support multidisciplinary skills drills training further, the 2021 and 2022 PROMPT training packages have been ordered.</p>



# Maternity

Executive Owner: Paula Shobbrook (Chief Nursing Officer/ Deputy CEO)

Management/Clinical Owner: Sarah Macklin (GDO) / Lorraine Tonge Director of Midwifery / Mr Alex Taylor Clinical Director



## Maternity Perinatal Quality Surveillance Scorecard

Perinatal Quality Surveillance scorecard		Alert (national standard/average where available)	Running total/average	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Perinatal	Red flags: 1:1 care in labour not provided	0		0	0	0	0	0	0
	3rd/4th degree tear overall rate	> 3.5%	1.79%	1.1%	2.6%	2.5%	4.1%	1.6%	1.4%
	Obstetric haemorrhage >1.5L	Actual	74	6	14	7	12	13	6
	Obstetric haemorrhage >1.5L	> 2.6%	3.15%	1.7%	4.3%	2.1%	3.7%	4.2%	2.1%
	Term admissions to NNU	National <6%, Regional <6%	0	8	14	14	19	17	7
	Apgar < 7 at 5 minutes	> 1.2%	2.3%	1.9%	3.9%	1.5%	2.5%	2.5%	2.4%
	Stillbirth number	Actual	5	3	0	1	0	0	1
	Stillbirth number/rate (per 1,000)	> 4.4/1000	2.13	8	0	1	1	0	3
Workforce	Rostered consultant cover on Delivery Suite - hours per week	< 60	72.0	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per week	< 10	58.0	58	58	58	58	58	58
	Midwife/band 3 to birth ratio (establishment)	01:28	1:21	01:21	01:21	01:21	01:21	01:21	01:21
	Midwife/band 3 to birth ratio (in post)	01:28	1:23	01:23	01:23	01:23	01:23	01:23	01:23
	Acute Maternity unfilled prospective RM shifts (pcm)	160 pcm		rotas being aligned with budget and birthrate				shift fill from April 2023	
	Maternity Ward 1-4 staff members short	Actual		with budget and birthrate plus				shift fill from April 2023	
Feedback	Number of compliments (Smiles via Badgernet)		306	73	65	66	not available	62	18
	Number of concerns (PALS)		8	2	3	1	0	0	2
	Complaints		26	4	1	2	1	2	0
	FFT Repsonse -returns as % of deliveries not mandated now )			88%	95%	100%+	previous = % positive		12%
Training	UHD Mandatory training - women's health	90%	78.0%	86%	78%	79%	79%	79%	87%
	PROMPT/Emergency skills all staff groups	60%	74.1%	62%	74%	76%	93%	96%	94%
	K2/CTG training all staff groups	60%	80.1%	48%	80%	88%	80%	89%	85%
	CTG competency assessment all staff groups	50%	80.1%	48%	80%	88%	80%	89%	not known
	Core competency framework compliance	50%	84.7%	80%	85%	80%	92%	92%	
Coroner Reg 28 made directly to the Trust			Y/N	N	N	N	N	N	N
HSIB/CQC etc. with a concern or request for action			Y/N	N	Y(CQC)	Y(CQC)	Y(CQC)	Y(CQC)	Y(CQC)



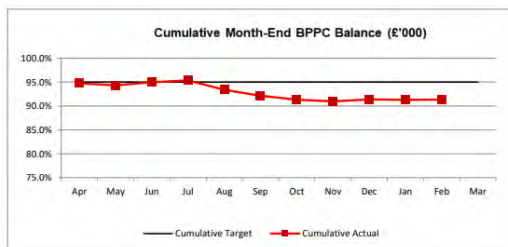
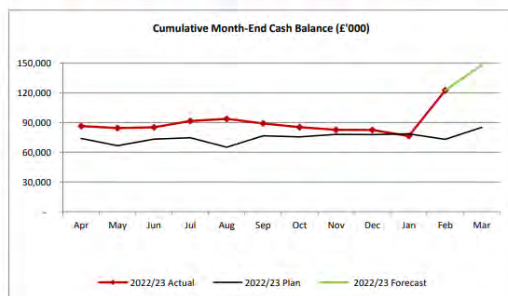
# Finance

**Executive Owner:** Peter Papworth (CFO)

**Management/Clinical Owner:** Care Group Directors (GDOS /GDON / GMDS)/ Exec Budget Holders



FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	170	(1,514)	(1,684)
Capital Programme	110,488	114,793	(4,305)
Closing Cash Balance	73,081	122,498	49,417
Public Sector Payment Policy	95.0%	91.3%	(3.7)%



Operational pressures continue to drive the Trusts financial performance, increasing expenditure and limiting clinical and operational capacity to deliver efficiencies and transformation projects. This is exacerbated by rising inflation, with food and energy prices putting particular pressure on Trust budgets. Collectively, these pressures have resulted in a year to date deficit of £1.7 million. The Trust recorded a positive in-month variance of £2.1 million reducing the year to date deficit to £1.5 million being an adverse variance of £1.7 million against plan.

At 28 February, the Trust continues to forecast a full year break-even position, supported by £2 million of additional income agreed from NHS Dorset ICB in recognition of the operational pressures experienced during December, January, February which are expected to continue through March.

The Trusts capital expenditure is above plan, with a year to date variance of £4.3 million, largely driven One Dorset Pathology Hub build commitments of £3.9 million. Medical equipment and IT are above plan, however, additional MOU funding is expected in March and has been reflected in the forecast accordingly. The capital forecast remains volatile, with additional capital allocations still being confirmed. The Trust is forecasting to operate within the agreed CDEL envelope.

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	15,779	19,143	(3,364)
IT	6,742	5,107	1,635
Medical Equipment	1,600	2,333	(733)
Donated Assets	1,159	1,148	11
Strategic Capital	85,209	87,063	(1,854)
<b>Total</b>	<b>110,488</b>	<b>114,793</b>	<b>(4,305)</b>

As at 28 February 2023 the Trust is holding a consolidated cash balance of £122.5 million. The current cash balance is significantly higher than planned due to the successful in year award of MOU capital funding for multiple schemes alongside a re-phasing of the capital programme spend. This has resulted in a cash drawdown of £48 million received in February. The cash flow forecast for 2023/24 will be aligned to the financial plan and capital programme phasing. The increased cash balance will attract Government Banking Services interest of 3.89% at current Bank of England rates, and PDC benefit at 3.5% offset.

The Trusts payment performance continued to recover during February, however the previous impact of the national cyber attack continues to impact the year to date achievement which currently stands at 91.3%. Further improvement is expected in the remaining months of the year.

# Informatics

Executive Owner: :Peter Gill (CIO)

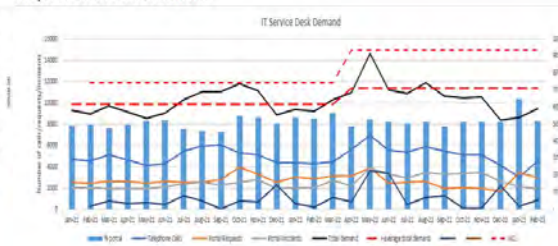


## Business as Usual / Service Management

Graph 1: core Infrastructure availability



Graph 2: Service Desk demand



## Projects / Developments / Security / IG

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

Project Type	Pending Approval	Not Started	Deferred	In Progress	Completed	Total
eForm/Automation Project	0	13	3	61	240	317
Infrastructure Mandatory Projects	0	2	1	7	29	39
Service Improvement Projects	0	45	6	77	377	505
<b>Grand Totals</b>	<b>2</b>	<b>60</b>	<b>10</b>	<b>145</b>	<b>649</b>	<b>864</b>

Table 4: Project Totals and Escalation

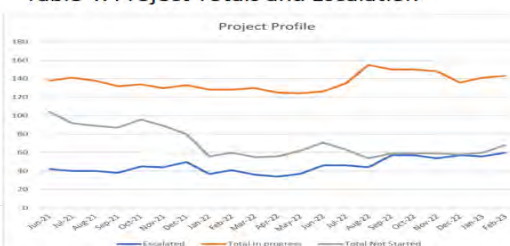


Table 6: Information Asset Compliance

### All Active Assets

Status	Total	%
Draft Only (Pending Updates)	23	0.04%
Awaiting IAO Review/Approval	218	75.52%
Awaiting IG Review/Approval	9	3.15%
DSPT Compliant (2022/23)	35	13.29%
<b>Total</b>	<b>285</b>	

DSPT Compliance 13.29% (All)



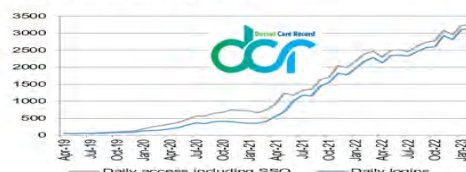
Table 5: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	93.0%	7.0%	0.0%	7.0%
Windows Servers	86.6%	13.4%	0.0%	13.4%

Table 7: FOI compliance

	Total rec'd	Compliance
October '22	51	82%
November '22	56	77%
December '22	45	67%
January '23	59	80%

Graph 8: DCR growth



## Commentary

**Graph 1:** Core Infrastructure uptime remains optimal at greater than 99.9% during Feb 2023.

**Graph 2:** There is a potential reduction in Service Desk demand over Dec, Jan and Feb taking place at the same time as the Service Desk extending hours to cover Saturday and Sunday. The average waiting time on the IT service Desk is now just over 1min.

**Table 3:** 7 Projects completed in month including support for Artificial Intelligence in Breast Screening and upgrades to the Cancer System and the Electronic Prescribing System.

**Table 5:** The percentage of Windows servers now unsupported has jumped to 13.4% (from zero last month) as a result of the end of extended support for Windows Server 2008r2. We continue the programme of retirement of this operating system.

**Table 6:** Slow progress is being made towards the end June 2023 target to ensure all our active assets are compliant to the Data Security and Protection Toolkit.

**Table 7:** Freedom of Information compliance restored to a respectable level, although less than the required standard of 90%.

**Graph 8:** The daily records accessed in DCR continues to grow.



## BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 27 March 2023

Agenda item: 7.2

<b>Subject:</b>	Risk Register
<b>Prepared by:</b>	Joanne Sims, Associate Director Quality, Governance and Risk Natasha Sage, Head of Risk
<b>Presented by:</b>	Paula Shobbrook, Chief Nursing Officer

Strategic Objectives that this item supports/impacts:	Continually improve quality <input checked="" type="checkbox"/> Be a great place to work <input type="checkbox"/> Use resources efficiently <input checked="" type="checkbox"/> Be a well led and effective partner <input checked="" type="checkbox"/> Transform and improve <input type="checkbox"/>											
BAF/Corporate Risk Register: (if applicable)	Risk Register Report											
Purpose of paper:	Review and Discussion											
Executive Summary:	<table><tr><td>Current risks rated at 12 and above on the risk register</td><td>43</td></tr><tr><td>Risk(s) increased to 12 and above for review</td><td>1</td></tr><tr><td>Reduced, closed or refreshed risk(s)rated at 12 and above to note</td><td>2</td></tr><tr><td>Potential new risks for review</td><td>1</td></tr></table>	Current risks rated at 12 and above on the risk register	43	Risk(s) increased to 12 and above for review	1	Reduced, closed or refreshed risk(s)rated at 12 and above to note	2	Potential new risks for review	1			
	Current risks rated at 12 and above on the risk register	43										
	Risk(s) increased to 12 and above for review	1										
	Reduced, closed or refreshed risk(s)rated at 12 and above to note	2										
	Potential new risks for review	1										
	<b>New Risk 12+ for consideration at QC 21/3/23:</b>											
	<table><tr><th>Risk no:</th><th>Title</th><th>Proposed Grading</th><th>Exec Lead</th><th>Care Group</th></tr><tr><td>1738</td><td>Radiotherapy Eclipse Treatment Planning System Failure</td><td>12</td><td>Chief Information &amp; IT Officer - Peter Gill</td><td>Sp CG</td></tr></table>	Risk no:	Title	Proposed Grading	Exec Lead	Care Group	1738	Radiotherapy Eclipse Treatment Planning System Failure	12	Chief Information & IT Officer - Peter Gill	Sp CG	
	Risk no:	Title	Proposed Grading	Exec Lead	Care Group							
	1738	Radiotherapy Eclipse Treatment Planning System Failure	12	Chief Information & IT Officer - Peter Gill	Sp CG							
	NB. Risk assessment notes no actual impact on patient safety or patient care at present. LERNs reported but impact mitigated.											
<b>Risks increased to 12 and above for consideration at QC 21/3/23</b>												
<table><tr><th>Risk no:</th><th>Title</th><th>Proposed Grading</th><th>Update</th><th>Exec Lead</th><th>Care Group</th></tr><tr><td>1053</td><td>Risk of potential patient harm to patients who no longer require acute care (have 'No Reason to</td><td>20</td><td>Risk score increased to 20 due to: -Increase in NCTR patients late Feb -National visit to review our position and support</td><td>Chief Operating Officer - Mark Mould</td><td>Operations</td></tr></table>	Risk no:	Title	Proposed Grading	Update	Exec Lead	Care Group	1053	Risk of potential patient harm to patients who no longer require acute care (have 'No Reason to	20	Risk score increased to 20 due to: -Increase in NCTR patients late Feb -National visit to review our position and support	Chief Operating Officer - Mark Mould	Operations
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		Reside) or to elective/non elective patients who cannot access acute beds due to increased occupancy. Associated risks to performance standards and organisational reputation.		<p>Dorset's improvement work</p> <ul style="list-style-type: none"> <li>-Impact on flow and specifically the challenge to achieve new 4hr target, respond to strike action and urgent/elective care pressures</li> <li>-Social worker capacity for assessments</li> <li>-Increase in internal delays, exacerbated by strike action</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>-System accelerated D2A programme incl up to 50 beds being commissioned and support to secure therapy and other workforce to support patients. NHS Dorset exec led.</li> <li>-Rollout of Workstream 4</li> </ul> <p>Estimated Date of Readiness, Best Practice Toolkit and Health of the Ward changes in February</p> <ul style="list-style-type: none"> <li>-System decision to work towards Care Act Assessments out of hospital</li> <li>-System to review further opportunities on receipt of national visit feedback</li> <li>-Continued internal focus on internal delays and LLoS</li> </ul> <p>Risk will continue to be monitored in response to impact of actions</p>		
	To note - Current 12+ Risks decreased or closed in month					
	Risk no:	Title	Risk Owner	Risk Trend		
	1342	The inability to provide the appropriate level of services for patients during the COVID-19 pandemic	Sophie Jordan	Decreased from 16 to 12		
	1281	Radiation Physics Support Staffing Levels	Sarah Macklin	Decreased from 12 to 8		

	Risks graded 12+ - Compliance with review timescales - to note			
	No: of risks under review	Number of Risks compliant with Risk Appetite timescales	% of Risks Compliant with Risk Appetite timescales	Month on month position
	43	37	86%	7%↓
<b>Background:</b>	The report is provided in accordance with the UHD Risk Management Strategy			
<b>Key Recommendations:</b>				
<b>Implications associated with this item:</b>	Council of Governors <input type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input checked="" type="checkbox"/> People (inc Staff, Patients) <input type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input checked="" type="checkbox"/> System <input checked="" type="checkbox"/>			
<b>CQC Reference:</b>	Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>			

Report Committees/Meetings at which the item has been considered:	History: at	Date	Outcome
Quality Committee		21/03/2023	Meeting not yet taken place at the time of submission of this report.

<b>Reason for submission to the Board in Private Only (where relevant)</b>	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
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## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 March 2023**

### Agenda item: 8.1

<b>Subject:</b>	CQC Inspection Reports
<b>Prepared by:</b>	Debbie Gritt, Quality Assurance Coordinator Kelly Ambrose, Quality Governance Lead Jo Sims, Associate Director of Quality Governance and Risk
<b>Presented by:</b>	Paula Shobbrook, Chief Nursing Officer
<b>Strategic Objectives that this item supports/impacts:</b>	<div>Continually improve quality <input checked="" type="checkbox"/></div> <div>Be a great place to work <input checked="" type="checkbox"/></div> <div>Use resources efficiently <input checked="" type="checkbox"/></div> <div>Be a well led and effective partner <input type="checkbox"/></div> <div>Transform and improve <input checked="" type="checkbox"/></div>
<b>BAF/Corporate Risk Register: (if applicable)</b>	Risk reference 1864
<b>Purpose of paper:</b>	Information
<b>Executive Summary:</b>	This paper accompanies the CQC Inspection reports and details arrangements in place to ensure appropriate actions are taken in response to the findings.
<b>Background:</b>	<p>Our regulators the Care Quality Commission (CQC) have undertaken inspections of services at the Trust.</p> <p>Medical care (including older people's care) and Surgery were inspected on 28 September 2022 at Poole Hospital and on the 29 September 2022 at Royal Bournemouth Hospital. The inspection was carried out in line with the CQC's risk-based approach, which means this did not cover all key lines of enquiry.</p> <p>Maternity services at Poole Hospital were inspected on 8 November 2022 as part of the CQC national maternity inspection programme. This aims to give an up-to-date view of hospital maternity care across the country and to understand what is working well in order to support learning and improvement at a local and national level.</p> <p>The reports for the inspections were published on 10 March 2023: <a href="https://www.cqc.org.uk/publications/2023/03/10/poole-hospital-care-quality-commission">Poole Hospital - Care Quality Commission (cqc.org.uk)</a>. and <a href="https://www.cqc.org.uk/publications/2023/03/10/the-royal-bournemouth-hospital-care-quality-commission">The Royal Bournemouth Hospital - Care Quality Commission (cqc.org.uk)</a></p>

	<p>CQC rated Poole Hospital's maternity service inadequate and Poole Hospital's surgery remains requires improvement. Inspectors' assessment of the hospital's medical care did not lead to a rating being issued, so the historic rating for medical care still stands (good).</p> <p>This means that overall the rating for Poole Hospital is that it requires improvement. It was previously rated good. Maternity Services were previously rated good.</p> <p>No rating was issued for the Royal Bournemouth Hospital, so it remains rated good overall. Similarly, inspectors' assessment of the hospital's medical care and its surgery did not lead to new ratings being issued – so both remain rated good. The inspection did not lead to Trust-wide ratings for University Hospitals Dorset as a whole being issued.</p> <p>The Trust has worked closely with the CQC and will provide a formal response to the requirements that were not being met (Must actions in the report), no later than 24 March 2023 for Maternity and 27 March 2023 for the Bournemouth and Poole site reports. The response will provide details of the actions being taken, timeframes and potential barriers to compliance.</p> <p>Action plans are being completed by Corporate and Care Group leads to address the requirements (must do's), recommendations (should do's) and key elements highlighted in the reports which will help to improve patient care either directly or indirectly. These will be reviewed by the executive lead and will be submitted by the timeframes required.</p> <p>A verbal update on the actions taken will be provided to the Board.</p>																				
<b>Key Recommendations:</b>	<p>To receive the inspection reports and findings</p> <p>To note the plans for submission of action plan responses to the CQC in accordance with agreed timescales.</p>																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input type="checkbox"/></td></tr> <tr><td>System</td><td><input type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality and Diversity	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Operational Performance	<input type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input type="checkbox"/>	System	<input type="checkbox"/>
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	Responsive	<input checked="" type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input type="checkbox"/>

Report Committees/Meetings at which the item has been considered:	History:	Date	Outcome
Quality Committee		21/03/2023	Meeting has not yet taken place at the time of submission of this report.

Reason for submission to the Board in Private Only (where relevant)	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>



## BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 27 March 2023

Agenda item: 8.2

<b>Subject:</b>	UHD National Staff Survey Report 2022
<b>Prepared by:</b>	Nikki Greenall, Organisational Development Practitioner
<b>Presented by:</b>	Deborah Matthews, Director of Organisational Development

<b>Strategic Objectives that this item supports/impacts:</b>	Continually improve quality <input checked="" type="checkbox"/> Be a great place to work <input checked="" type="checkbox"/> Use resources efficiently <input type="checkbox"/> Be a well led and effective partner <input type="checkbox"/> Transform and improve <input checked="" type="checkbox"/>
<b>BAF/Corporate Risk Register: (if applicable)</b>	None
<b>Purpose of paper:</b>	Information
<b>Executive Summary:</b>	<p>The National Staff Survey 2022 is the Trust's second year of comparative data, structured around the 7 NHS People Promise pledges and 2 Themes [Staff Engagement and Morale]. The 2022 key findings include:</p> <ul style="list-style-type: none"> <li>• our highest response rate to date of <b>45.5%</b> (up from 37.1% in 2021 and above the national average).</li> <li>• our Engagement score is 6.8 out of 10 and Morale 5.6 out of 10. This is in line with our sector comparator and stable compared to last year</li> <li>• a key finding is that there is great variation at team level in the questions that make up the Engagement score.</li> <li>• staff have told us we need to prioritise safe staffing, call out and report incidents of harassment and bullying, be mindful of people experiencing work related stress and support colleagues who may be feeling burnt out.</li> </ul> <p>This year we are attempting to triangulate the survey results with sickness and vacancy rates, core skills completion and ward FFT scores. We have also designed a new manager's module to support the Trust's managers in considering their team or departmental results and thinking about how they can encourage improvements. This is supported by some drop-in sessions for further discussion. Team leaders have been emailed with their results and an action plan template. As part of Patient First, the Trust's continuous improvement approach, we will commence phase 3 of</p>

	our culture programme. This will involve Culture Champions working with individual teams and senior leaders to support them to make local changes for improvement.
<b>Background:</b>	The Chief Officers requested an in-depth briefing on the results of the national Staff Survey 2022 published on 9 March 2023. The reading room includes a) our workbook highlighting some of the different approaches we have piloted this year to improve the completion rate and the resulting action plans and b) our National Staff Survey Summary Report.
<b>Key Recommendations:</b>	Board members are asked to: <ul style="list-style-type: none"> <li>• note the 2022 NHS Staff Survey results.</li> <li>• note our Culture Champion proposal with a clear focus on care group and directorate cascade and ownership of action plans to bring about local improvements and make the Trust 'a great place to work'.</li> </ul>
<b>Implications associated with this item:</b>	Council of Governors <input type="checkbox"/> Equality and Diversity <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>
<b>CQC Reference:</b>	Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input checked="" type="checkbox"/>

<b>Report History: Committees/Meetings at which the item has been considered:</b>	<b>Date</b>	<b>Outcome</b>
Executive Team Briefing	13/03/2023	Support for recommendations and actions.

<b>Reason for submission to the Board in Private Only (where relevant)</b>	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
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## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 March 2023**

### Agenda item: 9.1

<b>Subject:</b>	Dorset Integrated Care Partnership Strategy
<b>Prepared by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance
<b>Presented by:</b>	Siobhan Harrington, Chief Executive Officer

<b>Strategic Objectives that this item supports/impacts:</b>	Continually improve quality <input checked="" type="checkbox"/> Be a great place to work <input checked="" type="checkbox"/> Use resources efficiently <input checked="" type="checkbox"/> Be a well led and effective partner <input checked="" type="checkbox"/> Transform and improve <input checked="" type="checkbox"/>
<b>BAF/Corporate Risk Register: (if applicable)</b>	N/A
<b>Purpose of paper:</b>	Information
<b>Executive Summary:</b>	Following publication of Dorset's Integrated Care Partnership Strategy 2022/23 "Working Better Together", this is presented to the Board for information.
<b>Background:</b>	The "Working Better Together" strategy document outlines the current status, what the Integrated Care Partnership intends to achieve and how it plans to deliver upon that. It sets out how the NHS, councils and other partners within the ICP will work together to make improvements in the health and wellbeing of local people. The strategy document notes that "different people have different experiences when using health and care services – differences in what access they have to services, how they feel when using the services, and the outcome those services have on their health and wellbeing. These differences lead to inequalities in health that are both unjust for people and communities".
<b>Key Recommendations:</b>	To consider and review the ICP Strategy 2022/23 "Working Better Together".
<b>Implications associated with this item:</b>	Council of Governors <input checked="" type="checkbox"/> Equality and Diversity <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Operational Performance <input checked="" type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input checked="" type="checkbox"/>

	Regulatory	<input checked="" type="checkbox"/>
	Strategy/Transformation	<input checked="" type="checkbox"/>
	System	<input checked="" type="checkbox"/>
<b>CQC Reference:</b>	Safe	<input checked="" type="checkbox"/>
	Effective	<input checked="" type="checkbox"/>
	Caring	<input checked="" type="checkbox"/>
	Responsive	<input checked="" type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input checked="" type="checkbox"/>

<b>Report Committees/Meetings at which the item has been considered:</b>	<b>History:</b>	<b>Date</b>	<b>Outcome</b>
N/A		N/A	N/A

<b>Reason for submission to the Board in Private Only (where relevant)</b>	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>

# Working Better Together

Dorset's Integrated Care Partnership Strategy 2022/23



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# Introduction

## Welcome to the first integrated care partnership (ICP) strategy for Dorset.

The point of a strategy document is to explain where we are now, what we hope to achieve, and how we're planning to do that. This document builds on previous plans for Dorset like the Sustainability and Transformation Plan and the NHS Long Term Plan. It sets out how the NHS, councils, and other partners within our ICP will work together to make the best possible improvements in the health and wellbeing of local people. This means changing the way we work to provide the right health and care services across Dorset.

We need to do this to tackle the challenges around high demand for care and support. We also know that different people have different experiences when using health and care services – differences in what access they have to services, how they feel when using the services, and the outcome those services have on their health and wellbeing. These differences lead to inequalities in health that are both unjust and costly for people and communities.

Not only do we want to make sure everyone in Dorset has access to the right services at the right time, it's also a legal duty for us to look at how we are reducing inequalities in health across our integrated care system (ICS), as stated in the 2022 Health Act. In this strategy we present the main things that people in Dorset have told us affect them, both good and bad. Where things aren't working, we will look at what we can do to make things fair for everyone.

## Together, we will:

- make sure our resources are used where they're needed to meet health and care needs
- look at how public, independent and voluntary organisations can provide joined-up care together
- listen to people, and involve them in making decisions about their care and how they get it
- look at how well things are working for our communities, and make changes if things aren't right.

It's not just health and care services that make a healthy person. You've told us how important family and friends are to staying well. We know that talking to volunteers and people with similar conditions can have a big impact when we're recovering from an injury or illness. This strategy puts you at the heart of health and care planning wherever possible.

Through a document called the Joint Strategic Needs Assessment, we've researched the needs of Dorset's population. We've spoken to people working in frontline health and care and young people working with Healthwatch Dorset. We've gathered information from the BCP Council Resident's Survey and Big Conversation, and the Community Action Network's State of the Sector report. We've also spoken to people from all over Dorset through our 100 Conversations project.

Understanding what you need to stay well means better outcomes for everyone. This strategy is just the start of that journey.

## Differences you will see

Putting people and communities at the heart of all we do and focusing on the things that are most important to you will help us in supporting everyone to live happy and healthy lives from cradle to old age.

## You will:

- be more involved in your care and in the decisions that are made about what care you'll be receiving and why
- be able to access information more easily in a format that is suitable for your needs
- be considered as a person rather than a patient, your care will be tailored to suit you, not your condition or injury
- be listened to and where things aren't right, your experiences will be used to make improvements
- be able to access services closer to home, not passing from service to service. This will save you time and money by not having to make multiple trips to hospital settings
- be able to access Dorset's natural environment to stay well and use green spaces to improve your physical and mental wellbeing
- have the right tools to stay well and independent for longer, so you can manage your own health and wellbeing successfully, and recognise when things aren't right or when you may need extra support.



'Integrated care systems are all about improving outcomes and tackling inequalities. I'm excited by the opportunity working as a single system brings – only by working together and listening to local people will we make the changes we need to.'

Jenni Douglas-Todd – Interim Chair, Dorset Integrated Care Partnership



'I'm encouraged by the focus in integrated care systems of using our collective assets to improve prospects for people who don't get the chances of a decent job, or home or support network. These factors are so crucial to health we mustn't underestimate what we could do together to help.'

Spencer Flower – Leader of Dorset Council, Integrated Care Board member



'When we talk to communities about what makes a great place, people mention the importance of our natural environment to boost wellbeing. This is where councils can make a real contribution to integrated care systems, aiming to be the best place for wellbeing and healthy living.'

Drew Mellor – Leader of Bournemouth, Christchurch and Poole Council, Integrated Care Board member

# Our vision and priorities

## Our vision

Dorset Integrated Care System works together to deliver the best possible improvements in health and wellbeing.

## Key priorities

### 1. Prevention and early help

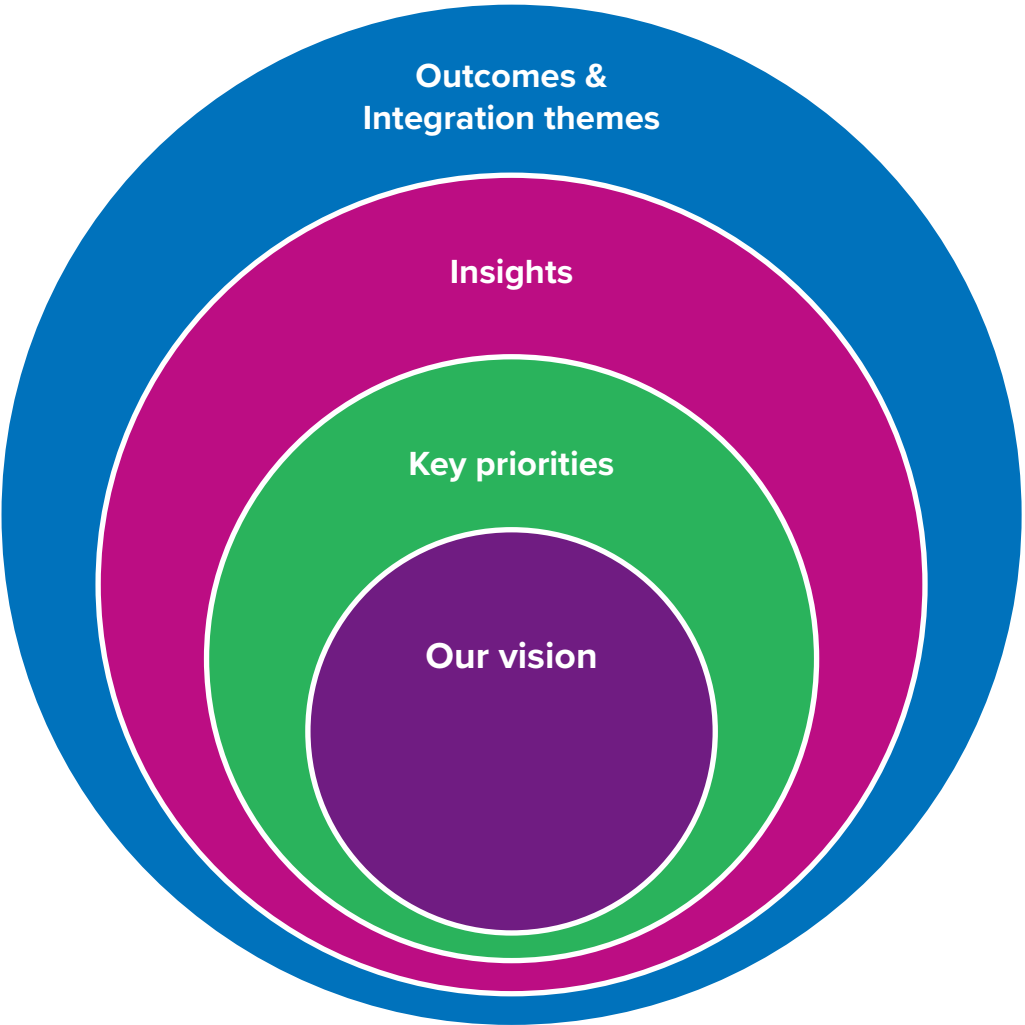
Helping you to stay well by providing prevention support as early as possible.

### 2. Thriving communities

Investing in communities, building strong networks and developing high quality spaces in the community where we can work together.

### 3. Working better together

Consider your needs at all stages of your journey through health and care services.



## Insights

From our community conversations we have a good understanding of what people in Dorset feel are the most important when it comes to your health and wellbeing.

If things were working well and services were being delivered seamlessly people would think, feel and do:

- Listened to and involved
- A sense of purpose and belonging
- Not passed around services
- Access services closer to home
- Remain independent 'give me the tools'
- Use natural environment for wellbeing
- Considered as a whole person or family

## Joint Strategic Needs Assessment tells us these are the important factors:

- Mental health and wellbeing
- Fairness in access to services, including digital
- Loneliness and social isolation
- Rising cost of living, hidden poverty
- Children's health and social care
- Workforce and ability to help support people with more complex needs
- Lack of maturity in working as one system to improve quality – demand and pressures
- Integrated mental and physical health

## Outcomes



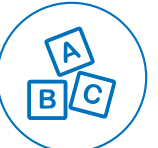
Joined-up health and wellbeing, consider mental and physical health



Invest in and involve informal care and support



Care closer to home



Children's health, and best start in life



Inequality, or 'fairness' in access, outcomes and experience



Social isolation, loneliness



Listen and involve people in solutions

## Integration themes

- Greater involvement of voluntary sector and social networks to keep you well – invest seriously in prevention
- Consider high quality spaces where this work could happen between formal and informal services
- Care closer to home as default
- Communication, listening and treating people as humans not patients; respect employees and their wellbeing too
- Access and experience really critical – focus on the person's experience and outcomes will improve
- Tackle variation in outcomes, 'fairness' in access to services and support, consider who is waiting and the impact on health
- Integrate physical and mental health care where possible
- Encourage our organisations to look for and promote opportunities for good jobs and decent housing.

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# 01 Where we are now



# What you say our places are like



Dorset is a great place to live and grow – over half the county is an area of outstanding natural beauty. The mix of coastal, urban and rural areas offers variety in both the landscape and activities that can support health and wellbeing.

“I’ve always done outdoorsy things. Whether that is just going for a really long walk on a Sunday afternoon or playing sport or walking a dog... Anything nature, animals and outdoorsy or water based. That is what makes me feel calm and happy.”

100 Conversations



Our town centres are places to connect and be part of a community. People want to feel proud to live there, to be part of the history of the place, and to celebrate its specific culture.

“People felt really strongly about their local town centre. For example, Christchurch is not just a place to shop, but the essence of the community. A place where people could go to have a conversation, or chat at a shop checkout or at the bus stop. These casual encounters are important for people’s mental health, a chance to connect and feel part of something bigger.”

BCP Future Places



Dorset has almost 100 miles of coastline, including England’s only natural World Heritage site, the Jurassic Coast. We also have rolling downs and woodland – Dorset is full of places to get out into nature and explore.

“My husband and I really like to get out into nature, and we do lots of walking. We’ve got kayaks and bikes, so we do a lot of exploring.”

100 Conversations



While beautiful, our rural areas have several challenges. Young people are particularly affected, with access to transport one of the main barriers stopping them from taking part in social activities or using support services.

““For young people who live rurally, their location is an added barrier to accessing health and care services. They could not access support without their parent’s knowledge or without their parent being present, because their parent had to provide transport.”

Healthwatch Dorset Young Listener Project



## Youth voices

The VoiceX survey aimed to capture the voices of young people across the county to explore what it’s like living and growing up in Dorset. 371 young people took part in the survey.

Top three barriers preventing young people from using clubs, groups and support:



Not knowing other people taking part



Money



Transport



of young people take an active role in their community



feel they belong in their community



feel they are not taken seriously



# One system, two places

Where and how we live plays a huge role in our health and wellbeing. Dorset is split into two ‘places’ – the area covered by Bournemouth, Christchurch and Poole (BCP) Council, and the area covered by Dorset Council. We need to know how these two places shape the health and wellbeing of the people living there.

## Bournemouth, Christchurch and Poole Council (BCP)

Around 400,000 people live in the BCP Council area. The population is higher than the national average, but also includes a higher number of people aged 19-25 than other areas due to its three universities. This also means the population changes regularly as people move in and out of the area.

We have a growing population from diverse ethnic groups – more so than in the Dorset Council area.

People’s health is about the same or better than the national average, and people who live in the area are generally happy with their lives. How long and how well people live can vary though – BCP has some of the richest and poorest areas in the country.

There is less unemployment than rates in England, but more jobs in lower paid areas like accommodation and food services. Wages are low, and there is a shortage of affordable housing.

## Dorset Council

Lots of people are moving to Dorset, with the population growing by 3,000 each year, despite our birth rates being lower than the national average. Many people choose to retire in Dorset – out of the 380,000 people living here, 29% are aged 65 and older, compared with 19% across England.

Younger people often move away from the area due to lack of opportunities, low wages and high housing costs. Around 25% of families in Dorset live in poverty, and 27% of people are earning below the living wage.

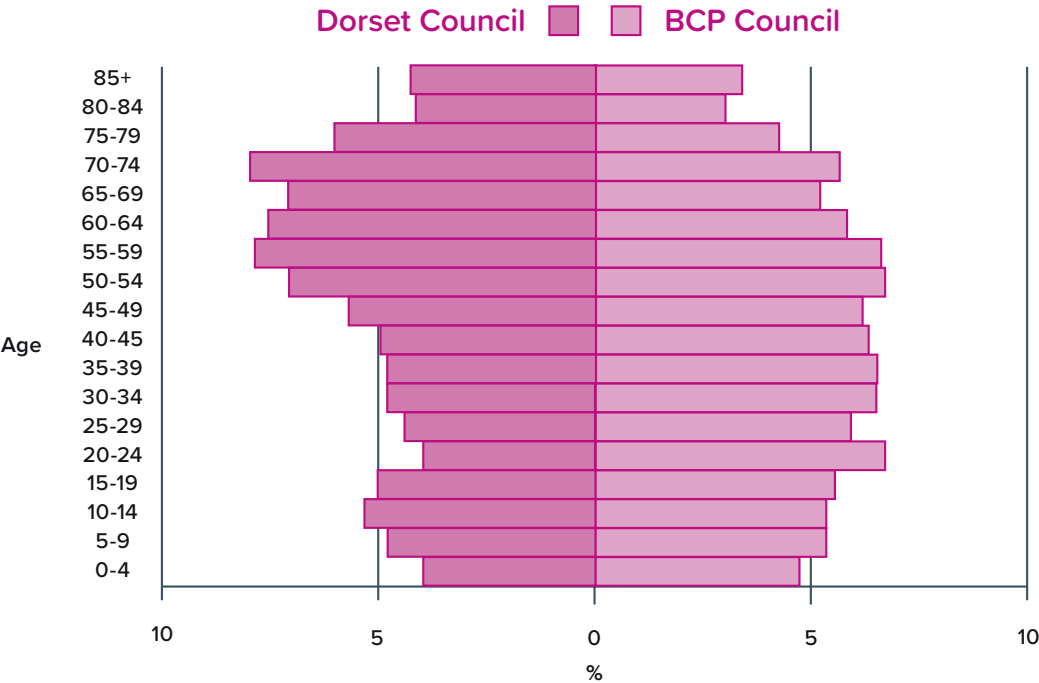
While crime is low, anti-social behaviour and rural crime are an ongoing concern.

The population is more than 90% white British. Fewer than 5% of residents are from ethnic diverse communities.

### In summary

- Coastal communities have much poorer health outcomes than other areas. More people are living with diabetes, heart disease and cancer
- High house prices make it difficult to attract people to health and care jobs
- Coastal areas have fewer consultants, medical trainees and nurses compared to inland areas, despite having older populations with greater needs
- The ageing population could be an asset rather than a problem. Many older retired people volunteer or care for people and have huge life experience
- Health inequality affects health and wellbeing from early years to later in life in both BCP and Dorset council areas.

Graph showing the population of Dorset by age category



Across the whole of Dorset:

13.1%

people earning or living below the minimum living wage

5.9%

armed forces veterans

11.9%

carers (both paid and unpaid)

12.5%

working age adults self employed

30.6%

number of households with only one adult in the house

13.5%

number of children living in poverty

# What our partners say

In Dorset most of us get good care when we can access it, but many aren't getting the care they need. More people are having to wait longer. More health and care staff are leaving, and it's difficult to recruit new people to fill the gaps. There's a greater need for adult social care, and we are struggling to keep up. Funding is also still an issue, and we've been through a lot of political changes in recent years. These everyday pressures make it difficult to step back and plan for the longer term, but we need to do this if we want to make a difference for the people of Dorset in the future.

Working together as a system can help people to live better lives. By making the best use of funding, and looking at who is best placed to deliver a service, we can make sure communities are getting the right care in the right place at the right time.

“Meeting primary needs of having your home, your food, your warmth is getting harder and harder because, obviously, inflation is going up and people's wages haven't gone up for a very long time.”

Joint Strategic Needs Assessment

## Being part of an integrated care system means:



a joint vision to meet the needs of people in Dorset



making the best use of our collective resources to benefit people and communities



taking a place-based view of things when planning services



having open and honest conversations with people



being open and honest when making decisions



focusing on prevention and early intervention



making sure people and communities are at the heart of everything we do



working together as equal partners

“Work within teams where we have a complete multi-agency partnership between health, social care, mental health, between all agencies... How we work together would work better, in a way, like a jigsaw like that. We'd have an understanding [of how people's] mental and physical needs work together, their housing needs, how everything fits in together.”

Joint Strategic Needs Assessment

Councils have an important role to play in tackling issues linked to health inequality. They also have close connections with their communities.

## Working together we can:

- strengthen community services for people living with long-term conditions
- improve support for mental health in the community and in schools
- improve support for carers
- use technology to support older people to stay living in their own homes
- provide care closer to home, away from hospitals
- tackle concerns early on before they become bigger problems
- tackle issues such as homelessness.

“There should be things like a community café in every town, because it's a really good thing. It will help address a lot of problems. I think that those are the bits that I see as gaps.”

Joint Strategic Needs Assessment

“Working to support disadvantaged communities is a key priority for BCP Council. Being part of the integrated care system gives us the opportunity of working together at place level to tackle these inequalities in health outcomes, access, and experience. This strategy offers us the chance to accelerate this work across Bournemouth, Christchurch and Poole.”

Cllr Jane Kelly – Chair, BCP Council Health and Wellbeing Board



“Working better together gives us the opportunity to invest scarce public sector resources in the best possible way. Our integrated care system, if it is working well, should be less about our individual organisations' priorities, and more about planning care and support for people to enable them to live independently for as long as possible.”

Cllr Peter Wharf – Chair, Dorset Council Health and Wellbeing Board



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## 02 Making integration work



# Our Vision

Developing our first integrated care partnership strategy has involved talking with a wide range of people. Some have been leaders of our health and care organisations. Some have been people working on the frontline, providing services in the community and in hospitals. Many have been people that live and work in Dorset who we have not spoken to before, through our 100 Conversations project. We've asked ordinary people what keeps them well, and what more we can do to support them.

Some issues stood out clearly. Leaders agreed that our strategy should focus on helping people maximise their wellbeing, and on treating people as humans first, not patients. This must consider how we support people to have the best start in life, right through to older age. They also agreed that services or organisations should not define what this means. It should come from the conversations we have been having with people and communities.

Through regular discussion with leaders in the system there is widespread support for the following vision statement:

**'Dorset's integrated care system works together to deliver the best possible improvements in health and wellbeing'**

The issues we are contending with are complex, and often the factors that drive them lie outside of the direct control of health and care services. Throughout this strategy and the research and engagement we have carried out to support it we have used three perspectives: prevention and early help, thriving communities, and working better together.

To support the vision, we have used these perspectives to set out under three headings what we are doing to make this happen.

## Prevention and early help

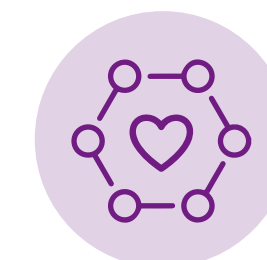
We listen and involve you in decisions about your health and wellbeing, and care and support needs. We make adjustments where needed to improve your outcomes, access or experience, to improve equity and reduce inequalities in health.

## Thriving communities

We work more closely with communities and voluntary sector organisations to support you and improve your health and wellbeing. We provide more opportunities for friends, family and peer supporters to help you thrive, or to recover when you are unwell. We look at variation in how well people are supported who live with long-term conditions.

## Working better together

We put people's and communities' needs at the heart of how we plan care and support. Our organisations work together to provide care as close to you as possible. We value the strength of voluntary and community organisations in this partnership. We focus on improving your outcomes, access, and experience, and are careful with scarce resources like time and money.



"We have a clear vision – working together to achieve the best possible improvements in people's health and wellbeing, but we recognise we need to do more to build strength in citizenship.

We will be more responsive to people, community driven, empowering, and engage with local people wherever we can.

If we are going to reverse the social gradient that we see in health outcomes, we need to be serious about achieving equity of access, experience and outcome in all that we do – and not make assumptions about how people are living their lives. This is what we mean by being ambitious, working in partnership and being community driven."

**Patricia Miller – Chief Executive Officer, NHS Dorset**



# Prevention and early help

We tend to worry about health and healthcare when we get ill or our health begins to suffer. There are many benefits for people who have the tools and support to live and stay well: increased self-esteem, feeling able to take control, feeling connected and less isolated, reduced anxiety, and improvement in mood. People also feel empowered to challenge and question health professionals, being recognised as experts in their condition, and have the ability to provide peer support.

“If you give me the tools to self-manage I can look after my own physical and mental health.”

## 100 Conversations

You’ve told us that you value having meaning and purpose in your day. You want to be involved in conversations about your health and wellbeing.

“They don’t look at my points of view. My needs weren’t considered at all. I didn’t feel listened to.”

## Healthwatch Dorset Young Listener Project

When people can manage their own health and our communities are supported to build groups and networks, we can link people together and help each other to stay well.



“Not being able to do things that I normally would do was difficult. I’m fortunate to live near a green space where we can walk our dog. We’ve become part of a community now, we know our neighbours and that makes a massive difference. I didn’t need to tell them I was ill, they just knew. Dog walking was a natural situation where we could have a conversation. I’m lucky that I’ve got people around me. You know – it takes a village; I’ve got a village, I’ve got a really good village.”

## 100 Conversations

In Dorset we want to improve emotional health and wellbeing support for children and young people. To do this we have to make sure young people have the right support at the right time and in the right place, and that they are actively involved in decisions about their care.

Roughly half of all lifetime mental health disorders start by the mid-teens and three quarters by mid-20s. Introducing support at an earlier stage, even before a diagnosis, can help children, young people and their families feel more looked after and can prevent some conditions from worsening.

As children grow and develop, they may need different kinds of support. For this to work, we as an integrated care system need to listen to the needs of local children, young people and their families and invest resources to reflect this. This means looking at how well our services work to support people.

Waiting times for accessing children and young person’s health services in Dorset are higher than many other areas in the South West. One in 20 people referred are offered an appointment within four weeks – much lower than the target of 95%.

Technically you can [access support] but waiting times are so long you don’t get it.”

## Healthwatch Dorset Young Listeners Project

Not getting help quickly can make some behaviours, like self-harm, worse. This lack of early support not only costs children and young people, but it has a knock-on effect for services, with extra emergency department visits, police and ambulance time, inappropriate stays in hospital, and social work and care coordinator time.

“The key with young people is early intervention work and it’s really difficult. Most of that work can’t be measured because it’s holistic work, it’s working as a whole. Some of it can’t be measured, but it’s the stuff that works... the hand holding... it’s the things that gets them motivated.”

## Joint Strategic Needs Assessment

# Safeguarding families

Post pandemic, many local authorities have seen a rise in child protection cases. A new approach to social work will mean we have the right support for families to enable and affect positive change.

Safeguarding Families Together brings specialist adult services workers alongside children’s social workers, with an approach to keeping children safe in the family home. It is based on ‘whole family working’ to meet both the child and adult needs by working together and sharing information between professionals to provide the right support at the right time.

## Case study – Family A:

Dorset Council worked on and off with one family for 14 years. All four children (aged between 1 and 13) have had some sort of interaction from children’s services since they were born – meaning social workers have been around for their whole life. Research shows this constant presence will have had a negative impact on the families’ wellbeing. If a whole family approach had been available to the parents and empowered them to recognise the changes they needed to make early on, they could have avoided the impact this had on the family.

Children with social workers or who have experienced care can face a range of challenging social and health outcomes, including poorer educational results, higher rates of mental health problems and even higher rates of homelessness and unemployment later in life. In Dorset children aged 0-4 years continue to represent the highest number of new child protection cases.



### Key priorities

- Help people to stay well by providing prevention support as early as possible
- Reduce the variation in how well people are supported with long-term conditions like heart disease, high blood pressure and diabetes

## Making integration work: prevention and early help

In Dorset many people are living with long-term conditions. These include high blood pressure, heart disease or diabetes. There is also wide variation in the number of people who have these conditions under control.

‘Under control’ means managing the risk factors that could lead to the need for hospital care, or even early death. Information on how many people have good control is available from each GP practice.

We can use this information to understand how to improve care. But it is vital we work with people to understand how we can best support them to make the changes that will help.

This could be clinical care, such as prescribing medicines that can help risk factors. Supporting people to make changes to their lifestyle and stay well is also important. For people living with high blood pressure or type 2 diabetes it is possible to reduce your risk factors. This could be by being more active or changing what you eat. Quitting smoking or drinking less alcohol can also help. People are more likely to make these changes if they feel supported and engaged in their care.

Our vision of an integrated care system goes beyond professional, clinical roles. It looks at how we better support people, and the importance of having a strong network of social support. This can help motivate people

to stay well and improve their lifestyles. To achieve this we must understand what matters to you to keep you well. We should also consider how best to provide more social support, and see this as part of our offer to people. Using our data and insight is also important. We will measure how well we are doing. Do more people feel better supported in managing their condition? And is the variation in people who have good control of their condition reducing?

### 1 year



**Data and insights:** Population health data used to build a picture of who is not getting the support they need to successfully manage their condition.

**Involving people:** People who are living with long-term conditions and finding it difficult to achieve control are involved in developing better support options.

**Inequalities:** Primary care teams supporting different communities understand what adjustments are needed to support more people to achieve control of their condition. Local support from voluntary sector organisations is on hand to help with this.

**Experience:** People are regularly asked if they feel listened to and involved in their care. They are also asked whether they have the right support to help manage their condition.

**Outcomes:** We measure progress on improving outcomes, and whether the variation in people who achieve control of their condition is going down.

### 3 to 5 years

### 5+ years

There is less variation in the number of people who are achieving control of their long-term conditions compared to three years before.

Primary care teams are working alongside people from voluntary sector and community organisations to provide more joined-up care. These ‘neighbourhood teams’ include GPs, nurses, social workers and a wide range of people from the voluntary sector. The team’s job is to understand how to deliver personal care and support, and to ensure outcomes, experience and access are as good as they can be.

A mix of support is on hand to help people living with conditions like diabetes or heart disease.

More people agree that they have enough support to help manage their condition when asked.

Neighbourhood teams are supported by champions – people who have experience of living with a long-term condition. They work together to provide more options to better support people to achieve control of their condition. Champions act as care advocates, ensuring the right care at the right time, closest to home.

More people are engaged in their care, and understand their condition. This is helped by being able to access their own personal care record.

Early support to improve health and wellbeing is paying benefits. More people are diagnosed early with their condition, and more people are successfully controlling the main risk factors. This is leading to fewer people needing emergency hospital care for conditions like heart attacks, strokes or diabetes and respiratory conditions.

Reduced need for hospital care of long-term conditions has led to more of the workforce being able to work in the community, in these neighbourhood teams. The focus on improving care and experience is leading to increased job satisfaction and wellbeing among team members.



# Thriving communities

Being socially connected helps us live longer, healthier, and happier lives. But it isn't just our family ties, close friendships, or group membership that make a difference. Having connections and building networks with neighbours and the wider community helps us feel part of something and gives us a sense of belonging. Networks with community spirit and purpose can make a whole community a better place to live.

"I live on my own so for me having a job and volunteering gives me that social aspect... helping at the food bank people start to recognise you and realise they can talk to you. It improves the links people have."

## 100 Conversations

Having friends and social support plays an important role in increasing resilience to illness, helping recovery and improving wellbeing.

The work of the Voluntary and Community Sector (VCS) is extremely varied. It can cover wide areas of Dorset, or small villages and streets. It can offer support to everyone, or focus its work on small groups and individuals.

VCS activities can also cover all kinds of interests and needs. These can include arts, faith, culture, finance, environment, sport, social care, health, heritage, advocacy, advice, and more. The VCS works with individuals, families and communities, and people of all ages.

I've lost having structure in my day... A local charity café is desperate for volunteers so I'm thinking of doing that. Volunteering gives me a purpose."

## 100 Conversations

The scale and variety of organisations in the VCS offers many opportunities for them to work together, as well as with public and private sector partners. There is a strong desire in the VCS to work more closely with the public sector to meet the needs of local communities.

The community roots of the VCS bring a vital point of view to the planning and design of public sector services. This viewpoint increases the chance of successful partnership working in communities. The links between the sectors increases the support available, and improves the strength and stability of the services that are developed.

Working in partnership and building on the communities' strengths creates trust. This trust enables services to fit the local need more appropriately. Services that fit better are more efficient and economical, and meet the communities' needs more directly.

"I came here as a volunteer and a job came up, and I've been here now five years, and it was something totally different. I've never worked in a charity before. It's more fulfilling [...] Every day is different. But you also feel like you give something back to the community."

## 100 Conversations

Neighbourhoods play an important role in building local networks: businesses providing goods, services and employment, town and parish councils representing communities, and patient groups who provide a voice for people at GP practice level. Working together with all elements of our communities we can make a difference and improve the quality of life for everyone.



"The Dorset VCS Assembly was created in 2022. It aims to provide a point of contact and connection for the VCS, and a link to partners in the public sector. The Assembly gives space for the VCS to talk together and share ideas and issues. It also provides VCS representatives for meetings with partners, and is a contact point for engagement with those partners."

Jon Sloper – CEO, Help and Kindness



How many voluntary organisations are there?

7700

What does the voluntary sector do in Dorset?



1 in 4 people volunteer regularly



% of Dorset's workforce in the VCS

15%

Economic contribution of volunteers in Dorset is approximately

£700M

The value of hours given by volunteers is approximately

£560M

Total annual income of the VCS in Dorset is approximately

£640M - £940M





## Key priorities

- Invest to grow a strong network representing all our communities to help with integration challenges and design solutions with professionals
- Develop high quality spaces in the community where professionals and volunteers can work together to provide joined-up support and inclusive services

# Making integration work: thriving communities

From our 100 Conversations work it is clear what keeps us well can often be found close to home. It's having family, friends and support close by. You also said that when you aren't well, it isn't just health and care services that were important.

The integrated care system provides an opportunity to really embrace what it would mean to be community driven, working in partnership with people, communities and the voluntary sector; our goals are similar.

Many of the current challenges facing communities – cost of living and access to food, mental health, loneliness and isolation – are being met with a strong community driven response with food banks and warm spaces.

In mental health prevention, formal services have realised that working directly with communities can have a much bigger reach. The Light on campaign taking action to improve men's mental health works with more than 300 local businesses, all passionate about making a difference. A small amount of funding from health services has enabled a far greater reach and impact by trusting a key community asset – our business sector.

In the very real challenge of social isolation and loneliness an innovative charity Chat Café Local has been providing the space and time for people to meet up and simply share stories, building empathy and emotional resilience. Since its launch in February, the charity has helped nearly 3,000 people. The charity is expanding with new cafés opening in Dorchester and Weymouth.

“Loneliness underpins everything – addiction, the need for support – people can start to see everyone as the enemy if they are stuck with loneliness. The only thing that heals people is letting them tell their story. We are inviting people to come and have a cup of tea and tell their story.”

Anne Anderson – Founder, Chat Café Local



“Look at the work of the CAN Wellbeing Collaborative. It's so important. We connect people to personalised information and support from local charities and community services, so they can live their best possible life at home.”

Karen Loftus – CEO, Community Action Network

## 1 year



We continue to involve communities in designing solutions to our challenges. The 100 Conversations project we started to help develop this strategy grows into an active network. People in this network are keen to help design solutions to the challenges of delivering inclusive services to all.

The integrated care partnership places great value on working with communities. We recognise they are best placed to understand challenges like poverty and loneliness, but we also know communities need help and resources to tackle these challenges.

The Voluntary and Community Sector Assembly becomes an important way to carry out this work with communities. The assembly helps us identify how to work together to tackle the challenges.

We start to identify priority areas for support, understanding what communities need to be able to deliver those services.

## 3 to 5 years



Integrated care in Dorset works hard to bring people and professionals together. There are more opportunities to deliver formal health services alongside volunteer support. We involve people and communities at the start of plans and projects to improve care.

When designing new care offers, we value what each partner brings. Professionals have more time to focus on clinical support. People feel better supported in their wellbeing from the voluntary and community sector.

There are new and creative ways of involving people in care and support. This even reaches people who may have never accessed support before. Working with communities has increased people's interest in their health and wellbeing.

In some areas, new health spaces are being designed with the community that offer a range of support. These wellbeing hubs focus first on what the community needs. Access to high quality health services is there when needed, as well as a range of other support.

Health and care organisations use their power as local employers to offer a route to good jobs. There is a focus to ensure this help goes to neighbourhoods most in need.

## 5+ years

Several community wellbeing hubs are now providing support to people and families. Local people lead and run these hubs working in partnership with professionals. Hubs provide a focus for a vibrant network of community support. They support people to keep them well and work hard to build trust. They are welcoming spaces where people feel at ease and are treated as equal partners in their care.

Councils also recognise the strengths of communities. There are more opportunities to deliver a wider range of council and health services through these hubs. More communities are running these spaces, including some libraries and community centres. People access a wide range of services, from paying council tax to getting early help for families. More support is on hand from volunteers or professionals if needed.

People working in these services know how to work with people putting them at the heart of any decisions. ‘Nothing about us without us is for us,’ is at the heart of this. People feel respected and trusted as equal partners. They are more willing to look for solutions in their support network first.



# Building mental wellbeing

In England, one in four people will experience a mental health problem each year. One in six will experience a common mental health problem, like anxiety or depression, in any given week. The impact of the COVID-19 pandemic and uncertainties tied to the increasing cost of living could also see more people experiencing mental distress and ill health. We have high levels of hospital admissions for self-harm in 15-24 year-olds and growing numbers of those diagnosed with autism experiencing mental ill health.

In Dorset, people experiencing mental health problems may seek help through care settings like their GP surgery, local emergency department and/or local community health team. However, it can be confusing to know when and where to seek help, which can lead to involvement by the police or social services if things escalate, or for people to simply suffer in silence.

**“It absolutely never crossed my mind that I would go and speak to a GP about feeling anxious or depressed. Usually with a GP I would only ever go there for physical issues.”**

## 100 Conversations



By making mental health everyone’s business, Dorset ICS wants to make sure our workforce is equipped with the skills to ensure people experiencing mental ill health have access to the right level of support at the right time, and know what services are available to them.

Over recent years, we’ve been working to improve support for people in mental health crisis. Although we have been working on adult mental health crisis, we are still a long way away from getting this right for children and young people.

We want to place more emphasis on prevention and put local communities at the heart of what we do. We’d like to make improvements within community mental health support. We will continue to work with the community and voluntary sector and others at a neighbourhood level to build community-based buildings. We will focus on the needs of the whole person and not just their diagnosis, giving people more control over their care and recovery.

## Case Study: Light on

The Light on campaign was set up by a group of like-minded Dorset business leaders to improve men’s mental health and wellbeing. By working creatively and collaboratively with businesses, public services and charities, the team are building a community where people can talk more openly about mental health. Tragically, suicide is the biggest killer of men under 45, but Light on is increasing knowledge and understanding with the aim of changing that.

“Over the years, I’ve supported Dorset Mind and other charities due to my experiences with mental ill health and, sadly, losing friends to suicide. What became even more apparent during the pandemic was how many people were suffering in silence.

“Light on is built on the fundamental principle that we can improve people’s mental health by simply talking with one another. Light on aims to create a community in Dorset where people feel confident talking and supporting better mental health and tackling the stigma around mental ill health.

“In May 2022, we launched our Business Wellbeing Summit, bringing together Dorset organisations from key sectors. Eighty-four organisations attended, pledging their support for a universal



workplace wellbeing standard across the county and becoming our first-year adopters of the Light on Workplace Wellbeing guidelines.

“In 2023 we will launch our champions programme, with thirty-five people across Dorset becoming our ambassadors, sharing our ambitions across their communities. These incredible people showing their strength to create a new normal by talking about mental health.”

### Andy Coleman – Founder, Light on

The major highlight of Light on is the unique willingness and drive of different organisations to unite under one brand’s vision to tackle mental health in Dorset. Businesses, charities, prominent individuals, local authorities, NHS services and communities are working together to amplify messaging, share best practices and, most importantly, take a united position on changing the norm around mental wellbeing.

## Case Study: Jon’s Story



**Jon Bartlett moved to North Dorset recently and was surprised how easy it was to access the mental health support that he needed.**

“Whilst I was looking forward to moving back to my home county, I was also nervous. What would the care for my mental health be like? It had taken a long time to get a good treatment regime in my old county – one which, like Dorset, was heavily skewed by a large urban area at one end and rural districts elsewhere.

“I registered at my new GP and found that the doctors had seen my records and booked time to speak with me and welcome me to their surgery, whilst checking what specialist support I might need for my mental health. I was anxious as I spoke to a new GP but they set me at my ease quickly (often tricky by phone) and outlined what they would do next and where I should look to find some community supports. By the end of the same day I had a call from the community mental health team and a couple of days later the social prescribing team had called to connect me up with local peer support groups and various activities.

“I was genuinely surprised how many groups/events were going on. There seemed to be something for everyone and certainly plenty of people ready and willing to help. We hear all the time about waiting lists and delays in mental health services and those things are undoubtedly still an issue, but the service is full of staff who care, and there are plenty of people in the community to help you on a day to day basis.”



# Working better together

Integrated care is about how we work better together. This means understanding how we need to work differently to implement the priorities and ambition in this strategy. Our vision is working together to deliver the best possible improvements in health and wellbeing. This section shares some insights about how we might achieve this when thinking about how our services need to change.

At a basic level, we should be moving more resources – such as money and people – to areas of health and care where needs are greatest. This could mean areas where health outcomes are not as good as the rest of the county, or health and care services that need more funding and people to provide high quality care.

For many years funding has flowed into our main health and care providers – the hospitals, our community and mental health trust and GPs. Most of the money is used to pay the salaries of the people needed to provide health and care. It can feel as if this has been organised in a way that suits how our health and care providers are used to working. We need to listen to people’s experiences and understand how to change this so that care is planned and delivered around people’s needs, not organisations.

How we collect and use information about you, and how we share it across our organisations, is also important to working better together. We’ve heard a lot from people who have not always experienced good communication when accessing health and care. We still ask people to

repeat their story many times, and information about what matters to them is not always used to involve them in decisions about their care.

Alongside people and communities, our workforce will play a vital role in helping make these changes happen. We know there are shortages of key workers in parts of the health and care system, as well as more people needing to be seen, especially since services were reduced during the pandemic. When people don’t have a good health and care experience, it’s not because employees don’t care – pressures make it hard for them to provide care to the best of their ability.

We need to share our resources where they will make the most difference, and the starting point for this has to be understanding how best to meet people’s needs, not the needs of organisations. This is going to take time as it’s a new way of working, but together we’re confident that we can make a difference for people in Dorset.

“We’ve all been working in our silos. We don’t know what the other [organisations] are involved in or what resources are available [in the] voluntary sector. There will be a number of projects that the council are running that we could work with, huge opportunities if we can just keep these talks going and keep people sitting around the tables”

## Joint Strategic Needs Assessment



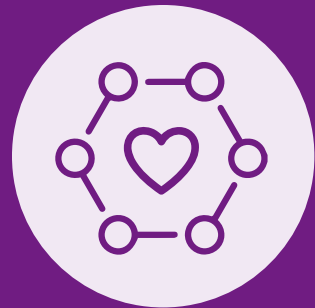
## Case study: prevention built in

When waiting times grew for people needing surgery after the pandemic the local health service took a different approach. Extra clinics were needed to clear the waiting lists. These would review patients with joint problems who need orthopaedic surgery. Usually the solution would be to try to find extra space at our hospitals. But the Think Big project took the clinics to the high street in Dorchester and Poole instead. One clinic was at the former council headquarters close to the high street in Dorchester. The other was in the former Beales department store in the Dolphin Shopping Centre, Poole.

This was a chance to work in a different way. Traditional clinics would offer appointments to assess and prepare people for their surgery. At the new high street clinics, people receive advice on staying well, as well as information before their operation. Health coaches work alongside orthopaedic surgeons and physiotherapists to provide joined-up care.

The clinics have been open since April 2022. Since then health coaches have supported more than 2,790 people with advice to stay well. These were all people needing an orthopaedic operation who would not usually have such joined-up care. About six percent of these people have gone on to register for prevention help from the LiveWell Dorset service. But the most important part of this journey is the support and prompts to think about staying well.

As we develop integrated care, embedding prevention support at every opportunity will be a priority. Evidence shows that even very brief advice to be more active can lead one person in every 10 to take action. It doesn’t take much time, and is a fraction of the cost of treating the consequences of not being active enough.



## Key priorities

- **Develop joined-up personal care plans for people at increased risk of needing more care and support**
- **Consider your needs at all stages when designing integrated care. This includes mental and physical health, and what you tell us matters to you**

# Making integration work: working better together

Evidence shows that people have better health and wellbeing if they are cared for at or close to home compared with being in hospital.

Unfortunately, when admitted to hospital, older people can lose their independence and find it harder to return home. They may also develop further health issues because of changing their regular routine. Providing care closer to home is a key ambition for integrated care. It means you should receive more responsive, suitable care for you and your situation. It also means understanding what matters to you. If we are getting it right, you'll will be able to make informed decisions and help design your own care.

This is not only good for you, it's good for our planet too. Meeting your needs closer to home helps us reach our net zero targets for climate change. In 2018 people travelling to and from hospitals across Dorset generated an estimated 15,646 tonnes of CO<sub>2</sub>. This is the same as flying from the UK to Australia and back 2,688 times.

Our health and care system could also do more to improve health and wellbeing at an early stage. Prevention support can be effective, especially when people have a more serious health condition. When people need hospital care in Dorset, everyone is now offered support to quit smoking. And before many routine operations, people now receive lifestyle support from health coaches.

Care closer to home and prevention support at the same time as clinical care should be key ambitions for integrated care.

To get there we will need to understand how best to use data and information to help plan personal care. We also need to understand what is stopping us from working differently. Are there barriers for our workforce? How could information flow better between organisations? Can we collect information once from people, and understand their journey, making it as smooth as possible? How do we capture your needs and make this available to teams when needed? And what aspects of care and support are best carried out by the voluntary and community sector?

As people's needs increase, technology can also help to keep people well without needing lots of care. We also want to offer help to people to regain independence after a crisis, without having to go to hospital first. Offering services early can often avoid the need for hospital or more intensive care.

In Dorset we have already developed some excellent data tools to identify people with higher risks, such as being frail, at risk of falling. We know from this data who is more at risk of having a poorer outcome. This data is important in understand how well we are implementing integrated care. But we must also ask people how well they feel supported and involved in their care. Together, this information will show whether we are making a difference.

1 year



**Data and insights:** Data is used to understand who needs more support to achieve a good level of control of their condition. Personal plans start to look at how best to support people at an early stage who have increasing need for support. Plans put people at the heart of the care process. As well as clinical support, plans set out what matters to the person to keep them well. This approach supports the growing partnership between voluntary sector services and health and care services. Volunteers and community organisations may be best placed to offer non-clinical support. Prevention and wellbeing support is on hand.

**Experience:** People feel valued and better supported. Personal care plans are clear in setting out their wishes. Professionals involved in their care can access these records out of working hours. There is increasing choice of ways to support people living at home who are starting to need more support. Technology is being used to support more people to remain at home. Urgent response teams are on hand to resolve any support issues around the clock.

**Outcomes:** Personal care records help to reduce the number of older people who need hospital care, especially out of hours. Fewer people have extended hospital stays, risking loss of independence. Care needs are increasingly met in a planned way, involving the person and their family or carer.

3 to 5 years



**Workforce:** Home care services can focus on person-centred care due to more investment. People value the importance of care closer to home. Our workforce are valued and motivated.

Organisations have worked hard to reduce differences in how we recruit, train and pay employees. Lower cost housing for key workers developed through a joined-up approach.

People can move easily between health and social care roles. There is more flexibility, as people work closer to where care is most needed.

There has been a shift in the focus of newer health and care roles in the system. The focus is on developing support for integrated neighbourhood teams.

Services are in the community as well as in hospital to help people stay independent. Following a hospital stay people get the help they need to stay well at home. Fewer people are in hospital who would be better cared for in the community. This has reduced pressure on hospitals and ambulance services. More investment in neighbourhood teams reduces this demand. People in frontline health and care roles have time to listen and consider people's wider needs. Improvements in quality and how well supported people feel. Our workforce feel supported to do the best they can for people.

5+ years

Services are better connected than ever before. Information and communication has improved by putting people at the centre of decisions. Professionals can access instant information about any stage of people's journey. This improves people's experience, but also reduces waste and inefficiency.

There has been a sustained focus on understanding customer journeys. Working with and listening to the experiences of people using our health and care system has been key to this.

This has been used to better understand how to make the experience seamless, compassionate and considerate. Organisations work hard to make sure customer needs are put first. It is easy to understand where people are in their care journey and what they can expect next. Communication, engagement and trust has improved over the past few years due to this concerted focus. And with this, there is clear evidence that people are more engaged with their care. There are fewer missed appointments, and more people acting on what they need to do to stay well or recover. The partnership between professionals and the voluntary sector is stronger than ever. Community teams often include people with lived experience, peer expertise and coaching skills to help people feel they have the right level of support to stay well.





# Falls and frailty

In Dorset, there are nearly 10,000 people aged 65 or more with a moderate or high risk of falling within the next year.

A high percentage of falls that happen in the community or at home will require an ambulance to attend, and many will require a stay in hospital due to an injury.

A lot of falls will result in a hip fracture which reduces a person’s independence and life expectancy. Research shows that 20% of people who sustain a hip fracture are likely to die within a year of their injury.

You are also 12% more likely to be admitted as an emergency for a fractured hip from a fall if you are over 65 and live in the BCP Council area compared with the national average.

We need to recognise frailty conditions much earlier. Across our organisations there are lots of opportunities for us to intervene and prevent these falls from happening.

Dorset & Wiltshire Fire and Rescue Service work with other agencies to offer support and advice in a variety of different areas. This targeted engagement with a vulnerable group within the

community is a good example of partner collaboration by linking the fire service with areas that have identified people at medium to high risk of a fall.

During 2021/22 4,441 Safe and Well visits were completed in Dorset. Of those 2,293 were in the BCP Council area and 2,148 in the Dorset Council area.



“Our Safe and Well visits are designed to provide appropriate advice and support to residents so they can remain safe in their own homes. The free visit covers a variety of areas including fire safety, slips, trips and falls and the ability for us to recommend or refer to other ICS partners, resulting in £5.31 of societal benefit for every £1 invested.”

**Marc House – Head of Prevention, Dorset & Wiltshire Fire and Rescue Service**

## Case Study: Primary care working in partnership with Dorset Healthcare and BCP Council

The team works to support people with a degree of frailty who are at risk of hospital admission. They provide early support with the aim of keeping people living as independently as possible and in their own homes.

The aim is to help people manage their long-term conditions and to look at future care needs before they become urgent.

“Working with others, such as the voluntary sector, means we can help address issues of social isolation and loneliness. We can also link with other support, such as mental health services, so support can be put in place quickly when it’s needed.”

**Frailty team, North Bournemouth**

## Case Study: Anticipatory Care team

A highly innovative Falls Buddy scheme has been set up by the Blackmore Vale Partnership. The aim of the scheme is to reduce social isolation, reduce the risk of falls, and encourage vulnerable adults to engage with social activities in their local community.

The service aims to promote independence and is offered to people at a lower risk of falls and targeted to those living alone. Support is given for 8-12 weeks and focuses on maintaining mobility, functional strength, and balance as well as social confidence.

“As a result of participating in the Altogether Better initiative, Blackmore Vale Partnership has worked collaboratively with volunteer Health Champions for several years. This experience continues to demonstrate the importance to wellbeing of feeling connected to your local community. Volunteers are trained by a Community Rehabilitation Team physiotherapist and support people with exercises linked to regular social activity. The feedback so far suggests that the scheme can be equally beneficial to the volunteer as it is to the person they are ‘buddied’ with.”

**Keith Harrison, wellbeing team lead**

In the last year...

1,389

people were admitted to hospital due to a fall

1,238

calls to 999 related to a fall

1,300

fall related calls from Dorset care homes

1,346

emergency department admissions for hip and femur fractures of which 1,163 were for people aged 65+



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# 05 Where we are headed



# People and communities

In Dorset we have a range of ways to engage with you. Healthwatch Dorset, young listeners, the voluntary sector and patient experiences all gather information that helps make decisions about health and care services.

Having a ‘continuous conversation’ with these groups is important if we want to get the best health outcomes for people in Dorset. It ensures that your voices are heard when we are planning services and gives us the ability to feed back to communities with ‘you said, we did’.

We want to practically support the other things that can have an impact of our day-to-day lives – things like family, friends, work, community activities, the environment, and where we live.

We want to have honest conversations about what we can and can’t deliver, and to start those conversations with you as early as possible. If we have to stop doing things, we’ll be clear about why.

By putting people and communities at the heart of everything we do, we can move away from ‘them and us’ culture to work in a more ‘all of us’ culture as people of Dorset.

## We are:

- ✓ working together with people and communities
- ✓ listening more so we can learn by trying to understand your lived experiences
- ✓ seeking out people we don’t usually reach, giving them the chance to share what they think and to work with us
- ✓ making sure we carry out ‘equality impact assessments’ – these make sure we’re thinking about everyone in Dorset
- ✓ looking at how we check the impact of working together with local people and communities.



Community Voices

100 conversations

Although talking with people and communities isn’t a new concept, we want to do things differently to how we’ve done them in the past.

To truly reflect the voice of our communities, we’ve been gathering stories about the lives of over 100 people living across the county through the 100 Conversations project. Working with industry experts The Point of Care Foundation we have trained over 45 interviewers from a range of backgrounds to have a conversation with people from all walks of life in Dorset, including people from deprived communities, minority communities and disability groups. We will reflect on what we’ve heard from people to make sure we’ve got it right.

A lot of what you’ve read in this strategy has come directly from the people and communities that live in Dorset. The engagement we’ve started through the 100 Conversations project will continue at an even more local level as we look to understand people’s priorities in what we need to do, how to do it, and who to work with to provide services that are built to last.

“I felt privileged, and a bit in awe actually, of the people I’ve interviewed so far. Their journeys have been quite powerful to listen to.

“I have great anticipation that this will enable us to understand our communities better, and I hope that we can continue to listen on an ongoing basis to as many people as want to share their experiences as possible.”

100 Conversations interviewer





# Next steps

Creating this strategy has followed a different process from the start. When speaking with system leaders, there was a sense that previous high level ‘system’ strategies tend to be ignored. This is because they are often non-specific, not built through engagement and ownership, and reflect a long list of national priorities, often framed as negatives.

We have tried to take a different approach by engaging continuously with our leaders, organisations, public and employees throughout the past 11 months. The work is not yet complete, but the interim strategy presented here is a good start.

The next phase is just as important. We want a live, clearly focused strategy that is developed and written through the results of that engagement. It needs to reflect what people and organisations are saying, and develop real ownership and desire to now co-design the solutions and innovative work that will lead to lasting change.

If we get this right, we will have a strong evidence base to guide how integration should develop over the next few years.

**This includes:**

- understanding what people say gets in the way of them living as healthily as possible, and how we can support
- how we build on assets and strengths in focusing on improving people’s resilience, and providing earlier support
- being clear where working together as a local system can reduce inequalities in health and improve social determinants of health and wellbeing
- ensuring we can identify necessary changes, measure and report back on improvements in people’s access, experience and outcomes from health and care.

**The next steps in the strategy development process should consider the following issues, and ensure they are captured in an ongoing development programme:**

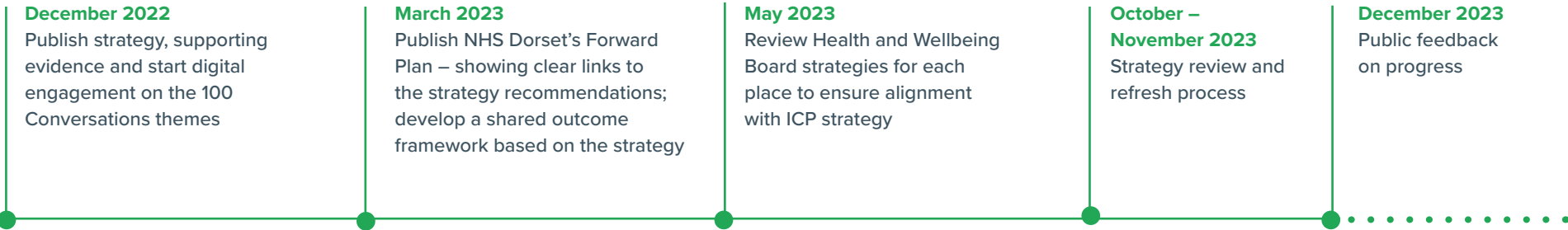
- Continue employee engagement to understand how organisations can support their teams to put you at the heart of care and improve workplace wellbeing
- Ensure clinical and care professional leadership is aligned with this ICP strategy, and that there are strong links to the clinical strategy
- Understand how to reduce duplication in plans and strategies. Make sure there is better alignment and understanding in our system of agreed priorities, from the ICP strategy through to health and wellbeing strategies and place-based commissioning
- Involve people in setting and reviewing priorities, and progress in meeting them
- Consider what issues should be driven by the integrated care partnership, and what can be driven by places and neighbourhoods
- Deepen the engagement with residents by exploring the main themes raised – use these to guide our co-production approach when starting to develop solutions
- Ensure the ICP strategy process embeds the legal requirement to tackle inequalities in health, and promote equity of access and outcomes for all residents. Once published, we intend to develop a programme of workshops to assess whether the priorities and recommendations will help achieve the equity and equality ambitions
- In time develop a consistent method of equality impact assessment, to support the equality delivery system in the NHS and for wider public services.

**Your voice**

Your voice matters to us and we want to listen to what you have to say. We want to make it easy for you to get involved and give us your views. There are many opportunities to have your say and influence local health, care and wellbeing decisions. We want to be inspired by you, and empower you to help us improve health and care services for the better.

We want to help everyone live longer, happier and healthier lives. This work starts with people and communities in Dorset; putting people, patients and carers in the driving seat. Together, we can make things better.

Visit [www.ourdorset.org.uk/100](http://www.ourdorset.org.uk/100)



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# 04 Supporting information



# Population

## National

Life expectancy is how long you can expect to live, on average, if you were born today. It has slowed to a stop in the past 10 years after going up for the previous four decades. Rising food, energy and housing costs and low wages all count towards this fall in the health of our society.

While employment rates are rising, wage growth is low and not distributed equally.

Child poverty rates are increasing. Disadvantaged children are not doing as well at school as their more affluent peers. Both of these factors affect long term health outcomes.

After the pandemic fewer people were physically active. More adults report drinking at harmful levels in the past two years, and deaths from liver disease rose.

People report more work-related stress, anxiety and depression since the pandemic. More children and young people have mental health disorders compared with pre-pandemic years.

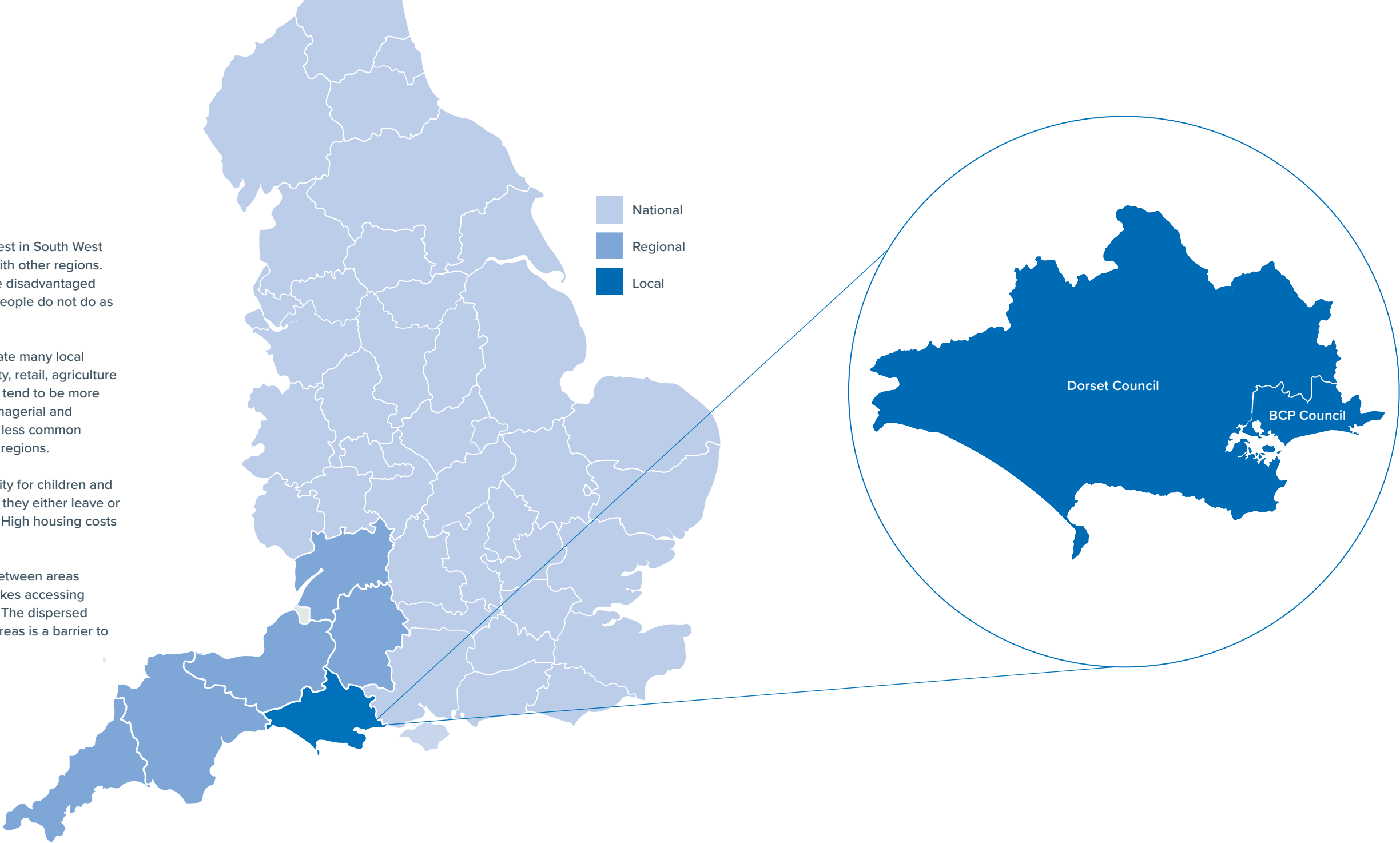
## Regional

Social mobility is lowest in South West England compared with other regions. This is partly because disadvantaged children and young people do not do as well at school.

Low paid jobs dominate many local economies. Hospitality, retail, agriculture and self-employment tend to be more common sectors. Managerial and professional jobs are less common compared with other regions.

This lack of opportunity for children and young people means they either leave or stay in low paid jobs. High housing costs make this worse.

Lack of connection between areas in the South West makes accessing opportunities harder. The dispersed population of many areas is a barrier to inward investment.



## Local

Across BCP Council and Dorset Council areas we have good health outcomes compared with England, but variations in health are due to inequality, and this affects length and quality of life at all ages.

### Children and young people

From before birth to age three access to services that support parent and infant health vary. Take up of early maternity services could be higher.

There are a growing number of children with complex needs and children and young people with special educational needs. These needs have a long-lasting impact on their lives.

Readiness for school varies due to level of disadvantage. Support for early speech and language development is critical. Improved access to dentistry and oral health in early years is important.

Emotional health and wellbeing support at an early stage is a real need. Late diagnosed mental health disorders affect children's outcomes for many years. Things that can help us cope better can stop issues getting worse.

### Working age adults

Unhealthy behaviours like smoking and harmful alcohol use are more common in disadvantaged areas. Putting the right things in place to help people change is vital.

Support for mental health and wellbeing could be better by focusing on early support in the community. Building capacity for suicide-safer communities could be key.

There is unacceptable variation in outcomes for people with long-term conditions, and we need to close the gap. Taking a person-centred approach will help us find what will work best.

Being more active and maintaining a healthy weight will improve healthy life expectancy and mental wellbeing.

### Healthy ageing

Mobility, risk of falling and frailty are all key determinants of health in later life. By assessing risks, supporting people earlier, and fostering independence we can make big improvements.

Social isolation and a lack of access to digital services are important issues to local people. Dorset volunteers provide vital services helping maintain older people's independence for longer.



# Prevention and early help

How long people live varies depending on if they live in deprived or less deprived areas. Poverty affects people's wellbeing, health and opportunities. It can affect how long someone lives. This can include not having enough money for food, clothes and other basic needs. Poverty is one aspect of inequality, and also one of its effects. People in Dorset come from all walks of life. Some find it harder to find information, and to get care and treatment. This includes groups that face health inequalities because of age, disability, race, sexual orientation or ethnicity.

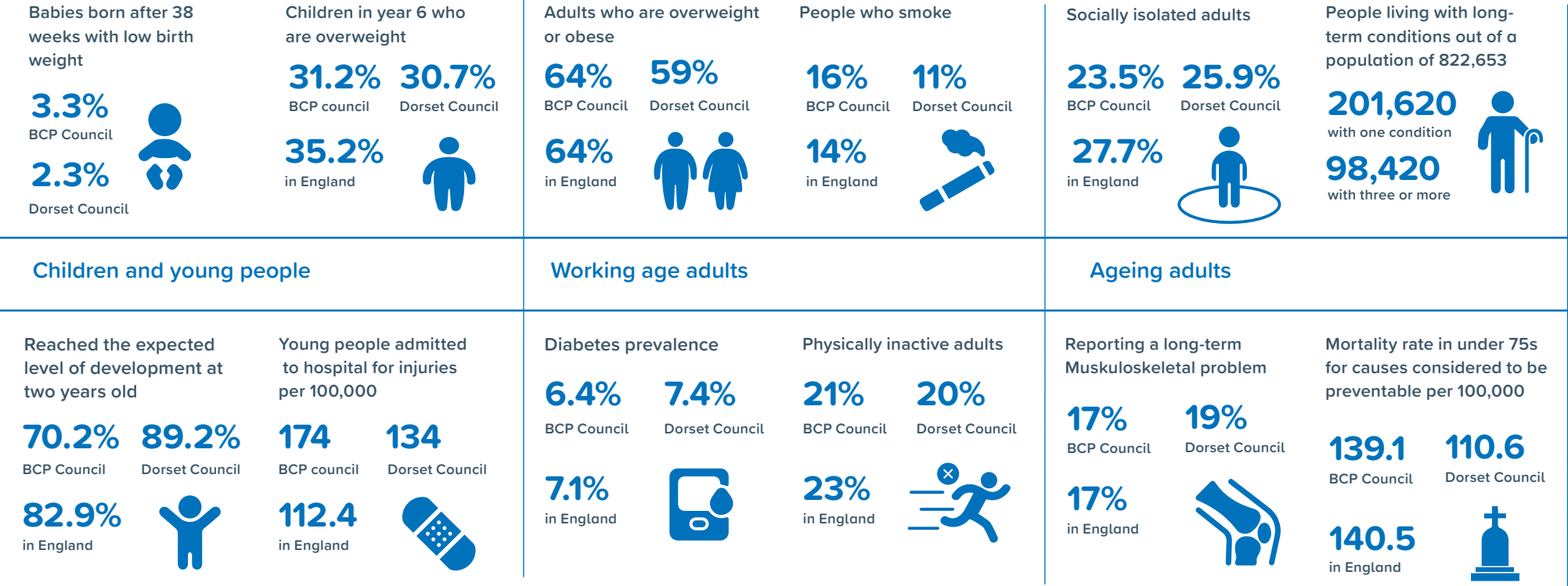
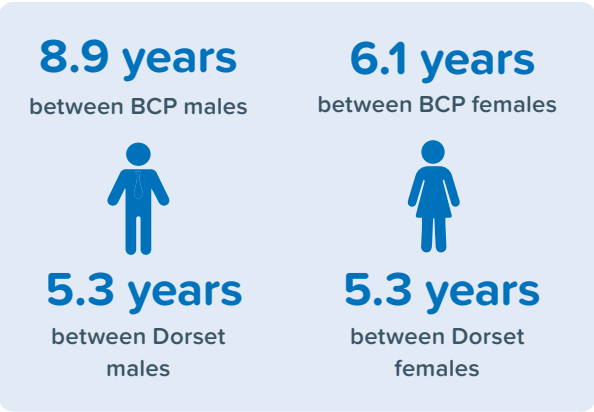
“The more people are connected to others, the more likely they are to look after themselves.”

## 100 Conversations

Health inequalities are the unfair and avoidable differences in people's health. These often exist across social groups and between different populations. In Dorset generally we are healthier and live for longer compared to England. But that headline figure hides as much as it shows. There is roughly 10 years difference in life expectancy between the most and least deprived areas. This is the case for both men and women.

Life expectancy is an important measure of population health, alongside healthy life expectancy. Life expectancy has increased steadily but has now stalled. Time lived in poor health is increasing for both men and women. Our population is living longer but spends a greater proportion of life in poor health. Higher deprivation is linked with spending more time living in ill health. Someone living in a deprived area is likely to be living with a disability before the state pension age. Only the 20-30% least deprived (in England) get their state pension before developing a disability.

People who live in affluent areas live longer than those who live in more deprived areas. The number of years difference in their life expectancy are:





# Thriving communities

There are many factors that go into making up each person's health and wellbeing. The communities we live in impact on our physical and mental health. We can group some of these factors together to look at:

- the place and environment we live in, education and learning where we are
- opportunities for work and the local economy
- whether people feel a part of a community and get involved.

Everyone has different individual personal circumstances and experiences. Sometimes groups of people have a worse experience because of the way our society works.

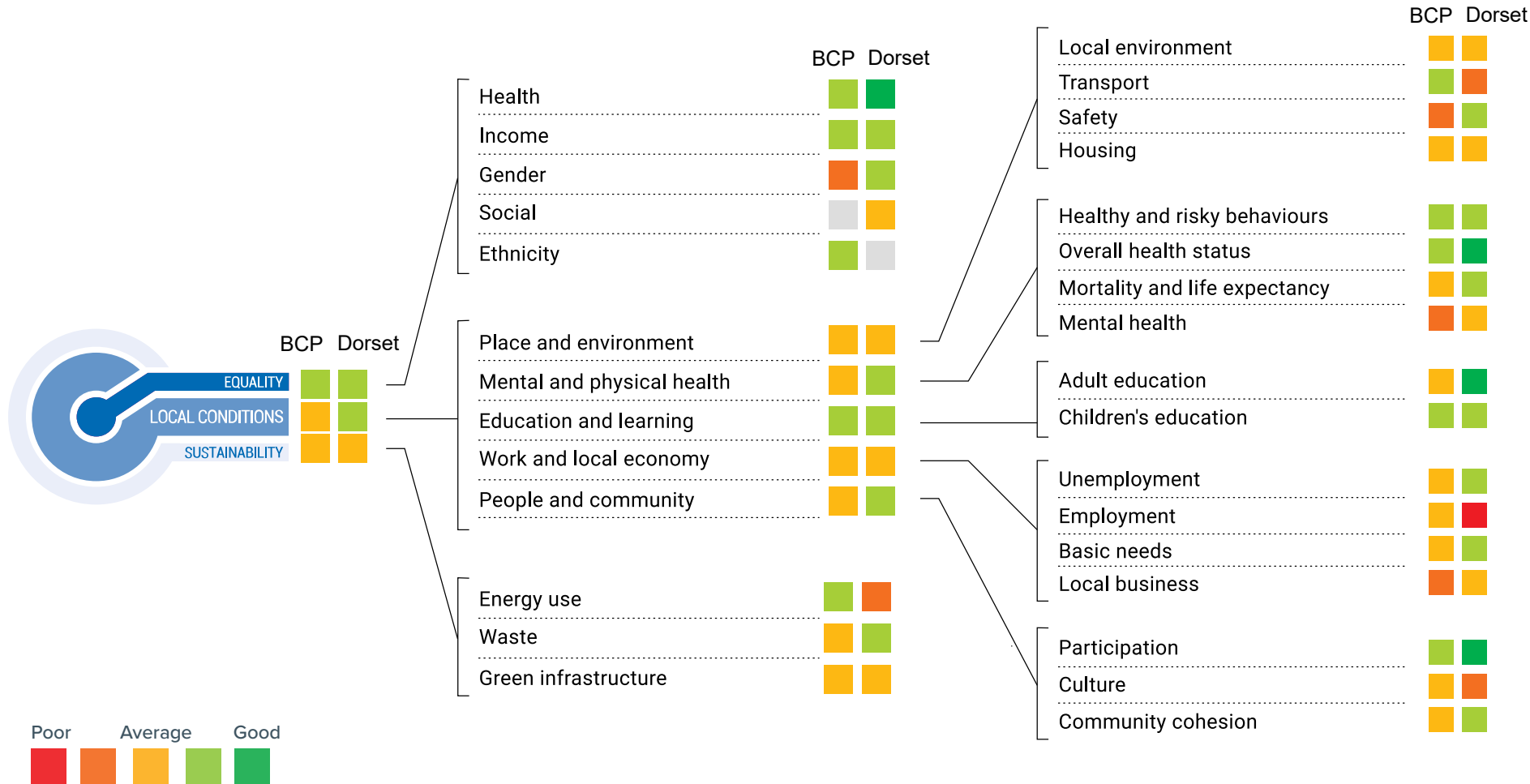
Sometimes the way society works creates problems for the future. If we only think about the current economic impacts of what we do, then this will continue to be a problem. So, we need new ways of thinking and new measures to ensure future generations have what they need to live well.

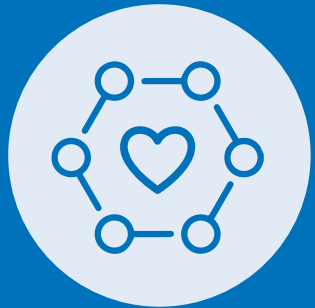
The thriving places index brings these ideas together to show how well places do this.

The index helps to answer three important questions. Are we creating the right local conditions for you to thrive? Are we doing that fairly, so everyone can thrive, and are we doing that sustainably, so current and future generations can thrive?

A thriving place provides the conditions for everyone to find good work, feel supported, live healthily, and have their needs met fairly, both now and in the future.

By looking at this we can see what we are doing well and where we can make things better.





## Working better together

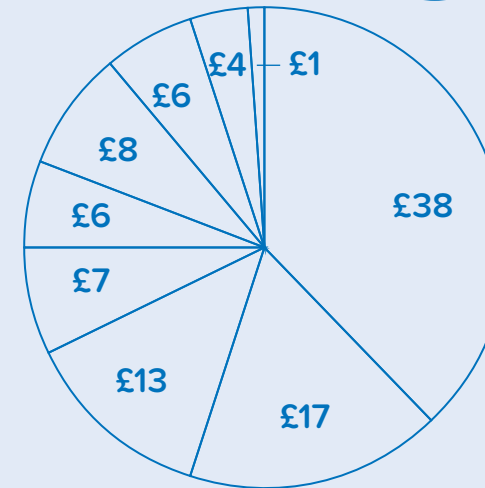
Understanding how and when care and support should be provided differently is important. By looking at this, we can begin to change so that everyone can have better access to services, outcomes, and experience of health and care. We can only do this by working with you and your communities.

There are many challenges. More people need health and care support following the delays to treatment caused by the pandemic. Too many of us still end up in hospital and are not supported quickly enough to return home independently. The cost of living puts pressure on communities, and damages health and wellbeing.

Public finance constraints mean our organisations have fewer resources to respond. Attracting people to work in vital frontline roles, whether in the NHS or social care, has been challenging for some time, and there are shortages of clinical roles, such as GPs, in our system, for which there are no short-term fixes.

### Finance

Overall system budget: **£2.2B**



For every £100 spent, this is used:

- £38** on hospitals and ambulances
- £17** on primary care and community services through the NHS
- £13** on adult social care through the councils with some NHS joint funding
- £7** on mental health and learning disabilities through the NHS
- £6** on children's services including education
- £8** on other NHS commissioning
- £6** on other council services including bins, street cleaning and libraries
- £4** on supporting services and central functions including transformation
- £1** on public health services including prevention

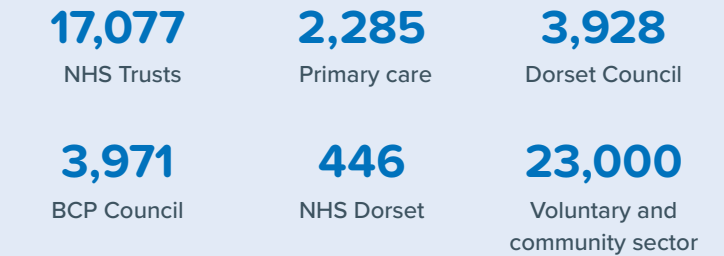
### Performance

Overall inspection ratings from CQC and Ofsted (excluding schools):

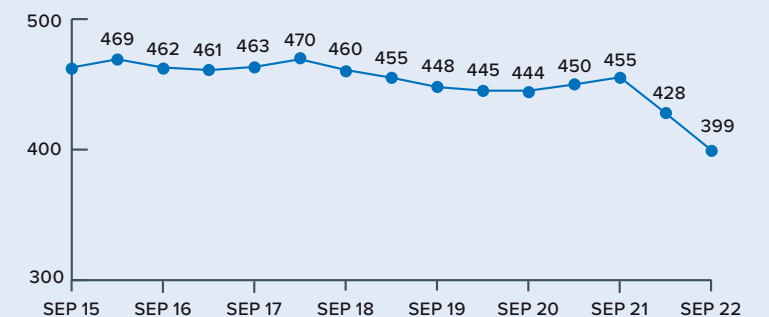


### Workforce

Overall workforce (full time staff):



Dorset GP workforce: (full time staff):



\*Following an inadequate rating, the organisation has a turnaround period. Inspectors will return in six months expecting to see improvements. The inspectors can sometimes take urgent enforcement action if appropriate.

\*\*These are new services, usually smaller children's homes.



# Bibliography

## **100 Conversations**

Dorset Integrated Care Partnership  
[www.ourdorset.org.uk/100](http://www.ourdorset.org.uk/100)

## **BCP Big Conversation**

Bournemouth, Christchurch and Poole Council  
[www.bcpCouncil.gov.uk/About-the-council/Our-Big-Plan/Future-Places/Big-Conversation.aspx](http://www.bcpCouncil.gov.uk/About-the-council/Our-Big-Plan/Future-Places/Big-Conversation.aspx)

## **BCP Future Places**

Bournemouth, Christchurch and Poole Council  
[www.bcpfutureplaces.co.uk](http://www.bcpfutureplaces.co.uk)

## **CQC Report**

Care Quality Commission  
[www.cqc.org.uk](http://www.cqc.org.uk)

## **Hidden Dorset II**

Dorset Community Foundation  
[www.dorsetcommunityfoundation.org/wp-content/uploads/2018/09/FINAL-Hidden\\_Dorset\\_2\\_prf5\\_06.09.18-1.pdf](http://www.dorsetcommunityfoundation.org/wp-content/uploads/2018/09/FINAL-Hidden_Dorset_2_prf5_06.09.18-1.pdf)

## **ICS Strategy for Children and Young People's Emotional Health and Wellbeing (Mental Health)**

<https://links.uk.defend.egress.com/Warning?crid=639b698e25572949a7b5bd38&Domain=dorsetccg.nhs.uk&Lang=en&Base64Url=eNoFwsENgDAIAM-CJKH-3MUCKikBamsbtzZ1W5TwQ996NY0w-pot5cZ1sP5ohbqPBVYyC9jlc4nM7wxflOKZEm-AN5ORmy>

## **Joint Strategic Needs Assessment**

Public Health Dorset  
[www.publichealthdorset.org.uk/jsna/joint-strategic-needs-assessment](http://www.publichealthdorset.org.uk/jsna/joint-strategic-needs-assessment)

## **Jon's Story**

The Dorset Community Mental Health Alliance  
[www.dcmha.uk/jons-story](http://www.dcmha.uk/jons-story)

## **Light On**

[www.lightonmh.uk](http://www.lightonmh.uk)

## **Ofsted report**

[www.reports.ofsted.gov.uk](http://www.reports.ofsted.gov.uk)

## **The state of health care and adult social care in England 2021/22**

Care Quality Commission  
[www.cqc.org.uk/sites/default/files/2022-10/20221024\\_stateofcare2122\\_print.pdf?utm\\_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm\\_medium=email&utm\\_campaign=13551049\\_NEWSL\\_HMP%202022-10-25&dm\\_i=21A8,82G21,IYDVRJ,X17QU,1](http://www.cqc.org.uk/sites/default/files/2022-10/20221024_stateofcare2122_print.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=13551049_NEWSL_HMP%202022-10-25&dm_i=21A8,82G21,IYDVRJ,X17QU,1)

## **Thriving Places Index – BCP Council area**

Centre for Thriving Places  
[www.thrivingplacesindex.org/candidates/E06000058](http://www.thrivingplacesindex.org/candidates/E06000058)

## **Thriving Places Index – Dorset Council area**

Centre for Thriving Places  
<https://www.thrivingplacesindex.org/candidates/E06000059>

## **Together, working with people and communities**

NHS Dorset  
[www.nhsdorset.nhs.uk/wp-content/uploads/2022/06/working-together-with-people-and-communities.pdf](http://www.nhsdorset.nhs.uk/wp-content/uploads/2022/06/working-together-with-people-and-communities.pdf)

## **VoiceX Survey**

Dorset Council/Dorset Youth Association  
<https://dorsetyouth.com/voicex>

## **Young Listeners Project**

Healthwatch Dorset  
[www.healthwatchdorset.co.uk/project/young-listeners](http://www.healthwatchdorset.co.uk/project/young-listeners)

For more information on health and care plans in Dorset, and how to get involved, visit  
[www.ourdorset.org.uk](http://www.ourdorset.org.uk)

## BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 27 March 2023

### Agenda item: 9.2

<b>Subject:</b>	Operational Plan 2023/24
<b>Prepared by:</b>	Alan Betts, Director of Integration and Improvement
<b>Presented by:</b>	Richard Renaut, Chief Strategy and Transformation Officer

<b>Strategic Objectives that this item supports/impacts:</b>	<p>Continually improve quality <input checked="" type="checkbox"/></p> <p>Be a great place to work <input checked="" type="checkbox"/></p> <p>Use resources efficiently <input checked="" type="checkbox"/></p> <p>Be well governed and managed <input checked="" type="checkbox"/></p> <p>Transform and improve <input checked="" type="checkbox"/></p>
<b>BAF/Corporate Risk Register:</b>	To be updated with 2023/24 BAF
<b>Purpose of paper:</b>	Decision/Approval
<b>Background:</b>	<p>In line with the operational planning guidance and the NHS Dorset Integrated Care Board planning process, annual plans have been developed at specialty and Trust level that support delivery of quality, financial, workforce and operational objectives alongside UHD reconfiguration plans.</p> <p>The Planning process has been undertaken by Care Groups and Specialties alongside Corporate teams to deliver:</p> <ol style="list-style-type: none"> <li>1. The UHD Annual Operating Plan document (Appendix 1)</li> <li>2. Activity, Finance and Workforce trajectories that underpin delivery of the objectives – these are submitted to the Integrated Care Board (ICB) to form part of the system wide ICB Dorset Annual Plan.</li> <li>3. Specialty Level Plans (Appendix 2 in Reading Room)</li> <li>4. Corporate Plans</li> </ol> <p>In addition, and supplementing the above, Carnall Farrar (CF) have supported Specialties and Care Groups in ensuring their plans include 9 high priority areas in three themes that will deliver efficiency and productivity benefits:</p> <ul style="list-style-type: none"> <li>• Cross-cutting value <ul style="list-style-type: none"> <li>○ Temporary staffing</li> <li>○ Procurement best-practice</li> <li>○ Coding best-practice</li> <li>○ Medicines management</li> </ul> </li> <li>• Hospital flow: <ul style="list-style-type: none"> <li>○ Admissions avoidance</li> <li>○ Length of stay and discharge optimisation</li> </ul> </li> </ul>

- Activity-enabling services:
  - Theatres
  - Outpatients
  - Radiology

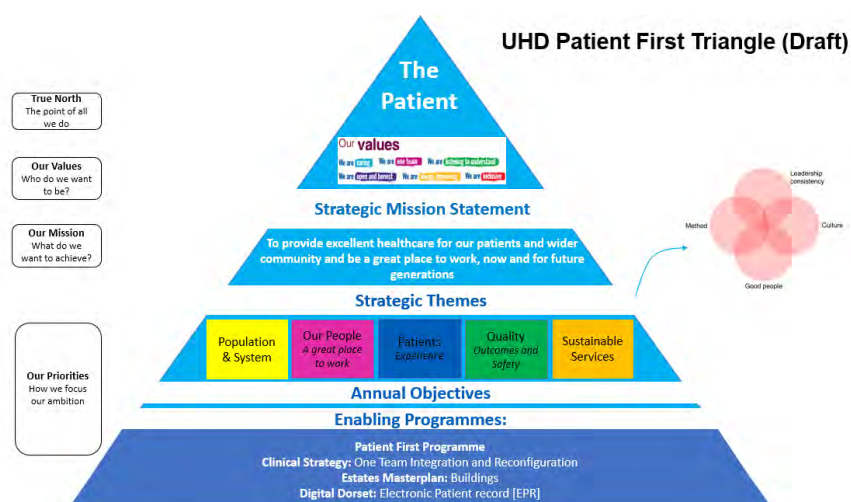
## Executive Summary:

This report provides a summary of key messages from the Annual Plan and 2 Appendices containing:

- 1) The UHD Annual Operating Plan
- 2) Specialty level plans that unpin the Annual Plan.

## Summary of the Annual Plan

Our True North, Strategic Themes and Annual Objectives are being developed as part of our Patient First approach. The draft of these is summarised below and will underpin our work in 2023/24.



The Annual Plan provides more detail as to the strategic themes and enabling programmes that will underpin our work during 2023/4.

Whilst we develop our approach and local priorities, we will continue to focus on the national and Dorset ICB objectives:

Our draft plan will see delivery/improvements in:	Our draft plan will not see delivery/ positive improvement in:
<ul style="list-style-type: none"> <li>• RTT 65 week waits 0 by Mar 24</li> <li>• RTT 52 week waits reduction</li> <li>• 109% first outpatients</li> <li>• 109% elective inpatient activity</li> <li>• 85% Theatre utilisation</li> <li>• 5% PIFU</li> <li>• Cancer Faster Diagnosis Standard</li> <li>• 62day cancer standard</li> <li>• 4 hour A&amp;E standard</li> <li>• 100 reduction in No Criteria to Reside</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in total waiting list</li> <li>• 105% day case activity</li> <li>• 109% diagnostic activity (inc CDC)</li> <li>• 25% reduction in follow up outpatients</li> <li>• 92% G&amp;A Bed Occupancy</li> </ul>

We plan to meet most national and regional performance objectives, with a few exceptions:



Area	Objective	UHD	Target	Gap
UEC	A&E waiting times 76% of patients are seen within 4 hours by March 2024	76%	76%	0%
	UEC activity: national assumption 1.9% activity growth	1.9%	1.9%	0.0%
RTT backlog	65 weeks waits	0	0	0
Elective inpatients	Day case activity (recovery vs 19/20 activity)	105.0%	109%	3,338
	Elective inpatient activity (recovery vs 19/20 activity)	109.0%	109%	0
	Theatre utilisation	85.0%	85%	0
	Outpatient first attendances (Consultant led) (recovery vs 19/20 activity)	109.0%	109%	0
Elective Outpatients	Outpatient PIFU	5%	5%	0
	Outpatient follow-up attendances (Consultant led) (recovery vs 19/20 activity)	96%	75%	21%
Cancer	Backlog >62 days	220	220	0
	FDS 75%	75%	75%	0
Diagnostics	Diagnostic activity levels to support elective recovery (recovery vs 19/20 activity)	107%	110%	3%
Bed Occupancy	Reduce adult general and acute (G&A) bed occupancy to 92% or below	97%	92%	5%

A more detailed breakdown of the planned performance was included in the March Finance and Performance Committee papers.

In addition to the operational objectives outlined above the UHD budget was proposed to the Finance and Performance Committee in March. In summary, UHD has a very challenging financial position, with a current deficit budget of £35.7m assuming full delivery of a 4% (£30m) CIP. Further work continues both internally and with partners to further improve upon this plan.

A detailed capital programme has been developed, increasing investment in both estates backlog maintenance and IT, and which lives within the Dorset capital allocation. This will sit alongside the strategic capital expenditure funded through the Acute Reconfiguration and New Hospitals Programme business cases.

### UHD Annual Operating Plan

The UHD Annual Operating Plan narrative is included as Appendix 1. This narrative has been drafted by nominated leads throughout UHD and is undergoing Executive, TMG and Council of Governors review at the time of submission to Trust Board. The performance section requires updating to reflect 2022/3 year-end figures and so will be completed in early April and other minor changes may be made in the final published version as compared to the version included in Appendix 1. The plan was presented to the Council of Governors on the 20 March 2023.

The Annual Operating Plan has been updated from last year's version with one of the larger changes being the inclusion of a foreword and revision of the introduction to reflect recent launch of the Patient First approach and the re-drafting of the UHD priorities (currently a work in progress).

The narrative plan provides the context to the activity, finance and workforce trajectories and has been regularly discussed at the Executives Bi-Weekly planning meeting throughout January to March.

In broad terms the plan describes how the Trust will meet the operational planning objectives for 2023/24 set in a context of limited financial growth and a Trust deficit, flat workforce growth and a requirement to reduce waiting times (particularly 65 week waits) and increase activity (to 109% as part of Covid recovery).

## Activity, Finance and Workforce Trajectories

First draft submissions (activity, performance, finance and workforce trajectories) were completed on 3 February 2023 in line with the ICB timeline. A second submission was made on 10 March 2023 with a final opportunity to amend submissions on the 20 March 2023 before the ICB submission to NHSE on 30 March 2023.

The activity trajectories are supported by a workforce trajectory (noting that workforce plans continue to be developed) that shows largely flat workforce throughout 2023/24 with a decrease in agency staffing with the corresponding increase in bank/permanent roles. Triangulation of workforce, activity and finance plans is a work in progress.





The finance trajectory and UHD budget proposals have been discussed at the Finance and Performance Committee and highlight the UHD deficit position, the levels of Cost Improvement Programme required during 2023/24 and the significant work still required to live within the UHD proposed budget for 2023/24.

## Specialty Plans

All specialty plans were received by the end of January 2023 and 52% were revised in February 2023 to reflect the ongoing work on the high priority areas and feedback by CF and UHD planning teams.

Plans were drafted by General Managers with oversight from Care Group Directors and were circulated to all Clinical Directors with the aim of meeting operational planning guidance including the assumptions detailed above. Plans include finance, activity, workforce, quality and reconfiguration objectives for each specialty. Plans for 2023/24 are included within this report as further work is required on 2024/25 plans. The plans are included in Appendix 2.

The high priority areas referred to in the introduction have been developed in a series of workshops facilitated by CF and form part of specialty plans. The high priority areas have been drafted using the following principles:

 Improving patient experiences and outcomes	Our patients need to be the centre of the care we provide, with the right people being seen at the right time in the right place. The three year plan will ensure we are providing our patients with improved experience and clinical outcomes, with quicker access to safer care where appropriate. This includes consideration of population health needs and health inequalities in service delivery.
 Ensuring we care for our people	Our staff have been continuously working in challenging circumstances, bearing the impacts of the pandemic and constant operational pressures. Buy-in from our workforce is critical to delivering our plan. To do there needs to be an increase in morale, improvement in staff experience and an incentive to deliver. Our people should have clarity on what plans and pathways are for each priority.
 Increasing value for the Dorset pound	Our plan must be financially sustainable for the future, so that we can deliver optimal care for our patients with the resources available for us. We must work to ensure better value for the 'Dorset pound' through reducing any wasteful pay cost and non-pay cost where possible and maximising elective activity to acquire sustainable income.
 Improving our reputation as an anchor institution	Our Trust acts as an anchor institution for its residents, patients and staff and our aim is to be a great organisation to work in and receive care from. We must lead the way within Dorset, regionally and nationally, which requires moving away from reactionary actions to pressures and being able to sustainably deliver against national targets.

The 9 high priority areas require further work in order to develop robust plans for delivery throughout 2023/24 and 2024/25.

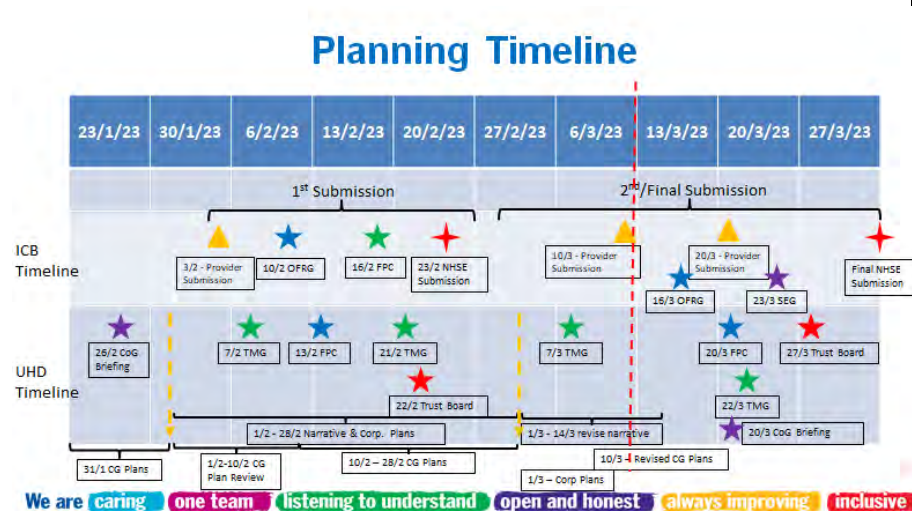
## Corporate Plans

All corporate services have been asked to submit a corporate plan for the first time this year that details their objectives for the year including any relevant aspects of finance, workforce or quality objectives.

The first draft of corporate plans have been received at the end of February 2023 and will be refined throughout March 2023.

## Next Steps and Timelines

The planning timelines for Dorset ICB and national submissions is outlined below:



CF are contracted until the end of March 2023 to support care Groups on developing the high priority plans and identifying opportunities where productivity and efficiencies can be made.

ICB submissions and national timelines are on plan to be delivered.

Work on the UHD True North, Strategic Themes and initiatives and corporate priorities is underway and have been included within the Annual Plan narrative based on the current position and will continue to be refined as Patient First progresses.

Much of the focus of Specialty plans has been based on the 2023/24 financial year. However, the multi-year plans and details at specialty and Care Group level will continue to be refined and developed during Q1 2023/24.

Tracking delivery of the plan will be more focused than previous years, with Board committees using the Board Assurance Framework as a main item for their attention and tracking if plans are on track or require escalation.

Operational responsibility for delivery will be via TMG and the groups reporting into this. This will require a re-formatting of the TMG and Board committee agendas and time allocated, with a focus on

	corporate objectives being delivered. Other measures will be "watched" and managed as business as usual.																				
<b>Key Recommendation s:</b>	<p>Trust board are recommended to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the challenges in delivery of the objectives within the Annual Plan for 2023/24 and the ongoing work required in developing robust plans to meet financial, activity, workforce and quality objectives alongside delivery of performance objectives.</li> <li>• <b>Approve</b> the UHD Annual Plan, noting that minor drafting changes will occur up until the end of March 2023.</li> <li>• <b>Note</b> the change in how we work in 2023/24, with greater focus and tracking of progress of a smaller number, of higher impact actions, with a "watch" business as usual approach for the other measures and actions.</li> </ul>																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>System</td><td><input checked="" type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality and Diversity	<input type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input checked="" type="checkbox"/>	System	<input checked="" type="checkbox"/>
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<b>CQC Reference:</b>	<table> <tr><td>Safe</td><td><input type="checkbox"/></td></tr> <tr><td>Effective</td><td><input type="checkbox"/></td></tr> <tr><td>Caring</td><td><input type="checkbox"/></td></tr> <tr><td>Responsive</td><td><input type="checkbox"/></td></tr> <tr><td>Well Led</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Use of Resources</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>								
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<b>Report Committees/Meetings at which the item has been considered:</b>	<b>History: at</b>	<b>Date</b>	<b>Outcome</b>
Trust Management Group		22/3/2023	Meeting has not yet taken place at the time of submission of this report.
Council of Governors		20/3/2023	Information/Update
Trust Management Group		21/2/2023	Information/Update
Trust Management Group		07/01/2023	Information/Update

<b>Reason for submission to the Board in Private Only (where relevant)</b>	<table> <tr><td>Commercial confidentiality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input checked="" type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
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Staff confidentiality	<input type="checkbox"/>								
Other exceptional reason	<input type="checkbox"/>								





**University Hospitals Dorset**  
NHS Foundation Trust

# 2023/24 Operational Plan: University Hospitals Dorset NHS Foundation Trust

MASTER VERSION

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# 1. Foreword – A Year of Transition Ahead

University Hospitals Dorset (UHD) has had a turbulent few years with Trusts merging, the Covid pandemic and an extensive reconfiguration programme. Looking to the future, UHD will play its role in the NHS Dorset forward view for our community - a healthy and happy population with ill-health prevention, thriving communities to live in, and services joined up, delivering care when it is needed.

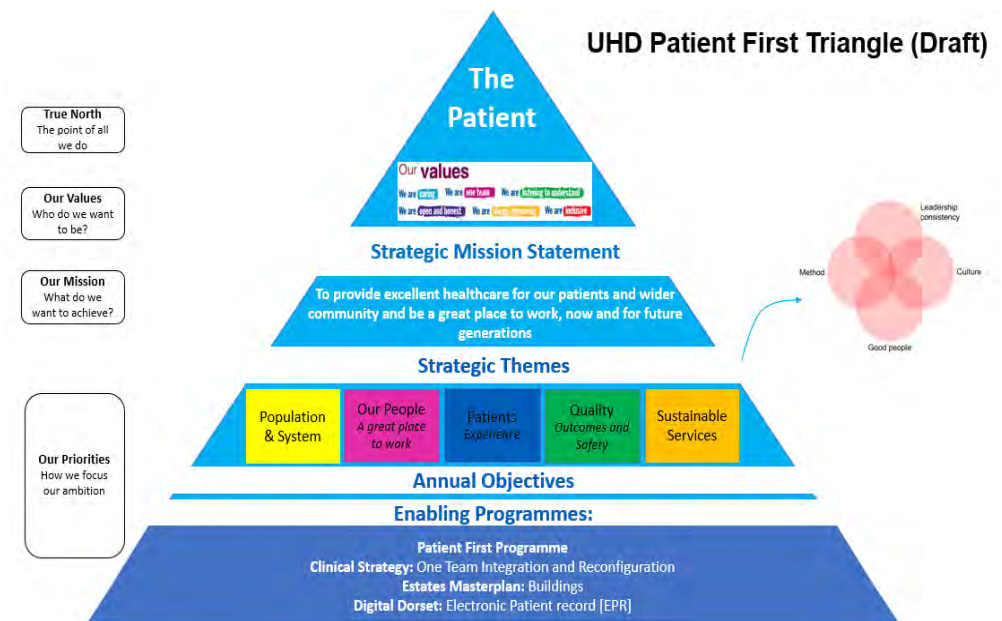
UHD will strive to provide high quality services with effective outcomes, are safe and provide a good patient experience. None of that is possible without our brilliant staff. Faced with ever rising challenges, vacancies, and the cost of living, caring for our teams and each other is paramount. This plan sets out how UHD will deliver those ambitions using the Patient First approach and extra support for our staff.

Both population health and putting patients first requires a sustainable set of services – sustainable financially, environmentally and sustaining the trust of the public. This requires us to change and improve. We have four enabling programmes to help us achieve this:

- Patient First approach to how we do things
- One team: Integrate and reconfigure services
- Our New Hospitals building programme
- Preparing for our Electronic Patient Record

All this is only possible by staying true to the values that were designed by our staff and ensuring that these become universal in 'how we do things around here.'

The diagram below describes how our values are the heart of what we do, helping us to deliver our mission through our priorities and enabling programmes.



This is a year of transition between our current way of working and our future, Patient First, way. We have a long way to go to become the outstanding organisation that we have the potential to be.

This is a five-year journey, with several stages:

- Develop Patient First over 2023
- Integrate services over 2023 and 2024
- Reconfigure in 2025 to create the planned and emergency hospitals
- Upgrade our digital systems by 2025
- Embed these changes alongside the greater prevention, thriving communities and joined up services.

Such a set of ambitions represents the largest changes in Dorset's healthcare in the past 25 years. This journey requires us to change, for teams to work with patients to solve problems and continually improve services. It also requires us to be focussed, so we do not try and do everything, everywhere, all at once. Instead, over five years to stay focussed on the changes that will make the biggest impact against our strategic priorities of population & system, patients, quality our people, and sustainable services.

The 2023/24 year is likely to be especially challenging. The effects of industrial action, staff vacancies and the burn out of many staff working in healthcare globally are very real for our staff. Our investment in staffing levels and safety mean we have a record deficit, and we know we have patients in our beds who would be better cared for in their homes, instead of by agency staff on a ward. We need to return to the pre-pandemic levels of productivity and go beyond this to match

the top performers in the NHS. We do this so we can offer shorter waiting times for our patients.

The plan for 2023/24 sets out how we can do things better. Details are provided in relevant chapters, such as quality, workforce, performance and transformation. Despite our challenges, we know what better care could look like and will work together to deliver it. Across a large organisation like UHD, there are many shining exemplars of excellence. Our task is to set the course, stay focussed on a smaller number of high impact improvements, and free teams up to excel in their own areas.

The next few years will be challenging, exciting and well worth the effort as we will become an organisation where we are proud to work, where we want our families and friends to be treated, that lives our values and where Patient First is always the way we do things.

I hope you will join us on this journey, starting with making this annual plan come to life, in the care we provide to patients, partners and staff every day.

With very best wishes

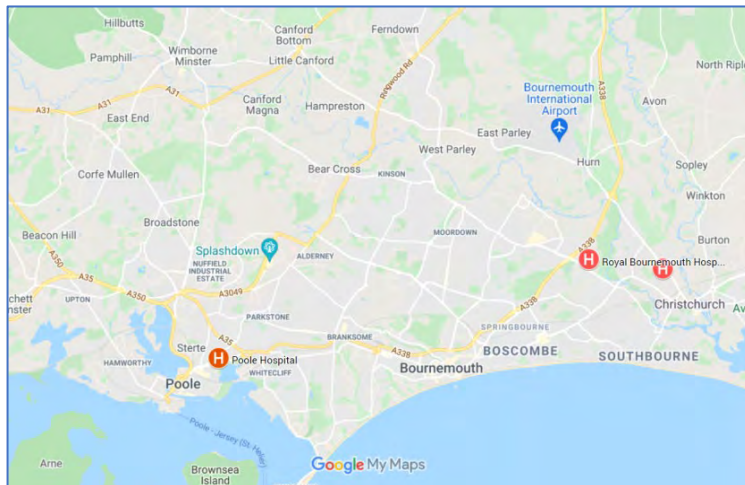
Siobhan Harrington



## 1.1 Introduction

University Hospitals Dorset NHS Foundation Trust (UHD) was formed in October 2020 with the merger of Poole Hospital NHS FT and Royal Bournemouth and Christchurch Hospitals NHS FT bringing together teams to service Dorset and beyond.

The Trust spends approximately c£680m and employs c9,500 staff across 3 hospitals – Poole Hospital (PH), Royal Bournemouth Hospital (RBH) and Christchurch Hospital (XCH) plus staff in community settings



The Trust's services include the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services, delivering the following annual activity:

- 169,000 Type 1 ED attendances
- 70,000 Non-elective admissions
- 14,000 Elective admissions
- 88,000 Day case treatment
- 589,000 Outpatient attendances
- Over 4000 births
- Diagnostics & other services.

These services are provided primarily to a catchment population of approximately 700,000 in the Bournemouth, Poole, Christchurch and east Dorset and New Forest areas.

Specialist services such as vascular, oncology, neurology, cardiology are provided for a wider population of 1 million and most of our services are delivered with our partners including Community & GP's, social care, ambulance and other NHS services and many others.

## 1.2 Trust Values, Mission and Priorities

Underpinning our Mission are **our UHD values** ([https://www.youtube.com/watch?v=g18KK8e-x\\_U&t=6s](https://www.youtube.com/watch?v=g18KK8e-x_U&t=6s)).

These guide how patients and visitors are treated, and also how staff treat each other. The values are embedded into every part of UHD, such as recruitment, appraisal and development.

The Values were drawn up by our staff, facilitated by our Change Champion volunteers, following widespread listening and testing.

Our values underpin how we deliver our services and meet our



objectives and help us to develop our UHD culture over many years. Our priority objectives are re-visited each year to ensure they remain aligned with the national and local strategies and represent the goals and ambitions of UHD.

This is a transition year as we take the Patient First approach to setting our objectives. Developing our strategic thinking and actions to deploy this includes agreeing our “True North”

guiding objective, that allows us to organise around what's most important.

Agreeing our True North and the associated priorities will take up the first half of 2023/24 as this needs to be widely discussed amongst staff, partners and of course our patients. The first stage is developing our plans around the five strategic themes using a structured approach - the 'A3 thinking' method. Our initial draft of the five strategic themes and what is in scope is outlined below:

Themes	In scope [to be developed through A3 process]	Lead	Assurance Committee
Patient	Patient experience	CNO	Quality
Population Health & System	Prevention, thriving communities, joined up services (Dorset ICS Forward View) Constitutional standards: emergency care & elective recovery as a system Place & Provider collaboration + academic partners	COO	Population Health & System; + FPC
Our People	Workforce; recruit, retain, develop, dashboard Leadership development Culture; Staff survey actions, EDI	CPO	People & Culture
Quality	Outcomes: mortality & outcome measures Safety: Learning and safety culture; Safety Thermometer	CMO	Quality
Sustainable services	Finance & Value (living within our means, achieving best value) Green UHD	CFO	Finance & Performance

The A3 method is a process to get to the root cause of what's stopping us excelling in this area, and then prioritising the most effective ways to improve (out of the many possible actions we could take). In effect this means doing a smaller number of more effective things, really well.

It will take time to listen and understand, and to find the best ways of continually improving in each theme area. The executive lead will engage and refine the plans for each

strategic theme over April and May. From there specific objectives for 2023/4 will be developed, and potentially also for the following year. Objectives will need to be SMART (Specific, Measurable, Action planned, Resources identified, and Timebound). They can then be tracked as part of our Board Assurance Framework. This allows greater continuity and certainty about what we're working on and allows objectives to better cascade down to teams and individuals within teams.

We will remain flexible in how we go about achieving these objectives, as we learn and listen, try different approaches and develop our improvement skills. What is key though, is the True North and Strategic Objectives remain consistent, so as a team we are all pulling in the same direction.

Whilst we are developing our shorter list of priorities than previous years, we will ensure a focus on the "must do" objectives expected of us by our regulators, before March 2024.

The nationally set priority targets are:

- Deliver our quality strategy, and CQC action plans
- Reduce agency use to below 3.7%
- Meet the 4-hour safety standard for ED at 76%;
- No one waiting over 65 weeks for planned care
- Improve the cancer faster diagnostic standard
- Achieve our financial plan.

In addition to delivering the above and setting our objectives, there are **four enabling areas of major change** in the coming years:

1. **Our Patient First approach** using evidence based actions to improve on the quality of care, safety and reliability and to improve the working lives of staff.

2. **The One Team** value means this year, we will continue **to integrate teams**, rotas, policies and day-to-day work, so care delivered is the same regardless of location. This will include essential preparations for service reconfiguration, with some services moving in 23/24, and most in 25/26. Progress here makes teams and services stronger, and care for patients improves.

3. UHD is undergoing a major **reconfiguration** programme. This will create the planned hospital and emergency hospital from 2025. During 2023/24 we will see the continuation of significant building works as we build our improved, modern estate. These changes will deliver significantly better, safer and more sustainable care for the population. Of note, the Poole Theatres, One Dorset Pathology, RBH Catering, Wessex Fields link road and many other schemes will complete in 2023/24.

4. **Digital systems** underpin much of modern life, and healthcare especially so. An Electronic Patient Record (EPR) allows better information to guide clinicians, decisions and can

improve care. During 2023/24, UHD will specify and tender for a new EPR, and develop a plan to migrate current systems. This is a major undertaking but done well can release time to care and improve patient outcomes.

In summary 2023/24 is a year of opportunity to develop our Patient First approach of True North and Strategic themes, to get to root causes of problems and then update our plan and actions to develop the services we would want to be consistently in place for our family and friends.

This is a journey that will take many years and includes delivery of our key enabling programmes that will set us up for success. Taken together this is an ambitious plan, that will require our upmost ability and resilience to see through but is the right thing for us to ensure we achieve putting our patients first.



## 2. Improving the Quality of Care and Safety

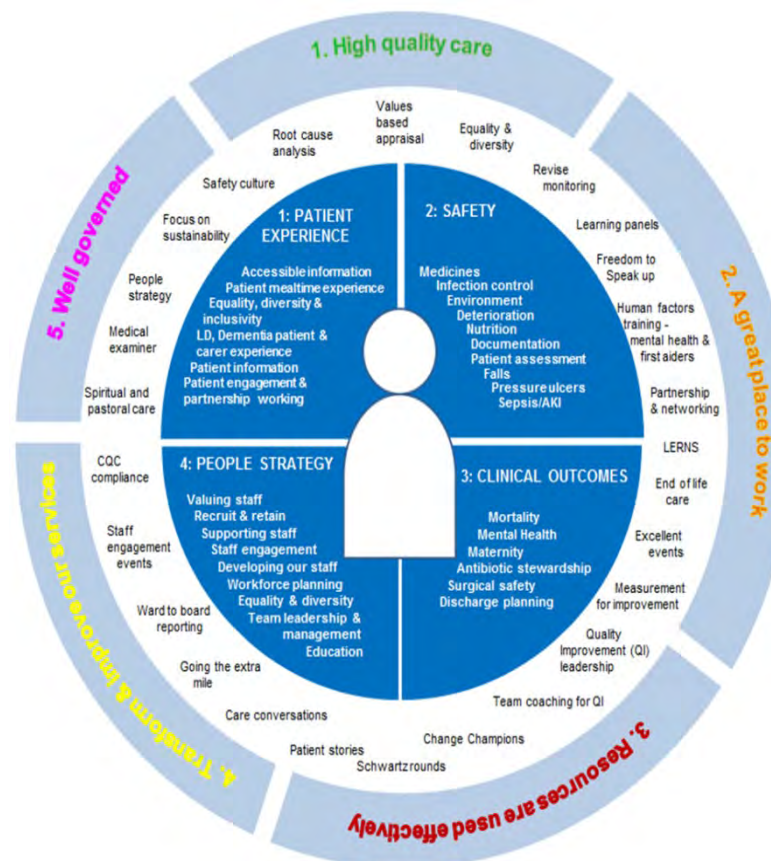
### 2.1 Quality and Safety

The Trust's quality priorities are arranged within the domains of quality; safety, patient experience and clinical effectiveness (clinical outcomes). High quality care can only be achieved when all three of these domains are discussed, prioritised and embedded equally and simultaneously.

We recognise the fundamental role that our staff play in delivering high quality care and our people strategy therefore forms the fourth domain of our quality strategy. Individual priorities within each domain are derived from the national guidance and triangulation of internal data from a variety of sources including patient feedback, external stakeholders, regulators, governors, internal and external reviews and patient safety reporting.

Each of the three pillars of quality; Patient Safety, Patient Experience, Clinical Outcomes/Clinical Effectiveness are monitored through the respective

reporting groups in the trust quality and clinical governance framework.



Quality reporting across the Trust supports the review, analysis and delivery of quality priorities related to patient experience, patient and staff safety and the clinical effectiveness of services.

The identification, measurement, analysis and review of quality and safety information is embedded principle and priority across all the Trust and ensures a culture of learning and continuous improvement.

Board and Board subcommittee discussions and reviews support wider quality assurance processes such as peer review, clinical audit, and internal and external audit. Information in the Board and Quality Committee reports routinely includes progress on quality, patient safety and patient experience metrics including:

- Risk register additions, updates, controls, action plans and assurances
- Serious incidents, incident reports, near misses and learning outcomes from investigations and reviews Trends – current

and future risk, assurance and quality issues

- Internal comparisons and external benchmarks
- Directorate, specialty, ward and consultant level data where appropriate
- Quantitative and qualitative data
- Patient stories and patient feedback
- Statistical interpretation and analysis.

### **Quality objectives for 2023/24:**

The main patient safety quality priorities for 2022/23 support the implementation of the National Patient Safety Strategy:

- Implementation of the new Patient Safety incident Reporting Framework
- Appointment of Patient Safety Champions
- Embedding the principles of Just Culture
- Implementation of the National Patient Safety Syllabus
- Implementation of the new Learn from patient safety events (LFPSE) service.

Learning from deaths and medical examiner service reviews  
Maintaining effective processes for the planning, coordination and implementation of National Patient Safety Alerts.

## 2.2 Care Quality Commission (CQC)

The CQC undertook an unannounced focused inspection on the 28<sup>th</sup> and 29<sup>th</sup> September 2022. The CQC did not look at all key lines of enquiry and limited their review to a small number of areas where concerns had been raised in the Older Peoples Services and Surgery services.

CQC rated Poole Hospital's Surgical Services as Requires Improvement. The Inspectors' assessment of the hospital's Medical Care services did not lead to a rating being issued. The service remains rated 'Good'. The CQC rated Poole Hospital as "Requires Improvement" overall. It was previously rated 'Good'.

### Rating: Poole site

**CQC Inspection September 2022: report published 8 March 2023**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Medical care (including older people's care)	Requires improvement ↔ Mar 2023	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Surgery	Requires improvement ↔ Mar 2023	Requires improvement ↓ Mar 2023	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Mar 2023
Critical care	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Maternity	Inadequate ↓ Mar 2023	Good Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023
Services for children and young people	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
End of life care	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2018	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020
Outpatients	Good May 2016	N/A	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Overall	Requires improvement ↔ Mar 2023	Good ↔ Mar 2023	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023

No rating was issued for the Royal Bournemouth Hospital. The hospital remains rated 'Good' overall. Similarly, the inspectors' assessment of the hospital's medical care and its surgery did not lead to new ratings being issued. Both remain rated 'Good'.

**Rating: Bournemouth site**  
**CQC Inspection September 2022: report published 8 March 2023**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Requires improvement ↓ Mar 2023	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018
Surgery	Requires improvement ↓ Mar 2023	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Critical care	Good Mar 2016	Good Mar 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall	Requires improvement ↓ Mar 2023	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

The inspection did not lead to Trust-wide ratings being issued.

**In medical care at the Royal Bournemouth Hospital and Poole Hospital, inspectors found:**

- There were not always enough staff to keep people safe.

- Staff did not always complete and update risk assessments, and records were not always stored securely.
- Medicine storage was not always safe.
- People did not always receive enough food and drink.
- Some people who were medically fit for discharge stayed in the service longer than they needed to, due to a lack of community and social care packages in the region.
- Staff morale was low but still focussed on the needs of patients receiving care.

However:

- Staff knew how to protect people from abuse, and managed safety well.
- Infection risk was controlled well.
- Staff mostly identified and quickly acted for people at risk of deterioration.
- Staff assessed and monitored people regularly to see if they were in pain, and they mostly administered pain relief in a timely way.



- Staff supported people unable to communicate using suitable assessment tools, and they gave additional pain relief when needed.
- Staff collaborated well, to benefit people.
- Staff treated people with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues it faced.
- The service had an open culture where people, their families and staff could raise concerns without fear.

**In surgery at the Royal Bournemouth Hospital and Poole Hospital, inspectors found:**

- There were not always have enough staff to care for people and keep them safe.
- Care was not always planned to meet local people's needs.
- At Poole Hospital, people on a fractured neck of femur pathway did not always receive treatment within recommended timescales.

- People remained in Poole Hospital's surgery service when they were fit for discharge, due to a lack of community and social care packages in the region.

However:

- Staff assessed risks to people, acted on them and mostly kept good care records.
- Staff treated people with compassion and kindness, respecting their privacy and dignity.
- Staff were focused on the needs of people receiving care.

The CQC recognised that the Trust was aware of a number of these issues and noted that in a number of areas organisational and system wide actions were in place to mitigate risk. The Trust has developed a detailed action plan to address the issues highlighted in the report. The Quality Committee will ensure oversight of effectiveness of the actions identified.

CQC reviews will remain an important part of the quality approach at UHD, and we will continue to use these to understand where further improvements to our services can be made.

## 2.3 Maternity Services

The CQC inspected Maternity services at Poole Hospital in November 2022 as part of a national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country to help understand what is working well to support learning and improvement at local and national level. The CQC aim to publish a national report on the overall findings of the programme in 2023/24.

The inspection at Poole Hospital was a short notice announced focussed inspection looking at Safe and Well led key questions.

The inspection report was published on the 10 March 2023.

The CQC rated Poole Hospitals Maternity service as 'Inadequate'. The service was previously rated 'Good' (January 2020).

In Poole Hospital maternity services, the report noted that inspectors found:

- There were not always enough staff to keep women safe.

- Systems and processes for managing risk were not always effective, especially in maternity triage.
- Maintenance of the environment especially regarding the emergency call bell systems, were not adequate to maintain people's safety. The CQC acknowledged that at the time of the inspection the Trust was implementing a new call bell system and confirmed it had addressed this issue.
- Managers did not always investigate incidents thoroughly or in a timely manner.
- The maternity leadership team was new and did not always have enough capacity or experience.

However:

- Staff understood how to protect women and children from abuse.
- The environment was visibly clean.
- Staff managed medicines safely.
- Staff felt respected, supported and valued. They were focussed on the needs of women receiving care.
- The service had an open culture where women, their families and staff could raise concerns without fear.

The Trust has identified a detailed action plan to address the issues raised in the CQC report. The Quality Committee will ensure oversight of effectiveness of the actions identified.

## 2.4 Quality Improvement and Innovation

Progress has continued to be made on delivering the Quality Improvement (QI) and Innovation strategies through 2022/23.

The 2023/24 year is one of transition between the existing QI strategy and the new Patient First programme. Patient First seeks to develop a culture of continuous improvement and learning across UHD in which everyone is empowered to make changes to improve the quality of clinical and non-clinical services to improve patient care.

Patient First has a proven track record of delivering change and will assist in aligning UHD priorities with improvement programmes and focus on delivery of specific breakthrough objectives while rolling out cultural and organisational change to clinical and non-clinical teams.

During 2022/23 staff across Dorset and UHD have been trained in QI methodology using the QI lite and QSIR methodology and

this will continue throughout 2023/24 whilst Patient First training is developed and deployed.

The QI priorities for 2022/23 will continue to be delivered into 2023/24 while the Patient First objectives are determined. The QI priorities include IV Fluids, Deteriorating Patient Programme, Difficult IV Access, Safety Checklists, Cancer Care Recovery Programme, Acute Kidney Injury, Blood Glucose Management and 'Think Steroids.'

The work of the Dorset Innovation Hub (DIH) is in its second year with Health Foundation funding supporting the Hub until April 2024. The Hub has undertaken a series of training and development events with staff and stakeholders and has developed a partnership approach to increasing the impact of the spread and adoption of innovation. The Hub priority of malnutrition in ageing people has progressed and the DIH will be seeking nominations for its 2023/24 work programme from members in early 2023.

An Innovation Summit has been planned for May 2023 to showcase the spread and adoption of innovation across Dorset. This event will seek to further develop the ways by which we can use innovation to improve outcomes for the people of Dorset and will consist of national and local presenters alongside focussed workshops.

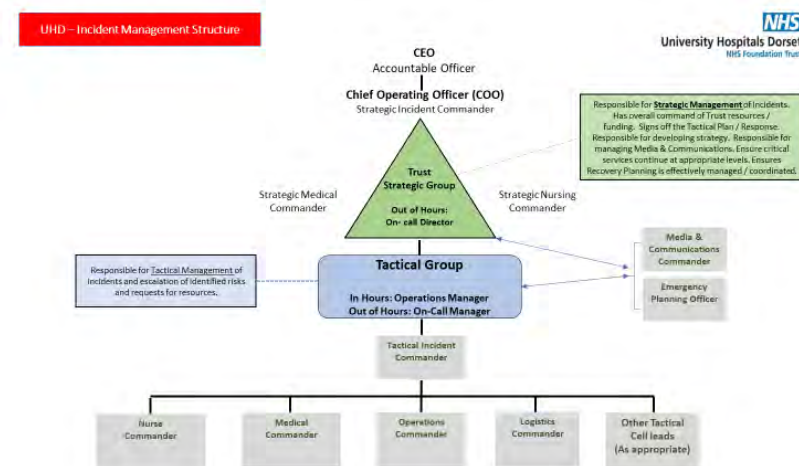
The future sustainability of the DIH is being taken forward with DIH partners and in particular with the Dorset Integrated Care Board.

## 2.5 Incident Management

UHD has a well-established incident management response model which covers operational, tactical, and strategic levels of command. At the heart of this response model is a cadre of Trained On-call Managers and Directors who have responsibility for the management of any significant incidents that may affect the Trust.

The Trust's response to any given incident may be scaled up or down as appropriate for the circumstances encountered at the time. The effective coordination and management of incidents may be further enhanced by the establishment of Incident Coordination Centres in dedicated rooms on either of the Trust's acute sites.

The Trust has a number of prepared plans designed to guide and inform the response to incidents e.g. Major, Business Continuity, and Critical Incident Plans.



At the current time, Poole Hospital site is the Trust's Headquarters and is designated as the primary Incident Coordination site, with back up locations at Royal Bournemouth Hospital. Once the current building works at the Royal Bournemouth Hospital site have been completed in 2025, this position will reverse with the Royal Bournemouth Hospital site becoming the designated primary ICC site for UHD.



## 3. Becoming a great place to work: Organisational Development and Workforce

### 3.1 People Strategy

Our People Strategy which launched in 2021 sets out how we will unite our workforce behind our vision and make UHD a great place to work. Our people have remained under increasing pressure since the response to Covid-19 and in 2022 our staff have also been impacted by the cost-of-living crisis, workforce capacity issues and a need to focus on the large-scale integration activities.

Our People Strategy has proved to be acutely important as it continues to drive the actions needed to keep our people safe, healthy and well, both physically and psychologically, and provide the necessary support and development needed to deliver patient care, and related services. Adapting the Patient First approach will help this further. This is needed as we work in an environment of high demand, and at a time of significant change in the way patient services are organised and delivered across Dorset.

Successful delivery of our strategy will support us to improve our people's experience and ensure the Trust is a great place to work. We recognise the importance of engaging and involving our people, and despite the challenging time ahead for us and for the wider NHS, it is essential that we hold this at the heart of what we do as we move into our new buildings and reconfigure our services and adapt new digital systems.

We know there is a shortfall of trained people to meet the rising demands for healthcare and that we will need to be more flexible, creative and innovative in how we attract, retain and develop our people, to enable us to fulfil our core purpose and achieve our vision with a key focus on workforce planning. Our People Strategy has five key action themes, which, through service integration, will enable appropriate support and care for our people while strengthening our organisational capabilities. Our work continues to be underpinned by the principles of the NHS Long Term Plan, the CQC Well Led domain and the NHS People Plan.

We recognise that there is a lot to do, and that we have some real strengths to build on, specifically the extraordinary commitment of our people to deliver excellent patient care.

## **Key Actions for 2023/24:**

### ***Supporting the Health and Wellbeing of Staff and taking action on recruitment and retention***

Our focus continues to be on how we enable staff to be healthy in 'body and mind', to allow them to work effectively to face the challenges and changes of the future.

We recognise that recovery will be different for everyone and there is no one-size fits all. This highly personalised experience will include the need to support rest and recuperation, mental, emotional, physical and financial wellbeing and provide meaningful roles with the right resources and support so that our staff feel equipped for the future.

### ***Compassionate and Inclusive Leadership***

We will continue to place health and wellbeing at the heart of our line manager's duties, encouraging them to have meaningful conversations, giving feedback and communicate clearly and consistently about expectations and objectives. Ensuring the strong voice of staff is essential to ensure their involvement and innovation. We recognise colleagues that most need help are the most unlikely to speak up. We will also continue to face the inequalities agenda head-on, with a particular focus in 2023 on improving key WRES indicators.

## **Key actions:**

- Continue focussed work on the Trust's cultural development programme to embed organisational values and ensure the voice of our staff continues to be heard.
- Launch our new online *Thank You* tool, and a new annual staff award event to show staff how proud we are of everything they do for UHD.
- Continue focus on supporting our managers to have valued based appraisal conversations with a focus on individual development and aligning objectives to the Trust's True North.
- Further develop our leadership and lifelong learning offers for staff including embedding the Level 7 Leadership Apprenticeship in partnership with Bournemouth University and further developing a modular programme to support basic people management skills and competencies.
- Introduce a pilot for our talent management tool in line with the national *Scope for Growth* initiative and participate in a national pilot study.

- Review the 2022 staff survey results at team, directorate and care group level and design improvement interventions, including:
  - increase in % BAME composition target to improve leadership diversity by 2025
  - improvements in our Black, Asian and minority ethnic disparity ratio
  - continue to implement priorities within our *Leading for Equality, Diversity and Inclusion* plan and health inequalities within our staff groups.
- Continue to enhance staff network engagement and intersectionality to strengthen contribution to organisational decision-making process.

### ***Systemic Wellbeing Offer***

Our enhanced wellbeing service will continue to meet the need for staff access to immediate, acute psychology support. It will be integrated and coordinated for sustainability with a focus on prevention and organisational resilience. We will also focus on local interventions, supporting line managers to have ‘psych savvy’ conversations with staff.

The Trust has launched a new Managing Attendance Policy which recognises the need for staff to recover after periods of ill health by offering an extended phased return programme.

### **Key actions:**

- Further develop our Mental Health First Aid (MHFA) and Wellbeing Ambassador programmes.
- Embed a range of targeted education and support sessions for line-managers.
- Continue to support the work of our Freedom to Speak Up Guardian and ambassadors to identify staff areas of concern and help remove any barriers staff may face in speaking up.
- Increase proactive health and wellbeing initiatives enabling staff to remain well at work.
- Review “hotspots” of MSK injury-reviewing processes and working patterns and continue to work closely with the ICS MSK team.
- Continue work with the respiratory Physiotherapy team in running the long Covid rehabilitation programme for UHD staff.
- Further develop the trauma pathway to include running a regular “stabilisation group” in collaboration with the ICS and Steps2Wellbeing along with refining referral pathways and co-developing support options for UHD staff.

## 3.2 Organisational Development & Integration of Teams

Since the merger in October 2020 much progress has been made in teams coming together to improve services for the benefit of patients. Single leadership teams are in place across the Trust in senior clinical and managerial positions and early patient benefits are being delivered in clinical services such as stroke, cardiology and older peoples services.

The Trust cultural champions have completed work on how staff would like to be valued and recognised with a series of recommendations that are being taken forward within the Trust. Work on embedding the Trusts Mission and Values has continued with events and work programmes throughout the year.

In the past year there have been many successes. These included changes being made to the national merger guidance that reflected UHD input and will hopefully make the merger process more grounded and easier to navigate for others. Completion of post-merger actions has continued, a care group integration assessment has been undertaken that has highlighted areas on which to focus and is supported by an action plan based on staff feedback that is in place to get the basics right.

There is however much still to do. The pandemic has bought about delays in the bringing together of teams in some services at Tiers 4 and below and planned cultural changes are still very much underway. Support for leadership development and team integration is in place with teams developing their own plans for coming together to be 'match fit' for the reconfiguration in 2024-2026.

### ***Teams are Everything***

Post pandemic, staff will continue to need supportive relationships with those they work closest to, and we will prioritise support to encourage strong social bonds within our home teams.

### **Key actions:**

- Ensure our team leaders can build and lead effective teams at directorate and specialty level as part of COVID-19 recovery, service transformation and our organisational change programme.
- Continue to provide team interventions e.g., action learning sets, coaching, debriefing sessions and peer review facilitation to support resilience and reflective practice.



## 3.3 Developing our Workforce

### Workforce Planning, Recruitment and Retention

During 2023/24 we will continue to focus on Workforce Planning by generating information, analysing it to inform future requirements of staff and skills and translating that into a set of actions that will develop and build on the existing workforce to meet UHD's future resource requirements.

Workforce plans are iterative and do change throughout the year but having robust multi-year plans are essential to have the right skills and people for the future.

Looking forward, the effectiveness of the workforce plan will be reviewed regularly by the HR Team in conjunction with the Operational Leadership Group, and a quarterly report will be presented to the People and Culture Committee. Trust Board will be assured of progress via the board committee which is chaired by a Non-Executive Director.

### Recruitment

Current market forces mean significant challenges in sourcing candidates for an increasing number of hard to fill roles, so improving our reach and attraction of candidates via an

increased use of social media and focused marketing is important to us.

### Key actions:

- Consolidate workforce planning activity across UHD and working through the Dorset ICS and wider system communicate the core requirements of the individual stakeholder in the overall short, medium and long-term Workforce Plan.
- Engage in national and regional recruitment programmes and initiatives for key roles, including international nursing and health care support workers [HCSWs].
- Work alongside the ICS to further develop the HCSW vocational scholarship.
- Increase our uptake on the UHD preceptorship programme and apprenticeship scheme for both clinical and non-clinical roles.
- Full implementation of refreshed ESR Exit module and BI analytics to develop an evidence-based attraction and retention strategy that supports both local and system wide staffing gaps.
- Reduction in agency spend and off framework agency usage.
- Expansion of the international nurse offer to define the pathway of development for newly appointed international nurses towards their first Band 6 role.

- Implement the UHD Temporary Staffing model with resources focused on the attraction and retention of a flexible temporary workforce as a priority.

### ***Retention***

Retaining our current workforce remains a priority for us and we will endeavour to offer more flexible, varied roles.

We recognise that flexible working is about more than just retention. It can unlock new opportunities and contribute to people's mental health, wellbeing and engagement with their role, and we know that in the NHS more engaged staff leads to better patient care. We have worked in partnership with staff side colleagues to develop and agree UHD's our Flexible Working and Agile Working Policies, in line with the NHS People Plan principles.

We also recognise that the fair treatment of staff supports a culture of compassion, fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame.

### **Key actions:**

- Embed Just and Learning principles into our core people management training.
- Continue to develop and support the offering of flexible working practices.
- Develop attraction and retention incentives at local and system wide level.
- Continue to develop and embed the UHD employee value proposition to support reputation as a 'good place to work.'
- Ensure elective care pathway restoration includes a) talent management and succession planning and b) bespoke health and wellbeing offer for staff and patients.

## 4. Improving our Operational Performance

### 4.1 Introduction: improving productivity

In our second year of operating services alongside the ongoing level of healthcare demand from COVID-19, teams have continued to rise to the challenge of restoring services, reducing the backlog of care that is a direct consequence of the pandemic, whilst also meeting the demands for transforming the way we deliver safe, high-quality services for our community.

In 2023/24, it's crucial that we continue our resolve to ensure the highest clinical priority patients are prioritised, we complete any outstanding work for cancer recovery against our ambitions and we continue reforms to urgent and emergency care.

Speciality level plans have been developed for every speciality within the Trust and are the building blocks of our Annual Plan (Appendix 1).

### 4.2 Organisational Performance and Challenges [Incomplete – awaiting year end data]

In 2021/22 the Trust continued to focus on the planned response to the COVID-19 pandemic and the elective recovery programme.

The response to the COVID-19 pandemic included compliance with national infection control guidance and social distancing. This resulted in a reduction in elective and non-elective capacity and increased waits and numbers waiting for routine planned work.

A focus on re-establishing all cancer and urgent activity during the recovery periods (between peaks in Covid-19 positive activity) has also resulted in the Trust undertaking less activity in the re-established outpatient, procedure and theatre sessions for some specialities.

Consequently, the Trust's position against national standards was mixed in 2021/22 with good performance against diagnostics (DM01) for the first 8 months of the year but continued challenges against constitutional standards such as Referral to Treatment (RTT) and cancer waiting times, meantime in ED and ambulance handovers. There have been further improvements against a number of urgent care

indicators such as arrival time in the Emergency Department (ED) to initial assessment and arrival time in ED to treatment.

These challenges are multi-factorial but include increases in demand for cancer referrals, workforce capacity gaps, flow and inpatient capacity impacted by Covid and Infection

Prevention and Control (IPC) measures, as well as patient's choosing to delay treatment due to the concerns related to Covid-19.

### Referral to Treatment

In 2021/22, the RTT waiting list size has increased to over 54,000 and the RTT performance increased to be consistently above 60% since May 2021 against a target of 85%.

The chart below highlights the growth in over 52 week waits with Oral Surgery, Ear Nose and Throat (ENT), General surgery, Gynaecology and Orthopaedics standing out.

There have been overall improvements in the number of patients waiting for extended periods of time for treatment with the number waiting over 52 weeks reducing to 2,680 in February 2022. The proportion of patients waiting over 78 weeks has also decreased with plans to reduce the number of patients waiting over 104 weeks by March 2022.

- Eliminated waits for elective care which exceed 104 weeks and we are on target to significantly reduce the number of patients waiting 78 weeks or more by the end of March 2023.

### Cancer

Cancer referral numbers continue to exceed previous years putting additional pressure of several services at all stages of the pathway. Despite these pressures the Trust achieved the 31 day Cancer standards. The 62-day standard was not met in 2021/22 and 28 day Faster Diagnosis standard not achieved in Qtr 3. Diagnostic waits and late referrals have been contributing factors alongside surgical capacity.

### Diagnostics

The graph below shows the strong recovery of the 6-week diagnostic standard during the latter half of 2020/21 and the first half of 2021/22. Performance has shown improvement in February following some deterioration over the last few months. Increased demand for diagnostics has been experienced as the Trust increases elective activity to support recovery and due to rising urgent referrals. The most challenged speciality continues to be endoscopy.

## 4.3 Urgent and Emergency Care

### Key Challenges

Approximately 30% of patients attending one of our Emergency Departments (ED) will require admission to a hospital bed. Whilst Covid has reduced its prevalence, there is still an impact on the actions we continue to take to prevent the spread of infection, which impacts hospital flow.

At any time, more than 20% of UHD beds continue to be occupied by patients that are medically fit for discharge but who have an ongoing health or social care need that requires support. This may be physical rehabilitation or support to undertake daily activities at home. The lack of availability of resources to care for people out of hospital often delays patients' discharge, sometimes for a considerable period. This pressure is felt throughout the Urgent and Emergency Care Pathway, and manifests as crowded Emergency Departments and delayed Ambulances in the departments.

UHD has been a pilot site for a suite of new Urgent and Emergency Care metrics over recent years. As part of this pilot, we have not reported against the 4-hour standard that most Trusts nationally have continued to report. This pilot will end in Q1 2023/4 and UHD will return to reporting against the

4-hour standard. The work to return to the 4-hour standard is significant, both in terms of system and process redesign and cultural realignment to a different way of working. This will be an area of whole system focus in 2023/4.

The challenges faced by UHD are not unique and sites with Emergency Care Pathways throughout England are facing similar issues. The National UEC Delivery Plan for Recovering Urgent and Emergency Care Services was published at the end of January 2023 which links plans for the NHS with those of the Department of Health and Social Care. Many of the actions in the National UEC Delivery Plan for Recovering Urgent and Emergency Care Services focus on challenges and factors outside of the Acute Hospital. UHD is committed to working as part of the Integrated Care System and with our partners from Local Authorities and other sectors to achieve the benefits for our patients as laid out in the plan.

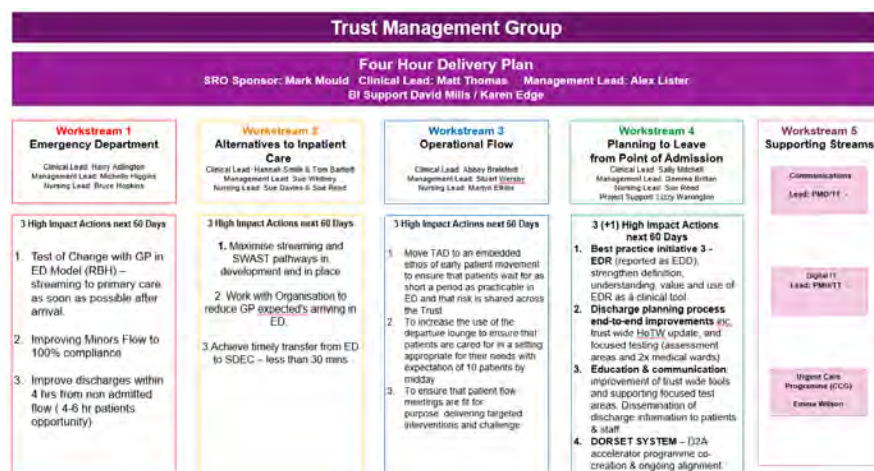
For the in-hospital actions the existing UHD Hospital Flow Improvement Group, which reports to our Executive led Trust Management Group will continue to lead our recovery actions and the re-implementation of the 4-hour standard. There are four improvement Group workstreams – ED, SDEC, Operational Flow and Discharge report to a single steering group. Each workstream is led by a senior team that are accountable for delivering transformational change required to



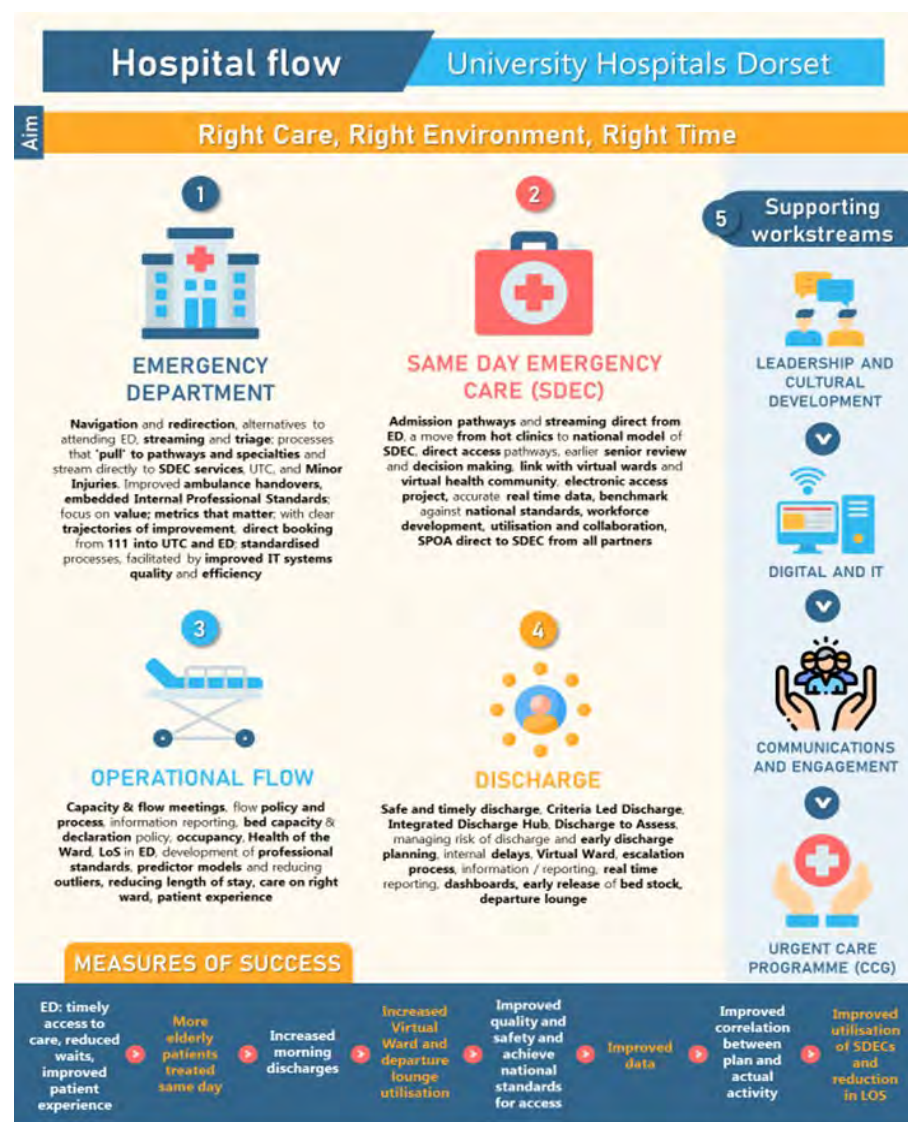
achieve the National UEC Delivery Plan for Recovering Urgent and Emergency Care Services.

Additionally, UHD will continue to use ECIST to support its recovery programme. Each workstream has detailed action plans and governance in place to ensure these are tracked and delivered.

## UEC 4 Hour standard Delivery Plan at-a-glance



## Hospital Flow Improvement Programmes



Graphics: Flaticon.com. This graphic has been designed using resources from Flaticon.com

## **Key actions**

### **Reduce 12-hour waits in EDs**

The number of patients spending more than 12 hours in our Emergency Departments reached unprecedented levels in 2022/23, which is again reflected nationally. Addressing 12 hour waits in ED is a core element of the National UEC Delivery Plan for Recovering Urgent and Emergency Care Services.

A significant number of the patients spending more than 12 hours in our Emergency Departments were waiting for an inpatient bed. Achieving the actions laid out in the National UEC Delivery Plan will support flow and reduce these delays.

In late 2022 UHD implemented a continuous flow model. This means that during core hours patients are transferred to downstream wards potentially before the bed space is available. This is a model being used widely nationally to create earlier flow and balance risks across the organisation, rather than resting solely with our Emergency Departments and Ambulance partners. While there are specific challenges around some of the UHD estate and staffing, there are areas where this has been implemented well, and in 2023/4 we will seek to embed this further as a key element of our response to pressure and delays in our Emergency Departments.

Additional actions and pathways for those patients that could be discharged earlier has been enabled by significant investment in Same Day Emergency Care provision in 2022/3 and virtual ward expansion. Recruitment and training delays have impacted the full benefit of this investment, but this will continue to grow in 2023/4.

### **Getting ambulances to patients quicker**

Ambulance handover delays have become a challenge in UHD when the EDs become overcrowded. The Trust will continue to develop and refine both escalation triggers and responses (internally and externally) to reduce the risk of ambulance delays in order to make a meaningful reduction in the numbers of ambulances that are unable to hand over to the ED within 15 minutes. This will support our Ambulance Service partners to achieve the recovery of the Category 2 response time to an average of 30 minutes over 2023/24 and return to pre-pandemic levels in 2024/25.

### **Same day Emergency Care (SDEC) is available 7 days per week, 12 hours per day.**

The second workstream of the Improving Hospital Flow Programme is specifically tasked with ensuring local SDEC provision meets national recommendations for accessibility both in terms of time, and breadth of pathways.

UHD has made significant investment in SDEC provision in 2022 and will realise the benefits of this investment in 2023/4. The first 7-day SDEC service commences in March 2023, with plans to increase the services available, and the pathways to access these services ahead of winter 2023/24.

**Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of ED, to enable emergency medicine specialists to focus on higher acuity need within the ED.**

The reconfiguration of clinical services in Dorset provides for an Urgent Treatment Centre at both Poole and the Royal Bournemouth Hospital after end state reconfiguration in 2025.

Currently the UTCs at Poole and the Royal Bournemouth Hospital provide urgent appointments for over 35,000 patients a year, a third of which are booked from NHS111 directly.

UHD, with the support of the ICS and system partners will develop and further integrate the UTCs into the core UEC front door in 2023, in preparation for the full reconfiguration of emergency care that is now planned for 2025.

### **Growing the workforce**

UHD has made unprecedented commitments to growing the workforce that supports the Urgent and Emergency Care Pathway.

Investments of almost £4m have been made recurrent in 2023/24 budgets to allow both medical and nursing workforces to recruit substantively into posts based on detailed capacity and demand modelling that has been undertaken by the teams, along with £1.9m of investment in creating capacity outside the Emergency Departments, including SDEC, support teams and escalation beds.

### **Risks and Issues**

- Change management requirements to return to the 4-hour standard
- Face to Face Access in Primary Care, and access to primary care appointments from NHS111 or from UHD.
- Workforce recruitment into newly funded posts of all types
- Capacity and technology to divert patients to Minor Injuries Units (MIUs) or other appropriate services
- Timely availability of booked appointments
- Increase in minors' attendances over the Summer
- Increasing NHS111 disposition to Emergency Department
- Ability of partners to respond to demand pressures and avoid additional impact on UHD

- Cultural shift from 'ED work' to 'system work' (internal and external to organisations).

### **Assumptions**

- System plans are developed to deliver The National UEC Delivery Plan for Recovering Urgent and Emergency Care Services
- UTCs are funded and are able to fully integrate into the core Urgent and Emergency Care front door in 2023/24
- Transformation initiatives and funding support for schemes will facilitate deliverables, safe care and progress against key standards.

## **4.4 Patient Flow & Bed Capacity**

In 2022/23, investment was made in key areas to improve flow and increase inpatient capacity. System support was given to increasing SDEC services across both sites, introducing Departure Lounges, recruitment of Discharge Facilitators and funding additional beds on a seasonal basis. Trialling of a rapid discharge teams (Tiger Team) has shown that a targeted team of professionals focusing on discharge in the evening and at weekends can reduce length of stay (LOS) and improve the discharge rate. In 2023/24, the teams aim to enhance and develop the services further.

Underpinning the Trust's surge and capacity planning is our bed modelling. The model demonstrates the need for 'escalation' beds, above core for initial months post winter pressures. A key assumption in our modelling, as well as our bed gap mitigation plans, is the role of the system-wide community capacity and the Pathway to Home programme. In addition to supporting our system-wide work, internally, our focus is on planning for discharge from admission and Pathway 0 discharges, which form 88% of all discharges.

Further work continues with clinical teams to develop flow across the hospitals:

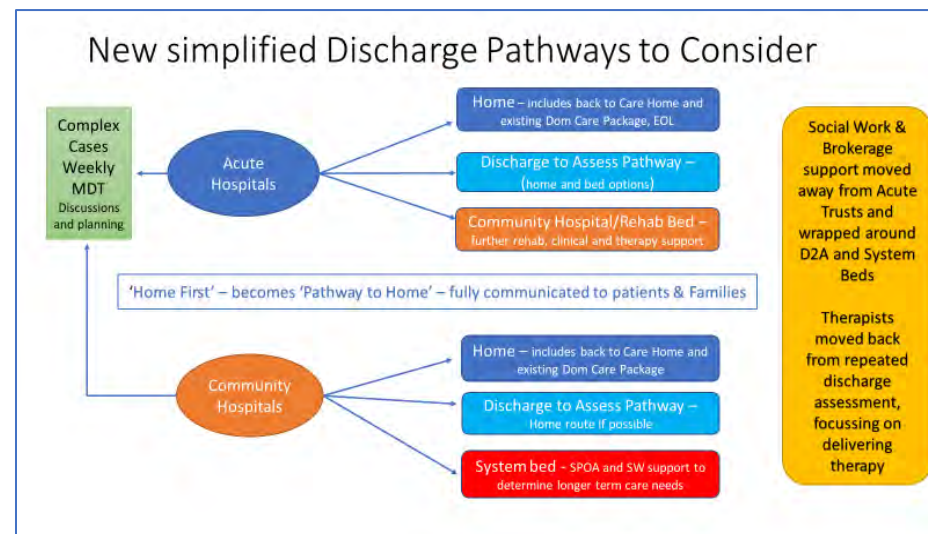
- Review of speciality pathways and cross site bed capacity demands for opportunities to optimise bed capacity
- Alternative care models which support admission avoidance, including Same Day Emergency Care (SDEC) to avoid unnecessary overnight stays and/or reduced length of stay for patients.
- Work internally and with Dorset System partners to optimise the Criteria to Reside framework and Pathway to Home programme
- Review and refinement of our UHD-wide escalation (OPEL) plans and associated risk assessments.

### **Pathway to Home**

The Dorset system have agreed to implement a new simplified discharge pathway. This will be supported by a Discharge to Assess (D2A) model for those patients who are unable to be discharged to their usual place of residence due to new care needs. The model aims to optimise patient rehabilitation and recovery and complete assessments for their longer term needs outside of the acute hospital.

We will work with our system partners on workforce plans to support the D2A model. This requires registered professional and non-registered skills to support the range of patients' needs both in a bedded setting and at home.

This work includes streamlining assessment processes and releasing our therapists to focus on delivering therapy to our patients and reducing their longer-term care needs. We also continue to develop roles such as Assistant Practitioners, OT apprenticeships and new nursing roles. Ongoing joint work across teams at UHD as well as with our system partners will continue to be key as we develop new Dorset pathways and capacity. D2A bed capacity has been secured for 23/24, with a minimum of 50 beds provided in care homes alongside our local community hospitals.



## Key Benefits

- It is good for patients – helps to ensure right care, best place at the right time. Reduces the clinical risk of hospital acquired infection and deconditioning by reducing unnecessary longer stays in hospital, supporting best patient outcomes.
- It allows patients to optimise their rehabilitation and recovery and allow the assessment of their longer term needs to take place in a more appropriate setting.
- It reduces pressure on staff, wards and the front door; allowing our sickest patients to be admitted more quickly.

**Further system-wide improvement work includes:**



- Continuing to expand community capacity, supported by national funding.
- Review of pathways and commissioning for complex and specialist patient needs.
- 'Front door' pathways for unnecessary admission avoidance.
- 7-day discharge planning and discharges.
- Transport services that support discharge.
- Planning for the high level and increasing number of frail older patients in Dorset, including over 85s.

### **Transforming Hospital Flow Programme – Planning to leave from point of admission**

Our internal work on early planning and reduced discharge delays is being driven by our Planning to Leave from Point of Admission workstream. This is overseen by the Trust's Transforming Hospital Flow Programme. The workstream's next phase of work is focused on:

- Estimated Date of Readiness (EDR) - rollout of our Best Practice Toolkit for early and effective discharge planning and processes, supported by developments to our Health of the Ward bed management system. This aims to optimise the time our patients spend in our hospitals, reduce long lengths of stay, increase P0 discharges and provide early information to our system partners to support discharges and capacity planning.

- Developing pathways and processes on our wards that support the new system simplified discharge pathway and specifically the Discharge to Assess (D2A) model.
- 7-day discharges/discharge planning so patients are discharged when they are medically optimised.
- Streamlining assessment and referral pathways including the development of digital solutions that release time to therapy.
- Develop our Health of the Ward bed management system as central conduit for digitally sharing timely information and to support our data driven intelligence and reporting internally, across the system and nationally.

### **Risks and Issues**

- Demand (non-elective and/or elective) exceeds bed modelling scenario assumptions.
- 'Staycations' and visitors to Dorset result in surge demand at peak periods.
- Increase in the number of patients ready to leave requiring step down to community services.
- Pathway to Home and Discharge to Assess capacity and pathways are unable to deliver further reductions in Length of Stay to offset the acute bed capacity gap.

- Ability and capacity to support engagement and delivery across all clinical and ward teams in the Estimated Date of Readiness and associated Criteria to Reside framework
- Further waves of infection, prevention and control impact, outstripping planning assumptions.
- Workforce gaps, particularly in therapy and care capacity, impacting on service and system delivery.

## 4.5 Elective Care

Elective care covers a broad range of non-urgent services, from diagnostic tests and scans to outpatient care, surgery and cancer treatment.

Our Elective Care Programme focuses on the post-COVID pandemic recovery of elective care through pathway redesign, maximising productivity, and optimising elective capacity, including reducing health inequalities. The programme is closely aligned to the Hospital Flow programme ambitions to reduce the average length of stay, bed occupancy and the number of patients in hospital with no criteria to reside. It is also aligned to the ICP three strategic priorities: prevention and early help, thriving communities and working better together.

### Progress made during 2022/23

Considerable strides forward have been made during 2022/23 in support of recovery of elective care. The following are some examples of the progress we made in delivering against the operational plan for 2022/23 and the NHS Long-term Plan ambitions.

Further development of clinical networks across the Dorset system has taken place in the six-high volume, low complexity (HCLV) specialties with system wide clinical leads appointed. Progress was recognised in the visit to Dorset by the national GIRFT team in December 2022.

The Trust was spotlighted for its 'wait-in-line' (WIL) initiative during the national 'Super September' focus on reducing outpatient waits and introduced validation hubs across a range of specialities. Both initiatives have had a positive impact on reducing the length of time people wait and improved booking efficiency.

We expanded the roll out of high flow outpatient assessment clinics at the Dorset Health Village (Outpatient Assessment Centre) to include 13 specialities including physiotherapy, dermatology, maternity and colorectal surgery.

The Trust has seen the progression of digital outpatient transformation in 22/23 with the launch of a patient portal (DrDoctor), installation of virtual consulting pods, extension of Bookwise room booking capability for Christchurch and Poole, and introduction of InTouch Digital check in at Bournemouth and Christchurch Hospitals.

Our Theatre Improvement Programme saw the Trust partner with Foureyes Insight to deliver a reduction in the case opportunity and increased theatre utilisation. Implementation of a smart theatres scheduling tool and cluster theatre planning meetings for specialities supported this improvement.

### **Health Inequalities**

During 2022, the Dorset Elective Health Inequalities Group was established, together with specific working groups. Progress this year has included:

- Waiting list management: tracking new elective patients with a learning disability flag in the Trust with the aim to ensure first outpatient appointments are held within 18 weeks. We have also sought feedback from the learning disability network on communication received and experience of OP appointments to improve the experience of patients.

- Analytics and data intelligence: working with the Dorset Intelligence and Information Service (DiiS) to build upon the population health data available to monitor the impact of our elective recovery programmes on patients' access, experience and outcomes.

### **Key challenges**

All patients referred to the Trust for elective care since 1 January 2023 will require their referral to treatment pathway to be completed by March 2024 in order to meet the national ambition to eliminate waits over 65 weeks. This is over 67,000 patients.

The absence of optimised hospital flow, high numbers of beds occupied by patients with no criteria to reside, an increase in non-elective length of stay and high staff vacancy rates across key areas, including outpatients and theatres, reduces capacity for elective care, exacerbating long waits for elective care.

The most challenged services are those reliant upon theatre capacity including General surgery; Urology; Colorectal surgery; Upper Gastro surgery; Trauma and Orthopaedics; ENT; Oral surgery and Gynaecology. Gastroenterology, Dermatology and some paediatric services also have high numbers of patients waiting to be seen or treated.

Elective Recovery Funding (ERF) supported the return to pre-Covid levels of activity in 2022/23 across inpatients and first outpatient appointments at an organisational level, however variation in levels of recovery was seen at speciality level. Specialties will need to deliver significant productivity and efficiency in order to reach the level of recovery required in 2023/24 (109%).

Continued reliance on the independent sector to provide additional capacity across outpatients and theatres, inevitably brings an additional pull on the finite resources within our booking and admissions teams and is delivered at higher costs.

The elective workforce is stretched and has been operating at pace for a considerable period, thus impacting resilience and wellbeing. Workforce shortages relating to clinical and support staff within key areas are exacerbating elective gaps, and ongoing operational pressures inhibit the ability of our clinical and operational leadership to fully engage in service improvements at times.

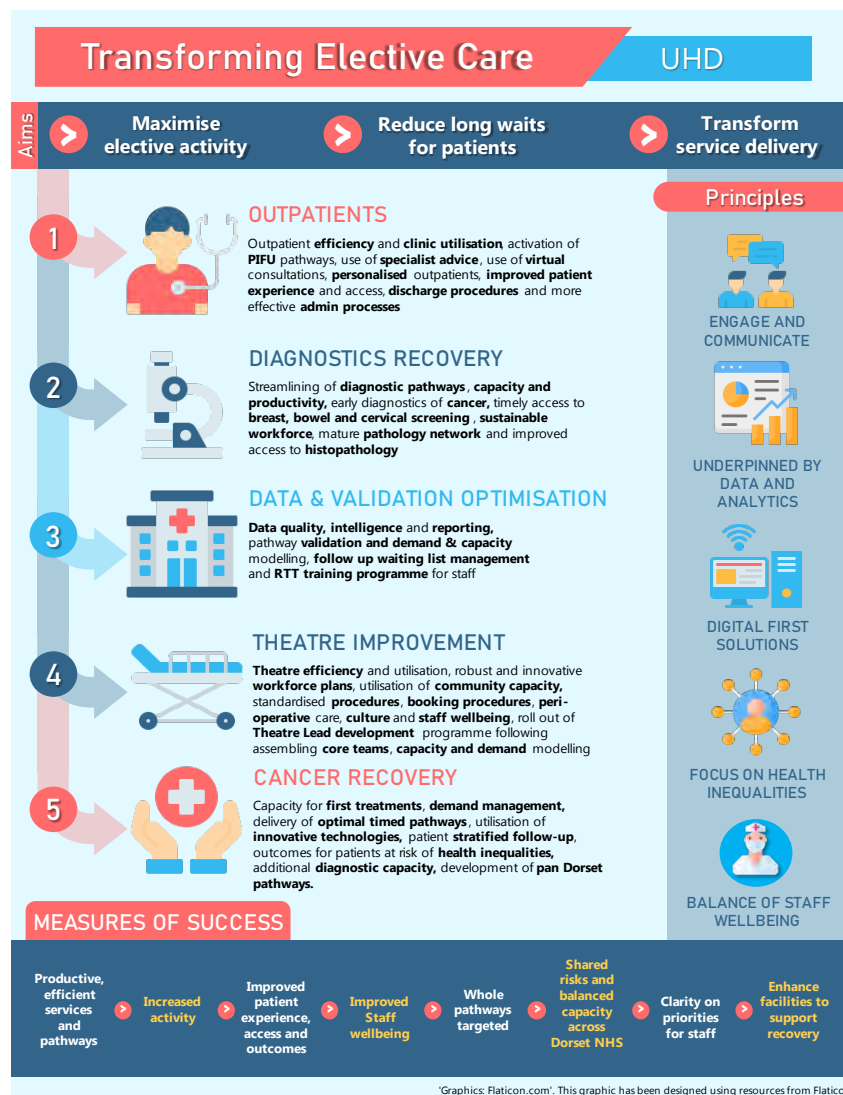
Plans for key service reconfiguration in 2024 and beyond, as part of the major build programmes, including the new Theatre block at Poole Hospital, will challenge operational teams' capacity to focus on both the here and now delivery and important transformation for the future.

### **Our plan for elective care in 2023/24**

The plan is centred around recovering core services and regaining lost productivity, progressing delivery of the Long-term plan key ambitions and continuing to transform for the future. Key areas of delivery are:

- Transforming outpatient care
- Increasing productivity, including theatre utilisation
- Offering meaningful choice for patients.

The existing UHD Transforming Elective Care Portfolio Programme Board, which reports to our Executive led Trust Management Group will continue to lead our recovery actions with an extended scope in 2023/24. There are five programmes included within the portfolio - Outpatients, Cancer, Diagnostics, Data Validation & Optimisation and Theatre improvement. Each programme is led by a senior team that are responsible for leading on transformational change required to achieve the Trust's elective care recovery ambitions. A new delivery Programme for Community Diagnostic Centres will be established in 2023/4 and link closely with the diagnostic element of the Transforming Elective Programme.



## Transforming Outpatient Care

We aim to:

- Further expand high flow outpatient clinics in Orthopaedics, Vascular services and Ophthalmology in Q1 and to continue to grow capacity and pathway innovation across all specialities. This aligns to the community diagnostics centres programme to increase access to diagnostics closer to home.
- Improve booking and clinic outcoming capacity and efficiency through a range of measures including standardising appointment guidelines, delivering digital transformation including a 2-way booking portal, standardisation and movement towards e-outcoming, and widespread deployment of digital dictation and speech recognition software. Funding has also been secured through the national Patient Engagement Portal (PEP) Programme to expand the reach of the DrDoctor platform into radiology and cardiology.
- Approach DNA rates proactively to accelerate a reduction in the Trust's overall DNA rate to 5%, including analysis of DNA rates by patients' index of multiple deprivation (IMD) and ethnicity and developing interventions to level up access to elective care.
- Complete a review of clinical session templates to optimise utilisation to achieve a 4% improvement in utilisation rate.
- Introduce greater use of personalised follow ups by increasing patient initiated follow up (PIFU) and ensuring



clinically appropriate first to follow up ratios to support effective use of follow up capacity for patients who need to be seen. We aim to deliver an overall reduction in outpatient follow-up appointments (OPFU) against the 2019/20 baseline by March 2024, recognising that the Trust has a backlog of patient waiting a follow up appointment and our ambition is to produce a month-on-month reduction in overdue follow ups in 2023/2024. Significant validation is required to support this programme.

- Support specialties in referral optimisation to deliver 16 specialist advice requests, including Advice & Guidance, per 100 outpatient first attendances through enabling eRS to ePR integration. We will focus on targeting improvement in services with a high discharge rate after first outpatient appointment.

### **Increasing productivity, including theatre utilisation**

We are committed in 2023/24 to improving productivity and reducing variation across the Trust and Dorset system.

We will:

- Continue to reduce unwarranted variation in clinical standards and outcomes through the adoption of best practice outlined in the Getting It Right First Time (GIRFT) programme.

- Reduce our dependency on agency staff and insourcing/outourcing encourage workers back into substantive and bank roles.

In 22/23 we completed a review of day case opportunities against the British Association of Day Surgery (BADs) directory for the most appropriate setting for procedures to inform the movement of more cases to day surgery, supported also by GIRFT best practice guidance. In 23/24 we will build on the areas of greatest opportunity including the knee pathway in Orthopaedics and day case rate for trans urethral resection of bladder tumour (TURBT) procedures and Uretoscopy in Urology.

Continuation of the Theatre Improvement programme across UHD is a cornerstone for increasing elective capacity, efficiency, and productivity. Five workstreams provide a focus on: digital transformation, building a sustainable workforce, operational excellence & efficiency, staff wellbeing, understanding demand & capacity and utilisation of data to support benchmarking.

As an outcome of the theatre improvement programme, we are targeting improved theatre efficiency and utilisation to achieve 85% utilisation releasing a total case opportunity of 15%.

Our emphasis in 2023/24 is on building teams and staff development to support theatre improvement. Phase 2 of Theatre Improvement programme is aimed at development for theatre leads in response to staff feedback and assembling speciality-based improvement teams, while continuing to roll out digital solutions.

Building on the roll out of the Care Coordination Solution (CCS) theatre scheduling tool we will launch an 'on the day tool' to provide the departmental status and run/over-runs to support efficiency improvement by Q2 and continue to develop system and internal processes. The CCS tool will be extended to other elective services using the waiting list Management Module. We will also implement the virtual platform for pre-op assessment.

In May 2023, we will launch the new theatre complex at Poole, including the provision of Barn theatres. The majority of our trauma lists will be moved into the new theatre complex from existing theatres allowing the Trust to decommission day theatres.

Key to reducing the case opportunity will be the development a workforce strategy which addresses recruitment and retention, supports staff well-being and a promotes a positive culture in the workplace for theatres. As part of this strategy, we will be

launching an ODP apprentice training programme in two cohorts during May and September 2023. Though implementation of the workforce strategy we aim to increase theatre lists running and align capacity with speciality level theatre templates.

The Trust will pay attention to the national and Dorset Evidence-Based Intervention Policies to reduce the number of interventions that are of limited value, inappropriate for some patients, or may do more harm than good to improve the quality of care, reduce variation and ensure resources are used effectively.

### **Data capture and coding**

We will:

- Transition our digital first validation project to business as usual across specialities using the DrDoctor platform.
- Expand our validation team to provide additional administrative and technical validation of our RTT waiting list by becoming part of the Southwest NHSE regional validation pilot between March and August 2023. This will support the validation of the active waiting list and achievement of the 65-week target March 2024.
- Review where there may be opportunities to improve the capture of activity and ensure that activity is coded fully.

- Continue RTT validation hubs in other services and the roll out of wait-in-line approaches to all services.

### **Offering meaningful choice for patients**

We will seek to provide patients with meaningful choice at the point of referral and at subsequent points in their pathway, including using alternative providers if people have been waiting a long time for treatment through local mutual aid within Dorset and use of the Digital Mutual Aid System (DMAS). We will support patients to make decisions about their care by:

- Providing sufficient information and time to consider what's right for them.
- Offering choice in where to have their first appointments.
- Promoting My Planned Care Digital Platform.

### **Assumptions**

As a result of these actions, we are committed to deliver the following performance:

- Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer).

- Deliver 109% elective ordinary activity, 105%-day case activity, and 109% outpatient first attendances against National 19/20 WDR baseline activity.
- Minimise growth in 52 week waits by March 2024.
- Reduce consultant led OPFU based on 95% of 2019/20 WDR baseline activity.
- Expand PIFU to all major specialties, moving or discharging 5% of all outpatients to PIFU consistently by March 2024.
- Deliver 16 specialties advice request including A&G, per 100 outpatient first attendance by March 2024 across the Dorset system.
- Continue to offer video and telephone consultation for outpatient services.

### **Risks and Issues**

- Demand (non-elective and/or elective) exceeds bed modelling scenario assumptions, reducing capacity for routine elective care.
- Further Covid waves of infection, prevention and control impact, outstripping planning assumptions.

- Ability and capacity to support engagement and delivery of improvement across all clinical and management teams.
- Workforce gaps and fatigue, particularly in theatres, administrative and clinical roles, impacting on service and system delivery.
- Availability of mutual aid or independent sector capacity locally or via DMAS in specialities where capacity is a constraint.
- Funding – our ability to retain additional elective funding to support the elective plan is based on delivery against an equivalent value-based activity target of 109% of the 2019/20 baseline.
- Patient compliance and public anxiety.

Further details of elective care are included within individual specialty plans.

## 4.6 Diagnostics

A UHD Transformance and Delivery Programme for Community Diagnostic Centres will be established in 2023/4 to encompass the wider the Community Diagnostics Programme (CDC) plans for Dorset.

The diagnostics programme includes radiology, physiological measurement, endoscopy, pathology and other associated diagnostic services. It links into outpatient services and cancer pathway development as well as workforce planning.

The Transforming Elective Care Programme will retain an element of diagnostic recovery and the deliverables that are associated with local recovery plans for DM01 performance and cancer recovery with close links to the CDC programme.

The main programmes currently underway are:

- Community Diagnostic (CDC) Programme
- One Dorset Radiology
- One Dorset Pathology reconfiguration
- Endoscopy expansion
- Cancer pathway development

### Progress made during 2022/23

- Approval of the Poole hub CDC business cases.
- Expression of interest submitted for endoscopy expansion strategy. A Project Manager has been appointed to take this work forward.
- Submission at system level of the CDC spokes business case and endoscopy equipment case to the CDC national panel.
- Pathology hub build started. Due for handover Autumn 2023. Estates reconfiguration at UHD is continuing.
- Digital slide scanner in place across Dorset with commissioning and training in progress.

## **Actions**

During 2023/24 we will focus on the following workstreams:

- CDC programme – expansion of diagnostic capacity across Dorset in line with optimal utilisation rates in CDC guidelines.
- Expansion of CT/MRI capacity in Poole by moving to 7 days a week in a phased approach linking into workforce planning.
- Development of Weymouth CT scanner (TLHC funded) and audiology build.
- Development of CT scanner for spoke in AECC in Boscombe.
- Endoscopy - Development of additional endoscopy rooms at the Poole hub site (also part of CDC programme)
- Pathology - Handover of hub building, equipment delivery and validation to be completed by September 23.
- Radiology - One Dorset strategy to be completed.
- IT integration at UHD for AI for TLHC programme CT reporting.
- Development of Echo rooms at Poole and introduce 2 CDC funded training ANP posts

## **Risks**

As for elective care.

## **Assumptions**

Improving performance against the core diagnostics standard; maintaining the percentage of patients receiving diagnostic tests within six weeks in line with the March 25 ambition of 95%

Deliver diagnostic activity based on 22/23 run rates (104% of 2019/20)

## **4.7 Cancer**

The Trust continues to work as an integral part of the Dorset Cancer Partnership (DCP) and Wessex Care Alliance (WCA) to ensure key priorities are met in the post pandemic recovery period.

### **Key challenges**

In 2021/22, the Trust regained referral numbers to meet pre-pandemic levels. 22/23 has seen a further increase by 17% (predicted 7%) since 21/22 with some sites seeing an increase by 35% (Colorectal). This has been due to further patients coming forward for investigations post the pandemic, often at later stages and with complex co-morbidities. Awareness campaigns such as 'Bowel Babe' have also had an impact on referrals.



Capacity to manage areas of high demand has been impacted by diagnostic and treatment capacity as well as the availability of specialist and administrative workforce.

### **Progress made in 2022/23**

Some of the key achievements are as follows:

- Implementation of the FIT <10 pathway to support the increase in Colorectal 2 week wait referrals and to safety net patients in conjunction with Primary Care.
- The upgrade of the HICSS system to improve open cancer pathway reporting.
- Further investment in Cancer Support worker roles within specific tumour sites.
- Introduction of precision point technology for prostate biopsies.
- The launch of Cancer Pathway Navigators to support FDS recovery in 4 priority tumour sites.
- Increasing triage capacity by provision of additional or high flow clinics to clear the backlog of referrals and the introduction of e-triage, to improve performance against timed pathway milestones.
- Implementing personalised patient stratified follow up pathways for breast, bowel, testicular and prostate cancers implemented June 2022, followed by endometrial and haematology by March 2023.

- Streamlining access for patients with vague lump symptoms through implementing a Lymph Node Pathway.
- Delivering on our ongoing commitment to the clinical validation and prioritisation programme, with weekly reviews for those waiting longer than 62 days on a cancer pathway.

### **Cancer Improvement Programme**

The Dorset Cancer Partnership launched a Cancer Recovery and Improvement Programme to address identified challenges that were holding the Partnership back from achieving its ambitions for cancer services as well as delivering transformation opportunities to support improvement.

The programme is underpinned by the three cross cutting themes of addressing health inequalities, digital transformation and innovation and getting the basics right.

We are also committed to make progress against the ambitions in the NHS Long Term Plan to diagnose more people with cancer at an earlier stage, with a particular focus on disadvantaged areas where rates of early diagnosis are lower.

Delivery of the improvement programme in partnership with the Wessex Cancer Alliance (WCA) aims to improve performance against all cancer standards, with a focus on the 62-day urgent

referral to first treatment standard and the 28-day faster diagnosis standard.

## **Actions**

In 2023/24 we will:

- Review the FDS recovery plans and officially close down the delivered schemes and reset the high impact actions for 2023/4.
- Implement the Best Practice Timed Pathways, including maintaining priority pathway changes for prostate cancer. This will include implementation of a Urology Investigation Unit (UIU), a reduction in 2ww referrals due to change in PSA referral thresholds and phasing out GA template biopsies.
- Implement Tele-dermatology and triage in Dermatology.
- Implement Targeted Lung Health Checks to start from Spring 2023 with subsequent modelling on longer term impacts on referrals from screening to support earlier and faster diagnosis.
- Relaunch the Personalised Care agenda with clear priorities that have associated long term funding streams.
- Appoint a Personalised Care Lead to drive forward e-Holistic Needs Assessments, Treatment Summaries, Remote Monitoring Services (RMS), Health and Wellbeing events and Cancer Support Worker transformation.

- Evaluate the non-specific pathway pilot and ensure sustainability through the ICB, post transfer from WCA.
- Deliver an improvement plan for colorectal pathways which builds on greater integration across UHD.
- Evaluate the FIT <10 pathway and transfer of the pathway back to Primary Care in 23/24.
- Transform the PMB pathway in gynaecology – completing a system referral guidance review and implement high flow clinics at the Outpatient Assessment Centre, Poole.
- Develop and embed process to identify and support patients on an open cancer pathway who are impacted by health inequalities.
- Support the system priorities to increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

## **Risks and issues**

- Awaiting release of CWT standards v12. This is expected to reduce the number of standards down to 3. The dates are currently unknown for consultation, publication and implementation.
- The volume of projects across required by DCP/WCA – need robust prioritisation through the Cancer Strategy Group.

- Capacity of digital teams to integrate new ways of working regarding software solutions and automation e.g., Tele-dermatology, Aidence AI (lung health checks), colorectal e-triage
- Despite the planned 8% increase in referrals, there are some tumour sites that have seen extreme levels of referral increases due to national campaigns and some unknown reasons. This is a potential risk again for this year.

### Assumptions

As a result of these actions, we are committed to deliver the following performance:

- To return the number of people waiting for longer than 62 days (including 104 backstops) to 220 (nationally agreed target) and at a level that is 6.4% of the overall PTL.
- Sustainably recover FDS performance to the level of the national standard of 75% by September 2023.
- Recover 62-day performance by March 2024.

## 5. Finance: Best value from the resources we have

On 23 December 2022, NHS England (NHSE) published the 2023/24 priorities and operational planning guidance. This guidance sets out the key tasks for the next financial year, the most immediate being to recover core services and improve productivity.

Locally, the Dorset Integrated Care System continues to operate under significant pressure, with high demand for urgent and emergency care services and increasing numbers of patients in acute hospitals who are medically ready for discharge. Within the Trust, COVID admissions remain constant; both Emergency departments continue to operate under extreme (Level 4) pressures; and we continue to care for over 250 patients who no longer require acute care but are unable to be safely discharged due to a lack of available step-down care. As a result, we continue to operate at Operational Pressures Escalation Level (OPEL) 4 with bed occupancy frequently exceeding 100%.

Operating under this pressure requires a relentless focus from all teams to ensure patients receive safe care. Having to operate under this pressure for such a sustained period has obviated the Trusts ability to progress transformation and efficiency schemes at pace. This has limited the Trusts ability to improve productivity and reduce expenditure and when

compounded with the significant workforce challenges and reduced COVID funding, has resulted in a significant recurrent underlying deficit.

## Revenue

Considerable financial planning and detailed financial modelling has been undertaken within the Trust. This reflects the national planning guidance together with the agreements reached within the Integrated Care System in relation to the distribution of funding across partner NHS organisations. The outcome of this is an expected budget deficit of £35.7 million, within the expected Dorset ICS aggregate deficit of £45.5 million (inclusive of South Western Ambulance Service). This reflects considerable inflation costs above the funding received, the sustained operational and workforce pressures highlighted above, and a small number of targeted clinical investments.

In addition to this significant deficit, a number of financial risks remain which could, if unmitigated, increase this deficit further.

These include:

- CIP plans currently amount to £14 million against the target of £30 million, representing a risk of £16 million.

- Recovering elective services to the 109% threshold may cost more than the funding available, or funding may be clawed back for failing to achieve this threshold.
- Pay costs have been budgeted based on the substantive cost, with only a small amount budgeted for the premium cost of agency cover. If the current agency expenditure run rate continues there is an additional risk of up to £4 million.

These risks, together with the wider financial governance procedures will be managed through the Trust Management Group (supported by the Financial Planning Group) and assured by the Finance and Performance Committee and ultimately the Board.

## Capital

The Trust has a comprehensive medium-term capital programme, developed as part of the acute reconfiguration business case and fully aligned to the outcome of the Dorset Clinical Services Review.

This very significant and ambitious programme totals almost £0.5 billion over the coming four years with budgeted spend of £199 million during 2023/24 (assuming final approval of the New Hospitals Programme business case) comprising three key elements:

1. Estates Development (section 6.3);

2. Digital Transformation (section 6.4); and

3. Medical Equipment replacement programme.

This programme sits within the aggregate Dorset ICS capital programme which lives within the ICS capital allocation.

The Trust has a strong track record of successfully managing its capital budget and this will remain a focus through the Trust Management Group (supported by the Capital Management Group) and assured by the Finance and Performance Committee and ultimately the Board.

## Cash

The trust continues to hold a significant cash balance which has been strategically built up over many years and is fully committed, supporting the medium-term capital programme and specifically the unfunded elements of the Dorset Clinical Services Review acute reconfiguration programme.

However, this will be materially depleted if the Trust cannot mitigate the expected revenue deficit, resulting in a requirement to borrow cash in future years.

## 2023/24 Financial Priorities

The Trust's absolute priority during 2023/24 is to recover the projected revenue deficit thereby mitigating the strategic implications of depleting its cash reserves.

The Trust will continue to develop its detailed financial improvement plans which will be underpinned by strong financial governance and control, both within the Trust and across the ICS.

Throughout these plans there are 9 priority areas that are the focus of productivity and efficiency opportunities in each Speciality, each of which has a detailed plan with specific deliverables:

- Hospital Flow: Admissions Avoidance and Length of Stay and Discharge Optimisation.
- Increasing Productivity & Efficiency: Theatres, Outpatients, Radiology.
- Cross Cutting Themes: Temporary Staffing, Procurement and Non-Pay Spend, Medicines Management, Coding and Data Capture.

In addition to delivering direct financial improvements, making progress in these areas will release clinical and management capacity to focus on further quality



improvement, thereby improving productivity and efficiency and reducing waste.

## 6. Transformation

### 6.1 Overview

Dorset has been on its ambitious transformation journey since the completion of the Clinical Services Review (CSR) in 2017. For UHD two major capital developments are underway to support the reconfiguration of services into the Planned Hospital site at Poole and the Emergency Hospital site at Bournemouth.

UHD has been awarded STP Wave 1 funding of £201m to establish the BEACH building (Births, Emergency care, And, Critical care and child Health) and additional capital to develop a new theatre block at Poole Hospital. A further investment of £262m as part of the New Hospitals Programme to complete the planned and emergency care model.

The new Theatre block will complete in Poole in May 2023 and the Dorset Pathology Hub is scheduled to open on the RBH site in 2023. Building work has advanced on the BEACH building which is due to open in spring 2025.

During 2022 UHD and partners worked together on the safest way to transition services to implement the CSR. Over a series

of workshops, the groups recommended that services move some 18 months earlier than originally planned. This will result in the planned and emergency hospitals being largely established in Spring 2025, with the final service moves completing in 2026/27.

The strategic plan for UHD over the next five years will see delivery of high quality, safe and sustainable services for the population of Dorset in a modern, fit for purpose estate.

### 6.2 Integration

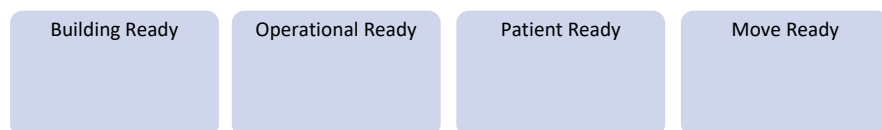
Establishing the Planned and Emergency Hospitals means the majority of services will be delivered from a single site, depending on whether those services are planned services and take place at Poole Hospital or Emergency services and take place at Bournemouth Hospital. This allows each site to concentrate and become a centre of excellence, and to provide better patient care.

This will necessitate the integration of some teams where the same service is currently supplied over both sites. For instance, the current Emergency Department teams delivering services at Poole and Bournemouth Hospitals will form a single, new ED team delivering services from the Bournemouth site with some

staff delivering services from the Urgent Treatment Centre at the Poole site.

The integration of teams usually requires changes to the way teams work in order to adopt a single way of delivering services and could require changes to team staffing structures and staff rotas in order to deliver standardised clinical pathways and operating procedures. There will be engagement and consultation with staff and users over the next two years.

Whilst the building plans require buildings to be ready to be occupied for delivery of services ('build ready'), our new builds also require equipping with the relevant equipment and facilities to deliver services ('operationally ready') and also require existing teams to be operating as a single team using single pathways and protocols before moving into the new buildings, so as to minimise the risk of disrupting services and maximise safety ('patient ready'). It is only at this point that teams can then move and deliver services from the new buildings ('move ready').



There are over 35 specialties at UHD, some of which are already single teams and will not require an integration work programme. However, the majority will be undertaking an integration programme, supported by the Organisational Development Team and the Strategy and Transformation Team throughout 2023/24 in order to progress towards the 'patient ready' stage of the reconfiguration.

Evidence from other reconfigurations is clear that single teams operating in the same way before a move to a new site much reduces clinical risks and allows teams to focus on delivering a safe move to new facilities without being distracted by moving whilst attempting to harmonise differing working practices from legacy teams. 2023/24, therefore, has a major focus on preparing teams to be operationally and patient ready.

## 6.3 Reconfiguration

The creation of the planned care hospital at Poole and the emergency hospital at Bournemouth remains the centre piece of the Critical Services Review (CSR) agreed by the Secretary of State for Health in 2019, following three years of public, staff and partner engagement.

The benefits and reconfiguration changes are set out in our Future Hospitals Website: [Investing in our hospitals \(uhd.nhs.uk\)](https://uhd.nhs.uk).

The Estates masterplan provides visuals and the timeline for the major changes that complete in 2026/27. The main set of changes are planned for Spring 2025, with the opening of the BEACH building, providing Births, Emergency Care, Antenatal, Critical Care and Child Health. There are other extensive changes across both Poole & Bournemouth.



In 2023/24, there are five strategic changes:

1. Our **Dorset Pathology Hub** opens. This is a state-of-the-art building with digital Pathology, able to serve the whole of Dorset and beyond.



2. **Stroke rehabilitation** combining on the Bournemouth site. This will provide more seamless care and combine expertise for better patient outcomes. Complex older peoples' rehabilitation will be centred at Poole.
3. **Cardiac Emergency Care**. This will be centred at Bournemouth and allows better cardiac care at both Poole and Bournemouth.
4. **Poole Operating Theatres**. Four brand new theatres in the Orthopaedic Barn open. These will be used to support orthopaedic trauma surgery (until the Poole site becomes all elective and the theatres



are used for routine hip and knees replacements).

5. **Catering.** The Central Production Kitchen (CPK) will open, allowing a totally new, improved catering offer. This will offer more choice, be more sustainable and provide greater resilience.

These are five significant service changes in 2023/24 but across all our sites, building works in preparation for 2025 will continue and step up. The enabling works for the New Hospital Programme and the Full Business Case will be submitted. Other capital projects will also be progressed, including backlog estates works across the Trust.

Taken together the five-year capital programme represents over £500m of investment in Dorset NHS Estates. This is the largest such investment ever, and only comparable to the late 1980s when Royal Bournemouth Hospital was built. All this building work is only an enabler, to support clinical services be reconfigured to deliver integrated teams, better able to provide specialist care seven days a week, and to ringfence planned care, free of emergency care pressures.

Work to ensure the environmental sustainability of the buildings, improved transport, and that information technology

is fully harnessed for better patient care, are set out in different parts of this plan.

## 6.4 Digital Programmes

UHD currently has a Best of Breed approach to deploying systems that meet specific departmental needs and uses messaging and a portal based EPR (Graphnet CareCentric) to share information across the Trust and the wider care environment, via the Dorset Care Record.

The vast majority of our departmental systems send data to EPR and we currently have 5 critical enterprise-wide systems (EDM, Order Comms, EPMA, Dorset Care Record, Radiology PACS) linked to EPR such that the user can launch these systems from within EPR without having to login or find the patient from within that connected system[1]. Work is progressing to deliver another 2 systems within the next 6 months (HICSS (endoscopy and rheumatology) and eNurse Assessment).

All historic paper-based recording of clinical care is now scanned following the inpatient and outpatient event and consequently no “legacy” paper documents are presented to clinicians at the point of care. Graphnet EPR has >180 specific electronic form templates and >300 specific e-forms exist



outside of Graphnet EPR for clinical and non-clinical use. It is difficult to find a clinical department that does not use computer-based recording for at least part of their patient interactions and gradually, albeit slowly, the dependency on paper recording is being eroded, particularly in the non-inpatient settings where clinical staff are finding it easier to make this transition.

Over the last 24 months it had become clear that the best of breed/portal approach is constraining our attempts to improve clinical productivity through digital transformation as it requires clinicians to navigate multiple systems to conduct effective clinical workflow. Graphnet, our EPR portal provider, as part of the System C alliance, has indicated that although there is no threat to the continuation of our existing portal-based system, the future roadmap for that product is to subsume it within the System C EPR.

The UHD board of directors, in the context of working in partnership across the ICS, has agreed an outline business case for a single Acute EPR, shared between UHD and Dorset County Hospital, with advanced linking/interoperability with primary, community and mental health in order to achieve a step change in digital services to support clinical safety and efficiency. The realistic implementation timeline for this major change is around the 2025, 2026 horizon which maps directly onto the time scale for the reorganisation and integration of clinical services as part of the clinical service review changes.

Consequently, the selection of the EPR provider is required to support the process of the service review changes in 2024 so we must launch and complete the procurement in 2023.

The UHD current plans are to continue with the tactical deployment and completion of in-flight deployments of best of breed systems with as much integration as possible to our existing clinical ecosystem to provide value to our clinical and operational staff in addressing their objectives until such time as we have an overarching Dorset wide architecture, roadmap and programme of delivery. Some key projects are described below, this is not an exhaustive list.

- Completing deployment of EPMA for inpatient settings
- An interim solution for closed loop result management to reduce the risk of Serious Incidents associated with pathology and radiology results being lost
- Deployment of order comms and results reporting to cardiology and endoscopy
- Implementation of a new Emergency Department system.
- Deployment of Strategic Integrated Image Solution (SIIS) as part of the south-east three diagnostics network
- Continued support for clinical and nursing quality improvements including addition of digital Fluid Balance to the e-Observations system
- Deployment of a range of digital technology to support outpatient productivity (including online booking platform, voice recognition, robotic process automation, business

intelligence tools, workflow enhancement for referral and advice and guidance management)

- Replacement of traditional pagers for routine communication with a portable, Wi-Fi connected device allowing immediate communication by instant message, voice and video
- Removal of all unsupported operating systems and applications in line with meeting our Data Security and Protection Toolkit requirements

These developments will be underpinned by a systematic rolling stock replacement of all layers of our technical Infrastructure and end-user devices and work to achieve a fully compliant Data Security and Protection Toolkit submission.

## 7. Population and System Working

### 7.1 NHS Dorset Strategy

The legislative changes to implement the NHS Long Term Plan were completed in July 2022, establishing Integrated Care Systems and Dorset CCG functions transferred to the Dorset Integrated Care Board (NHS Dorset), supported by an Integrated Care Partnership and Provider Collaborative.

#### The new health and care system



Dorset ICS has four key functions:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access

- enhancing productivity and value for money
- supporting broader social and economic development.

The first ICP strategy for Dorset 'forward view' identified 3 key priorities:

#### 1. Prevention and early help

Helping you to stay well by providing prevention support as early as possible.

#### 2. Thriving communities

Investing in communities, building strong networks and developing high quality spaces in the community where we can work together.

#### 3. Working better together

Consider your needs at all stages of your journey through health and care services.

The Joint Strategic Needs Assessment tells us these are the important factors:

- Mental health and wellbeing
- Fairness in access to services, including digital
- Loneliness and social isolation
- Rising cost of living, hidden poverty

- Children's health and social care
- Workforce and ability to help support people with more complex needs
- Lack of maturity in working as one system to improve quality – demand and pressures
- Integrated mental and physical health.

NHS Dorset and its partners, including UHD, will work as part of the ICS and ICB to help deliver the ICP strategy aiming for the following outcomes:

- Joined-up health and wellbeing, for mental and physical health
- Invest in and involve informal care and support
- Care closer to home
- Children's health and best start in life
- Inequality and fairness; in access, outcomes and experience
- Social isolation, loneliness
- Listen and involve people in solutions

Place based partnerships and the Provider Collaborative will help to deliver these outcomes for the people of Dorset

## 7.2 Bournemouth University (BU) Partnership



Our BU-UHD partnership strategy identifies the main areas of focus for the BU-UHD partnership programme:

- strategic alignment – refresh of our partnership strategy
- stimulus for research and innovation – facilitate collaboration, host research events and develop pathways that enable more staff to participate in research
- education and training of future workforce – develop local training opportunities including apprenticeships that meet future workforce training needs
- recruit and retain talent – with joint posts and collaborations that help make both BU and UHD great places to work
- meeting future challenges – working together to better solve future challenges
- wider private and public partnerships – working closely with other partners to the benefit of all.

The strategy promotes a “joint by default” approach between the organisations, complementing the existing work and strategies of each individual organisation, enhancing the work

that is already done together and developing on both organisations' strengths.

The jointly agreed work programme identifies the collaborations planned for the year in order to deliver benefits to patients, students, staff, organisations and wider. Key opportunities in the coming year are:

- to collaborate to develop new roles across the hospital and university attracting new talent
- to work together to increase the number of non-clinical placements for BU students, maintaining the quality of all student's experience at UHD.
- work with other local employers to utilise apprenticeship funding to co-design and co-deliver local training to both attract new staff and support the development of our existing workforce at UHD
- to enable our staff to undertake research to support both improved patient experience and outcomes
- work with AHSN and BU colleagues to evaluate the impact of major NHS programmes on our service users and staff

Both BU and UHD recognise the strength of working more closely together and are committed to this programme in the coming years

## 7.3 Health Inequality

Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in deprived and ethnic minority communities. Narrowing the gap in health inequalities and improving health outcomes is a golden thread woven throughout all aspects of our plan.

In 2023/24 we will strengthen our use of population health management to narrow the gap in health inequalities and improve health outcomes. We aim to proactively identify the health inequalities of our population to inform service design and policy development.

We will build upon the strong foundations provided by the Dorset Intelligence and Insight Service (DiiS) population health management (PHM) tools, which give access to comprehensive, good quality data and linked data sets from many care settings including acute care, primary care, mental health and social care.

Our approach will be to use this data to identify the needs of our communities' experiencing inequalities in access, experience and outcomes in relation to their health, so that we can respond with tailored strategies for addressing inequalities and track the impact of these strategies.

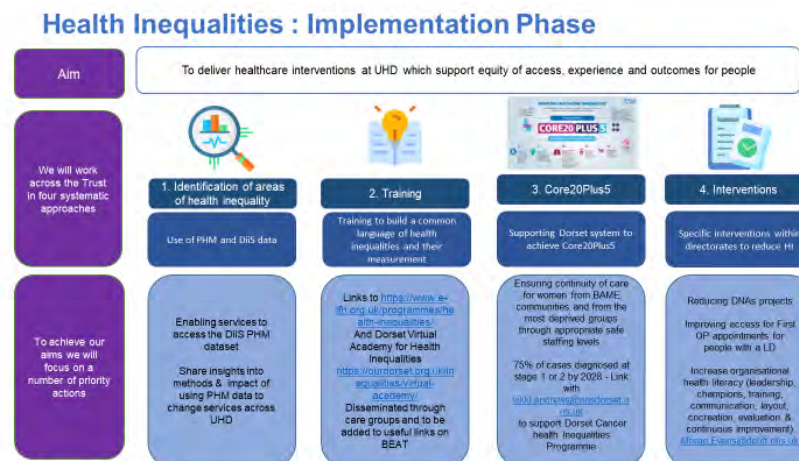


We will work collaboratively across the Dorset ICP to adopt the Core20PLUS5 approach and to deliver the ICP Working Better Together Strategy. In doing so, we will made specific consideration of Black and minority ethnic populations and the bottom 20% by IMD for clinically prioritised cohorts.

Building on the work undertaken in 2022/23 to evaluate the impact of elective recovery plans on addressing pre-pandemic and pandemic-related disparities in waiting lists we will continue to spread the learning to date to other prioritised cohorts. Including a focus on reducing DNA rates and increasing health literacy.

Our implementation plan includes a focus on four systematic approaches:

1. Identification of areas of health inequality
2. Training for staff
3. Core20Plus 5 assessment and approaches
4. Interventions targeted to reduce health inequalities



Our strategy will relate to addressing health inequalities for both patients and staff. Our Equality, Diversity and Inclusion Group and Healthy Working Lives Group will be asked to set out its priorities in tackling health inequalities as they directly relate to staff and to review the strategy to ensure activities are viewed through a health inequalities lens.

A new Population Health and System Committee will be established to provide oversight of the implementation by the Trust of its responsibilities pursuant to the Our Dorset strategic plan for population health and health inequalities. Accountability for health inequalities will be assured through our Board performance reporting framework. We will move towards outcome reporting, breaking down performance reports by patient ethnicity and IMD quintile, focusing on

unwarranted variation in referral rates and waiting lists for assessment diagnostic and treatment pathways, immunisation, screening and late cancer presentations.

To reflect our position as one of the biggest employers in Dorset, we will consider adoption of the Anchor Institute approach and be an active member of the Dorset Anchor Institution's Network.

In 2023/24 we will also;

- Review our current patient engagement strategy to ensure we optimise how we understand our communities and the way in which they experience our services through personalised culturally competent approaches to clinical and operational management including participatory community engagement.
- Evaluate the Trust's approach to Equality and Health Inequalities Impact Assessment to ensure its alignment with NHS best practice.
- Support staff to access training on population health management and health inequalities, including the development of technical and analytical capability within the Performance and Business Intelligence service.

## 7.4 Sustainability

The UHD sustainability strategy aligns with the requirements set out in the NHS national plan, delivering a “Net Zero” national health service and the Health Care Act 2022.



Our green plan can be found on: [uhd\\_green\\_plan\\_1.pdf](#).

The Sustainability Strategy, or Green UHD Plan, maps out the Trust sustainability vision, objectives and governance approach through targets and areas of activity:

- Our vision to provide excellent healthcare
- Our green objectives, healthy lives, healthy community and a healthy environment
- A set of cornerstone targets relating to carbon, clean air, the use of resources, sustainable development goals and staff engagement

To realise our green plan there are twelve areas of activity that cover all the aspects of services within UHD.

- Workforce and leadership
- Sustainable models of care
- Digital transformation
- Travel and transport
- Waste
- Capital projects
- Utilities
- Medicines
- Supply chain and procurement
- Food and nutrition
- Adaptation
- Greenspace and biodiversity.

We also have two additional ‘summary areas of activity’ to help roll up, capture and manage the total contribution towards carbon and social value targets.

- Carbon
- Social value / anchor institution

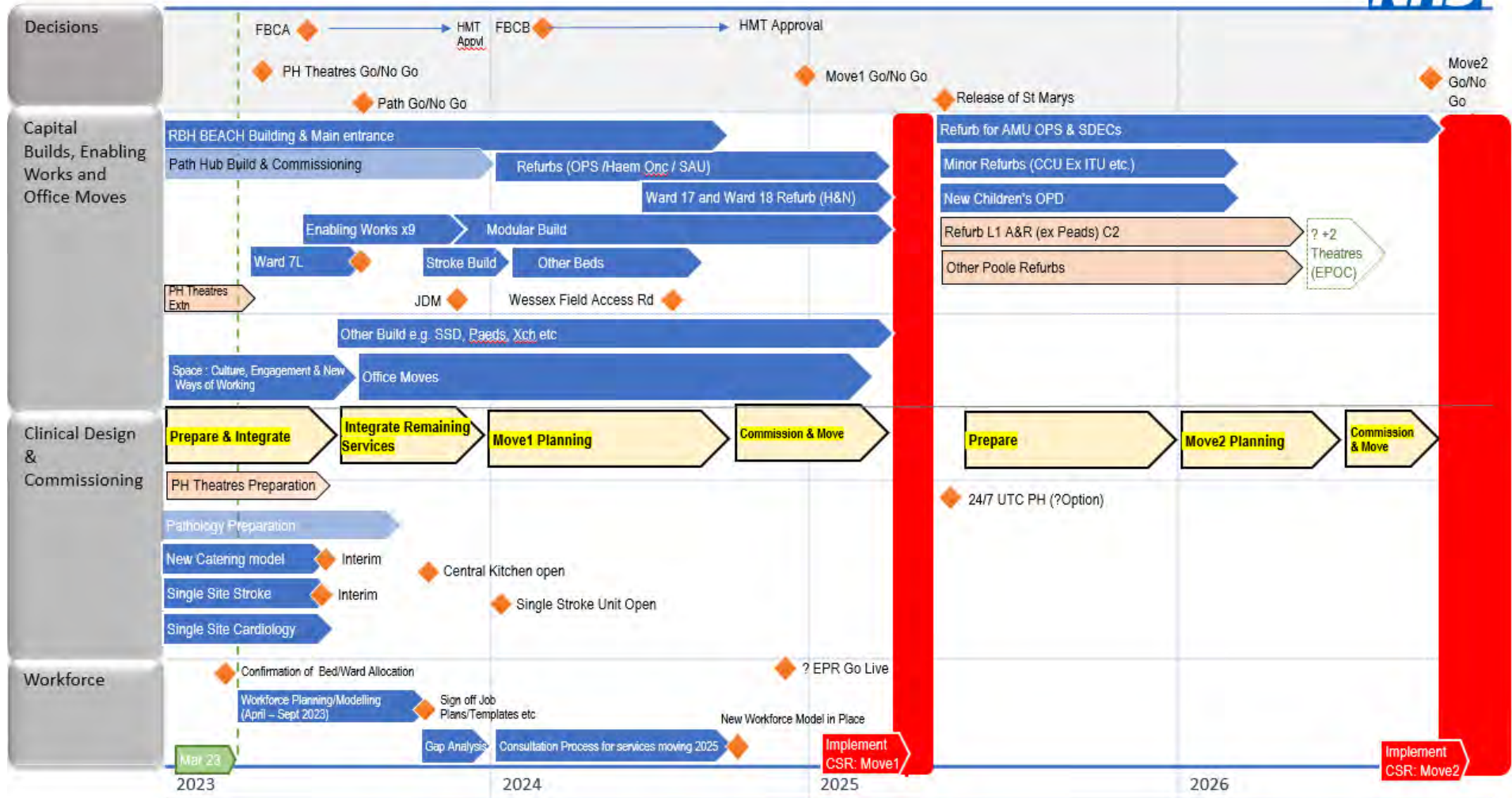
The Green Plan aligns the Trust with the NHS aim for an 80% carbon reduction by 2028 and to become a net zero organization by 2040 and contains a framework on which to hang a range of measures designed to progress the Trust towards this and the other targets set out. Given the unprecedented nature of the challenges being addresses, the measures taken and the Green Plan itself will require regular review and revision along this journey.

In 2023/24, two areas will receive the greatest attention:

- **Electrical Infrastructure** and the start of major investment in to decarbonised energy, and more renewables on site.
- **Green Travel** plan to support staff travel and be both easier and more enjoyable (as well as cheaper, healthier and greener).

# Appendix A – Reconfiguration 4 Year Plan

Reconfiguration: 4 year view plan on a page



## Appendix B – Speciality Level Plans



## BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 27 March 2023

### Agenda item: 10.1.1

<b>Subject:</b>	Key Issues and Assurance Report - Finance and Performance Committee Meeting held on: 13 February 2023
<b>Presented by:</b>	Philip Green, Chair of the Finance and Performance Committee

<b>Background:</b>	The reports received by the Committee at its meeting referred to above and the levels of assurance are set out below.
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	Substantial assurance received by the Committee
	Partial assurance received by the Committee, but assurance received that appropriate plans in place to address
	Limited assurance received by the Committee - significant gaps in assurance and/or not sufficiently assured as to the adequacy of action plans

Items rated Green		
Item	Rationale for rating	Actions/outcome
<p>Operational Performance: the Committee was advised of the following:</p> <ul style="list-style-type: none"> <li>Reduction in elective longwaiters had been delivered against the trajectory at the end of January 2023. 10 patients waiting more than 104 weeks were reported and waits over a year – ahead of plan.</li> </ul> <p>The forecasted end of February 2023 104 week wait position remained 0 and a residual risk of 123 78 week waits at March 2023 was forecasted.</p>	<p>The Committee noted the areas of which it was advised.</p> <p>Continued emergency pressures and high bed occupancy resulted in elective cancellations in January and early February 2023 including patients awaiting cancer treatment and long waiters following a clinical assessment.</p>	<p>All cancelled patients were being prioritized for next available capacity but this would further reduce elective capacity for P4 long waiters in the period up to March 2023.</p> <p>The Trust was working with independent sector providers to source additional capacity to reduce this risk.</p>

<ul style="list-style-type: none"> <li>The Trust had continued to achieve the best performance in the south west in January for diagnostics (DM01) – Number of patients are waiting 6 weeks or more for a diagnostic test.</li> <li>Cancer: numbers of patients waiting 63 days or more for treatment after referral for suspected cancer was reducing. Performance was reported better than planned. Rise noted in January 2023 due to the impact of industrial action and cancellation of cancer inpatient and outpatient activity, patient choice to delay and bed occupancy.</li> </ul>		
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Items rated Amber		
Item	Rationale for rating	Actions/outcome
<p>Operational Performance: the following areas were alerted to the Committee:</p> <ul style="list-style-type: none"> <li>Daily average of medically ready for discharge (MRFD) patients increased slightly in month to 222 compared to December 2022 and target 30% reduction of MRFD not achieved;</li> <li>Significant levels of risk being managed within the Trust's emergency departments on a daily basis. Over 11,700 attendances in</li> </ul>	<p>The Committee received a report of the plans in place to seek to address each of the areas alerted.</p> <p>This included:</p> <ul style="list-style-type: none"> <li>Dorset System launch of discharge to assess (D2A) beds proof of concept due to commence mid-February 2023 supported by Dorset Council (this would require all partners to support workforce).</li> <li>Dorset D2A accelerated workstreams being in place.</li> <li>NHS Dorset CNO team visit to the Trust completed – system and internal planning to optimize opportunities.</li> <li>Escalation capacity fully open, including second stage surge areas.</li> <li>Development of the virtual ward programme.</li> <li>Re-implementation of 4 hour ED standard signaled within the 2023/24 priorities and operational</li> </ul>	<p>To be circulated to the Board as part of the Integrated Performance Report.</p>

<p>January 2023. Same day emergency care and elective care areas escalated to meet surge of emergency demand.</p> <ul style="list-style-type: none"> <li>Ambulance handover delays in January 2023 increased; however there was a reduction in handovers &gt;60 minutes and a significant reduction in the total hours lost (63% reduction compared to December).</li> <li>Achievement of improvement in cancer faster diagnosis and 62-day standard was off track.</li> </ul>	<p>planning guidance – an initial 60 day plan had been compiled in order to identify areas which will support delivery of the 4 hour standard, enable monitoring against the standard and support staff education and cultural change.</p> <ul style="list-style-type: none"> <li>Corridor care supported by a private ambulance contractor/South West Ambulance Service (SWAST) and Trust staff with an increased number of cohort spaces being in place at both Bournemouth and Poole hospitals to take handovers from the ambulance services and release ambulances back on the road.</li> <li>Real time dashboard developed that could be used by SWAST to review the pressures of each department to support “dynamic conveyancing” decisions – the dashboard was configured to work on mobile devices.</li> <li>Single bed bureau for the Trust introduced.</li> <li>Pathways to same day emergency care for emergency department and SWAS in place and continue to be developed.</li> <li>Trust-wide 62 day performance in December 2022 was below the 85% threshold (63.4%) however remains above the current national average of 61.3%.</li> <li>Successful funding application to Wessex Cancer Alliance to support additional waiting list capacity in quarter 4 2022/23 which had delivered an improvement in faster diagnosis</li> </ul>	
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<ul style="list-style-type: none"> <li>• Achievement of reduction in total referral to treatment waiting list size in line with operational plan off track and at risk for March 2023.</li> </ul>	<p>standard performance in January 2023.</p> <ul style="list-style-type: none"> <li>• Additional insourcing capacity commenced for dermatology resulting in recovery of the faster diagnostic standard in month and continued delivery of the 62 day standard.</li> <li>• New FIT &lt; Pathway also launched in January 2023 and expected to reduce colorectal referrals.</li> <li>• January performance to date significantly impacted by industrial action with deterioration in both faster diagnostic standard and 62 day performance expected.</li> <li>• Total waiting list in January 2023 increased to 71,230.</li> <li>• Adjusted waiting list projection for March 2023 following the PAS integration was 68,880.</li> <li>• Cancelled activity as a result of industrial action impacting on the Trust's ability to deliver a reduction in the referral to treatment waiting list.</li> <li>• Additional validation resources secured through a pilot with NHS England South West would be delayed coming on line due to delays in external recruitment and training requirements.</li> </ul>	
<p>2022/23 Financial Performance – Month 10</p>	<p>The Committee received the 2022/23 Financial Performance Report. Operational pressures continued to drive the Trust's financial performance, increasing expenditure and limiting clinical and operational capacity to deliver efficiencies and transformation projects.</p>	<p>Summary to be circulated to the Board as part of the Integrated Performance Report.</p>

	An update was provided in relation to capital expenditure and outstanding capital items and the use of agency staff.	
Productivity and Efficiency Report – Month 10 including Cost Improvement Programme	The Committee was presented with an update including the savings that had been identified and the associated shortfall. Operational capacity including the pressures related to strike planning was a key limiting factor for change with many projects requiring time to implement.	The Committee noted the report.
Transformation Report	<p>The Committee received the Transformation Report including key portfolio highlights and a dashboard identifying 7 deliverables with a green status, 6 with an amber status and 2 complete. Plans were in progress to address each of these areas.</p> <p>It was reported to the Committee that robust transformation boards within the Care Groups were in place to maintain the strategic overview.</p> <p>Steps were being taken to ensure the existence of a single operational plan owned at specialty level, taking into account the operating model, quality, workforce, activity and performance.</p>	The Committee noted the report.

#### Items rated Red

Item	Rationale for rating	Actions/outcome
N/A		

#### Items not rated

Item	Comments	Actions/outcome
Update from the Dorset Integrated Care System.	The Committee received an update from the Dorset Integrated Care System in relation to the closure of year end and the plan for 2023/2024.	A Dorset system meeting would be taking place imminently.
Exception Report – Private Patients Strategy	The Committee received an update in relation to discussions in progress by the Trust's executive team about the private patients' area	Exceptions reporting would continue to be provided to the Committee.



Draft Operational Finance Plan	The Committee received the Trust's draft financial plan for 2023/24. Further work would be undertaken to refine the draft prior to final submission.	The Trust would be required to submit its draft Operational Plan to NHS England on 23 February 2023.
Contract Decision Timetable	The Committee received the contract decision timetable report.	The Committee noted the report.
Patient Level Information and Costing System (Q2)	<p>A clinical Patient Level Information and Costing System (PLICS) lead to support further clinical engagement in the development and embedding of PLICS had been identified.</p> <p>It was reported to the Committee that a deep dive review had been carried out in November 2022 in partnership with NHS England.</p> <p>Expenditure had been allocated to patient activity using the latest published NHS England Costing Guidance.</p>	The Committee noted the report.
Exception Report - Estates Improvement	It was reported to the Committee that there were no items to report by exception.	The Committee noted the update provided.
Exception Reports –Sustainability	It was reported to the Committee that there were no items to report by exception, other than the migration of a new reporting system for compliance being undertaken.	The Committee noted the report.
Finance and Performance Committee Terms of Reference	The Terms of Reference had been previously circulated to members of the Committee and had been approved by the Board.	The Committee endorsed its Terms of Reference.
The Committee considered items that were presented to it for information. It also received recommendations for approval/endorsement.		

**BOARD OF DIRECTORS - PART 1 MEETING**

**Meeting Date: 27 March 2023**

**Agenda item: 10.1.3**

<b>Subject:</b>	Assessment of Going Concern
<b>Prepared by:</b>	Chris Hickson, Associate Director of Finance
<b>Presented by:</b>	Pete Papworth – Chief Finance Officer

<b>Strategic Objectives that this item supports/impacts:</b>	<p>Continually improve quality <input type="checkbox"/></p> <p>Be a great place to work <input type="checkbox"/></p> <p>Use resources efficiently <input checked="" type="checkbox"/></p> <p>Be a well led and effective partner <input checked="" type="checkbox"/></p> <p>Transform and improve <input type="checkbox"/></p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	<p>Risk 1739: Financial Control Total 2022/23</p> <p>Risk 1740: ICS Financial Control Total 2022/23</p> <p>Risk 1594: Capital Programme Affordability (CDEL)</p> <p>Risk 1595: Medium Term Finance Sustainability</p> <p>Risk 1416: GIRFT and Model Hospital</p>
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	<p>There is no presumption of going concern status for NHS foundation trusts. Directors must decide each year whether or not it is appropriate for the NHS foundation trust to prepare its accounts on the going concern basis.</p> <p>The FreM explains that the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements.</p> <p>Given this guidance, the FT ARM confirms that an NHS foundation trust's assessment of whether the going concern basis is appropriate for its accounts should therefore only be based on whether it is anticipated that the services it provides will continue to be provided with the same assets in the public sector. This is expected to be the case for NHS foundation trusts unless exceptional circumstances indicate otherwise; these should be discussed with NHS England and NHS Improvement. Where the continued provision of</p>

	<p>services in the public sector is anticipated to apply, there will not be any material uncertainties over going concern requiring disclosure.</p> <p>The NHS foundation trust should include a statement on whether or not the financial statements have been prepared on a going concern basis and the reasons for this decision, with supporting assumptions or qualifications as necessary.</p> <p>A typical disclosure would read:</p> <p>“After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury’s Financial Reporting Manual.”</p> <p>Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.</p>
<b>Background:</b>	<p>International Accounting Standard 1 requires management to assess, as part of the accounts preparation process, the Trust’s ability to continue as a going concern</p> <p>Going concern is interpreted for the public sector context within the Government Financial Reporting Manual (FReM) 2022/23, with further guidance within the NHS Foundation Trust Annual Reporting Manual (FT ARM) 2022/23.</p> <p>Auditors are required to evaluate management’s adoption of the going concern basis and management’s assessment of any material uncertainties over that basis that may require disclosure.</p>
<b>Key Recommendations:</b>	<p>It is recommended that the Trust’s financial statements continue to be prepared on the going concern basis given the following key points:</p> <ul style="list-style-type: none"> <li>• all services are expected to continue, supported by the publication of the NHS 2023/24 priorities and operational planning guidance and associated financial allocations;</li> </ul>

	<ul style="list-style-type: none"> <li>the Trust has draft contract values from each main commissioner and is making good progress in developing the detailed operational and financial plan for 2023/24; and</li> <li>the Trust is holding consolidated cash reserves of £76.350 million (31 January 2023).</li> </ul>																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input type="checkbox"/></td></tr> <tr><td>System</td><td><input checked="" type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality and Diversity	<input type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Operational Performance	<input type="checkbox"/>	People (inc Staff, Patients)	<input type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input type="checkbox"/>	System	<input checked="" type="checkbox"/>
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<b>CQC Reference:</b>	<table> <tr><td>Safe</td><td><input type="checkbox"/></td></tr> <tr><td>Effective</td><td><input type="checkbox"/></td></tr> <tr><td>Caring</td><td><input type="checkbox"/></td></tr> <tr><td>Responsive</td><td><input type="checkbox"/></td></tr> <tr><td>Well Led</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Use of Resources</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>								
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Use of Resources	<input checked="" type="checkbox"/>																				

<b>Report Committees/Meetings at which the item has been considered:</b>	<b>History: at</b>	<b>Date</b>	<b>Outcome</b>
Finance and Performance Committee		20/03/2023	Meeting has not yet taken place at the time of submission of this report.

<b>Reason for submission to the Board in Private Only (where relevant)</b>	<table> <tr><td>Commercial confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
Commercial confidentiality	<input type="checkbox"/>								
Patient confidentiality	<input type="checkbox"/>								
Staff confidentiality	<input type="checkbox"/>								
Other exceptional reason	<input type="checkbox"/>								

## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 March 2023**

### Agenda item: 10.2.1

<b>Subject:</b>	Key Issues and Assurance Report - Quality Committee Meeting held on: 14 February 2023
<b>Presented by:</b>	Cliff Shearman, Chair of the Quality Committee

<b>Background:</b>	The reports received by the Committee at its meeting referred to above and the levels of assurance are summarised below.
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	Substantial assurance received by the Committee
	Partial assurance received by the Committee, but assurance received that appropriate plans in place to address
	Limited assurance received by the Committee - significant gaps in assurance and/or not sufficiently assured as to the adequacy of action plans

Items rated Green		
Item	Rationale for rating	Actions/outcome
Action List: Harm Reviews	<p>The Committee were informed that the Quality &amp; Risk team had produced good initial guidance on harm reviews.</p> <p>There was oversight of all patients who had been cancelled during the industrial action.</p>	<p>Standard Operating Procedure to be produced from this guidance.</p> <p>Discussions with general managers to be held on how to capture these patients on an ongoing basis.</p>
Care Group reporting: Medical Care Group	<p>It was reported that there had been positive environmental feedback received following a revisit by the Integrated Care System.</p> <p>A clinical audit on the daily monitoring of fridge temperatures had been submitted and was planned to go live in April 2023.</p>	
Care Group reporting: Specialties Care Group	<p>The Care Group reported:</p> <ul style="list-style-type: none"> <li>an increase in compliance to 91% for both national and Trust mandatory training;</li> </ul>	



	<ul style="list-style-type: none"> <li>• Moderate incidents scoped in January 2023 which had been downgraded following harm review, demonstrating good governance and incident reporting;</li> <li>• Positive results in the Pathology User Survey, which indicated that the majority of respondents were either highly satisfied or satisfied with all aspects of the service</li> </ul>	
Care Group reporting: Surgical Care Group	<p>The Care Group reported a decrease in the number of pressure ulcers, falls and medication incidents.</p> <p>The Enhanced Surgical Care Unit had been split into Wards 15 and 16.</p>	The Care Group would be developing metrics to monitor quality improvement and would continue to review the provision of high acuity care.
Maternity Safety Champions Report	The new call bell system had been implemented, with a rigorous audit process in place.	A new Standard Operating Procedure would be produced.
Other Business	The Committee were informed of a National Audit of Care at the End of Life (NACEL) alert relating to a cluster of cases.	The alert had been responded to and closed with no concerns.

#### Items rated Amber

Item	Rationale for rating	Actions/outcome
Introduction	The Committee received an update on the industrial action. There was positive evidence of "Team UHD", with the Trust supporting the right to strike whilst having oversight of patient safety. There was anticipation of further industrial action, with concerns around the impact on patients and the impact of the derogations process on staff.	Undertaking harm reviews including physiological and psychological impact of harm.

Integrated Performance Report	<p>Reported to the Committee were:</p> <p>An increase in serious incidents, particularly related to falls. The risk of increased falls for a period of time when moving to full single sex accommodation was noted. This had been identified in data emerging from the New Hospitals Programme.</p> <p>There had been an increased number of complaints. Complaint responses had suffered due to the impact of industrial action and operational pressures.</p> <p>Care Hours per Patient Day had dropped significant from pre-pandemic levels.</p>	<p>Themes and areas for improvement had been identified through the falls summit. It was planned for the national falls lead to visit the Trust. There was ongoing system work around falls management.</p> <p>Future templates for the modular build were under discussion.</p> <p>The Trust's internal auditors were completing a deep dive into complaints. The complaints team were working with care groups on what additional work could be taken on, particularly supporting letter writing.</p> <p>Whilst the Trust compared well nationally, there was need to look at further improvements. Work was ongoing to understand the increase in acuity.</p>
Care Group reporting: Medical Care Group	<p>The Care Group reported:</p> <ul style="list-style-type: none"> <li>• A decline in infection prevention &amp; control compliance, particularly in ED;</li> <li>• Overall patient safety metrics had seen an improvement;</li> <li>• Transient Ischaemic Attack (TIA) performance continued to be a concern, impacted by the challenges in ED including inappropriate referrals.</li> </ul>	<p>IPC Care Group meetings were in place to oversee the actions being taken.</p>
Care Group reporting: Surgical Care Group	<p>The Care Group provided an update on:</p> <ul style="list-style-type: none"> <li>• Two serious incidents undergoing scoping;</li> <li>• Delay to surgery for #NOF remained the Care Group's highest risk. 49% of patients were operated on within 36</li> </ul>	<p>Investigations were ongoing. There had been good clinical engagement in implementing short term measures in the interim.</p>

	<p>hours, with good work ongoing to track delayed patients;</p> <ul style="list-style-type: none"> <li>• There remained concern around cancellations;</li> <li>• Concern was raised in relation to the lack of volumetric infusion pumps</li> </ul>	<p>Proposed bed modelling changes were being worked through.</p> <p>This risk had been discussed by the Executive Team. The Committee would receive an update at its next meeting.</p>
Maternity Safety Champions Report	<p>The Committee were informed of:</p> <ul style="list-style-type: none"> <li>• A reportable HSIB incident;</li> <li>• The LNMS had requested an action plan in respect of the MBRRACE report.</li> <li>• Apgar &lt; 7 at 5 mins remained an area of focus, with each case being reviewed, alongside both a retrospective and prospective audit.</li> </ul>	<p>Initial internal review indicated no lapse in care. The incident would be externally reviewed.</p> <p>The Committee requested further assurance and a defined timescale for resolution.</p>
VTE Report	<p>The Committee received an update on VTE, which raised:</p> <ul style="list-style-type: none"> <li>• There were two incidents of patients not receiving prophylaxis following cancellation of elective surgery;</li> <li>• Reduction in training compliance to 66.2%;</li> <li>• A “dummy” drug had been created on electronic prescribing. This would help to identify patients who had been prescribed neither prophylaxis nor the “dummy” drug. There was some early evidence that this was improving compliance.</li> </ul>	<p>The VTE Prevention Guidelines had been updated to account for cancellations and the issue had been shared through the teams.</p> <p>The training module would move onto the mandatory training platform to increase compliance.</p> <p>The Committee requested further information about the numbers of patients not undergoing VTE assessment and the number not receiving VTE prophylaxis after assessment.</p>
CQC Maternity Inpatient Survey	It was reported that the experience of women during the antenatal and postnatal period were worse than in	Extensive action plans had been implemented, with a number of improvements

	2021. Regionally the Trust scored lowest on all elements.	having already been implemented prior to the publication of the survey. There were four working parties to address each area of improvement. Completion of the 2023 survey was being encouraged to generate an improved response rate. The survey was also being reviewed by the Head of Patient Experience.
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#### Items rated Red

Item	Rationale for rating	Actions/outcome
N/A		

#### Items not rated

Item	Comments	Actions/outcome
Introduction	It was reported that the CQC were carefully considering the Trust's factual accuracy returns.  The readiness assessment as part of the "Patient First" programme was in progress.	
Risk Register	The Committee discussed five new 12+ risks for consideration and one existing risk increased to 12+.	It was agreed that Risk 1815 (EPR & PAS Replacement) would be held at programme level as a future risk to be aware of, rather than as a current 12+ risk.
Mortality Report	The Committee noted the increase in crude mortality, however HSMR and SHMI were within expected ranges and benchmarked well against peers.	
LERN Report	The Committee recognised the reduction in serious incidents year-to-date compared to the previous year. Themes around pressure ulcers (which were decreasing), medication incidents and diagnostic processes were noted.	As part of the Wessex Imaging Network, a gap analysis in relation to results acknowledgement had been commissioned.

## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 March 2023**

### Agenda item: 10.3

<b>Subject:</b>	Key Issues and Assurance Report - People and Culture Committee Meeting held on: 08 February 2023
<b>Presented by:</b>	Pankaj Davé, Chair of the People and Culture Committee

<b>Background:</b>	The reports received by the Committee at its meeting referred to above and the levels of assurance are set out below.
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	Substantial assurance received by the Committee
	Partial assurance received by the Committee, but assurance received that appropriate plans in place to address
	Limited assurance received by the Committee - significant gaps in assurance and/or not sufficiently assured as to the adequacy of action plans

Items rated Green		
Item	Rationale for rating	Actions/outcome

Items rated Amber		
Item	Rationale for rating	Actions/outcome
Chief People Officer's Report	<p>The Chief People Officer presented the year to date (12 months rolling) high level indicators to December 2023, with each of turnover, vacancy, sickness rate, values-based appraisals and statutory and mandatory training reporting some adverse variance compared to the equivalent period in the prior year.</p> <p>An update was provided on the Royal College of Nursing strike action in January 2023. Staff feedback and associated learning from the January 2023 strike action would be factored into future planning.</p>	<p>Recognising all the efforts being made and initiatives in progress, the Committee was cognizant of:</p> <ul style="list-style-type: none"> <li>the national issues relating to pay;</li> <li>morale as seen through local and national feedback;</li> <li>the substantive impact of industrial action on both striking and non-striking staff;</li> <li>the need to create time/space for staff to participate in transformation and improvement activities.</li> </ul>



	<p>Occupational Health continued to work to improve access times to the service; the MSK staff physiotherapy team continued to be busy with demand increasing. Recruitment to vacant posts continued. Plans for promoting and increasing the understanding of what the services in Occupational Health offer staff across the Trust were in place.</p> <p>Record numbers of applications had been received for Medical Recruitment, with high levels of activity in General Recruitment.</p> <p>An update was provided in relation to temporary workforce, including the level of bank recruitment activity, additional nursing hours requested (and framework usage), medical shifts and the ongoing data cleanse of the temporary workforce register to support with data quality, reporting and compliance.</p> <p>From the perspective of workforce systems, the total amount of employee changes processed by the team continued to be high. The ESR establishment data cleanse work was continuing with high volumes of changes received.</p> <p>Organisational Development focus included the first cohort of Leadership Fundamentals completed, a new referral process being piloted to identify teams to support and staff awards progressing. The Freedom to Speak Up team remained a well-used route for staff to raise concerns.</p>	
Chief Medical Officer's Report	<p>Current appraisal figures demonstrated 80% completed or in progress. Appraisal engagement was improving, with those late being resolved more quickly. Delays were most evident in the Medical Care Group reflecting additional service pressures.</p>	<p>The Committee noted the Chief Medical Officer's Report.</p>

	<p>Investment plans for medical staffing were progressing (also referenced in the context of the discussions related to the Guardian of Safe Working Hours Report). (Red risk reflected in the risk register for Safe Staffing Medical – number 1692). (This was also referenced in the Medical Care Group Update).</p> <p>An update was provided in relation to progress on implementation of rate cards and the mitigants currently in place. (This was also referenced in the Surgical Care Group Update).</p>	
Surgical Care Group Update	The Surgical Care Group referenced additional support being needed in relation to theatres recruitment given the existing staffing challenges impacting on surgical elective recovery. It was discussed that it was important to be clear on filling the vacancies within the current template and those that would arise from the transformation programme.	Consideration was being given to reintroducing the recruitment meeting previously held.
Medical Care Group Update	The Medical Care Group highlighted the considerable planning and work to ensure the safest cover for the nursing and ambulance service strike action. Escalation and high vacancy factors continued to drive bank and agency costs. Workforce planning remained a key focus.	The Committee noted the Medical Care Group Update.
Safe Staffing Report	The report presented noted that the Trust continued to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards Guidance. There were currently two risks on the risk register pertaining to safe staffing in nursing, additional to the staffing risks registered at Care Group level (with ongoing actions in progress).	The Committee noted the Safe Staffing Report.
Freedom to Speak Up Report	Key points from the report included a reduction in staff	The Committee noted the Freedom to Speak Up Report.

	<p>feeling they had a voice that counts compared to the 2021 staff survey. Heat maps were also available that showed variations of speaking up culture; data was broken down into area, profession, ethnicity and long-term conditions.</p> <p>Key learning included civility, sharing learning through re-structures, improve clinical engagement, supporting management. The promotion of management modules was essential to ensure managers had the skills they needed.</p>	<i>(Annual Freedom to Speak Up Report to be presented to the meeting of the Committee in May).</i>
Equality, Diversity and Inclusion – Update Report	<p>It was reported that for January to March 2023, the focus would be prioritized on four key EDI priorities (anti-racism and cultural awareness programme; inclusive career progression; developing staff networks; and governance). Key achievements during the review period were highlighted.</p>	The Committee noted the Equality, Diversity and Inclusion Report.
Education and Training Report	<p>It was reported that there had been a decrease of 1.7% in mandatory training compliance since the last report, with it being indicated that this was potentially driven by increased workload during winter pressures. Notable areas were discussed with alternative solutions being considered to achieve the relevant requirements.</p>	The Committee noted the Education and Training Report.

#### Items rated Red

Item	Rationale for rating	Actions/outcome
N/A		

#### Items not rated

Item	Comments	Actions/outcome
Chief Nursing Officer's Report	<p>An overview of notable items was provided in relation to ongoing work to maintain oversight of safe staffing across Allied Health Professionals, Healthcare Support Workers, Nursing and Midwifery. Night shift fill rates were improving, however healthcare support workers remained a challenge. There was a continued need for mental health nurses, with learning</p>	The Committee noted the Chief Nursing Officer's Report.

	from another organization relating to implementation being considered.	
Specialties Care Group Update	The report submitted to the Committee by the Specialties Care Group highlighted the vacancy levels continuing in key areas including Therapies, Pharmacy, Radiographers, Radiologists, together with staffing resources in cellular pathology. Administrative challenges in Child Health and Radiology were also noted. <i>(Various workforce red rated risks included on Risk Register).</i>	The Committee noted the Specialties Care Group Update.
Risk Register	Changes since submission of the report were highlighted to the Committee.	The Committee noted the Risk Register.
Update on Cultural Maturity Report Action Plan	A BDO cultural maturity audit had been undertaken in 2022. A report was presented providing an update on the recommendations in the action plan. It was noted that there had been good progress in a number of areas, with recognition of the Trust's commitment to continuous improvement as it continues to develop the Trust as a "great place to work".	The Committee noted the update on the Cultural Maturity Action Plan.
Guardian of Safe Working Hours Report	There had been an increase in the number of exception reports. The national position with medical staffing was recognized, although the Trust was currently in a less challenged position in this respect, owing to its successful foundation programme. The Trust had approved significant investment in medical staffing, particularly postgraduate doctors. This would help to provide a suitable working environment for training and retention.	The Committee noted the Guardian of Safe Working Hours Report, which would be presented to the Board.
People & Culture Committee Terms of Reference	The Terms of Reference had been previously circulated to members of the Committee and had been approved by the Board.	The Committee endorsed its Terms of Reference.
The Committee considered policies that were presented to it for approval/endorsement.		

**UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST**

**REGISTER OF COMPLIANCE WITH NHS PROVIDER LICENCE STANDARD CONDITIONS 2022/23**

CONDITIONS		LEAD EXEC	NARRATIVE OF ASSESSMENT/ASSURANCE OF COMPLIANCE
<b>Section 1 General Conditions</b> These licence conditions will apply to all licence holders.			
<b>G 1</b>	<b>Provision of information</b>		
	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, 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.
<b>G 2</b>	<b>Publication of information</b>		
	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, 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.
<b>G3</b>	<b>Payment of fees to Monitor</b>		
	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 out 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 28 <sup>th</sup> day after they become payable in accordance with that determination.	CFO	The Board is aware and will comply with any such determination.
<b>G4</b>	<b>Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)</b>		
	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 Chair. Reminders are sent to

			directors by the Company Secretary that they need to disclose any of the potentially disqualifying conditions.
	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.
	<p>5. In this Condition an unfit person is:</p> <p>(a) an individual;</p> <p>i) who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or</p> <p>(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</p> <p>(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</p> <p>(iv) who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986; or</p> <p>(b) a body corporate, or a body corporate with a parent body corporate:</p> <p>(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</p> <p>(ii) in relation to which a voluntary arrangement is proposed under section 1 of the Insolvency Act 1986, or</p> <p>(iii) which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act)</p>	CEO (CPO)	<p>The Board has noted this definition.</p> <p>This is a Constitutional requirement for governors and directors</p> <p>This is identified through the application process upon governors and/or directors joining or through Fit and Proper Persons information.</p>

	<p>appointed for the whole or any material part of its assets or undertaking, or</p> <p>(iv) which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act, or</p> <p>(v) which passes any resolution for winding up, or</p> <p>(vi) which becomes subject to an order of a Court for winding up.</p>		
<b>G5</b>	<b>Monitor Guidance</b>		
	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, previously Monitor shall be informed.
<b>G6</b>	<b>Systems for compliance with licence conditions and related obligations</b>		
	<p>1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:</p> <p>(a) the Conditions of this Licence,</p> <p>(b) any requirements imposed on it under the NHS Acts, and</p> <p>(c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.</p>	CEO	<p>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:</p> <ul style="list-style-type: none"> <li>the Trust's risk and performance management reporting frameworks;</li> <li>the mandatory in-year and annual reporting as required by NHS England, previously Monitor;</li> <li>regular external governance reviews; and</li> <li>the reviewing of this register annually by the Audit Committee and Board.</li> </ul>

	<p>2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:</p> <p>(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and</p> <p>(b) regular review of whether those processes and systems have been implemented and of their effectiveness.</p>	CNO	<p>The Trust has a comprehensive and robust approach to risk management.</p> <p>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 is subject to quarterly review by the Audit Committee in relation to risks to the Trust's strategic objectives; six monthly review by the Quality Committee in relation to changes relating to quality; and six monthly review by the Board of Directors.</p> <p>The Head of Internal Audit's opinion for 2022/2023 was TBC</p> <p>The Risk Management Strategy was endorsed in 2022 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.</p>
	<p>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.</p>	CFO	<p>By 31 May 2023, a certificate will be considered and if thought fit approved and published by the Board and, 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.</p>
	<p>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.</p>	CFO (CNO/ ADoC)	<p>By 30 June 2023 each certificate will be published by the Associate Director of Communications in a manner to bring it to the attention of such persons who reasonably can be expected to have an interest in it.</p>
<b>G7</b>	<b>Registration with the Care Quality Commission</b>		
	<p>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.</p>	CNO	<p>The Trust is and has been consistently registered with the Care Quality Commission for all the regulated activities it undertakes.</p>

	<p>2. The Licensee shall notify Monitor promptly of:</p> <p>(a) any application it may make to the Care Quality Commission for the cancellation of its registration by that Commission, or</p> <p>(b) the cancellation by the Care Quality Commission for any reason of its registration by that Commission.</p>	CNO	<p>The Board of Directors approves all applications for registration or deregistration. There have been no proposals to deregulate any regulated activities of the Trust.</p> <p>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.</p>
	<p>3. A notification given by the Licensee for the purposes of paragraph 2 shall:</p> <p>(a) be made within 7 days of:</p> <p>(i) the making of an application in the case of paragraph (a), or</p> <p>(ii) becoming aware of the cancellation in the case of paragraph (b), and</p> <p>(b) contain an explanation of the reasons (in so far as they are known to the Licensee) for:</p> <p>(i) the making of an application in the case of paragraph (a), or</p> <p>(ii) the cancellation in the case of paragraph (b).</p>	CNO	<p>The Board of Directors approves all applications for registration or deregistration. There have been no proposals to deregulate any regulated activities of the Trust.</p> <p>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.</p>
<b>G8</b>	<b>Patient eligibility and selection criteria</b>		
	<p>1. The Licensee shall:</p> <p>(a) set transparent eligibility and selection criteria,</p> <p>(b) apply those criteria; in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the Licensee, and</p> <p>(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.</p>	COO	<p>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.</p> <p>Trust policies and procedures are accessible on the Trust intranet.</p> <p>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.</p> <p>Noted and understood.</p>



	<p>2. "Eligibility and selection criteria" means criteria for determining:</p> <p>(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</p> <p>(b) if the person is selected, the manner in which the services are provided to the person.</p>	COO	<p>Pan Dorset policy documents, previously produced by the CCG, are embedded into the contract. (Note: these relate to specific services criteria).</p> <p>The general rights people have to access all services delivered by a provider. The NHS Constitution is also referenced in the contract.</p> <p>Noted and understood.</p>
<b>G9</b>	<b>Application of Section 5 (Continuity of Services)</b>		
	<p>1. The Conditions in Section 5 shall apply:</p> <p>(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</p> <p>(b) from the commencement of this Licence until the Licensee becomes subject to an obligation of the type described in subparagraph (a), if the Licensee is an NHS foundation trust which:</p> <p>(i) was not subject to such an obligation on commencement of this Licence, and</p> <p>(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);</p> <p>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 2(b).</p>	CFO	<p>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.</p>
	<p>2. A service is a Commissioner Requested Service if, and to the extent that, it is:</p> <p>(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</p>	CFO	<p>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.</p>

	<p>(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</p> <p>(c) any other service which the Licensee has contracted with a Commissioner to provide as a Commissioner Requested Service.</p>		
	<p>3. A service is also a Commissioner Requested Service if, and to the extent that, not being a service within paragraph 2:</p> <p>(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</p> <p>(b) the Commissioner has made a written request to the Licensee to provide that service as a Commissioner Requested Service, and either</p> <p>(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</p> <p>(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 with paragraph 5.</p>	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.
	<p>4. A notice in accordance with this paragraph is a notice:</p> <p>(a) in writing,</p> <p>(b) stating that the Licensee has refused to agree to a request to provide a service as a Commissioner Requested Service, and</p> <p>(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.</p>	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	<p>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 Chief Officer.</p> <p>The Chief Finance Officer will ensure that NHS England previously Monitor, is notified.</p>
	<p>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:</p> <p>(a) a direction of the sort referred to in paragraph 8, or</p> <p>(b) a notice in writing to the Licensee stating that it has decided not to issue such a direction.</p>	CFO	<p>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.</p> <p>The Chief Finance Officer will ensure that all CRS services are maintained until appropriate agreement with NHS England, previously Monitor.</p>
	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	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

	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.		Licence conditions, maintaining whatever records are required.
	<p>10. A service shall cease to be a Commissioner Requested Service if:</p> <ul style="list-style-type: none"> <li>(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</li> <li>(b) Monitor has issued a determination in writing that the service is no longer a Commissioner Requested Service; or</li> <li>(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</li> <li>(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</li> <li>(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</li> <li>(f) the period specified in a direction by Monitor of the sort referred to in paragraph 8 in relation to the service has expired.</li> </ul>	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.
	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 England, previously Monitor, in accordance with Licence conditions.
	<p>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):</p> <p>(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</p> <p>(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.</p>	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		
	<p>1. If required in writing by Monitor, and only in relation to periods from the date of that requirement, the Licensee shall:</p> <p>(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</p> <p>(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,</p> <p>as are necessary to enable it to comply with the following paragraphs of this Condition.</p>	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.
	<p>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.</p>	CFO	When reporting requirements are published by NHS England, the Deputy Chief Finance Officer shall be responsible for ensuring that costs and other relevant information are recorded.
	<p>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.</p>	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.
	<p>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:</p>	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:

	<p>(a) obtains, records and maintains information about the costs which 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</p> <p>(b) provides that information to Monitor in a timely manner.</p>		<ul style="list-style-type: none"> <li>• Evidence of CQC Registration for the Provider and all its Sub-contractors (permitted and mandatory)</li> <li>• Evidence of Monitor's Licence [where required] for the Provider and all its Sub-contractors (permitted and mandatory)</li> <li>• Copy of all contracts with Sub-contractors (permitted and mandatory) signed, dated and in a form approved by the Coordinating Commissioner</li> <li>• Evidence of appropriate Indemnity Arrangements</li> </ul> <p>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.</p>
	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.
	<p>6. In this Condition:</p> <p>“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;</p> <p>“Approved Reporting Currencies” means such categories of cost and other relevant information as may be published by Monitor;</p> <p>“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.</p>	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 England, 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	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.

	(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.		
	<p>3. An assurance report shall meet the requirements of this paragraph if all of the following conditions are met:</p> <p>(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;</p> <p>(b) it expresses a view on whether the submission to which it relates:</p> <p>(i) is based on cost records which have been maintained in a manner which complies with paragraph 2 in Condition P1;</p> <p>(ii) is based on costs which have been analysed in a manner which complies with paragraph 3 in Condition P1, and</p> <p>iii) provides a true and fair assessment of the information it contains.</p>	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, previously Monitor.
<b>P4</b>	<b>Compliance with the National Tariff</b>		
	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	<p>The Board is aware of these requirements and has previously informed NHS England, 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.</p> <p>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, previously Monitor.</p>

	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
<b>P5</b>	<b>Constructive engagement concerning local tariff modifications</b>		
	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.
<b>Section 3 Choice and Competition</b> apply to all licence holders			
<b>C1</b>	<b>The right of patients to make choices</b>		
	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.
<b>C2</b>	<b>Competition oversight</b>		
	<p>1. The Licensee shall not:</p> <p>(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</p> <p>(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,</p> <p>to the extent that it is against the interests of people who use health care services.</p>	CSTO	<p>The Board is aware of this requirement and will take legal advice before entering into any agreement which may not comply with competition regulations.</p> <p>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 and Care Act 2022.</p>
<b>Section 4 Integrated care</b> apply to all licence holders			
<b>IC1</b>	<b>Provision of integrated care</b>		
	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	COO	Noted and understood.

	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.		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 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.	COO	The Board is aware that NHS England, previously Monitor and the Care Quality Commission may specify a requirement at appropriate times. The Trust will respond in accordance with the provisions of such guidance.

<b>Section 5 Continuity of Service</b> apply to all licence holders that provide Commissioner Requested Services		
<b>CoS1 Continuing provision of Commissioner Requested Services</b>		
	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.	<p>CFO</p> <p>The Board is aware of this requirement. The Head of Contracting and Commissioning will ensure that records of CRS services are maintained.</p> <p>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.</p>
	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.	<p>CFO</p> <p>The Board is aware of this requirement and will comply.</p>
	<p>3. The Licensee shall not materially alter the specification or means of provision of any Commissioner Requested Service except:</p> <p>(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</p> <p>(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</p> <p>(c) if required to do so by, or in accordance with the terms of its authorisation by, any body having responsibility pursuant to 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.</p>	<p>CFO</p> <p>The Board is aware of this requirement and its authorisation is required before there is any significant change to the provision of CRS services.</p> <p>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.</p>

	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	<p>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.</p> <p>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.</p>
	<p>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:</p> <p>(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</p> <p>(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</p> <p>(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.</p>	CFO	Definition noted and understood.
<b>CoS2 Restriction on the disposal of assets</b>			
	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 the organisation and the requirements of NHS England, previously Monitor, and other key external stakeholders.
	2. The Asset Register shall list every relevant asset used by the Licensee for the provision of Commissioner Requested Services.	CFO	

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	<p>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.</p> <p>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.</p> <p>The Trust's SFIs require Board authorisation.</p>
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, previously Monitor, if it was concerned about its ability to do so.
5.	<p>The Licensee shall not dispose of, or relinquish control over, any relevant asset except:</p> <p>(a) with the consent in writing of Monitor, and</p> <p>(b) in accordance with the paragraphs 6 to 8 of this Condition.</p>	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, 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.	<p>Paragraph 5(a) of this Condition shall not prevent the Licensee from disposing of, or relinquishing control over, any relevant asset where:</p> <p>(a) Monitor has issued a general consent for the purposes of this Condition (whether or not subject to conditions) in relation to:</p> <p>(i) transactions of a specified description; or</p>	CFO	The Board is aware of this requirement and will ensure compliance.



	<p>(ii) the disposal of or relinquishment of control over relevant assets of a specified description, and</p> <p>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</p> <p>(c) the Licensee is required by the Care Quality Commission to dispose of a relevant asset.</p>		
	<p>9. In this Condition:</p> <p>“disposal” means any of the following:</p> <p>(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</p> <p>(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</p> <p>(c) the grant, whether legal or equitable, of any mortgage, charge, or other form of security over that asset; or</p> <p>(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,</p> <p>and references to “dispose” are to be read accordingly;</p> <p>“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;</p>	CFO	Definition noted and understood.

	<p>“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.</p>		
	<p>10. The Licensee shall have regard to such guidance as may be issued from time to time by Monitor regarding:</p> <p>(a) the manner in which asset registers should be established, maintained and updated, and</p> <p>(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.</p>	CFO	<p>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, previously Monitor, and other key external stakeholders.</p>
<b>CoS3 Standards of corporate governance and financial management</b>			
	<p>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:</p> <p>(a) suitable for a provider of the Commissioner Requested Services provided by the Licensee, and</p> <p>(b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.</p>	CFO/CEO	<p>The Board is aware and will comply with this condition.</p> <p>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 England, previously Monitor.</p> <p>The Trust will give assurance over its status as a going concern through its quarterly reporting and annual self-certification to NHS England, previously Monitor.</p> <p>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.</p>

			<p>This is based on the public sector interpretation as defined within the Government's Financial Reporting Manual and the Foundation Trust Annual Reporting Manual.</p> <p>Assurance is via the Trust's performance management reporting framework, the mandatory in year and annual reporting as required by NHS England, previously Monitor, the Board certification process and regular external governance review.</p>
	<p>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:</p> <p>(a) such guidance as Monitor may issue from time to time concerning systems and standards of corporate governance and financial management;</p> <p>(b) the Licensee's rating using the risk rating methodology published by Monitor from time to time, and</p> <p>(c) the desirability of that rating being not less than the level regarded by Monitor as acceptable under the provisions of that methodology.</p>	CFO/ CNO	<p>The Board is aware and will comply with this condition.</p> <p>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, previously Monitor as appropriate.</p> <p>Assurance is via the Board certification process and annual internal governance review.</p> <p>The risk ratings will be calculated using NHS England's, previously Monitor's methodology and notification made to that organisation.</p>
<b>CoS4 Undertaking from the ultimate controller</b>			
	<p>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 ("the Covenantor"):</p> <p>(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</p>	CFO	<p>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.</p>

	(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.
	<p>3. The Licensee shall:</p> <p>(a) deliver to Monitor a copy of each such undertaking within seven days of obtaining it;</p> <p>(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</p> <p>(c) comply with any request which may be made by Monitor to enforce any such undertaking.</p>	CFO	The Board is aware of this requirement and will ensure via the Chief Finance Officer that NHS England, previously Monitor is informed.
	<p>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:</p> <p>(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</p> <p>(b) that person cannot be required to act in accordance with the instructions of another person acting alone or in concert with others.</p>	CFO	Definition noted and understood.

	<p>5. A person is not an ultimate controller if they are:</p> <ul style="list-style-type: none"> <li>(a) a health service body, within the meaning of section 9 of the 2006 Act;</li> <li>(b) a Governor or Director of the Licensee and the Licensee is an NHS foundation trust;</li> <li>(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</li> <li>(d) a trustee of the Licensee and the Licensee is a charity.</li> </ul>	CFO	Definition noted and understood.
<b>CoS5 Risk pool levy</b>			
	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, 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, previously Monitor in accordance with the legislation.
<b>CoS6 Co-operation in the event of financial stress</b>			
	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 Licensee to carry on as a going concern.	CFO	The Board is aware of this requirement and will ensure compliance with this section.
	<p>2. When this paragraph applies the Licensee shall:</p> <ul style="list-style-type: none"> <li>(a) provide such information as Monitor may direct to Commissioners and to such other persons as Monitor may direct;</li> </ul>	CEO	The Board is aware of this requirement and will ensure compliance with this section.



	<p>(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</p> <p>(c) co-operate with such persons as Monitor may appoint to assist in the management of the Licensee's affairs, business and property.</p>		
<b>CoS7 Availability of resources</b>			
	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.
	<p>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:</p> <p>(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."</p> <p>(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 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".</p>	CFO	<p>The Board is aware of this requirement and its approval is included on the Board Governance cycle.</p> <p>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.</p>

	(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	<p>The Board is aware of this requirement and will include its approval on the Board Governance cycle.</p> <p>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.</p>
	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 Board Governance cycle.
	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 England, 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.
	<p>8. In this Condition:</p> <p>"distribution" includes the payment of dividends or similar payments on share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital;</p> <p>"Financial Year" means the period of twelve months over which the Licensee normally prepares its accounts;</p> <p>"Required Resources" means such:</p> <p>(a) management resources,</p>	CFO	Definition noted and understood.

	<p>(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</p> <p>as reasonably would be regarded as sufficient to enable the Licensee at all times to provide the Commissioner Requested Services.</p>		
<b>Section 6 NHS Foundation Trust Conditions</b> will apply only to NHS foundation trusts.			
<b>FT1 Information to update the register of NHS foundation trusts</b>			
	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.
	<p>2. The Licensee shall ensure that Monitor has available to it written and electronic copies of the following documents:</p> <p>(a) the current version of Licensee's constitution;</p> <p>(b) the Licensee's most recently published annual accounts and any report of the auditor on them, and</p> <p>(c) the Licensee's most recently published annual report,</p> <p>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 sub-paragraphs (b) and (c) within 28 days of being published.</p>	<p>CEO (Co Sec)</p> <p>CFO</p> <p>CFO</p>	<p>The Board is aware of these obligations and will comply with this condition.</p> <p>These documents are lodged with NHS England, previously Monitor.</p> <p>Processes are already in place to ensure compliance.</p> <p>Processes are already in place to ensure compliance.</p>
	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.
<b>FT2 Payment to Monitor in respect of registration and related costs</b>			
	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'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's, previously Monitor's requirements.
<b>FT3 Provision of information to advisory panel</b>			
	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'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's, previously Monitor's requirements.
<b>FT4 NHS foundation trust governance arrangements</b>			
	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 has regard to 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 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 organisation.	CEO  CEO (ALL)  CEO/ COO (CoSec)	The Board is aware and will comply with this condition.  The board and committee structures are reviewed in line with NHS England'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. The scheme of reservations and delegations of powers and SFIs will be reviewed during 2023.  The Trust maintains a map of its organisational structure (which is currently under review and update) and this is communicated widely.
	5. The Licensee shall establish and effectively implement systems and/or processes:	CEO	The Board is aware and will comply with this condition.

	<p>(a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(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</p> <p>(h) to ensure compliance with all applicable legal requirements.</p>	<p>CEO</p> <p>COO/ CNO</p> <p>CEO (CNO)</p> <p>CEO</p> <p>CNO</p> <p>CEO</p> <p>Co Sec</p>	<p>Effective systems shall be overseen via the Board and its committees.</p> <p>Timely and effective scrutiny and oversight shall be achieved by means of approved Board and committee governance cycles.</p> <p>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.</p> <p>Information for decision-making shall be disseminated via the approved Board committee and governance cycles and SFIs and management accounting processes.</p> <p>Information is disseminated to Board and committees with approved governance cycles.</p> <p>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.</p> <p>The Board receives regular Integrated Performance Reporting/Board Assurance and risk reports.</p> <p>All applicable legal requirements in regards to the licence and FT governance will be complied with.</p>
	<p>6. The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p>	<p>CEO (CNO)</p>	<p>The Board notes and will comply with this condition.</p> <p>The Board has identified responsibilities for the Chief Nursing Officer and Chief Medical Officer and non-executives.</p>



	<p>(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) the collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(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</p> <p>(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.</p>	<p>CEO (CNO)</p> <p>CEO (CNO)</p> <p>CEO (CNO)</p> <p>CNO</p> <p>CNO</p>	<p>The Board and the Quality Committee consider quality indicators and quality impact assessments in decision making.</p> <p>The Board and the Quality Committee consider quality indicators and quality impact assessments in decision making.</p> <p>The Board uses its auditors to scrutinise and report on data quality of the quality indicators.</p> <p>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.</p> <p>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.</p>
	<p>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 to ensure compliance with the Conditions of this Licence.</p>	<p>CEO (CPO)</p>	<p>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 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.</p>
	<p>8. The Licensee shall submit to Monitor within three months of the end of each financial year:</p> <p>(a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the</p>	<p>CFO</p>	<p>The Board is aware of this requirement and will comply with NHS England's, previously Monitor's requirements.</p> <p>The Chief Finance Officer is responsible for ensuring compliance and already has confirmed process in place.</p>

	<p>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</p> <p>(b) if required in writing by Monitor, a statement from its auditors either:</p> <p>(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</p> <p>(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.</p>		
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## Section 7 Interpretation and Definitions

### D1 Interpretation and Definitions

	<p>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.</p> <table> <tr> <td>“the 2006 Act”</td><td>the National Health Service Act 2006 c.41;</td></tr> <tr> <td>“the 2008 Act”</td><td>the Health and Social Care Act 2008 c.14;</td></tr> <tr> <td>“the 2009 Act”</td><td>the Health Act 2009 c.21;</td></tr> <tr> <td>“the 2012 Act”</td><td>the Health and Social Care Act 2012 c.7;</td></tr> <tr> <td>“the Care Quality Commission”</td><td>the Care Quality Commission established under section 1 of the 2008 Act;</td></tr> <tr> <td>“clinical commissioning group”</td><td>a body corporate established pursuant to section 1F and Chapter A of Part 2 of the 2006 Act;</td></tr> <tr> <td>Commissioner Requested Service</td><td>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;</td></tr> <tr> <td>“Commissioners”</td><td>includes the NHS Commissioning Board and any clinical commissioning group;</td></tr> <tr> <td>“Director”</td><td>includes any person who, in any organisation, performs the functions of, or functions equivalent or similar to those of, a director of:</td></tr> </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:
“the 2006 Act”	the National Health Service Act 2006 c.41;																		
“the 2008 Act”	the Health and Social Care Act 2008 c.14;																		
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“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
<b>Health and Social Care Act 2012</b>		
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 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;	G1, G2, G3, G5

Reference	Extract/ website link	Condition ref
	<p>(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;</p> <p>(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;</p> <p>(h) for purposes connected with the governance of persons providing health care services for the purposes of the NHS;</p> <p>(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;</p> <p>(j) for purposes connected with the operation of the licensing regime established by this Chapter;</p> <p>(k) for such purposes as may be prescribed for the purpose of enabling Monitor to discharge its duties under section 62.</p> <p>(3) The objectives referred to in subsection (2)(e), (f) and (g) are—</p> <p>(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,</p> <p>(b) reducing inequalities between persons with respect to their ability to access those services, and</p> <p>(c) reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services.</p>	
Chapter 4 (Pricing) Part 3	<a href="http://www.legislation.gov.uk/ukpga/2012/7/part/3/chapter/4/enacted">http://www.legislation.gov.uk/ukpga/2012/7/part/3/chapter/4/enacted</a>	P1, P2
Section 116	<a href="http://www.legislation.gov.uk/ukpga/2012/7/section/116">http://www.legislation.gov.uk/ukpga/2012/7/section/116</a>	P4
Section 124	<a href="http://www.legislation.gov.uk/ukpga/2012/7/section/124">http://www.legislation.gov.uk/ukpga/2012/7/section/124</a>	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 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).	CoS5
<b>National Health Act 2006</b>		
Section 9	<a href="http://www.legislation.gov.uk/ukpga/2006/41/section/9">http://www.legislation.gov.uk/ukpga/2006/41/section/9</a>	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—	P2

Reference	Extract/ website link	Condition ref
	(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.	
Section 39	<a href="http://www.legislation.gov.uk/ukpga/2006/41/section/39">http://www.legislation.gov.uk/ukpga/2006/41/section/39</a>	FT1, FT2, FT3
Section 50	An authorisation may require an NHS foundation trust to pay a reasonable annual fee to the regulator.	FT2
<b>Company Directors' Disqualification Act 1986</b>	<a href="http://www.legislation.gov.uk/ukpga/1986/46/contents">http://www.legislation.gov.uk/ukpga/1986/46/contents</a>	G4.5
<b>Section 1, Insolvency Act 1986</b>	<a href="http://www.legislation.gov.uk/ukpga/1986/45/contents">http://www.legislation.gov.uk/ukpga/1986/45/contents</a>	G4.5
<b>Terms of Authorisation condition 7(1)</b>	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 (" <b>mandatory goods and services</b> ") 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 NHS FOUNDATION TRUST

CODE OF GOVERNANCE COMPLY/EXPLAIN FOR 2022/23 ANNUAL REPORT

SECTION A: LEADERSHIP

A.1 The role of the board of directors

Main Principles		How Applied
<b>A.1.a</b>	Every NHS foundation trust should be headed by an effective board of directors. The board is collectively responsible for the performance of the NHS foundation trust.	The directors believe that it is essential that the trust should be both led and controlled by an effective board of directors. The board of directors has adopted a formal statement of its powers, duties and responsibilities within the annual report.
<b>A.1.b.</b>	The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the trust as a whole and for the public.	The board of directors collectively and each director individually will act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the trust as a whole and for the public.

Supporting Principles		How Applied
<b>A.1.c.</b>	The role of the board of directors is to provide entrepreneurial leadership of the NHS foundation trust within a framework of prudent and effective controls, which enables risk to be assessed and managed.	The board of directors provides entrepreneurial leadership and ensure that an effective system of internal processes, procedures and controls is in place at all times. Such a system shall be used to identify and manage risks that threaten the fulfilment of business objectives.
<b>A.1.d.</b>	The board of directors is responsible for ensuring compliance by the NHS foundation trust with its licence, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations.	The board of directors recognises its responsibility for ensuring compliance with statutory requirements and contractual obligations and its licence, its constitution and mandatory guidance issued by Monitor, now NHS England.



Supporting Principles		How Applied
<b>A.1.e.</b>	The board of directors should develop and articulate a clear “vision” for the trust. This should be a formally agreed statement of the organisation’s purpose and intended outcomes which can be used as a basis for the organisation’s overall strategy, planning and other decisions.	The board of directors has developed and articulated a clear vision statement for the trust. This agreed vision will be used as a basis for the organisation’s overall strategy planning and other decisions.
<b>A.1.f.</b>	The board of directors should set the NHS foundation trust’s strategic aims at least annually taking into consideration the views of the council of governors, ensuring that the necessary financial and human resources are in place for the NHS foundation trust to meet its priorities and objectives and, then, periodically reviewing progress and management performance.	Taking into consideration the council of governors’ view through the full council, the board of directors shall agree business and strategic plans for the trust that shall be reviewed against performance and refreshed at least annually (see governance cycle) with a view to planning for the necessary financial and human resources to be in place for the trust to meet its main priorities and objectives. The operational plan is shared with the council of governors. The Board Assurance Framework (BAF) is reviewed by the Board on a six-monthly basis. The board of directors shall evaluate critically on a regular basis its own performance. Both executive and non-executive directors undertake an annual appraisal.
<b>A.1.g.</b>	The board of directors as a whole is responsible for ensuring the quality and safety of health care services, education, training and research delivered by the NHS foundation trust and applying the principles and standards of clinical governance set out by the Department of Health (DH), NHS England, the Care Quality Commission (CQC) and other relevant NHS bodies.	The board of directors recognises its responsibility for ensuring the quality and safety of health care services, education, training, and research delivered by the trust and applies the principles of clinical governance set out by the Department of Health, the Care Quality Commission and NHSI’s quality governance framework. There is a schedule of matters reserved for the board’s decision.
<b>A.1.h.</b>	The board of directors should also ensure that the NHS foundation trust functions effectively, efficiently and economically.	The board of directors recognises its responsibility to ensure the Trust operates effectively, efficiently and economically. Performance is overseen by the Finance and Performance Committee where regular reports on productivity and efficiency, operational performance and financial performance are considered.

Supporting Principles		How Applied
<b>A.1.i.</b>	The board of directors should set the NHS foundation trust's vision, values and standards of conduct and ensure that its obligations to its members are understood, clearly communicated and met.	The board of directors publishes the Trust's mission, vision, values and standards of conduct within its annual/operational plan, business and strategic plans and the annual report. The operational plan is shared with the council of governors at a public meeting and local stakeholders. Members and patients can access the Trust's vision, values and standards of conduct via the website.
<b>A.1.j.</b>	All directors must take decisions objectively in the best interests of the NHS foundation trust and avoid conflicts of interest.	Avoiding conflict of interests, directors shall take decisions objectively in the interests of the Trust. The Trust has implemented a Managing Conflicts of Interest Policy.
<b>A.1.k.</b>	All members of the board of directors have joint responsibility for every decision of the board regardless of their individual skills or status. This does not impact upon the particular responsibilities of the chief executive as the accounting officer.	Recognising the responsibilities of the CEO as the accounting officer the board of directors shall operate as a unitary board. The non-executive and executive directors share the same liability for board decisions.
<b>A.1.l.</b>	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy.	The board of directors expects and receives constructive challenge from all of its directors and help to develop proposals on priorities, risk management, values, standards and strategy.

Supporting Principles	How Applied
<p><b>A.1.m.</b> As part of their role as members of a unitary board, all directors have a duty to ensure appropriate challenge is made. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of risk management and governance, are robust and implemented. Non-executive directors are responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing and, where necessary, removing executive directors, and in succession planning.</p>	<p>The non-executive directors are aware of the duty to ensure challenge. The non-executives will also through receiving adequate information, monitor the reporting of performance (financial, clinical quality, governance and risk) ensuring mechanisms are robust and scrutinise the performance of the executive management in meeting the agreed goals and objectives. The board of directors has an Appointments and Remuneration Committee (Register D27) consisting of non-executive directors to determine the levels and remuneration of executive directors. The board convenes the committee for appointment/renewal and where necessary it would be convened for removal of executives on an ad-hoc basis.</p>

Code Provisions		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.1.1.</b>	The board of directors should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in A.5). This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. These arrangements should be kept under review at least annually.	YES	All in place: <ul style="list-style-type: none"> <li>• Reservations and delegation of powers (Register D12)</li> <li>• Council of governors roles and responsibilities (Register E1)</li> <li>• Statement (dispute procedure) explaining how any disagreements between the council of governors and the board of directors will be resolved (Section 5 to Annex 6 of the Constitution).</li> <li>• Board responsibility/operating/decision statement (refer to annual report)</li> <li>• Statement board of directors/council of governors engagement policy October 2020 (Register D7)</li> <li>• Governance cycles (Register D17 &amp; E12a)</li> </ul>
<b>A.1.2.</b>	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent directors (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	YES	All details included within the annual report. (Register B2)  Meetings and attendance registers for the board of directors and its committees are maintained.
<b>A.1.3.</b>	The board of directors should make available a statement of the objectives of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	YES	The Trust has a statement which is included within the annual report.

Code Provisions		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.1.4.</b>	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the NHS foundation trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	YES	<p>The Trust has the following reporting systems:</p> <ul style="list-style-type: none"> <li>• Trust Management Group</li> <li>• Board, Finance &amp; Performance Committee, People &amp; Culture Committee (formerly Workforce Strategy Committee until January 2023), Quality Committee, Audit Committee, Private Patients Strategy Committee (until January 2023), Charitable Funds Committee, Transformation Committee (until January 2023), Sustainability Committee (until January 2023) and Population Health &amp; System Committee (from January 2023))</li> <li>• Integrated Performance Report</li> <li>• Care Group Performance Reviews</li> <li>• Submissions to NHSI (or as required)</li> <li>• CQC</li> </ul>
<b>A.1.5.</b>	The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance. Where appropriate and, in particular, in high risk or complex areas, independent advice for example from the internal audit function, should be commissioned by the board of directors to provide an adequate and reliable level of assurance.	YES	Progress and delivery of key performance targets are assessed by monthly reporting against a range of metrics. If necessary the board would seek external independent advice to provide an adequate and reliable level of assurance. The annual internal audit work plan is developed taking into account key quality indicators and the Trust's risk register.



Code Provisions		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.1.6.</b>	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in accordance with guidance set out by the DH, NHS England, the CQC and Monitor. The board should record where, within the structure of the organisation, consideration of clinical governance matters occurs.	YES	The Trust has a Quality Committee that considers clinical governance and clinical improvement matters. The committee is chaired by a non-executive director and reports to the board of directors. The executive leads for clinical governance are the Chief Medical Officer and Chief Nursing Officer. The Trust has an operational Clinical Governance Group and this group reports into the Quality Committee.
<b>A.1.7.</b>	The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board of directors and the council of governors and for recording and submitting objections to decisions considered or taken by the board of directors in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.	YES	The Chief Executive is fully aware of their responsibilities as accounting officer set out in the NHS FT Accounting Officer Memorandum.
<b>A.1.8.</b>	The board of directors should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership ( <i>The Nolan Principles</i> ).	YES	The trust has a mission and vision and values statements for all staff. The values were developed using appreciative inquiry to listen to staff and patients in order to understand what they valued most. The board of directors subsequently approved the values in October 2020. The board of directors approve and subscribe to the trust's code of conduct on appointment which includes the Nolan principles. (Register D1). Directors are required to complete an annual fit and proper persons declaration.



Code Provisions		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.1.9.</b>	The board of directors should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility. The board of directors should follow a policy of openness and transparency in its proceedings and decision-making unless this is in conflict with a need to protect the wider interests of the public or the NHS foundation trust (including commercial-in-confidence matters) and make clear how potential conflicts of interest are dealt with.	YES	<p>The board of directors approved and signed up to the Trust's code of conduct. (Register D1)</p> <p>The board of directors meetings are split into two sessions – the first being held in public.</p> <p>Agendas, minutes and supporting papers to the public part of the board meetings are available on the Trust's website. The agenda for the private meeting of the board meeting is also published on the website.</p> <p>The chair and chief executive provide a briefing to the governors on areas as appropriate from the private part 2 board of directors meetings.</p>
<b>A.1.10.</b>	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	YES	<p>The Trust holds liability insurance for the directors.</p> <p>It is not intended to extend this insurance to cover governors as it is felt that the risks of liability are very small.</p>

## A.2 Division of responsibilities

Main Principles		How Applied
<b>A.2.a</b>	There should be a clear division of responsibilities at the head of the NHS foundation trust between the chairing of the boards of directors and the council of governors, and the executive responsibility for the running of the NHS foundation trust's affairs. No one individual should have unfettered powers of decision.	The responsibilities are clearly defined within the constitution and scheme of delegation. No one person has unfettered powers.

Code Provisions		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.2.1.</b>	The division of responsibilities between the chairperson and chief executive should be clearly established, set out in writing and agreed by the board of directors.	YES	The chair and chief executive's clear division of responsibility is set out in a public statement which is available on the Trust's website (Chair vs Chief Executive Responsibilities Statement), supported by job descriptions.

Relevant statutory requirements		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.2.2.</b>	The roles of chairperson and chief executive must not be undertaken by the same individual.	YES	The roles of chair and chief executive are not undertaken by the same individual.

### A.3 The chairperson

Main Principles		How Applied
<b>A.3.a</b>	The chairperson is responsible for leadership of the board of directors and the council of governors, ensuring their effectiveness on all aspects of their role and leading on setting the agenda for meetings.	The chair shall lead the board of directors and the council of governors. The board of directors and council of governors shall be subject to performance review. The chair shall invite contributions to setting the agendas for both the board and council.
Supporting Principles		How Applied
<b>A.3.b.</b>	The chairperson is responsible for leading on setting the agenda for the board of directors and the council of governors and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.	The chair sets the agenda for the board of directors and council of governors in line with the governance cycle and current business affairs of the Trust and adequate time is planned for discussion of all agenda items.
<b>A.3.c.</b>	The chairperson is responsible for ensuring that the board and council work together effectively.	Mechanisms in place to support the board and council working effectively through informal and formal communication routes include joint Board and Council of Governor development sessions.
<b>A.3.d.</b>	The chairperson is also responsible for ensuring that directors and governors receive accurate, timely and clear information which enables them to perform their duties effectively. The chairperson should take steps to ensure that governors have the skills and knowledge they require to undertake their role.	The chair ensures that the agenda and papers for both parties are available in line with the requirements of the constitution. The chair takes steps to ensure that governors have the skills and knowledge they require to undertake their role. This includes access to a comprehensive induction process and the opportunity to take part in development training events.
<b>A.3.e.</b>	The chairperson should promote effective and open communication with patients, service users, members, staff, the public and other stakeholders.	The chair promotes open and effective communications through the Trust's communication strategy which includes newsletters, briefings and reporting.

<b>A.3.f.</b>	<p>The chairperson should also promote a culture of openness and debate by facilitating the effective contribution of non-executive directors, in particular and ensuring constructive relations between executive and non-executive directors.</p>	<p>The chair promotes a culture of openness and debate by facilitating effective contribution and constructive and productive relations between executive and non-executive directors and board and council. There is a link between the non-executive director committee chairs and the lead executive director for that committee. This arrangement means that non-executive directors and executive directors establish relationships based on appropriate advice, challenge and support.</p> <p>Governors are able to observe part 1 of the board and ask questions of the board of directors. They are also provided with a briefing after part 2 of the board meeting. Executives and non-executives are invited to attend the council of governor meetings. The Trust holds joint board/council of governors development sessions.</p>
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	Code provision	Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.3.1</b>	<p>The chairperson should, on appointment by the council of governors, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.</p>	<p>YES</p>	<p>Criteria met.</p>

#### A.4 Non-executive directors

Main Principles		How Applied
<b>A.4.a</b>	As part of their role as members of a unitary board, non-executive directors should constructively challenge and help develop proposals on strategy. Non-executive directors should also promote the functioning of the board as a unitary board.	<p>Non-executive directors are aware they should constructively challenge and help develop proposals on strategy. Non-executives will promote the functioning of a unitary board.</p> <p>The non-executive and executive directors share the same liability for board decisions. The board of directors expects constructive challenge from all of its directors and help to develop proposals on priorities, risk management, values, standards and strategy.</p>

Supporting Principles		How Applied
<b>A.4.b.</b>	Non-executive directors should scrutinise the performance of management in meeting agreed goals and objectives, and monitor the reporting of performance. They should satisfy themselves on the integrity of financial information and that financial controls and systems of risk management are robust and defensible. They are responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary, removing executive directors, and in succession planning.	<p>The non-executive directors are aware of the duty to ensure challenge. The non-executives will also through receiving adequate information, monitor the reporting of performance (financial, clinical quality, governance and risk) ensuring mechanisms are robust and scrutinise the performance of the executive management in meeting the agreed goals and objectives.</p> <p>The board of directors has an Appointments and Remuneration Committee (Register D27) consisting of non-executive directors to determine the levels and remuneration of executive directors and convenes a committee meeting for appointment/renewal and where necessary removal of executives on an ad-hoc basis.</p> <p>Succession planning was the subject of a Board Development session in September 2021 and the non-executive director skills matrix was reviewed in August 2022.</p>



Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.4.1</b>	In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.	YES	Senior independent director appointment is made in consultation with council of governors.  Senior independent director's job description. (Register D24 and Constitution: Annex 7).
<b>A.4.2</b>	The chairperson should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate.	YES	The chair meets with non-executive directors without executives present.  The senior independent director meets with the non-executive directors without the chairman present to appraise the chair's performance. This is included in the performance processes agreed by the council of governors.
<b>A.4.3</b>	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chairperson for circulation to the board, if they have any such concerns.	YES	All directors are aware of responsibilities and mechanisms. Details of concerns or actions are recorded in the board minutes.

## A.5 Governors

Main Principles		How Applied
<b>A.5.a</b>	The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors. This includes ensuring the board of directors acts so that the foundation trust does not breach the conditions of its licence. It remains the responsibility of the board of directors to design and then implement agreed priorities, objectives and the overall strategy of the NHS foundation trust.	The council of governors receives performance reports and scrutinises possible and actual breaches of the provider licence. Following elections to the Council of Governors for the new organisation, governors were invited to nominate themselves to observe the Board committees, to strengthen their duty to hold non-executive directors to account. The terms of reference of each committee included the attendance of one governor in an observer role. From January 2023, the terms of reference provide for up to two governors to observe each committee meeting. Governors were subsequently invited to nominate themselves to observe their chosen meetings from March 2023. Strategy and the priorities and objectives of the trust remain the responsibility of the board of directors.
<b>A.5.b.</b>	The council of governors is responsible for representing the interests of NHS foundation trust members and the public and staff in the governance of the NHS foundation trust. Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct.	The Trust shall have a council of governors comprising (in the absence of any vacancies): <ul style="list-style-type: none"> <li>• 17 elected</li> <li>• 5 appointed – this became 4 from July 2022 following the abolition of Clinical Commissioning Groups</li> <li>• 5 staff</li> </ul> The governors shall be issued with and sign a code of conduct on an annual basis. (Register E2)

<b>A.5.c.</b>	Governors are responsible for regularly feeding back information about the trust, its vision and its performance to members and the public and the stakeholder organisations that either elected or appointed them. The trust should ensure governors have appropriate support to help them discharge this duty.	Governors regularly feedback informally about the Trust and its vision and performance to members, the public and stakeholder organisations. The council of governors has a membership and engagement group that agrees a programme of events and engagement opportunities. Governors also have their own column within the member newsletter and magazine publication.
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Supporting Principles		How Applied
<b>A.5.d.</b>	Governors should discuss and agree with the board of directors how they will undertake these and any other additional roles, giving due consideration to the circumstances of the NHS foundation trust and the needs of the local community and emerging best practice.	The council of governors shall agree its roles and responsibilities including additional roles. (Register E1). A joint Board and Council of Governors development session was held in February 2023, part of which was to discuss the proposed Council of Governors groups going forward.
<b>A.5.e.</b>	Governors should work closely with the board of directors and must be presented with, for consideration, the annual report and accounts and the annual plan at a general meeting. The governors must be consulted on the development of forward plans for the trust and any significant changes to the delivery of the trust's business plan.	The council of governors are presented with, the annual report and accounts and annual plan at a council of governors meeting. The council of governors are consulted on the development of forward plans and any significant changes to delivery of the Trust's business plan through the council of governors.

<b>A.5.f.</b>	Governors should use their voting rights (including those described in A.5.14 and A.5.15) to hold the non-executive directors individually and collectively to account and act in the best interest of patients, members and the public. If the council of governors does withhold consent for a major decision, it must justify its reasons to the chair and the other non-executive directors, bearing in mind that its decision is likely to have a range of consequences for the NHS foundation trust. The council of governors should take care to ensure that reasons are considered, factual and within the spirit of the Nolan principles.	<p>The governors voting rights are set out in the constitution including partial reference to code provisions A.5.14 and A.5.15.</p> <p>Governors are aware of their roles and responsibilities reported in the Trust's constitution which is provided to governors at induction. The governors have to sign on appointment a declaration of interests, eligibility to vote declaration and a code of conduct which includes the Nolan principles.</p>
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Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.5.1.</b>	The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance.	YES	<p>See Annex 5 of the constitution.</p> <p>The Council of Governors meeting schedule and governance cycle indicates meeting four times a year. However, the council of governors also meets on an extraordinary basis as required. Meetings are generally held early evening to accommodate the majority of governors.</p>
<b>A.5.2.</b>	The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the council of governors should be reviewed regularly as described in provision B.6.5.	YES	<p>See Annex 3 of the constitution.</p> <p>The council has 27 members (26 from July 2022) (in the absence of any vacancies) and the roles, structure and composition of the council are set out in the constitution which will be the subject of regular revision.</p>

Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.5.3.</b>	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request.	YES	The annual report identifies members of the council of governors and the supporting details.  Council record of attendance is maintained by the Company Secretary's Office and published as an appendix to each council of governors meeting pack. The role and responsibilities of the Lead Governor and Deputy Lead Governor have been agreed.
<b>A.5.4.</b>	The roles and responsibilities of the council of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the council of governors towards members and other stakeholders and how governors will seek their views and keep them informed.	YES	The constitution includes roles and responsibilities of the council of governors and is available on the website.  A membership strategy 2021-2024 has also been developed including a strategy for improving the quality of mutual engagement and communication so that members are well informed, motivated and engaged.
<b>A.5.5.</b>	The chairperson is responsible for leadership of both the board of directors and the council of governors (see A.3) but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust.	YES	The chair is responsible for leadership of both the board of directors and the council of governors. The council of governors' agenda, minutes and annual report for attendance demonstrates the attendance of the chief executive and relevant executive directors and non-executive directors, at the council of governors meetings.



Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.5.6.</b>	The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the <i>new provider licence</i> or other matters related to the overall wellbeing of the NHS foundation trust. The council of governors should input into the board's appointment of a senior independent director (see A.4.1).	YES	See engagement policy and board and council dispute statement. (Register D7 and D7a)  The Trust has appointed a senior independent director which is endorsed by the council of governors.
<b>A.5.7.</b>	The council of governors should ensure its interaction and relationship with the board of directors is appropriate and effective. In particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear, unambiguous language.	YES	There is a governance cycle for the Council of Governors. The agenda setting is led by the chairman of the council of governors in line with the constitution. Individual governors have the opportunity to pose questions to the board of directors and add items to the council agendas. Agendas, papers and other information are provided to the governors in a timely manner with, where possible, clear and unambiguous language.
<b>A.5.8.</b>	The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance.	YES	See constitution clause 24. Board of directors and council of governors' engagement policy and dispute statement. (Register D7 and D7a)
<b>A.5.9.</b>	The council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data.	YES	See council of governors' agenda, minutes and governance cycle.  A performance report is presented to the governors at their meeting.



Relevant statutory requirements		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.5.10.</b>	The council of governors has a statutory duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.	YES	<p>The council of governors hold non-executive directors to account for performance of the board of directors through the performance reporting. The Governor's Nominations, Remuneration and Evaluation Committee (NREC) will receive the outcome of the chairman and non-executive director appraisals.</p> <p>The council also receives informally, reports from the non-executive director chairs of board committees and a nominated governor for each board committee observes the meetings (two nominated governors from March 2023). From February 2023, the non-executive director chairs of the board committees present to the council of governors assurance reports provided to the board for their relevant committee.</p>
<b>A.5.11.</b>	<p>The 2006 Act, as amended, gives the council of governors a statutory requirement to receive the following documents. These documents should be provided in the annual report as per the <i>NHS Foundation Trust Annual Reporting Manual</i>:</p> <p>(a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report.</p>	YES	<p>The governors receive, once laid before parliament:</p> <p>(a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report.</p>

Relevant statutory requirements		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>A.5.12.</b>	The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.	NO	The governors are provided with an agenda before all Part 1 meetings of the board of directors and are provided with a copy of the approved minutes. Governors are provided with a briefing by the Chief Executive and/or Chair on Part 2 matters with an opportunity for them to raise questions. The Trust considers that this provides the governors with more meaningful information than a redacted set of minutes may otherwise provide. This briefing is generally scheduled to take place on the day after the Part 2 meeting, providing the Governors with a timelier update than would otherwise occur through receiving minutes.
<b>A.5.13.</b>	The council of governors may require one or more of the directors to attend a meeting to obtain information about performance of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance.	YES	Directors accept the council of governors may require their attendance at a meeting of the council.
<b>A.5.14.</b>	Governors have the right to refer a question to the independent panel for advising governors. More than 50% of governors who vote must approve this referral. The council should ensure dialogue with the board of directors takes place before considering such a referral, as it may be possible to resolve questions in this way.	Not applicable	The right to refer a question to the independent panel for advising governors is not used. NHS Improvement advised in January 2017 that the panel had been disbanded as no substantive questions had been put to the panel in over three years.

Relevant statutory requirements	Compliance Y/N	Evidence or Non-Compliance Explanation
<p><b>A.5.15.</b> Governors should use their new rights and voting powers from the 2012 Act to represent the interests of members and the public on major decisions taken by the board of directors. These new voting powers require:</p> <ul style="list-style-type: none"> <li>• More than half of the members of the board of directors who vote and more than half of the members of the council of governors who vote to approve a change to the constitution of the NHS foundation trust.</li> <li>• More than half of governors who vote to approve a significant transaction.</li> <li>• More than half of all governors to approve an application by a trust for a merger, acquisition, separation or dissolution.</li> <li>• More than half of governors who vote, to approve any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more. For example, governors will be required to vote where an NHS foundation trust plans to increase its non-NHS income from 2% to 7% or more of the trust's total income.</li> <li>• Governors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.</li> </ul> <p>NHS foundation trusts are permitted to decide themselves what constitutes a "significant transaction" and may choose to set out the definition(s) in the trust's constitution. Alternatively, with the agreement of the governors, trusts may choose not to give a definition, but this would need to be stated in the constitution.</p>	YES	These rights and voting powers from the 2012 Act are enshrined within the constitution.

## SECTION B: EFFECTIVENESS

### B.1 The composition of the board

Main Principles		How Applied
<b>B.1.a.</b>	The board of directors and its committees should have the appropriate balance of skills, experience, independence and knowledge of the NHS foundation trust to enable them to discharge their respective duties and responsibilities effectively.	<p>The board of directors and its committees will have the appropriate balance of skills, experience, independence and knowledge of the NHS foundation trust to enable them to discharge their respective duties and responsibilities effectively.</p> <p>From 1 January 2022, a NED vacancy existed. In addition, with a new Chief Executive joining the Trust (with effect from 1 June 2022) and a new Chair joining, it was agreed that the Board of Directors would further review the skills and experience desirable for a replacement NED after the new Chair had joined. A board development session was held in August 2022 at which the NED skill mix was considered. In November 2022, after further consideration of the composition of the Trust's board, the recruitment of two non-executive directors (one to fill the existing vacancy and the other an additional NED) was proposed by the Trust Chair.</p> <p>Following a recruitment process that was conducted, the council of governors approved the appointment of two non-executive directors in February 2023.</p>

Supporting Principles		How Applied
<b>B.1.b.</b>	The board of directors should be of sufficient size that the requirements of the organisation can be met and that changes to the board's composition and that of its committees can be managed without undue disruption, and should not be so large as to be unwieldy.	The board comprised the non-executive Chair, 7 non-executive and 8 executive directors (in the absence of any vacancies). In November 2022, the constitution was amended to provide for there to be no more than eight non-executive directors, in addition to the chair.
<b>B.1.c.</b>	The board of directors should include an appropriate combination of executive and non-executive directors (and in particular, independent non-executive directors) such that no individual or small group of individuals can dominate the board's decision taking.	<p>The board of directors is considered to have an appropriate combination of executive and non-executive directors.</p> <p>Power and information shall not be concentrated in one or two individuals and there shall be strong presence on the board of directors of both executive and non-executive directors.</p>
<b>B.1.d.</b>	All directors should be able to exercise one full vote, with the chairperson having a second or casting vote on occasions where voting is tied.	All directors are able to exercise one full vote, with the chair having a second or casting vote on occasions where voting is tied. This is enshrined within the constitution.

Supporting Principles		How Applied
<b>B.1.e.</b>	The value of ensuring that committee membership is refreshed and that undue reliance is not placed on particular individuals should be taken into account in deciding chairpersonship and the membership of committees. The value of appointing a non-executive director with a clinical background to the board of directors should be taken into account by the council of governors.	<p>This shall be taken into account when deciding chairship and membership of committees and the review of the committee chair is reflected in the terms of reference of each of the board committees.</p> <p>Committee chairs and membership were reviewed and refreshed in January 2023,</p> <p>The council has appointed a non-executive director with clinical experience and in February 2023 approved the appointment of an additional non-executive director with clinical experience.</p>
<b>B.1.f.</b>	Only the committee chairperson and committee members are entitled to be present at meetings of the nominations, audit or remuneration committees, but others may attend by invitation of the particular committee.	The terms of reference for the nominations, audit and remuneration committees take account of only the committee chair and committee members being entitled to be present at the meeting, but provide for the possibility for others to attend at the instance of the particular committee/its chair.



Code Provisions	Compliance Y/N	Evidence or Non Compliance Explanation
<p><b>B.1.1.</b> The board of directors should identify in the annual report each non-executive director it considers to be independent. The board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. 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, including if the director:</p> <ul style="list-style-type: none"> <li>• has been an employee of the NHS foundation trust within the last five years;</li> <li>• 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;</li> <li>• 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;</li> <li>• has close family ties with any of the NHS foundation trust's advisers, directors or senior employees;</li> <li>• holds cross-directorships or has significant links with other directors through involvement in other companies or bodies;</li> <li>• has served on the board of the NHS foundation trust for more than six years from the date of their first appointment; or</li> <li>• is an appointed representative of the NHS foundation trust's university medical or dental school.</li> </ul>	<p>YES</p>	<p>Refer to annual report</p>

Code Provisions		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.1.2.</b>	At least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	NO	In the absence of any vacancies, the board comprised of 8 executive directors and 7 non-executive directors and a non-executive Chair. The importance of ensuring a strong independent voice on the board of directors is supported by other provisions of the Trust's constitution and the standing orders of the board of directors including the non-executive Chair having a casting vote and no resolution being passed if it is opposed by all the Non-Executive Directors present. From November 2022, following amendment to the constitution, the board comprised 8 executive directors, 8 non-executive directors and the chair, in the absence of any vacancies.  Please refer to B.1.a above.
<b>B.1.3.</b>	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	YES	No individual does.
<b>B.1.4.</b>	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Both statements should also be available on the NHS foundation trust's website.	YES	The Annual Report and public statements will be published on the website following confirmation they have been laid before Parliament. (Register C1 & C2)

## B.2 Appointments to the board

Main Principles		How Applied
<b>B.2.a.</b>	There should be a formal, rigorous and transparent procedure for the appointment of new directors to the board. Directors of NHS foundation trusts must be “fit and proper” to meet the requirements of the general conditions of the provider licence.	The board of directors accepts that there should be a formal, rigorous and transparent procedure for the appointment of new directors. The Trust shall conform with legislation in appointing to the board of directors and on election of the council of governors. The council of governors has formalised and adopted terms of reference for a Nominations, Remuneration and Evaluations Committee.

Supporting Principles		How Applied
<b>B.2.b</b>	The search for candidates for the board of directors should be conducted, and appointments made, on merit, against objective criteria and with due regard for the benefits of diversity on the board and the requirements of the trust.	Board of directors appointments shall be made on merit based on objective criteria and terms of reference for the appointments committee and Nominations, Remuneration and Evaluations Committee.
<b>B.2.c.</b>	The board of directors and the council of governors should also satisfy themselves that plans are in place for orderly succession for appointments to the board, so as to maintain an appropriate balance of skills and experience within the NHS foundation trust and on the board.	The board of directors shall be satisfied through a regular board evaluation process.  Please refer to B.1.a above.

Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>B.2.1.</b>	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS foundation trust and the skills and expertise required within the board of directors to meet them.	YES	See terms of reference for the appointments and remuneration committee and Nominations, Remuneration and Evaluations Committee. (Register D27 & E13)  Please refer also to B.1.a above.

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Code provision	Compliance Y/N	Evidence or Non-Compliance Explanation
<p><b>B.2.2</b> Directors on the board of directors and governors on the council of governors should meet the “fit and proper” persons test described in the provider licence. For the purpose of the licence and application criteria, “fit and proper” persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations</p>	<p>YES</p>	<p>The “fit and proper” persons test is installed within the constitution. The Board approved a Fit and Proper Persons Policy in 2020 for the Trust.</p> <p><b>For governors</b> A declaration is made on entering elections and taking up governorship.</p> <p>An annual declaration form is issued to governors.</p> <p>DBS checks for new governors are undertaken.</p> <p><b>For directors (or equivalent)</b> Declaration made in signing contract of employment.</p> <p>Also evidenced by the signed end of year declaration form issued to all directors (or equivalent) – issued and held by the company secretary on behalf of the trust.</p> <p>DBS checks for new directors are undertaken and thereafter every three years.</p>

Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>B.2.3.</b>	There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chairperson). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the chairperson.	YES	<p>There are two committees:</p> <p>One for the appointment of chair and non-executive directors: council of governors – nominations, remuneration and evaluation committee. (see ToR Register E13)</p> <p>One for the appointment of the executive directors: board of directors – Appointments and Remuneration Committee. (see ToR Register D27)</p> <p>Both committees for their respective appointments evaluate the balance of skills, knowledge and experience of the board in preparing to make appointments to the board of directors.</p>
<b>B.2.4.</b>	The chairperson or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chairman.	YES	<p>See terms of reference for Nominations, Remuneration and Evaluations Committee and Appointments and Remuneration Committee (NREC). (Register E13 &amp; D27)</p> <ul style="list-style-type: none"> <li>- for the appointment of non-executive directors the chair chairs the NREC</li> <li>- for the appointment of a chair an independent non-executive director chairs NREC.</li> </ul>



Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>B.2.5.</b>	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.	YES	See terms of reference for Nominations, Remuneration and Evaluations Committee and council of governors agendas and minutes. (Register E13)  The nominations committee made recommendations to the council of governors in relation to the appointment of the Trust chair in 2022 and in respect of non-executive directors in February 2022.
<b>B.2.6.</b>	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chairperson or a deputy chairperson, are being discussed, there should be a majority of governors on the committee and also a majority governor representation on the interview panel.	YES	See terms of reference for Nominations, Remuneration and Evaluations Committee. (Register E13)
<b>B.2.7.</b>	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	YES	See terms of reference for Nominations, Remuneration and Evaluations Committee. (Register E13)
<b>B.2.8.</b>	The annual report should describe the process followed by the council of governors in relation to appointments of the chairperson and non-executive directors.	YES	The process followed will be described when required.
<b>B.2.9.</b>	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	YES	See terms of reference for Nominations, Remuneration and Evaluations Committee and appointments committee. (Register E13 & D26)

Code provision		Compliance Y/N	Evidence or Non-Compliance Explanation
<b>B.2.10.</b>	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	YES	Statement within annual report  An annual report of the Nominations, Remuneration and Evaluations Committee for the organisation shall be produced. (Register B8) The terms of reference of the committee are available on the website.  The terms of reference of the appointments & remuneration committee are available on the website.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.2.11.</b>	It is a requirement of the 2006 Act that the chairperson, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chairperson, the other non-executives directors and, except in the case of the appointment of a chief executive, the chief executive.	YES	Refer to constitution.  Suitable candidates for executive director posts will be identified as part of the appointment process identified by the chair and non-executive directors in the terms of reference of the Appointments and Remuneration Committee. (See C.1.2 below).
<b>B.2.12.</b>	It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	YES	See clause 26 of the constitution and council of governors' agendas and minutes on the appointment of the chief executive.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.2.13</b>	The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.	YES	See terms of reference for Nominations, Remuneration and Evaluations Committee (Register E13) and council of governors' agendas and minutes.

### B.3 Commitment

Main Principles		How Applied
<b>B.3.a</b>	All directors should be able to allocate sufficient time to the NHS foundation trust to discharge their responsibilities effectively.	The directors' contract of employment or contract of service sets out the requirement that all directors allocate sufficient time to the NHS foundation trust to discharge their responsibilities effectively.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.3.1.</b>	For the appointment of a chairperson, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise and included in the next annual report. No individual, simultaneously whilst being a chairperson of an NHS foundation trust, should be the substantive chairperson of another NHS foundation trust.	YES	See terms of reference for Nominations, Remuneration and Evaluations Committee. (Register E13)  See annual report for any disclosures with regard to the chair's any other significant duties.
<b>B.3.2.</b>	The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the council of governors should be informed of subsequent changes.	YES	Terms and conditions available for inspection following request to the Company Secretary.  Nominations, remunerations and evaluation committee lead the process to ensure non-executive directors undertake that they have sufficient time to meet other commitments and significant commitments are disclosed before appointment.
<b>B.3.3.</b>	The board of directors should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity, nor the chairpersonship of such an organisation.	YES	Executive directors comply.

#### B.4. Development

Main Principles		How Applied
<b>B.4.a.</b>	All directors and governors should receive appropriate induction on joining the board of directors or the council of governors and should regularly update and refresh their skills and knowledge. Both directors and governors should make every effort to participate in training that is offered.	<p>Directors and governors are required to complete a comprehensive induction process.</p> <p>Directors are subject to individual annual appraisal .</p> <p>Both directors and governors are provided with opportunities to participate in training.</p>

Supporting Principles		How Applied
<b>B.4.b.</b>	The chairperson should ensure that directors and governors continually update their skills, knowledge and familiarity with the NHS foundation trust and its obligations to fulfil their role both on the board, the council of governors and on committees. The NHS foundation trust should provide the necessary resources for developing and updating its directors' and governors' skills, knowledge and capabilities.	<p>All directors and governors shall have access to the advice and services of the company secretary, and who shall secure independent professional advice, if required, at the Trust's expense.</p> <p>The trust provides resources for developing and updating the board and council skills, knowledge and capabilities.</p>
<b>B.4.c.</b>	To function effectively, all directors need appropriate knowledge of the NHS foundation trust and access to its operations and staff.	All directors are given a comprehensive induction to the Trust and have access to its operations and staff.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.4.1.</b>	The chairperson should ensure that new directors and governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek out opportunities to engage with stakeholders, including patients, clinicians and other staff. Directors should also have access, at the NHS foundation trust's expense, to training courses and/or materials that are consistent with their individual and collective development programme.	YES	Induction programme, including for new directors where practicable having regard to Infection Prevention & Control, a hospital tour with the Chief Nursing Officer. (Register D2 & E3)  Directors have access, at the NHS foundation trust's expense, to training courses and/or materials that are consistent with their individual and collective development programme.
<b>B.4.2.</b>	The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.	YES	The chair shall meet with each director and agree training and development needs relating to their role on the board.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.4.3.</b>	The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	YES	The governors receive a comprehensive induction programme.  The council has a development programme to support the governors' being equipped with the skills and knowledge to discharge their duties appropriately.  Ad hoc training sessions are also arranged as required.



## B.5 Information and support

Main Principles		How Applied
<b>B.5.a.</b>	The board of directors and the council of governors should be supplied in a timely manner with relevant information in a form and of a quality appropriate to enable them to discharge their respective duties. Statutory requirements on the provision of information from the board of directors to the council of governors are provided in <a href="#">Your statutory duties: A reference guide for NHS foundation trust governors</a> .	The board of directors and council of governors shall be supplied in a timely manner with such information in a form and of a quality appropriate for them to discharge their respective duties. For the council of governors this includes the statutory requirements.

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Supporting Principles	How Applied
<p><b>B.5.b.</b> The chairperson is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and governors should seek clarification or detail where necessary.</p>	<p>The board shall receive a steady flow of information to enable it to discharge its duties, including a monthly report detailing current and forecast on financial and operations performance.</p> <p>Board papers shall be generally distributed not less than five days in advance of the relevant meeting to allow the directors fully to prepare for meetings.</p> <p>The board shall be kept fully informed of developments within the trust through regular presentations by management.</p> <p>The council of governors shall receive a steady flow of information to enable it to discharge its duties, including reports detailing the overall current and forecast financial and operational performance.</p> <p>Council of governors' papers shall be generally distributed not less than five days in advance of the relevant meeting to allow the governors fully to prepare for meetings.</p>

Supporting Principles		How Applied
<b>B.5.c</b>	The responsibilities of the chairperson include ensuring good information flows across the board, the council of governors and their committees, between directors and governors, and between senior management and non-executive directors, as well as facilitating appropriate induction and assisting with professional development as required.	<p>The board shall receive regular updates on council of governors' views, via joint board and council development events and informal governor briefing attendance. From January 2023, there has been a standing update from the lead governor on the public board agenda.</p> <p>All governors and directors receive an induction programme. Induction programmes for newly-appointed directors shall be devised to ensure that directors spend time with managers and visits to operational areas shall be included.</p> <p>Directors shall be subject to individual annual appraisals. The council of governors shall be subject to collective annual appraisals.</p> <p>There is an engagement policy in place for the board of directors and council of governors.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.5.1.</b>	The board of directors and the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and the council of governors should agree their respective information needs with the executive directors through the chairperson. The information for the boards should be concise, objective, accurate and timely, and it should be accompanied by clear explanations of complex issues. The board of directors should have complete access to any information about the NHS foundation trust that it deems necessary to discharge its duties, including access to senior management and other employees.	YES	<p>The board and council are provided with agendas and supporting papers relevant to their need for knowledge and to the decisions they have to make.</p> <p>See the engagement policy, annual operational plan and annual report.</p> <p>The board has access to employees of the hospital as required to discharge their duties.</p>
<b>B.5.2.</b>	The board of directors, and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board of directors, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis to be carried out in a timely manner, within the NHS foundation trust. On occasion, non-executives may reasonably decide that external assurance is appropriate.	YES	<p>The board of directors is aware of its obligations and commitments to the roles of executive or non-executive roles of the trust.</p> <p>The board will appoint relevant advisors where required.</p> <p>Information is supplied to the board of directors when requested: see board papers and minutes/action lists.</p> <p>Non-executive directors can and will utilise external assurance as required, particularly through the Audit Committee.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.5.3.</b>	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	YES	Independent advice available on request. The board has access to external sources of advice.
<b>B.5.4.</b>	Committees should be provided with sufficient resources to undertake their duties. The board of directors should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	YES	Support and resources in place for board of directors and council of governors. Budgets held.
<b>B.5.5.</b>	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the board, in particular making full use of their skills and experience gained both as a director of the trust and also in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of an NHS foundation trust as they would in other similar roles.	YES	The non-executive directors receive agendas, papers and other correspondence in a timely and effective manner in line with the constitution. They are aware of their responsibilities to challenge recommendations or decisions of the board and utilise their full skills and experience. Non-executives can ask other board members for further information or reports that they consider useful.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.5.6.</b>	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	YES	The operational plan is reported to the finance and performance committee which includes governor attendance. The council of governors receives the operational plan in draft and subsequently the final version. Executive directors and the senior independent director are invited to attend the council of governors meetings, which are chaired by the Trust Chair. From January 2023, the lead governor has a standing agenda item at public board meetings.  The annual report will contain a statement on how this requirement is undertaken.
<b>B.5.7.</b>	Where appropriate, the board of directors should take account of the views of the council of governors on the forward plan in a timely manner and communicate to the council of governors where their views have been incorporated in the NHS foundation trust's plans, and, if not, the reasons for this.	YES	The board of directors will consider and take account of the views of the council of governors on the NHS foundation trust's forward plan and communicate why they have or have not been incorporated.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.5.8.</b>	The board of directors must have regard for the views of the council of governors on the NHS foundation trust's forward plan.	YES	The forward plan of the Trust is discussed with the council of governors. The board of directors has regard for the views of the council of governors on the Trust forward plans through these mechanisms.



## B.6. Evaluation

Main Principles		How Applied
<b>B.6.a.</b>	The board of directors should undertake a formal and rigorous annual evaluation of its own performance and that of its committees and individual directors.	The board of directors shall undertake a formal and rigorous annual evaluation of its own performance and that of its committees and directors.
<b>B.6.b.</b>	The outcomes of the evaluation of the executive directors should be reported to the board of directors. The chief executive should take the lead on the evaluation of the executive directors.	The outcome shall be reported to the board of directors. The chief executive shall take the lead on the performance appraisal of the executive directors.
<b>B.6.c.</b>	The council of governors, which is responsible for the appointment and re-appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and the non-executives, with the chairperson and the non-executives. The outcomes of the evaluation of the non-executive directors should be agreed with them by the chairperson. The outcomes of the evaluation of the chairperson should be agreed by him or her with the senior independent director. The outcomes of the evaluation of the non-executive directors and the chairperson should be reported to the governors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chairperson.	The council of governors shall agree the process for the evaluation of the chair and non-executives and the outcomes shall be reported to and agreed by the governors. The senior independent director shall lead the chair's evaluation process.
<b>B.6.d.</b>	The council of governors should assess its own collective performance and its impact on the NHS foundation trust.	The council of governors shall assess its own collective performance and identify areas for development.

Supporting Principles		How Applied
<b>B.6.e</b>	Evaluation of the board of directors should consider the balance of skills, experience, independence and knowledge of the NHS foundation trust on the board, its diversity, including gender, how the board works together as a unit, and other factors relevant to its effectiveness. This should be reported to the council of governors with a specific focus on what changes are needed for improvement.	Regular evaluation of the board shall be undertaken and the council shall be made aware of the outcomes.

Supporting Principles		How Applied
<b>B.6.f.</b>	Individual evaluation of directors should aim to show whether each director continues to contribute effectively and to demonstrate commitment and has the relevant skills for the role (including commitment of time for board and committee meetings and any other duties) going forwards.	<p>The chair shall act on the outcome of appraisals which identify individual and collective development needs for the board and non-executive directors.</p> <p>The chair shall report to the council of governors on improvement needs of the non-executive directors.</p> <p>The chief executive will undertake the appraisal of the executive directors and report the outcomes to the Appointments and Remuneration Committee.</p>
<b>B.6.g.</b>	The chairperson should act on the results of the performance evaluation by recognising the strengths and addressing the weaknesses of the board, identifying individual and collective development needs, and, where appropriate, proposing new members be appointed to the board or seeking the resignation of directors.	The chair shall act on the outcome of appraisals, which identify individual and collective development needs and where necessary will propose new members be appointed to the board of directors or seek the resignation of directors.
<b>B.6.h.</b>	The focus of the chairperson's appraisal will be his/her performance as leader of the board of directors and the council of governors. The appraisal should carefully consider that performance against pre-defined objectives that support the design and delivery of the NHS foundation trust's priorities and strategy described in its forward plan.	<p>The chair shall have an annual appraisal based on his performance as leader of the board of directors and council of governors. The appraisal shall be based on the pre-defined objectives of the previous year's outcomes and in line with the trust's strategic priorities and objectives within the annual operational plan.</p> <p>The process for the annual appraisal of the chair and the non-executive directors was considered by the council of governors at its meeting in February 2023.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.6.1.</b>	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the NHS foundation trust adopted a particular method of performance evaluation.	YES	The annual report will refer to the process of performance evaluation.
<b>B.6.2.</b>	Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	YES	The evaluation of the board will be externally facilitated at least every three years.
<b>B.6.3.</b>	The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.	YES	The senior independent director leads the performance evaluation of the chair, within a framework agreed by the council of governors and taking into account the views of directors and governors.
<b>B.6.4.</b>	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	YES	The chair acknowledges his responsibility for using the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.6.5.</b>	<p>Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:</p> <ul style="list-style-type: none"> <li>holding the non-executive directors individually and collectively to account for the performance of the board of directors.</li> <li>communicating with their member constituencies and the public and transmitting their views to the board of directors; and</li> <li>contributing to the development of forward plans of NHS foundation trusts.</li> </ul> <p>The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Monitor's publication: <a href="#">Your statutory duties: A reference guide for NHS foundation trust governors</a>.</p>	YES	<p>A review of the council of governor's collective performance shall be undertaken and the outcomes reported in the public part of a Council of Governors meeting.</p> <p>A review of the council of governors' effectiveness was completed and reported in January 2023.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.6.6.</b>	There should be a clear policy and a fair process, agreed and adopted by the council of governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.	YES	<p>The trust has a clear and fair process enshrined in its constitution, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This has been shared with governors. The process also provides for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust.</p> <p>The Trust has provision within its constitution and its code of conduct for governors that provides for requesting an independent assessor where there is a disagreement as to whether the proposal to remove a governor is justified.</p>

## B.7 Re-appointment of directors and re-election of governors

Main Principles		How Applied
<b>B.7.a.</b>	All non-executive directors and elected governors should be submitted for re-appointment or re-election at regular intervals. The performance of executive directors of the board should be subject to regular appraisal and review. The council of governors should ensure planned and progressive refreshing of the non-executive directors.	<p>The re-appointment of non-executive directors shall be determined by the constitution noting NHS England's code of governance.</p> <p>Governors shall have three year tenure at the end of which their seats will be up for election. Governors can stand for a maximum of nine years at the trust.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.7.1.</b>	In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (e.g., two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (e.g., two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.	YES	<p>Non-executive directors and the chair are nominated by the Nominations, Remuneration and Evaluations Committee for reappointment by the council of governors in line with the code of governance.</p> <p>The chair reports to the Nominations, Remuneration and Evaluations Committee and council of governors on the performance evaluation of the non-executive directors considered for reappointment.</p> <p>See terms of reference for the Nominations, Remuneration and Evaluations Committee. (Register E13)</p> <p>There shall be a rigorous review of non-executive directors who exceed six years in their role including that of their independence. This is not applicable at the present time, given the new organisation.</p>
<b>B.7.2.</b>	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.	YES	<p>See model rules of election within the constitution.</p> <p>NOTE The Trust's model rules of election do not include the requirement to place the number of meetings each governor has attended. However the Trust shall publish this information in the annual report.</p>



Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.7.3</b>	Approval by the council of governors of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the chairperson and non-executive directors. All other executive directors should be appointed by a committee of the chief executive, the chairperson and non-executive directors.	YES	<p>See Terms of Reference for Nominations, Remuneration and Evaluations Committee. (Register E13)</p> <p>Re-appointments of non-executive directors shall take place through the Nominations, Remuneration and Evaluations Committee and council of governors.</p> <p>All other executive director posts are appointed through the Appointments and Remuneration Committee. (Register D27)</p>
<b>B.7.4</b>	Non-executive directors, including the chairperson should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	YES	<p>Non-executive directors and the chair are nominated by Nominations, Remuneration and Evaluations Committee for appointment by the council of governors in line with the code of governance.</p> <p>The chair reports to the Nominations, Remuneration and Evaluations Committee and council of governors on the performance evaluation of the non-executive directors.</p> <p>See terms of reference for Nominations, Remuneration and Evaluations Committee. (Register E13)</p>
<b>B.7.5</b>	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	YES	<p>Refer to model rules of election within the constitution.</p> <p>Refer to register of governors.</p>

## B.8 Resignation of directors

Main Principles		How Applied
<b>B.8.a.</b>	The board of directors is responsible for ensuring ongoing compliance by the NHS foundation trust with its licence, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations. In so doing, it should ensure it retains the necessary skills within its board and directors and works with the council of governors to ensure there is appropriate succession planning.	<p>The board of directors retain the necessary skills to ensure on-going compliance with the NHS foundation trust with its licence, its constitution, mandatory guidance issued by NHSI, relevant statutory requirements and contractual obligations.</p> <p>The board through the chair and senior independent director shall work with the council of governors to ensure appropriate succession planning for non-executive directors. The composition of the board is reviewed when a new post is required to be filled.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>B.8.1.</b>	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	YES	<p>The Appointments and Remuneration Committee will not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.</p> <p>See Appointments and Remuneration Committee terms of reference. (Register D27)</p> <p>See nominations, remuneration and evaluation committee terms of reference (CEO position only). (Register E13)</p>

## SECTION C. ACCOUNTABILITY

### C.1 Financial, quality and operational reporting

Main Principles		How Applied
<b>C.1.a.</b>	The board of directors should present a fair, balanced and understandable assessment of the NHS foundation trust's position and prospects.	The board of directors will present a fair, balanced and understandable assessment of the NHS foundation trust's position and prospects.

Supporting Principles		How Applied
<b>C.1.b.</b>	The responsibility of the board of directors to present a fair, balanced and understandable assessment extends to all public statements and reports to regulators and inspectors, as well as information required to be presented by statutory requirements.	The Trust's communications team has developed a communications and engagement strategy. Our communications team also works closely with NHS England regional and national communications teams on public statements and media engagement. This allows us to build on what works best taking the best practices forward. This includes setting out four enabling factors for successful engagement: a strong strategic narrative, engaging managers, nurturing the employee voice and organisational integrity.
<b>C.1.c.</b>	The board of directors should establish arrangements that will enable it to ensure that the information presented is fair, balanced and understandable.	<p>External communication activities are overseen by the Associate Director of Communications.</p> <p>Public messages such as media statements are approved as appropriate by an executive director in line with the trust's media policy.</p> <p>Our external website can be tailored by users to ensure it is easily accessible by all.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>C.1.1.</b>	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	YES	See relevant annual report sections: <ul style="list-style-type: none"> <li>• board of director's responsibilities</li> <li>• statement from external auditors</li> <li>• annual governance statement</li> </ul>
<b>C.1.2.</b>	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	YES	Refer to annual report, audit committee agenda and finance and performance committee agenda.
<b>C.1.3.</b>	At least annually and in a timely manner, the board of directors should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.  Further requirements are included in the <i>NHS Foundation Trust Annual Reporting Manual</i> .	YES	Refer to the trust's operational plan  Refer to annual report (from the chief executive supported by the Chief Finance Officer).

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
C.1.4.	a) The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.	YES	Board of directors aware of duty.
	b) The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: <ul style="list-style-type: none"> <li>the NHS foundation trust's financial condition;</li> <li>the performance of its business; and/or</li> <li>the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.</li> </ul>	YES	Board of directors aware of duty.



## C.2 Risk management and internal control

Main Principles		How Applied
<b>C.2.a.</b>	The board of directors is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The board should maintain sound risk management systems.	The board of directors has a risk management structure. The board assurance framework is produced with links to the strategic objectives. The board receives regular updates on the trust risk register. The risk register report is considered at every Part 1 meeting of the board. The Risk Appetite Statement and Risk Management Strategy approved by the board in 2021 and 2022 contain the risk appetite of the board. The strategy supports delivery of the Trust's corporate objectives and describes the organisation's approach to the identification, assessment and management of risk.
<b>C.2.b.</b>	The board of directors should maintain a sound system of internal control to safeguard patient safety, public and private investment, the NHS foundation trust's assets, and service quality. The board should report on internal control through the Annual Governance Statement (formerly the Statement on Internal Control) in the annual report.	The board of directors shall maintain a sound system of internal control. The processes are considered by the audit committee and approved by the board of directors and are published as part of the annual report.

Supporting Principles		How Applied
<b>C.2.c.</b>	An internal audit function can assist a trust to accomplish its objectives by bringing a systematic, disciplined approach to evaluating and continually improving the effectiveness of its risk management and internal control processes.	The externally sourced internal audit function assists the trust to accomplish its objectives by bringing a systematic, disciplined approach to evaluating and continually improving the effectiveness of its risk management and internal control processes.
<b>C.2.d.</b>	If a trust has an internal audit function, the head of that function should have a direct reporting line to the board or to the audit committee to bring the requisite degree of independence and objectivity to the role.	N/A The internal audit is externally sourced with reports to the Audit Committee.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>C.2.1.</b>	The board of directors should maintain continuous oversight of the effectiveness of the NHS foundation trust's risk management and internal control systems and should report to members and governors that they have done so in the annual report. A regular review should cover all material controls, including financial, operational and compliance controls.	YES	The trust through its Audit Committee maintains continuous oversight that its risk management and control systems are subject to regular independent audit. The trust provides the relevant confirmation in its annual report.
<b>C.2.2.</b>	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	YES	The trust does have an internal audit function and appropriate details are provided in the annual report by the Chief Finance Officer.

### C.3 Audit committee and auditors

Main Principles		How Applied
C.3.a.	<p>The board of directors should establish formal and transparent arrangements for considering how they should apply the corporate reporting and risk management and internal control principles and for maintaining an appropriate relationship with the NHS foundation trust's auditors.</p> <p>Monitor's publications, <a href="#">Audit Code for NHS Foundation Trusts</a> and <a href="#">Your statutory duties: A reference guide for NHS foundation trust governors</a>, provide further guidance.</p>	<p>The board of directors has appointed an Audit Committee to ensure compliance with corporate reporting, risk management and internal control principles.</p> <p>Following an agreed tendering process the council of governors, approved the appointment of KPMG in January 2023 as the external auditors for a three year period, commencing on 1 April 2023 with an option to extend by two further 12 month periods. A nominated governor supported the process. The Committee reviews the performance of auditors on an annual basis. The key elements include a review of performance in relation to the contracted service specification, the standard of audits conducted, the recording of any adjustments, the timeliness of reporting, the availability of the Auditor for discussion and meetings on key issues, and the quality of reporting to the Audit Committee, the board of directors and the council of governors.</p> <p>The committee has agreed a policy for the use of external auditors for non-audit work and would directly approve such work.</p> <p>The Audit Committee ensures full compliance with the NHS Code for NHS Foundation Trusts.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
C.3.1.	The board of directors should establish an audit committee composed of at least three members who are all independent non-executive directors. The board should satisfy itself that the membership of the audit committee has sufficient skills to discharge its responsibilities effectively; including ensuring that at least one member of the audit committee has recent and relevant financial experience. The chairperson of the trust should not chair or be a member of the audit committee. He can, however, attend meetings by invitation as appropriate.	YES	<p>Four independent non-executive directors (excluding the chair) are members of the Audit Committee. One member of the committee has recent and relevant financial experience.</p> <p>The Audit Committee shall produce an annual report of its work.</p> <p>(For the period from 1 April 2022 to 30 June 2022 the Chair of the Audit Committee and Vice Chairman of the Trust also held the position of Acting Chair of the Trust following agreement by the Board of Directors that this was in the best interests of the Trust in the particular circumstances (including, but not limited to, the limited timeframe) and pending the new Chair of the Trust being in post).</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>C.3.2.</b>	<p>The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly. It should include details of how it will:</p> <ul style="list-style-type: none"> <li>• Monitor the integrity of the financial statements of the NHS foundation trust, and any formal announcements relating to the trust's financial performance, reviewing significant financial reporting judgements contained in them;</li> <li>• Review the NHS foundation trust's internal financial controls and, unless expressly addressed by a separate board risk committee composed of independent directors, or by the board itself, review the trust's internal control and risk management systems;</li> <li>• Monitor and review the effectiveness of the NHS foundation trust's internal audit function, taking into consideration relevant UK professional and regulatory requirements;</li> <li>• Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements;</li> <li>• Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and</li> <li>• Report to the council of governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.</li> </ul>	YES	<p>See Audit Committee terms of reference which are published on the website. (Register B15)</p> <p>A policy statement on external audit providing non-audit services was approved by the Audit Committee in October 2021. The policy will be reviewed in 2024.</p> <p>An annual report of the Audit Committee shall be submitted to council of governors including the terms of reference for review. Ad-hoc issues would be reported to the council as required. The chair of the Audit Committee provides an update to governors on an annual basis.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>C.3.3.</b>	The council of governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The council of governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing.	YES	Following a Dorset wide procurement exercise to seek a single partner to provide external audit services to each NHS organisation within Dorset, KMPG a contract for an initial three year period from April 2023 has been approved).  The Chief Finance Officer is satisfied with the effectiveness of the external audit process and provides council with details of how the Trust monitors their performance from input from Trust staff that have regular contact with the auditors.
<b>C.3.4.</b>	The audit committee should make a report to the council of governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the council of governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the council of governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.	YES	Appointment of the auditors has been made. Performance shall be evaluated at the same time as remuneration is reviewed, as part of the annual review of performance.
<b>C.3.5.</b>	If the council of governors does not accept the audit committee's recommendation, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	YES	Would do so in the event this occurred.



Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>C.3.6.</b>	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for a three- to five-year period of appointment.	YES	The council approved the appointment of KPMG as the external auditors for an initial three year period, with effect from 1 April 2023, with options to extend. This follows on from KPMG having previously been appointed as external auditors and a subsequent procurement process having been held at the end of 2022.
<b>C.3.7.</b>	When the council of governors ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	N/A	Would do so in the event this occurred.
<b>C.3.8.</b>	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.	YES	The Audit Committee will review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in matters of financial report and control, fraud, bribery and corruption, clinical quality, patient safety or other matters as per its terms of reference and governance cycle. The job description for the freedom to speak up guardian is based on the guidelines provided by the National Guardian's Office. The Freedom to Speak Up Guardian presents a bi-annual report to the Board.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>C.3.9.</b>	<p>A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> <li>the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;</li> <li>an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and</li> <li>if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.</li> </ul>	YES	The annual report contains a description of the work of the Audit Committee in discharging its responsibilities.

## SECTION D: REMUNERATION

### D.1 The level and components of remuneration

Main Principles		How Applied
<b>D.1.a.</b>	<p>Levels of remuneration should be sufficient to attract, retain and motivate directors of quality, and with the skills and experience required to lead the NHS foundation trust successfully, but an NHS foundation trust should avoid paying more than is necessary for this purpose and should consider all relevant and current directions relating to contractual benefits such as pay and redundancy entitlements.</p>	<p>The Trust shall look to work within benchmarking parameters when setting levels of remuneration.</p> <p>The Appointments and Remuneration Committee shall review the VSM guidance annually/when published.</p>

Supporting Principles		How Applied
<b>D.1.b.</b>	Any performance-related elements of executive directors' remuneration should be stretching and designed to promote the long-term sustainability of the NHS foundation trust. They should also take as a baseline for performance any competencies required and specified within the job description for the post.	N/A
<b>D.1.c.</b>	The remuneration committee should decide if a proportion of executive director's remuneration should be structured so as to link reward to corporate and individual performance. The remuneration committee should judge where to position its NHS foundation trust relative to other NHS foundation trusts and comparable organisations. Such comparisons should be used with caution to avoid any risk of an increase in remuneration levels with no corresponding improvement in performance.	The Appointments and Remuneration Committee has decided not to link remuneration to corporate and individual performance but will keep this decision under review.
<b>D.1.d.</b>	The remuneration committee should also be sensitive to pay and employment conditions elsewhere in the NHS foundation trust, especially when determining annual salary increases.	The Appointments and Remuneration committee shall be aware of employment conditions elsewhere in the trust when determining annual salary increases.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>D.1.1.</b>	<p>Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions:</p> <ul style="list-style-type: none"> <li>i) The remuneration committee should consider whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients.</li> <li>ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS foundation trust. Consideration should be given to criteria which reflect the performance of the NHS foundation trust relative to a group of comparator trusts in some key indicators, and the taking of independent and expert advice where appropriate.</li> <li>iii) Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed.</li> <li>iv) The remuneration committee should consider the pension consequences and associated costs to the NHS foundation trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.</li> </ul>	YES	Performance related pay eligibility considered and decided it will not apply within the Trust however this will be kept under review.
<b>D.1.2.</b>	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	YES	Levels of remuneration for the chair and non-executive directors are approved by the council of governors and reflect time commitments and responsibilities.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
D.1.3.	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	YES	Currently N/A. Refer to the Appointments and Remuneration Committee terms of reference.
D.1.4.	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	YES	Refer to Appointments and Remuneration Committee terms of reference and trust recruitment processes.

## D.2 Procedure

Main Principles		How Applied
D.2.a.	There should be a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual directors. No director should be involved in deciding his or her own remuneration.	The Appointments and Remuneration Committee shall comprise of non-executive directors and will consider executive remuneration. The outcome of which shall be published in the annual report.

Supporting Principles		How Applied
D.2.b.	The remuneration committee should consult the chairperson and/or chief executive about its proposals relating to the remuneration of other executive directors.	The Appointments and Remuneration Committee shall consult with the chief executive on remuneration proposals for other directors.

<b>D.2.c.</b>	The remuneration committee should also be responsible for appointing any independent consultants in respect of executive director remuneration.	The Appointments and Remuneration Committee may appoint independent consultants.
<b>D.2.d.</b>	Where executive directors or senior management are involved in advising or supporting the remuneration committee, care should be taken to recognise and avoid conflicts of interest.	The Appointments and Remuneration Committee shall observe this duty of care.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>D.2.1.</b>	The board of directors should establish a remuneration committee composed of non-executive directors which should include at least three independent non-executive directors. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board of directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS foundation trust.	YES	Refer to Trust Appointments and Remuneration Committee terms of reference. Membership of the committee is all non-executive directors and the trust chair.  Remuneration consultants were instructed to provide an opinion on the remuneration of the Executive Directors of the new Foundation Trust.
<b>D.2.2.</b>	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the board, but should normally include the first layer of management below board level.	YES	The Appointments and Remuneration Committee has determined that the definition of 'senior management' should be limited to board members only. All other staff remuneration is covered by the NHS Agenda for Change pay structure.



<b>D.2.3.</b>	The council of governors should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	YES	<p>See council of governors/Nominations, Remuneration and Evaluations Committee papers.</p> <p>The remuneration of the chair was considered with external advice ahead of the forthcoming chair's appointment in July 2022.</p> <p>External advice will be sought when making material change to the remuneration.</p>
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Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
<b>D.2.4.</b>	The council of governors is responsible for setting the remuneration of nonexecutive directors and the chairperson.	YES	The council of governors approve the remuneration of the chair and non-executive directors on an annual basis.

## SECTION E. RELATIONS WITH STAKEHOLDERS

### E.1 Dialogue with members, patients and the local community

Main Principles		How Applied
<b>E.1.a.</b>	The board of directors should appropriately consult and involve members, patients and the local community.	The board of directors shall appropriately consult as required.
<b>E.1.b.</b>	The council of governors must represent the interests of trust members and the public.	The council of governors represent the interests of trust members and the public.
<b>E.1.c.</b>	Notwithstanding the complementary role of the governors in this consultation, the board of directors as a whole has responsibility for ensuring that regular and open dialogue with its stakeholders takes place.	The board of directors as a whole will take responsibility to ensure that regular and open dialogue with its stakeholders takes place.

Supporting Principles		How Applied
<b>E.1.d.</b>	The board of directors should keep in touch with the opinion of members, patients and the local community in whatever ways are most practical and efficient. There must be a members' meeting at least annually.	<p>The Trust's board of directors meeting starts with a patient story to support the voices of patients are heard.</p> <p>The council of governors has a membership and engagement group and part of their work is to hold events to gather public opinion. This engagement will be developed by the group.</p> <p>The communications team share media headlines with directors to ensure they are kept in touch with public opinion and highlight anything that the directors need to be aware of.</p> <p>There is a members' meeting held annually.</p>

Supporting Principles		How Applied
<b>E.1.e.</b>	The chairperson (and the senior independent director and other directors as appropriate) should maintain regular contact with governors to understand their issues and concerns.	The board of directors through formal and informal routes maintains sufficient contact with governors to understand their issues and concerns.
<b>E.1.f.</b>	NHS foundation trusts should use an open annual meeting and open board meetings, both of which trusts are required to hold, to encourage stakeholder engagement.	The trust uses the annual members (open) meeting and open board meetings to encourage stakeholder engagement.
<b>E.1.g.</b>	Governors should seek the views of members and the public on material issues or changes being discussed by the trust. Governors should provide information and feedback to members and the public regarding the trust, its vision, performance and material strategic proposals made by the trust board.	Governors seek the views of members and the public on material issues or changes being discussed by the trust. Governors provide information and feedback to members and the public regarding the trust, its vision, performance and material strategic proposals made by the trust board.
<b>E.1.h.</b>	It is also incumbent on the board of directors to ensure governors have the mechanisms in place to secure and report on feedback that will enable them to fulfil their duty to represent the interests of members and the public.	<p>The governors produce a membership strategy which is supported by the trust.</p> <p>The governors have a membership and engagement group.</p> <p>The trust holds annual membership meetings.</p> <p>The trust involves the governors on material strategic proposals through the full council meetings.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
E.1.1.	The board of directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	YES	<p>The Trust's communications team has developed communications and engagement strategy that sets out its key audiences and stakeholders and how the Trust will communicate with them.</p> <p>The ambition of the strategy is to continually seek closer working relationships with key external stakeholders and partners within the healthcare community through the Our Dorset Integrated Care System as we seek to implement the Clinical Services Review.</p>
E.1.2.	The board of directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (e.g., Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).	YES	<p>Stakeholder engagement will be an integral part of the Trust's communications and engagement strategy. (see C.1.b).</p> <p>Refer to constitution.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>E.1.3.</b>	The chairperson should ensure that the views of governors and members are communicated to the board as a whole. The chairperson should discuss the affairs of the NHS foundation trust with governors. Non-executive directors should be offered the opportunity to attend meetings with governors and should expect to attend them if requested by governors. The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.	YES	<p>Minutes of council of governors' part 1 meetings are available to board members upon request.</p> <p>Council of governors invite directors to their meetings.</p> <p>The senior independent director attends sufficient meetings (generally, the full council meetings).</p> <p>Governors are invited to meet board of directors, present questions to the board at their monthly meetings and attend a briefing after the part two of the meeting.</p> <p>A regular Governor Briefing is provided to governors.</p>
<b>E.1.4.</b>	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	YES	Contact processes on website, staff and membership newsletter and within the annual report.
<b>E.1.5.</b>	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	YES	<p>Board engagement with council of governors policy statement. (Register D7)</p> <p>The annual report states how many council of governors meetings the board of directors have attended during the year.</p>

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
E.1.6.	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. This information should be used to review the trust's membership strategy, taking into account any emerging best practice from the sector.	YES	An annual membership report is presented to the board of directors as part of the annual report.

Relevant statutory requirements		Compliance Y/N	Evidence or Non Compliance Explanation
E.1.7.	The board of directors must make board meetings and the annual meeting open to the public. The trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	YES	Part 1 Board meetings and the annual meeting are open to the public.  The constitution provides for members of the public to be excluded from a meeting for special reasons.
E.1.8.	The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts, and any report of the auditor on the accounts, to members at this meeting.	YES	The Trust holds such a meeting annually.

## E.2 Co-operation with third parties with roles in relation to NHS foundation trusts

Main Principles		How Applied
E.2.a.	The board of directors is responsible for ensuring that the NHS foundation trust co-operates with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy.	The board of directors shall ensure the trust co-operates with relevant organisations. The board shall receive an annual report on the effectiveness of third party processes and relationships.



Supporting Principles		How Applied
<b>E.2.b.</b>	The board of directors should enter a dialogue at an appropriate level with a range of third party stakeholders and other interested organisations with roles in relation to NHS foundation trusts based on the mutual understanding of objectives.	The board of directors shall enter a dialogue at an appropriate level with a range of third party stakeholder and other interested organisations with roles in relation to NHS foundation trusts based on the mutual understanding of objectives and maintain a register of third party organisations and their objectives in relation to the trust.

Code provision		Compliance Y/N	Evidence or Non Compliance Explanation
<b>E.2.1.</b>	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.	YES	Working schedule maintained by Associate Director of Communications (Register D19)
<b>E.2.2.</b>	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.	YES	Working schedule maintained by Associate Director of Communications which was presented to the Board in March 2022. (Register D19)

## BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 27 March 2023

Agenda item: 11.1

<b>Subject:</b>	Annual Board Effectiveness Report
<b>Prepared by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance
<b>Presented by:</b>	Rob Whiteman, Trust Chair

<b>Strategic Objectives that this item supports/impacts:</b>	<p>Continually improve quality <input checked="" type="checkbox"/></p> <p>Be a great place to work <input checked="" type="checkbox"/></p> <p>Use resources efficiently <input checked="" type="checkbox"/></p> <p>Be a well led and effective partner <input checked="" type="checkbox"/></p> <p>Transform and improve <input checked="" type="checkbox"/></p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	N/A
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	The purpose of this report is to provide an interim update in relation to the ongoing review of the Trust's Board effectiveness.
<b>Background:</b>	<p>Pursuant to provision B.6.a of the NHS Foundation Trust Code of Governance, the Board of Directors should undertake a formal and rigorous annual evaluation of its own performance and that of its committees.</p> <p><u>Evaluation of Board Effectiveness</u>  <u>Succession planning, skills and experience</u>            In August 2022, the Board reviewed its Non-Executive Director skill mix as part of its succession planning. This took account of the future challenges, risks and opportunities facing the Trust and the skills and expertise required to meet them.</p> <p>All of the Trust's Non-Executive Directors' terms (other than the Trust Chair) are due to expire at the end of September 2023. Two of the Non-Executive Directors will be standing down and the Trust extends its thanks to them for the significant contribution they have made. Following a successful recruitment process and completion of the Board succession review, the Council of Governors has approved the reappointment of four existing Non-Executive Directors (for differing terms to allow for effective succession arrangements) and the appointment of four new Non-Executive Directors. The Trust has also recently appointed a new Chief Medical Officer who will join from 1 April 2023.</p>

### Visible leadership

In autumn 2022, structured feedback was solicited from Board members and the Trust Management Group in relation to the well-led domains. One of the key themes that emerged from the Board Development session subsequently held, was the importance of visible leadership – including hearing staff and patient views and triangulating the assurance received in meetings. In addition to other existing initiatives, having emerged from Covid, face to face walkarounds are being more actively reintroduced.

### Processes and structure: evaluation of Board Committees

An evaluation of the Board Committees was completed and submitted to the Board in July 2022.

Following on from this and a review of the Board Committee structure, revisions were made to streamline the Committees. This included further alignment of each of the Committees to the Trust's strategic objectives. Additionally, in light of the Health and Care Act 2022, a new Population Health and System Committee was established.

The revised Board Committee structures were implemented with effect from January 2023, with ongoing transition being made to the new arrangements.

To enhance the focus of the Board Committee agendas and time spent by the Board on strategy and risk management, with effect from January 2023, Committee Chair's Key Issues and Assurance Reports to the Board have been introduced at Part 1 meetings. These will continue to be enhanced as the transition to this approach progresses. These reports are also being presented to the Council of Governors at quarterly Board/Council of Governor Development sessions among other opportunities for the Governors to hold Non-Executive Directors to account.

Terms of Reference for each of the Committees have been prepared and approved by the Board (with the exception of the Population Health and System Committee Terms of Reference, which have been submitted to the Board for its approval at its March 2023 meeting).

Governance Cycles for each of the Committees are being revised. Following discussion at Board Development seminars, review and refinement of Board/Committee agendas will continue to be streamlined while ensuring there is still sufficient discussion on key agenda items.

It has been noted – including by external advisers engaged by the Trust - that there are opportunities for the Board Assurance Framework (BAF) to further drive the

	<p>Board agenda to support maintaining the focus on strategic objectives. Following a Board Development session in February 2023, further enhancements are being made to the form of BAF.</p> <p>The timing of the meetings of the Board and its Committees have also been reviewed and updated for 2023 and 2024 to allow for more time between Committee and Board meetings.</p> <p><u>Effectiveness and Development</u> In the short to medium term, an external facilitator will be supporting the Trust with its Board Development, alongside the anchor Patient First program which is underway within the Trust.</p> <p>Additional time has been introduced into the Board cycles for Board seminars and development in addition to the scheduled meetings of the Board.</p>																				
<b>Key Recommendations:</b>	To consider and, if appropriate, to approve the annual review of the Board's effectiveness.																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Financial</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Quality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>System</td><td><input checked="" type="checkbox"/></td></tr> </table>	Council of Governors	<input checked="" type="checkbox"/>	Equality and Diversity	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input checked="" type="checkbox"/>	System	<input checked="" type="checkbox"/>
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<b>CQC Reference:</b>	<table> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Caring</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Responsive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Well Led</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Use of Resources</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>								
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Report Committees/Meetings at which the item has been considered:	History:	Date	Outcome
N/A		N/A	N/A

<b>Reason for submission to the Board in Private Only (where relevant)</b>	<table> <tr><td>Commercial confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
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## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 March 2023**

**Agenda item: 11.2**

<b>Subject:</b>	Population Health & System Committee Terms of Reference
<b>Prepared by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance
<b>Presented by:</b>	Rob Whiteman, Trust Chair

<b>Strategic Objectives that this item supports/impacts:</b>	<p>Continually improve quality <input checked="" type="checkbox"/></p> <p>Be a great place to work <input type="checkbox"/></p> <p>Use resources efficiently <input type="checkbox"/></p> <p>Be a well led and effective partner <input checked="" type="checkbox"/></p> <p>Transform and improve <input checked="" type="checkbox"/></p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	N/A
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	<p>The Population Health and System Committee (the Committee) was established by the Board of Directors in January 2023.</p> <p>The attached draft Terms of Reference have been developed working with the Committee Chair and other internal stakeholders. The Terms of Reference are presented for approval by the Board of Directors, if thought fit.</p>
<b>Background:</b>	<p>The attached draft Terms of Reference describe the purpose, scope and authority of the Committee. The intended purpose of the Committee is to support the Trust in achieving its strategic objective: "To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care and integrating our services with those in the community".</p> <p>The Committee will do this including through:</p> <ul style="list-style-type: none"> <li>• Providing oversight of the implementation by the Trust of its responsibilities pursuant to the Our Dorset strategic plan for population health and health inequalities;</li> <li>• Assisting the Trust's Board of Directors in its oversight of achievement of breakthrough objectives and strategic initiatives relating to population health and health inequalities;</li> </ul>

	<ul style="list-style-type: none"> <li>Receiving and reviewing information and data relating to population health and health inequalities reporting to the Board.</li> </ul> <p>Its proposed responsibilities include:</p> <ul style="list-style-type: none"> <li>Considering key population health/pathway issues and commissioning work from clinical groups within the Trust as appropriate, reviewing re-engineered pathways and outcomes.</li> <li>Obtaining assurance that the Trust's delivery plan aligns with the Dorset Integrated Care Board strategy and/or relevant aspects of the Core 20 plus 5 approach.</li> </ul>																				
<b>Key Recommendations:</b>	To approve, if thought fit, the draft Population Health & System Committee Terms of Reference.																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>System</td><td><input checked="" type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality and Diversity	<input checked="" type="checkbox"/>	Financial	<input type="checkbox"/>	Operational Performance	<input type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input checked="" type="checkbox"/>	System	<input checked="" type="checkbox"/>
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<b>Report Committees/Meetings at which the item has been considered:</b>	<b>History:</b>	<b>Date</b>	<b>Outcome</b>
N/A		N/A	N/A

<b>Reason for submission to the Board in Private Only (where relevant)</b>	<table> <tr><td>Commercial confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
Commercial confidentiality	<input type="checkbox"/>								
Patient confidentiality	<input type="checkbox"/>								
Staff confidentiality	<input type="checkbox"/>								
Other exceptional reason	<input type="checkbox"/>								



# **TERMS OF REFERENCE**

**for the**

**University Hospitals Dorset NHS Foundation  
Trust**

**Population Health and System  
Committee**

**March 2023**

## DOCUMENT DETAILS

<b>Author:</b>	Yasmin Dossabhoy
<b>Job Title:</b>	Associate Director of Corporate Governance and Corporate Governance Manager
<b>Signed:</b>	
<b>Date:</b>	March 2023
<b>Version No:</b> (Author Allocated)	1.0
<b>Next Review Date:</b>	March 2024

<b>Approving Body/Committee:</b>	Board of Directors
<b>Chair:</b>	Rob Whiteman
<b>Signed:</b>	
<b>Date Approved:</b>	
<b>Target Audience:</b>	Board of Directors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
March 2023	1	March 2024		Associate Director of Corporate Governance	New document

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<b>INDIVIDUAL APPROVAL</b>			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
<b>BOARD OF DIRECTORS/COMMITTEE APPROVAL</b>			
If the Board/Committee has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Board of Directors	Date	
Print Name		Signature of Chair	

# UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

## POPULATION HEALTH AND SYSTEM COMMITTEE

### TERMS OF REFERENCE

#### 1. PURPOSE

- 1.1 The Trust's vision is to positively transform its health and care services as part of the Dorset Integrated Care System. Its mission is to provide excellent healthcare for its patients and wider community and be a great place to work now and for future generations.
- 1.2 The purpose of the Population Health and System Committee is to support the Trust in achieving its strategic objective: **"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"**.
- 1.3 The Population Health and System Committee will do this including through:
- Providing oversight of the implementation by the Trust of its responsibilities pursuant to the Our Dorset strategic plan for population health and health inequalities;
  - Assisting the Trust's Board of Directors (Board) in its oversight of achievement of breakthrough objectives and strategic initiatives relating to population health and health inequalities;
  - Receiving and reviewing information and data relating to population health and health inequalities reporting to the Board.
- 1.4 The Committee is a committee of the Board and has no executive powers other than those specifically delegated in these terms of reference.

#### 2. RESPONSIBILITIES

##### **Our Dorset Strategic Plan and Trust's objectives and initiatives for Population Health and Health Inequalities**

- 2.1 To receive confirmation from the Board, on an annual basis, of:
- the relevant breakthrough objectives; and
  - the relevant strategic initiatives;
- which are to be held to account by the Committee.
- 2.2 To obtain assurance that the relevant breakthrough objectives and strategic initiatives for which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, appropriate challenge and escalating to the Board when required.

##### **Population Health and Health Inequalities**

##### **2.3 Strategic development, monitoring and review**

- 2.3.1 To develop the architecture to support outcomes-based population health improvement and measurement.
- 2.3.2 To consider key population health/pathway issues and commission work from clinical groups within the Trust as appropriate, reviewing re-engineered pathways and outcomes.

## 2.4 **Assurance**

- 2.4.1 To obtain assurance that the Trust's delivery plan aligns with the Dorset Integrated Care Board strategy and/or relevant aspects of the Core 20 plus 5 approach.
- 2.4.2 To obtain assurance that the Trust has efficient processes to identify variation in outcomes, incorporating those with protected characteristics and other vulnerable groups.
- 2.4.3 To obtain assurance that significant strategic change programmes deliver a positive impact, where possible, on reducing variation in outcomes between groups with protected characteristics and other vulnerable groups and services are adapted to meet the needs of those groups appropriately.

## 2.5 **ICS**

- 2.5.1 To receive and review relevant reports of or relating to the Dorset integrated care system and provider collaborative.

## 2.6 **Learning and innovation**

- 2.6.1 To consider and review, as appropriate, available good practices and learning from other organisations.

# 3. **MEMBERSHIP/ ATTENDANCE**

- 3.1 Membership of the Population Health and System Committee comprises of three Non-Executive Directors, the Chief Medical Officer and the Chief Informatics and IT Officer.
- 3.2 In addition, others will attend the Committee to provide information and advice with prior agreement of the Committee Chair and/or to present a report to the Committee or if a Chief Officer is unable to attend.
- 3.3 The Committee will be chaired by a Non-Executive Director of the Trust. A Non-Executive Deputy Chair may be nominated. In the absence of the Chair and/or an appointed Deputy, the remaining members shall elect one of the Non-Executive Directors present to chair the meeting.
- 3.4 Subject to paragraphs 3.2 above and 3.6 below, only members of the Committee have the right to attend Committee meetings. If a standing member is unable to attend, they may exceptionally send a deputy to the meeting, but the deputy will not have voting rights at the meeting. The Chief Executive Officer may attend on an ad-hoc basis or as required.
- 3.5 Committee members should aim to attend all scheduled meetings but must attend a minimum of two thirds of meetings. The Company Secretary (or their nominee) will maintain a register of members' attendance.
- 3.6 Any member of the Board may attend any meeting of the Committee with prior agreement of the Committee Chair.

- 3.7 There may be up to two governors attending each meeting as observer(s). Observers are not members of the Committee. These governor(s) will have been nominated to attend by the Council of Governors.

#### **4. AUTHORITY**

- 4.1 The Committee is authorised by the Board to investigate/review any activity within the Terms of Reference.
- 4.2 The Committee is authorised to approve its governance cycle.
- 4.3 The Committee is authorised by the Board to obtain any external advice it requires to discharge its duties and to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 4.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 4.5 The Committee is authorised to approve policies in accordance with the Document Control Policy.

#### **5. CONDUCT OF BUSINESS**

- 5.1 The Constitution, Scheme of Delegation and Standing Orders of the Trust, as far as they are applicable, shall apply to the Committee and any of its meetings.
- 5.2 The Committee will normally meet on a quarterly basis and at such other times as the Committee Chair shall require.
- 5.3 Meetings of the Committee shall be quorate if there at least two members present, which will include the Chair (or a Non-Executive Director deputy). For the avoidance of doubt, an Officer in attendance who has been formally appointed by the Board to act up for an Executive Director shall count towards the quorum.
- 5.4 If a meeting of the Committee is inquorate, then the meeting can progress if those present determine. However, no business shall be transacted; items requiring approval may be submitted to the next meeting of the Board as an urgent item.
- 5.5 Meetings of the Committee shall be called by the Company Secretary at the request of the Chair.
- 5.6 The Company Secretary (or their nominee) is responsible for preparing the agenda for agreement by the Chair, with the Chair consulting with the Chief Medical Officer, as considered appropriate. The Company Secretary (or their nominee) shall collate and circulate papers to Committee members. Unless otherwise agreed by the Committee Chair, papers should be provided not less than seven working days before the meeting and the agenda and papers should be circulated not less than five working days before the meeting.
- 5.7 The agenda and papers shall be made available upon request to members of the Board.



- 5.8 Under exceptional circumstances, in the case of emergency or urgency, items of business may be conducted outside of formal meetings. This should normally be agreed by the Committee in advance and carried out either by: Chair's action, calling an extraordinary meeting or reaching consensus on a decision by e-mail. Any decisions made in this manner must be formally ratified by the Committee and/or Board at the next meeting.
- 5.9 Committee business may be transacted through virtual media (including, but not limited to video conferencing). At the start of each meeting taking place without all parties physically present, the Chair shall be responsible for determining that the meeting is quorate.
- 5.10 Proceedings and decisions made will be formally recorded by the Company Secretary team in the form of minutes, which will be submitted to the next meeting of the Committee for approval.

## **6. RELATIONSHIPS AND REPORTING**

- 6.1 The Committee shall be accountable to the Board.
- 6.2 The Committee shall make recommendations to the Board in relation to issues that require decision or resolution by the Board.
- 6.3 The Chair shall present a report summarising the proceedings of each Committee meeting at the next meeting of the Board. For the avoidance of doubt, where practicable, this shall be a written report, with a verbal update being provided as necessary.
- 6.4 The Committee shall refer to the Audit Committee, Finance & Performance Committee, People & Culture Committee and/or Quality Committee any matters requiring review or decision in such forum(s).
- 6.5 For the avoidance of doubt:
- the People and Culture Committee will have oversight of the development by the Trust of an effective staff structure and workforce operating model across the organisation; and
  - the Quality Committee will have oversight of quality and safety issues including private patient care as part of the quality governance process.
- 6.5 The Committee shall receive reports from sub-groups of the Trust Management Group and/or Board Committees that specify matters requiring escalation to the Committee. The Committee shall also receive, from time to time, such reports from such sub-groups as it may require to provide it with assurance relating to matters within the scope of the Committee's responsibilities.

## **7. MONITORING**

- 7.1 Attendance will be monitored at each committee meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.
- 7.2 The Trust's Annual Report will include attendance of members, frequency of meetings and whether meetings were quorate.
- 7.3 On an annual basis, the Committee will provide a self-assessment report to the Board detailing how the Committee has discharged its obligations as set out within

its terms of reference, specifically incorporating an assessment of its effectiveness and making recommendations for improvement, where appropriate.

## **8. REVIEW**

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The position of the Chair of the Committee will be reviewed at least every three years.

## APPENDIX A

### ATTENDANCE AT POPULATION HEALTH AND SYSTEM COMMITTEE MEETINGS

<b>NAME OF COMMITTEE:</b>	Population Health and System Committee								
<b>Present</b> <i>(include names of members present at the meeting)</i>	<b>Meeting Dates</b>								
<b>In Attendance</b>									
Was the meeting quorate? Y / N  <i>(Please refer to Terms of Reference)</i>									

## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 March 2023**

**Agenda item: 11.3**

<b>Subject:</b>	Independence of Non-Executive Directors
<b>Prepared by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance
<b>Presented by:</b>	Rob Whiteman, Trust Chair

<b>Strategic Objectives that this item supports/impacts:</b>	Continually improve quality <input type="checkbox"/> Be a great place to work <input type="checkbox"/> Use resources efficiently <input type="checkbox"/> Be a well led and effective partner <input checked="" type="checkbox"/> Transform and improve <input type="checkbox"/>
<b>BAF/Corporate Risk Register: (if applicable)</b>	N/A
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	The attached draft paper sets out the Board's determination on the independence of Non-Executive Directors and the formal annual report statement on the independence of Non-Executive Directors for 2022/2023.
<b>Background:</b>	Monitor's (NHS England's) Code of Governance, provision B.1.1 provides that 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.
<b>Key Recommendations:</b>	To consider and, if appropriate, to approve the statement on the independence of the non-executive directors.
<b>Implications associated with this item:</b>	Council of Governors <input type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input type="checkbox"/>

	Regulatory	<input checked="" type="checkbox"/>
	Strategy/Transformation	<input type="checkbox"/>
	System	<input type="checkbox"/>
<b>CQC Reference:</b>	Safe	<input type="checkbox"/>
	Effective	<input type="checkbox"/>
	Caring	<input type="checkbox"/>
	Responsive	<input type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input type="checkbox"/>

<b>Report Committees/Meetings at which the item has been considered:</b>	<b>History:</b>	<b>Date</b>	<b>Outcome</b>
N/A		N/A	N/A

<b>Reason for submission to the Board in Private Only (where relevant)</b>	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>

## University Hospitals Dorset NHS Foundation Trust

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

#### Introduction

Under paragraph B.1.1 of Monitor's (now NHS England'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 2022/23 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 2023**



## BOARD OF DIRECTORS - PART 1 MEETING

**Meeting Date: 27 February 2023**

### Agenda item: 12.1

<b>Subject:</b>	Overview: Nursing Establishment Review
<b>Prepared by:</b>	Fiona Hoskins, Deputy Chief Nursing Officer
<b>Presented by:</b>	Paula Shobbrook, Chief Nursing Officer
<b>Strategic Objectives that this item supports/impacts:</b>	Continually improve quality <input checked="" type="checkbox"/> Be a great place to work <input checked="" type="checkbox"/> Use resources efficiently <input checked="" type="checkbox"/> Be a well led and effective partner <input type="checkbox"/> Transform and improve <input type="checkbox"/>
<b>BAF/Corporate Risk Register: (if applicable)</b>	Risk 1056 – Inability to consistently fill ward template rosters with substantive nursing and HCSW staff. Risk 1343 – Risk that the Trust will be unable to provide safe and effective care and to in-patients across all specialties 24/7 during covid-19.
<b>Purpose of paper:</b>	Assurance
<b>Executive Summary:</b>	<p>This paper provides an overview of the assurance report presented and discussed at the People and Culture Committee on the 8 February 2023. The report covered safe staffing activity for the period July – December 2022 and provided care group workforce analysis for quarters one and two April – September 2022.</p> <p>This paper sets out the key elements raised, discussed and noted at the Committee.</p>
<b>Background:</b>	The paper is written as part of the Board Assurance structure.
<b>Key Recommendations:</b>	None – for information and assurance only.
<b>Implications associated with this item:</b>	Council of Governors <input type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>

	The provision of safe staffing is essential for patient care and the wellbeing of staff.	
<b>CQC Reference:</b>	Safe	<input checked="" type="checkbox"/>
	Effective	<input type="checkbox"/>
	Caring	<input checked="" type="checkbox"/>
	Responsive	<input type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input type="checkbox"/>

<b>Report History: Committees/Meetings at which the item has been considered:</b>	<b>Date</b>	<b>Outcome</b>
N/A	N/A	N/A

<b>Reason for submission to the Board in Private Only (where relevant)</b>	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>

## Introduction

A paper was presented to the February people and culture committee as part of the trust's statutory reporting requirements, as outlined in the Developing Workforce Safeguards document, NHS Improvement (October 2018). The paper provided assurance around in patient safe staffing within nursing for the period July – December 2022 and workforce data for the Care Groups for quarters one and two of the 2022/23 financial year.

In compliance with the Maternity Incentive Scheme reporting a paper setting out maternity staffing was presented in November 2022. This paper sets out the key statutory reporting elements of the paper presented to the people and culture and committee drawing the Board's attention to items of note or discussion from the meeting.

## Monitoring

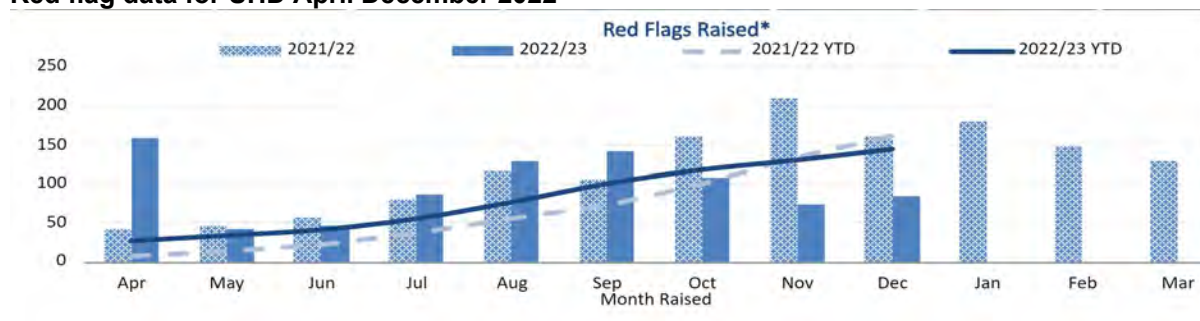
Nursing staffing levels are reviewed twice daily in real time at the safe staffing meetings.

The Trust Board receives monthly assurance from the integrated performance report on the unify data related to 'care hours per patient day' (CHPPD) and safe staffing red flags.

## Red Flags

An element of the National Institute for Clinical Excellence (NICE) guidelines around safe staffing is that staff and patients should be able to raise a nursing 'red flag' if the NICE safe staffing or local agreed criteria are not being met. The flag raises an alert to an immediate concern, allowing senior leaders to respond in the moment to staffing concerns. The raising of a red flag is not a classification of unsafe staffing, it is an alert offering opportunity for review and mitigation of a potential safe staffing situation. Red flags are raised for a variety of reasons from unfilled sickness gaps to potential delays in medication. All red flags raised are further reviewed after the event to ensure mitigation occurred. Mitigation of red flags is undertaken by matrons and moving staff across services and care groups in response to identified need.

### Red flag data for UHD April December 2022



To support further education around red flag reporting and mitigation a Safe Care Nurse has been appointed (commencing April 2023), with a priority workstream being support for staff using the Safe Care system and Red Flag reporting.

## Care Hours per Patient Day

The Trust has maintained the requirement to report externally as part of safe staffing strategic data collection (formerly Unify) and internally as part of the Integrated Performance Report (IPR) on fill rates for registered and unregistered nurses and CHPPD. Any special cause variation is reported on and actions taken.

Local data for this reporting period is:

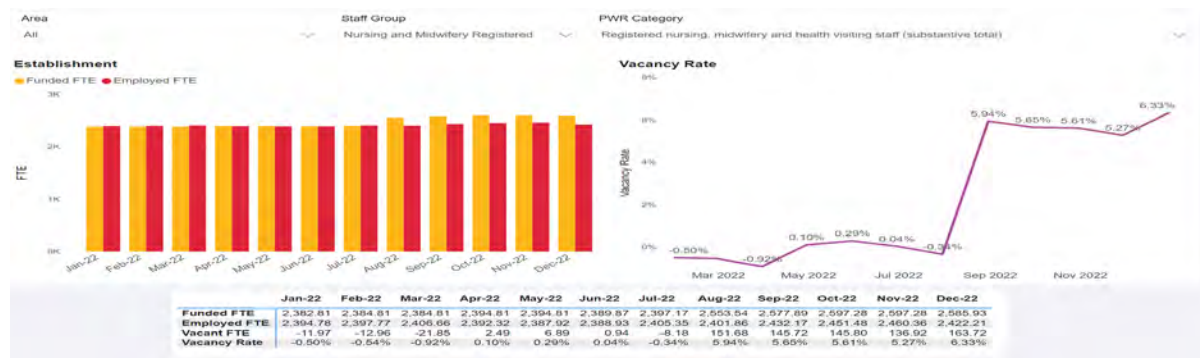
	Hospital Site name	Patient Count	Total monthly planned staff hours	Total monthly actual staff hours	Fill Rate %	CHPPD
December 2022	Poole Hospital	17725	131143.4	119024.5	90.8%	6.7
	Bournemouth & Christchurch	16266	122902.1	111764.7	90.9%	6.9
	UHD Total	33991	254045.5	230789.2	90.8%	6.8
November 2022	Poole Hospital	16504	127163.4	118077.6	92.9%	7.2
	Bournemouth & Christchurch	15497	120988.4	109247.8	90.3%	7.0
	UHD Total	32001	248151.8	227325.3	91.6%	7.1
October 2022	Poole Hospital	17333	130167.7	116651.6	89.6%	6.7
	Bournemouth & Christchurch	16552	124816.0	107077.5	85.8%	6.5
	UHD Total	33885	254983.7	223729.1	87.7%	6.6
September 2022	Poole Hospital	16207	125750.0	114673.0	91.2%	7.1
	Bournemouth & Christchurch	15394	121043.8	104626.0	86.4%	6.8
	UHD Total	31601	246793.7	219299.1	88.9%	6.9
August 2022	Poole Hospital	16562	131032.7	116309.2	88.8%	7.0
	Bournemouth & Christchurch	15986	125422.4	108826.7	86.8%	6.8
	UHD Total	32548	256455.0	225135.8	87.8%	6.9
July 2022	Poole Hospital	16739	132806.1	118438.8	89.2%	7.1
	Bournemouth & Christchurch	15761	125915.2	110954.0	88.1%	7.0
	UHD Total	32500	258721.3	229392.8	88.7%	7.1

The data shows an improving picture with regard to fill rate from 88.7% to 90.8% July to December, with a slight drop in December related to winter pressure additional capacity and the festive period.

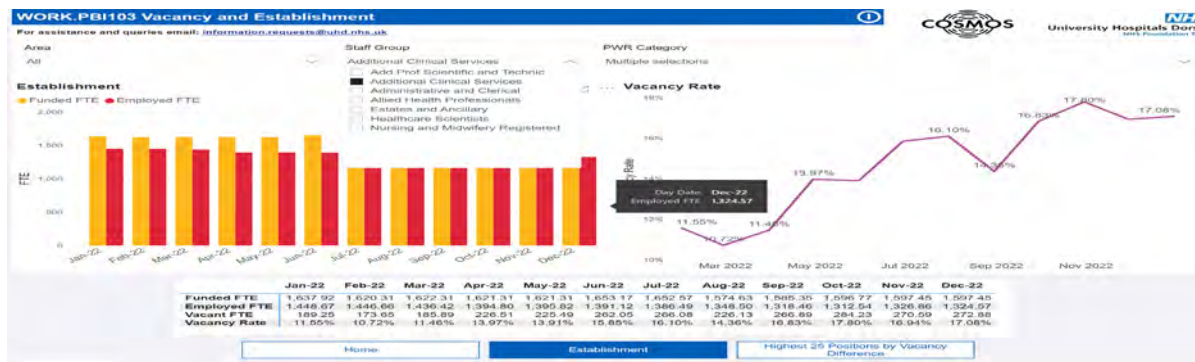
## Vacancies

The current Registered Nurse (RN) vacancy rate is 6.3% and HCSW is 17%.

### Registered Nurse Vacancy Level



### Health Care Support Worker Vacancy Level

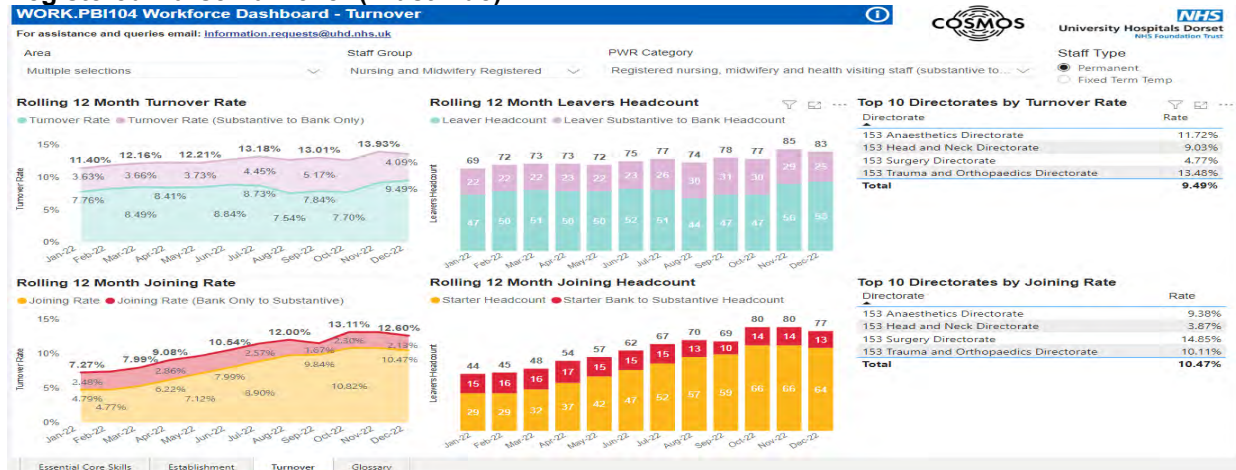


From a registered nurse perspective, the vacancy rate is reflective of the national workforce challenges across the NHS, with fewer nurses graduating against a post pandemic leaver rate affected by delayed retirement and career changes. UHD's Healthcare Support Worker (HCSW) vacancy is higher than the national average, which is believed to be linked to the challenges of the role and the local demographic around other similarly paid roles within tourism and commercial services. The Trust is working on expediting employment and working with NHSE to support our HCSW recruitment and retention.

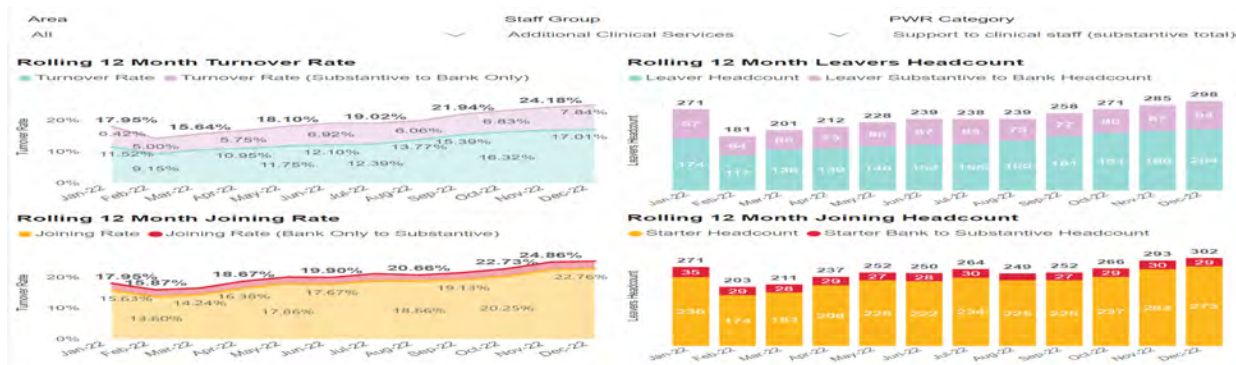
## Turnover

RN turnover is currently 13.9% and HCSW is 24.18%:

### Registered Nurse Turnover (Trustwide)



### Health Care Support Worker Turnover (Trustwide)





The turnover rates for both RNs and HCSW are above the trust target of 5%. Post pandemic the turnover rate has increased due to opportunities elsewhere in the local area both within and outside of health and social care.

### Recruitment activity

The Trust has a number of key projects to attract new starters to the organisation and reduce vacancy and turnover.

#### Internationally Educated Nurses (IEN)

The total number of Internationally Educated Nurses recruited in 2022 was 140, with a further 15 due to arrive by March 2023 to meet our NHSE commitment on IEN recruitment. A business case to recruit a further 80 IEN in 2023 is in development; and has been approved by NHSE in principle.

#### Trainee Nurse Associate (TNA) & Registered Nurse Degree Apprentice (RNDA)

Investment in the apprenticeship model for RNDA and TNA recruitment for our staff at UHD will result in Registered Nurses and Nurse Associates anticipated to qualify between 2023 - 2025; detailed below.

	2023	2024	2025
RNDA	26	20	25
TNA	15	15	15

#### Health Care Support Workers (HCSW)

The quarterly HCSW recruitment open events held in September resulted in 30 new joiners starting between October - December. A total of 25 conditional offers were made to candidates from the December event. A further event in February supported by the recruitment company Indeed, saw 90 candidates receive conditional offers, subject to employment checks.

UHD is working together with NHS Dorset and NHSE SW to increase the HCSW workforce and improve retention, focusing on the 4 priorities of attraction, innovation, recognition, and value.

### Template reviews update

#### Bi-annual Ward Staffing Reviews

A recommendation from the Developing Workforce Safeguards is to ensure that a review of staffing is completed twice a year. The Trust uses the Shelford (SNCT) Safe Nursing Care Tool to support this process. The SNCT is an evidence-based decision support tool that calculates nurse staffing requirements based on the acuity and dependency of patients on a ward; it is endorsed by NICE and supported by the Chief Nursing Officer for England. The use of this tool is a recognised approach to safe staffing assessment, and it is utilised by 186 NHS Trusts in England.

The Shelford recommendation is for a minimum of 2 data collection periods to be completed before significant changes are made to establishments; the second data collection period was completed in May 2022 informing the UHD establishment reviews which commenced in November 2022. This review period is anticipated to conclude at the end of March 2023 and the outcome will be presented to the next People and Culture committee.



### Premium Agency Spend

As at the end of December 2022 a cumulative over-spend of £5,494k for the period April – December 2022 is recorded for nursing. The spend is not solely due to current vacancy levels it is also connected to a higher presentation of patients with both mental health and physical health requirements; the use of registered mental health nurses accounted for 50% of the total overspend.

The use of temporary staffing solutions whilst costly and non-sustainable is a key element to ensuring safe staffing and patient safety. Shifting the market forces from temporary to permanent staffing is a key project for the Trust this coming year.

### Staffing risks

There are currently two risks on the risk register pertaining to safe staffing in nursing; additional to the staffing risks registered at care group level for services. The risks are reviewed at Strategic Nursing, Midwifery and Allied Health Professionals group.

**Risk: 1056 – risk rating 9** - Inability to consistently fill ward template rosters with substantive nursing and HCSW staff. This risk remains open due to the high number of HCSW vacancies, with the controls and mitigants outlined above.

**Risk: 1343 – risk rating 9** - Risk that the Trust will be unable to provide safe and effective care and support to in-patients across all specialties 24/7 during covid-19; that staff shortage will impact on clinical care and safety standards; risk that there will be sub-optimal care. This risk remains open at this early endemic post pandemic stage.

### RCN Nursing Workforce Standards Benchmarking update

As part of the Trusts annual review process for safe staffing, self-assessment against the RCN Nursing Workforce standards has been completed. The 2022 benchmark was presented to the committee showing compliance against 11 of the 14 standards with partial compliance in the following standards:

- NWS 2 – Nurse establishments based on service demand and user need.  
Partial compliance was listed against this standard as the post-merger establishment reviews were not completed at the time of assessment.
- NWS 11 – Nursing workforce rostering accounts for safe shift working.  
A partial compliance was awarded to this standard as the new trust policy is awaiting finalization and actions are in place to embed work regarding rostering practices.
- NWS 12 – Nursing workforce is treated with dignity and respect  
A partial compliance score was set against this standard as the staff survey results suggested that further work was required in this area.

### Actions Discussed

The following actions with regards to reducing nurse staff vacancy and turnover were highlighted at the committee:

- Review of current HCSW recruitment and retention
- Participation in NHS Dorset system agency pay rate framework to reduce tier four agency and improve tier 1-3 take up.
- Implementation of Dorset wide Seasonal Incentive Scheme, to reduce variation and competition.
- On-going commitment to International Recruitment.

- Increasing the number of RNDA, TNA and apprentice roles within ward staffing templates.
- Review of RMN usage within the Trust with a view to implementing new ways of working such as increased mental health support workers.
- Review of bay-based nursing within establishment reviews to reduced one to one nursing for patients at risk of falls.

### Care Group level Workforce Data

The care group level staffing data was presented and discussed, with no further areas highlighted for escalation to board.

### Conclusion

The Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards Guidance. However, it must be acknowledged that sustained demand and the HCSW vacancy position presented significant challenges with regards to ensuring safe staffing across all areas. Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short- and long-term staffing shortfalls, it can be concluded that the Trust has in place the processes and oversight of its staffing arrangements to prioritise safe staffing. Mitigation by moving ward staff and employing temporary workforce from the UHD bank and agencies is in place. However the impact of this is acknowledged, continues to be a challenge and a priority action to address.

# Appendix - Attendance at Part 1 Board Meetings

Part 1		25 May 2022	27 July 2022	28 September 2022	30 November 2022	25 January 2023
Present	Karen Allman					
	Pankaj Dave					A
	Peter Gill		A			
	Philip Green					
	Siobhan Harrington					
	John Lelliott					
	Stephen Mount			A		
	Mark Mould	A				
	Alyson O'Donnell	A	D			
	Pete Papworth					
	Richard Renaut					
	Cliff Shearman		A			
	Paula Shobbrook					
	Caroline Tapster					
	John Vinney				A	A
	Rob Whiteman					
	Ruth Williamson					

## Key

	Not in Attendance		In attendance
A	Apologies		N/A
D	Delegate Sent		