University Hospitals Dorset
NHS Foundation Trust

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

BOARD OF DIRECTORS – PART 1 MEETING

Wednesday 3 January 2024

9:00 – 11:00

Via Microsoft Teams

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

University Hospitals Dorset
NHS Foundation Trust

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 9:00 on Wednesday 3 January 2024 via Microsoft Teams.

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

Rob Whiteman
Chairman

AGENDA – PART 1 PUBLIC MEETING

9:00 on Wednesday 3 January 2024

Time	Item		Method	Purpose	Lead
9:00	**1**	Welcome, Introductions, Apologies & Quorum	**Verbal**		**Chair**
	2	Declarations of Interest	**Verbal**		**Chair**
	3	Patient Story	**Verbal**	**Discussion**	**CNO**
9:20	**4**	**MINUTES**			
	4.1	For Accuracy and to Agree: Minutes of the Board of Directors Meeting held on 29 November 2023	**Paper**	**Approval**	**Chair**
	4.2	Matters Arising - Action List – *(none outstanding)*	**Verbal**	**Information**	**Chair**
9:22	**5**	**TRUST CHAIR AND CHIEF EXECUTIVE UPDATES**			
	5.1	Trust Chair's Update	**Verbal**	**Information**	**Chair**
	5.2	Chief Executive Officer's Report	**Paper**	**Information**	**CEO**
9:35	**6**	**STRATEGY, RISK AND PERFORMANCE**			
	6.1	Integrated Quality, Performance, Workforce, Finance and Informatics Report *Questions to the Executive Team by exception*	**Paper**	**Assurance**	**Execs**
	6.2	Quality Committee – Chair's Report – December 2023 • Maternity Safety Champions Report *(to be presented by Director of Midwifery)* • Maternity Incentive Scheme *(presented by Director of Midwifery and WCCSS Care Group representatives)*	**Verbal** **Paper** **Paper**	**Assurance** **Assurance** **Approval**	**Committee Chair**

	6.3	Finance and Performance Committee – Chair's Report – December 2023	**Verbal**	**Assurance**	**Committee Chair**
	6.4	Patient Experience and Engagement Strategy	**Paper**	**Approval**	**CNO**
	6.5	Risk Register: review of significant risks; new risks 12 and above	**Paper**	**Approval**	**CFO**
10:35	**7**	**CULTURE**			
	7.1	Patient First	**Paper**	**Assurance**	**CNO**
	7.2	Fit and Proper Persons	**Paper**	**Review**	**ADCG/ ACPO**
10:45	**8**	**ITEMS FOR APPROVAL**			
	8.1	Sexual Safety Charter	**Paper**	**Approval**	**CNO**
	9	Any Other Business	**Verbal**	**Discussion**	**Chair**
	10	Reflections on the Board Meeting	**Verbal**	**Discussion**	**Chair**
10:50	**11**	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 noon on Friday 29 December 2023 to company.secretary-team@uhd.nhs.uk			
	12	**Date and Time of Next Board of Directors Part 1 Meeting:** Board of Directors Part 1 Meeting on Wednesday 6 March 2024 at 9:30.			
	13	**Resolution Regarding Press, Public and Others:** To agree, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.			
11:00	**14**	**Close**	**Verbal**		**Chair**

* Late paper
[R] Associated item in Reading Room

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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

Quarterly Reports

- Mortality Report
- QIA Report
- Guardian of Safe Hours Report

Bi-annual/Annual Reports

- Nursing Establishment Review
- Maternity Staffing Report
- Staff Survey Report and Action Plan
- Procurement Strategy
- Register of Seal of Documents

AGENDA – PART 2 PRIVATE MEETING

11:15 on Wednesday 3 January 2024

Time	Item		Method	Purpose	Lead
11:15	**15**	Welcome, Introductions, Apologies & Quorum	**Verbal**		**Chair**
	16	Declarations of Interest	**Verbal**		**Chair**
11:17	**17**	**MINUTES AND ACTIONS**			
	17.1	Matters Arising – Action List	**Paper**	**Review**	**Chair**
11:20	**18**	**UPDATES**			
	18.1	Chief Executive Officer's Update • Operational Planning letter	**Verbal**	**Information**	**CEO**
	18.2	Escalations from Committee Chairs (not already covered in Part 1)	**Verbal**	**Information**	**Committee Chairs**

11:50	**19**	**STRATEGY**			
	19.1	Wessex Fields Strategic Options	**Paper**	**Review**	**CSTO**
	19.2	Private Patients Strategy	**Paper**	**Review**	**COO/ CSTO**
	19.3	Electronic Patient Record	**Paper**	**Review**	**CFO/ CMO**
	19.4	Transforming Care Together	**Paper**	**Review**	**COO/ CSTO**
12:30	**20**	**QUALITY AND PEOPLE**			
	20.1	Serious Incident Report	**Paper**	**Review**	**CMO**
	20.2	Freedom to Speak Up – reflection and planning tool	**Paper**	**Approval**	**FTSUG**
12:40	**21**	**ITEMS FOR APPROVAL**			
	21.1	Blood Glucose and Ketone Monitoring	**Paper**	**Approval**	**CFO**
	21.2	Dorset Estates Partnership	**Paper**	**Approval**	**CSTO**
	21.3	Non-Patient Medical Transport	**Paper**	**Approval**	**CFO**
	21.4	Homeless Care Team	**Paper**	**Approval**	**CFO**
	21.5	Use of Seal	**Paper**	**Approval**	**CSTO**
	22	Any Other Business	**Verbal**		**Chair**
	23	Reflections on the Board Meeting	**Verbal**		**Chair**
	24	**Date and Time of Next Standing Board of Directors Part 2 Meeting:** Board of Directors Part 2 Meeting on Wednesday 6 March 2024 at 11:45.			
12:45	**25**	**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

Bi-annual/Annual Reports

- Operational Budget

List of abbreviations:

Officer titles

ACPO – Acting Chief People Officer
CFO – Chief Finance Officer
CSTO – Chief Strategy and Transformation Officer
CEO – Chief Executive Officer
CNO – Chief Nursing Officer
CoSec – Associate Director of Corporate Governance

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
IPR – Integrated Performance Report
ITU – Intensive Therapy Unit
MSG – Mortality Surveillance Group
NHSE/I – NHS England/Improvement
#NOF – Fractured neck of femur
NRTR – No reason to reside
OPEL – Operational Pressures Escalation Levels
RTT – Referral to Treatment
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 Part 1 meeting of the Board of Directors held on Wednesday 29 November 2023 at 13:15 via Microsoft Teams.

Present:	Rob Whiteman	Trust Chair *(Chair)*
	Karen Allman	Chief People Officer
	Pankaj Davé	Non-Executive Director
	Siobhan Harrington	Chief Executive
	John Lelliott	Non-Executive Director
	Helena McKeown	Non-Executive Director
	Mark Mould	Chief Operating Officer
	Pete Papworth	Chief Finance Officer
	Richard Renaut	Chief Strategy and Transformation Officer
	Sharath Ranjan	Non-Executive Director
	Cliff Shearman	Non-Executive Director
	Caroline Tapster	Non-Executive Director
	Claire Whitaker	Non-Executive Director
	Peter Wilson	Chief Medical Officer
In attendance:	David Broadley	Medical Director for Integrated Care
	Robert Bufton	Public Governor
	Sharon Collett	Lead Governor
	Yasmin Dossabhoy	Associate Director of Corporate Governance
	Paul Froggatt	Guardian of Safe Working Hours *(from BoD258/23 to BoD260/23)*
	Rob Flux	Staff Governor
	Ewan Gauvin	Corporate Governance Manager
	Paul Hilliard	Appointed Governor, BCP Council *(from BoD253/23)*
	Fiona Hoskins	Deputy Chief Nursing Officer *(representing Paula Shobbrook)*
	Keith Mitchell	Public Governor
	Marjorie Houghton	Public Governor
	Irene Mardon	Deputy Chief People Officer
	Jenny Rains	Critical Care Lead Physiotherapist *(until end BoD251/23)*
	Diane Smelt	Public Governor *(from BoD251/23)*
	Carrie Stone	Public Governor *(from BoD251/23)*
	Lorraine Tonge	Director of Midwifery
	Kani Trehorn	Staff Governor
	John Vinney	Associate Non-Executive Director
	4 members of the public in attendance	

BoD 249/23	**Welcome, Introductions, Apologies & Quorum** Rob Whiteman welcomed everyone to the meeting. Apologies were received from the following members: • Peter Gill, Chief Informatics & IT Officer • Judy Gillow, Non-Executive Director • Paula Shobbrook, Chief Nursing Officer *(represented by Fiona Hoskins)*

	The meeting was declared quorate.
BoD 250/23	**Declarations of Interest** Rob Whiteman reported that the interests declared by Helena McKeown and Claire Whitaker, who took up their post as Non-Executive Directors from 1 October 2023 were reflected on the Trust's website. In addition, he had been appointed as Chair of BD Group, a services company. No existing interests in the matters to be considered were declared. In addition, no further interests were declared.
BoD 251/23	**Patient Story** Fiona Hoskins introduced the Patient Story, relating to bariatric care at the Trust. The story was about a patient, Ben, who was cared for in the intensive care unit at the Royal Bournemouth Hospital and his journey. Presenting a video, Jenny Rains, critical care lead physiotherapist outlined that Ben was a young patient who had a challenging, complex intensive care journey. He developed an acquired weakness – a paralysis of muscles, likely due to the inflammatory mediators that occur during sepsis. Ben was a larger figured gentleman. There had been difficulties with equipment provision for him, particularly as it was Christmas. Building works had to be undertaken to fit the appropriate equipment into the intensive care space for him to be suitably cared for. Jenny Rains considered it important to continue to have conversations about the equipment provision for bariatric patients and it being accessible as quickly as possible. She had recently also encountered situations where patients on a ward were sharing a gantry hoist, with them having to be moved to have therapy and personal care. It was important to have easy access to the relevant equipment, this being echoed by Ben in the video. In the video, he commented very favourably on the care he received from staff at the Trust. Thanking Jenny Rains and the team for their work, Sharath Ranjan highlighted the opportunities for equipment funding through the University Hospitals Dorset NHS Charity. Richard Renaut enquired whether Jenny Rains had an opportunity to walk around the new critical care unit being built. He highlighted that in some of the new wards, the bays would be larger. In addition, bariatric bedrooms were being built. He invited her to have an offline conversation about any particular equipment issues with which he could assist. Sharing a personal experience of someone having spoken with her the previous weekend as their husband was waiting for bariatric surgery, Claire Whitaker relayed that the individual had commented upon how well they had been treated by the Trust compared to their GP. Siobhan Harrington reflected upon the rapport and trust shown between the patient and staff as a team. She added that going forward it would be beneficial to have patients presenting their stories in person. Following on from this, Marjorie Houghton commented upon the difficulty in getting into the hospital compared to at a GP practice, but that once seen, the feedback she had received was that patients felt overwhelmingly positive. The Board NOTED the Patient Story.

BoD 252/23	**Feedback from the Council of Governors** Sharon Collett, Lead Governor, presented the update from the Council of Governors highlighting: • Since July 2023, Governors had fulfilled their role through ambassadorial work with at least eight events having taken place since the last update. This included a successful presentation for New Milton Residents' Association attended by approximately 45 people and for the Parkinson's Disease Society for an audience of 56. Seven recruitment sessions for prospective governors had been held. Two further events taking place before the year end included one with NHS Dorset, working as part of the system. Some Governors had attended an event in Blandford the previous day, where discussions had taken place about the three acute trust Councils of Governors meeting. There would again be a listening event at Christmas, following on from the positive event at Royal Bournemouth Hospital the previous year. Governors had supported the Trust's annual members' meeting, with at least four prospective governors having attended alongside approximately 150 online YouTube and in person attendees. Following the success of Mr Parkash Ramchandani's health talk, a series of Understanding Health Talks had been proposed by Bournemouth University and were being organised. She extended thanks to everyone involved in supporting the event, particularly John Vinney and Mandi Barron. • Governors had held Non-Executive Directors to account predominantly through discussion including: asking questions when assurance reports were presented by Chairs of Committees at the Board and Council of Governor Development Session recently held, through Governor observation at Board Committees and hearing from Non-Executive Directors at informal briefing sessions. Governors had also been able to take part in the 15 Steps Challenge. • The outcome of the Governor elections would be communicated the following day. • The Effectiveness Group had met for the first time and had contributed towards the preparation of the new Governor induction programme. • Thanks to Marjorie Houghton, Patricia Scott, Mandi Barron and Markus Pettit, who would be stepping down as Governors, for the time they had given to the Governor role. Also to Karen Allman, particularly for her support to Governors involved in the interview process for the Trust Chair and Non-Executive Directors, Paula Shobbrook who had recently announced her retirement and to Caroline Tapster. Echoing this, Rob Whiteman extended thanks on behalf of the Board. The Board NOTED the Update from the Council of Governors.
BoD 253/23	**For Accuracy and to Agree: Minutes of the Part 1 Meeting of the Board of Directors held on 27 September 2023** The minutes of the Part 1 meeting of the Board of Directors held on 27 September 2023 were APPROVED as an accurate record.
BoD 254/23	**Matters Arising – Action List** It was noted that there were no outstanding actions.
BoD 255/23	**Trust Chair's Update** Rob Whiteman presented the Trust Chair's Update highlighting that:

	• The Chief Executive Officer's Update noted the letter from NHS England with patient safety being paramount but financial balance also being important. • National insurance had been reduced from 12% to 10% following the Autumn Statement and the national living wage increased. However, more money for public services was not being seen. • Some of the welcome announcements in the Autumn Statement such as the rise in the national living wage would create budget pressures for public services. • There were some assumptions inherent in the spending plans that there would be ½% improvement in productivity. The Board recognised that NHS productivity was lower than it was before Covid, very often due to workforce shortages leading to premium rates. The integrated performance report (IPR) reflected that the Trust had over 200 whole time equivalent vacancies. He also made reference to other areas within the IPR including the four hour standard, numbers of individuals who had no criteria to reside and the budget variance. Thanking Siobhan Harrington, the Executive Team and all staff, he reflected that performance and finances were currently difficult for the Trust. In a number of areas, he considered that the Trust was not where ideally it would want to be.
BoD 256/23	**Chief Executive Officer's Report** Siobhan Harrington introduced the Chief Executive Officer's Report, highlighting: • The significant increase in operational challenge across the Trust, particularly with winter and demand being high. • The importance as a Board of keeping patient safety and staff wellbeing front and centre, but also creating some hope and vision for the future. • The NHS England 2023/24 priorities and operational planning letter, in respect of which she would be attending a meeting with Dorset colleagues to discuss the initial modelling of both finance and performance. • In her Chief Executive Officer's Update, and referencing also the IPR, although referring to 62.8% for performance against the four-hour standard in her report, it should have reflected 61%. • Although it was a challenging time, there were areas where progress had been made. An example of this in the IPR was that the Hospital Standardised Mortality Ratio was below 100. Staff turnover was at 11.65%, this being a positive trend in the right direction. • Patient First continued to progress, with it being important to engage staff in being relentless about making improvements and prioritising where those improvements were made. • The Trust's receipt of the Defence Employer Recognition Scheme Gold award. • The staff survey responses were currently at 58.8%, which was among the better in the country for acute trusts. She considered the response rate as a proxy for staff engagement. • The pathology unit had opened at the Royal Bournemouth Hospital, improving the experience for patients and staff. • She, Mark Mould and Jamie Donald had visited Swanage Cottage hospital that week and met with colleagues from Defend Dorset and the League of Friends. Discussions had also taken place with colleagues from Dorset Healthcare, Dorset County and the Integrated

	Care Board (ICB) about the changes, challenges and certain public concerns. Recognising the importance of highlighting positives, Pankaj Davé commented upon strategic aspects that were being implemented to put the Trust in a better place once the reconfiguration had been completed and enquired about the direction of progress and pace. Responding to this, Siobhan Harrington reflected upon the breadth of the question and outlined conversations taking place across Dorset about building integrated teams from the perspective of community and primary care. These would be important to the changes to acute services. There was a transformational opportunity for alignment across the system. From recent discussions, there would need to be an increase in the pace of change. The Board NOTED the Chief Executive Officer's Report.
BoD 257/23	**Integrated Performance Report (IPR)** Rob Whiteman introduced the IPR, explaining that the reason for the change in the order of the agenda was to test a more discursive style for certain items. There were papers presented to the Board for approval which had already been considered by Committees. For some of those, there was less need for a lengthy discussion at the Board meeting. Presenting the operational aspects of the IPR, Mark Mould highlighted: • Between October and November 2023, the landscape had become busier. He had chaired the Patient Flow and Safety meeting that morning, thanking staff, working in a challenging environment. Each day, a clinician was attending the flow meetings, with senior nurses attending as well. • Performance against the four-hour standard: Performance against the four-hour organisation standard was being maintained, but was not improving. He invited Peter Wilson to outline the further external support that was being obtained, who summarised the support to be given by another organisation in the south west. This would be provided by an individual who was a leader in the field, had previously been an acting chief medical officer and worked within the regional team. The purpose would be to look at how the Trust delivered and improved delivery as well as cultural aspects, learning from practices elsewhere such as Bristol. Mark Mould referenced that Bristol was implementing Patient First. He had attended a session with them where they had shared their A3 thinking for their emergency department. • No Criteria to Reside (NCtR): In October 2023, an average of 220 patients had been seen in the Trust with NCtR. Referencing the lock-in held in November 2023 where 100 patients had been reviewed, exit plans had been agreed for nearly all. However, the challenge was the capacity to move people in a timely manner. While the majority of those people had left, they had been replaced by another 100 people. Three key areas of focus and prioritisation across the system had been agreed by the ICB: o Unlocking core out of hospital and community beds (with 120 spaces awaited). o Ensuring visibility of capacity including at home and in domiciliary care (with there already being good visibility of capacity of acute trusts for beds). o Planning well upon individuals' arrival in the Trust to ensure that the discharge planning process was as clear and smooth

as possible, with early decision making and escalation to system partners.

Siobhan Harrington had written to the ICB requesting further clarification on the actions to be taken by the system, with a response having been received that day.

Adding to this, Peter Wilson commented upon the importance of the Trust focusing upon those matters within its control, this not wholly being the case with NCtR. Internally:

- A reset week had been held for the Trust the previous week, led by Mark Mould and Alex Lister, supported by the Chief Medical Officer and Chief Nursing Officer. With nursing colleagues, criteria led discharge were being looked at; there were differences between discharge rates at weekends and during the week, partly due to levels of staffing at weekends. Significant work was being undertaken in this area.
- In addition, considerable work was ongoing related to virtual wards, with the number of virtual ward patients having almost doubled to 35 and a significant increase expected over time. A respiratory consultant had been appointed who would lead virtual wards from a respiratory perspective. Paediatrics had removed hundreds of days of stay through the virtual ward.
- Increased rigour was in place in relation to professional standards – which related to preventing patients remaining in the emergency department. He also commented upon support for the site team with moving patients through. It would be important to see decreased length of stay across the organisation, such as had been seen in Older People's Services.

Mark Mould referenced the need for the Trust going forward to record the discharge ready date. This would enable better planning for patient discharge and also signal to the system the number of patients waiting who should be supported in another location. Currently, the Trust had 70% of patients who had such a date recorded on health of the ward, with teams working to improve that metric. Peter Wilson added that with the extent of work that had already been undertaken, this had increased from 50% of patients to the current 70% of patients since the summer.

- The overall wating list had reduced by 2800 patients over the past month. This was positive in light of the organisational pressures. 97% of patients had been sent correspondence asking whether they still needed a further appointment, as well as further questions to determine whether their care needed to be escalated in terms of their waiting list place. 71% of patients over 12 weeks had been validated.
- The cohort of patients who would breach the 65-week waits if not seen or treated by March 2024 had reduced by 83% since 31 March 2023. There were 6926 patients who would be over 65 weeks by the end of March 2024; however, by that time, the Trust would not have more than 500 of such patients waiting and 250 of those were because of constraints with capacity to treat.
- Cancer Faster Diagnosis Standard: improvements were being seen with the Cancer Faster Diagnosis Standard, with a key concern being gynaecology. Actions taken in gynaecology included 1623 additional patients having been seen in October and the first week of November 2023. The wait for a first cancer appointment had reduced from 41

days to 21 days. Fast track patients waiting had moved from 381 patients to 150 patients. Consequently, gynaecology was considered to be moving in the right direction. It was anticipated that the backlog in gynaecology fast track patients would be cleared during December 2023.

Fiona Hoskins presented highlights from the nursing and quality aspects of the IPR:

- Drawing attention to the focus areas around fundamentals of care, with a slight increase in MSSA rates. A theme had been identified related to cannula infection rates. Therefore, there was a focus upon VIP scoring across the Trust with the Infection Prevention and Control Team support.
- Clostridioides difficile cases remained static.
- A focused piece of work had been undertaken in relation to falls, presented at the November 2023 meeting of the Quality Committee. This set out key themes and areas of learning, with improvement being monitored through the Quality Committee.
- There had been four mixed sex accommodation breaches in October 2023 for a short duration, related to the challenges with operational flow.
- No red flags that were unmitigated were raised in October 2023 for safe staffing metrics.
- The focus in month on the complaints position had been at Care Group level to make further reductions.

Karen Allman highlighted the positives from a workforce perspective within the IPR including support to staff. Considerable effort had been put into recruitment.

In relation to the financial position, Pete Papworth summarised it remaining very challenging, highlighting the deficit. The significant deterioration since the last meeting of the Board had been the impact of elective recovery. A number of issues had been identified following review of the elective income position which, when corrected, were expected to mitigate the majority of the income loss. Referencing the NHS England letter of 8 November 2023, he outlined that:

- The priority had been clearly set out to maintain patient safety and protect the urgent and emergency care pathway over the winter period. However, it had also been made clear that delivering within its funding envelope was the second key priority for the NHS.
- Two tranches of additional funding had been confirmed, which would largely be funded from existing NHS England budgets:
    - £800m nationally being provided to integrated care systems to reflect the cost of industrial action;
    - A further adjustment of 2% to the elective recovery fund thresholds which was expected at a national level to put a further £300m into integrated care systems.
- Since the letter had been received, the Dorset system had been working closely to model the impact for financial and performance forecasts for the remainder of the financial year. A meeting would take place with the national team the following morning to discuss this further. The Trust was striving to return to its financial plan and deliver a financial break even position; while it was expected that the current position could be improved upon, there was not yet sufficient confidence in the ability to achieve financial balance.

	• A number of additional controls would be put in place both internally and across the system. In addition, he referenced capital and the considerable slippage being seen on the Trust's reconfiguration programme. The Trust was in discussion with the regional capital team about rephasing some of the funding into future years. Peter Wilson drew the Board's attention to the increase in moderate incidents within the IPR, referencing this continuing to be special cause variation. Among the reasons included increase in reporting. The Trust was slightly behind on its grading and LERN reviews, therefore some would be downgraded. There had been an increase in violent behaviour towards staff in both emergency departments; as these had not been coded sufficiently quickly, some had been multiple events. Thanking everyone for their work, Helena McKeown commented upon the references in the IPR to: • Deaths from sepsis increasing; • Deaths from kidney injury increasing; • Deaths in people with re-admissions; and enquired about any linkage between increase in deaths from the first two to long waits for assessment. Responding to this, Peter Wilson commented that HSMR was reducing. Areas upon which to focus were being picked up through the Deteriorating Patient Group, the Clinical Governance Group and Mortality Group. Currently there was no evidence of a causal link. Subsequently, David Broadley added that it was a complex issue but hospitals were generally not the best place for patients to be unless they needed to be in hospital. People were living with more complex conditions. Consequently, it was more likely that there were more re-admission rates if they were out of hospital earlier. This should not be seen as failure as there would be many people who would benefit from being back in their own environment. However, there would be a proportion that would be re-admitted to hospital. This needed to be managed in the community, with wrap around services and working with community teams. It was complex and waits – such as for ambulances and 111 callbacks – possibly would have an impact on sepsis; however, training and awareness about sepsis was much improved. Seeking clarification on the 120 spaces awaited in the community (related to NCtR), Caroline Tapster asked when they would be made available. Mark Mould explained that there were two types of beds: core offer beds in residential/nursing homes and community beds. Currently, patients were in those beds and were not moving. Caroline Tapster also asked whether there were any risks associated with safety with the escalation beds, anticipating that they may not all be in the same location. Responding to this, Fiona Hoskins summarised that all escalation areas were attached to permanent areas. Consequently, when additional capacity was opened, it came under an existing team with quality overseen by that team and the correct staffing levels put in to support those additional beds, with the establishment review used as a baseline. Each day, there was twice-daily reporting on a RAG rating from good to critical. There was a strong link between the nursing teams and operational colleagues when looking at additional capacity. Discussions when that capacity opened included the right staffing to go in - efforts were made to put temporary staff into areas that were supported, with permanent staff put into the additional capacity areas. Adding to this, Siobhan Harrington highlighted that even if other areas were backfilled with temporary staffing, this was adding to the temporary staffing bill, which linked back to the financial position.

	Noting the improvement in health inequalities and waiting lists, Sharath Ranjan asked about the driver behind the improvements and how these could be sustained. Responding to this, Peter Wilson explained that the process would be through Patient First. Each BAF Risk was being re-written to include inequalities. Judith May had already undertaken work in relation to referral to treatment and wating lists, with the data therefore being known. It would take further time for this to be built out more broadly but discussions were taking place with the Business Intelligence Team and bringing this together through the Population Health and System Committee. The Trust would also be linked into the ICB's five year forward plan and the national Core 20 + 5. Additionally, the Trust would also be working with NHS Providers to learn from others. While commenting positively on virtual wards, Cliff Shearman expressed that he had identified including from discussion with colleagues some concerns related to them not being available for everyone, with a dependency upon social circumstances. Also, virtual wards required experienced people and he enquired whether some would be taken from the Trust's front lines to run them and whether there were any unintended consequences of this. Acknowledging the concerns, Peter Wilson responded that his experience from working regionally with the setting up of virtual wards and in some ICBs where it was more mature, was that collectively across Dorset, the issue potentially being missed was the connection between primary care admission avoidance and virtual wards. The other aspect to this was how social care was then supported. From a staffing perspective, it was important to support them and without taking staff away from the frontline. The right patient needed to be in the right place at the right time. Reflecting upon her experience in London, Siobhan Harrington commented upon the need for an appropriate clinical governance model. She had seen good examples of virtual wards within the Trust. The Board NOTED the Integrated Performance Report.
BoD 258/23	**Quality Committee – Chair's Reports – October and November 2023** Cliff Shearman commented upon progress being made at meetings of the Committee with not only hearing what has occurred but also what is being done to address issues. Examples of this included the Mortality Report and the Falls Report. In addition to the Board Assurance Framework, Risk Register and IPR, the Committee received other reports. Structured visits to service areas were maturing and deep dives were being presented. Reports presented to the Committee had included Patient Safety Incident Reporting and the CQC Action Plan. A deep dive had been presented to the Committee on complaints performance. LERN reports were presented through the Clinical Governance Group. Delayed discharges were still being seen in the LERN reports, linked with the Electronic Patient Record. In relation to the Mortality Report, Peter Wilson highlighted considerations in relation to triangulation of work from clinicians, with reassurance from medical examiners against the data used. In relation to learning from deaths, enhancements were being made to thematic reviews and linking back to the appraisal and revalidation system. Lorraine Tonge presented the Maternity Safety Champions Report, including:

	• The reduction in midwifery staffing vacancy from 22% the previous year to 4%. • Complaint responses had improved, with there being no over 55 day complaints. • Risks remained with medical staffing and the market to achieve more medical obstetricians. • The Trust was at risk of not achieving the maternity incentive scheme, predominantly due to extensive and additional requirements to meet the year five standards. Three of the areas that were unlikely to be met were set out in the paper. • Referencing the dashboard in the IPR, there had been an increase in stillbirths in quarter one. Proactive steps had been taken to seek a peer review of stillbirths, which had taken place on 20 November 2023 with Somerset through the ICB, with a report to be presented to the Board. There had been no significant changes from the Trust's own review. • The ATAIN deep dive had been reviewed with Caroline Tapster as Maternity Safety Champion. An action plan had been agreed. • The Insight visit that had taken place that week had been successful with positive feedback received. Adding to this, Caroline Tapster reported that she had attended the feedback session and leadership session. It had been noted that there had been significant improvement in the last year, morale was incredibly positive and there was a happy and confident workforce. Both she and Siobhan Harrington thanked Lorraine Tonge and the team for their efforts. The Board NOTED the Quality Committee Chair's Reports, the Mortality Report and the Maternity Safety Champions Report.
BoD259/23	**People and Culture Committee – Chair's Report – November 2023** Pankaj Davé presented the People and Culture Committee Chair's Report highlighting: • The Committee had considered the risks, Chief People Officer, Chief Nursing Officer and Chief Medical Officer reports. Care Groups had also provided updates. • The staff staffing review had been presented as well as education and training. • Under cultural aspects, the Committee had considered the integration assessment. Richard Renaut had presented actions that needed to be taken from a people perspective when moving towards reconfiguration to ensure readiness and also management of associated opportunities and risks. • Nursing and consultant staffing remained a challenge. Peter Wilson had also highlighted the risk to patient safety and patient outcomes if there were insufficient staffing. Mark Mould had provided insight into the service ready reviews. • The Committee would review in future increased violence and aggression towards staff. There had also been discussions about the health and wellbeing of staff. • It was reported that there had been some improvement in theatre staffing recruitment, although there had also been sickness impact. • The Committee had considered the medical staffing template review.

	• In addition, it had been presented with the NHS Sexual Safety Charter. Going forward, it would hear more about actions being taken at the Trust and the impact of those actions. He expressed his thanks, also, to the Governor observers at meetings of the Committee. The Board NOTED the People and Culture Committee Chair's Report.
BoD260/23	**Finance and Performance Committee – Chair's Reports – October and November 2023** John Lelliott presented the Finance and Performance Committee Chair's Reports highlighting: • Similar to the Quality Committee, the Finance and Performance Committee had been refocusing upon the way in which it considered and linked the BAF with performance and risk. There would be an increased focus upon IT. • At the meeting of the Committee the previous week, half of the meeting was with Rob Morgan from NHS Dorset looking at the ICB situation and risks. • It would be important going forward to consider those areas of cost within the Trust's control and those that it could not control. Also, those areas that were not within the Trust's responsibility or which it was not necessary for it to undertake. • From a performance perspective, in addition to outlying areas, such as gynaecology, the Committee was looking at the emergency department and would receive an action plan for the department at its next meeting. A focus would remain upon NCtR, which was a considerable cost to the Trust. • In addition to the two standing monthly meetings of the Committee, and thanking Steve Killen and Richard Renaut for their work on this, an extraordinary meeting had been held to consider the New Hospitals Programme business case prior to it being recommended to the Board. As part of that, the outcomes from the gateway review had been presented, including the need for the governance to be reviewed and strengthened. • The Committee had also received the Winter Plan, which would have financial impact. The sustainability green plan had also been presented to the Committee. The Board NOTED the Finance and Performance Committee Chair's Reports.
BoD261/23	**Population Health and System Committee – Chair's Report – October 2023** Caroline Tapster presented the Population Health and System Committee Chair's Report highlighting: • At the meeting of the Committee on 10 October 2023, the two main items presented were the review of Trust activity with a particular focus on access and did not attend as well as a review of delivery of population health across the Trust. • There had been a presentation related to waiting list for elective care and analysis, looking at impact on health inequalities and identifying some areas for improvement. • Population health was not a standalone activity and would be embedded within Patient First with each Executive Director reviewing their A3s to ensure that health inequalities formed part of that, which would then be aligned to the ICB priorities. The Care Groups were

	considering the work they were undertaking, which would be fed into that process. In addition, the ICB had created a health inequalities operational group which the Trust would be working closely with. The Board NOTED the Population Health and System Committee Chair's Report.
BoD262/23	**Charitable Funds Committee – Chair's Report – November 2023** Claire Whitaker presented the Charitable Funds Committee Chair's Report highlighting proposals and other matters considered by the Committee at its meeting. She reported that she had also attended the Walk for Wards at Upton, which had been well attended. She had also met with Sharon Collett, Lead Governor, to explore how members and governors could know more about the charity. The Board NOTED the Charitable Funds Committee Chair's Report.
BoD263/23	**Audit Committee – Chair's Report – October 2023** Rob Whiteman made reference to the written report provided by Judy Gillow. In relation to the Emergency Preparedness, Resilience and Response report, Mark Mould added that since the report had been submitted, the formal letter confirming the core standard position had been received. The formal response from the ICB confirmed that it had been through the process with the regional national team. The Trust was substantially compliant, with four areas on which it was partially compliant and where ongoing work continued. The Board NOTED the Audit Committee Chair's Report and the Emergency Preparedness, Resilience and Response report.
BoD264/23	**Board Assurance Framework (BAF)** Rob Whiteman introduced the BAF noting that all areas where red or amber, with Risk 5 having reduced. Richard Renaut added that as Patient First developed, being focused on honing meetings would include being focused on breakthrough objectives. He suggested that there may need to be a separate discussion about how on the Board agenda, the discussion in relation to the BAF was not duplicative with the work of the Committees. The Board NOTED the Board Assurance Framework.
BoD265/23	**Risk Register** Rob Whiteman introduced the Risk Register, noting the three risks for approval. Fiona Hoskins added that risk 1397 had been re-reviewed and would be rated at less than 20. The Board APPROVED the new risks rated 12 and above and NOTED the review of risk 1397.
BoD266/23	**Winter Plan** Mark Mould presented the Winter Plan, highlighting that winter bed funding of up to 40 beds had been agreed. However, there were currently another 40 beds open, this being a significant challenge for the Trust. It assumed that NCtR did not increase more than 210 beds. There was an additional ask of £700k; a process was being followed to continue to finalise that investment with the ICS.

	Emphasising his support for the Winter Plan and the actions to be taken, Pete Papworth added that the position had not yet been reached whether the system could achieve a break even position. Until that had been achieved, a triple lock was in place, meaning that any investment decision over £100k required the Trust's approval, system partners and the NHS England regional team. Therefore a decision could not currently be made on the additional investment outside of the beds. Siobhan Harrington recommended that there be an explicit entry on the Trust's risk register linked to winter. At an ICB meeting earlier in the day, there had been a discussion about having a more mature, dynamic risk assessment process in place through the winter, which she considered highly important. Noting that the importance of staff wellbeing had been referenced, Caroline Tapster asked that this be highlighted, particularly with extra pressure and the need for people to be looked after. The Board APPROVED the Winter Plan.
BoD267/23	**Guardian of Safe Working Hours Report** Peter Wilson passed on apologies from Paul Froggatt, Guardian of Safe Working Hours who would have attended the meeting to report, but who had to leave. In his absence, Peter Wilson presented the Guardian of Safe Working Hours Report. He reassured the Board that no safety concerns had been identified because of the trainee's report. John Lelliott asked whether, going forward, trend analysis could be included as in some respects it had been difficult to follow. Responding to this, Peter Wilson explained that an easier to read report would be presented in future. The Board NOTED the Guardian of Safe Working Hours Report.
BoD268/23	**Standing Financial Instructions** Introducing the Standing Financial Instructions, Rob Whiteman noted that they had been presented to the Audit Committee. It was important to have an appropriate balance for the limits of what were presented to the Board. The Board APPROVED the Standing Financial Instructions.
BoD269/23	**Patient Safety Incident Response Framework (PSIRF) Plan** Welcoming the PSIRF Plan, Peter Wilson explained that he considered it fit well with Patient First, bringing together the strands of data, triangulation with both staff and patient experience and looking at incidents. It was a different approach to before, being more focused upon thematic review. There would be a degree of learning for clinicians and Board members. There would be a patient, staff and public friendly version of the document that was being prepared working with the Communications Team. Thanking Carrie Stone, Public Governor, for drawing attention to this, Yasmin Dossabhoy later added that there was an incorrect contact telephone number in the PSIRF Plan produced for the Board, which was being updated in the public facing version. The Board APPROVED the Patient Safety Incident Response Framework Plan.
BoD270/23	**Trust Constitution – extension of review date** Rob Whiteman presented the paper related to the extension of the review date for the Trust's constitution. The Board APPPROVED the extension of the review date for the Trust's Constitution.

BoD271/23	**Board Committee membership** The Board APPROVED the Board Committee membership.
BoD272/23	**Any Other Business** Rob Whiteman presented changes to the Board Governance Cycle: • The Guardian of Safe Working Hours annual report to be presented to the Board in May 2024. • The Freedom to Speak Up Annual Report to be presented in May 2024 and bi-annual report in November 2024. which were APPROVED by the Board. Siobhan Harrington expressed on behalf of the Board significant thanks to Karen Allman for her contribution to the organisation. There were many people across the Trust who were incredibly sad that she was leaving. Rob Whiteman also expressed on behalf of the Board his significant thanks to Caroline Tapster.
BoD273/23	**Reflections on the meeting** Rob Whiteman expressed that he would welcome feedback but he considered that the meeting had been more discursive.
BoD274/23	**Questions from the Council of Governors and Public arising from the agenda** Jeremy Scrivens, Public Governor had submitted the following question to the Board in advance of the meeting: *"Health Watch Dorset Report [presented at the meeting of the Council of Governors]: Having read this most interesting report from the above I notice that a number of recommendations have been made. Please advise whether these recommendations have all been addressed and if not what steps are being taken to address them".* Responding to this, Peter Wilson outlined the challenges with dentistry across Dorset. He considered that there were two separate issues. The first was how to get a dentist. The second was dentistry attached to the Trust's oral maxillofacial service within the Trust. The Trust had been working very closely with Dorset County hospital colleagues to create a single orthodontics service across Dorset. This would greatly strengthen the working between the Trust's maxillofacial team relating to cancer and the dental team. The wider issue related to dentistry was an ICB issue. He had spent four years with the region looking at this. Part of the problem was that only 60% of the population was funded for dentistry, with not everyone having their own dentist as a practice similar to primary care. Rob Whiteman confirmed that a separate written response would be sent to Jeremy Scrivens in relation to signage and youth engagement referenced in the Health Watch Dorset Report. Jeremy Scrivens, Public Governor had also submitted the following question to the Board in advance of the meeting: *"As you will be aware a number of NHS Trusts in the south are using NHS Professionals to manage their staff bank. For the benefit of Governors, please explain the role of NHS Professionals and the views of the Board in using or not using this organisation".* Karen Allman outlined that NHS Professionals was an alternative to having an in-house bank, with the Trust being fortunate to have an in-house bank. It was challenging at times to manage and support it all; however, the Trust

would have to outsource to NHS Professionals. NHS Professionals was in approximately 1/3 of trusts. This had been reviewed historically, but the existing model had been retained.

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

"The PSIRF Plan is well written and easy to understand and gives patients and their families an assurance that the Trust will respond to patient safety incidents appropriately and proportionately in a timely manner, in accordance with the new PSIRF framework. The new Patient Safety response priorities identified by the Trust includes one regarding diagnostics which requires the Trust to follow up radiology and laboratory investigations.
Can the Board give an indication as to why this has now been included in the Plan as a priority and can an assurance be given that there are currently plans in place to mitigate any risks associated with delays in communicating results to patients and their GPs?".

Peter Wilson outlined that this would be a growing issue over the coming years with the Community Diagnostic Centre and the movement of patients trying to be seamless from primary care through to secondary care and diagnostics. Currently, once a GP referred a patient and the Trust undertook diagnostics, the patient would go back to their GP to get their results and then come back in again. In relation to radiology, David Broadley added that this had been on the agenda for several years. Direct access to increase imaging in primary care was potentially overdue and welcome but there were complexities that needed to be worked through. There was a working party in the ICS looking at how it could work effectively, did not put additional pressure in acutes and that they had sufficient capacity as well as making sure that primary care felt confident in the investigations it was arranging. A survey had been circulated to all primary care the previous week about the pathways. Meetings would be taking place with the radiology team in the Trust and bringing together the GP Alliance and primary care. It was important that certain aspects of the pathway were worked through, particularly for the patient journey.

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

"Does the fact that the current EPR [Electronic Patient Record] doesn't link directly to GP practices have an impact on the timely dissemination of information and results and if so might this inadvertently lead to patient harm?"

Responding to this, Pete Papworth confirmed that this was not the case. Although the Trust's EPR did not directly link to the GP systems, there was an interface between the Trust's EPR and the GP systems to ensure that documentation was shared as appropriate. In addition to that, the Trust's pathology and radiology results were automatically sent to GPs' systems if they had been requested by them from the Trust's laboratory system. Similarly, the Trust's clinical staff had access to primary care data through the Dorset Care Record. As such, he did not consider there to be a risk to patient safety resulting from the links between the Trust's systems and the primary care systems.

Keith Mitchell, Public Governor had submitted the following question to the Board in advance of the meeting, to which Rob Whiteman confirmed a written response would be provided:

"The Estates Master Plan makes very interesting reading and shows the existing times ahead for UHD. Signage will be crucial over the next few years and particularly for patients and relatives who do not know the hospital. What plans are in place to make signage up to date and patient and relative friendly.

	In the past governors have been used to help with this and I wonder if there are any plans to use governors again". Keith Mitchell, Public Governor had also submitted the following question to the Board in advance of the meeting: *"The take up of Covid and flu vaccines appear to be very low. Are there any additional plans to increase the take up to ensure our patients and staff are kept safe".* Karen Allman replied that the take up was not as successful as the Trust would want it to be. Vaccinations were still available and staff, volunteers and governors were being encouraged to take up the vaccine. This had been discussed by the Executive Team and a different approach would be taken next year. This was expected to rely more upon having peer vaccinators. Kani Trehorn, Staff Governor, enquired whether it would be possible to consider occupational health having a triage system such that when staff became ill they received immediate help to get better faster and reduce staff sickness. Rob Whiteman confirmed that he would ask the Executive Team to consider this. Marjorie Houghton, Public Governor, commented that she had been hearing about appointment cancellations in urology due to a piece of equipment having broken down and enquired whether the relevant equipment had been repaired. Mark Mould confirmed that the Board recognised that the Trust had DoctorDoctor, an automated system, which provided phone alerts about appointments, including reminders. Where that was not practical for an individual to use, there was follow up by a letter. In terms of the specific item of equipment - of which he was aware - Mark Mould confirmed that he would visit the urology department and check the status of the equipment.
BoD 275/23	**Resolution Regarding Press, Public and Others** 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. There being no further business, the meeting was closed.
	The date and time of the next Standing Board of Directors Part 1 Meeting was announced as Wednesday 3 January 2024 at 9:00 via Microsoft Teams.

CHIEF EXECUTIVE'S REPORT
JANUARY 2024

As I write this Chief Executive report we are currently in our latest round of industrial action by junior doctors whilst dealing with the pressure and challenges of winter and Christmas. A huge thank you to all our team across UHD for their focus on patient safety and looking after each other. As we start a new year we wish everyone a happy new year and the arrival of 2024 gives us hope for the year ahead of continued progress and improvement and resolution of the national dispute.

2023 has been a challenging year but one in which UHD has continued to make progress and that is down to the amazing work and dedication of our colleagues across the Trust. Thank you.

1. National Picture

A national webinar was held for Chief Executives and Chief Operating Officers on 18 December 2023, regarding preparations for industrial action and maintaining safety through the next 3-4 weeks with a focus on the urgent and emergency pathway. The national message was to maintain a focus on patient safety.

2. Regional updates

2.1 NHS Oversight Framework 2023/4 Quarter 2 segmentation

NHS England and the ICB conducted a segmentation review in October 2023 under the NHS Oversight Framework. The light touch areas of review related to:

- Elective 78 week waits
- Quality – the Maternity Safety Support Programme
- Care Quality Commission (CQC) Poole site requires improvement November 2022
- Finance – agency spend

We were notified on 30 November 2023 that UHD remains in Segment 3.

3. Quality & Safety

3.1 Care Quality Comission

On 21 November 2023, CQC launched its new regulatory approach in the south of England. The regulator has explained that the rollout across the country will be gradual, and that existing processes will remain in place until the new approach is implemented in each region. The rollout of the new provider portal will follow that of the new single assessment framework.

In the last few months CQC has also published a large amount of information and guidance relating to its new approach to regulation, including:

- Findings from its five pilot local authority assessments
- Updated guidance on local authority assessments
- Updated enforcement policy
- Information on how CQC manages its relationships with services
- Guidance on how the new assessment process will work
- Guidance on how CQC will gather evidence
- Guidance on the different levels at which they will rate services
- Guidance on how they will calculate the first scores for services
- Guidance on factual accuracy checks
- Guidance on how they will publish findings, and
- Updated information on displaying your ratings.

3.2 Patient First

In December 2023, the first of our three teams started their Patient First improvement system (PFIS) training. This is a key milestone in embedding our improvement system management system across UHD, and we have also completed our first round of strategy deployment reviews and 'catchball' with our care groups.

Staff from Christchurch Day Hospital, our stroke unit and critical care met up to start planning how they will implement Patient First and discussing what a difference it will make to their way of working.

4. Performance & Finance

The integrated performance report demonstrates the challenging environment in which we are currently operating. We continue to focus on improving our urgent and emergency care pathways; supporting improved flow through the organisation and working with partners on discharge arrangements.

On waiting times we continue to reduce waiting times for patients. We have work on improving our productivity and maintaining our cancer performance.

Financially the challenge to deliver breakeven remains and we are focused both on the work to deliver our plan whilst also working on a longer term financial plan.

At the end of November 2023, the Trust has reported a deficit of £16.8 million against a planned deficit of £4 million representing an adverse variance of £12.8 million. This includes £6.9 million of additional income to fund the impact of industrial action, representing the Trust's share of the additional national funding allocation. The residual variance is mainly due to a reduction in elective income of £6.7 million reflecting lower than planned activity; energy cost inflation of £2.9 million; and unfunded escalation costs of £3.1 million.

The Dorset ICS continues to refine its likely forecast outturn including a suite of additional recovery actions. However given the operational and financial pressures experienced, is not currently expecting to return to a balanced financial position by 31 March 2024.

5. Transformation

5.1 Transforming Care Together

As we move into the new year, we are looking forward to the next phase of our transformation programme – under the banner of 'Transforming Care Together'. This new unifying phrase, illustrates a reset of our plan, moving away from buildings to focus on people and our services. It reflects UHD working as one team post-merger, reconfiguring services to improve care.

- After many years in planning, our pathology team received the keys for the Dorset Pathology Hub, one of the most advanced facilities in the UK. When fully open in the spring, it will be supporting hospitals across the region to improve diagnostics for patients, meeting the growing demand for specialist treatment and care.

- Wards at Royal Bournemouth Hospital (RBH) are now receiving visits from specialist REGEN trolleys, delivered for staff to then heat up the food and serve to patients at a convenient time. The new catering arrangements are already improving the quality, choice and flexibility of our food offering for patients, while reducing waste.

- We have now added new signage added to our BEACH building at RBH and the removal of another crane on site - clear signs of the ambitious vision for local health services in Dorset.

The next few months promise to be equally busy with the start of the enabling work to create a new endoscopy diagnostic hub at Poole, completion of the central processing kitchen in the Stour building and further stroke unit refurbishments at RBH.

5.2 Our Electronic Patient Record next steps

We are now working with Somerset to develop a joint approach to commissioning an Electronic Patient Record (EPR) for the Trust and for providers across Dorset. We have agreed joint leadership arrangements in terms of the EPR procurement process. Work continues on finalising the detail and the timeline.

We continue to mitigate our risks with our current system.

6. Workforce

6.1 Our Purple Flag

Our Purple Flag system is a quick way to raise a concern or escalate an issue relating to placements and learning environments in the moment. A Purple Flag generates an urgent alert to the Student and Preceptorship Support Team, who will come to the placement area and sensitively address the issue or concern. The soon to be published NHSE Safe Learning Charter is to cite UHD's Purple Flag system as an example of best practice and as a recommendation for adopting nationally.

Raising a Purple Flag is most effective if it is done at the time of the issue or concern. It allows the Trust to act upon it quickly and effectively, with the aim of reducing the impact it has on learning experience and quality.

6.2 Staff engagement

I'm very proud that our staff survey response rate has again significantly improved from the 2022-23 period, with a 59% response rate. We have worked hard to engage with our staff, asking for their feedback on working at UHD.

6.3 HSJ finalists

UHD's, medical staffing and temporary staffing team in partnership with Locum's Nest have become finalists for the HSJ awards on "how a personalised and dynamic data dashboard led to harmonised rates and equal opportunities for doctors across hospital sites". In January we will be required to design a presentation to support this shortlisting criteria in preparation for an award ceremony in 2024.

6.4 Covid and flu vaccinations

Despite still being in these challenging times with winter pressures and times of industrial action, it remains important that we focus on the health and wellbeing of our most valuable asset, our staff. We continue to offer our vaccination programme which has been extended to 31 January 2024, to help protect staff, patients and visitors. Our current uptake shows that 36% of frontline staff have had Covid 19 vaccination and 39% have had their flu vaccination.

6.5 Pay Disputes

Junior doctor strike action by the British Medical Council (BMA) and the Hospital Consultants and Specialists Associations (HCSA) is taking place from 7am on 20 December 2023 until 7am on 23 December 2023. The second period of strike action will take place from 7am on 3 January 2024 until 7am on 8 January 2024.

6.6 Peter Gill leaving UHD to take up new role

After 11 years working at the Trust, Peter Gill will be leaving his role as chief informatics and IT officer at the end of this year. Peter will be taking a new role with NHS Providers and will be influencing national digital policy from a local perspective.

Peter is very proud of the work the team has delivered under his leadership on initiatives such as new large-scale applications, in-house software, health records transformation, information governance, infrastructure, data quality and general IT service to our customers. In more recent times Peter has especially valued his role as executive sponsor for the Diverse Ethnicity and Pro Ability networks. Peter will be much missed by colleagues across UHD and we all wish him well for the future.

Pete Papworth has agreed to be the executive board SRO for digital for the next 6 months.

6.7 Staff awards

In November 2023 the following staff were nominated and won Excellence Awards.

- Joanna Samways – Research & Development Team
- Amol Sarvagode & Carolyn Brooke – Clinical Procurement Specialists
- Haematology Team
- Benjamin James – IT

My thanks and congratulations to them all.

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 1 MEETING

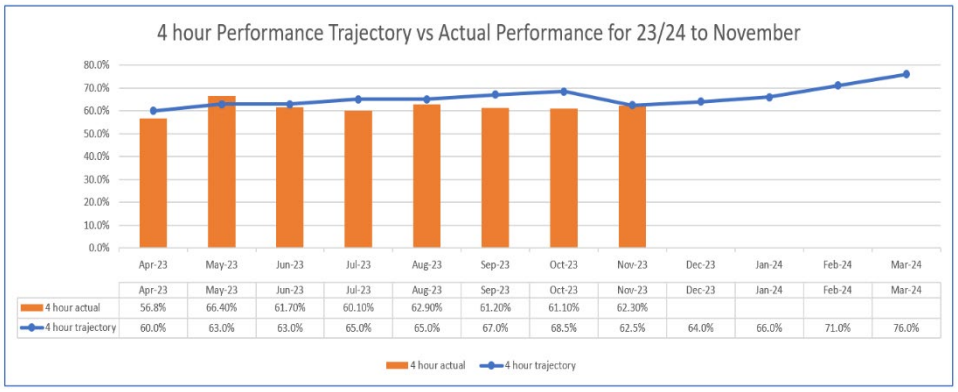
Meeting Date: 03 January 2024

Agenda item: 6.1

Subject:	Integrated Performance Report (Safety, quality, experience, workforce and operational performance)
Prepared by:	Executive Directors, Alex Lister, Leanna Rathbone, Judith May, David Mills, Fiona Hoskins, Dr. Matthew Hodson, Irene Mardon, Jo Sims, Andrew Goodwin
Presented by:	UHD Chief Officers

Strategic themes that this item supports/impacts:	Systems working and partnership ☒ Our people ☒ Patient experience ☒ Quality: outcomes and safety ☒ Sustainable services ☒ Patient First programme ☒ One Team: patient ready for reconfiguration ☒
BAF/Corporate Risk Register: (if applicable)	BAF Risks 1-7 Trust Integrated Performance report for November 2023 - Appendix A
Purpose of paper:	Assurance
Executive Summary:	November has continued to be an extremely busy month across the organisation. While Emergency Department (ED) attendances are consistent with October 2023, increases in crowding in both EDs particularly during the later part of the month. The revised 4-hour trajectory was not achieved by a margin of 0.2%, driven by a very challenging last weekend in the month, which correlates with the stepped increase in NCtR described below for the last week of November. November 2023 saw a stepped increase in the numbers of patients in beds at UHD with 'No Criteria to Reside' (NCtR). Similar increases have been seen in Dorset County, Mental Health Beds and Community beds with the core commissioning beds with reduced flow. We continue our internal actions and are working closely with partners to support the ambitions to reduce length of stay (CTR & NCtR) and NCtR patients waiting for ongoing care but this has remained difficult to achieve. There was an increase in the number of escalation beds being opened during November 2023, with an average of 31 escalation beds open at Poole and 18 at RBH. Agreement was reached that 40 of the escalation beds would be funded by the ICB and is now in the in the ICS financial forecast. With increased pressure in the emergency departments, alongside a high bed occupancy and high NCtR rates, on the day operating theatre cancellations have increased, impacting on theatre list utilisation and waits for treatment. November 2023 saw an small increase in 78 week waits, although a reduction in the overall 65 week waits was realised.

	Rapid cancer faster diagnosis recovery plans have supported improvement in October 2023 against the standard, including improvements in Dermatology and the start of a change in Gynaecology. Positive movements were also seen in relation to the total referral to treatment (RTT) waiting list size, RTT performance and diagnostic (DM01) performance. The impact of energy cost inflation, overall unfunded escalation capacity and a reduction in the elective income reflecting lower that planned activity drive the challenging financial position, resulting in a year-to-date adverse variance of £12.8 million. Included within the November position is £6.9 million of additional income to fund the financial impact of Industrial Action. This represents the Trust's share of the nationally announced £800 million financial support. Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £31.7 million after inclusion of the additional national funding for Industrial Action. This has subsequently been revised down to a forecast deficit of £12 million after inclusion of a number of further financial efficiency opportunities. The individual organisational allocations are still being finalised, however the Trust is expecting to achieve a financial break-even position supported by additional savings, additional ERF income and further funding support from Dorset ICB. There remains considerable risk within this position and focused effort will be required by all NHS partners to achieve the revised outturn projection.
Background:	The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums the ability if needed to deep dive into a particular area of interest for additional information and scrutiny. As part of our commitment against the CQC Well-Led Framework we continue to develop the format and content of the IPR by: • Extending best practice use of Statistical Process Control (SPC) Charts. • Greater focus on key indicators as part of our Patient First roll-out programme linked to the Trust Strategic priorities. • Providing SPC training to operational leads who compile the narrative against the data included within the report. **Note: Behind every single metric is a patient**
Corporate cross organisational (1 Alert)	**<u>Areas to Alert (1)</u>** **Alert (1) NHS Oversight Framework 2023/24 Quarter 2 – Segmentation Review outcome was notified to the Trust and the Trust remains in Segment 3.** NHS England and the Dorset ICB conducted a segmentation review in October 2023 under the NHS Oversight Framework. A 'light touch' risk-based approach was taken to the Quarter 2 review, with a focus on identifying areas of improvement or deterioration against the Quarter 1 areas of concern, as well as identifying, by exception, any new areas requiring further consideration. For University Dorset Hospitals NHS Foundation Trust, the areas reviewed related to: • Elective – 78ww Long Waits • Quality – Maternity Safety Support Programme • CQC - Poole site: Requires Improvement rating - November 2022 • Finance - Agency spend

	On 30th October, the Regional Support Group (RSG) agreed that segment 3 for the Trust would remain unchanged for Quarter 2, 2023/24 and the Trust was notified of this outcome on 30 November 2023. The Quarter 3 segmentation review will commence in January 2024; however, the intention is to adopt a pragmatic approach recognising the need for organisations to focus on Winter therefore NHSE will undertake another 'light touch' risk-based approach in both Quarter 3 and Quarter 4.
Urgent & Emergency Care (1 Advise)	**Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.** **Advise (1): Performance against the 4-hour standard for November 2023 is 62.3% against a revised trajectory of 62.5%. The trajectory is required to achieve 76% by March 2024.** • ED crowding has contributed to a challenging month. Although there have been improvements in performance across several of the ED metrics • Key headlines are that whilst attendances remained static there was a cross-site increase in acuity which saw a corresponding impact on the ED admitted conversion rate. • Flow out of the department during the month became more challenged resulting. • Ambulance Handover performance improved, particularly at the RBH site, however almost 1800 hours were lost at UHD in November. The IPR provides detailed performance against the national Urgent & Emergency Care standards.  Review of the Trust's internal trajectory and delivery timeline has been signed off, maintaining the requirement to achieve the 76% standard by March 2024. This remains a high risk and is articulated in the Risk Register and BAF. Key areas of focus: • SDEC availability now on a 1:3 basis for Medicine, this is set to increase again as staff come on-line in December. • The review of UTC service provision cross-site to maintain and protect 111 booked capacity to improve the emergency departments ability to stream is moving to implementation. • Continuing focus on recruitment and retention to work to template clinical staffing levels

Occupancy, Flow & Discharge (2 Advise)	**Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.**
	
	Advise (1) UHD/ICS continues to be one of the most challenged organisation/system for No Criteria to Reside (NCtR) in the South West and that links to the overall Dorset ICS position regionally
	• November 2023 saw a stepped increase in the numbers of patients in beds at UHD with 'No Criteria to Reside' (NCtR). Whilst there had been a positive impact on reported performance in Q2, November saw a progressive deterioration of patients in UHD beds with 90 more on the 30th November than reported on the 1st, an increase of >30%.
	• Both sites continued to operate escalation beds in November 2023.
	• The ICB and system partners ambition to achieve a 30% reduction in the number of patients with NCtR by the end of Q2 was not achieved. This ambition to reduce the numbers increases further from November and is needed to deliver the Trust winter plan.
	• Across the ICS, we have identified a number of additional actions:
	  ○ Ongoing work for complex pathways where there is no commissioned care in Dorset currently.
	  ○ There will be concurrent Multi-Agency Discharge Events at all three acute hospitals in Dorset on 13th December, followed by a focus on Mental Health and Community Hospitals on 14th December and core bed unblocking event of the 15th December to create additional flow needed to decompress sites ahead of winter surge and planned Junior Doctors Industrial Action and to support getting our patients *'Home for Xmas' where it is safe to do so.*
	  ○ An internal (UHD) Length of stay reduction programme for CTR and NCtR patients with each directorate is now established, with the top 30 longest stay patients reviewed weekly at a corporate level, and with system partners and all pathway 0 reviews happening daily.
	
	Advise (2): NHSE have requested that "a discharge ready date metric was published for the Trust in November, and the Trust Board is regularly reviewing this metric as part of a performance dashboard to drive improvement"
	• UHD have been publishing this metric via a COSMOS report.
	• Currently reporting that this metric is in place for c.68.4% of inpatients, however the denominator is being reviewed and will see an increase in compliance.
	• The exception management process is being implemented to focus targeted improvement.

Surge, Escalation and Ops Planning (1 Assure)	**Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.** **Assure (1): Winter plans 2023/24 finalised** • The UHD Winter plan has been approved by Trust Board in November 2023.

	Our Winter Plan 23/24 NHS University Hospitals Dorset NHS Foundation Trust  • UHD is working with system partners on the wider plan, to both seek further mitigation for flow and capacity challenges and with the introduction of the new nationally mandated OPEL framework and associated escalation processes. • The Trust has now received recognition of 40 unfunded beds for 23/24 but has not yet secured the additional investment requested of 700K for winter.
Referral to Treatment (RTT) (2 Assure)	**Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.** **Assure (1) A further reduction in the total RTT waiting list was delivered in November 2023. Both the revised H2 operational planning trajectories for 78 and 65 week waits were also met.** • The total waiting list in November 2023 reduced to 69,158 (5% reduction since March 2023). The waiting list size was last below seventy thousand in April 2022. In line with this, RTT performance also improved to 60.8%. • 59 over 78-week waits were reported at the end of November, compared to 47 in October. Whilst this is an increase in breaches, the Trust delivered below its forecasted position. • November 65-week waits decreased to 1,271 and the H2 planned trajectory was also met (trajectory 1,376). • There is a sustained reduction in the cohort of patients who will breach 65-week waits if not seen or treated by March 2024, with the cohort size of 5,183 remaining at the end of November (-1,743 compared to October). This is an 87% reduction in the cohort since 31 March 2023. • As expected, the reduction in this cohort is slowing as a greater proportion of capacity is taken up by cancer and urgent elective (P1-3) patients. • Junior Doctors' industrial action scheduled in December 2023 has the potential to put at risk the long waiter trajectories for December and January 2024.

Planning requirement	Oct 23	November 23	
Referral to treatment 18-week performance	59.7%	60.78% ▲	National Target 92%
Eliminate > 104 week waits	0	0	Plan Trajectory 0 by February 23
Eliminate >78 week waits	47	59 ▲	Plan Trajectory 0 by 31 March 2023
Eliminate >65 week waits	1,331	1,271 ▼	Plan trajectory 1376 November 2023
Hold or reduce >52+ weeks	4,199	4,196 ▼	Plan Trajectory 4,045 by November 2023
Stabilise Waiting List size	70,914	69,158 ▼	Plan trajectory 76,207 November 2023

Improvement actions are detailed within the Integrated Performance report and include:

- Prioritising patients at risk of breaching 65 weeks before March 2024 for a first outpatient appointment or first contact before 31 December 2023.
- An agreed Elective Recovery Fund spend plan has been deployed focused on maintaining safe wait times for patients on cancer pathways or waiting urgent elective care.
- Productivity improvement trajectories are in place for the remainder of 2023/24 related to theatre utilisation rates and outpatient efficiency. There is continued improvement and reduced variability in performance against the case opportunity target for theatres (15%), which was achieved in month. Theatre utilization rates however remain below the national target (85%). An improvement in outpatient DNA rates have also been seen in November at 5.9%. Further expansion of DrDoctor text reminders and targeted review of variations in DNAs against deprivation and ethnicity groups, will support future performance.

Assure (2): The percentage of fractured NOF patients operated on within 36 hours of admission demonstrated a third month of successive improvement in November 2023

November performance for time to theatre for fractured neck of femur (# NoF) patients improved, whereby 79% of patients achieved surgery within 36 hours of being fit for surgery and 56% of patients were operated on within 36 hours from admission. Overall trauma admissions remained elevated with 355 admissions in November including 72 with fractured neck of femur (NoF).

Cancer Standards (1 Advise)	**Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.** **Advise (1) Performance against the Cancer Faster Diagnosis Standard (FDS) in October 2023 demonstrated improvement to 67%, with the 62 day cancer standard also showing significant improvement at 68.9%.** • Following instigation of rapid FDS improvement plans for Gynaecology and Dermatology the Trust's performance increased by 2.3% to 67% in October. Dermatology met the FDS standard in October and Gynaecology showed an improved performance (current performance 56.5% against 19.1% in October). • The Trust continues to deliver against the regional expectations on reducing the over 62-day backlog. The final position for October 2023 was 279 compared to 325 in September 2023. A trajectory is in place to reduce further to 220 by March 2024. • 62D performance also improved to 68.9% in October 2023 due to improvements at the front end of the pathway. • 31D performance was achieved in October reporting 96.7%. The provisional performance for November is 96.3% (target 96%).

KPI	Target	Jul 23 FINAL	Aug 23 FINAL	Sep 23 FINAL	Oct 23 FINAL
Combined FDS Standard	75%	60.1%	54.7%	64.7%	67.0%
Combined 31 Day Standard	96%	97.9%	96.6%	94.7%	96.7%
Combined 62 Day Standard	85%	63.0%	57.1%	60.2%	68.9%

• Dermatology, Gynaecology and Colorectal pathways need to ensure there are sustainable plans in place as part of their recovery and Executive-led enhanced support meetings have been held to facilitate this.
• Improvement actions are detailed within the IPR and include:
  ○ Insourcing support to reduce the fast track backlog in Gynaecology which has reduced the waits to first outpatient appointment to date from 48 days in September to 16 days in November with further improvements planned.
  ○ New post-menopausal bleeding pathway clinics in Gynaecology went live on 20th November 2023 with 18 patients referred direct for ultrasound in the first two weeks. A clinical audit of the pathway is scheduled for January 2024.
  ○ The first pilot photo clinic for skin urgent suspected cancer referrals also went live in November 2023.
  ○ The Trust is progressing its strategy for Tele-dermatology after a successful expression of interest for Skin Analytics AI solutions in Dorset. The Pilot is expected to go live in January 2024.

DM01 (Diagnostics report) (1 Assure)	**Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.** **Assure (1) The DM01 standard has achieved 90.7% of all patients being seen within 6 weeks of referral; 9.3% of diagnostic patients seen >6weeks in November.** ***1% of patients should wait more than 6 weeks for a diagnostic test***

	<table><tr><th>October</th><th>Total Waiting List</th><th>< 6weeks</th><th>> 6 weeks</th><th>Performance</th></tr><tr><td>UHD</td><td>12,413</td><td>11,571</td><td>1,157</td><td>9.3%</td></tr></table> UHD remains one of the top performing trusts for diagnostics in the south-west region. Nevertheless, there are challenges related to workforce capacity in Echocardiology, Neurophysiology and Radiology (imaging). Mitigating actions are in place to maintain a high level of performance.
Health Inequalities	**Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.** **Waiting list by Index of Multiple Deprivation (IMD)** Analysing RTT activity in Quarter 3, 8.4% of patients on the waiting list live in the 20% most deprived areas of Dorset. The median weeks waiting at the point of treatment shows one week variation between patients from the 20% most deprived group and the rest of the population treated. . **Waiting list by ethnicity:** 10.7% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies two-week variation between patients within community minority groups and White British populations in Quarter 3 to date. **Waiting list by age band:** There is variation between age and length of wait on the waiting list with the greatest variation between 0-19yrs and 20+ age bands. The level of variation has remained stable in the age band 0-9 years in Q3 but the variation between 10-19 year olds and 20+ age bands has decreased. Paediatric waiting times in oral surgery, ENT and community paediatrics contribute to this variation. Improvement actions are in place to increase capacity and reduce waiting times in these areas.
Maternity (1 Advise)	**Advise (1) There are 3 areas currently flagging as red RAG rated:** • 3rd /4th degree tears although within normal variance range • Apgar <7 at 5 minutes-increased over last two months • Prompt Training -below 90% compliance Improvement actions are detailed within the IPR.
Infection Prevention and Control: (3 Advise)	**Quality, Safety, & Patient Experience Key Points** **Strategic goals: To achieve top 20% of Trusts in the country for mortality (HSMR)** **To reduce moderate/severe harm patient safety events by 30% through the development of an outstanding learning culture** **Advise (1) Methicillin-susceptible *Staphylococcus aureus* (MSSA) -** There has been no further trends noted and this remains under surveillance. **Advise (2) *Clostridioides difficile* Cases** In November 2023 our C*lostridioides difficile* cases have reduced, we have had no periods of increased incidence or outbreaks. The team will continue to monitor. **Advise (3) Hospital Associated cases trend**

HCAI Trends by month

Organism	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
MRSA	0	1	0	0	1	0	0	0	0	0	0	0
MSSA	3	3	1	1	4	6	8	4	4	5	5	4
C Diff	5	6	4	5	5	8	19	11	4	8	8	4
E Coli	5	10	7	14	5	8	17	14	8	11	11	11

- We continue to see cases of COVID-19 identified in November 2023, in both patients and staff which have resulted in ward closures.
- The team continue to assess themes as part of the PSIR Framework, including management of urinary catheters, Intravenous cannulae and clostridium difficile relapses.
- Infection Prevention and Control Nurse Consultant now in post and working well with the team.

Clinical Practice Team

(3 Advise, 1 Assure)

Clinical Practice Team:

The Associate Professor for Nursing Practice has now started and will have managerial oversight of the clinical practice team.

Advise (1) Moving and Handling - Essential Core Skills
The ability to meet the face-to-face level two training requirements for clinical staff continues. The risk register entry remains at 10 (moderate). The development of an eLearning Level 2 package is being progressed; there have been unforeseen challenges which the team are working through to get this completed.

Falls prevention & management:

Assure (1) There has been a decrease in the number of serious falls incidents in month with two reported; of these one was a moderate and one severe fall. The incidents are following the appropriate scoping and investigation process through the new patient safety investigation framework. A deep dive and review of falls was also presented to the November 2023 Quality Committee.

Advise (2) Tissue Viability: The ability of the service to meet the increased demand remains on the risk register entry 1821 and rated as 9 (moderate), an action plan has been updated.

There remains a significant number of complex patients being referred to the service. The TVN team continue with temporary staffing to support this demand.

Advise (3) Pressure Ulcers: There has been an in-month increase in the number of reported pressure ulcers with twelve new category three pressures ulcers, which are following the appropriate investigation process and learnings identified.

The lead Tissue Viability Nurse is working with care groups to review how ward learning is shared though the pressure ulcer screening tool following an incident, this needs further embedding.

Patient Experience

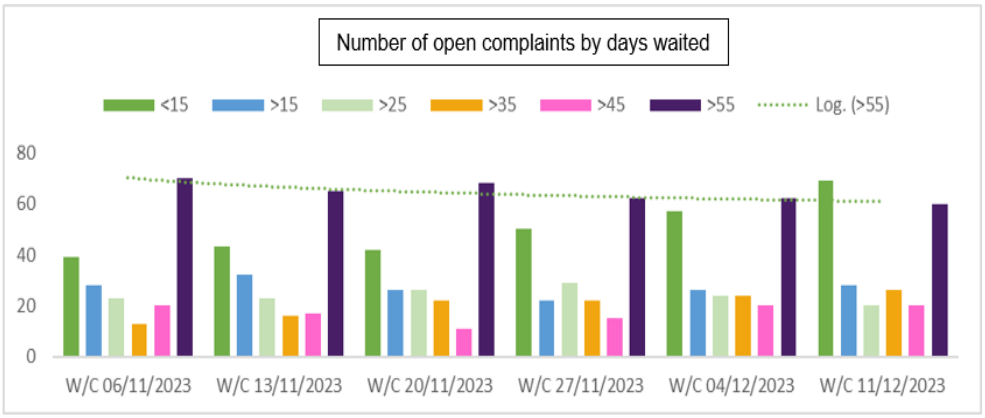
(3 Advise)

Strategic goal: Every team is empowered to make improvements using patient (or user) feedback, in order that all patients at UHD receive quality care, which results in a positive experience for them, their families and/or carers.

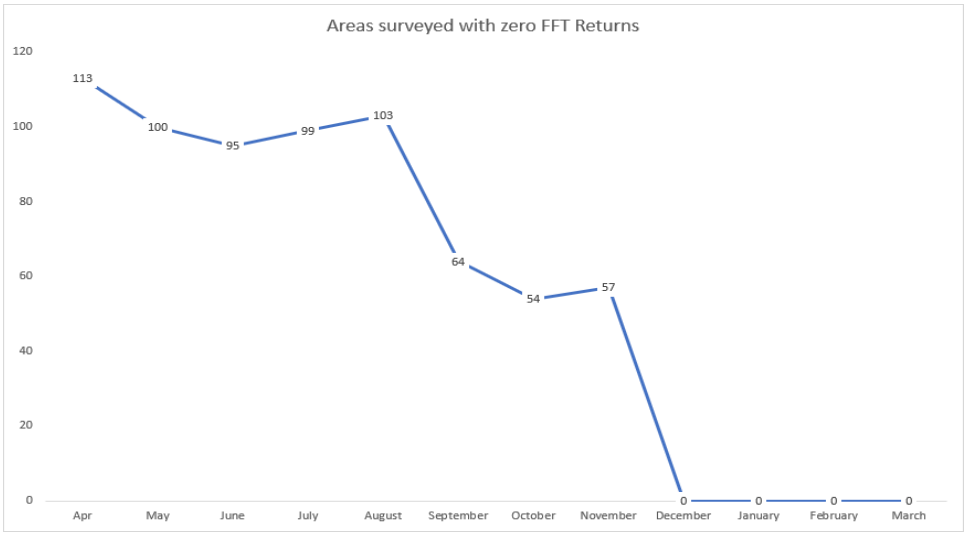
Patient Experience and Engagement Team Overview:

Advise (1) PALS and Complaints Data for November 2023:
Overview:

- 522 PALS concerns raised
- 50 new formal complaints (remain within our control measures)
- 39 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in November was 70.



Friends and Family Test (FFT)
Advise (2) FFT results: Testing of the UHD text messaging service continued during November seeing a continued increase in the number of FFT responses being received. More clinical areas are now receiving FFT results. The Trust overall positive score has been above the upper control for five consecutive months.



Advise (3) Mixed Sex Accommodation Breaches
There were 7 occurrences of MSA in November 2023 affecting 7 patients overall – continued monitoring of areas is in place with care group matrons.

Nurse Staffing: (1 Advise, 1 Assure)	**Care Hours per Patient Day (CHPPD)** **Advise (1) November 2023** CHPPD for registered nurses was 4.5 at an organisational level. **Red Flag Reporting** **Assure (1)** Thirteen red flags were raised in month for UHD. Of note no red flags were raised within maternity services. All red flags were mitigated with no critical staffing incidents.
Workforce Performance:	**Strategic goal: To significantly improve staff experience, engagement and retention**
CPO Headlines:	
People Operations: (3 Alert)	**Industrial Action** **Alert (1)** Junior Doctor strike action by the British Medical Council ('BMA') and the Hospital Consultants and Specialists Association ('HCSA') will take place from 7am on 20th December 2023 until 7am on 23rd December 2023. The second period of strike action will take place from 7am on 3rd January 2024 until 7am on 9th January 2024. **Alert (2)** The British Medical Association ('BMA') is currently balloting Consultants for strike action. The deadline for receipt of ballot papers is 18th December 2023. If mandated, the industrial action(s) is expected to take place within the period from 1 January 2024 to 17 June 2024. **Alert (3)** A consistent Dorset approach for recruitment decisions has recently been agreed. As a Trust we are adapting our processes in line with this approach.
Occupational Health and Wellbeing (1 Advise)	**Staff Vaccination Programme** **Advise (1)** Staff autumn vaccination uptake for front line staff is 36% Covid and 39% Flu. Uptake is down compared to this time last year which saw covid 54.9% and Flu 50.4%. The vaccination program has been extended to 31st January 2024. Drop-in clinics are planned in Occupational Health on Poole and Bournemouth sites until this date.
Workforce Systems (2 Assure)	**Right to Work Project** **Assure (1)** The audit of Right Work checks for all staff to ensure they are all fully aligned against our legal compliance, is progressing well. The work is leading to many refinements to our current processes and procedures in respect of ensuring full compliance with the multiple requirements of Right to Work checks for non-UK Nationals. **Roster Improvement Project** **Assure (1)** All 56 Inpatient new templates have been loaded into Health Roster from the 5th February 2024, except for Intensive care and the Emergency Department, which are scheduled for 4th March 2024, due to having 6-week templates in place.

Temporary Workforce (1 Advise, 1 Alert)	**Bank Engagement** **Advise (1)** In addition to the National NHS Staff Survey, a national Agency staffing Behavioural Insight Survey was conducted in November 2023 by NHS England and the results will be shared once received. **Alert (1) Agency Activity** Due to a National focus on identify fraud for nurses, the process for verification of temporary nursing workers reporting for duty now includes the commencement of ID photograph being uploaded onto our systems. This process will be reviewed and rolled out for other staff groups
Organisational Development ***(2 Advise)***	**Leadership & Talent** **Advise (1)** UHD Building Effective Teams month in November was a success, with 14 virtual masterclasses attended by over 460 members of staff. **Freedom to Speak Up** **Advise (2)** Concerns have been raised by 248 staff with the Freedom to Speak Up team since April 2023 (to end of November 2023). Freedom to Speak Up month in October **#breakingboundaries** saw a 75% increase of referrals from previous month.
Trust Finance Position ***(1 Alert, 5 Advise)***	**Strategic goal: To return to recurrent financial surplus from 2026/27** **Alert (1): Forecast Outturn Risk** Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £31.7 million after inclusion of the additional national funding for Industrial Action. This has subsequently been revised down to a forecast deficit of £12 million after inclusion of a number of further financial efficiency opportunities. The individual organisational allocations are still being finalised, however the Trust is expecting to achieve a financial break-even position supported by additional savings, additional ERF income and further funding support from Dorset ICB. There remains considerable risk within this position and focused effort will be required by all NHS partners to achieve the revised outturn projection. **Advise: Revenue Position** At the end of November 2023, the Trust has reported a deficit of £16.8 million against a planned deficit of £4 million representing an adverse variance of £12.8 million. This is mainly due to a reduction in elective income of £6.7 million reflecting lower than planned activity; energy cost inflation of £2.9 million; and unfunded escalation costs of £3.1 million. Premium cost pay overspends within Care Groups have been partially offset by additional bank interest and reduced depreciation charges. Included within the November position is £6.9 million of additional income to fund the financial impact of Industrial Action. This represents the Trusts share of the nationally announced £800 million financial support. **Advise: Cost Improvement Programme** Efficiency savings of £12.7 million have been achieved as at 30 November against a target £18.2 million. This includes non-recurrent savings of £7.8 million. The full year savings requirement is £33.3 million which represents a significant challenge. Current savings plans total £18.3 million representing a shortfall of £15 million and a recurrent shortfall of £21.5 million. Mitigating this shortfall continues to be the key financial focus for the Trust. **Advise: Capital Programme** The Trust continues to forecast the capital expenditure consistent with the full year budget, however a request has been made to the national capital team

	to re-profile £19.1 million of capital funding into future years. This reflects the current forecast expenditure profile of the acute Re-configuration (STPW1) programme. Should this request not be supported, the Trust would be a considerable risk as this funding cannot be drawn down in advance of spend and would therefore be lost. **Advise: Cash** As at 30 November 2023 the Trust is holding a consolidated cash balance of £83.8 million which is fully committed against the future Capital Programme. The balance attracts Government Banking Services interest of 5.14% at current rates, together with a PDC offset benefit of 3.5%. **Advise: Public Sector Payment Policy** In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.3% against the national standard of 95%, however in month performance is improving at 94.6%. Financial Services continue to work closely with relevant teams to identify further mitigating actions.
Key Recommendations:	Members are asked to note the content of the report
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☒ Financial ☒ Operational Performance ☒ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☒ System ☒
CQC Reference:	Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☒ Use of Resources ☒

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Trust Management Group	December 2023	Pending
Quality Committee (Quality)	December 2023	Pending
Finance & Performance Committee (Operational / Finance Performance)	December 2023	Pending

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality Patient confidentiality Staff confidentiality Other exceptional reason	☐ ☐ ☐ ☐

University Hospitals Dorset
NHS Foundation Trust



Integrated Performance Report

Reporting month: November 2023
Meeting Month: Dec/Jan 2023

Contents

Achievements

In 2023/24 the achievements to date have been

- The latest headline HSMR for July 2023 is 96.98, this has shown special cause improvement for a second consecutive month and maintaining an HSMR of below 100 achieved for the first time in more than a year last month.
- Friends and Family Test (FFT) : Testing of the UHD text messaging service continued during November seeing a continued increase in the number of FFT responses being received. More clinical areas are now receiving FFT results. The Trust overall positive score has been above the upper control for five consecutive months.
- Successful transition to new Learning from Patient Safety Events (LFPSE) Forms and national platform on the 30/11/23.
- Fewer patients are waiting for elective care and the referral to treatment time had reduced.
- No patients are waiting over 2 years for treatment and fewer patients are waiting over 65 weeks.
- A reduction in the number of patients overdue a follow up outpatient appointment
- An improvement in theatre utilisation rates (main and day case); to 74% and 75% respectively in November 2023 compared to April 2023
- More patients are receiving same day emergency care.
- UHD is consistently performing in the top two Trusts in the south west for diagnostic (DMO1) performance.

Performance at a Glance Indicators (1)

			standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
SAFE																	
Quality	Presure Ulcers (Cat 3 & 4)			3	9	11	7	7	5	10	8	3	12	7	7	11
	Inpatient Falls (Moderate +)			2	5	9	3	3	4	2	5	1	3	4	6	3
	Medication Incidents (Moderate +)			1	0	0	2	0	0	0	1	1	2	2	2	6
	Patient Safety Incidents			1218	1205	1170	1043	1215	1080	1198	1151	1256	1245	1281	1232	1223
	Hospital Acquired Infections	MRSA		0	0	1	0	0	1	0	0	0	0	0	0	0
		MSSA		2	3	3	1	1	4	6	8	4	4	5	5	4
		C Diff		4	5	6	4	5	5	8	19	11	4	8	8	4
		E. coli		7	5	10	7	14	5	8	17	14	8	11	11	11
EFFECTIVE																	
Mortality	HSMR (all Latest Jun 23	(source Dr Foster)		118.7	115.4	107.8	103.8	101.3	106.2	102.4	96.8	97				
	Patient Deaths	YTD		256	294	273	217	259	238	228	215	196	227	200	252	232
	Deaths within 36hrs of Admission			37	50	38	37	32	36	41	34	33	43	25	35	40
	Deaths within readmission spell			17	24	23	23	16	22	21	18	26	31	20	27	20
CARING																	
	Complaints Received			100	75	92	84	86	73	95	91	37	41	47	65	89
	Complaint Response Rate (55 Days)			58.7%	62.3%	52.5%	51.4%	47.4%	45.5%	45.5%	38.5%	24.1%	26.3%	10.9%	17.4%	40.0%
	Friends & Family Test			90.2%	87.8%	91.1%	92.7%	90.3%	90.9%	91.8%	91.0%	93.8%	94.4%	94.4%	95.1%	94.8%
WELL LEAD																	
Safety	Risks 12 and above on Register			35	37	38	41	38	38	40	43	43	43	45	43	45
	Risks 15 and above on Register			19	19	20	20	19	19	20	21	20	22	23	23	23
	Red Flags Raised*			74	84	41	43	38	21	43	25	19	13	20	15	13
People	Turnover			14.7%	14.8%	14.9%	14.7%	13.9%	13.8%	13.7%	13.4%	12.9%	12.3%	12.1%	11.7%	11.2%
	Vacancy Rate			8.75%	7.2%	7.0%	6.4%	6.0%	6.0%	7.0%	8.1%	9.1%	8.2%	7.7%	6.94%	
	Sickness Rate			5.2%	6.4%	4.8%	4.7%	4.8%	3.9%	3.7%	3.9%	4.1%	4.1%	4.3%	4.8%	4.6%
	Statutory and Mandatory Training			85.80%	85.92%	86.31%	86.81%	86.98%	87.84%	88.45%	89.41%	89.70%	89.75%	89.25%	88.88%	88.92%
	Appraisal Compliance - Values Based			49.09%	50.94%	52.10%	52.82%	53.56%	1.22%	4.66%	11.97%	23.80%	34.82%	53.33%	60.82%	63.79%
	Appraisal Compliance - Medical & Dental			57.67%	57.91%	59.08%	60.82%	59.52%	60.07%	60.61%	62.03%	60.91%	58.25%	55.9%	57.66%	57.29%
	Temporary Hours Filled by Bank			53.4%	48.5%	52.4%	55.3%	53.5%	57.6%	57.1%	53.1%	53.6%	54.2%	51.0%	51.8%	53.1%
	Temporary Hours Filled by Agency			16.6%	17.5%	18.6%	19.9%	19.2%	20.3%	21.6%	24.4%	26.3%	25.2%	26.8%	26.2%	27.8%
	Agency Pay as Proportion of Total Pay			5.2%	6.0%	6.4%	5.7%	3.6%	5.1%	4.1%	4.6%	4.7%	4.5%	5.0%	5.1%	4.5%

Performance at a Glance Indicators (2)

		standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	
RESPONSIVE																
RTT	18 week performance %	92%	56.1%	55.1%	55.4%	54.3%	53.8%	52.6%	54.3%	55.1%	55.4%	57.0%	57.6%	59.7%	60.8%	
RTT	Waiting list size	76,207 (nov 23)	71,161	70,259	71,230	72,522	72,770	74,557	74,500	74,483	75,884	73,727	73,726	70,914	69,158	RAG based on trajectory
RTT	No. patients waiting 52+ weeks	4,045 (nov 23)	3,634	3,472	3,565	3,861	4,100	4,380	4,813	4,574	4,613	4,501	4,426	4,199	4,196	RAG based on trajectory
RTT	No. patients waiting 65+ weeks		1,342	1,195	1,127	1,147	1,070	1,249	1,242	1,053	1,122	1,293	1,234	1,331	1,271	
RTT	No. patients waiting 78+ weeks	0	487	473	395	274	96	112	97	32	34	43	43	47	59	RAG based on trajectory
RTT	No. patients waiting 104+ weeks	0	37	25	10	0	0	0	0	0	0	0	0	0	0	RAG based on trajectory
Theatre	Theatre utilisation (capped) - main	98%	75%	73%	71%	71%	65%	72%	73%	73%	73%	74%	75%	75%	74%	
Theatre	Theatre utilisation (capped) - DC	91%	74%	69%	69%	67%	57%	69%	74%	73%	72%	72%	74%	74%	75%	
Theatre	NOFs (Within 36hrs of admission - NHFD)	85%	52%	43%	49%	24%	67%	54%	33%	37%	37%	31%	47%	43%	56%	
Outpatients	**Outpatient metrics**															
Outpatients	Overdue Follow up Appts		32,757	33,369	34,863	34,756	34,302	31,778	31,057	30,594	29,622	27,619	27,946	27,493	26,506	
Outpatients	% DNA Rate	5%	6.5%	7.5%	7.5%	6.5%	7.1%	7.6%	6.5%	6.1%	6.2%	6.3%	6.2%	6.3%	5.9%	
Outpatients	Patient cancellation rate		10.5%	12.3%	10.6%	10.8%	9.2%	8.9%	11.3%	11.6%	11.0%	11.3%	11.6%	11.8%	11.2%	
Outpatients	% non face to face (telemedicine) attendances	25%	20.0%	20.2%	20.8%	21.3%	18.5%	18.6%	18.6%	17.5%	15.7%	17.3%	16.9%	16.9%	17.1%	
DM 01	**Diagnostic Performance (DM01)**															
DM 01	% of >6 week performance	1%	11.0%	13.6%	10.7%	7.4%	7.0%	8.4%	6.0%	7.7%	9.4%	13.2%	12.1%	10.4%	9.3%	
Cancer	28 day faster diagnosis standard	75%	59.6%	68.4%	65.0%	71.0%	75.4%	71.2%	70.2%	71.9%	60.1%	54.7%	64.7%	67.0%	*66.1%*	*Nov cancer position predicted*
Cancer	62 day standard	85%	64.3%	63.4%	63.6%	61.9%	65.4%	67.0%	62.7%	60.2%	63.0%	57.1%	60.2%	68.9%	*63.7%*	
Emergency Dept	4 hour care standard							56.8%	66.4%	61.7%	60.1%	62.9%	61.2%	61.0%	62.3%	
Emergency Dept	Arrival time to initial assessment	15	15.0	20.5	11.0	15.0	13.0	16.0	19.0	22.0	24.0	16.0	16.0	21.0	19.0	
Emergency Dept	Clinician seen <60 mins %		24.3%	21.8%	31.6%	25.7%	26.1%	31.6%	27.6%	35.6%	20.3%	27.2%	26.1%	27.7%	32.2%	
Emergency Dept	Patients >12hrs from DTA to admission	0	157	343	234	294	211	220	82	13	59	2	-	-	70	
Emergency Dept	Patients >12hrs in dept		1074	2000	1108	1443	1238	849	637	504	871	723	857	882	851	
SW AST	Ambulance handovers		3855	3545	3602	3360	3988	4007	4102	4015	4268	4447	4238	4433	4295	
SW AST	Ambulance handover >60mins breaches		583	1568	728	882	900	698	345	383	615	588	677	805	551	
Patient Flow	Bed Occupancy (capcity incl escalation)	85%	92.7%	93.3%	93.1%	94.1%	94.5%	93.6%	92.3%	94.4%	94.6%	93.5%	95.3%	95.8%	96.7%	
Patient Flow	Stranded patients:															
Patient Flow	Length of stay 7 days		550	522	564	582	543	523	502	480	474	476	500	502	526	
Patient Flow	Length of stay 14 days		375	332	366	387	355	337	322	294	295	308	310	318	331	
Patient Flow	Length of stay 21 days	108	281	228	250	269	255	235	223	199	202	220	211	220	220	
Patient Flow	Non-elective admissions		5817	5956	5693	5165	6203	5690	6288	6347	6223	6233	6141	6551	6519	
Patient Flow	> 1 day non-elective admissions		3676	3905	3673	3202	3881	3612	3826	3783	3863	3821	3779	4065	3934	
Patient Flow	Same Day Emergency Care (SDEC)		2141	2050	1979	1963	2316	2078	2458	2560	2358	2410	2310	2393	2458	
Patient Flow	Conversion rate (admitted from ED)	30%	29.10%	28.30%	30.90%	27.79%	28.30%	29.70%	29.90%	31.60%	28.70%	28.60%	30.70%	32.50%	32.90%	

Statistical Process Control (SPC) – Explanation of Rankings

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

Quality Outcomes & Safety Patient Experience

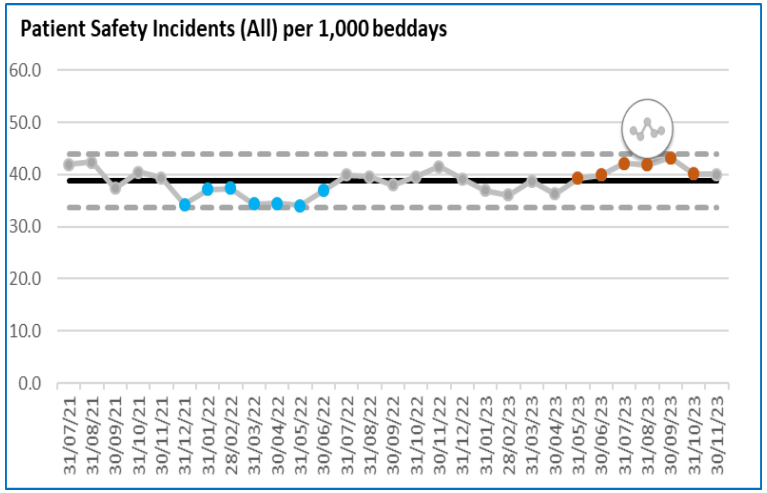
University Hospitals Dorset
NHS Foundation Trust


Professor Paula Shobbrook
Chief Nursing Officer/ Deputy CEO
Dr Peter Wilson
Chief Medical Officer

Operational Leads:
Jo Sims – Associate Director Quality, Governance and Risk
Matthew Hodson – Deputy Chief Nursing Officer (IPC, Clinical practice and Patient Experience)
Sean Weaver – Clinical Lead for Mortality
Fiona Hoskins – Deputy Chief Nursing Officer (Workforce & Safeguarding)
Sarah Macklin - Care Group Director of Operations, Women's, Children, Cancer and Support Services
Lorraine Tonge - Director of Midwifery
Mr Alex Taylor - Clinical Director

Committees:
Quality Committee

Quality (1) – Safe



Background/target description

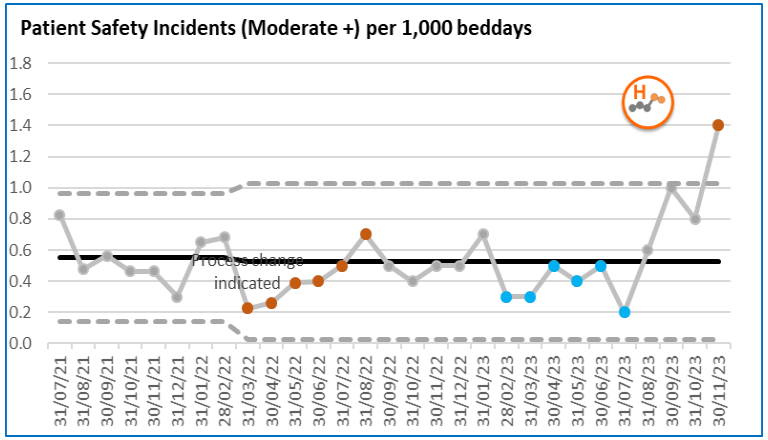
To improve patient safety.

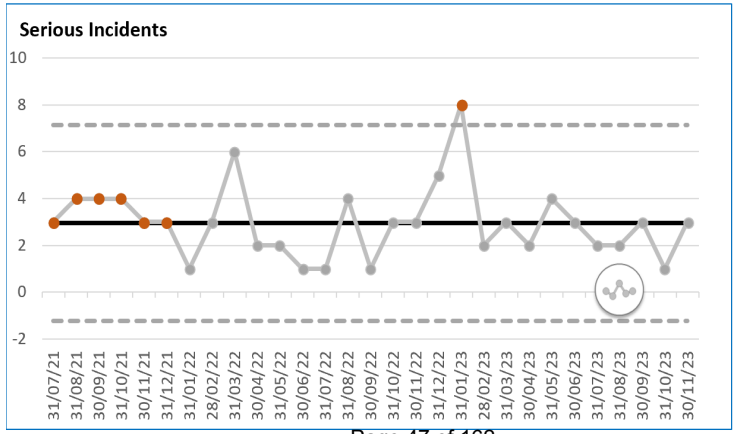
Performance

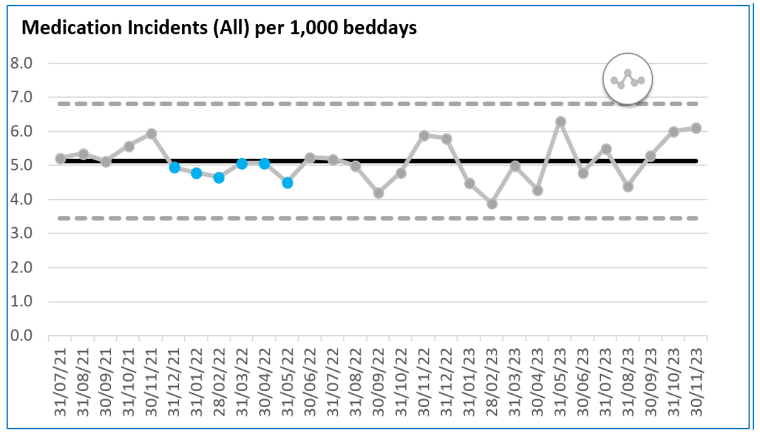
- No significant trends or changes in IPR reported metrics. November 23 Patient safety incidents (graded moderate and above) per 100.000 bed days is unvalidated data and is likely to significantly reduce once scoping meetings and initial reviews have been completed.
- PSIRF plan discussed and approved at Board in November 2023.
- Successful transition to new Learning from Patient Safety Events (LFPSE) Forms and national platform on the 30/11/23. LFPSE redefines the definition of a patient safety incident and therefore the Trust reporting profile is likely to change over the next few months. This will be closely monitored by the Quality and Risk Team who continue to provide awareness training across the Trust on the new forms and the importance of reporting and learning from patient safety events, including near misses and potential LERN issues.

Key Areas of Focus

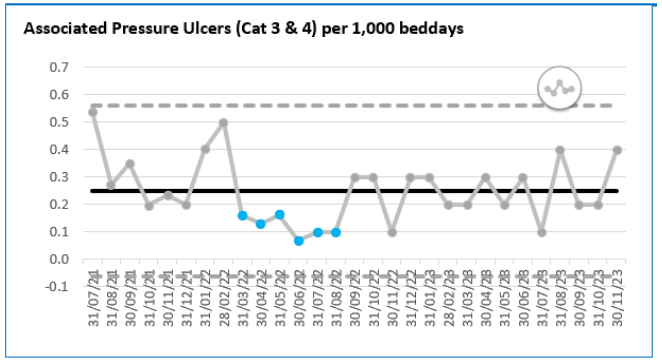
Full report on learning from completed investigations to be included in CMO report to Quality Committee and Board.

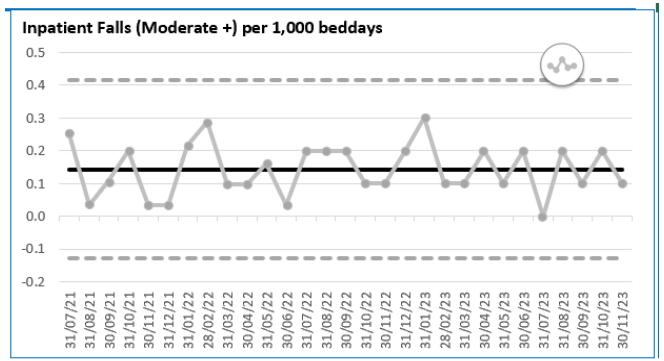


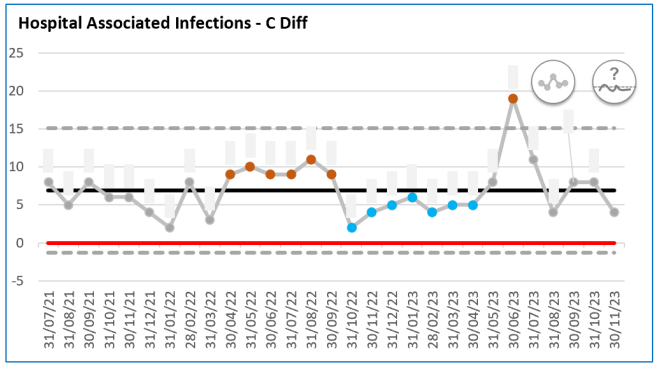


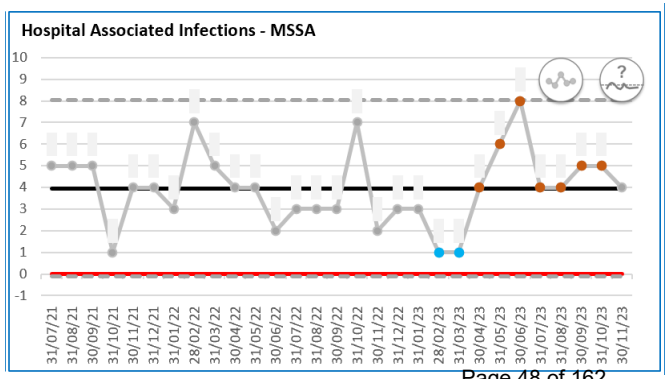


Quality (2) – Safe









Background/target description

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

Performance

Clinical practice:

- There has been twelve new category three pressures ulcers reported in month, which are following the appropriate investigation.
- There has been a decrease in the number of serious falls incident in month with two falls reported (one severe and one moderate), both falls will follow the appropriate follow-up.

Infection Prevention and Control

- Methicillin-susceptible *Staphylococcus aureus* (MSSA) - the team continue to monitor Methicillin-susceptible Staphylococcus aureus cases no further trends have been identified and follow the appropriate investigation.
- *Clostridioides difficile* Cases In November 2023 have reduced with no periods of increased incidence or outbreaks. Infection Control continue to monitor.
- We continue to see cases of COVID-19 identified in November 2023, in both patients and staff which have resulted in ward closures.
- The team continue to assess themes as part of the PSIR Framework, including management of urinary catheters, Intravenous cannulae and clostridium difficile relapses.

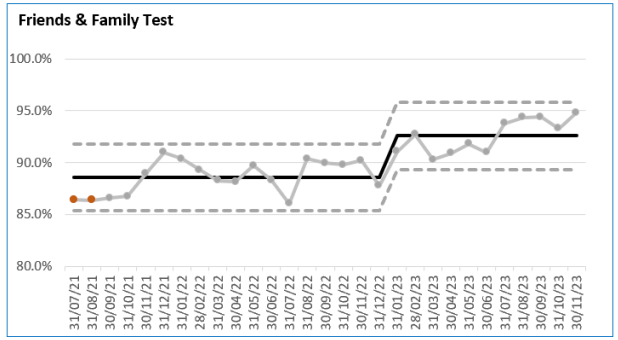
Key Areas of Focus

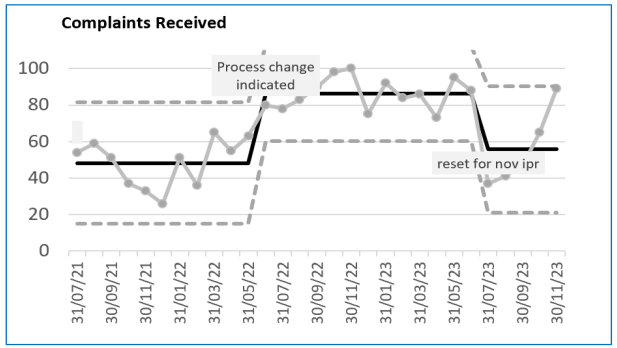
- Continue to work with ward teams on Falls and Tissue viability improvement plans
- Infection Control Team reviewing the venous infusion phlebitis (VIP) assessment tool compliance with care groups.

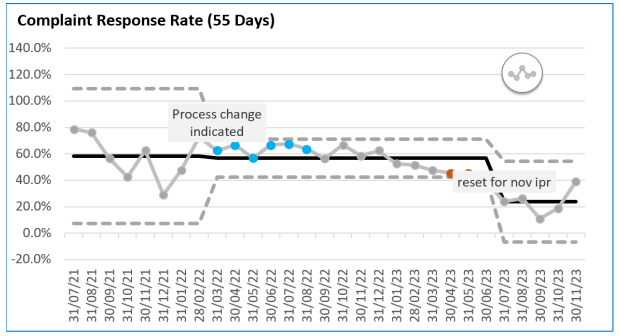
HCAI Trends by month

Organism	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
MRSA	0	1	0	0	1	0	0	0	0	0	0	0
MSSA	3	3	1	1	4	6	8	4	4	5	5	4
C Diff	5	6	4	5	5	8	19	11	4	8	8	4
E Coli	5	10	7	14	5	8	17	14	8	11	11	11

Quality (3) – Caring







PALS and Complaints Data for November 2023:

Overview:

- 522 PALS concerns raised
- 50 new formal complaints (remain within our control measures)
- 39 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in November were 70.
- Key themes identified as highlighted in the front sheet

Complaints received has increased, with a increased PALS activity also being seen. Complaints and PALS themes include communication and not meeting fundamentals of care. The top 5 issues are being discussed through the PEG with Trust wide actions to address.

The number of open complaints over 55 days continue to be prioritised within the complaints team and care groups and has continued to decrease.

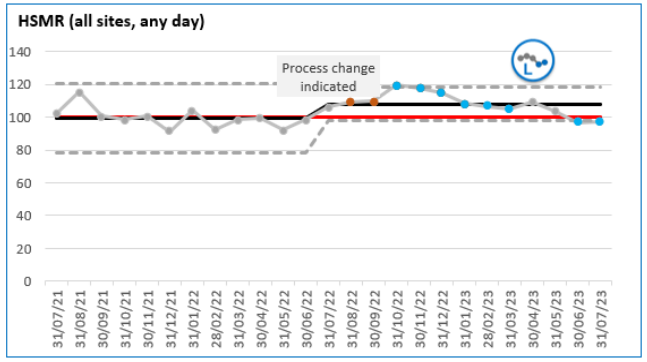
Friends and Family Test (FFT)

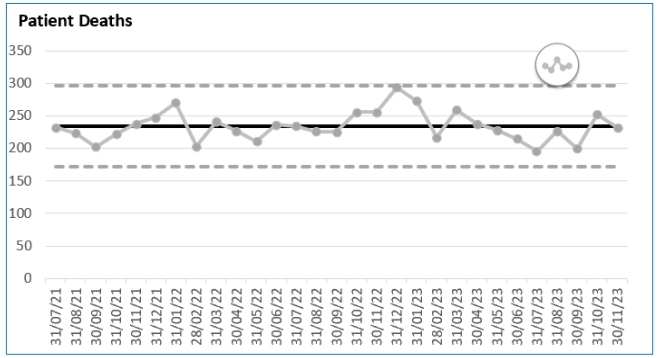
FFT results: Testing of the UHD text messaging service continued during November seeing a continued increase in the number of FFT responses being received. More clinical areas are now receiving FFT results. The Trust overall positive score has been above the upper control for five consecutive months.

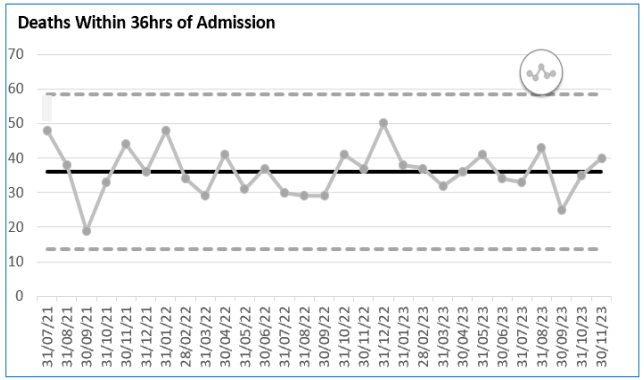
Mixed Sex Accommodation Breaches

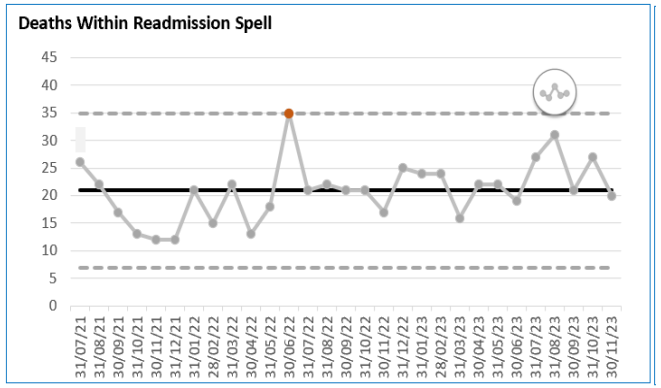
There were 7 occurrences of MSA in November 2023 affecting 7 patients overall – continued monitoring of areas continues with care group matrons.

Quality (4) – Effective & Mortality









The headline figure for mortality reporting is UHD trustwide HSMR. This is the key metric for the Quality: Outcomes and Safety central theme of Patient First.

The mortality dashboard is live and freely available and of note, all mortality data is at least 5 months old.

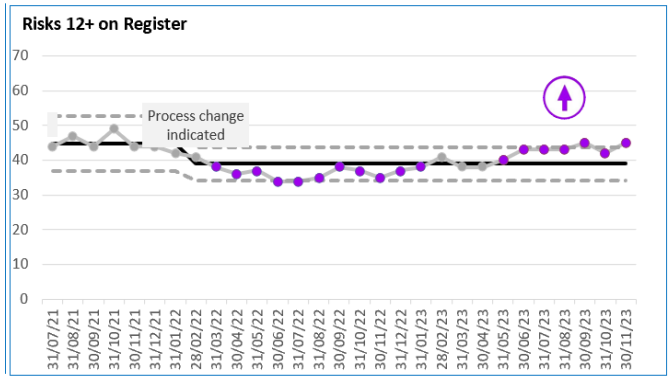
QR.PBI111 Mortality Dashboard - Power BI Report Server (uhd.nhs.uk)

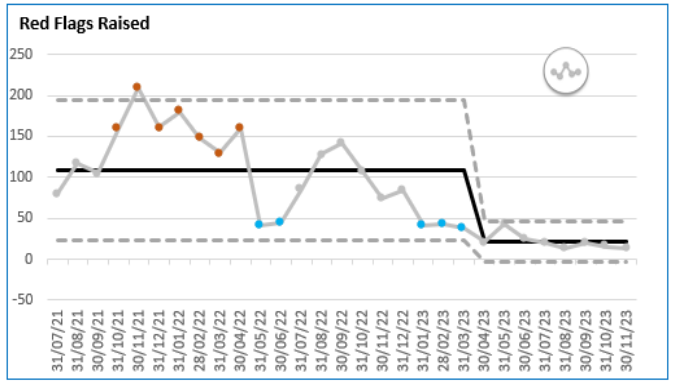
The HSMR has dropped for two consecutive months and is 96.98 for July

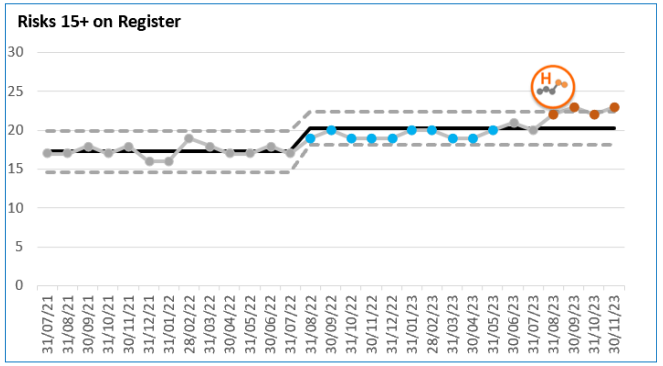
There are three mortality alerts which are being investigated
- Acute and unspecified renal failure
- Septicaemia except in labour
- Secondary malignancies

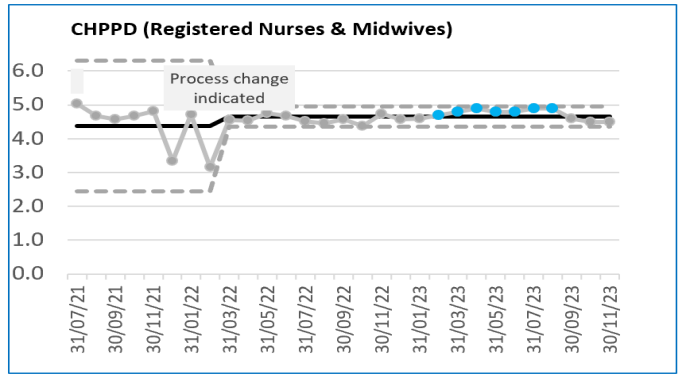
There is also evidence that our palliative care coding of non-elective admissions has dropped sharply and this may contribute to the above alerts by not recording in the coding that the care was with a palliative intent. This is being reviewed with the coding team

Quality (5) – Well Led









Performance

- November CHPPD for registered nurses and midwives was 4.5. Guidance for organisational level CHPPD for registered nurses and midwives advises this should be >3.
- The Red Flag data for October was 13 raised in month (zero for maternity.) No critical staffing incidents were reported during this period indicating that the flags were mitigated, and safe staffing was maintained.

Key Areas of Focus

- Separate Risk Report provided to TMG, Quality Committee and Board.
- Number of risks 12+ remains high. All have been reviewed in month in accordance with the Risk Management Strategy.

Safe Staffing (Rota Fill Rates and CHPPD) - Total (Day & Night Combined) November 2023/24

Hospital Site name	Patient Count	Registered Nurses/Midwives			
		Total monthly planned staff hours	Total monthly actual staff hours	Fill Rate %	CHPPD
Poole Hospital	16764	78073.5	77176.7	98.9%	4.6
Bournemouth & Christchurch	16712	73445.4	74086.6	100.9%	4.4
UHD Total	33476	151518.9	151263.3	99.8%	4.5

Maternity (1)

Executive Owner: Paula Shobbrook (Chief Nursing Officer)
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	Metric	Alert (national standard/ average where available)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Perinatal	Red flags: 1:1 care in labour not provided	0	0	0	0	1	0	0	0	0
	3rd/4th degree tear overall rate	>3.5%	3.1%	2.70%	4.2%	3.9%	4.6%	1.0%	4.5%	3.8%
	Obstetric haemorrhage >1.5L	>2.6 %	2.10%	3.0%%	3.7%	4.4%	3.5%	3.36%	3.3%	2.1%%
	Term admissions to NNU	National <6%, Regional <5%	5.9%	6.50%	5.50%	4.30%	4.50%	6.10%	6.80%	5.40%
	Apgar < 7 at 5 minutes	<1.2 %	2.3%	0.0%	1.10%	0.70%	0.0%	1.6%	2.8%	2.9%
	Stillbirth number	Actual	4	2	1	0	0	2	2	1
	Stillbirth number/rate (per 1,000) per quarter	<2.5 /1000			7			2		
Workforce	Rostered consultant cover on Delivery Suite - hours pw	<72	72	72	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per week	<58	58	58	58	58	58	58	58	58
	Midwife/band 3 to birth ratio (establishment)	01:23	01:21	01:21	01:21	01:21	01:21	01:21	01:21	01:21
	Midwife/band 3 to birth ratio (in post)	01:23	01:25	01:24	01:24	01:25	01:22	01:22	01:23	01:26
Feedback	Number of compliments (Smiles via Badgernet)		42	37	41	66	51	32		
	Number of concerns (PALS) negative		0	0	4	3	0	2	1	1
	Complaints	3	2	3	2	2	0	0	3	2
	FFT Repsonse -returns as % of deliveries not mandated now)		43%	46%	87%	80%	62%	125%	100%	
Training	UHD Mandatory training - women's health	90%	82%	84%	86%	88%	88%	88%	86%	86%
	PROMPT/Emergency skills all staff groups	90%	82%	82%	84%	86%	not known	85.2%	74%	79%
	K2/CTG training all staff groups	90%	91.76%	96%%	94%	96%	95%	95%	84%	87%
	CTG competency assessment all staff groups	90%	91.76%	96%%	94%	96%%	95%	95%	84%	87%
	Core competency framework compliance	90%	84%	87%	89%	86%	84%	85%	93.50%	90.00%
	Coroner Reg 28 made directly to the Trust	al <6%, Region	N	N	N	N	N	N	N	N
	HSIB/CQC etc. with a concern or request for action		Y (CQC)	Y(CQC)	Y(CQC)	Y(CQC)	Y(CQC)	Y(CQC)	Y(CQC)	Y(CQC)

Data and Target

The national PQS Scorecard is RAG rated based on comparison with the national average position, rather than the target.

Performance

There are 3 areas currently flagging as red RAG rated:

- 3rd /4th degree tears
- Apgar <7 at 5 minutes-increased over last two months
- Prompt Training -below 90 % compliance

Key Areas of Focus

3rd /4th degree tears - learning identified and action plan in place to address OASI bundle compliance is being monitored .

Obstetric haemorrhage >1.5L: - The performance for this metric has been elevated for the past six months, a review has commenced using the Patient Safety Incident Response Framework (PSIRF) a Thematic Review' and the update on the report and the findings will follow. Clinical review showed correlation between tears and obstetric haemorrhage . Quality improvements being made, and this month showed improvement For awareness National rate of PPH rising due to increasing medicalisation of birth.

Term admissions to NNU: - Improvements seen this month one avoidable term admission identified and learning being shared.

Apgars <7 at 5 min- review of cases in November showed accurate assessments and further ongoing training continues

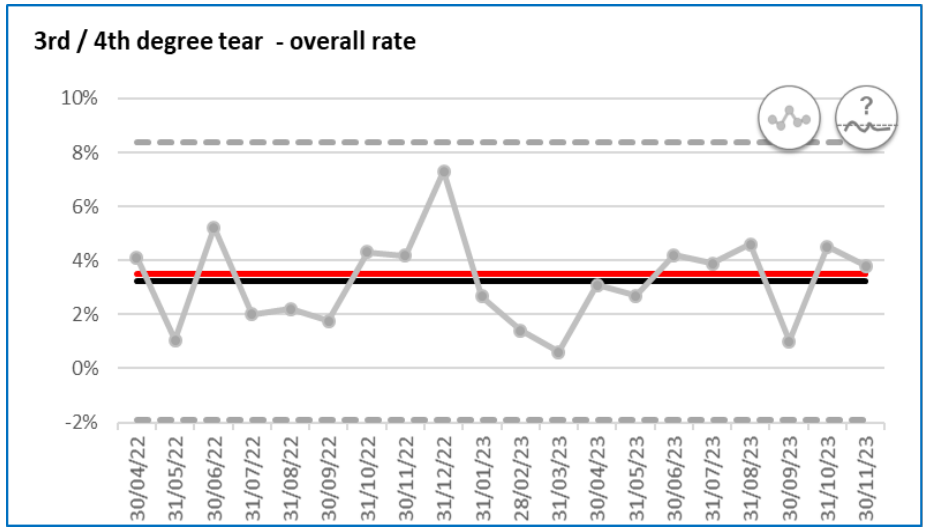
Training: Immediate action taken, additional training in November. A higher number of staff became out of date in October, however due to sickness full improvement not made and therefore not meeting 90% requirement. Action plan to be presented to board.

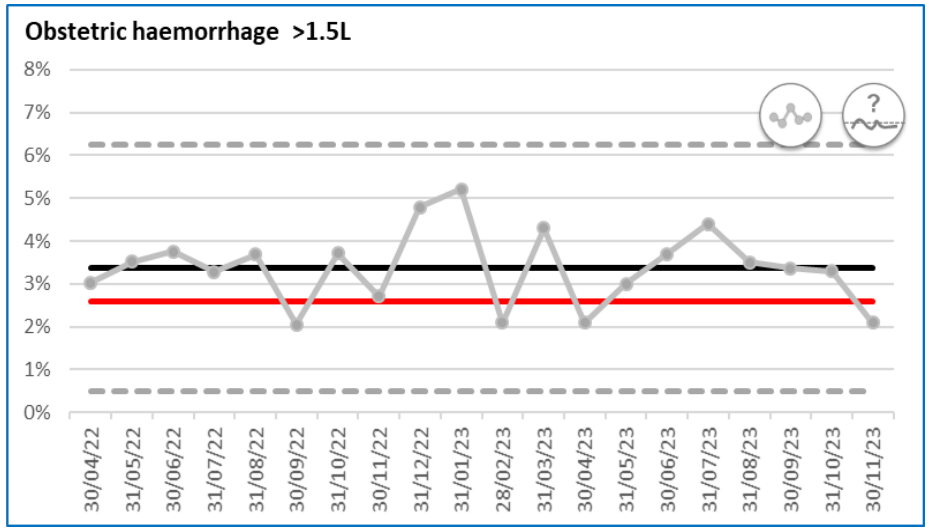
Maternity (SPC)

Executive Owner: Paula Shobbrook (Chief Nursing Officer)
Management/Clinical Owner: : Sarah Macklin (GDO) / Lorraine Tonge
Director of Midwifery / Mr Alex Taylor Clinical Director

Maternity - Areas of Focus

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
3rd / 4th degree tear - overall rate	Nov 23	3.8%	3.5%			3.2%	-1.9%	8.4%
Obstetric haemorrhage >1.5L	Nov 23	2.1%	2.6%			3.4%	0.5%	6.3%
Term admissions to NNU %	Nov 23	5.4%	6.0%			5.6%	2.5%	8.7%





Maternity (2)

CQC Maternity Ratings UHD Assessment 2019 and Oct 2022.	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
	Inadequate	Inadequate	GOOD	OUTSTANDING	OUTSTANDING	Inadequate

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

National position & overview

- The Perinatal Quality Surveillance Dashboard describes a standard data set for Trust Board overview
- The dashboard implementation using the Perinatal Quality Surveillance Tool forms part of our Maternity Safety Self Assessment and Ockendon 1 requirements
- There are a number of items which require narrative rather than graphic benchmarking and these are described below

Findings of review of all perinatal deaths using the national monitoring tool

MBRRACE reportable cases:

There have been 2 reportable cases for MBRRACE in November 1 early stillbirth and 1 MTOP (reportable as over 24 weeks)

PMRT

An external review with the team from Somerset occurred November . This external review relooked at all PMRT cases from January 1st to May 31s and grades the care. Initial feedback was that there was no additional learning or themes identified and one case was regraded however learning already implemented.

We will continue to continually increase awareness of the importance of reduced fetal movements and seeking medical attention.

Matters for Board information and awareness

Patient Safety Incident Response Framework (PSIRF)

PSIRF is being implemented in maternity and our top 3 areas identified for thematic reviews are

1.Stillbirth

2. Term admissions to NICU - 6 months deep dive presented to ICB and safety champions.

3. PPH greater than 1.5 liters initial quality improvement commenced.

Other incident to note from November report

There are 2 HSIB and a board report to share with the Board this month.

Key learning discussed with safety champions

Progress in achievement of Year 5 Maternity incentive scheme

MIS year 5 - All safety standards not met

Work continues on all safety standards with monthly assurance meetings to monitor compliance.

Standards not met

Safety action 4 Obstetric Staffing needs to provide a robust locum induction as per RCOG standards. We are working with the medical recruitment team to finalise an induction pack (for long term and short-term locums) that embed guidance from RCOG on the management of the temporary staffing.

Safety action 6

Saving Babies Lives Care Bundle 3 – Quarter 2 assessment with ICB showed 73% compliance., however 50% not met in one element therefore standard not met.

Safety action 8 - In house training, This remained a challenge in November due to the change over of the junior medical staff and new midwives in post. Additional training occurred however standard not met for all staff groups.

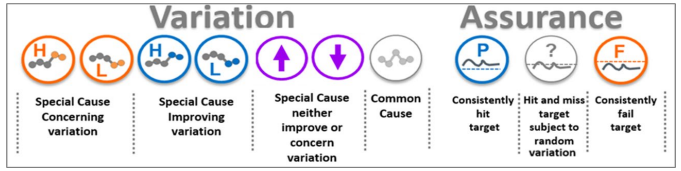
Other areas we are improving are:

Safety action 9- We are working closely with the ICB to ensure that we have a live digital monitoring Maternity and Neonates Dashboard that supports the monitoring of the performance and delivery of a safe service

Performance at a glance
Quality - 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	Nov 23	0.4	-			0.2	-0.1	0.6
Inpatient Falls (Moderate +) per 1,000 beddays	Nov 23	0.1	-			0.1	-0.1	0.4
Medication Incidents (Moderate +) per 1,000 beddays	Nov 23	0.2	-			0.1	-0.1	0.2
Medication Incidents (All) per 1,000 beddays	Nov 23	6.1	-			5.1	3.4	6.8
Patient Safety Incidents (All) per 1,000 beddays	Nov 23	40.0	-			38.7	33.6	43.8
Patient Safety Incidents (Moderate +) per 1,000 beddays	Nov 23	1.4	-	H		0.5	0.0	1.0
Serious Incidents	Nov 23	3				3	-1	7
Never Events	Nov 23	1	-			0	-1	1
Hospital Associated Infections - MRSA	Nov 23	0	0		?	0	0	1
Hospital Associated Infections - MSSA	Nov 23	4	0		?	4	0	8
Hospital Associated Infections - C Diff	Nov 23	4			?	7	-1	15
Hospital Associated Infections - E Coli	Nov 23	11	0		?	8	-1	17
Risks 15+ on Register	Nov 23	23	-	H		20	18	22
HSMR (all sites, any day)	Jul 23	97.0	100.0	L	?	108.1	98.2	118.0
Mixed Sex Accommodation Breaches	Nov 23	7	0		?	4	-14	22
Complaints Received	Nov 23	89	-			56	21	90
Complaint Response Rate (55 Days)	Nov 23	40.0%				24.9%	-9.0%	58.9%
Friends & Family Test	Nov 23	94.8%	-			92.6%	89.3%	95.9%
			0					
Patient Deaths	Nov 23	232	-			234	172	296
Deaths Within 36hrs of Admission	Nov 23	40	-			36	14	59
Deaths Within Readmission Spell	Nov 23	20				21	7	35
Risks 12+ on Register	Nov 23	45		↑		39	34	44
Red Flags Raised	Nov 23	13				21	-4	46
CHPPD (Registered Nurses & Midwives)	Nov 23	4.5				4.7	4.3	5.0



Our People

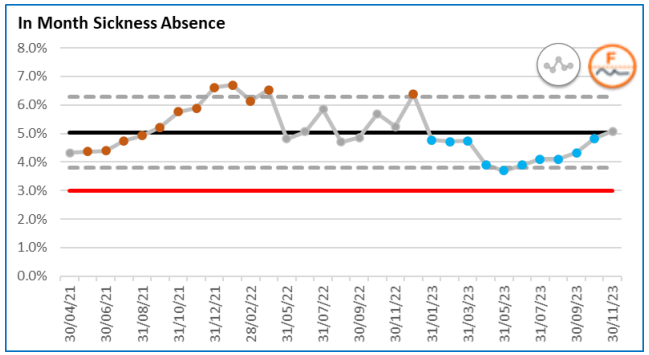
Irene Mardon
Acting Chief People Officer

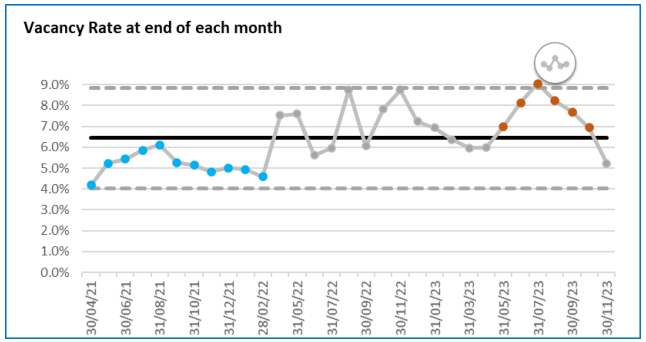
Operational Leads:
Lisa White - Acting Deputy Chief People Officer

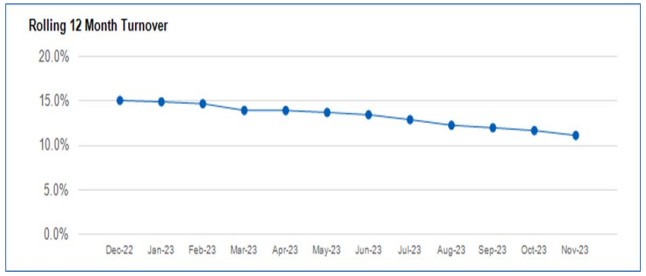
Committees:
People and Culture Committee

NHS
University Hospitals Dorset
NHS Foundation Trust

Well Led - Workforce (1)







Performance

Sickness Absence and Wellbeing

- In month sickness absence for November 2023 was at 5.1%, this is up on previous month. Latest rolling 12 month rate (as at end of November 2023) is 4.56% which is a slight reduction on the previous month.
- (Risk 1493) Stress/ anxiety/ depression remains the top reason for absence.
- In November, 210 Occupational Health management referrals were received - the waiting time has improved from 4 weeks to currently 3 weeks. Steps are in place to continue to support the return to the KPI of 10 days.
- Staff physiotherapist wait times reduced to 6 days for an urgent appointment and 20 days for routine. KPI- 5 days for urgent, 10 days for routine. Physiotherapist recruitment is in train to improve our performance against the KPIs .
- UHD Winter Wellbeing Guides for Line Managers and staff have been published and communicated. This provides staff wellbeing information and signposting to internal and external support services.

Vacancy Rate

- A consistent Dorset approach for recruitment decisions has recently been agreed. As a Trust we are adapting our processes in line with this approach.
- Vacancy rate is reported a month in arrears to allow for reconciliation with the ledger. Latest vacancy position is 6.94% (as at 31st October 2023), this includes any changes made in arrears.
- In November, the number of new joiners (agenda for change staff) to the Trust was 134, whilst slightly down from141 the previous month, this remains high when compared across the year. Additionally, there were 3 new medical joiners.
- The number of applications for advertised posts (for agenda for change staff) remains high, at 3,797 for 299 posts. This is an increase of 282 applications from October. In November, 258 offers were made. For medical staff, offers were made to 36 staff.
- NHSI financial support for International Nurse Recruitment beyond December 2023 has not been confirmed at this stage. This impacts our ability to plan our training offering for the Objective Structured Clinical Examination (required to obtain nursing registration in the UK).

HCSW Recruitment

- There are 59 HCSW (Health Care Support Workers) in the recruitment pipeline.
- HCSW vacancies are currently at 184 WTE compared to 218.51WTE vacancies reported last month.
- The deadline for meeting our target of reducing the number of HCSW vacancies by 25%, has been extended to 30 March 2024.
- A forecast and action plan indicating how we will achieve this objective has been submitted to NHS Direct Support. In addition to weekday recruitment events, a larger scale HCSW recruitment day is planned for 20th January 2024.

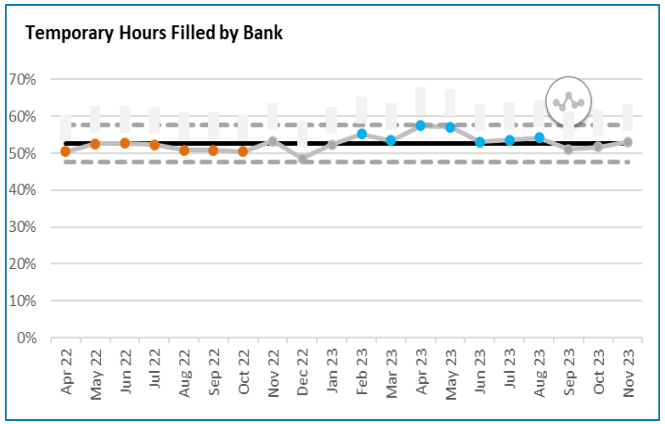
Turnover

- Rolling 12 month Turnover rate (excluding fixed term temp) is at 11.15% (as at end of November 2023), which is a slight reduction on last month and continues a downward trend we have seen for over a year now.

Data continues to adjust as the ESR establishment work and data cleanse process continues. The Medical and Dental data cleanse project is on track for completion on the 31st December with a current completion rate of 63%.

Well Led - Workforce (2)

Performance



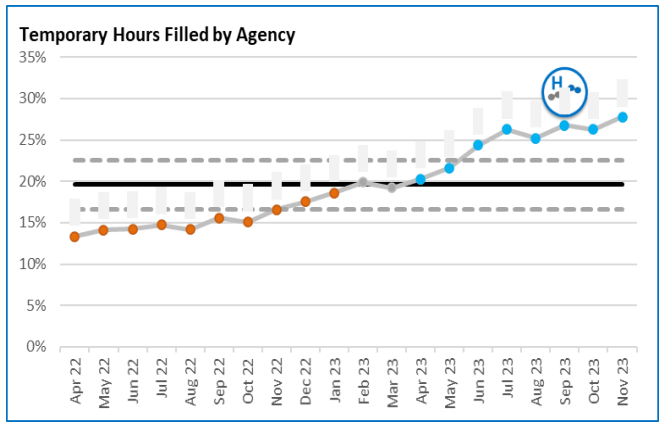
Underlying issues:

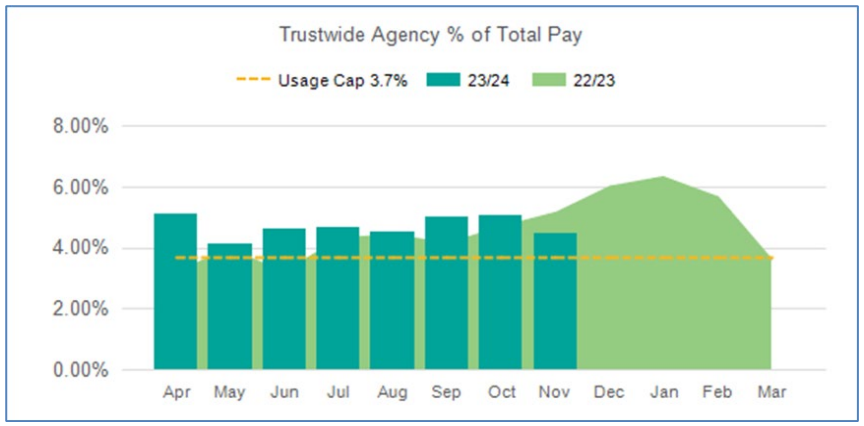
- Risk 1492: A Dorset review is underway at system and Trust level to review agency rates to ensure consistency and efficiency.
- A marginal improvement and reduction in agency spend from 5.06% in M07 to 4.48% in M08.
- Agency spend has increased in the Medical Care Group M7 9.75% to 10.12% in M8, The Surgical Care Group was 3.89% in M7 and now 3.73% in M8. Women's, Children, Cancer and Support Services Care Group was 3.42% in M7 and now 0.53% in M8 following a YTD adjustment, it is anticipated that next month will return to normal levels.
- Fill rate for bank and agency spend now measures use across all systems where previously it has only been taken from Allocate (E rostering) - all months have been updated

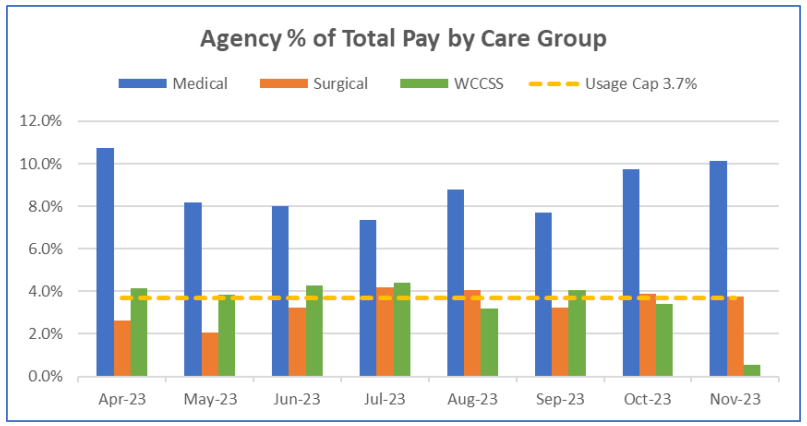
Key Areas of Focus

Agency Activity

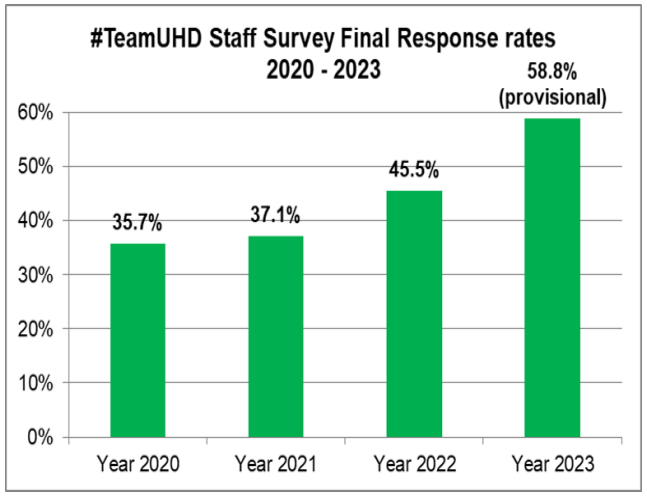
- Due to a National focus on identify fraud for nurses, the process for verification of temporary nursing workers reporting for duty now includes the commencement of ID photograph being uploaded onto our systems. This process will be reviewed and rolled out for other staff groups.







Well Led - Workforce (3)

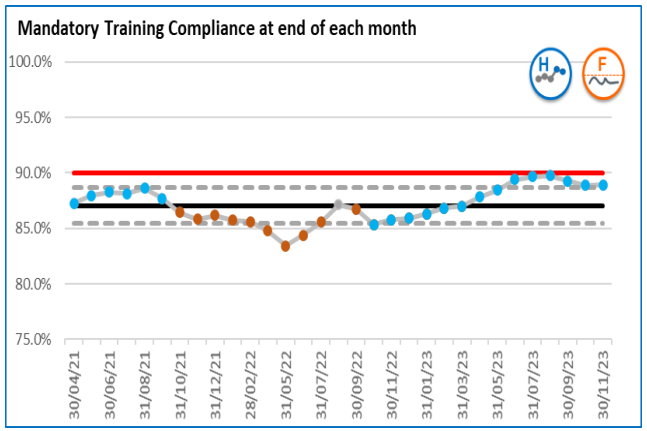


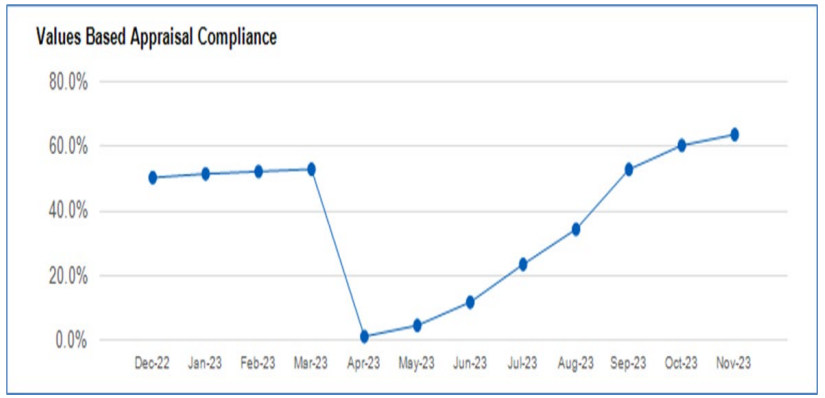
Performance

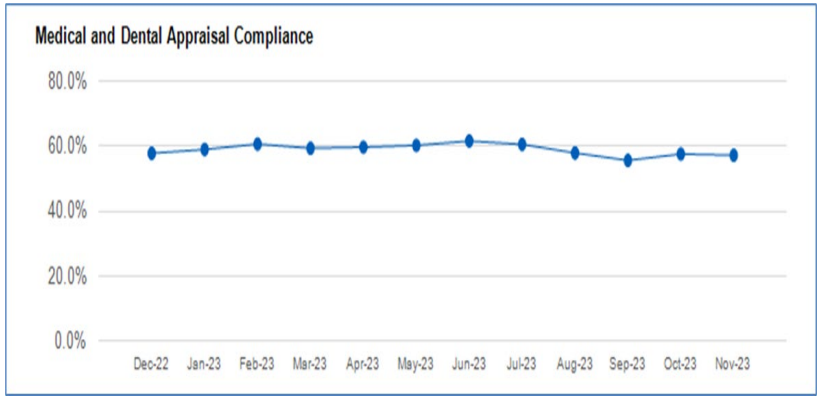
- The 2023 UHD Substantive Staff Survey has a provisional response rate of 58.8% - this may alter after quality checks i.e. blank surveys submitted, staff becoming ineligible due to leaving the Trust during the live survey period. The Bank Survey has a provisional response rate of 31.5%. For both surveys, UHD is above the national average in terms of numbers of responses. The initial survey results will be available by 15 December 2023.
- Mandatory Training has remained at 88.9% as at end of Nov 2023 and is still under the 90% target across all sites.
- The appraisal season for Values Based restarts in April. Appraisal compliance for values based as at end of November is 63.8%. Values Based compliance at end of last year (March 2023) was 59.5% so we are ahead of last year. Medical & Dental is at 57.3% and does not restart in April.

Key Areas of Focus

Information Governance is currently below the 95% national compliance required – currently it is 88.9% (same as previous month)



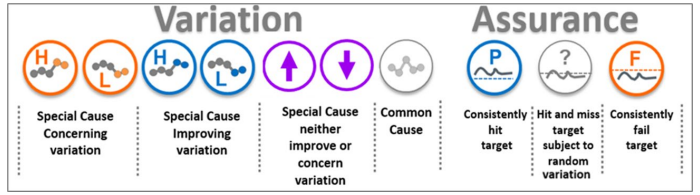




Performance at a glance
Well Led - Key Performance Indicator

UHD Workforce

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Vacancy Rate at end of each month	Nov 23	5.2%	-			6.4%	4.0%	8.8%
In Month Sickness Absence	Nov 23	5.1%	3.0%		F	5.0%	3.8%	6.3%
Mandatory Training Compliance at end of each month	Nov 23	88.9%	90.0%	H	F	87.1%	85.4%	88.7%
Temporary Hours Filled by Bank	Nov 23	53.9%	-			53.6%	47.0%	60.2%
Temporary Hours Filled by Agency	Nov 23	27.6%	-	H		22.8%	18.7%	26.8%
Agency Pay as Proportion of Total Pay	Nov 23	4.5%			?	4.6%	2.9%	6.3%



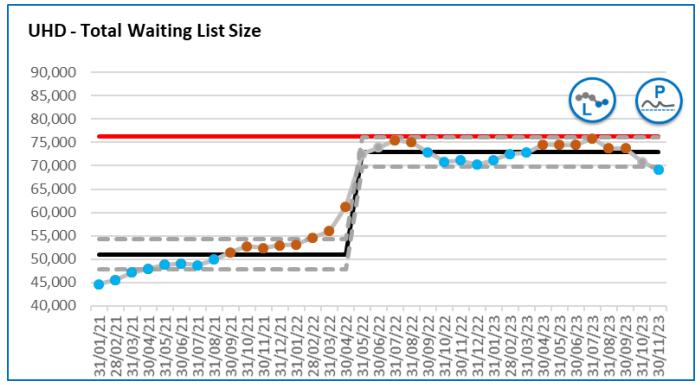
Population Health and System Working

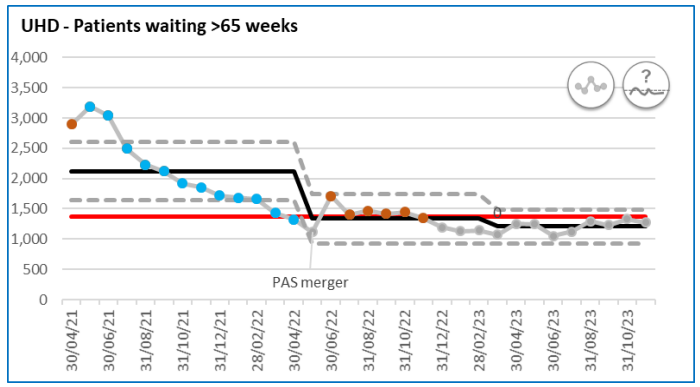
Mark Mould
Chief Operating Officer

Operational Leads:
Judith May – Director of Operational Performance and Oversight
Alex Lister – Deputy Chief Operating Officer
Abigail Daughters – Group Director of Operations – Surgery
Sarah Macklin – Group Director of Operations – Women's, Children, Cancer and Support Services
Leanna Rathbone – Group Director of Operations – Medical

Committees:
Finance and Performance Committee

Responsive – (Elective) Referral to Treatment)





	Standard	Merged Trust	% of pathways with a DTA
Referral To Treatment			
18 week performance %	92%	60.78%	
Waiting list size (and trajectory)	76,017	69,158	19%
Waiting List size % variance compared to trajectory	0%	-9.0%	
No. patients waiting 26+ weeks		17,241	28%
No. patients waiting 40+ weeks		8,440	29%
No. patients waiting 52+ weeks (and % of waiting list)	6.1%	4,196	30%
No. patients waiting 65+ weeks (and % of waiting list)	1.8%	1,271	32%
No. patients waiting 78+ weeks (and % of waiting list)	0.1%	59	31%
No. patients waiting 104+ weeks (and % of waiting list)	0.0%	0	-
% of Admitted pathways with a P code		97.71%	

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. National target 0 by March 2023.
Number of patients on an elective RTT waiting list whose wait exceeds 65 weeks. National target 0 by March 2024.

Performance

- The Trust is consistently achieving the target to reduce the total Referral to Treatment (RTT) waiting list. The size of the waiting list fell to 69,158 at the end of November 2023. This is 7,049 below the operational planning trajectory (76,207) and an in-month reduction of 1,756. In line with this, the RTT performance increased above 60%, having last performed at this level in March 2022.
- 75% of patients with a wait >12 weeks have had their pathway validated (Target 90%) and 98% of waits >26 weeks are validated. Validation of waits > 12 weeks continues in order to meet the national target.

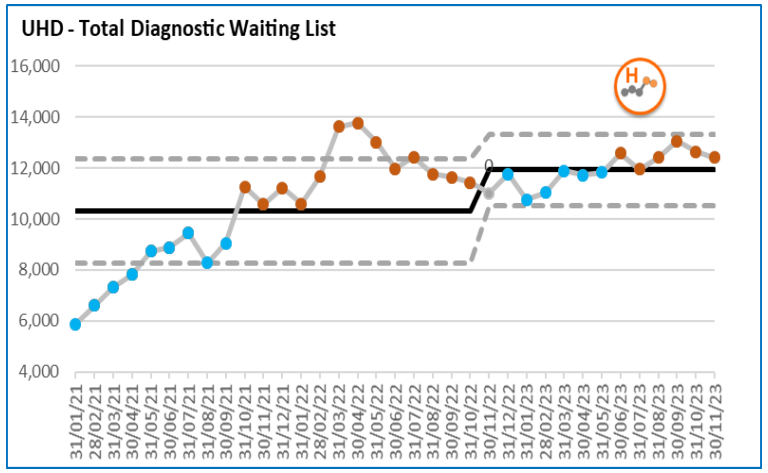
- 59 over 78-week waits were reported at the end of November 2023, compared to 47 in October. Whilst this is an increase in breaches, the Trust delivered below its forecasted position (65).
- >65-week waits decreased in November 2023 to 1,271 meaning the planned trajectory was met (plan 1,376). This metric is not changing significantly, and performance remains within the process control limits. However, we are continuing to see a sustained reduction in the cohort of patients who will breach 65-week waits if not seen or treated by March 2024, with the cohort size of 5,183 remaining at the end of November (-1,743 compared to October). This is an 87% reduction in the cohort since 31 March 2023.

- Junior Doctors' industrial action scheduled in December 2023 will put at risk the trajectory for the current month.

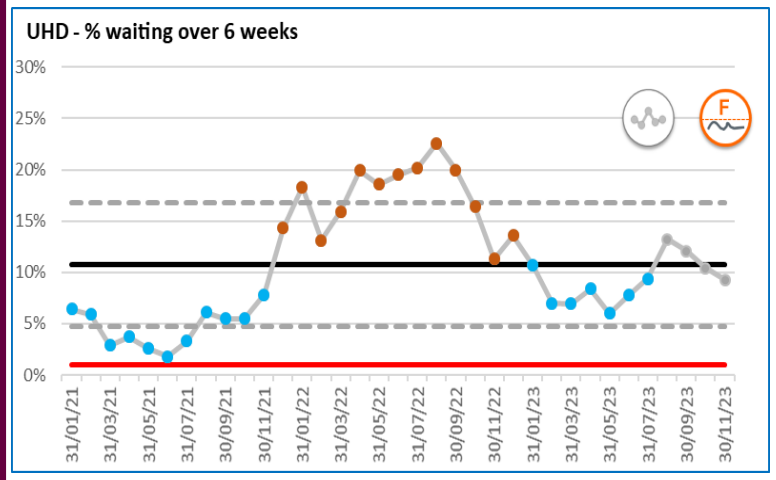
Key Areas of Focus

- Prioritising patients at risk of breaching 65 weeks before March 2024 for a first outpatient appointment or first contact by 31 December 2023. Including additional appointments in gynaecology. neurology, dermatology, respiratory medicine, and community paediatrics.
- Planning for industrial action to minimise the impact on long waiters due to cancellations or the requirement to reschedule urgent elective or cancer patients .
- Increasing in the number of theatre sessions scheduled in December and theatre utilisation of these theatres; prioritising this capacity for specialties who have the greatest capacity challenge for 65 week waits.
- Delivering additional capacity for cancer 2-week waits, targeted to reduce the impact of increased cancer referrals on routine elective capacity.
- Increasing productivity within core capacity. This includes wait-in-line reviews in surgery, validation hubs, reducing did not attends (DNAs) and a review of outpatient clinic utilisation.

Responsive – (Elective) Diagnostic Waits



Diagnostic Performance (DM01)				
% of >6 week performance	*(6+ Weeks / Total)*	1%	1157/12413	9.3%



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

Improvement in overall diagnostics performance (DM01) had been delivered to below the mean. November performance was 9.3% compared to 10.4% at the end of October. Further improvement is required to meet the 1% target. An increase in the diagnostic waiting list is reflective of increased urgent suspected cancer referrals and elective activity in 2023/24.

Endoscopy performance improved to 6.6% at the end of November (9.0% at the end of October).

- There is ongoing use of 18weeks insourcing, the InHealth mobile endoscopy unit and waiting list initiatives (WLIs).

Echocardiography performance has stabilised, 16.3% in October and 16.2% in November.

- Heart failure remains the challenge in achieving DM01. Additional Heart Failure clinic capacity from a visiting GP is now in place. However, there are ongoing vacancy gaps and sickness reducing capacity.

Neurophysiology improved from 23.6% in October to 19.4% in November.

- A Consultant vacancy has led to reduced capacity and longer waits within the department. There is ongoing use of locum cover and redistribution of other clinical work in the department to manage performance.

Radiology performance has improved since October (8.4%) and is now at 7.6% in November.

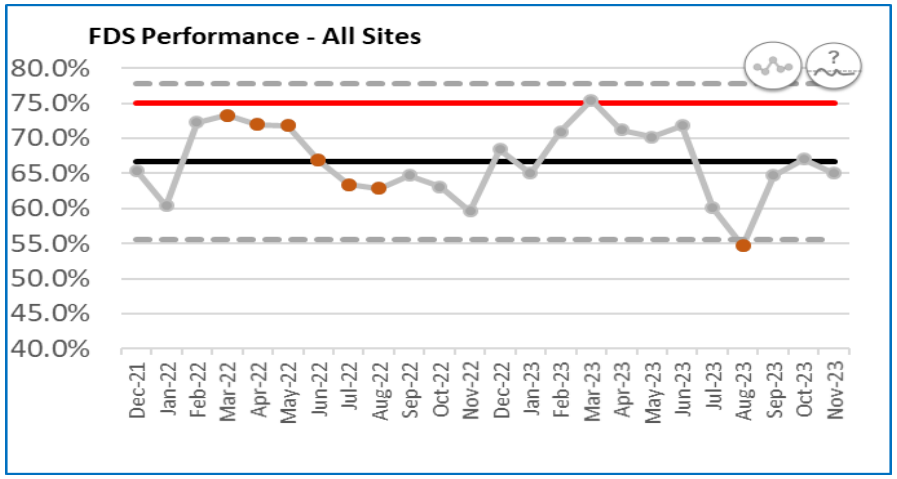
- Imaging – the target is not being achieved, predominately due to ongoing reduction in cardiologist CT / MRI sessions and ultrasound performance.

Key Areas of Focus

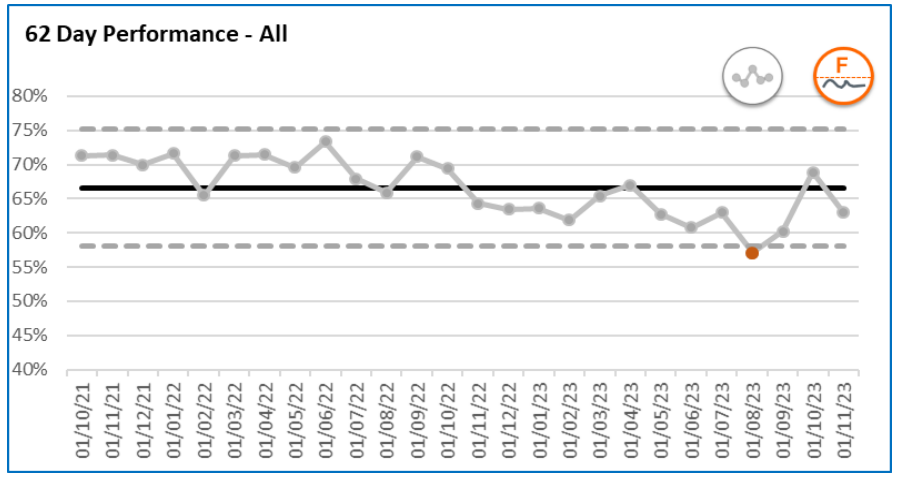
- **Endoscopy:** InHealth mobile unit notice has been served, planned removal 31/03/24.
- Dr Doctor is being integrated with e-Camis for Endoscopy for ongoing management of bookings to ensure high utilisation (currently at 88%) and low DNAs - scheduled to commence in December 2023.
- **Echocardiography:** DrDoctor is being integrated with TomCat to access the appointment reminder function for patients. Onboarding of new insourcing agency staff continues.
- **Radiology**: Additional Ultrasound WLI's continuing and mobile MRI scanner will remain at AECC full-time until end of March 2023.
- Agency Sonographers (via Healthshare) commenced Ultrasound services in Beales 4th December (280 slots per week).
- Reviewing cardiac MRI provision for Dorset County Hospital patients (circa 20 slots/month). Maternity leave cover secured for MRI cardiologist. Scoping potential private providers to support in interim.
- Dr Doctor is being integrated with Soliton for Radiology with ongoing management of bookings to ensure high utilisation and low DNAs, scheduled to commence in December 2023.

Responsive (Elective)
Cancer FDS & 62 Day Standard

28 Day Faster Diagnosis Standard (Target 75%)
Finalised UHD October Performance (67.0%)



62-Day Standard (Target 85%)
Finalised UHD October Performance (68.9%)



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. 62 Day Standard = 85%
- The number of 62-day patients waiting 63 days or more on their pathway – no more than 220 by March 2024.

Finalised October Performance

- 28 Day Faster Diagnosis Standard - Performance in October 2023 increased by 2.3% to 67.0% compared with September, which met the revised operational plan trajectory. 9 out of 14 tumour sites achieved the target. The main tumour sites affecting performance in October were colorectal and gynaecology.
- Dermatology met the FDS standard in October and Gynaecology showed an improved performance. Community dermatology photo clinics and a new pathway for women with post-menopausal bleeding in Gynaecology have both been launched in November 2023.

- 62 Day performance in October increased by 8.7% to 68.9% when compared to September. The main breach reasons were due to capacity issues at the front end of the pathway for colorectal, gynaecology and skin. Surgical cancellations due to the industrial action also increased the number of breaches in the month.

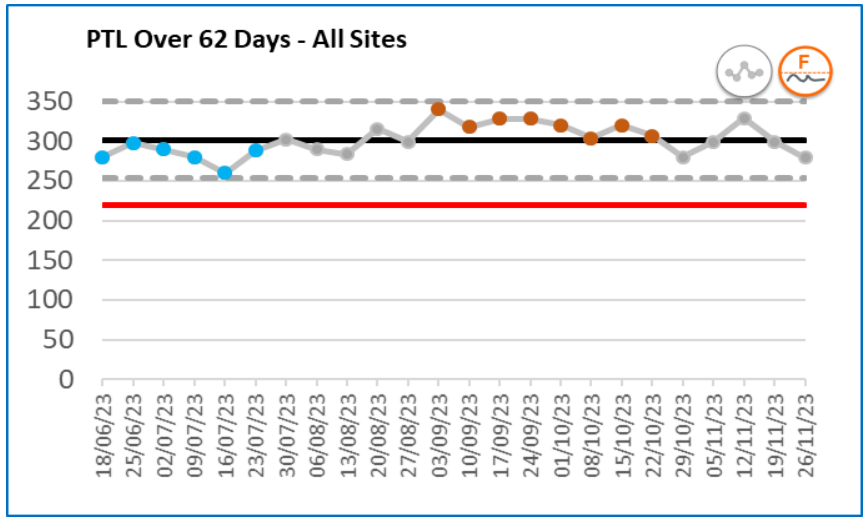
- The total number on the UHD Patient Treatment List (PTL) over 62 days decreased by 46 to 279 in October against the March 2024 target of 220.

Predicted November Performance (un-finalised)

- 28 Day Faster Diagnosis Standard - November's performance is currently at 66.1% against the revised trajectory of 68.5%. The main reason for the decrease in performance is 1st OPA capacity within skin and colorectal. Enhanced support meetings are in place, led by the Chief Operating Officer and Chief Medical Officer.
- 62 Day performance - The provisional performance for November is currently 63.7% - there are a number of skin treatments awaiting histological confirmation which will increase the final performance for the month. The main reasons for the deterioration in this month's performance are a high number of skin breaches due to surgical capacity at Christchurch.
- The total number of patients over 62 days remained at 279 in November. Work is ongoing with the Care Groups to reduce the number of patients over 62 days including weekly clinical reviews of all long waiters.

Responsive (Elective)
Cancer over 62 Day Breaches

62 Day Breaches (Target October: 220)
Finalised UHD October Performance: 279



High Level Performance Indicators

Cancer Standards	Standard	Final	Predicted
		Oct-23	Nov-23
28 Day Faster Diagnosis Standard	75%	67.0%	66.1%
31 Day Standard	96%	96.7%	96.7%
62 Day standard	85%	68.9%	63.7%

Key Areas of Focus

The priority areas of focus for the next quarter are Skin, Colorectal and Gynaecology particularly with further industrial action scheduled in December 2023 and January 2024.

Key areas of focus include:

Dermatology:
- Consider insourcing solutions to provide additional fast track capacity throughout the quarter.
- Finalisation of the tele-dermatology plan within UHD, whilst supporting system wide tele-dermatology projects, which support demand management.
- First photo clinic commenced in November with plans for pilot to continue.

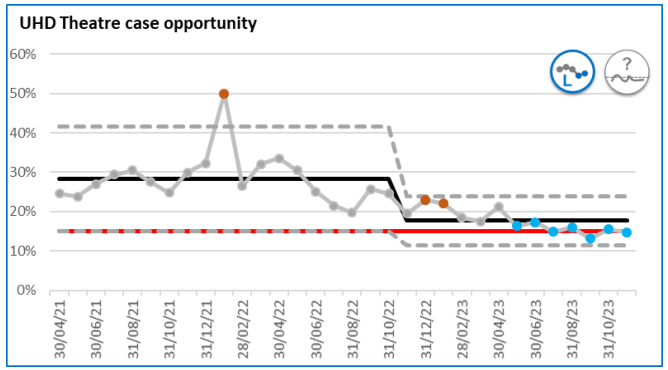
Gynaecology:
- The Gynae PMB (Post Menopausal Bleeding) post HRT pathway went live on 20 November with a number of patients already being referred. Audit of effectiveness to be completed in January 2024.
- To maintain the improved FDS and backlog position that has been realised in November 2023.
- Service to complete an up to date capacity and demand model.

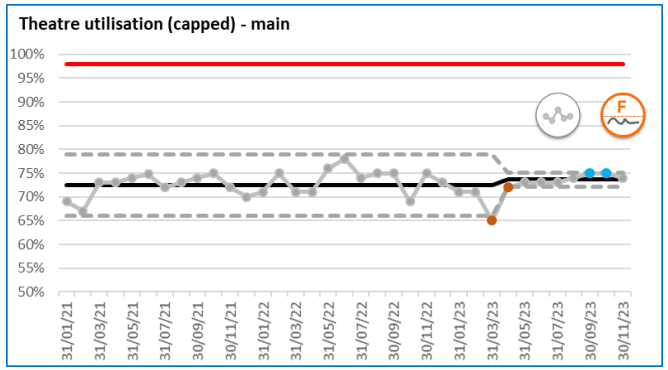
Colorectal:
- Cessation of the FIT <10 pathway at UHD. This will move to Primary Care in Q4 2023/24.
- Service to complete an up to date capacity and demand model to enable an improved performance position.

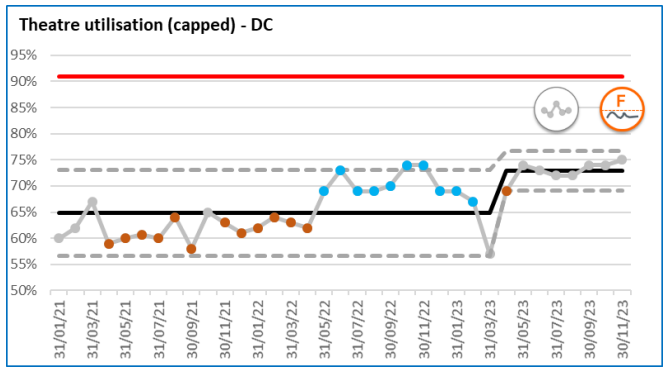
Urology:
- Moving the Urology service to an Advanced Clinical Practitioner (ACP) led diagnostic pathway.

Cross tumour sites:
- Promoting excellence in the basics including continuation of weekly clinical reviews of all long waiters to meet the over 62 Day trajectory for 220 patients by March 2024.
- Ensuring standardisation across all tumour sites for clinical triaging to improve efficiencies in outpatient clinic utilisation.
- Ensuring all Fast Track referrals from Primary Care meet the minimum data requirements for a suitable referral into the Trust.

Responsive (Elective)
Theatre Utilisation







Data Description and Target

Trust is pursuing a **capped utilisation** of 85% which takes into consideration downtime between patients.
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 vs planned lists. Case opportunity is a measure of the time lost to inefficiency and expressed as the number of additional patients that could have been treated.

Performance

- There is continued improvement with less variability in performance. SPC chart is demonstrating case opportunity target can be achieved within current process. Target 15% case opportunity achieved in month.
- As shown, capped utilisation within main theatres will not achieve 85% with target sitting above current upper process limit, noting however an improved position.
- The improvement is in-part being driven by an improved Orthopaedic performance with both late starts and capped utilisation triggering special cause variation (improvement), noting that utilisation in Orthopaedics remains below target @ 60%.
- Capped utilisation within Day Case lists remains static with the upper process limit remaining below the target, indicating further work is needed to deliver a process capable of sustaining the target utilisation. However, the chart is indicating less variability and greater control.
- The number of cases has triggered special cause variation (improvement) driven by an increase in Orthopaedic and Urology activity. Orthopaedic activity increased by 9% in month to 65% of the template, following some improvements in staffing levels.

Underlying issues:

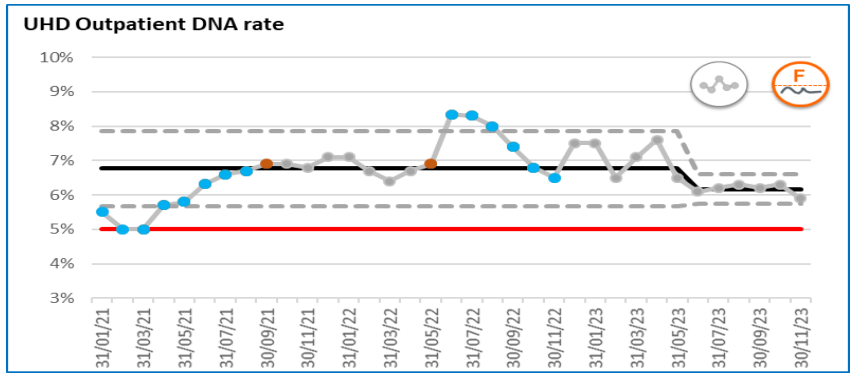
- On the day cancellations have increased alongside bed occupancy, impacting list utilisation.
- Ongoing staffing shortages across theatres remains a barrier to providing a full template for all surgical specialities, noting improvement as above.
- Orthopaedic lists remain challenged impacting wider efficiency markers, noting improvement in several areas outlined above.
- High utilisation variability across Oral Surgical lists whilst the upper process limit is closer to target – performance variable.

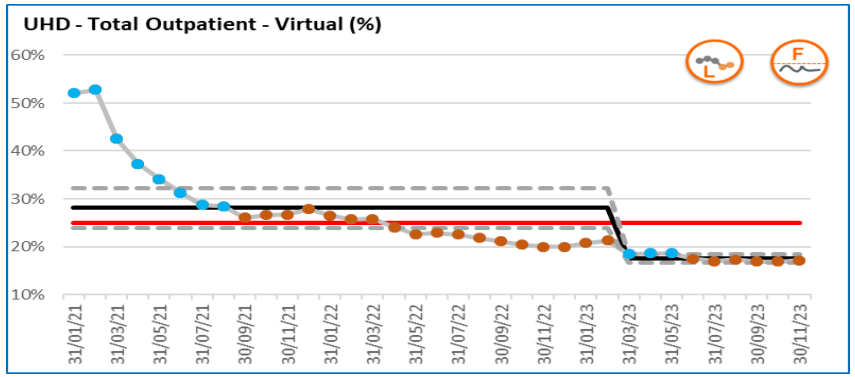
Key Areas of Focus

- Capacity & Demand work commenced.
- Targeted work underway to focus on orthopaedic and oral utilisation, including booking habits to improve list utilisation and reduce case opportunity.
- Profiling theatre activity factoring in new starters and improved workforce position has been completed for both Orthopaedic and Surgical lists.
- The implementation of MyPreOp and linkage to the CCS tool to support Pre-Op Assessment.
- The awaited output of the NHSE review of theatres will form the foundation of the improvement programme and next steps to delivering sustained improvement in theatre productivity.

Responsive (Elective) Outpatients

Referral Rates (MRR Return)		Standard	This Year	Trust Perf
GP Referral Rate year on year		-0.5%	83245	-3.4%
Total Referrals Rate year on year		-0.5%	125980	-5.9%
Outpatient metrics				
Overdue Follow Up Appointments (Cons-Led Only)				26506
New Attendances				21574
Follow-Up Attendances				32736
% DNA Rate	*(Total DNAs / New & Flup Atts)*	5%	3399 / 54310	5.9%
Hospital cancellation rate	*(Hospital Canx / Total Booked Appts)*		12514 / 79046	15.8%
Patient cancellation rate	*(Patient Canx / Total Booked Appts)*		8823 / 79046	11.2%
Reduction in face to face attendances (acute only)				
% telemed/video attendances	*(Total Non F-F / Total Atts)*	25%	9300 / 54310	17.1%





Data Description and Target

- Reduction in DNA rate (first and follow up) to 5%
- 25% of all attendances delivered virtually
- Reduction in overdue follow up appointments

Performance

DNA rate in November continues to represent normal variation. A review of all clinics with live appointment reminders is underway and further work is being undertaken to explore the reasons behind higher DNA rates using DrDoctor tool for quick responses.

17.1% of attendances were delivered via telemedicine/video, which shows no improvement in 2023/24 to date. Work is underway to review activity to ensure all activity is being captured on our patient administration systems including video consultations. The Trust will be moving to DrDoctor for video consultations from April 2024, the change programme and communications to support this are being developed.

The number of patients overdue their target date for a follow up appointment decreased in November. The use of "quick question" to patients via Dr Dr continues to support prioritisation of patients.

The new General Manager has started in post and a re-fresh of priorities and scoping of the transformation work is underway with the new leadership team. There is a risk looking forward to December and January that more clinics will be cancelled due to planned industrial action.

Key Areas of Focus

- Pilot using basic re-scheduling for the next phase of DrDoctor implementation, which will allow patients to request alternative appointment dates. The pilot commenced in September in Gynaecology and Physiotherapy (Christchurch)
- Continued DrDoctor expansion to build on the soft launch undertaken of its 'Quick Question' and Broadcast messaging functionality within all services.
- Delivery of outpatient productivity improvements, which support a reduction in DNA rates, increased use of Patient Initiated Follow Ups (PIFU) and increased clinic utilisation rates.
- Embedding the outpatient performance dashboard (including all Outpatient KPIs) into performance management practices at Care Group and speciality level.
- Continuing to promote telemedicine/video and the benefits for patients.

Responsive - (Elective) Screening Programmes

Breast Screening

High Level Board Performance Indicators **NOVEMBER** position :

BREAST SCREENING	STANDARD	ACHIEVED
Round Length within 36 months	90.00%	94.5%
Screening to first offered assessment appointment within 3 weeks	98.00%	100%
Screening to Normal Results within 14 days	95.00%	99%
Longest Wait Time (Months)	36	36
UPTAKE – QTR 2 (Apr – June)*	70%	58%

Background/target description
To ensure the breast screening access standards are met.

Performance:
- All targets have been successfully met due to an increase in screening volume in October and November. The increased volume is essential for us to maintain a successful round smoothing process in order to manage the expected pressures following our covid recovery and meet our round length target going forward.
- The quarterly uptake figure has reduced to 58% which is lower than anticipated.

Underlying issues:
- Poor uptake is due to the poor attendance of the prevalent women who historically have very low uptake. The new text service will have a very positive effect on our ability to target this cohort of women.

Actions:
- The excellent health promotion work taking place and increasing reach of our facebook page will help raise the uptake rate.
- A new text messaging service is now in place. Using a combination of DrDoctor and GOV.UK we can send non responder and appointment reminder texts. Further integration project work has been requested to enable the development of regular automated appointment reminder texts utilising the DrDoctor service. The text service has greatly improved our ability to information share across our population and is useful to advise of van moves and unexpected equipment breakdowns.

Bowel Screening

Bowel Screening Standard	Target	Trust November Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	96%

Background/target description
To ensure the bowel screening access standards are met.

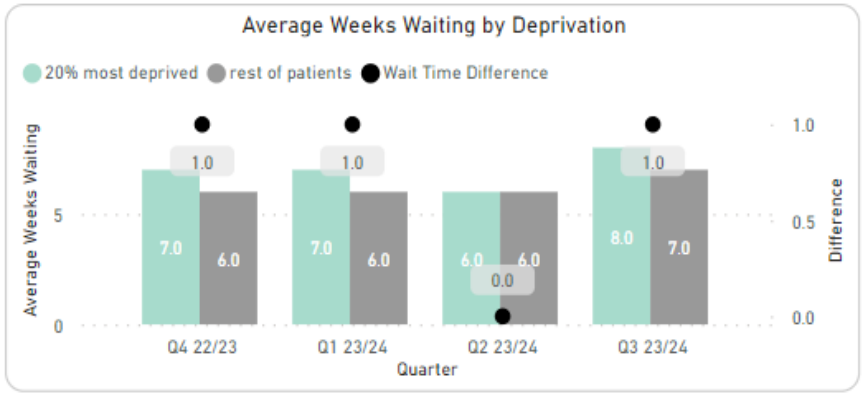
Performance:
- SSP Clinic Wait Standard: This standard continues to be maintained at 100%.
- Diagnostic Wait Standard: This standard was delivered at 96% in November 2023.

Underlying issues:
- BCSP accredited Clinical Endoscopist at PGH has given notice and one screener at DCH is due to leave in April 24. Succession plan being worked through but likely to take time for aspirant screeners to gain accreditation which will impact capacity.
- Next phase of age extension due April 2024

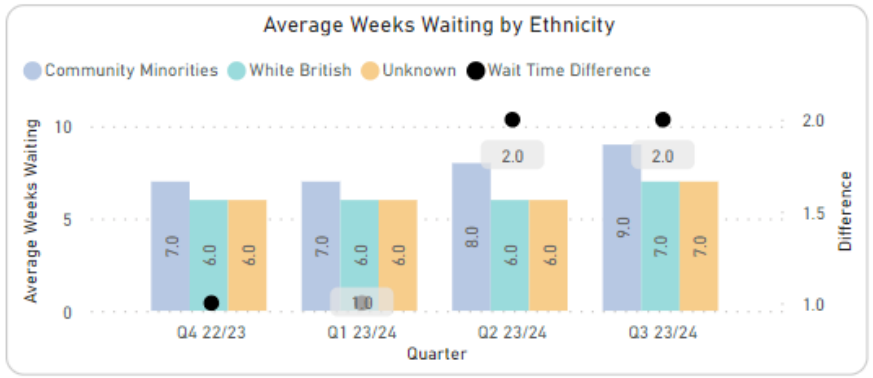
Actions:
- Finalise plans with Dorset County to use additional insourcing capacity in 23/24
- Review insourcing plan for UHD for remainder of 23/24 in context of industrial action
- Support accreditation process for 3 potential new screeners and identify other endoscopists where possible

Health Inequalities

Median Weeks waiting by Deprivation Group



Median Weeks waiting by Ethnicity Group and Age



Average Weeks Waiting by Age

Age Band	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
0-9	12.0	11.0	14.0	15.0
10-19	11.0	10.0	11.0	10.0
20-29	7.0	6.0	7.0	8.0
30-39	6.0	6.5	6.0	8.0
40-49	6.0	6.0	7.0	8.0
50-59	6.0	7.0	7.0	8.0
60-69	6.0	7.0	6.0	7.0
70-79	6.0	6.0	6.0	7.0
80+	6.0	5.0	6.0	7.0

Data Description and Target

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

Performance

Waiting list by Index of Multiple Deprivation (IMD) Analysing RTT activity in Quarter 3, 8.4% of patients on the waiting list live in the 20% most deprived areas of Dorset. The median weeks waiting at the point of treatment shows one week variation between patients from the 20% most deprived group and the rest of the population treated.

Waiting list by ethnicity: 10.7% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies two-week variation between patients within community minority groups and White British populations in Quarter 3 to date.

Waiting list by age band: There is variation between age and length of wait on the waiting list with the greatest variation between 0-19yrs and 20+ age bands. The level of variation has remained stable in the age band 0-9 years in Q3 but the variation between 10-19 year olds and 20+ age bands has decreased. Paediatric waiting times in oral surgery, ENT and community paediatrics contribute to this variation. Improvement actions are in place to increase capacity and reduce waiting times in these areas.

Key Areas of Focus

The Trust Health Inequalities group are working to:

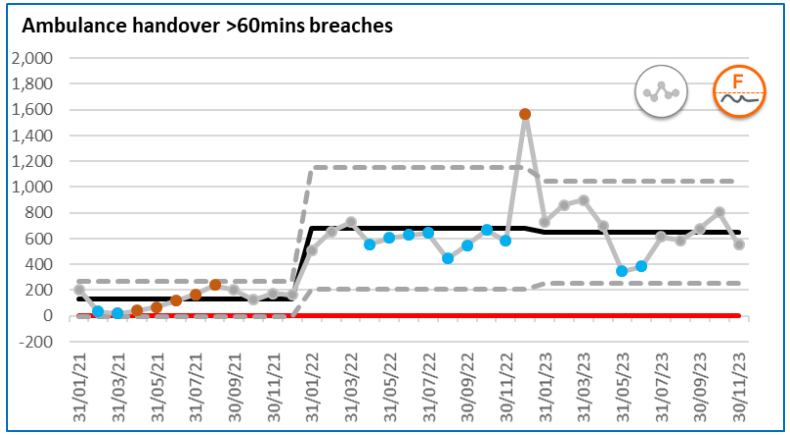
- Deliver the Trust's strategic objectives for population health and system working; with a focus on ((i) reducing outpatient DNAs and variation according to IMD and ethnicity and (ii) managing High Intensity Users of emergency care.
- Align its health inequalities programme with the ICS key strategic priorities through Patient First.
- Expand the data that's captured on the Dorset DiiS Population Health System to enable further data insights against the Core20Plus5 areas for adults and children.
- Promote awareness raising on health inequalities and population health through education and training opportunities.

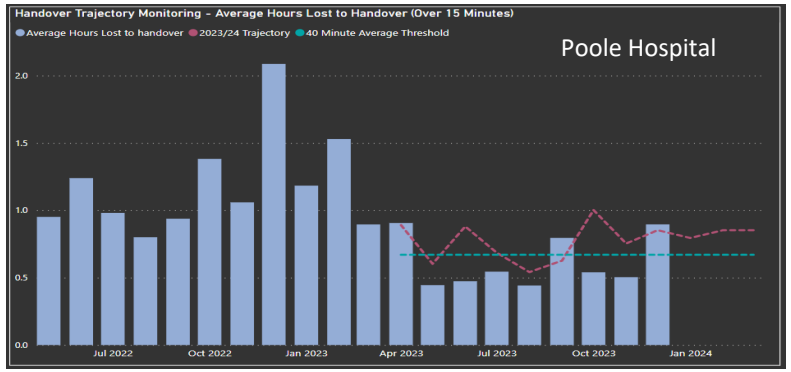
Performance at-a-glance
Responsive (Elective) - Key Performance Indicators Indicator

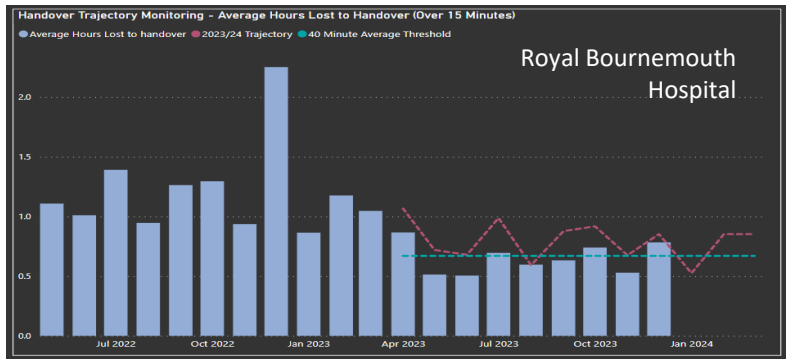
UHD Elective Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
UHD - Total Waiting List Size	Nov 23	69158	76207			72933	69806	76061
UHD - Patients waiting >104 weeks	Nov 23	0	0			92	28	156
UHD - Patients waiting >78 weeks	Nov 23	59	-			651	402	900
UHD - Patients waiting >65 weeks	Nov 23	1271	1376			1207	931	1484
UHD - Patients waiting >52 weeks	Nov 23	4196	-			3891	3137	4646
UHD - Patients waiting >52 weeks non admitted	Nov 23	2936	0			2360	1640	3079
UHD - RTT Performance against 18 week standard	Nov 23	60.8%	92.0%			58.9%	55.4%	62.5%
UHD - Total Diagnostic Waiting List	Nov 23	12413	-			11929	10529	13329
UHD - % waiting over 6 weeks	Nov 23	9.3%	1.0%			10.8%	4.8%	16.7%
UHD - Faster Diagnosis Standard (FDS) 28 days	Oct 23	67.0%	75.0%			69.4%	58.2%	80.5%
UHD 62 day standard	Oct 23	68.9%	85.0%			69.5%	60.3%	78.7%
Trauma Admissions	Nov 23	355	-			366	301	431
% of NOF patients operated on within 36 hrs of admission	Nov 23	56.0%	85.0%			31.5%	-9.3%	72.3%
UHD - Total Outpatient - Virtual (%)	Nov 23	17.1%	25.0%			17.6%	16.7%	18.5%
UHD Outpatient DNA rate	Nov 23	5.9%	5.0%			6.2%	5.7%	6.6%
Theatre utilisation (capped) - main	Nov 23	74.0%	98.0%			73.6%	72.1%	75.1%
Theatre utilisation (capped) - DC	Nov 23	75.0%	91.0%			72.9%	69.1%	76.7%
UHD Theatre case opportunity	Nov 23	14.8%	15.0%			13.7%	11.5%	

Responsive – (Emergency) Ambulance Handovers







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

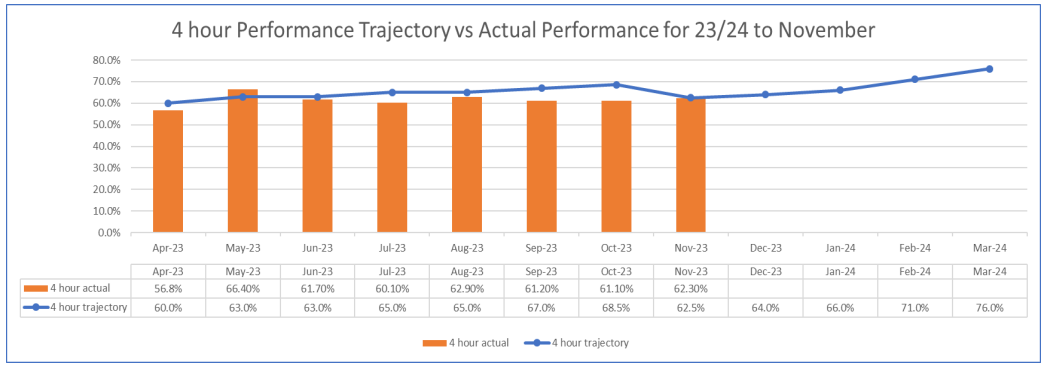
SWAST system malware attack July 18th - resolution due to be in place end of October. This was deferred by SWAST due to data issues at pilot sites. New date identified for 14th December to go live in ED first only.

- Ambulance arrivals dropped back down again in November to 4,295 vs 4,433 in October. Though this still remains increasingly more than preceding months, this results in a variation of 4-5 conveyances less per day cross site. Poole conveyances remained static; the drop was predominantly driven by the RBH site.
- Performance improved for the number of Ambulances waiting longer than 60 minutes back down to 551 vs 805 in October, again this performance improvement was driven by the RBH site which had seen a particularly challenging month in October. This is relative in performance as compared to the same period last year.
- As a Trust, this resulted in an improvement in the total number of handovers that were over 60 minutes dropping to 13%, down from 18% in October.
- Reported lost hours for November saw a continuous minor improvement at the PH site from 898 down from 996, this was mirrored at RBH, down to 910 from 1,366 in October.
- This compares on par with the Dorset region, which saw a decrease from 2,624 in November to 2,065. This was mirrored in the SWAST region in its entirety seeing a decrease in time lost to handovers from 40,213 in October to 35,188 in November.

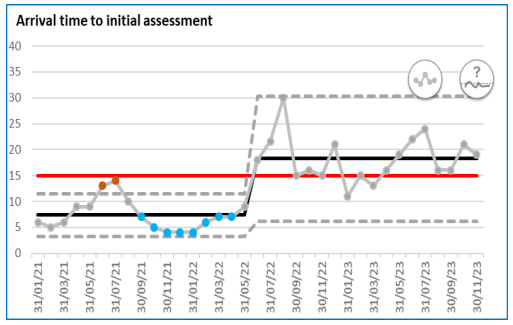
Key Areas of Focus

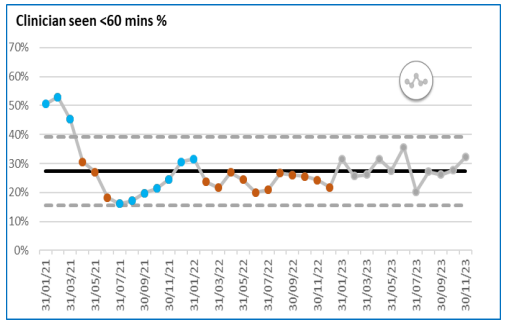
- Discrepancy in lost hours reported due to system issues with SWAST Mobimed continues to be an issue with a planned solution due to go live in December 2023 having been deferred from October.
- The Trust risk register and associated risk relating to Ambulance Handover has been reviewed and increased back to 15 to reflect what has been several challenging months as the system has been impacted by seasonal variance.
- With this in mind, there is an internal focus on quality and safety with delivery of corridor care. This does support more rapid handover, with the aim to maintain quality of care and the right care for patients once handed over to the organisation.

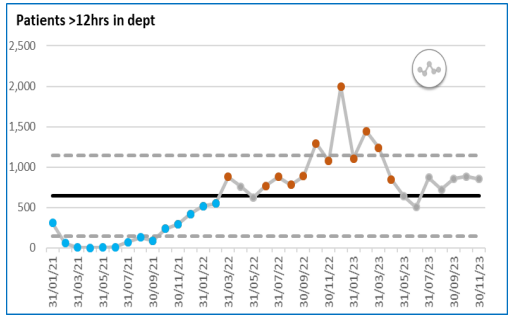
Responsive (Emergency) Care Standards

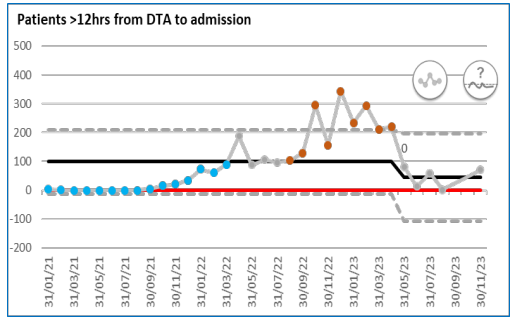


	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
4 hour actual	56.8%	66.40%	61.70%	60.10%	62.90%	61.20%	61.10%	62.30%				
4 hour trajectory	60.0%	63.0%	63.0%	65.0%	65.0%	67.0%	68.5%	62.5%	64.0%	66.0%	71.0%	76.0%









Data Description and Target

UHD has now returned to reporting against the national 4-hour standard. The national requirement is to achieve 76% of all patients leaving ED within 4 hours of arrival by March 2024.

Performance

The Trust delivered 62.3% against the revised trajectory of 62.5% in November. The run rate for the month had been 62.9%, however after a particularly challenging last weekend of November for admitted flow, unfortunately this performance was not sustained and dropped to 62.3%.

- Total attendances for November remained relatively static in November at 13,413 vs 13,954 in October. This is a decrease of 18 attendances a day across the sites.
- Arrival time to initial assessment saw an improvement to 19 minutes from 21, mean time in the department also saw a minor improvement to 299 minutes vs 305.
- This is the lowest meantime since August performance at 287 minutes and is an improvement from this time last year of 328 minutes.
- Similarly, the total number of patients spending more than 12 hours similarly improved to 843 from 882 in November and remains a consistent and significant improvement on the same period last year.
- Admitted flow continues to be challenging, arrival time to decision whilst it saw a minor improvement from October, it remains high at 263 minutes vs 270 minutes.
- To note, the total number of patients waiting more than 12 hours from decision to admit saw a minor increase from 73 to 92.

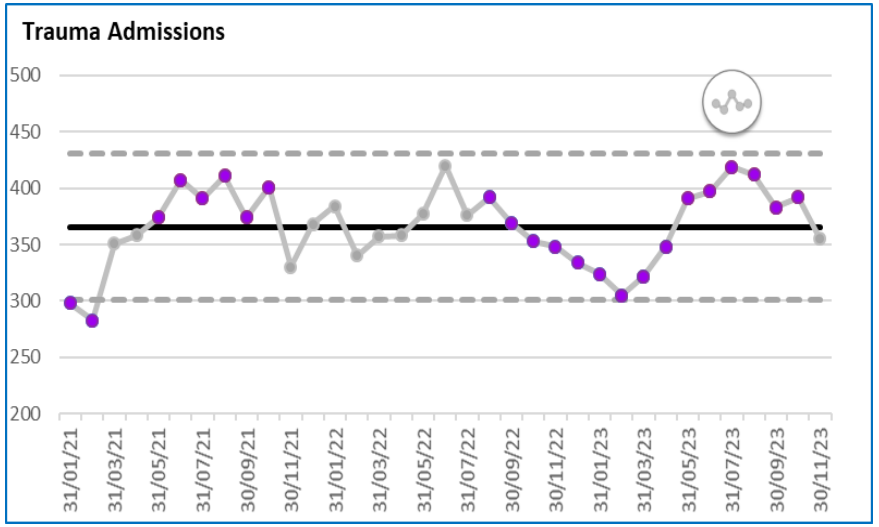
Key Areas of Focus

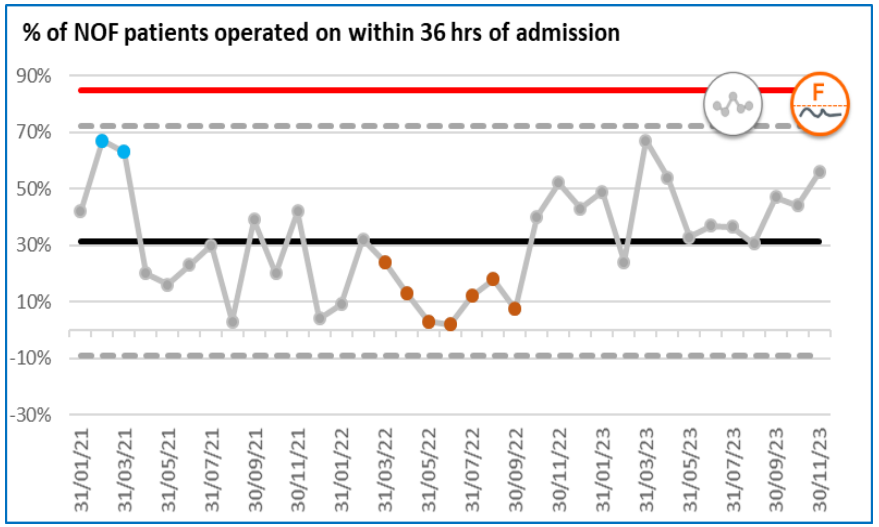
SDEC availability now on a 1:3 basis for Medicine, this is set to increase again as staff come on-line in December.

Actions taken in early November focused on supporting and increasing senior decision-making capacity within the non-admitted function of the emergency department. The intended impact of which was to improve time to decision and mean time within the department. Whilst still bedding in, a small improvement has been seen in the initial weeks thought winter pressures and admitted flow remain the biggest challenge.

Review of UTC service provision cross site is on-going with November seeing increased slot utilisation and direct streaming from ED to UTC.

Responsive (Emergency)
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. NHFD average 56%
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

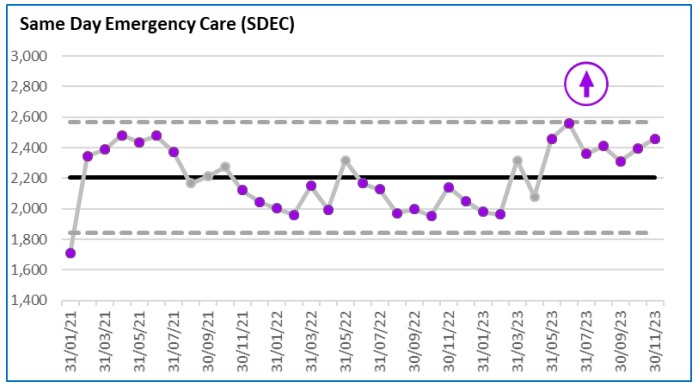
November performance for time to theatre for fractured neck of femur (# NoF) patients: 79% achieving surgery within 36 hours of being fit for surgery and 56% with surgery within 36 hours from admission.

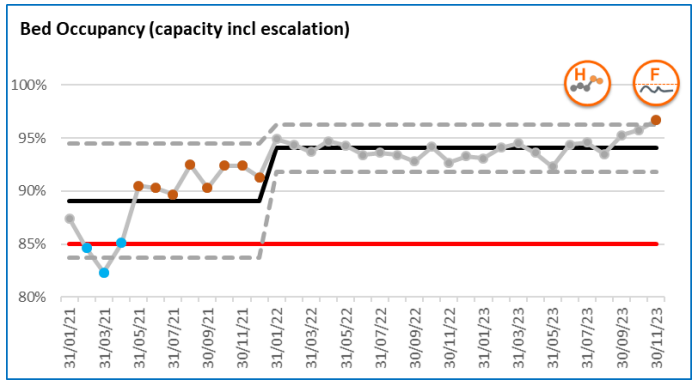
- Overall trauma admissions sustained at high levels with 355 in November including 72 with a fractured neck of femur (NoF).
- 14 (18%) of the 72 NoF's were unfit for surgery on admission
- 15 Shaft of femur (SoF) fractures admitted in November with 14 requiring surgery, 7 patients with a # NOF required a THR
- 12 patients required 2 trips to theatre, equating to an additional 17 theatre cases .
- The barn theatres are working well. Ongoing work to review case mix and paediatric capacity.

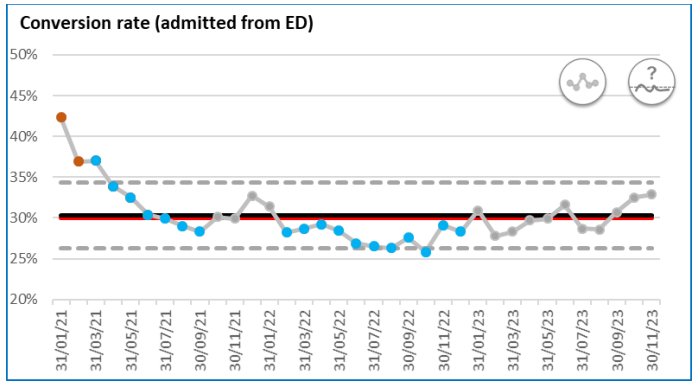
Key Areas of Focus

- e-Trauma , Go live delayed until January 2024 due to UHD IT capacity. Digital ED link to Virtual Fracture Clinic (VFC) has ceased due to Agyle implementation, which will delay e-trauma VFC implementation. Risk register updated as increase in delays in fracture clinic reviews is causing capacity issues.
- Liaison with Trust operational flow project around timely admission and discharge (TAD) continues to support reduction in high level of Medically Ready for Discharge patients across trauma (20%). Trauma escalation in place to identify additional operating capacity. Escalation policy under review to incorporate eTrauma.
- Pre alert process to re-launch once key training complete (Fib Block on ward). Ringfencing of #NOF admission beds sustained.
- Trauma outliers continue to remain low.

Responsive – (Emergency) Patient Flow







Data Description and Target

88% 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 increased in month and continues to include high levels of escalation throughout November. As an average adult bed occupancy was 102% of open core capacity. With escalation occupancy remained 97.2% which contributes to poor and inefficient flow.

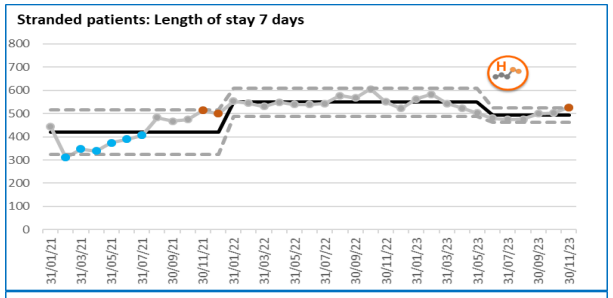
Additional surge capacity has been required to support an increased conversion rate from ED, high occupancy, maintaining elective activity and emergency care demand. An average of 31 escalation beds were open at Poole in November, and 18 at RBH.

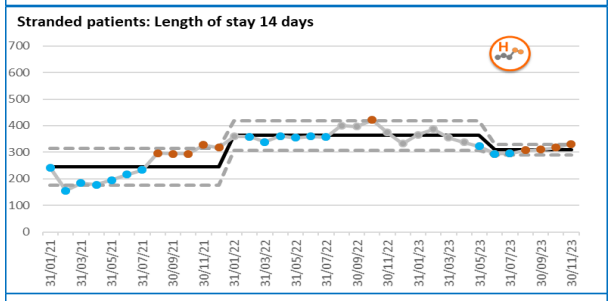
High occupancy continued to be impacted by high numbers of patients with No Criteria to Reside (NCtR). NCtR increased significantly to >235 on average in November, an increase in the average of 35 from last month. The monthly trend shows worsening position as the month progressed with 261 recorded on 30th November

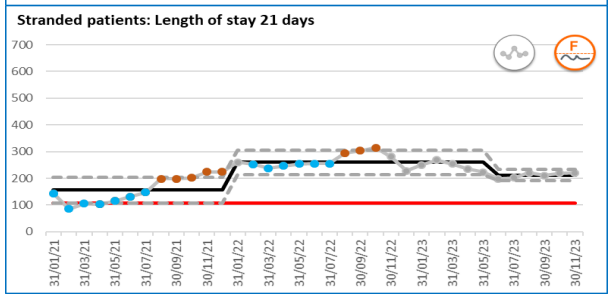
Key Areas of Focus

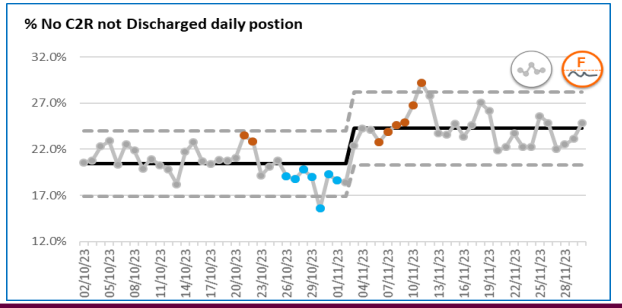
- The Trust has implemented the new OPEL framework as part of the Dorset System. These metrics have reset the reported escalation levels and established automated data feeds to remove variation. Shadow reporting commenced in the last week of November with new terminology and thresholds embedding through the Dorset System Control Centre (SCC).
- In November we undertook a flow reset week. The key objective was to use our existing policies and procedures and apply them consistently as intended. This has seen a change in the operational position of the day, with clear actions and accountability developing in the site meetings – this will continue into December as an ethos.
- There will be concurrent Multi-Agency Discharge Events at all three acute hospitals in Dorset on 13th December, followed by a focus on Mental Health and Community Hospitals on 14th December to create additional flow needed to decompress sites ahead of winter surge and planned Junior Doctors Industrial Action.
- Same Day Emergency Care (SDEC) has made good progress but is not achieving the 12 hours per day, 7 days a week standard in all areas. Work with the teams is ongoing towards delivering this.

Responsive – (Emergency /Elective) Length of Stay & Discharges









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 (NCtR) by 30% in Q1, and 50% Q2.

Additionally for November Trusts were asked by NHS England to confirm that a Discharge Ready Date metric is published and reviewed by the Trust Board. This is published by UHD and will be reported via this IPR moving forward.

Performance

November 21+ day length of stay position shows wards are far from the target of a maximum of 108 patients with a reported 220 patients over this period as an average (range 205-241). The SPC analysis confirms that current processes will not deliver the ambition, with significant external support required to progress. However, of note the longest stay patient at UHD was successfully discharged in November following very complex work across system's health and social care partners, after a stay of over 2 years.

UHD has been consistently showing as an outlier in the South West with a higher percentage of bed base occupied by patients with NCtR, November has seen a deterioration to c24%, with the number of patients still waiting in beds at UHD consistently >200 increasing through November. The ICB ambition to achieve a 50% reduction by the end of Q2 has been substantially missed and would require c140 additional discharges to deliver the target of 120.

The challenge of delayed patients in beds remains the key issue both in terms of UHD position in the South West, and operational pressures and ongoing levels of escalation (>50 unfunded beds – peaking at >70 in Early December, with an additional 50 in EDs waiting for beds).

In terms of the new Discharge Ready Date metric this is currently captured for c68.4% of patients as at 13th December 2023.

Key Areas of Focus

Every patient with a LoS of over 100 days (80 for RBH) is reviewed at a weekly meeting with system partners to ensure all actions are being progressed to achieve the discharge. Processes now in place would prevent the extremely long length of stay noted above.

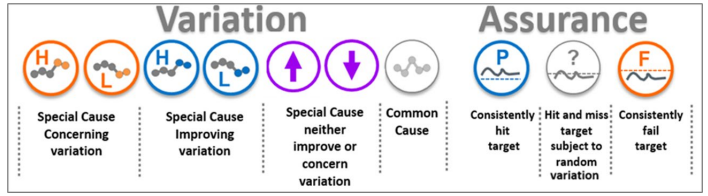
In November we undertook a flow reset week. This has seen a change in the operational position of the day, with clear actions and accountability developing in the site meetings – this will continue into December as an ethos.

The Discharge Ready Metric will improve as the methodology is refined, and the metric is embedded. Alongside this exception management process is being implemented to focus targeted improvement however this will be Q4 23/24 due to competing demands and absence of key leaders for this programme.

Performance at a glance – (Emergency)
Key Performance Indicator Matrix

UHD Urgent and Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Arrival time to initial assessment	Nov 23	19	15			18	6	30
Clinician seen <60 mins %	Nov 23	32%	-			27%	16%	39%
Patients >12hrs from DTA to admission	Nov 23	70	0			45	-107	198
Patients >12hrs in dept	Nov 23	851	-			645	145	1146
4 hour safety standard	Nov 23	62.3%	76.0%		F	62.1%	56.0%	68.2%
Ambulance handovers	Nov 23	4295	-			4005	3508	4503
Ambulance handover >60mins breaches	Nov 23	551	0		F	650	254	1047
Bed Occupancy (capacity incl escalation)	Nov 23	97%	85%	H	F	94%	92%	96%
Stranded patients: Length of stay 7 days	Nov 23	526	-	H		493	462	524
Stranded patients: Length of stay 14 days	Nov 23	331	-	H		309	290	329
Stranded patients: Length of stay 21 days	Nov 23	220	108		F	212	191	234
UHD NCTR % - all delays	Nov 23	37.0%	-	L		47.4%	40.4%	54.4%
Non-elective admissions	Nov 23	6519	-	H		5959	5107	6811
> 1 day non-elective admissions	Nov 23	3934	-			3745	3150	4340
Same Day Emergency Care (SDEC)	Nov 23	2458	-			2204	1844	2565
Conversion rate (admitted from ED)	Nov 23	32.9%	30.0%			30.3%	26.3%	34.3%



Sustainable Servicers

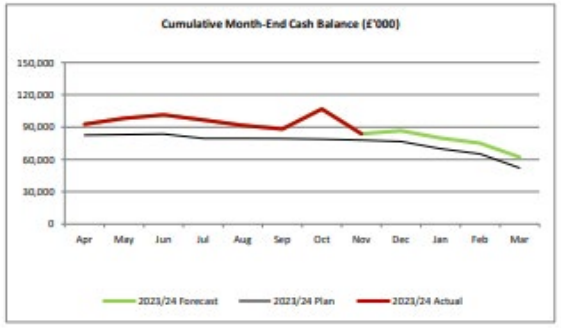
Pete Papworth
Chief Finance Officer

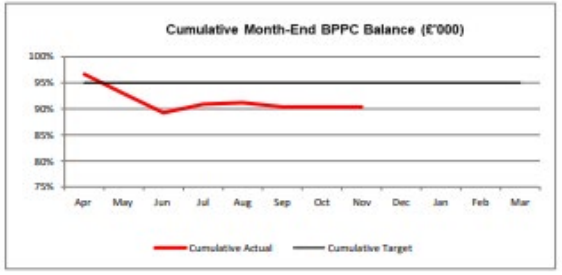
Operational Lead:
Andrew Goodwin, Deputy Chief Finance Officer

Committees:
Finance and Performance Committee

Finance

FINANCIAL INDICATORS	Year to date Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	(3,970)	(16,750)	(12,780)
Capital Programme	87,164	51,392	35,772
Closing Cash Balance	77,914	83,751	5,837
Public Sector Payment Policy	95.0%	90%	(4.6)%





Commentary

At the end of November 2023 the Trust has reported a deficit of £16.8 million against a planned deficit of £4 million representing an adverse variance of £12.8 million. This is mainly due to a reduction in elective income of £6.7 million reflecting lower than planned activity; energy cost inflation of £2.9 million; and unfunded escalation costs of £3.1 million. Premium cost pay overspends within Care Groups have been partially off-set by additional bank interest and reduced depreciation charges. Included within the November position is £6.9 million of additional income to fund the financial impact of Industrial Action. This represents the Trusts share of the nationally announced £800 million financial support.

Efficiency savings of £12.7 million have been achieved as at 30 November against a target £18.2 million. This includes non recurrent savings of £7.8 million. The full year savings requirement is £33.3 million which represents a significant challenge. Current savings plans total £18.3 million representing a shortfall of £15 million and a recurrent shortfall of £21.5 million. Mitigating this shortfall continues to be the key financial focus for the Trust.

Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £31.7 million after inclusion of the additional national funding for Industrial Action. This has subsequently been revised down to a forecast deficit of £12 million after inclusion of a number of further financial efficiency opportunities. The individual organisational allocations are still being finalised, however the Trust is expecting to achieve a financial break-even position supported by additional savings, additional ERF income and further funding support from Dorset ICB. There remains considerable risk within this position and focused effort will be required by all NHS partners to achieve the revised outturn projection.

The Trust continues to forecast the capital expenditure consistent with the full year budget, however a request has been made to the national capital team to re-profile £19.1 million of capital funding into future years. This reflects the current forecast expenditure profile of the acute Re-configuration (STPW1) programme. Should this request not be supported, the Trust would be a considerable risk as this funding cannot be drawn down in advance of spend and would therefore be lost.

CAPITAL	Year to date Budget £'000	Actual £'000	Variance £'000
Estates	8,836	5,167	3,669
IT	6,768	3,530	3,238
Medical Equipment	2,808	1,653	1,155
Donated Assets	432	656	(224)
Strategic Capital	68,320	40,386	27,934
Total	**87,164**	**51,392**	**35,772**

As at 30 November 2023 the Trust is holding a consolidated cash balance of £83.8 million which is fully committed against the future Capital Programme. The balance attracts Government Banking Services interest of 5.14% at current rates, together with a PDC offset benefit of 3.5%.
In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.3% against the national standard of 95%, however in month performance is improving at 94.6%. Financial Services continue to work closely with relevant teams to identify further mitigating actions.

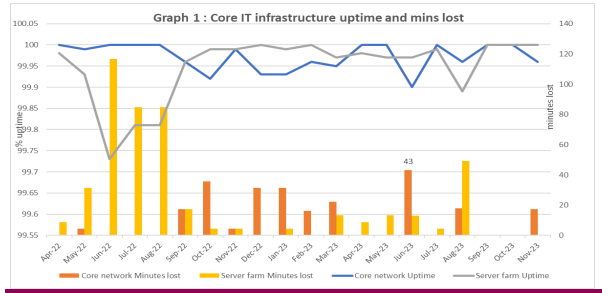
Digital Dorset / Informatics

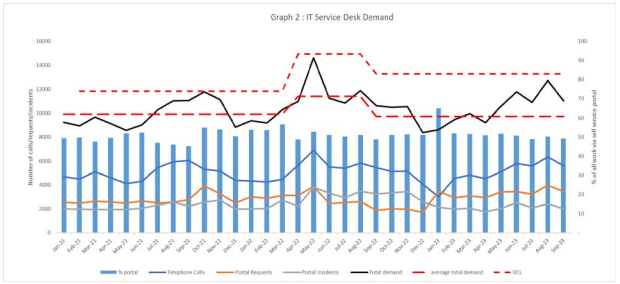
Peter Gill
Chief Information Officer

NHS
University Hospitals Dorset
NHS Foundation Trust

Well Led Informatics

Business as usual / Service Management





Projects / Developments / Security / IG

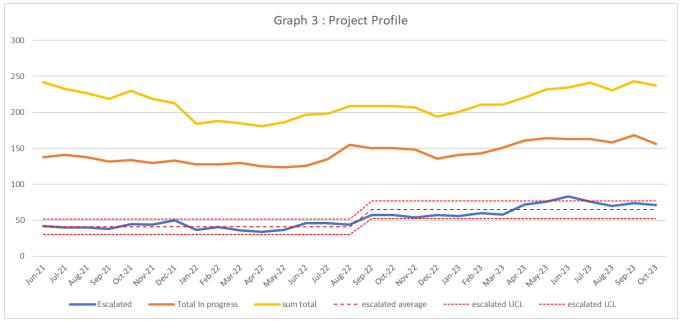


Table 4: Information Asset Compliance

All Active Assets

Status	Total	%
Draft Only (Pending Updates)	19	6.74%
Awaiting IAO Review/Approval	207	73.40%
Awaiting IG Review/Approval	16	5.67%
DSPT Compliant (2023/24)	40	14.18%
Total	282	

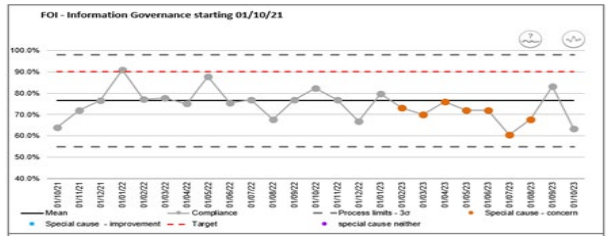
Table 5: Training Statistics

Total Trained in November: 199

Table 6: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	98.5%	1.5%	0.0%	1.5%
Windows Servers	76.5%	23.5%	18.1%	5.5%

Table 7: FOI compliance



Commentary

Graph 1: Minimal issues on Core infrastructure for November 2023.

Graph 2: The Service Desk demand remains within the bounds of common cause variation .

Graph 3. Progress continues to be made on the IT projects moving forward - change Freeze in December will reduce go lives for that month.

Table 5 shows the staff trained by system in November.

Table 6 The percentage of servers now supported reduced significantly in November due to the end of mainstream support for Windows Server 2012. The vast majority are being mitigated.

Table 7 shows a Statistical Process Control chart for the UHD Freedom of Information Act Compliance. A special cause reduction in performance was noted earlier in the year and the recovery of this is being monitored by the Information Governance Steering Group.

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 03 January 2024

Agenda item: 6.2.1

Subject:	Maternity Quality and Safety Champions Report November 2023 data
Prepared by:	Lorraine Tonge Director of Midwifery Head of Midwifery, Kerry Taylor Clinical Director, Alex Taylor
Presented by:	Lorraine Tonge: Director of Midwifery

Strategic themes that this item supports/ impacts:	Systems working and partnership ☒ Our people ☒ Patient experience ☒ Quality: outcomes and safety ☒ Sustainable services ☒ Patient First programme ☒ One Team: patient ready for reconfiguration ☐
BAF/ Corporate Risk Register:	Yes
Purpose of paper:	Review and Discussion
Executive Summary:	Highlights from the maternity safety champions report will be used in conjunction with IPR slides attached to give the board a summary of the key areas of focus for maternity. The full report has been presented to the safety champions, care group board and Quality Committee in December 2023. The report highlights: **Activity** – Advise: as expected. **Perinatal quality surveillance** – Advise. There was 1 Stillbirth in November 2023 which will be reviewed under the Perinatal mortality review process. There was 1 late fetal loss which is reportable to MBRRACE. No initial care concerns identified. There was 1 HSIB (MNSI) of a baby that who went for therapeutic cooling, early review showed misinterpretation of CTG and slower than expected escalation may have impacted on the outcome. Learning has been disseminated with the teams. **Training-** Alert**:** Compliance is currently <90 % in all areas to meet the maternity incentive scheme and the challenges in achieving the required standards continue. Industrial action and sickness have impacted on meeting the standard.

Safe staffing - Assure
There have been significant Midwifery workforce improvements and this month this showed how this provides improvements in care. Red flags last month showed there were 46 incidences and this month reduced to 27 delays in care. There was 100 % - 1:1 midwifery care provided in labour and there were no occasions of Opel 3 or Opel 4.

However, for board awareness, challenges remain with Obstetric recruiting.

Service user voice: Advise
There are 5 open complaints and 2 have been received in November. Themes identified were compassion consent and communication. The Matrons continue to work with clinicians to learn from this feedback.

Audits: Advise and alert

Saving babies lives

	Baseline Assessment	Assessment 1	Assessment 2
Review Quarter	Q1 23-24	Q1 23-24 Final	Q2 23-24
Assurance Review Date	20/09/23	04/09/23	04/12/23
Element 1	10%	20%	80%
Element 2	35%	45%	70%
Element 3	0%	0%	50%
Element 4	20%	40%	40%
Element 5	48%	52%	78%
Element 6	33%	50%	83%
TOTAL	34%	43%	73%

Saving babies lives to reduce stillbirths audit quarter 2 was assessed by the ICB in December 2023. The provisional outcome of 73% compliance was achieved overall which is a significant improvement from quarter 1 which was only 43% compliance.

However, 50 % compliance was not achieved in all 6 elements. Element 4 relating to CTG monitoring demonstrated through audits that peer reviews of CTG's were not being done to the required standard. Immediate action has been taken to address this safety concern. Continuous work will continue to achieve a higher standard in all elements.

Risk – Advise: Highest maternity risk at 15 medical staffing.

CQC action plan - Assure
Many of our action this month have been identified as sustainable and standards maintained. Outstanding remaining action on medical cover in triage 24/7 remains a challenge with gaps in medical workforce. Mitigation with locums continues in covering gaps.

	Maternity incentive scheme year 5 – Alert We have been unable to achieve all 10 safety actions. The auditors have completed their assessment and the 3 standards not met are: Action 4 – Medical workforce Action 6 -Saving babies lives V3. Action 8 -Training compliance and core competency framework version 2 to implement. Challenge with increase in training days and increase in trainers required. We are continuing to work on all the standards. **Ockendon -** Assure Remaining actions are the maternity dashboard and the maternity matters website which are actions that are in conjunction with the LMNS and ICB and are making progress. **Maternity Support Programme -** Advise Diagnostic report received and an improvement plan is in development and work commenced on the improvements. **Safety champions meeting- full report discussed.** Safety champions focused time was given this month • PMRT quarter 2 report, • HSIB final report, (L99647), • HSIB final report, (L105076) • SI Board report, (L109430) • External review with Somerset reviewing all our PMRT cases from January to July and • Maternity incentive scheme year 5 submission **Maternity safety dashboard:** Is available and discussed at Quality Committee in the IPR. Assurance is provided to the Quality Committee on action plans for improvements.
Background:	The purpose of the Maternity Quality and Safety Report is for the Board Level Safety Champion to share emerging guidance for maternity services, provide updates from reviews of published national and local inspection reports, include feedback from women and their families, support quality improvement and escalate locally identified safety issues in Maternity.
Key Recommendations:	To note reports Discussion on highlights with DOM.
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☐ Financial ☐ Operational Performance ☒ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☐ System ☒

CQC Reference:		
	Safe	☒
	Effective	☒
	Caring	☒
	Responsive	☒
	Well Led	☒
	Use of Resources	☒

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Maternity quadrumvirate Safety champions meeting Directorate meeting Care group Board Quality Committee	19/12/2023	Noted and approved

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)		
	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 2 MEETING

Meeting Date: 03 January 2024

Agenda item: 6.2.2

Subject:	Maternity incentive scheme (MIS) year 5 submission
Prepared by:	Report by Lorraine Tonge Director of Midwifery
Presented by:	Lorraine Tonge Director of Midwifery

Strategic themes that this item supports/impacts:	Systems working and partnership ☒ Our people ☒ Patient experience ☒ Quality: outcomes and safety ☒ Sustainable services ☐ Patient First program ☒ One Team: patient ready for reconfiguration ☐
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Decision/Approval
Executive Summary:	There has been a significant amount of work towards delivery of the 10 safety actions which are required to meet the MIS for year 5. The Board will be aware that UHD was not compliant with all actions last year, and this year the standards have changed which is impacting on the submission. The evidence has been carefully considered with the Maternity clinical leads and safety champions, and the assessment triangulated with review by the internal auditors. **Alert:** UHD has not met all domains for the ten safety standards for MIS year 5 in the following actions: • Safety action 4 – Medical workforce • Safety action 6 – Saving babies lives. • Safety action 8 – Training • Safety action 9 – PQSG Wad to Board reporting and intelligence. Not all evidence available until February. **Assure:** There is evidence and assurance the standards met for: • Safety action1 – PMRT • Safety action 2 - MSDS • Safety action 3 - Transitional care and avoidable term admissions to NICU • Safety action 5 – Midwifery workforce • Safety action 7 - Maternity and neonatal voices

	• Safety action 10 HSIB and EN notifications. **Advise:** The action plans to achieve standards are to be agreed and we will continue to strive to meet requirements. The ICB Accountable officer will be appraised of the MIS safety actions.
Background:	NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care. The MIS applies to all acute Trusts with maternity services who are members of the CNST. Members contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. The scheme incentivizes ten maternity safety actions. Trusts demonstrating, they have achieved all of the ten safety actions recover their additional 10% contribution and a share of any unallocated funds. Trusts that do not meet the ten-out-of-ten threshold will not recover their 10% contribution but may be eligible for a small discretionary payment from the scheme to help make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund. The paper outlines the final position for a declaration from UHD, which will be submitted to NHS Resolution. The Trust Board is required to approve the sign off by the CEO for submission by the 1st of February.
Key Recommendations:	For approval
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☐ Financial ☒ Operational Performance ☐ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☐ System ☐
CQC Reference:	Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☒ Use of Resources ☒

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Safety champions report Care Group Board Quality Committee	19/12/2023	Position noted.

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)		
	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

UHD MIS Year 5 final Gap analysis and action plan

Name of Guidance: **Maternity Incentive Scheme – year five**	Date published: May 2023 (v1)	MIS updates: v1.1 – released July 2023	Working document	Lead: Lorraine Tonge Director of Midwifery

Introduction

NHS Resolution is operating year five of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) to continue to support the delivery of safer maternity care.

The MIS applies to all acute Trusts with maternity services who are members of the CNST. Members contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

The scheme incentivises ten maternity safety actions. Trusts demonstrating, they have achieved **all** of the **ten** safety actions recover their additional 10% contribution and a share of any unallocated funds.

Trusts that **do not meet** the ten-out-of-ten threshold will **not** recover their 10% contribution but may be eligible for a small discretionary payment from the scheme to help make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.

MIS year 5 conditions - overview

Trusts must submit their completed Board declaration form to NHS Resolution by **12 noon** on **1 February 2024** and must comply with the following conditions:

- Trusts must achieve **all** ten maternity safety actions.
- The declaration form is submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery and Lead Midwife for Governance.
- The Board declaration form must be signed and dated by the Trust's **Chief Executive Officer** (CEO) to confirm that:
    - The Board are satisfied that the evidence provided to demonstrate achievement of the ten safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document embedded in this document.
    - There are no reports covering either year 2022/23 or 2023/24 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g., Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.). All such reports should be brought to the MIS team's attention before **1 February 2024**.
- The Board must give their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution.
- The CEO will ensure the Accountable Officer (AO) for their Integrated Care System (ICB) is apprised of the MIS safety actions' evidence and declaration form. The CEO and AO must both sign the Board declaration form as evidence that they are assured and in agreement with the compliance submission to NHS Resolution.

	Meets standard
	Expected to meet standard
	At risk of not meeting standard

University Hospitals Dorset
NHS Foundation Trust

MIS Year 5 current compliance (December 2023) self assessment

Safety Action	Current compliance	Evidence for compliance	Expected compliance – brief overview and comments
1.Perinatal Mortality Review Tool (PMRT)		• PMRT - Perinatal Mortality Reviews Summary Report • MBRRACE Reports and Associated Evidence • PMRT Database • PMRT template letters • PMRT Board Report Q1 and Q2 • PMRT safety champions meeting, Quality Committee, IPR	Full compliance verified and current cases verified as compliant. Quarterly 1 PMRT reports presented to executive board on 31st of October. Action taken prior to presentation with escalation to LMNS as significantly raised stillbirths. Quarter 1, UHD Rate 7 per 1000, expected national rate 2.5 per 1000 by 2025. Immediate action taken identified to promote reporting by women re: reduced fetal movements to get early monitoring. In addition, an external review of cases by Somerset occurred in November and presented to safety champions findings and outcome. No new learning identified. Quarter 2 report was presented in December to safety champions and quality committee whereby rate this quarter is 2 per 1000. Standard fully met.
2. Maternity Services Data Set (MSDS)		• MSDS Compliance Published Data July 2023	Confirmation of data check demonstrates full compliance. Official verification via NHS digital received in October 2023 validating data and evidence to meet standard.

3. Transitional Care (TC) & Avoiding Term Admissions into Neonatal unit (ATAIN)		• TCU Operational Policy • TCU Admission Criteria • TCU Audit • Neonatal/Maternity ATAIN Meeting Minutes • ATAIN Terms of Reference • ATAIN Audit Oct'22 to Jul'23	Improved ATAIN group now in place MDT and meeting schedule compiled. New reporting schedule to include quarterly reporting into maternity governance, quality committee, Trust Board and LMNS safety meeting. Atain deep dive with action plan presented to safety champions, quality committee and LMNS. Evidence of written audits to be provided and quarterly reports to be continued.
4. Clinical workforce planning		• Obstetric Medical Workforce Monitoring of short term and long-term locums' certificate of eligibility. Audit of any shortfalls and action plan. Adequate rest periods for all medical staff Audit and learning from consultants' attendance at clinical events as set out by RCOG workforce paper. • Anaesthetics Medical Workforce to meet ASCA standards. • Neonatal Medical Workforce to meet BAPM standards. If not met an action plan needs to be agreed with Trust Boards, LMNS and ODN to meet deficiencies. • Neonatal Nursing Workforce to meet BAPM standards and recorded in Trust Board minutes.	We did not meet all staff group requirements in this category. Obstetric workforce: Evidence of Compliance outstanding due to the limited timeframe to implement. Audits of locum competency both short and long term. Audit of rest periods. Audit evidence, of rest periods for all medical staff and Consultant attendance in providing acute care when a consultant is required to attend as per RCOG guidance with lessons learnt. Standard for anaesthetic workforce is being met. Neonatal medical workforce is not meeting BAPM requirements currently 6 Consultants on rota, 7 Consultants required. Action plan required to meet standard and to be agreed. Evidence provided by neonatal matron that standard is being met .

<table>
<tr><td>5. Midwifery workforce planning</td><td></td><td>• Midwifery 6 monthly staffing paper
• Trust board oversight</td><td>Midwifery Workforce oversight report submitted to Trust Board in September 2023. Midwifery workforce met all standards for compliance.</td></tr>
<tr><td>6. Saving Babies' Lives Care Bundle Version Three (SBLCBv3)</td><td></td><td>• SBLv3 tool was made available on 7/8/23 – this was significantly delayed from release date in July. Criteria of implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element.</td><td>Standard not met.

Quarterly meetings with LMNS for oversight and quality improvement plan development as well as sharing learning.

Outcome of quarter 1 assessment - 43% of criteria met.
Outcome quarter 2 assessment – 73 % of criteria met which shows a vast improvement however over 50% in all 6 elements was not met. Element 4- CTG reviews every 60 minutes standard not met on audits. Immediate actions in place to address this safety concern.

<table>
<tr><th></th><th>Baseline Assessment</th><th>Assessment 1</th><th>Assessment 2</th><th>Assessment 3</th><th>A</th></tr>
<tr><td>Review Quarter</td><td>Q1 23-24</td><td>Q1 23-24 Final</td><td>Q2 23-24</td><td></td><td></td></tr>
<tr><td>Assurance Review Date</td><td>20/09/23</td><td>04/09/23</td><td>04/12/23</td><td></td><td></td></tr>
<tr><td>Element 1</td><td>10%</td><td>20%</td><td>80%</td><td></td><td></td></tr>
<tr><td>Element 2</td><td>35%</td><td>45%</td><td>70%</td><td></td><td></td></tr>
<tr><td>Element 3</td><td>0%</td><td>0%</td><td>50%</td><td></td><td></td></tr>
<tr><td>Element 4</td><td>20%</td><td>40%</td><td>40%</td><td></td><td></td></tr>
<tr><td>Element 5</td><td>48%</td><td>52%</td><td>78%</td><td></td><td></td></tr>
<tr><td>Element 6</td><td>33%</td><td>50%</td><td>83%</td><td></td><td></td></tr>
<tr><td>TOTAL</td><td>34%</td><td>43%</td><td>73%</td><td></td><td></td></tr>
</table>

It should also be recognised the great improvement made in a short period of time. Additional element and increased standards issued in July.</td></tr>
</table>

7. Maternity & Neonatal Voices Partnership (MNVP)		• Annual work plan • Fully funded. • Coproduction and listening to families from BAME and high deprivation.	Standard met and ongoing work will continue working in collaboration with our service users.
8. MDT training		• Maternity Training & Development Guideline Core Competency V2 to be implemented by July 2024 agreed by trust Board. • Midwife Update Day 23/24 Training Programme to reach 90% as per core competency framework 1. • Module 2 CTG Fetal Monitoring To meet 90% compliance • Module 3 PROMPT To meet 90% compliance • Module 6 NLS To meet 90% compliance.	TNA and plan underway to implement all six core modules of the Core Competency Framework version 2 (CCFv2). The plan must be implemented by July 2024 needs agreement by the care group quadrumvirate and then sign off by Trust Board to meet the standard. TNA Financial implications due to increase mandatory training days (currently 4 days to 8.5 days to incorporate additional requirements of CCFv2. Additional staff required to deliver the training. This is challenging for the care group to find the additional funds and therefore not agreed at this point. Standard met in midwifery update. Standard of 90% not met in Prompt and CTG training compliance. Recent strikes have affected training capability due to consultants covering clinical work, this affects their training stats, ability to deliver training and essential MDT mix on the study day. Medical workforce gaps (risk Register 15) giving additional pressure to meet the standards. Action plan to address in place.
9. Perinatal Quality Surveillance Model (PQSM) – Board assurance Safety champions board having sight of quality and safety.		• Evidence of ward to Board reporting as set out by Perinatal Surveillance model. • Evidence of safety intelligence and reflected in Board minutes. • Evidence that the Board safety champions are supporting the perinatal quadrumvirate.	Reporting structure to Board safety champions, quality committee in place and presented by DOM and maternity safety champions. Safety Champions team walkabouts and monthly meetings with PQSM structure. Meeting with the newly formed maternity quadrumvirate quarterly needs to be implemented. Ongoing work to improve ward to board reporting underway and recording in board minutes for evidence. Expected to meet standard. Further work in December January to meet the standard.

10. Healthcare Safety Investigation Branch (HSIB)		• Trust Board sight of HSIB and EN notifications • Evidence of letters to parents • Evidence of duty of candour	3 open HSIB case under investigation – Standard met

BDO auditors' assessment

2324 UH Dorset - Maternity Incentive

The above self-assessment compliance correlates with the BDO auditors' assessments recognises the work achieved and outlines the continual work required to meet all the standards.

Next steps

- Position to be reported to Trust Board.
- Agree action plans with CNO and CMO for executive sponsorship.
- Position to be reported to LMNS/ICB
- Declaration sign- off by CEO and submission before the 1st of February 12 noon.

Maternity Incentive Scheme - Board declaration form

Trust name	**Please choose your trust in the Guidance tab**
Trust code	

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	No		-	You have not entered an action plan for this unmet safety action, please check
Q2 MSDS	No		-	You have not entered an action plan for this unmet safety action, please check
Q3 Transitional care	No		-	You have not entered an action plan for this unmet safety action, please check
Q4 Clinical workforce planning	No		-	You have not entered an action plan for this unmet safety action, please check
Q5 Midwifery workforce planning	No		-	You have not entered an action plan for this unmet safety action, please check
Q6 SBL care bundle	No		-	You have not entered an action plan for this unmet safety action, please check
Q7 Patient feedback	No		-	You have not entered an action plan for this unmet safety action, please check
Q8 In-house training	No		-	You have not entered an action plan for this unmet safety action, please check
Q9 Safety Champions	No		-	You have not entered an action plan for this unmet safety action, please check
Q10 EN scheme	No		-	You have not entered an action plan for this unmet safety action, please check
Total safety actions	-	-		
Total sum requested			-	

Sign-off process confrming that:

* The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.

* The content of this form has been discussed with the commissioner(s) of the trust's maternity services
* There are no reports covering either **this year (2023/24) or the previous financial year (2022/23)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports should be brought to the MIS team's attention.
* If applicable, the Board agrees that any reimbursement of maternity incentive scheme funds will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
* We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group will escalate to the appropriate arm's length body/NHS System leader.

Electronic signature of Trust Chief Executive Officer (CEO):	
For and on behalf of the Board of	Please choose your trust in the Guidance tab
Name:	
Position:	
Date:	

Electronic signature of Integrated Care Board Accountable Officer:	
For and on behalf of the board of	Please choose your trust in the Guidance tab
Name:	
Position:	
Date:	

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 03 January 2024

Agenda item: 6.4

Subject:	Patient Experience and Engagement Strategy 2023-2025
Prepared by:	Laura Northeast Head of Patient Experience & Dr. Matthew Hodson Deputy Chief Nursing Officer
Presented by:	Paula Shobbrook Chief Nursing Officer

Strategic themes that this item supports/impacts:	Systems working and partnership ☐ Our people ☒ Patient experience ☒ Quality: outcomes and safety ☐ Sustainable services ☐ Patient First programme ☒ One Team: patient ready for reconfiguration ☐
BAF/Corporate Risk Register: (if applicable)	BAF 4 – Patient Experience
Purpose of paper:	Decision/Approval
Executive Summary:	The Patient Experience and Engagement Strategy 2023-2025 sets out the Trust strategic plan for the delivery of the Patient First patient experience strategic objective. It describes the vision of the organisation and sets out and describes four CARE objectives related to the Patient First Programme. These objectives are: 1. Enabling our patients to provide **C**ontinuous feedback on the services UHD provide 2. Identification of **A**reas that need development. 3. **R**ecognising the people the Trust services through engagement activities to reduce health inequality. 4. Maintaining and developing **E**xcellent partnerships with health, social and voluntary sector across the ICS. This strategy has been designed with people who use and work in UHD services, members of our community. Healthwatch Dorset, the ICS Engagement leads network and the Dorset Public Participation Group all helped to shape the strategy.

Background:	As part of the implementation plan within the development of the Patient First Patient Experience A3 was a corporate project to deliver a patient experience strategy which has been designed with our patients and public to set out activities UHD will undertake to deliver this strategic patient experience vision.
Key Recommendations:	Endorsement for internal and external publication
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☐ Financial ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☒ Regulatory ☐ Strategy/Transformation ☐ System ☐
CQC Reference:	Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☒ Use of Resources ☒

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
Patient Experience Group Trust Management Group Clinical Governance Group Dorset ICB PPG Quality Committee	19/12/2023	Approved and endorsed at all meetings and from the Quality Committee, agreement that additional information to strengthen the Transformation part of the strategy is required (which will be included in partnership with the Transformational team).

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐

University Hospitals Dorset
NHS Foundation Trust

Patient Experience and Engagement Strategy

2023-2025

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

"At University Hospitals Dorset NHS Foundation Trust, we are committed to improving the experience of all that are involved in our services, this includes our patients, carers and families.

We work in partnership with our staff and patients, and alongside community partners across Dorset to identify opportunities to improve our services.

We listen to our patients' feedback and ensure we understand what matters to them. When care has not met expectations, we are committed to addressing what could be improved."

Professor Paula Shobbrook
Chief nursing officer,
University Hospitals Dorset

"This strategy builds on the work of our legacy organisations and sets out the trust's intention to ensure that people have the best possible experience of person-centred care, while in the care of University Hospitals Dorset.

It describes the vision for the trust on patient experience and the expectations of staff to continuously improve in response to patient and service user feedback."

Dr. Matthew Hodson MBE
Deputy chief nursing officer,
University Hospitals Dorset

Why this is important

Experience of care, **clinical effectiveness** and **patient safety** make the three key components of quality care in the NHS. Delivering high quality care means improved outcomes for patients and greater staff satisfaction (NHS England, 2017).

At University Hospitals Dorset (UHD) we have committed to putting the 'Patient First' and improving their experience is one of the trust's strategic aims.

This Patient Engagement and Experience Strategy is aligned to the trust's Quality Strategy and NHS Dorset's Together - Working With People and Communities Strategy, 2022.

Our key principles

- **Listen to our patients, carers and families**
- **Use feedback to inform continuous improvement**
- **Work with patients and community partners across Dorset to inform transformation of services**

The UHD Patient Experience Group (PEG) will monitor the progress of this strategy and provide assurance to the Quality Committee.

Each care group will share learning based on feedback and discuss best practice at the PEG, and a report of activity will be provided in the trust's Annual Account.

Our staff will be supported to deliver the key principles of this strategy while demonstrating our trust values. By embedding a culture of continuous improvement, driven through patients' feedback about our services, we will achieve our ambition of delivering high quality, person-centered care, for all who use our services.

Your hospital, your care, addressing health inequality

Different groups in our community can be subject to avoidable differences in healthcare due to things such as income, where they live, ethnicity, sexuality or those who have health or social concerns that might make them more isolated from their communities (Kings Fund, 2022).

At UHD we need to understand the variances in access, experience and health outcomes and work with colleagues across Dorset to ensure inequality is reduced.

Patient engagement is a term used to describe involvement of patients and carers in the following:

- their own care
- service redesign
- setting priorities

To understand what patients need from hospital services we need to harness their views and experiences. Working collaboratively with other health and care providers in the Dorset system, we are able to ensure services are joined up for patients.

UHD works with engagement leads across Dorset and shares and receives insights on what patients have said about their experience and future needs. We have an active programme of work on reducing health inequalities for the population of Dorset and are seeking to build on this in 2023-25. We plan to further engage with those most at risk of health inequalities to shape future work.

The benefits of working together include:

- **Improved understanding**
- **Improving services, safety, and help people to be more healthy**
- **Go beyond our duty to involve**
- **Reduce health inequalities**
- **Make things fairer for everyone**

NHS Dorset, 2023

Our Dorset
Your Local NHS and Councils Working Together

NHS Dorset

Where are we now?

We have contact with over 751,000* people each year through our outpatient hospital services, including appointments, emergency department attendances and day cases.

We care for a further 64,000* patients each year on our wards.

During 2022-2023 financial year we received 984 complaints.

Over 5,000 people used the patient advice service to provide feedback, make enquires and send compliments to staff.

* Figures from 2021/2022 rounded down to nearest thousand

We gather feedback through various methods including text messaging, volunteer facilitated feedback, QR codes and through our website and external sources such as 'Care Opinion'.

We use patient feedback from the national Friends and Family Test (FFT), national patient surveys, local surveys, focus groups and complaint themes to make changes.

We have a Patient Engagement Network where patients are involved in designing and redesigning services. We have patients as members of quality improvement and trust groups ensuring patients voices are heard. We have volunteers whose role can include acting as a Patient Safety Partner in line with Patient Safety Incident Response Framework. (NHS England, 2023)

We record, watch and listen to patient stories at Board meetings. We also use patient stories when we are discussing changes in selected procedures or policies, and for improvement projects.

Our governors are elected volunteers who represent members of the community to ensure their voices are heard. They act as an ambassador of the trust. The governors host community information and health events where they speak with members of the public. They often visit areas of deprivation where people at most risk of health inequality may reside.

What do we want to achieve?

We know there is variation in the way that teams use patient feedback about their experience at UHD. This means we are not consistently able to understand the views of our patients and their family and carers.

We want all staff to be able to easily access and understand what patients feel about the service they deliver. We want to see that departments are empowered to continuously improve based on feedback from the people who use their services.

We have a responsibility to engage with the community in such a way that people who may be at risk of health inequality are able to say what they need from NHS services to level up equality.

Our ambition is to be in the top 20% of all NHS trusts in the country for patient experience. This will be monitored and measured through the CQC National Inpatient Survey.

We want to be rated as 'outstanding' by the CQC for the 'caring' domain.

We want to see a 25% reduction in the number of complaints we receive and a 25% increase in compliments made about staff.

To achieve this, we have set some patient experience **CARE** objectives.

Our vision

All patients at UHD receive high quality care, which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.

Our values, trust and patient experience CARE objectives

Our trust's strategic objectives for 2023-2024:

- See our patients sooner
- Be a great place to work
- Improve patient experience by acting on feedback
- Save lives by improving patient safety
- Use every NHS pound wisely
- Start on our Patient First journey
- Work as one team, fit for future changes

Listening to, and importantly acting on, feedback will help achieve all the strategic objectives set out above. Patient insights often highlight cost saving, efficiency and safety improvements.

Including patients as part of our team ensures inclusion and that patient-centred care is at the heart of what we do.

Involving patients, families and staff is essential following a patient safety incident. We will work with the trust risk team to ensure these insights are acted upon and improvements made for safety and experience.

As part of the Patient First journey, our patient experience CARE objectives further expand on the trust objective of 'improving patient experience' by acting on feedback.

Continuous Feedback
Areas for Improvement
Recognising People
Excellent Partnerships

These CARE objectives link to our trust values. The following pages describe what activities and measures will be taken to achieve these objectives.

We CARE

Our staff tell us that they don't always know what patients think of the services they provide. Not all departments gather enough feedback from the Friends and Family Test (FFT) to understand what their experience is to make improvements.

Objective 1

Continuous Feedback

We will increase the volume of feedback we receive from our patients and ensure this is easily accessible and understandable by all staff.

We will achieve this by:

1. Increasing the number of FFT Text messages that are sent and include more departments across all our hospitals.
2. Increasing the number of methods we use to gather FFT by:
   - Increasing use of QR codes on leaflets and letters
   - Increase volunteer assisted feedback
   - Design and place feedback stations across the trust
3. Ensure that staff have feedback that is easy to access and that this is displayed in each department, for all staff to see and understand.
4. Develop innovative ways to gather feedback from young children.
5. Make improvements based on feedback and share changes.
6. Develop a compassionate engagement framework to listen to patients, carers and families involved in patient safety incidents.

Changes are already made to the way services are delivered based on feedback. However, we see familiar themes through complaints and patient experience feedback that appear to not be addressed fully at department level.

Objective 2

Areas for Improvement

We will ask our patients what they need from our services to enable continuous improvement through a regularly monitored survey.

We will achieve this by:

1. Increasing the use of the 'Have your Say' (HYS) survey.
2. Ensuring that HYS questions are meaningful and provide information that departments require.
3. Include the NHS National Survey Programme scale of 1-10 to measure satisfaction with the service our trust provides.
4. We will monitor improvement through trust-wide assurance monitoring by 15 steps challenge, peer review and ward accreditation.
5. Departments will publish 'You said We Did' to demonstrate change in response to feedback.
6. Appoint Patient Safety Partners to support our patient safety and quality improvement programmes.

There are areas of severe deprivation in the community we serve. The people most at risk of health inequality are less likely to provide feedback. The trust does not routinely analyse feedback against health inequality mapping, e.g. socio-economic insights.

Objective 3

Recognising People

We will engage with the local community and ask them 'what matters to you?' and use this information to make change. We will take measures to include all members of our community, especially those who are at risk of health inequality.

We will achieve this by:

1. Outreach into the community, attend parent and child groups, community meetings, carers forums and also through the programme of engagement work of our trust governors.
2. Provide accessible digital feedback links that can be translated into multiple languages and be read aloud.
3. Use links to faith leaders, Healthwatch and the Dorset Public Participation Group to hear from the community, especially those at risk of health inequality.
4. Analyse feedback received against groups at risk of health inequality.
5. Ask specialist clinical teams to act as a conduit to groups e.g. learning disability, homelessness and Mental Health.
6. Ask the members of the trust - 'what matters to you?'

We are inclusive

We CARE

We do not routinely use information that has already been gathered by community partners. This is a missed opportunity to use insights that will help to triangulate information the trust receives.

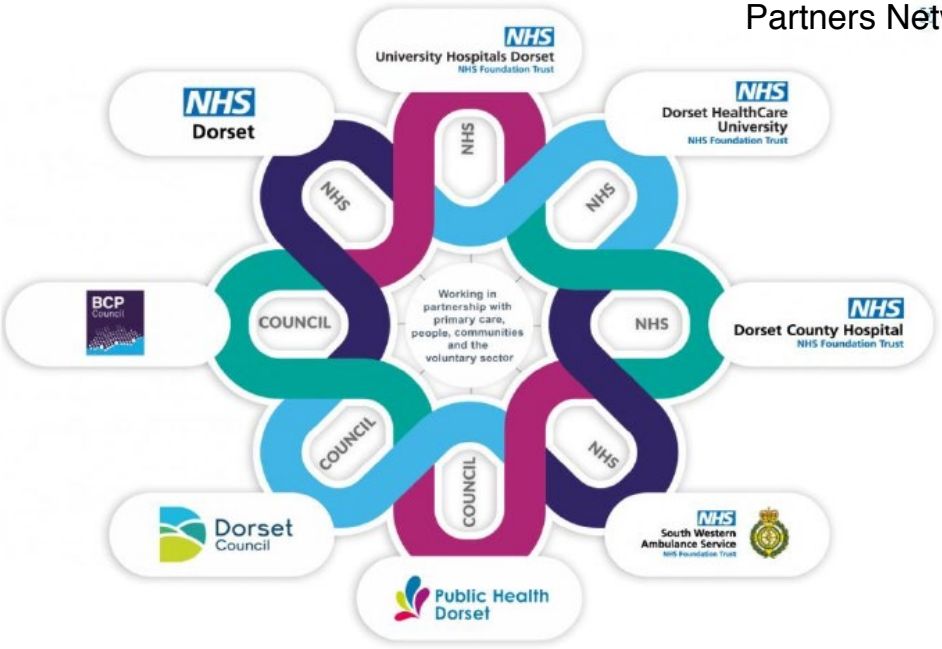
Objective 4

Excellent Partnerships

We will use information and insights gathered from different sources, including community partners from the Dorset ICB, to inform continuous improvement and research.

We will achieve this by:

1. Being an active member of the NHS Dorset Engagement leads network.
2. Help with centralising and indexing insights shared across Dorset.
3. Be involved in community networking events with system partners.
4. Engage with members of the Dorset Public Participation Group and Healthwatch using their diverse membership to act as a link to community insight.
5. Support our patient safety partners to be part of the Dorset Patient Safety Partners Network.



We are one team

We CARE

Get involved

There are various ways you can get involved in the trust:

- volunteering
- becoming a member of the trust
- give your feedback if you have used the services of UHD

Please use a mobile phone to scan the code below or email **patientexperienceteam@uhd.nhs.uk** and let us know how you would like to be involved and we will help you.

Become a UHD trust member

It is free to join, you will receive regular newsletters and information and be able to give your views on proposed changes.

Scan me

Give us your feedback

Have you or a loved one received care at University Hospitals Dorset? Tell us your story.

Scan me

Become a volunteer

We have various roles that help our patients and staff to enhance our patients experience. Volunteers also help with improvement projects.

Scan me

References

NHS Dorset, 2022. Together - Working With People and Communities.
Available at **www.nhsdorset.nhs.uk**

NHS England, 2022. Engaging Patients and Carers.
Available at **www.england.nhs.uk**

NHS England 2023. Patient Safety Incident Response Framework.
Available at **www.england.nhs.uk**

The Kings Fund, 2022. What are Health Inequalities?
Available at **www.kingsfund.org.uk**

With special thanks to Healthwatch Dorset and members of NHS Dorset Engagement Group, helping our community to shape and design this strategy.

If you would like this information in large print, easy read or in a different language please contact **patientexperienceteam@uhd.nhs.uk**

Patient Experience and Engagement Strategy 2023-2025

We CARE

Continuous Feedback

Increase opportunities for patients, friends, family and carers to tell us what is important to them.

Areas for Improvement

Empower teams to make and monitor change based on patient feedback.

Recognising People

Listen to the community to understand what matters to them. Engage with those most at risk of inequality.

Excellent Partnerships

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University Hospitals Dorset NHS Foundation Trust

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University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 03 January 2024

Agenda item: 6.5

Subject:	Risk Register Report
Prepared by:	Natasha Sage, Head of Risk Jo Sims, Associate Director for Quality Governance and Risk
Presented by:	Paula Shobbrook, CNO

Strategic themes that this item supports/impacts:	Systems working and partnership ☐ Our people ☐ Patient experience ☐ Quality: outcomes and safety ☒ Sustainable services ☐ Patient First programme ☐ One Team: patient ready for reconfiguration ☐
BAF/Corporate Risk Register:	All
Purpose of paper:	Review and Discussion
Executive Summary:	

Current risks rated at 12 and above on the risk register	**44**
Potential new risks for Approval	**2**
12+ Risks that have changed score	**2**
Reduced, closed or suspended risk(s) no longer 12+ to note	**1**
Risks scoring 20+	**4**

Proposed new 12+ risks (full details in report)

Risk No:	Title	Care Group	Proposed risk rating
1977	Dorset NEPTS - Winter Pressures, Vehicle Capacity Shortfall	Operations	15
1924	Risk of not successfully and sustainably adopting the patient first approach across UHD	Other	12

To note – Risking Scoring 20+

Risk no:	Title	Risk Owner	Exec Lead
1872	Patient Flow: Risk to patient safety, statutory/performance compliance & reputation - downstream capacity/front door crowding	Jordan, Sophie	Mark Mould

1604	Delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds	Killen, Stephen	Richard Renaut
1460	Ability to meet UEC National Standards and related impact on patient safety, statutory compliance and reputation.	Rathbone, Leanna	Mark Mould
1950	Graphnet Electronic Patient Record (EPR) is not fit for purpose	Gill, Peter	Peter Gill

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	88%	⬇ 7%

Background:	The report is provided in accordance with the UHD Risk Management Strategy. To provide details of the risks rated 12+ on the UHD NHS Foundation Trust risk register
Key Recommendations:	**To ask leads to update all risks 12+ to outline the principal controls, the gaps in controls and the linked action plans in place to mitigate each gap in control or assurance.**
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☐ Financial ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☒ Regulatory ☐ Strategy/Transformation ☐ System ☐
CQC Reference:	Safe ☒ Effective ☐ Caring ☐ Responsive ☐ Well Led ☒ Use of Resources ☐

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Trust Management Group	12/12/23	Verbal update to be provided in the Board meeting.
Quality Committee	19/12/23	Verbal update to be provided in the Board meeting.

University Hospital Dorset NHS Trust Risk Review Form

Please refer to the Risk Register Toolkit for help click here

Risk Register Assessment

Datix ID	1977
Title of Risk Please be succinct	Dorset NEPTS - Winter Pressures, Vehicle Capacity Shortfall
Type of Risk Form	Risk Register
Risk Register Type	Trust
Risk Status	For Quality Committee

Risk Details

Risk Assessor	Cross, Mevalyn - Transport Manager
Risk Owner Person with operational overview and responsibility for risk	Willes, Stuart - Head of Operations Flow & Facilities (Poole)
For Information only You can select any service manager with a Datix account to have access to this record **For Information**.	Aggas, Leanne - Head of Nursing and Professions (Medical Care Group) Jordan, Sophie - Associate Director - Operations, Flow and Facilities
Executive lead	Chief Operating Officer - Mark Mould

Risk Location

Location (exact) Only complete if Risk relates to specific area	
Lead Specialty (that owns this risk)	Operations, Flow & Facilities
Linked Specialty	
Department / Directorate	Operations
Additional department / directorate	
Additional / Secondary Department also involved	
Clinical Care Group or equivalent	Other
Site	Trustwide incident/risk/issue
Trust	University Hospital Dorset NHS Foundation Trust

Risk Description

Source of risk

- [x] Adverse Incident Report (LERNs)
- [x] Aggregation of Incident/Claims/Complaints/PALS
- [ ] Annual Plan
- [ ] Any governance meeting (eg H&S, Risk, Quality)

- [ ] Claim/potential Litigation
- [ ] Clinical Audit
- [x] Complaint
- [ ] Confidential Enquiry Reports
- [ ] External Inspections or Audits or Review
- [x] Forward Business Planning
- [x] ICS Risk
- [ ] Inquest
- [ ] Internal Inspections
- [ ] Minutes of Department Corporate meetings
- [ ] National Patient Safety Alerts Notifications
- [ ] NICE Guidance
- [x] Patient Surveys
- [ ] Policy or Protocol Issues
- [ ] Professional Guidance
- [ ] Risk Assessments
- [ ] Self Assessment against external mandated standards
- [x] Staff Survey
- [ ] Statutory Notice

Risk Description	It is likely that commissioned, Dorset Non-emergency Patient, Transport, resources will be insufficient to meet the increased demand, that occurs during the winter pressures period. This is likely to impact patient flow, when the trust is experiencing operational pressures and could result in: failed discharges, missed care packages, lost community beds, bed blocking both on wards and in emergency or assessment areas, poor patient experience, increased staff stress, longer waits on ED trolleys, requirement to open overflow wards, and ambulances stacking outside of ED.

Risk Background

Risk Assessment Background	Following a NEPTS contract, dispute, with Dorset ICB, the current NEPTS contract, for discharges and transfers is limited to one year, ending on 30.06.24. The incumbent Dorset NEPTS provider, is therefore unwilling to take on the financial risk that is inherent in increasing vehicle resourcing, beyond the current 12 vehicles. The modelling for 12 vehicles is 60 journeys a day, for weekdays. Dorset NEPTs demand has exceeded 60 journeys consistently, since the start of the contract on 01.07.23 and can rise to in excess of 120 journeys. Concerns about increased demand during the Winter pressures period, have been raised with Dorset ICB, but an agreed plan has not materialised.

Controls and Review

Controls in place Controls in place either limit the likelihood of a risk occurring (preventative controls), or to limit the impact if it does occur (mitigating controls).	Raised with Dorset ICB, the incumbent provider and to senior trust staff, but as at 13.10.23 there is no mitigating agreement in place.
Adequacy of controls	Significant Gaps
Gaps in Controls	Incumbent NEPTS provider hasn't agreed to a planned increase of resource during the Winter Pressures Period

Dorset ICB have not shared a mitigation WP plan with acute providers
An independent UHD NEPTS WP funding plan has not been agreed

Comments by Reviewers / Current progress This field is to confirm that this record has been reviewed and a summary of any overall changes. This field also shows the comments history.	[01/12/2023 15:45:35 Natasha Sage] Agreed at Facilities meeting 17.11.23. Continuing problems with NEPTs not complying with contract and associated financial implications. Request risk is approved by Quality Committee/ Board [29/11/2023 17:54:02 Natasha Sage] This risk has been moved back to 'in holding'. A risk scoring 12+ must only be accepted once approved by Quality Committee. QC will only approve risks that can evidence: • The risk has been reviewed and agreed at Care Group Governance • The risk has been reviewed and agreed by Care Group Directors • Appropriate monitoring groups have been identified • Formal confirmation that an Executive Lead has been identified, briefed and agrees to sponsor the risk • A current action plan is evidenced within the Risk record [01/11/2023 14:17:29 Natasha Sage] This risk has been moved back to 'in holding'. A risk scoring 12+ must only be accepted once approved by Quality Committee. QC will only approve risks that can evidence: • The risk has been reviewed and agreed at Care Group Governance • The risk has been reviewed and agreed by Care Group Directors • Appropriate monitoring groups have been identified • Formal confirmation that an Executive Lead has been identified, briefed and agrees to sponsor the risk • A current action plan is evidenced within the Risk record [25/10/2023 13:50:04 Justine George] Text lifted from Review for Board section - 20/10/2023 Meeting with ICB 20/10 and ask to risk share with emed as they will not do it on their own. Represents a significant risk to flow and capacity
Last Saved	Natasha Sage 04/12/2023 16:28:40

Action Plan
Please record your Actions within this section. It is essential that all Risks have an Action plan attached.

Responsibility ('To')	Specialty	Title of Action	Description of action to be taken	Evidence of Effective Implementation	Start date	Due date	Action Status (type)
Stuart Willes	Operations, Flow & Facilities	NEPTS Winter Capacity Shortfall Mitigation	UHD have requested that the ICB ensure that there are sufficient NEPTS resources to cover the potential increase in demand during the winter pressures period - Dec 23- Mar 24.	As at 13.11.23: *Feedback from the ICB is that the NEPTS provider is responsible for providing capacity to meet the demand. *Dorset NEPTS contract leads are not aware of any agreement to increase resources and currently aren't recruiting for staff outside of their current template.	13/11/2023	01/12/2023	Open
Mevalyn Cross	Operations, Flow & Facilities	UHD Commission Pharmacy Van to Facilitate Earlier Discharges	A UHD commissioned medicines van could allow appropriate patients to be discharged earlier in the day to: *utilise spare NEPTS capacity, available prior to 12 noon *enable beds to become available 2+ hours earlier in the day *increase the number of	* Increase in NEPTs demand prior to noon - available via reporting * Ward audit of difference between actual discharge time and estimated discharge time if medication and EIDF had to be completed first *Ward audit of patients leaving before 12 noon that would not	13/11/2023	11/12/2023	Open

			inpatient discharges before 12 noon For this action to take place the pharmacy team are required to produce an agreed SOP for wards. Last request for SOP completion sent 09.11.23. Service then to be agreed with NEPTS provider.	have occurred without meds van			

Risk Coding

Linked Board Objectives	☑ Systems and Partnership Working ☑ Our People ☑ Quality (Safety and outcome) ☐ Sustainable Services ☑ Patient Experience ☑ Patient First Programme ☑ One Team
Monitoring Committee	Facilities Directorate/Operational Governance Group Operations and Performance Group Trust Management Group

Key Dates

Opened (dd/MM/yyyy)	13/10/2023
Next planned review date (dd/MM/yyyy) **Where current Risk score is:** **12 over - minimum once a month** **8 - 11 - minimum every 2 months** **4 - 7 - minimum every 3 months** **1 - 3 - minimum every 6 months**	**15/12/2023**
Date of current review Once you have completed your current review please add todays date to this field.	**17/11/2023**
Closed date (dd/MM/yyyy) Please change status to "Final approval" once closed.	

Risk Grading

Please refer to the Risk Register toolkit page for help click here

Initial
This is the initial rating value when the Risk is added to the register

	Initial Consequence				
Initial Likelihood	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
5 Almost Certain	○	○	○	◉	○
4 Likely	○	○	○	○	○
3 Possible	○	○	○	○	○
2 Unlikely	○	○	○	○	○
1 Rare	○	○	○	○	○
	Initial Rating: 20 **Initial Level:** High 15 - 25				

Current

	Consequence (current)				
Likelihood (current)	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
5 Almost Certain	○	○	◉	○	○
4 Likely	○	○	○	○	○
3 Possible	○	○	○	○	○
2 Unlikely	○	○	○	○	○
1 Rare	○	○	○	○	○
	Rating (current): 15 **Risk level (current):** High 15 - 25				

Trend **New Risk**

Target / Residual
This is the rating value when control measures / mitigations / actions have been fully implemented.

	Consequence (Target)				
Likelihood (Target)	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
5 Almost Certain	○	○	◉	○	○
4 Likely	○	○	○	○	○
3 Possible	○	○	○	○	○
2 Unlikely	○	○	○	○	○
1 Rare	○	○	○	○	○
	Rating (Target): 15 **Target Level:** High 15 - 25				

Risk level (prior current)

Risk rating (prior to current)

Risk rating / level (current - change date)

Identify reasons for change in risk score **No ICB clear plan or if is in their RR**

Approval Status

Only Risks in "Being Reviewed" status are current/approved and will be provided in reports. In holding area risks are pending approval.

Current approval status	**In holding area, awaiting review**

Strategic Objectives

University Hospital Dorset NHS Trust Risk Review Form

Please refer to the Risk Register Toolkit for help click here

Risk Register Assessment

Datix ID	1924
Title of Risk Please be succinct	Risk of not successfully and sustainably adopting the patient first approach across UHD
Type of Risk Form	Risk Register
Risk Register Type	Board Assurance Framework
Risk Status	Approved current risk

Risk Details

Risk Assessor	Matthews, Deborah - Director of Improvement and OD
Risk Owner Person with operational overview and responsibility for risk	Matthews, Deborah - Director of Improvement and OD
For Information only You can select any service manager with a Datix account to have access to this record **For Information**.	
Executive lead	Chief Executive - Siobhan Harrington

Risk Location

Location (exact) Only complete if Risk relates to specific area	
Lead Specialty (that owns this risk)	
Linked Specialty	
Department / Directorate	Executive/Trust Management
Additional department / directorate	
Additional / Secondary Department also involved	
Clinical Care Group or equivalent	Other
Site	
Trust	University Hospital Dorset NHS Foundation Trust

Risk Description

Source of risk

- [ ] Adverse Incident Report (LERNs)
- [ ] Aggregation of Incident/Claims/Complaints/PALS
- [x] Annual Plan
- [ ] Any governance meeting (eg H&S, Risk, Quality)

- [ ] Claim/potential Litigation
- [ ] Clinical Audit
- [ ] Complaint
- [ ] Confidential Enquiry Reports
- [ ] External Inspections or Audits or Review
- [ ] Forward Business Planning
- [ ] ICS Risk
- [ ] Inquest
- [ ] Internal Inspections
- [ ] Minutes of Department Corporate meetings
- [ ] National Patient Safety Alerts Notifications
- [ ] NICE Guidance
- [ ] Patient Surveys
- [ ] Policy or Protocol Issues
- [ ] Professional Guidance
- [ ] Risk Assessments
- [ ] Self Assessment against external mandated standards
- [ ] Staff Survey
- [ ] Statutory Notice

Risk Description	Risk of not successfully and sustainably adopting the patient first approach across UHD

Risk Background

Risk Assessment Background	Trust has made good progress in delivery of early phases of programme: Phase 1: Organisational Readiness Assessment Complete [Jan 23] Phase 2: Strategy Development On Track [July 23] Phase 3: Strategy Deployment Underway Phase 4: Organisational Improvement System In Preparation Phase 5: Leadership Behaviours and Development Underway Phase 6: Governance To be confirmed

Controls and Review

Controls in place Controls in place either limit the likelihood of a risk occurring (preventative controls), or to limit the impact if it does occur (mitigating controls).	PID (to ensure clarity on the scope of the programme) Programme pillars Steering board ToR Reporting to TMG, and assurance to BoD Patient First methodology A3 thinking methodology Annual patient first cycle linked to annual plan
Adequacy of controls	Moderate Gaps
Gaps in Controls	Moderate gaps in controls A full benefits realisation plan is required to align directly with strategic themes and corporate projects following completion of Phase 2
Comments by Reviewers / Current progress This field is to confirm that this record has been reviewed and a	[30/11/2023 16:02:13 Natasha Sage] Risk score increased from 9 to 16 at the request of the patient first steering group. What's going well: Action plan & incl. future opportunities

summary of any overall changes. This field also shows the comments history.	Programme team established to include current QI and OD resource and skillset. Significant work to establish the programme, refresh of strategy – development of strategic themes including analysis of current state plus alignment of current work programmes. Executive & Programme Leads assigned to key programme pillars. UHD senior leadership team workshops (circa 40 staff) trained in A3 strategic problem solving [June 23] - further workshops planned Q4. Positive feedback from first phase of Patient First for Leaders Training, now delivering module 3 & 4, module 5-8 scheduled for Q4 for first cohort (150+ leaders). Second cohort of the senior medical leadership course Oct 2023 [2 days] completed. Evaluation now underway. 3rd cohort scheduled Feb 2024. Good attendance at regular Patient First: "Let's have a Conversation" sessions facilitated each month by our executive team to encourage engagement and involvement of all staff. Ongoing development of programme deliverables / product descriptions. Board development sessions for NEDS to ensure non-executive directors are a) adequately briefed on progress and b) identify opportunities to engage in several continuous improvement activities with UHD staff. Culture champions appointed and undergoing training ahead of appreciative enquiry activity with senior leaders and departmental teams. NHS staff survey now closed – record completion rate for UHD (58%). What are the current challenges incl. future risks Operational delivery competing for time with Patient First and Patient First Improvement System rollout resulting in programme scope reduced or timescale extended. Lack of support from internal stakeholders within the organisation and poor clinical involvement and engagement. Failure to gain support ('air cover' and 'strategic patience') from regulators resulting in uncertainty and potentially additional work pressures on staff. Failure to secure full time programme management resource and appropriate budget to drive implementation and roll out. Full coverage of PFIS to 10000 frontline staff planned over circa 3 - 4 years may result in teams identified within later phases feeling undervalued. Full roll out of the Patient First Improvement System will require revision of full approach to be piloted in catch ball process (Nov/Dec 2023) before full adoption of SDR from Jan 2024. Financial constraints in the trust impacting ability to efficiently train large numbers of staff. How are these challenges being managed Alignment of improvement projects to ameliorate operational pressures True North, Breakthrough Objectives, Strategic Initiatives, Corporate Projects. Continue early work with key stakeholders to elicit support for reset proposal and including the adoption of new performance management system (SDR). Effective communication plan for stakeholder engagement. Attention to programme design philosophy - ongoing activities to support ownership amongst frontline staff. In parallel to delivering PFIS rollout training, ensure staff are not prevented from making local improvements. This will need to be reviewed to ensure appropriate content and 'board to floor' alignment with True North. Alternative "free" venues at YH and BU being scoped for training however will impact numbers.
Last Saved	Natasha Sage 01/12/2023 18:35:56

Action Plan
Please record your Actions within this section. It is essential that all Risks have an Action plan attached.

Responsibility ('To')	Specialty	Title of Action	Description of action to be taken	Evidence of Effective Implementation	Start date	Due date	Action Status (type)
Deborah Matthews		Patient First programme	Moderate gaps in controls A full benefits realisation plan is required to align directly with strategic themes and corporate projects following completion of Phase 2		03/04/2023	31/03/2024	Open

Risk Coding

Linked Board Objectives	☐ Systems and Partnership Working ☐ Our People ☐ Quality (Safety and outcome) ☐ Sustainable Services ☐ Patient Experience ☐ Patient First Programme ☐ One Team
Monitoring Committee	People and Culture Committee

Key Dates

Opened (dd/MM/yyyy)	13/07/2023
Next planned review date (dd/MM/yyyy) **Where current Risk score is:** **12 over - minimum once a month** **8 - 11 - minimum every 2 months** **4 - 7 - minimum every 3 months** **1 - 3 - minimum every 6 months**	**29/12/2023**
Date of current review Once you have completed your current review please add todays date to this field.	**30/11/2023**
Closed date (dd/MM/yyyy) Please change status to "Final approval" once closed.	

Risk Grading

Please refer to the Risk Register toolkit page for help click here

Initial
This is the initial rating value when the Risk is added to the register

	Initial Consequence				
Initial Likelihood	**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
5 Almost Certain	○	○	○	○	○
4 Likely	○	○	○	○	○
3 Possible	○	○	◉	○	○
2 Unlikely	○	○	○	○	○
1 Rare	○	○	○	○	○
	Initial Rating: 9 **Initial Level:** Moderate 8 - 12				

Current

	Consequence (current)

Likelihood (current)	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	○	○	○	○	○
4 Likely	○	○	○	◉	○
3 Possible	○	○	○	○	○
2 Unlikely	○	○	○	○	○
1 Rare	○	○	○	○	○
	Rating (current): 16 Risk level (current): High 15 - 25				

Trend **A rise in risk score**

Target / Residual
This is the rating value when control measures / mitigations / actions have been fully implemented.

	Consequence (Target)				
Likelihood (Target)	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	○	○	○	○	○
4 Likely	○	○	○	○	○
3 Possible	○	○	○	○	○
2 Unlikely	○	○	◉	○	○
1 Rare	○	○	○	○	○
	Rating (Target): 6 Target Level: Low 4 - 6				

Risk level (prior current) **Moderate 8-12**

Risk rating (prior to current) **9**

Risk rating / level (current - change date) **30/11/2023**

Identify reasons for change in risk score **rated as 16 at the request of the patient first steering group**

Approval Status

Only Risks in "Being Reviewed" status are current/approved and will be provided in reports. In holding area risks are pending approval.

Current approval status **In holding area, awaiting review**

University Hospitals Dorset
NHS Foundation Trust

Risk Register Report

The Board of Directors will review the Trust's significant risks at each meeting, generating actions appropriate following each review.

The Executive Director responsible for each area of risk will, as required, take responsibility for presenting to the Board the current controls and mitigating actions in place.

For the period to end November 2023 (as on 01/12/2023)

Risk Register Report

Risk Register

SUMMARY
The report details new, current and closed risks rated at 12 and above, in month.
A risk rating is undertaken using an NHS standard five by five matrix according to their severity consequence and likelihood, as per the Trust's Risk Management Strategy and Risk Assessment Toolkit. There are:

Current risks rated at 12 and above on the risk register	44
Potential new risks for Approval	2
12+ Risks that have changed score	2
Reduced, closed or suspended risk(s) no longer 12+ to note	1

DEFINITIONS
Movement in month - Key:

★	New Risk	⇩	A decrease in risk score
⇔	The score remains the same	⇧	A rise in risk score

Risk Review Compliance All risks should be reviewed and a progress update added in line with current risk score as set out in the Risk Management Strategy. I.e.

Current Risk score	Frequency of review (minimum)
12 and above	Once a month
8 to11	Every 2 months
4 to 7	Every 3 months
1 to 3	Every 6 months

Risk Rating Status

Initial	The risk rating identified at the time the risk was entered onto the Trust risk register as an approved risk
Current	The risk rating at the time of reporting (for the purposes of the QC, TMG and Board reports this is the 10th of the month)
Target	This is the rating value when all identified mitigations and actions have been fully implemented. This risk rating should be in line with the risk appetite for the type of risk identified

Risk Matrix and Risk Scores
See Appendix B and C

The summary details for all proposed new risks rated at 12 and above are highlighted in the tables (2 and 3) below. The Executive Directors or Risk Leads for each of the proposed new risks will provide a full report to Quality Committee as required

Risk Register Report

1. **There are 214 approved risks on UHDs Risk register, of which 44 are rated as 12 and above**

2. **There are 5 risks rated as 12 and above that have not been reviewed in the last month.**

ID	Title	Rating (current)	Last review date	Review for Board	Handler	Executive lead
1498	Patient Safety due to inadequate Medical Registrar Out of Hours Cover (RBH)	12	25/08/2023	Risk reviewed and remains current. will be re-reviewed next month following next round of recruitment	Whitney, Sue	Chief Medical Officer - Peter Wilson
1502	Mental Health Care in a Physical Health environment	15	17/10/2023	MH Steering board continues, EXEC to EXEC conversations are underway. A MH Power hour looking at training, alongside a DHC event for Matrons and Clinical Leads. A number of sub-committees have met with further plans to support multi-agency engagement.	Aggas, Leanne	Chief Nursing Officer- Paula Shobbrook
1292	Outpatient Follow-Up appointment Backlog - Insufficient capacity to book within due dates	12	24/10/2023	Total Overdue FU 5/10/23 Total number of overdue follow-ups has remained below 30,000. A reduction of total overdue follow ups from 34756 in February 2023, to 27899 on 5th October 2023 (net reduction of 7555). Increase of 327 seen at end of September compared to August position. A further 3355 drop in's due by end of October so with no further action the total overdue follow ups will be 31254 which would be a net increase from past 4 months. Phase 2 w/c 16th October Application of logic (closing episodes which appear within a closed pathway.If we look at those over 2 years (104 Weeks): Target Date - of the 3,396 Consultant overdue > 2 years (104 weeks), 378 (11%) are on closed pathways No Target Date - of the 35,394 Consultant over 2 years (104 weeks) since their last attendance 6,006 (16.9%) are on closed pathways. POTENITAL RISK: PATHWAYS HAVE BEEN INAPPROPRIATELY CLOSED AND EPISODE AND PATHWAY SHOULD REMAIN OPEN Application of sample principle at lower wait time brackets Application of same principle to lower wait time brackets, cohort sizes to be determined once current phases have been completed and associated episodes closed.	Jose, Darren	Chief Operating Officer - Mark Mould

Risk Register Report

1053	Lack of capacity for elective & non elective activity and associated risk to patient harm due to LLOS and NCTR patients	16	25/10/2023	LOCK INs planned for November 2023 with Executive membership UHD and partners focusing on P2	Antonia Gabrielli	Chief Operating Officer - Mark Mould
1876	Inability to provide Medical cover for Maternity Triage service out of hours	12	26/10/2023	24 hour maternity triage cover by medical staff is improving with a dedicated doctor/ACP now every weekend. Also dedicated registrar overnight. A 2 tier registrar rota will be formerly in operation from the new year 2024. We will audit compliance and then downgrade risk.	Rumani, Genc	Chief Medical Officer - Peter Wilson

3. There are 2 new risk rated as 12 and above reviewed at TMG (12/12) and Quality Committee (19/12) – for Board discussion and approval

Risk Ref	**1977**
Risk Rating	15 * Post QC Mitigations to be considered and risk rating reviewed
Risk Title	Dorset NEPTS - Winter Pressures, Vehicle Capacity Shortfall
Risk Description	It is likely that commissioned, Dorset Non-emergency Patient, Transport, resources will be insufficient to meet the increased demand, that occurs during the winter pressures period. This is likely to impact patient flow, when the trust is experiencing operational pressures and could result in: failed discharges, missed care packages, lost community beds, bed blocking both on wards and in emergency or assessment areas, poor patient experience, increased staff stress, longer waits on ED trolleys, requirement to open overflow wards, and ambulances stacking outside of ED.
Risk Background	Following a NEPTS contract, dispute, with Dorset ICB, the current NEPTS contract, for discharges and transfers is limited to one year, ending on 30.06.24. The incumbent Dorset NEPTS provider is therefore unwilling to take on the financial risk that is inherent in increasing vehicle resourcing, beyond the current 12 vehicles. The modelling for 12 vehicles is 60 journeys a day, for weekdays. Dorset NEPTs demand has exceeded 60 journeys consistently, since the start of the contract on 01.07.23 and can rise to in excess of 120 journeys. Concerns about increased demand during the Winter pressures period, have been raised with Dorset ICB, but an agreed plan has not materialised.
Leads	Stuart Willes Mevalyn Cross Mark Mould
Controls	Raised with Dorset ICB, the incumbent provider and to senior trust staff, but as at 13.10.23 there is no mitigating agreement in place.

Risk Register Report

Action plan(s)	Responsibility ('To')	Specialty	Title of Action	Description of action to be taken	Evidence of Effective Implementation
	Stuart Willes	Operations, Flow & Facilities	NEPTS Winter Capacity Shortfall Mitigation	UHD have requested that the ICB ensure that there are sufficient NEPTS resources to cover the potential increase in demand during the winter pressures period - Dec 23- Mar 24.	As at 13.11.23: *Feedback from the ICB is that the NEPTS provider is responsible for providing capacity to meet the demand. *Dorset NEPTS contract leads are not aware of any agreement to increase resources and currently aren't recruiting for staff outside of their current template.
	Mevalyn Cross	Operations, Flow & Facilities	UHD Commission Pharmacy Van to Facilitate Earlier Discharges	A UHD commissioned medicines van could allow appropriate patients to be discharged earlier in the day to: *utilise spare NEPTS capacity, available prior to 12 noon *enable beds to become available 2+ hours earlier in the day *increase the number of inpatient discharges before 12 noon For this action to take place the pharmacy team are required to produce an agreed SOP for wards. Last request for SOP completion sent 09.11.23. Service then to be agreed with NEPTS provider.	* Increase in NEPTs demand prior to noon - available via reporting * Ward audit of difference between actual discharge time and estimated discharge time if medication and EIDF had to be completed first *Ward audit of patients leaving before 12 noon that would not have occurred without meds van

Risk Ref	**1924**
Risk Rating	12 * Discussed at QC, to be reviewed at next Patient First Steering Board with view to reduce risk rating further as training programme now well developed and work with Pilot areas agreed and started.
Risk Title	Risk of not successfully and sustainably adopting the patient first approach across UHD
Risk Description	Risk of not successfully and sustainably adopting the patient first approach across UHD
Risk Background	Trust has made good progress in delivery of early phases of programme: Phase 1: Organisational Readiness Assessment Complete [Jan 23] Phase 2: Strategy Development On Track [July 23] Phase 3: Strategy Deployment Underway Phase 4: Organisational Improvement System In Preparation Phase 5: Leadership Behaviours and Development Underway Phase 6: Governance To be confirmed
Leads	Deborah Matthews Siobhan Harrington
Controls	PID (to ensure clarity on the scope of the programme) Programme pillars Steering board ToR Reporting to TMG, and assurance to BoD Patient First methodology A3 thinking methodology Annual patient first cycle linked to annual plan

Risk Register Report

Action plan(s)	Responsibility ('To')	Specialty	Title of Action	Description of action to be taken	Evidence of Effective Implementation
	Deborah Matthews		Patient First programme	Moderate gaps in controls A full benefits realisation plan is required to align directly with strategic themes and corporate projects following completion of Phase 2	

4. There are two risks that have changed risk rating, but remains 12 or above, in month.

Ref	New risk rating	Description	Update	Risk Owner	Previous risk rating	Last review date	Risk trend
1397	15	Insufficient skill mix to cover the 24/7 service needed to maintain a Haematology/Transfusion laboratory service and therefore potential risk patients as a result of delayed results.	Quality Committee did not approve rise in score from 16 to 20. Risk reviewed with Associate Director of risk and re-evaluated at severity level of 15. Plan to complete a "theoretical test " of obtaining the flying squad process to establish that it is robust. Policy reviewed following alignment of policy and with the introduction of PDAS . Follow up conversation with Simon McClean to confirm that the team feel that this assessment reflects risk level. Further meeting planned to review and update the action plan.	Paul Massey	16	27/10/2023	↓
1784	16	There is a risk that inter-programme dependencies (e.g. Beach, NHP, Decants) will impact negatively on the overall delivery of the Programme. Given the size, scope and complex funding streams of the overall programme, there are numerous projects, moves and decants that combine to form the Critical Path and the cumulative impact on this is high. Failure to manage progress and dependencies, identify & manage associated risks & issues and set realistic start / finish dates may delay completion and impact on other tasks. As a consequence, a delay to tasks and Projects along the Critical Path will delay the overall Programme end date	Score reduced to 16 (Likelihood reduced from 5 to 4) as transition to new governance complete and working well. On track to deliver FBC A in timeline. FBC approval and treasury funding in May/June 2024 remains the key risk on the critical path. Other critical path issues being managed by individual programmes. Current version of master programme plan shows new ward build (which is on critical path) due to be clinically live Nov 2025. Risk can be reviewed and reduced following Treasury approval. TMG have agreed early moves of Critical Care, Maternity and RBH ED in March 2025	Stephen Killen	20	24/10/2023	↓

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5. There is one risk closed, reduced or suspended in month that were previously rated at 12 and above

Ref	Risk rating	Description	Update	Risk Owner	Date risk accepted as a 12+ risk	Last review date	Risk Trend
1805	6	The Graphnet EPR system has periods of instability resulting in downtime for users, heavily impacting patient care. AT this time the Informatics Team are unable to complete a root cause analysis to understand the cause.	The stability of the current EPR has improved and a track of all actions taken will be completed and loaded to this record to close this risk as Informatics believe that the risk has been resolved.	Peter Gill	14/02/2023	30/11/2023	risk reduced from 12 to 6 

6. Risk updates

Risk Number	Title	Rating (current)	Last review date	Review for Board	Handler	Executive lead
Partnerships and Population Health						
1460	Ability to meet UEC 4-hour safety standard and related impact on patient safety, statutory compliance and reputation.	20	27/11/2023	Risk updated to highlight adverse impact on patient safety through inability to meet standard. • New trajectory in place, but currently remain off trajectory • Medical and nursing workforce plans complete • Agyle embedded up to phase 1, phase 2 will increase 4hr visibility • Enhanced support remains in place • SDEC pathways remain inconsistent in terms of delivery and function • Comparative dataset show reduction in medical workforce efficiency post removal of 4hr standard, challenge to use junior Dr changeover as reset • Bed flow remains continual challenge leading to crowding • ACA GP in place in Bmth and plan to be in place at Poole, poss decompression of these areas • UHD taken over UTC contract with possible resultant increase in slot availability	Garner, Chris	Chief Operating Officer - Mark Mould
1872	Patient Flow: Risk to patient safety, statutory/performance compliance & reputation - downstream	20	28/11/2023	Bed Occupancy increase in November to 95.8%, this did not include the additional 56 escalation/surge beds opened on average to support patient safety in ED and ambulance handovers. The UHD winter plan was shared and discussed at TMG and is due to go to the Board for final approval at the end of month. A UHD 'Reset' week was run	Wersby, Stuart	Chief Operating Officer - Mark Mould

Risk Register Report

	capacity/front door crowding			with a primary focus of ensuring teams fully use current flow policies and that the winter plan could start being communicated across the organisation. Shadow running of the new National OPEL triggers has been implemented across the system and will go live on the 1st December. The system are aware that OPEL actions need to take place earlier as OPEL 3 is the equivalent of the 'Old' OPEL 4 and urgent action will be required by system partners to de-escalate. As such the Tactical Resilience Group (TRG) is being reviewed to provide more dynamic decision making and assurance that actions are taking place. In October there were an average of 173 MRFD patients within the organisation, however, there has been a steep increase in this figure during November which has significantly impacted on flow.		
1053	Lack of capacity for elective & non elective activity and associated risk to patient harm due to LLOS and NCTR patients	16	25/10/2023	LOCK INs planned for November 2023 with Executive membership UHD and partners focusing on P2	Gabrielli, Antonia	Chief Operating Officer - Mark Mould
1074	Risks associated with breaches of 18 week Referral to Treatment and long waiter standards.	16	30/11/2023	1,331 patients were waiting >65 weeks at the end of October compared to 1,264 in September. Performance remains above plan, due to the direct impact on industrial action (IA) on capacity. The overall cohort of patients at risk of breaching 65 weeks by March 2024 is reducing. There has been a 84% reduction in the cohort since 1 April 2023. 47 over 78 week waits were reported at the end of October. The Trust also maintained an overall reduction in its RTT waiting list in October and met the operational plan trajectory, which is reflected in improved RTT performance. There is continued reliance on Elective Recovery Funding to deliver this improvement.	May, Judith	Chief Operating Officer - Mark Mould
1429	Ambulance handover delays - risk to patient harm, performance and organisational reputation	15	27/11/2023	Overall improvement in average performance • Oct 23 - 39mins vs Oct 22 - 1hr 14 Over 30mins • Oct 23 - 891 vs Oct 22 – 1154 Over 15mins • Oct 23 – 2062 vs Oct 22 1637 Additional risk created to highlight the issues with caring for patients in non-clinical areas	Rathbone, Leanna	Chief Operating Officer - Mark Mould
1502	Mental Health Care in a Physical Health environment	15	17/10/2023	MH Steering board continues, EXEC to EXEC conversations are underway. A MH Power hour looking at training, alongside a DHC event for Matrons and Clinical Leads. A number of sub-committees have met with further plans to support multi-agency engagement.	Aggas, Leanne	Chief Nursing Officer Shobbrook

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				Risk discussed in September CG Board and agreed relevant to all directorates within medical CG. Further concerns raised specific to A5 during September/October due to high numbers of mental health patients being allocated to ward. This is a mixture of patients waiting transfer for MH bed but also those requiring ongoing treatment within the acute hospital setting (predominantly NG feeding). Discussions with CMST to request patients are allocated across all medical wards and not all co-located on A5. Escalations remain in place for those with NCTR and alternative discharge destinations where relevant.		
1697	Increased waiting list for SACT treatment/ Capacity on Day units	15	15/11/2023	Discussed at both Cancer care and Pharmacy Directorate Senior Team today in relation to expected increased need for SACT Treatment due to new NICE guidance related to myeloma. Pharmacy asked to review external provider options and both teams asked to update and provide a more robust joint action plan.	Bundy, Daniel	Chief Medical Officer - Peter Wilson
1665	School age Neurodevelopmental service	15	30/11/2023	Risk remains with further concerns regarding pace of ICB service review & business case timeline. CD for Paediatrics has raised concerns via letter to go up to Care Group for approval then on to Exec team to share with ICB colleagues.	Hannington , David	Chief Medical Officer - Peter Wilson
1863	Impact of Industrial Action on provision of services	12	28/11/2023	National negotiations with senior medics in progress. Junior medical staff are currently being balloted for further strike action. No further industrial action scheduled at this point. Risk rating remains the same until further clarification from unions and NHSE. SOP has not been completed as there is a well-established process and governance framework in place via the incident control policy that is used for managing IA.	Jordan, Sophie	Chief Operating Officer - Mark Mould
1292	Outpatient Follow-Up appointment Backlog - Insufficient capacity to book within due dates	12	24/10/2023	Total Overdue FU 5/10/23 Total number of overdue follow-ups has remained below 30,000. A reduction of total overdue follow ups from 34756 in February 2023, to 27899 on 5th October 2023 (net reduction of 7555). Increase of 327 seen at end of September compared to August position. A further 3355 drop in's due by end of October so with no further action the total overdue follow ups will be 31254 which would be a net increase from past 4 months. Phase 2 w/c 16th October Application of logic (closing episodes which appear within a closed pathway. If we look at those over 2 years (104 Weeks): Target Date - of the 3,396 Consultant overdue > 2 years (104 weeks), 378 (11%) are on closed pathways No Target Date - of the 35,394 Consultant over 2 years (104 weeks) since their last attendance 6,006 (16.9%) are on closed pathways. POTENITAL RISK: PATHWAYS HAVE BEEN INAPPROPRIATELY CLOSED AND EPISODE AND PATHWAY SHOULD REMAIN OPEN	Jose, Darren	Chief Operating Officer - Mark Mould

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				Application of sample principle at lower wait time brackets Application of same principle to lower wait time brackets, cohort sizes to be determined once current phases have been completed and associated episodes closed.		
1386	National Cancer Waiting Times Standards	12	29/11/2023	The finalised position for October shows an improved position from September. This risk remains due to the capacity challenges within Colorectal, Skin and Gynae. The Trust currently remains out of any regional intervention. A specific action plan for Gynaecology has been attached to this risk for monitoring due to low performance across key CWT standards.	Lake, Katie	Chief Operating Officer - Mark Mould
1393	Endoscopy capacity & Demand	12	01/12/2023	Risk rating remains at 12. DM01 performance continues to approve - 93% for November. 18 Weeks have provided some complex capacity with GA lists to support access for patients with longest waits. CDC plans including recruitment continue. In Health mobile unit due to be off site by end of March 2024. However, the Service currently remains reliant on high cost options to provide required capacity. This is likely to be the case until the modular build is complete and fully operational.	Lloyd-Hatchard, Kate	Chief Operating Officer - Mark Mould
1840	OPS Outlying patients	12	30/11/2023	Was not discussed at OPS Governance on 29/11/2023 as this was cancelled due to operational pressures. We have high numbers of outliers on the Bournemouth site. We have implemented daily huddles with discharge team and surgical nursing leads which are being evaluated and changed as required to meet needs of the MDT. There are discussions about moving Lilliput into ward 8 to help reduce outlier numbers. There are staffing issues with this that need working through.	Pigott, Lisa	Chief Medical Officer - Peter Wilson
People						
1397	Provision of 24/7 Haematology/ Transfusion Laboratory Service	15	29/11/2023	Quality Committee did not approve rise in score from 16 to 20. Risk reviewed with Associate Director of risk and re-evaluated at severity level of 15. Plan to complete a "theoretical test " of obtaining the flying squad process to establish that it is robust. Policy reviewed following alignment of policy and with the introduction of PDAS . Follow up conversation with Simon McClean to confirm that the team feel that this assessment reflects risk level. Further meeting planned to review and update the action plan.	Macklin, Sarah	Chief Nursing Officer Paula Shobbrook
1483	Pharmacy vacancies are affecting patient care	16	01/11/2023	Current situation - vacancies 20 WTE pharmacist, out to recruitment for 8 posts, some external interest shown but interviews pending. 3 long term locums supporting the team and 7 junior pharmacists starting to be imbedded into the pharmacy service.	Bleakley, Stephen	Deputy Chief Medical Officer UHD - Ruth Williamson
1202	Medical Staffing Women's Health	15	01/12/2023	Risk scoring of 15 remains the same. SHO gaps are persistent and may increase in the new year. We are employing into the middle grade rota with appointments starting in the new year and use of locum doctors decreasing.	Taylor, Mr Alexander	Deputy Chief Medical Officer UHD - Ruth Williamson

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				Consultant rota remains at risk with maternity leave uncovered and long-term gaps on the on-call rota.		
1395	Lack of Capacity in Cellular Pathology Causing a Delay in Processing and Reporting.	15	17/11/2023	No Histology posts are being approved by the Care Group on TRAC. As a result, the department is unable to recruit 'like for like' replacements The recovery paper shows there is a capacity shortfall in both lab and clinical staff groups and therefore the budget is not fit for purpose Anomalies within the budget have been identified and reported to Finance – These need correcting by HR – Bank staff have been coded on the substantive line and skewing the report Mohs' clinic cancelled as no BMS staff to cover Dermatology are putting on extra weekend clinics – Despite multiple requests to the Care Group, no ERF monies allocated for Cellular Pathology Multiple DATIX reports logged for delayed TATs and missed MDTs DATIX raised for BMS staff affected by work related stress DATIX raised for staffing levels in Poole – insufficient BMS and support staff to run three dissection rooms leading to delays in cut up	Massey, Paul	Deputy Chief Medical Officer UHD - Ruth Williamson
1811	Staff Vacancies and Skill mix deficit - Theatres	15	13/11/2023	Action plan updated, the trajectory for staff vacancies reducing month on month	Bone, Clare	Chief People Officer - Karen Allman
1221	Medical Staffing Shortages - Medicine and Older Persons Medicine	12	30/11/2023	This needs reviewing, we have plans to recruit further consultants but pending funding. This is currently being worked through. We also have challenge where by we have increased junior doctors but do not have the consultant workforce to educationally and clinically supervise them. We need to be able to provide a 1 in 8 weekend rota which we currently do not have the workforce to do.	Pigott, Lisa	Deputy Chief Medical Officer UHD - Ruth Williamson
1283	Radiotherapy staffing and service demands	12	22/11/2023	11 vacancies of qualified staff. 4 vacancy of unqualified and A & C staff. Requested that can over recruit at next campaign so that achieve full vacancy and overcome any attrition. Funded by NHSE to support international recruitment Working with WCA for a workforce transformation lead for Wessex. Visiting local HEI's to gain interest for working at UHD	Tanner, Mandy	Chief Nursing Officer- Paula Shobbrook
1303	Therapy Staffing	12	07/11/2023	Almost all new graduates now in post and inductions underway. Vacancies remain in in-patient staffing templates despite recruitment. Business case for apprentices and practice educators to be presented this week at CGB. Decision made to proceed with a further 4 OT apprentices for 2024 to secure the pipeline of OTs after a very challenging year of recruitment. Reliance on locum and bank staffing anticipated to continue through winter 2023/24 in order to meet demand.	Godden, Rebekah	Chief Nursing Officer- Paula Shobbrook
1492	Resourcing Pressures - Staffing	12	30/11/2023	Continuing challenges in recruiting to roles across the trust due to both skills shortages for clinical roles and competitive market for non-clinical posts. Nursing vacancy rates remain low as a result of successful international recruitment over the year and, with the significant amount of focus on HCSW recruitment, it is expected the current vacancy rate will be reduced by 25% as	Gill-Parker, Tracy	Chief People Officer - Karen Allman

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				of end March 24. There has been agreement to over-recruiting for medical posts in some areas of the trust. Temporary staffing are focusing on conversion of bank workers to substantive posts. Talk n Jobs, a low cost interactive engagement app which works in tandem with our social media and marketing activity, is being trialled in the recruitment of HCSWs at present, with plans to use for other volume recruitment roles in the near future. [TGP]		
1493	Absence, Burnout and PTSD	12	30/11/2023	Risk reviewed; rating and previous comments remain applicable. The level of staff psychiatric referrals remains consistent (on average 55 self-referrals per month, primary reason is stress and associated sleep problems. Sickness data for October shows primary reason for absence remains as stress/anxiety and depression and is at a consistent level. Winter brings additional work pressures; therefore the risk should remain the same. [LW]	Mardon, Irene	Chief People Officer - Karen Allman
1498	Patient Safety due to inadequate Medical Registrar Out of Hours Cover (RBH)	12	25/08/2023	Risk reviewed and remains current. will be re-reviewed next month following next round of recruitment	Whitney, Sue	Deputy Chief Medical Officer UHD - Ruth Williamson
1692	Safe Staffing - Medical	12	01/12/2023	Deputy CMO Becky Jupp to manage and update this risk	Williamson, Ruth	Chief Medical Officer - Peter Wilson
1758	Chemotherapy production in pharmacy now at capacity and limiting patients accessing treatment	12	01/11/2023	Lloyds discussion awaiting Wessex Cancer Alliance to organise. Dorset wide aseptic strategy group has been set up to explore long term options for aseptic provision. Trust TMG updated and supporting UHD becoming a spoke of UHS new service due in 2026.	Bleakley, Stephen	Deputy Chief Medical Officer UHD - Ruth Williamson
1771	Radiology Service Demands/ Radiologist staffing	12	30/11/2023	Reviewed at Radiology Q+R meeting 2/11/23. Risk remains the same.	Knowles, James	Deputy Chief Medical Officer PH - Matt Thomas
1876	Inability to provide Medical cover for Maternity Triage service out of hours	12	26/10/2023	24-hour maternity triage cover by medical staff is improving with a dedicated doctor/ACP now every weekend. Also dedicated registrar overnight. A 2-tier registrar rota will be formerly in operation from the new year 2024. We will audit compliance and then downgrade risk.	Rumani, Genc	Chief Medical Officer - Peter Wilson
1690	Interventional Radiology Nurse Staffing	12	30/11/2023	Approved by Board 29/11/2023	Jenkins, Anne-Marie	Chief Nursing Officer- Paula Shobbrook
1933	Medical Workforce ED	12	30/11/2023	Approved by Board 29/11/2023	Garner, Chris	Chief Medical Officer - Peter Wilson
Quality (Safety and Outcomes)						

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1214	Risk of misdiagnosis/ incorrect treatment from use of ungoverned Point of Care devices.	16	29/11/2023	Risk score to remain the same. First working group meeting has been held. RB has undertaken a cleanse of the asset list and reconciled against the clinical engineering records. Now commencing a gap analysis between current QA process and national standards for all devices identified.	Massey, Paul	Chief Medical Officer - Peter Wilson
1276	Unsafe and delayed patient care due to delays in surgery for # Neck of Femur patients	15	30/11/2023	Improved performance (>50%) No change to risk, action plan updated	West, John	Chief Operating Officer - Mark Mould
1378	Lack of Electronic results acknowledgement system	15	28/11/2023	ICE upgrade is being planned but will be a 12-month project to put into place. We will review issues that exist with ICE through that upgrade. IT is working with the CCIO on a plan around how we progress closed loop reporting in a limited way to answer the risk until a new EPR is in place	Hill, Sarah	Chief Information & IT Officer - Peter Gill
1647	Ineffective and inconsistent patient handover processes	12	14/11/2023	Sean Weaver and Robin O'Gorman meeting with ED and medical care group to take forward	Wilson, Peter	Chief Medical Officer - Peter Wilson
Sustainable Services						
1604	Delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds	20	20/11/2023	No change to risk score, with FBC submission now completed but approval anticipated from Treasury in May/June 2024. Executive and external stakeholder support may be required to facilitate a timely approval. In addition, £30m of schemes de-scoped in July/Aug 2023 and local and regional funding will need to be sought for these schemes. Case for early release of enabling funds made to NHP National Team	Killen, Stephen	Chief Strategy and Transformation Officer - Richard Renaut
1950	Graphnet Electronic Patient Record (EPR) is not fit for purpose	20	01/12/2023	Dorset are now engaging with Somerset as per the directive from the Regional and National team to look at a joined approach to move forward with a new joint Acute / Community / Mental Health Electronic Health Records. This has been approved by the Board and meetings have now commenced on this approach.	Gill, Peter	Chief Information & IT Officer - Peter Gill
1784	Critical Path Management	16	20/11/2023	On track to deliver FBC A in timeline. FBC approval and treasury funding in May/June 2024 remains the key risk on the critical path. Other critical path issues being managed by individual programmes. Current version of master programme plan shows new ward build (which is on critical path) due to be clinically live Nov 2025. Risk can be reviewed and reduced following Treasury approval. TMG have agreed early moves of Critical Care, Maternity and RBH ED in March 2025	Killen, Stephen	Chief Strategy and Transformation Officer - Richard Renaut
1595	Medium Term Financial Sustainability	16	28/11/2023	The finance and performance committee accepted the current risk rating.	Papworth, Pete	Chief Finance Officer - Pete Papworth

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1881	Financial control total 2023/24	16	28/11/2023	The finance and performance committee accepted the current risk rating.	Papworth, Pete	Chief Finance Officer - Pete Papworth
1416	GIRFT and Model Hospital	16	06/11/2023	Reviewed, no change	Rushforth, Helen	Chief Finance Officer - Pete Papworth
1355	Lack of integration between the Electronic Referral System (eRS) & Electronic Patient Record (ePR)	15	28/11/2023	The IT Development of the ERS to EPR is approaching completion. However it has been stopped while we review whether the Consultant Connect environment could resolve this for the Trust with a more standardised offering. Following a meeting the plan is to confirm the IT feed process to get the data from Consultant connect into the EPR. Once that is done Consultant connect will come on site to evaluate the operational requirements in Outpatients. Once this is confirmed this can be resolved then this could be altered to that solution. So awaiting final decision on this.	Roberts, Michele	Deputy Chief Medical Officer UHD - Ruth Williamson
1260	Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling	12	24/11/2023	Risk score to remain the same. Building safety act regulator (local authority) is unclear whether it affects hospitals. To be clarified. Next tranche of fire doors to implemented and on target. Other elements are business as usual	Bhukal, Bernard	Chief Strategy and Transformation Officer - Richard Renaut
1594	Capital Programme Affordability (CDEL)	12	28/11/2023	The finance and performance committee accepted the current risk rating.	Papworth, Pete	Chief Finance Officer - Pete Papworth
1409	Radiotherapy Ventilation/Capacity & Demand	12	16/11/2023	Approved at Board 29/11/2023. In addition to original risk entry . There has also been New guidance around time scheduling for Cervical cancers and Prostate Cancers. This will increase the need for use of the theatres which can currently only see 1 patient per session. Follow up conversation via email with estates team who have confirmed that this work is still on the list to be completed and is funded. The estates team have since confirmed that this will take place in February 2023. Once complete the risk can be closed.	Thomas, Gillian	Chief Strategy and Transformation Officer - Richard Renaut

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One Acute Network - Current Risks

A high-level summary of the risk picture is shown below:

Programme	Risks at 12+	Changes
Build ready risks		
Transformation Portfolio (inc BAF)	2	none
New Hospital Programme (NHP)	8 risks 2 issues	1 x risk reduced from 16 to 12 1 x risk reduced from 20 to 16 2 x new risks 2 x issues reduced from 16 to 12
STP Wave 1	4	1 new risk added to report re IT software and equipment allowance may be insufficient to support vision of Trust
Other Capital Programmes	1	none
Space Utilisation Group (SUG)	1	none
Service ready risks		
Transformation Portfolio (inc BAF)	2	
Reconfiguration/ Integration	3	1 new risk on staff transfer between sites
Clinical Design (CG TSG's)	6	5 new risks from Medicine Care group following detailed review at MTSG in November
TOTAL	**27**	0

As per the summary last month, the risks which scored below 12 have been removed from this report. Those in grey have reduced as part of this review and will be removed next month. Risks continue to be managed through the individual sub-groups.

For **Build Ready Group**, the highest scoring risks relate to securing the NHP funding. Now that FBC A has been submitted and there is greater cost certainty, 4 NHP risks have reduced. However, until approval of case from JIC and Treasury the overarching risks remains. The other BAF risk relating to the critical path remains at 16 as the timeline continues to fluctuate with uncertainty on enabling schemes and whilst we wait funding approval.

The Trust's internal assessment of risk on the NHP has been validated by the NHP Gateway review. The Trust received an amber rating; "*Successful delivery of the programme/project to time, cost and quality appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun".*

For **Service Ready Group**, the highest scoring risk relates to delays in integration of services could impact on reconfiguration and the move timeline. The introduction of service reviews is the mitigations for this and as they continue to develop it is likely this score will reduce. A new risk has been added in relation to possible loss of staff if services are moving site.

The clinical design risks are those escalated from the Care Group TSG's. Medicine Care Group and Specialities Care Group TSG's undertook a detailed review in November, so the report better reflects the current position for those care groups now. For the **BAF risks**, BAF Risk 9 relates to the risk of not integrating teams and services and then reconfiguring to create the planned and emergency hospitals – risk remains at 16

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7. Risk Heat Map- UHD

Current Risk Grading		Likelihood				
		No Harm (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Severity	Almost Certain (5)	2	13	10	4	
	Likely (4)	3	34	19	8	
	Possible (3)	3	34	32	7	1
	Unlikely (2)		13	20	8	4
	Rare (1)			2		1

Current Risk score by month – rolling year (at the point of report date – taken as preceding month)

Current Risk Score– UHD total	Dec 22	Jan 23	Feb 23	March 23	April 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23
Very Low (1-3)	2	3	2	4	5	5	4	5	3	3	3	**5**
Low (4-6)	68	69	71	70	67	63	63	72	76	80	74	**74**
Moderate (8-10)	78	80	82	75	73	78	78	82	86	86	84	**91**
Moderate (12)	17	19	19	19	18	20	21	22	21	19	19	**21**
High (15 -25)	23	23	25	24	21	24	21	20	22	23	23	**23**
Total number of risks under review	188	194	199	192	184	190	187	201	208	211	203	**214**

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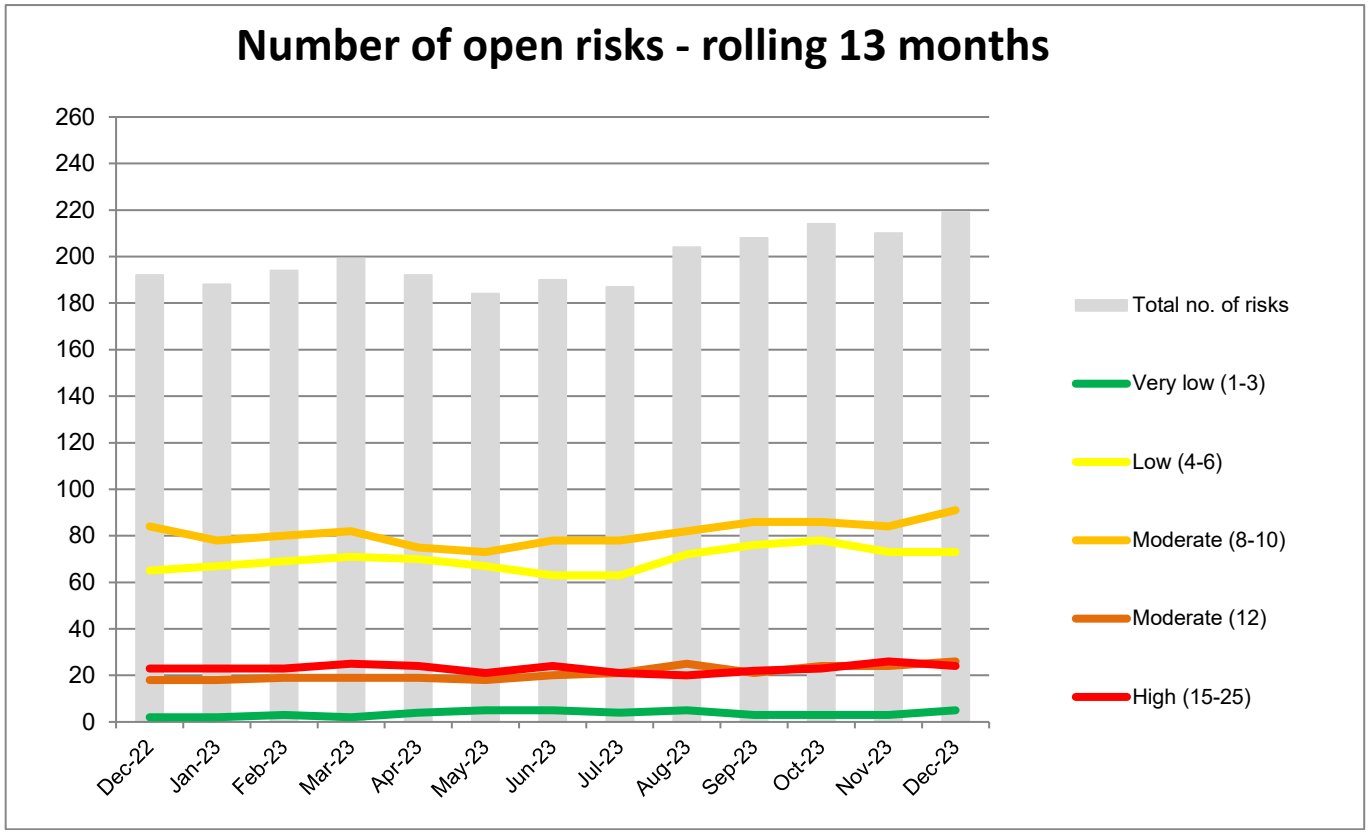

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8. Compliance and Risk Appetite

Summary of compliance UHD overall:

Current Risk Grading	*No: of risks under review*	*Number of Risks compliant with Risk Appetite timescales*	*% of Risks Compliant with Risk Appetite timescales*	*Month on month position*
12 and above	44	39	89%	↑ 1%
8 to11	91	77	85%	↓ 2%
4 to 7	74	66	89%	↑ 11%
1 to 3	5	5	100%	⟺
Total	**214**	**187**	**87%**	↑ **3%**

9. Recommendations

The Committee is asked to:

- Receive and consider reports from the Executive Lead for any new risks graded 12+.
- Review the adequacy of the risk rating, controls and mitigations and confirm if the new 12+ risks should be presented to the Board of Directors for acceptance.
- Review the adequacy of any current risks graded 12+ and consider any additional risks graded 12+ for inclusion on the Trust Risk Register

Risk Register Report

Appendix A

risk 1977.pdf

risk 1924.pdf

Appendix B: Model risk Matrix for Patient Safety Risk – Risk Level descriptors

Risk Grading	Likelihood x Consequence		Summary Descriptor (reference to patient safety domain only)
1	1	1	Less than annual occurrence of minimal injury that requires minimal intervention
2	1	2	Less than annual occurrence of evidence that overall treatment or service is suboptimal with minor implications for patient safety
	2	1	May occur annually but less than monthly - minimal injury that requires minimal intervention
3	1	3	Less than annual occurrence of evidence of significant harm to more than 50% of the patient cohort
	3	1	Every month there is evidence of minimal injury that requires minimal intervention
4	1	4	Less than annual occurrence of evidenced major injury leading to long-term incapacity/disability
	2	2	May occur annually but less than monthly and result in evidence that overall treatment or service is suboptimal with minor implications for patient safety
	4	1	Evidence of weekly occurrence that a treatment/service has significantly reduced resulting minimal injury that requires minimal intervention
5	1	5	Less than annual occurrence of evidenced issues that impacts on a large number of patients, increased probability of death or irreversible health effects occurring
	5	1	Daily evidence of minimal injury that requires minimal intervention
6	2	3	Less than annual occurrence of evidence of significant harm to more than 50% of the patient cohort
	3	2	Every month there is evidence that overall treatment or service is suboptimal with minor implications for patient safety
8	2	4	May occur annually but less than monthly and result in evidenced major injury leading to long-term incapacity/disability

Risk Register Report

	4	2	Evidence of weekly occurrence that a treatment/service has significantly reduced resulting in evidence that overall treatment or service is suboptimal with minor implications for patient safety
9	3	3	Every month there is evidence of significant harm to more than 50% of the patient cohort
10	2	5	May occur annually but less than monthly and impacts on a large number of patients, increased probability of death or irreversible health effects occurring
	5	2	Evidence of daily occurrence that overall treatment or service is suboptimal with minor implications for patient safety
12	4	3	Evidence of weekly occurrence that a treatment/service has significantly reduced resulting in significant harm to more than 50% of the patient cohort
	3	4	Every month there is evidence of major injury leading to long-term incapacity/disability
15	5	3	Evidence of daily occurrence that a treatment/service has significantly reduced with resulting harm to more than 50% of patient cohort
	3	5	An issue which impacts on a large number of patients, increased probability of death or irreversible health effects occurring and evidenced monthly
16	4	4	Weekly evidence of major injury leading to long-term incapacity/disability
20	5	4	Daily evidence of major injury leading to long-term incapacity/disability
	4	5	An issue which impacts on a large number of patients, increased probability of death or irreversible health effects occurring and evidenced weekly
25	5	5	An issue which impacts on a large number of patients, increased probability of death or irreversible health effects occurring and evidenced daily

Risk Register Report

Appendix C: Matrix for Risk Register Assessment

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

Consequence score (severity levels) and examples of descriptors				
1	**2**	**3**	**4**	**5**
Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
• Minimal injury requiring no/minimal intervention or treatment. • Peripheral element of treatment or service suboptimal • Informal complaint/inquiry	• Overall treatment or service suboptimal • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved • Breech of statutory legislation • Elements of public expectation not being met • Loss of 0.1–0.25 per cent of budget • Claim less than £10,000 • Loss/interruption of >8 hours • Minor impact on environment	• Treatment or service has significantly reduced effectiveness • Repeated failure to meet statutory or contractual standards • Major patient safety implications if findings are not acted on • Challenging external recommendations/ improvement notice • 5–10 per cent over project budget • Local media coverage – long-term reduction in public confidence • Loss of 0.25–0.5 per cent of budget	• Major injury leading to long-term incapacity/disability • Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ independent review • Low performance rating • Uncertain delivery of key objective/service due to lack of staff • Enforcement action • Multiple breeches in statutory duty • Improvement notices • National media coverage with <3 days service well below reasonable public expectation • Non-compliance with national 10–25 per cent over project budget • Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget • Claim(s) between £100,000 and £1 million	• An issue which impacts on a large number of patients, increased probability of death of irreversible health effects • Gross failure to meet national standards • Multiple breeches in statutory or regulatory duty • Prosecution • National media coverage with >3 days service well below reasonable public expectation. • Incident leading >25 per cent over project budget • Non-delivery of key objective/ Loss of >1 per cent of budget • Loss of contract / payment by results • Claim(s) >£1 million • Permanent loss of service or facility • Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring? The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
	Not expected to occur for years	Expected to occur at least annually	Expected to Occur monthly	Expected to occur weekly	Expected to occur daily

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 2 MEETING

Meeting Date: 03 January 2024

Agenda item: 7.1

Subject:	Patient First Highlight Report
Prepared by:	Deborah Matthews, Director of Organisational Development
Presented by:	Professor Paula Shoobrook, Chief Nursing Officer and Deputy Chief Executive

Strategic themes that this item supports/impacts:	Systems working and partnership ☐ Our people ☐ Patient experience ☐ Quality: outcomes and safety ☐ Sustainable services ☐ Patient First programme ☒ One Team: patient ready for reconfiguration ☐
BAF/Corporate Risk Register: (if applicable)	BAF8
Purpose of paper:	Information
Executive Summary:	Patient First Steering Group was held on 11 December 2023. The highlight report shares progress from each of 4 pillars and communications for Patient First Programme against programme plan. This outlined the relevant risks and issues. Progress is being made in all areas, therefore the overall risk score to delivery of the programme was reviewed in December 2023 and reduced to 12 (from 16). As we move into autumn/winter months, pressure to release staff invited to attend Patient First for leaders or Patient First Improvement System training and complete associated tasks will remain a challenge, due to the operational pressures and prioritization of patient safety.
Background:	Programme plan with detailed gantt charts are reviewed monthly at the Patient First Steering Grouo with ongoing monthly assurance via TMG. The updates to Board will escalate any additional risks, or alerts.
Key Recommendations:	Note progress, with no areas to escalate.

Implications associated with this item:	Council of Governors Equality and Diversity Financial Operational Performance People (inc Staff, Patients) Public Consultation Quality Regulatory Strategy/Transformation System	☐ ☐ ☒ ☒ ☒ ☐ ☒ ☒ ☒ ☐
CQC Reference:	Safe Effective Caring Responsive Well Led Use of Resources	☐ ☒ ☐ ☐ ☒ ☐

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
Patient First Steering Group	11/12/2023	Discussed & agreed no escalation – note operational impact going forward

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality Patient confidentiality Staff confidentiality Other exceptional reason	☐ ☐ ☐ ☐

Patient First

University Hospitals Dorset NHS Foundation Trust

Pillar: Continuous Improvement					
Pillar Lead:	**Ian Neville**	**Pillar SRO:**	**Pete Papworth CFO**	**Reporting period:** December 2023	**Workstream Status:** (RAG)

Overall Work Stream Status Update

Progress since last period: UHD X Matrix template finalised and circulated to Execs for completion. Meetings Filter template progress amended to 'buddy' Execs to support completion.

Key Milestones	Target date	Status (B/R/A/G)	Estimated date of completion	Planned actions next period
Meetings Filter process complete	End Oct '23	R	End Nov '23	Execs and Senior Leads to complete – template provided. Understood most Filters WIP, some drafts received. Further progress supported by Execs working in small clusters.
X Matrix Completion	End Oct '23	R	End Nov '23	UHD circulated to Execs, awaiting submissions for compilation.
Projects/Activities Filter process complete	tbc	A	tbc	Execs and Senior Leads to complete. Template development held pending efficacy of Meetings Filter process
Project Charters completed for all: Corporate Projects (above); Enabling Programmes; Breakthrough Objectives	Dec '23	G	Dec '23	Execs and Senior Leads to complete with BI support Completed for Corporate Projects.
Review Corporate Projects and Breakthrough Objectives to determine whether each is inherently a task & finish project or quality improvement	End Dec '23	G	End Dec '23	IN to draft then circulate for comment/approval

Risks and Issues

Risk Identified in reporting period: Emergent demands on Exec focus – ie SDR process - is likely to further inhibit progress on the above Milestones

Pre-existing Risks:

- Capacity of BI team to support Project Charter completion
- Exec and senior teams' time. This noting that Exec/Deputy time required to complete Meetings/BAU Filter processes; X-Matrix doc; and Project Charter docs is significant, and that SDR and PFIS focus may be prioritised.

Patient First Highlight Report

University Hospitals Dorset NHS Foundation Trust

Pillar: Strategy Deployment and Review

Pillar Lead	Dan Richter	**Pillar SRO:**	Richard Renaut	**Reporting period:** Dec 2023	**Workstream Status:** AMBER

Overall Workstream Status Update

Progress since last period

This pillar has been focused on preparation for the catchball meetings with the Care Groups. Also lots of work has been done on the scorecard architecture behind-the-scenes.

Key Milestones	Target date	Status (B/R/A/G)	Est. date of completion	Planned actions next period
Build Patient First into the new *UHD Integrated performance report*	29 Sep '23	A	30 Nov '23	Feedback from execs is needed to achieve this; delayed due to this
Build *score cards* for each strategic initiative	29 Dec '23	A	28 Feb '24	BI working on this; delayed due to BI capacity
Complete *Care Group Catch Ball* identifying how each Care Group will contribute to core business / strategic A3	30 Nov '23	A	28 Feb '24	Delayed due to care group availability / operational pressures. First one each care groups scheduled Dec 23, then 2nd in Feb 24
Design Strategy Deployment Reviews (SDR) understanding tool kit, agree operational running (chair CEO),	29 Sep '23	C	30 Nov '23	
Establish *Strategy Deployment Reviews*	30 Oct '23	C	30 Nov '23	Agreed that Care Groups will transition to SDR from April 24
Check plan answers challenge demonstrated in *Readiness Assessment*	31 Aug '23	A	30 Mar '24	

Risks and Issues

Risks: Capacity of BI team *(RPF009)*

Issues: None at present – although there are *delays* to 3 milestones

Patient First Highlight Report

University Hospitals Dorset NHS Foundation Trust

Pillar: Building Capability & Capacity					
Pillar Lead:	Bridie Moore	**Pillar SRO:**	Deborah Matthews	**Reporting period:** Dec 2023	**Workstream Status:** GREEN

Overall Workstream Status Update

Progress since last period

Patient First for Leaders training continues with 150 senior leaders completed their modules 1-3. Bookings opened for final modules for this first cohort. Culture Champions working with teams to undertake "The Big Conversation". Await outcomes of NHS Staff Survey - responses 59% (2022 46.5%).

Key Milestones	Target Date	Status (B/R/A/G)	Estimated date of completion	Planned actions next period
Train UHD *Culture Champions* in *Patient First & UHD Culture Programme*	30 Nov '23	B	30 Nov '23	Completed training.
Undertake appreciative enquiry with staff to inform Patient First	30 Nov '23	G	30 Nov '23	November conversations focused on "people" completed, December focus is "patient experience"
Hold ongoing staff conversations/ engagement activity	1 Apr '24	G	1 Apr '24	Deliver "Let's have a conversation" events (Dec/Jan)
Execs to complete *personal A3* to support adoption of Patient First approach	29 Dec '23	G	31 Mar '24	Support development
CI team to deliver *Patient First for Leaders Training* for 200 SLT & direct reports	29 Dec '23	G	31 March '24	Commence delivery of modules 4 (first cohort)
Develop a revised *leadership and behaviours framework* aligned to *Patient First Behaviours*	31 Aug '23	A	31 Mar '24	Engagement with senior leaders to be completed and used to inform framework developed

Risks and Issues

Risk: Capacity issues impact ability of senior leaders to attend Patient First for Leaders Training and fully support roll out of Patient First *(RPF006)*

Issue: Financial restraints within trust budgets further limiting use of external venues for training leading to reconsideration of planned PFfL training in Q4

Patient First Highlight Report

University Hospitals Dorset NHS Foundation Trust

Pillar: Patient First Improvement System (PFIS)					
Pillar Lead	Jane Ward	**Pillar SRO:**	Peter Gill	**Reporting period:** Dec 2023	**Workstream Status:** AMBER

Overall Workstream Status Update

Progress since last period

Delegates for all wave one units identified. Planning for PFIS training delivery completed ahead of launch 6.12.23. Evaluation of PFIS planned in association with Bournemouth University Business School.

Key Milestones	Target date	Status (B/R/A/G)	Estimated date of completion	Planned actions next period
Confirm scope and structure of Patient First methodology and training plan - Patient First Improvement System	30 Jun '23	B	30 Nov '23	Training materials in place, wave one launch date 6.12.23
CI team to deliver wave 1 PFIS – 8 full day modules over 16 weeks (plus observations)	29 Feb '24	A	27 Mar '24	Deliver formal training programme Dec '23 – Mar '24
Evaluate learning from first wave and make any necessary changes to PFIS	29 Feb '24	A	30 Apr '24	Evaluation survey and workshops developed with BU Business School, baseline surveys sent to wave one teams
Agree further roll out of PFIS - Wave 2	29 Dec '23	A	30 Jan '24	

Risks and Issues

Risks – Lack of ability to release staff for Patient First training leading to reduced skills transfer / lower value for money *(RPF011):* *request for PFIS training to be in protected time made to SRO to support teams to engage appropriate backfill and release key staff for training made by teams and relayed to Execs.*

Issues – only a proportion of staff within a team will attend PFIS training in order to support business continuity. This could impact ownership and capability. *Evaluation activity will include all of wave one teams to better understand impact.*

Patient First Highlight Report

University Hospitals Dorset NHS Foundation Trust

Communications

Lead:	James Donald	Reporting to	Deborah Matthews	Reporting period: Dec 2023	Workstream Status: AMBER

Overall Workstream Status Update

Progress since last period

Continued development of Patient First communication Plan

Q3 "Lets have a conversation" staff events confirmed and advertised. Sessions seeing increasing numbers of attendances.

Short comms video for PFIS launch completed.

Launch of PFIS highlighted on Patient First page in December *"The Brief"* and shared across social media with videos etc.

Key Milestones	Target date	Status (B/R/A/G)	Estimated date of completion	Planned actions next period
Develop & agree communications plan for Patient First	Aug '23	A	30 Nov '23	Plan completed for review Dec PFSG
Staff engagement "Lets have a conversation" sessions with an Exec in place and advertised to staff	Apr '24	G	Apr '24	Session Q3 underway, Q4 under discussion.

Risks and Issues

Risk – Lack of support from internal stakeholders within the organisation including poor clinical involvement and engagement *(RPF005)*

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 03 January 2024

Agenda item: 7.2

Subject:	Fit and Proper Persons
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance Irene Mardon, Acting Chief People Officer
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance Irene Mardon, Acting Chief People Officer

Strategic themes that this item supports/impacts:	Systems working and partnership ☐ Our people ☒ Patient experience ☒ Quality: outcomes and safety ☐ Sustainable services ☐ Patient First programme ☐ One Team: patient ready for reconfiguration ☐
BAF/Corporate Risk Register: (if applicable)	Not associated to any one specific BAF/Corporate Risk Register risk
Purpose of paper:	Review and Discussion
Executive Summary:	The purpose of this paper is to highlight the key changes to the Fit and Proper Person Test (FPPT) as provided in NHS England's FPPT Framework and implementation of these changes within the Trust. Key changes include: • Implementation of a national self-attestation pro-forma as part of the initial and annual FPPT checks on Board members. • Standardised Board member reference template; and a procedure to be followed when a Board director leaves an organization. • Enhanced local recording of FPPT checks on the Electronic Staff Record (ESR), enabling reports to be run at a local level as an audit trail of completed testing and sign off.
Background:	The "fit and proper person" requirement was introduced by Government through Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 5 sets out the requirements for a FPPT, applying to directors and those performing

functions of (or equivalent or similar functions to) a director in NHS organisations registered with the CQC. Grounds of unfitness are specified in Part 1 of Schedule 4 to the Regulated Activities Regulations.

A Government commissioned review (the Kark review) of the scope, operation and purpose of the FPPT was undertaken in 2019. Tom Kark KC, in the foreword to his review, stated that:

> *Good hospitals run well because they have good, focussed leadership and well-trained and enthused staff who are enabled to focus on providing good, safe and compassionate care for their patients. We are well aware of the extremely tight financial constraints upon the system and the fact that many hospitals struggle to provide the quality and quantity of care required by their populace within the financial envelope provided. However, the limited purpose of this review is to focus upon the Fit and Proper Person Test (FPPT), to determine whether or not in its current form it is working, and how it might be adapted to ensure better leadership and management and prevent the employment of directors who are incompetent, misbehave or mismanage…*
>
> *The culture and management of each hospital Trust flows from the management team. Thus, the quality and culture of the management team is of the greatest significance to the ethose and success of the hospital, the effectiveness, and the working conditions (in the widest sense) of its staff, and ultimately the care, comfort, and safety of the patients to whom the Trust provides health services.*

Responding to the recommendations in the Kark Review, NHS England developed a FPPT Framework to "strengthen/reinforce individual accountability and transparency for Board members, thereby enhancing the quality of leadership within the NHS". The FPPT Framework also takes into account the requirements of the Care Quality Commission (CQC) relating to directors being fit and proper for their roles.

The FPPT Framework became effective from 30 September 2023, to be implemented by all Boards going forward from that date. Full implementation is expected by 31 March 2024.

The FPPT Framework applies to the Board members of NHS organisations, irrespective of voting rights or contractual terms. Deputies are included within the scope of the FPPT Framework if they act up to cover a Board member's role for six weeks or more. The Framework recognizes that some organisations may

want to extend the FPPT assessment to other key roles – for example, to those individuals who may regularly attend Board meetings (which could include Associate Non-Executive Directors) or otherwise have significant influence on board decisions. However, the annual submission requirement (referenced below) is limited to Board members only.

Trust Chairs are accountable for taking all reasonable steps to ensure that the FPPT process is effective and the desired culture of their organization is maintained to support an effective FPPT regime. They are also responsible for ensuring that the organization conducts and keeps under review a FPPT to ensure Board members are – and remain – suitable for their role. The FPPT Framework states that "ultimate accountability for adhering to [the] framework will reside with the chair of an NHS organisation".

New Board appointments or promotions
A documented "full FPPT assessment" will be needed for organisations recruiting or promoting an individual to a Board director position.

The additional checks include seeking references using a standard Board member reference template. For new appointments from outside the NHS, employers should seek the necessary references to validate a period of six consecutive years.

No new appointments to the post of Board member should be made unless the relevant appointee can demonstrate that they have met the FPPT requirements.

Annual checks and self-attestations
Each Board member will need to complete an annual pro-forma self-attestation to confirm their compliance with the FPPT requirements. It is suggested that this be completed alongside the appraisal process. Annual appraisals of the past three years will be used to guide Board member references (please see below). A Board member appraisal framework is due to be published by March 2024; appraisals should make use of the NHS Leadership Competency Framework (NHS LCF). The NHS LCF covers the following six competence categories:

- Setting strategy and delivering long term transformation.
- Leading for equality.
- Driving high quality, sustainable outcomes.
- Providing robust governance and assurance.
- Creating a compassionate and inclusive culture.
- Building trusted relationships with partners and communities.

In assessing whether a Board member has the competence, skills and experience to be considered fit and proper, the assessment will:

- Have regard to formal training and development the Board member has undergone or is undergoing.
- Take account of the organization (its size and how it operates) and the activities the Board member should perform.
- Consider whether the Board member has succificent time to perform and meet the responsibilities associated with their role.

Consistent failure to undergo required training in a timely manner may mean that a Board member is not fit and proper.

The FPPT Framework includes provision related to reasonable adjustments in assessing if a Board member can properly perform tasks to the required level of competence and skill for the post to which they are appointed.

Self-attestations are also needed as part of the full FPPT assessment.

In relation to the review of the Trust Chair's FPPT, the Senior Independent Director or Vice-Chair is to review and ensure that the Trust Chair is meeting the requirements of the FPPT.

The annual FPPT submission, summarising the results of the FPPT for all Board members is to be sent to the NHS England regional director; the FPPT is carried out on an individual Board member basis, with the Trust Chair providing the overall summary of the FPPT outcome for the Board in the annual submission. The first annual submission to the regional director should be sent by June 2024.

The FPPT Framework highlights that it is good practice for the Trust Chair to present a report on completion of the annual FPPT to the Board in a public meeting and to the Council of Governors for Non-Executive Directors for information. In addition, the Council of Governors should be informed of a satisfactory initial FPPT assessment for a new Trust Chair and for Non-Executive Director appointments.

Retention of personal data relating to the FPPT assessment

Personal data relating to the FPPT assessment will be retained in local record systems and specified data fields in ESR. The FPPT Framework confirms that the information in such records will not routinely be accessible beyond an individual's own organization. Access will also be provided to relevant individuals within the CQC at a local level where necessary for their roles. ESR is not a "public register" and there is not access to it by the public. The FPPT Framework includes an example of a Board member privacy template (at

Appendix 6) and sets out the information that ESR will hold.
The FPPT Framework suggests that it is good practice for NHS organisations to report on the high-level outcome of the FPPT assessments in the annual report or elsewhere on their website.

Board member references
A new standard reference has been introduced. ESR data is used to populate the reference whenever a Board director leaves their role (even if not moving to a new role or in circumstances where no reference is requested). The reference should be retained in a locally accessible folder on a career-long basis. The Trust Chair is to write and sign off on all Non-Executive Director references, while the Chief Executive Officer is to write and sign off on all Executive Director references (supported with provision of the relevant information from ESR).

NHS organisations should aim to provide a reference to another NHS organisation within 14 days from the date the request was made. The FPPT Framework also includes provision to refevise a reference where new information comes to light.

Internal audit/external review
The FPPT Framework provides that:

- NHS organisations should have an internal audit every three years to assess the processes, controls and compliance supporting the FPPT assessments.
- NHS organisations should consider inclusion of FPPT process and testing in the specification for any commissioned well led/Board effectiveness reviews.

Council of Governors
The FPPT Framework also provides that it should be considered alongside the "Your Statutory Duties – A reference Guide for NHS Foundation Trust Governors" and Trust Constitutions; the Council of Governors should:

- Continue to make Trust Chair and Non-Executive Director appointments, in accordance with the Trust's Constitution. This will now include consideration of the initial FPPT assessment.
- Continue to receive performance information for the Trust Chair and other Non-Executive Directors.
- Be informed of the outcome were there any Non-Executive Board member (including the Trust Chair) FPPT assessment as "not fit and proper".

Further information
The FPPT Framework (NHS England » NHS England fit and proper person test framework for board members) has been published alongside:

	• Eight appendices, including templates, checklists and a privacy notice. • FAQs: NHS England » Fit and proper person test: frequently asked questions • Additional guidance for Chairs providing a summary of the requirements and actions Trust Chairs will need to take: NHS England » Guidance for chairs on implementation of the Fit and Proper Person Test for board members • Further guidance summarising the processes for conducting testing, entering information into ESR and signing off the FPPT: NHS England » Fit and Proper Person Test for board members: guidance on electronic staff record
Key Recommendations:	To review and note the update, with a further update to be provided to the Board in March 2024.
Implications associated with this item:	Council of Governors ☒ Equality and Diversity ☒ Financial ☐ Operational Performance ☐ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☐ Regulatory ☒ Strategy/Transformation ☐ System ☐ Council of Governors – should be provided with information described as to be presented to the Council above; Equality and Diversity – please see above in relation to reasonable adjustments.
CQC Reference:	Safe ☒ Effective ☐ Caring ☐ Responsive ☐ Well Led ☒ Use of Resources ☐

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

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐

University Hospitals Dorset
NHS Foundation Trust

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 03 January 2024

Agenda item: 8.1

Subject:	Sexual Safety in Healthcare – organisational charter
Prepared by:	Fiona Hoskins, Deputy Chief Nursing Officer
Presented by:	Paula Shobbrook, Chief Nursing Officer

Strategic themes that this item supports/impacts:	Systems working and partnership	☐
	Our people	☒
	Patient experience	☐
	Quality: outcomes and safety	☐
	Sustainable services	☐
	Patient First programme	☒
	One Team: patient ready for reconfiguration	☐
BAF/Corporate Risk Register: (if applicable)	N/A	
Purpose of paper:	Decision/Approval	
Executive Summary:	Those who work, train, and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours. Here at UHD we have received reports of colleagues who have experienced unwanted, inappropriate behaviour. Signing up to the Domestic Abuse and Sexual Violence Charter will enable the Trust to put in place the right measures to prevent further incidents and send a clear message to our staff that this type of behaviour will not be tolerated. In his letter of the 23 June 2023 to all NHS trust and foundation chief executives Steve Russell, Chief Delivery Officer, NHS England said that the NHS needs to take a systematic zero-tolerance approach to tackle this issue. As part of the DASV programme he cited three priority areas of focus that the charter supports: 1. Supporting our staff 2. National Leadership 3. Improving data collection	
Background:	As a signatory to the charter, the Trust is committing to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours	

	towards our workforce. We will be committing to the following principles and actions to achieve this: 1. We will actively work to eradicate sexual harassment and abuse in the workplace. 2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours. 3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate. 4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours. 5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour. 6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators. 7. We will ensure appropriate, specific, and clear training is in place. 8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours. 9. We will take all reports seriously and appropriate and timely action will be taken in all cases. 10. We will capture and share data on prevalence and staff experience transparently. These commitments will apply to everyone in our organisation equally. Where any of the above is not currently in place, the Trust is committing to work towards ensuring it is in place by **July 2024.** To support the Trust in achieving this commitment there is a NHSE toolkit (included in the reading room) which the working group will implement across the Trust. The work in ensuring delivery of the 10 principles will be completed by a working group led by Human Resources and the Safeguarding team supported by a selection of interested colleagues, some with lived experience.
Key Recommendations:	Members are asked to recommend the Trust signs up to the Domestic Abuse and Sexual Violence Charter.
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☒ Financial ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☒ System ☒

CQC Reference:		
	Safe	☒
	Effective	☒
	Caring	☒
	Responsive	☒
	Well Led	☒
	Use of Resources	☒

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
People and Culture Committee	08/11/2023	Endorsed by the Committee, with a progress update to be provided by the Chief Nursing Officer to the Committee in relation to actions taken.

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)		
	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

Appendix - Attendance at Part 1 Board Meetings

Part 1		24 May 2023	26 July 2023	27 September 2023	29 November 2023		
Present	Karen Allman						
	Pankaj Dave						
	Peter Gill				A		
	Judy Gillow	A			A		
	Philip Green						
	Siobhan Harrington						
	John Lelliott						
	Stephen Mount						
	Mark Mould						
	Pete Papworth						
	Sharath Ranjan						
	Richard Renaut						
	Cliff Shearman						
	Paula Shobbrook						
	Caroline Tapster						
	John Vinney	A		A			
	Rob Whiteman						
	Peter Wilson						
In Attendance (excl Governors, members of public and non-Standing Invitees)	David Broadley						
	James Donald						
	Yasmin Dossabhoy						
	Ewan Gauvin						
	Sarah Locke						
	Judith May						
	Helena McKeown						
	Claire Whitaker						
Was the meeting quorate?		Y	Y	Y	Y		

Key

	Not in Attendance			In attendance
A	Apologies			N/A
D	Delegate Sent			