



University Hospitals Dorset
NHS Foundation Trust

**University Hospitals Dorset NHS Foundation
Trust**

Council of Governors Meeting - Part 1

Thursday 27 October 2022

16:30 – 18:00

At Christchurch Hospital, Macmillan Seminar Room

Via Microsoft Teams

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

The next meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 16:30 on Thursday 27 October 2022 at the Macmillan Seminar Room in Christchurch Hospital and 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

16:30 on Thursday 27 October 2022

Time	Item		Method	Purpose	Lead
16:30	1	Welcome, Introductions, Apologies & Quorum	Verbal		Chair
	2	Declaration of Interests	Verbal		Chair
16:35	3	MINUTES			
	3.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 28 July 2022	Paper	Approval	Chair
	3.2	Matters Arising – Action List (<i>none outstanding</i>)	Verbal	Review	Chair
16:45	4	TRUST CHAIR AND CHIEF EXECUTIVE UPDATES			
	4.1	Chair's Update	Verbal	Noting	Chair
	4.2	Chief Executive Update	Verbal	Noting	CEO
16:55	5	QUALITY AND PERFORMANCE			
	5.1	Integrated Quality, Performance, Workforce, Finance and Informatics Report	Paper	Noting	Chief Officers
17:10	6	GOVERNANCE			
	6.1	Annual Complaints & Patient Experience Report	Paper*	Noting	CNO
	6.2	Annual Effectiveness of External Audit Process	Paper	Approval	DCFO
	6.3	Composition of Board of Directors: Amendment to Trust's Constitution	Paper	Approval	Chair
	6.4	Report on the Annual Members' Meeting	Verbal	Noting	Chair
	6.5	Council of Governors: Strategy Group	Verbal	Approval	Chair
	6.6	Update on Council of Governors' Election Process	Verbal	Noting	Deputy CoSec
	6.7	Feedback from Council of Governor Groups <ul style="list-style-type: none"> Membership and Engagement Group Quality Group <ul style="list-style-type: none"> Including update on the Quality Accounts presentation 	Verbal	Noting	Group Chairs

17:45	7	Urgent Motions or Questions	Verbal		Chair
	8	Any Other Business	Verbal		Chair
18:00	9	Date of Next Council of Governors Meeting: Thursday 26 January 2023 at 16:30 planned location for Royal Bournemouth Hospital. Future Meetings: Thursday 27 April 2023, 27 July 2023 and 26 October 2023.			

* late paper

**This meeting is being recorded for minutes of the meeting to be produced.
The recording will be deleted after the minutes of the meeting have been approved.**

Items for Next Council of Governors Part 1 Agenda

Standing Reports

- Integrated Performance Report
- Update from Council of Governor Groups

Annual Reports

- Board Assurance Framework (six monthly report)
- Review/updates to the Trust's Constitution
- Annual External Audit Plan
- Council of Governors Assessment of Collective Performance
- Annual Review of Trust Constitution Annex 5 Standing Orders for the Practice and Procedure of the Council of Governors

Reading Room Materials

Integrated Performance Report (*Agenda Item 5.1*)

Annual Complaints & Patient Experience Report (*Agenda Item 6.1*)

Composition of Board of Directors: Amendment to Trust's Constitution (*Agenda Item 6.4*)

Update on Council of Governors' Election Process (*Agenda Item 6.6*)

Appendix – Attendance at Council of Governor Meetings

List of abbreviations:

CEO – Chief Executive Officer
DCFO – Deputy Chief Finance Officer

CNO – Chief Nursing Officer

AGENDA – PART 2 PRIVATE MEETING

18:15 on Thursday 27 October 2022

Time		Item	Method	Purpose	Lead
18:15	10	Welcome, Introduction, Apologies & Quorum	Verbal		Chair
	11	Declaration of Interests	Verbal		Chair
18:20	12	MINUTES			
	12.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 28 July 2022 and 20 September 2022	Paper	Approval	Chair
	12.2	Matters Arising – Action List (<i>none outstanding</i>)	Verbal	Review	Chair
18:30	13	GOVERNANCE			
	13.1	Feedback from NREC <ul style="list-style-type: none"> Non-Executive Director Recruitment Update Governor attendance at Council of Governor Meetings 	Verbal	Noting	Chair
	13.2	Feedback from Part 2 Board Meeting	Verbal	Noting	Chair
18:50	14	Any Other Business	Verbal		Chair
	15	Reflections on the Meeting	Verbal		Chair
19:00	16	Date of Next Council of Governors Meeting: Thursday 26 January 2023 at 16:30 planned location for Royal Bournemouth Hospital. Future Meetings: Thursday 27 April 2023, 27 July 2023 and 26 October 2023.			

* late paper

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Items for Next Council of Governors Part 2 Agenda:

Standing Items

- Update from NREC
- Update from Board Part 2

Annual Item

- Recommendation from NREC on Non-Executive Directors' remuneration/allowances/terms and conditions

Reading Room Materials

Feedback from Council of Governor Groups – Quality Group (*Part 1 Agenda Item 6.7*)

Appendix – Attendance at Council of Governor Meetings

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS PART 1 – PUBLIC MEETING

Minutes of the meeting of the Council of Governors held on Thursday 28 July 2022 at 14:00 in the Boardroom at Poole Hospital and via Microsoft Teams.

Present:	Rob Whiteman	Trust Chair (<i>Chair</i>)
	Robert Bufton	Public Governor: Poole and Rest of Dorset
	Marie Cleary	Staff Governor: Administration, Clerical and Management
	Sharon Collett	Public Governor: Bournemouth, Lead Governor
	Richard Ferns	Public Governor: Poole and Rest of Dorset
	Philip Green	Non-Executive Director, Vice Trust Chair
	Marjorie Houghton	Public Governor: Bournemouth
	Carole Light	Public Governor: Christchurch, East Dorset and Rest of England
	Andrew McLeod	Public Governor: Poole and Rest of Dorset
	Keith Mitchell	Public Governor: Bournemouth
	Patricia Scott	Public Governor: Poole and Rest of Dorset
	Diane Smelt	Public Governor: Bournemouth
	Kani Trehorn	Staff Governor: Nursing
	David Triplow	Public Governor: Poole and Rest of Dorset
	Michele Whitehurst	Public Governor: Poole and Rest of Dorset, Deputy Lead Governor
In attendance:	Sandra Wilson	Public Governor: Christchurch, East Dorset and Rest of England
	Karen Allman	Chief People Officer (<i>until 15:00</i>)
	Yasmin Dossabhoy	Associate Director of Corporate Governance
	Siobhan Harrington	Chief Executive Officer
	Richard Moremon	Acting Head of Communications (Transformation)
	Mark Mould	Chief Operating Officer (<i>until 15:00</i>)
	Pete Papworth	Chief Finance Officer (<i>until 14:50</i>)
	Richard Renaut	Chief Strategy and Transformation Officer (<i>for item 5.1</i>)
	Paula Shobbrook	Chief Nursing Officer
	Caroline Tapster	Non-Executive Director, Senior Independent Director
	Matt Thomas	Deputy Chief Medical Officer
	Sarah Locke	Deputy Company Secretary (<i>minutes</i>)

CoG 44/22	<p>Welcome, Introductions, Apologies & Quorum</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies were received from the following members:</p> <ul style="list-style-type: none"> • Paul Hilliard, Appointed Governor: BCP Council • Beryl Ezzard, Appointed Governor: Dorset Council • Judith Adda, Public Governor: Bournemouth • Robin Sadler, Public Governor: Christchurch, East Dorset and Rest of England • Markus Pettit, Staff Governor: Estates and Ancillary Services <p>In the absence of an appointed Governor being present, the meeting was inquorate. Items approved at the meeting would require ratification at a subsequent meeting of the Council of Governors.</p>
CoG 45/22	<p>Declarations of Interest</p> <p>No further interests were declared.</p>
CoG 46/22	<p>Minutes of the meeting held on 28 April 2022</p> <p>Philip Green proposed an amendment to the draft minutes to reflect that the meeting was held at the Hamworthy Club as well as via Microsoft Teams.</p> <p>Subject to this amendment, the minutes were APPROVED as an accurate record of the meeting.</p>

<p>CoG 47/22</p>	<p>Trust Chair Update</p> <p>Rob Whiteman reported that he had met individually with the Non-Executive Directors, the Executive Directors, senior stakeholders and colleagues across the ICS such as Chairs of other providers in the system as well as Bournemouth, Poole and Christchurch Council.</p> <p>The Board Part 1 meeting held on 27 July 2022 had a focus on performance; ED handovers, occupancy and discharge, elective recovery and cancer standards. There was a particular focus on the Cost Improvement Programme (CIP) and as for many organisations there were challenges with the budget. A discussion had taken place on staff security and the zero tolerance to staff and volunteers was reaffirmed by the Board.</p> <p>The ICS came into effect from 1 July 2022 to create a system of health providers, commissioners and other partners such as the local authorities. It would aim to establish a provider collaborative between organisations and to focus on the issues of prevention and investing in initiatives to ease pressures.</p> <p>There was a need to review the Non-Executive Director vacancies with a focus on diversity and potentially seeking to partner with Associate Non-Executive Directors.</p> <p>Governance was being reviewed particularly for papers produced for the Board and its Committees and also the Committee structure.</p> <p>Robert Bufton asked about the representation on the ICS board and if the Governors could attend. Rob Whiteman replied that the ICB were following prescriptive national guidance and that Siobhan Harrington was the only Chief Executive representing foundation trusts on the Dorset Integrated Care Board (ICB) but felt that over time the ICS would look to utilise Governors through engagement strategies.</p> <p>Siobhan Harrington added that the evolving engagement strategy was reviewed at the previous ICB meeting and that she would raise involving Governors in health infrastructure around the ICB.</p> <p>Michele Whitehurst added that she had attended the last ICB meeting as a member of the public.</p> <p>The Chair outlined that there was an opportunity to support the role of Governors with a development programme and engagement would be important with the Trust's building program.</p>
<p>CoG 48/22</p>	<p>Integrated Quality, Performance, Workforce, Finance and Informatics Report</p> <p>Siobhan Harrington introduced the IPR, explaining the considerable pressure in the system not only in urgent and emergency care (UEC) and planned care but also for the recovery of staff from the pandemic.</p> <p>Mark Mould presented highlights of the operational performance report, noting:</p> <ul style="list-style-type: none"> • At the time of reporting there were over 100 patients in the hospital but there were reductions on the number of Covid cases within the community which also reflected in the Dorset figures. • The number of patients waiting over 78 weeks and 104 weeks was starting to reduce but the number waiting over 52 weeks was increasing. The increase was due to the merger of the PAS systems which had created duplicate records, however there was no impact on patient safety. The data was being validated. • Diagnostics remained static. Good progress had been made in CT, MRI and ultrasound but cardiology remained a challenge due to significant workforce gaps and in endoscopy due to the demand in the service. • The daily challenge for ED remained. Although there were areas of improvement, these were not sustained. Executives were working with ICS colleagues to improve patient flow across the system. • There had been a 13% increase in cancer referrals in the previous month which was having an impact on patients being seen within the 28-day target. The main areas of focus in cancer were colorectal and

gynaecology with a need to develop capacity, capability, workforce and pathway changes.

Pete Papworth presented highlights from the finance report, noting:

- The Trust was £4.2m off plan due to considerable inflationary pressures, predominantly utilities and energy prices, which was 2-3 times higher than predicted and budgeted for. This was expected to increase further. There had been a reduction in the spend on agency staff. The adverse position however was not mitigated against due to the under delivery of the CIP.
- The pressures in staffing, the UEC and elective pathways prevented CIP being delivered at pace.
- A financial recovery summit identified key cost cutting workstreams to help manage savings. There was an increased confidence in the delivery of CIP, but the challenges to identify recurrent savings remained.
- A significant underspend on capital existed. The One Dorset Pathology Hub and the IT Strategy had slipped but both were expected to deliver against the budget by Q4.
- IHP had been overly optimistic in the spend profile for the BEACH building and were expected to spend the full cash amount by year end.

Karen Allman presented highlights from the workforce report, noting:

- There was an upward trajectory for staff turnover with a focus on understanding why staff were leaving the organisation. There had been a 35% increase in the number of applications to NHS pensions.
- 6% vacancy rate.
- The statutory and mandatory training compliance had reduced to 84% due to extra competencies having been added.
- Trust Wide Medical Locum rates had been introduced from 1 July 2022 to enable transparency for additional work payment for medical staff. This would also contribute to the reduction in agency staff.
- Covid staff sickness was reducing. There had been some productive and proactive wellbeing support being offered to staff including financial planning and debt management.
- Considerable organisational change was underway, and support was being offered and given to staff.
- 'Good people management' training modules and been introduced which had received very positive feedback.
- Planning for the flu and Covid vaccination programme had started for October 2022.

Paula Shobbrook presented highlights from the quality report, noting:

- There had been one severe fall that resulted in a fractured neck of femur and one category 3 pressure damage. Both incidents were being investigated.
- Increased positive results in patient engagement were reported although the patient satisfaction scores were lower than they had been previously.
- There had been a mixed sex accommodation breach. The mixed sex annual declaration had been approved at the Board on 27 July 2022.
- Although the numbers of complaints had increased since the reduction during Covid, the number of early resolutions had also increased.
- The numbers of registered nurses on the wards were nationally meeting the safe staffing levels, but the pressure remained with the health care support vacancies.

Keith Mitchell asked what the plans were to help reduce the ambulance waiting times in ED and whether the Trust had considered caring for patients in corridors, as had been done previously throughout the pandemic.

Mark Mould replied that there should be no plans to care for patients in hospital corridors, however, recognised that when ED was full, and occupancy was very high then there may be a need to escalate to use the corridor but that this would

	<p>be done working with Paula Shobbrook to ensure the staffing was appropriate and patients safely managed. The focus remained on same day emergency care, encouraging selfcare at home and ensuring patients were discharged before 12pm.</p> <p>Keith Mitchell further enquired about plans to prepare for staff retirements given the ongoing pressures and changes to usual places of work.</p> <p>Karen Allman replied that 'Stay Conversations' were encouraged and through appraisals, discussions about personal development, performance, values, behaviours and supporting health and wellbeing. Well-being Ambassadors had been introduced. A number of staff had retired and returned to work in a different capacity which was very positive. Flexible working was also to be reviewed.</p> <p>Marjorie Houghton asked what was being done to increase the hospital flow and improve patient discharges.</p> <p>Mark Mould replied that domiciliary care and care homes were affected by the same challenges around recruitment and retention. There was an interim care team within the Trust that supported patients at home and there were 500 hours per day commissioned for bridging care with about 40 patients in that group.</p> <p>Marjorie Houghton further enquired about the apprenticeship scheme and the challenges of recruiting to the nursing profession.</p> <p>Karen Allman replied that there were around 300 people on an apprenticeship scheme. She felt that the elimination of the bursary had a significant impact on the recruitment of nurses but there were 50 registered nursing degree apprenticeships across the system. Paula Shobbrook added that the Bournemouth University cohort was over-subscribed this year and The Trust were looking to increase student nurses and mentorships. There were trainee nursing associate roles as well.</p> <p>Kani Trehorn asked whether Governors could support with the recruitment day.</p> <p>Karen Allman confirmed that it would be useful to have clinical staff Governors at the recruitment day.</p> <p>Kani Trehorn further enquired whether the ice creams given to staff could have been delivered as some ward staff had missed out.</p> <p>Karen Allman confirmed that ice cream vans had been brought on to sites and ice creams had also been taken round to staff on wards.</p> <p>The Council of Governors was ASSURED by the Integrated Quality, Performance, Workforce, Finance and Informatics Report.</p>
CoG 49/22	<p>Summary of Operational Plan</p> <p>Richard Renaut presented the summary of the operational plan, highlighting:</p> <ul style="list-style-type: none"> • The operational plan was a working document and provided oversight of the planned achievements for the year. • There was a five-year strategy that had been reviewed at the Board and the Council of Governors previously. • There were five strategic objectives set which were further broken down into individual areas. • The plan was developed in line with the Dorset ICS. <p>Siobhan Harrington added that there was a priority on the urgent emergency care, planned care and workforce issues that had been spoken about and ensured that the report and messaging was clear for all staff.</p> <p>Sharon Collett commented that the strategic objectives were comprehensive and what staff should be working towards. She also thanked Richard Renaut for an accessible document that everyone could buy into and understand.</p> <p>Keith Mitchell asked about the Macmillan Unit build. Richard Renaut replied that the Macmillan Unit were currently fund raising and looking at national grants to secure the funding for the building works which hoped to be in the next year with an 18-month build. A Governor walkabout of the Christchurch site would be organised, and more detailed plans could be shared there.</p> <p>The Council of Governors NOTED the Summary of Operational Plan.</p>

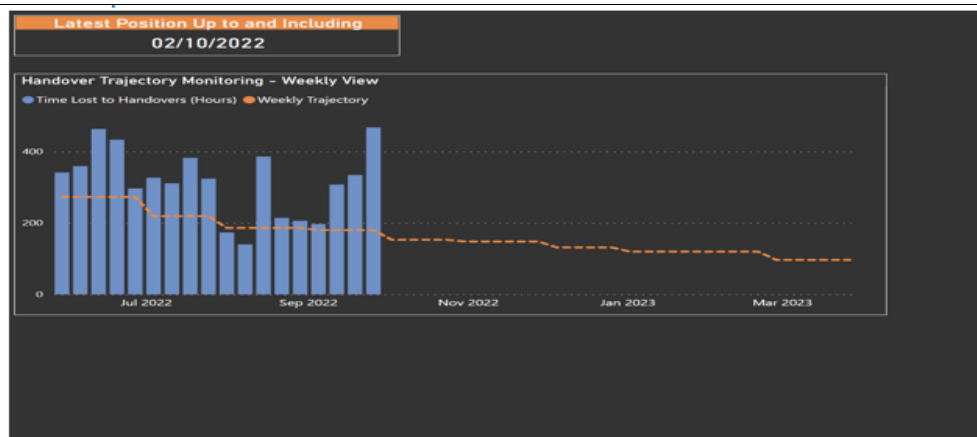
CoG 50/22	<p>Annual Audit Committee Report and Consultation on Terms of Reference</p> <p>Philip Green presented the annual Audit Committee Report, highlighting:</p> <ul style="list-style-type: none"> • This was the formal report of the work of the Audit Committee completed during the year detailing the compliance with the terms of reference. • The report had been endorsed at the Audit Committee 21 July 2022 and presented at the Board on 27 July 2022. • The terms of reference would be reviewed in line with the governance review across all of the Committees. • An overview of the Committee had been provided at the previous Informal Governor Briefing. <p>The Council of Governors NOTED the Annual Audit Committee Report.</p>
CoG 51/22	<p>Board Assurance Framework Annual Report</p> <p>Paula Shobbrook presented the Board Assurance Framework (BAF) Annual Report, highlighting:</p> <ul style="list-style-type: none"> • The BAF was used to consider the risks and actions against the Trust objectives. • Annually the risks on the risk register were reviewed to ensure that they aligned to the Trust objectives. • The paper presented detailed the risks to achievement. • There was a heat map to highlight the ratings of the risks. • The BAF was reviewed quarterly at the Audit Committee and was taken to the Board of Directors and the Quality Committee every six months. <p>The Council of Governors NOTED the Board Assurance Framework Annual Report.</p>
CoG 52/22	<p>Governor Response to Quality Accounts</p> <p>Paula Shobbrook thanked Governors for their input into the development of the Quality Account. She reported that the Quality Account has been approved by the Board and it was noted that it would be published on the Trust website.</p> <p>The Council of Governors APPROVED the Governor Response to Quality Account.</p>
CoG 53/22	<p>Trust Annual Report and Accounts</p> <p>Siobhan Harrington presented the Trust Annual Report and Accounts, commenting positively on the document which highlighted the achievements across the Trust over the previous 12 months. She thanked Pete Papworth and the finance team for their work on the accounts.</p> <p>The report had been published on the internet and would be presented at the Annual Members' Meeting (AMM).</p> <p>Robert Bufton added that it was a considerable achievement to have had a clean audit on the accounts given the complexity of a merged organisation.</p> <p>The Council of Governors NOTED the Trust Annual Report and Accounts.</p>
CoG 54/22	<p>Any Other Business</p> <p>The Chair referred to the proposed review of the Trust's Constitution. As this would take some time and with new Governors coming into position in the new year, he suggested that the Trust proceed with preparing for elections. Reference was made to previous discussions about the position on Governor vacancies; these would now seek to be filled through the election process.</p> <p>Marjorie Houghton asked if was possible to arrange an additional Governor visit of Poole Hospital for those that were unable to attend. It was confirmed that the Company Secretary Team would work with colleagues to organise that.</p>
	<p>The date and time of the next meeting of the Council of Governors was announced as Thursday 27 October 2022 at 16:30pm in the Macmillan Seminar Room at Christchurch Hospital and via Microsoft Teams.</p>

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

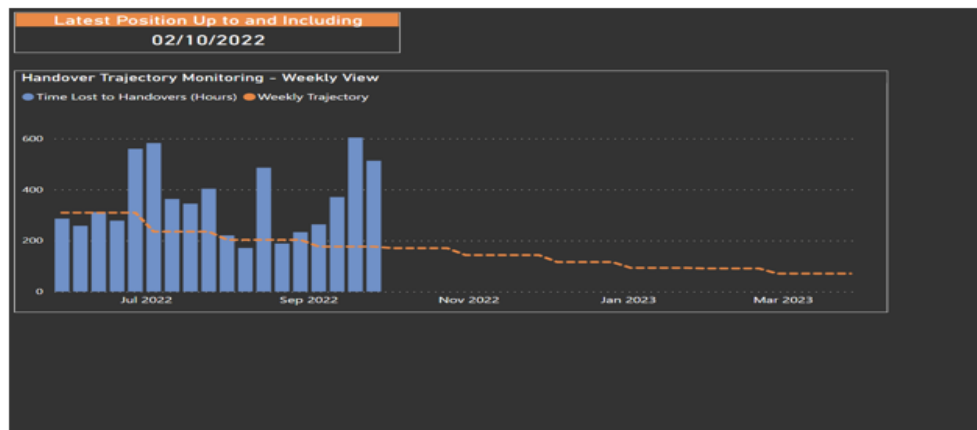
Meeting Date: 27 October 2022

Agenda item: 5.1

Subject:	University Hospitals Dorset (UHD) NHS Foundation Trust Integrated Performance Report (IPR) September 2022
Prepared by:	Executive Directors, Alex Lister, Sophie Jordan, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Irene Mardon, Jo Sims, Andrew Goodwin
Presented by:	Executive Directors for specific service areas
Purpose of paper:	To inform the Council of Governors on the performance of the Trust during September 2022 and consider the content of recovery plans.
Background:	The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into a particular area of interest for additional information and scrutiny.
Areas of Board Focus	Continuing High Bed occupancy levels. Current Ambulance handover delays and the amount of time patients are spending in the emergency department. Continuing challenges with 'No Reason to Reside' (NRTR) and the increase in bed pressure, with the number of Covid admissions/contacts increasing across the organisation contributing to a high bed occupancy. Impact on reduced hospital flow has the potential to impact on patient safety, experience and increased cancellations. Workforce availability to meet escalating capacity levels, driving increased agency costs and staff wellbeing. Impact on hospital reputation and increased challenge to elective care recovery as a result of having to more capacity aside for emergency /urgent care response. The impact this may have on the fundamentals of care, in particular, deconditioning of patients.
Urgent & Emergency Care	<p>Operational Performance: Key Points</p> <p>Hospital occupancy continues to create challenges and there was a deterioration in the number of patients in our EDs for more than 12 hours waiting for a bed, with 886 patients spending longer than 12 hours in the departments.</p> <p>Ambulance handover delays showed deterioration in September both in terms of numbers and total time lost, the position against the recovery trajectory is shown below.</p>



Royal Bournemouth Hospital



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

(colours based on change from last month)

		Sep-22		
Standard	Aim	Poole	RBCH	Combined
Operational (Field testing standards)				
Mean time in the dept	200 mins	303	406	358
Time to Initial Assessment	15 mins	9	20	15
12 Hour ED Waits	0	381	505	886
Internal Care Standards				
Time to first clinician seen (RBCH: to Dr seen)	60 mins	126	166	147
Mean Clinically Ready To Proceed to Leave Dept	60 mins	277	192	237

Weekly ED decompression action plan meetings continue led by the COO to progress and monitor front door actions and performance and support from ECIST is ongoing, with a review against initial observations taking place on 20 October to confirm progress and agree the future actions, with ECIST focusing increasingly on back door process and system responses.

Occupancy, Flow & Discharge

Both sites continued to maintain opening of escalation beds in August. Occupancy marginally reduced to 92.8% across UHD sites, however in some instances exceeded 100% on a single site. With ongoing variance between OPEL 3/4 across the trust.

There was an average of 238 patients MRFD across both sites in September. Which is an increase of 1 compared to August figures. There are significant numbers of patients waiting for Local Authority interventions, Intermediate Care, Community hospital placements and Self- Funding support. Continued focus on the 3 agreed areas to improve patients waiting for discharge are:

	<p>Setting expected date of discharge (EDD), and discharge within 48 hours of admission;</p> <p>Ensuring consistency of process, personnel and documentation in ward rounds;</p> <p>Applying seven-day working to enable discharge of patients during weekends.</p> <p>A 2-week intensive initiative to reduce the number of patients waiting to be discharged home from Hospitals in Dorset starts on 10 October. This flow fortnight involving system partners aims to reduce the patients waiting by 30% by November.</p> <ol style="list-style-type: none">1. Internal delays.2. Assessment delays.3. Brokerage.4. Community bed blockages.5. Self-funders.																								
Surge, Escalation and Ops Planning	<p>At the time of writing, UHD has 115 confirmed Covid inpatients, a significant rise in incidence (35 previous month) and mirrors the national picture and Epicell modelling.</p> <p>The operational teams have created a capacity and flow plan which aims to link with the Winter KLOEs and national board assurance framework. This is supported by the internal Hospital Flow Improvement Group Trust Wide action plan.</p> <p>A systemwide bed capacity and demand plan has been launched with national funding to reduce the risk of high occupancy and insufficient winter beds. Funding has been agreed to support internal increase in SDEC capacity, additional escalation beds, commissioning of departure lounges on both sites and recruitment of Discharge Facilitators. External support ranges from additional care hours, care home beds and increased mental health beds for Quarter 4.</p>																								
Referral Treatment (RTT)	<table><tr><th>Planning requirement</th><th>Aug 22</th><th colspan="2">September 22</th></tr><tr><td>Referral to treatment 18-week performance</td><td>57.1%</td><td>54.9% ▼</td><td>Target 92%</td></tr><tr><td>Eliminate > 104 week waits</td><td>95</td><td>76 ▼</td><td>Trajectory 36 by September 2022</td></tr><tr><td>Reduce >78 week waits to zero</td><td>502</td><td>504 ▶</td><td>398 by September 22</td></tr><tr><td>Hold or reduce >52+ weeks</td><td>4,010</td><td>3,559 ▼</td><td>4,375 by September 22</td></tr><tr><td>Stabilise Waiting List size</td><td>75,065</td><td>72,860 ▼</td><td>-2,205 v September 2022</td></tr></table> <ul style="list-style-type: none">• The RTT standard was not met in September 2022, with 54.9% of patients being treated within 18 weeks.• Both >52 week waits and >104 week waits reduced in month. The number of patients waiting >104 weeks reduced by 20%. 55% of patients waiting >104 weeks were waiting for Orthodontic treatment and have declined offers to transfer their treatment to Dorset County Hospital under mutual aid arrangements within the system.• >78 week waits maintained the number waiting• Outpatient DNA rate improved at 7.4% (down 0.6%). With the transition to new patient portal service (DrDoctor) in Autumn 2022.	Planning requirement	Aug 22	September 22		Referral to treatment 18-week performance	57.1%	54.9% ▼	Target 92%	Eliminate > 104 week waits	95	76 ▼	Trajectory 36 by September 2022	Reduce >78 week waits to zero	502	504 ▶	398 by September 22	Hold or reduce >52+ weeks	4,010	3,559 ▼	4,375 by September 22	Stabilise Waiting List size	75,065	72,860 ▼	-2,205 v September 2022
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Stabilise Waiting List size	75,065	72,860 ▼	-2,205 v September 2022																						

	<p>Key Elective outcomes delivered in reporting period:</p> <ul style="list-style-type: none">National outpatients initiative - 'Super September' supported in ENT and Gynaecology, affecting a reduction in the number of patients at risk of waiting over a year and a half for an appointment by 75% and 53% respectively.New theatre planning cycle supported by the implementation of the Integrated Care Coordination Solution (ICCS) scheduling tool.Theatre Improvement – First Phase completed in partnership with Four Eyes with all 3 in-scope specialties showing efficiency improvements. Case Opportunity has reduced from 27% to 19%.Additional echocardiology and endoscopy activity commenced Sept.Demand and capacity modelling rolled out to gynaecology, respiratory medicine, endoscopy and echocardiology.DrDoctor Phase 1 completed including superuser training and appointment reminder user acceptance testing. <p>Following the move to a single, unified Patient Administration System (PAS) in the Trust in May 2022, work has been ongoing to administratively validate the waiting list and remove duplicate patient pathways. The first stage of this validation exercise is complete with the removal of duplicates with the same RTT start date.</p>																																																																																										
Cancer Standards	<p>The total number on the UHD PTL has risen above 4200 and ranks 18th when compared nationally. Two week wait referrals in August increased by 34% when compared to the same period in 19/20. Referrals continue to challenge delivery of improvement in the performance standards. However, of the 30 trusts with the largest PTL's nationally, UHD has the 6th lowest % of backstop (over 104d) patients.</p> <table><tr><th colspan="9">Cancer Waiting Times</th></tr><tr><th>Measure</th><th>Target</th><th>Q4 21/22 FINAL</th><th>Q1 22/23 FINAL</th><th>Apr 22 FINAL</th><th>May 22 FINAL</th><th>Jun 22 FINAL</th><th>Jul 22 FINAL</th><th>Aug 22 FINAL</th></tr><tr><td>Cancer Plan 62 Day Standard (Tumour)</td><td>85%</td><td>69.3%</td><td>71.4%</td><td>71.5%</td><td>69.6%</td><td>73.4%</td><td>67.9%</td><td>65.9%</td></tr><tr><td>62 Day Screening Standard (Tumour)</td><td>90%</td><td>83.8%</td><td>82.4%</td><td>86.7%</td><td>73.9%</td><td>85.7%</td><td>91.1%</td><td>92.9%</td></tr><tr><td>31 Day First Treatment (Tumour)</td><td>96%</td><td>97.3%</td><td>97.4%</td><td>97.0%</td><td>96.6%</td><td>98.5%</td><td>97.2%</td><td>97.9%</td></tr><tr><td>Subsequent Treatment - Surgery</td><td>94%</td><td>89.8%</td><td>91.5%</td><td>95.3%</td><td>87.7%</td><td>92.3%</td><td>90.9%</td><td>91.7%</td></tr><tr><td>Subsequent Treatment - Radiotherapy</td><td>94%</td><td>99.3%</td><td>98.6%</td><td>100.0%</td><td>99.3%</td><td>98.7%</td><td>99.3%</td><td>99.3%</td></tr><tr><td>Subsequent Treatment - Anti Cancer Drugs</td><td>98%</td><td>100.0%</td><td>99.5%</td><td>96.3%</td><td>100.0%</td><td>98.7%</td><td>98.5%</td><td>100.0%</td></tr><tr><td>Faster Diagnosis</td><td>75%</td><td>71.9%</td><td>70.2%</td><td>71.9%</td><td>71.8%</td><td>66.9%</td><td>63.6%</td><td>62.9%</td></tr><tr><td>Over 104 days (treated in month)</td><td>N/A</td><td>44.5</td><td>53</td><td>13</td><td>25.5</td><td>14</td><td>15.5</td><td>20.5</td></tr></table> <ul style="list-style-type: none">28-day FDS performance in August fell short of the 75% threshold reporting 62.9%, a reduction since July, however with an increase from four to seven tumour sites achieving the standard. First outpatient capacity in colorectal, skin and gynaecology remained a challenge.31-day standard – achieved.The 62-day performance in August was below the 85% threshold (65.9%), However, remains above the current national average of 63.5%. <p>Key outcomes delivered in reporting period (Sept):</p> <ul style="list-style-type: none">Delivered 48 additional clinic slots in Gynaecology in Sept, ring-fenced hysteroscopy slots post OPA to avoid delay in diagnostics and 8 additional fast track appointments per week at Poole.Colorectal/Upper GI: 40 additional slots, built into capacity planning going forwards and action initiated to tighten referral criteria for CT Colonoscopy in line with national guidelines.	Cancer Waiting Times									Measure	Target	Q4 21/22 FINAL	Q1 22/23 FINAL	Apr 22 FINAL	May 22 FINAL	Jun 22 FINAL	Jul 22 FINAL	Aug 22 FINAL	Cancer Plan 62 Day Standard (Tumour)	85%	69.3%	71.4%	71.5%	69.6%	73.4%	67.9%	65.9%	62 Day Screening Standard (Tumour)	90%	83.8%	82.4%	86.7%	73.9%	85.7%	91.1%	92.9%	31 Day First Treatment (Tumour)	96%	97.3%	97.4%	97.0%	96.6%	98.5%	97.2%	97.9%	Subsequent Treatment - Surgery	94%	89.8%	91.5%	95.3%	87.7%	92.3%	90.9%	91.7%	Subsequent Treatment - Radiotherapy	94%	99.3%	98.6%	100.0%	99.3%	98.7%	99.3%	99.3%	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	99.5%	96.3%	100.0%	98.7%	98.5%	100.0%	Faster Diagnosis	75%	71.9%	70.2%	71.9%	71.8%	66.9%	63.6%	62.9%	Over 104 days (treated in month)	N/A	44.5	53	13	25.5	14	15.5	20.5
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	<ul style="list-style-type: none">• Skin: Additional DRAC clinics converted from assessment clinics to treatment clinics providing one-stop for excision and biopsy.• FIT testing: agreement for the roll out of FIT testing across England for colorectal.										
DM01 (Diagnostics report)	<p>The DM01 standard has achieved 80.3% of all patients being seen within 6 weeks of referral, 19.7% of diagnostic patients seen >6weeks.</p> <p>1% of patients should wait more than 6 weeks for a diagnostic test</p> <table><tr><th>August</th><th>Total Waiting List</th><th>< 6weeks</th><th>>6 weeks</th><th>Performance</th></tr><tr><td>UHD</td><td>11,639</td><td>9,341</td><td>2,298</td><td>19.7%</td></tr></table> <ul style="list-style-type: none">• DM01 performance has improved in September. Increased demand for diagnostics and workforce gaps is impacting on the Trust's overall recovery of diagnostics performance in echocardiology, endoscopy and imaging (CT/MRI). Neurophysiology has recovered in month. <p>Key outcomes to be delivered in next reporting period:</p> <ul style="list-style-type: none">• Additional ultrasound capacity due to come online in October to aid recovery, particularly use of outsourcing (AECC).• Reduction in DNAs for diagnostics and increased activity for endoscopy and echocardiology.• Validation of diagnostics waiting lists.	August	Total Waiting List	< 6weeks	>6 weeks	Performance	UHD	11,639	9,341	2,298	19.7%
August	Total Waiting List	< 6weeks	>6 weeks	Performance							
UHD	11,639	9,341	2,298	19.7%							
Elective Recovery Actions	<p>Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:</p> <ul style="list-style-type: none">• A Theatre improvement programme - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres.• Outpatient Enabling Excellence and Transformation programmes - including three elements: 'back to basics' outpatient improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients; Digital Outpatients transformation, and speciality led outpatient reviews of capacity and utilisation.• Diagnostics recovery: Endoscopy, Echocardiology and imaging.• Cancer recovery and sustainability: Developing a sustainability plan to improve Cancer Waiting Times across 6 priority tumour sites which aligns with the Dorset Cancer Partnership objectives.• Data and validation optimisation: Ensuring access to the best quality data for elective care delivery and planning.										
Health Inequalities	<p>The Dorset Intelligence & Insight Service (DiiS) Health Inequalities dashboard enables analysis waiting times disaggregated by ethnicity and deprivation (Dorset Patients only).</p> <p><u>Health Inequalities</u></p> <p>Waiting list by Index of Multiple Deprivation (IMD): 8.5% of the Trust's waiting list are patients living within the bottom 20% by Index of Multiple Deprivation (IMD). Analysing RTT activity, the average weeks waiting at the point of treatment among the 20% most deprived is 13.8 weeks compared to 12.9 weeks in the rest of the population treated. This variance has reduced from 1.1 weeks in Q1 to 0.9 weeks in Q2 to date.</p> <p>Waiting list by ethnicity</p>										

	Where ethnicity is recorded, 11.2% of patients are within community minority ethnic populations. Patients from community minority ethnic groups had a marginally lower (0.1) average week wait compared to patients recorded as White British in Q2 to date.																																																																																																																	
Infection Prevention and Control:	<div>Quality, Safety, & Patient Experience Key Points</div> <div>Hospital Associated cases trend</div> <table><tr><th></th><th colspan="12">2021/2022</th><th colspan="5">2022/2023</th></tr><tr><th>Organism</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th></tr><tr><td>Cdiff</td><td>4</td><td>8</td><td>8</td><td>8</td><td>5</td><td>8</td><td>6</td><td>6</td><td>4</td><td>2</td><td>8</td><td>3</td><td>9</td><td>10</td><td>9</td><td>9</td><td>11</td><td>9</td></tr><tr><td>eColi</td><td>4</td><td>4</td><td>9</td><td>9</td><td>10</td><td>7</td><td>8</td><td>7</td><td>9</td><td>7</td><td>2</td><td>4</td><td>6</td><td>1</td><td>7</td><td>4</td><td>7</td><td>9</td></tr><tr><td>MRSA</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td></tr><tr><td>MSSA</td><td>3</td><td>2</td><td>4</td><td>4</td><td>5</td><td>5</td><td>1</td><td>4</td><td>4</td><td>3</td><td>7</td><td>5</td><td>4</td><td>4</td><td>2</td><td>3</td><td>3</td><td>3</td></tr></table> <ul style="list-style-type: none">• Work continues on the follow up of COVID-19 outbreaks with post infection review for cases from Q3 2021 to Q1 2022.• Community cases of COVID-19 in Dorset continue to decline.• This has allowed for the implementation of a reduced testing model for patients and staff focussed on those at high risk of a severe form of infection and those who are symptomatic.• In line with this reduction, mask wearing in non-clinical areas has been removed from UHD guidance and as a Dorset system we will be reviewing mask wearing in clinical areas in September.• Outbreaks of COVID-19 have been reported within Wards on both sites but at a reduced level.• An outbreak of RSV occurred in a local nursing home resulting in 5 admissions to UHD. Paying attention to the epidemiology of community acquired pneumonia and respiratory infections will be key as we head towards winter.• Cases of Clostridioides Difficile have increased over the past 2 years. The frequency of patients relapsing, and the severity of cases has also increased.• A common trend across the South West. An ongoing collaborative project across the region is gathering data to help us to understand the reasons behind this increase. The UHD rate for hospital onset cases is currently below the England rate of 19.3 per 100,000 at 13.8.		2021/2022												2022/2023					Organism	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Cdiff	4	8	8	8	5	8	6	6	4	2	8	3	9	10	9	9	11	9	eColi	4	4	9	9	10	7	8	7	9	7	2	4	6	1	7	4	7	9	MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	MSSA	3	2	4	4	5	5	1	4	4	3	7	5	4	4	2	3	3	3
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Clinical Practice Team	<div>Moving & Handling</div> <div>Core Induction</div> <p>Level 2 Moving & Handling training is an essential component in the trust induction programme (day 2) for clinical staff.</p> <ul style="list-style-type: none">• These sessions have been protected (as much as possible) in order to support the safe onboarding of staff.• We are unable to meet additional requests for extra core induction sessions. This may be a limiting factor going forward when requests for further core inductions dates are made. <div>Essential Core Skills</div> <ul style="list-style-type: none">• The ability to meet the face-to-face level two training requirements for clinical staff continues to be a challenge. The risk register entry remains at 10 (moderate) and under continuous review.• All scheduled Essential Core Skills face to face clinical moving & handling sessions are now fully booked until end of the calendar year. Staff are notified of any DNAs or cancellations by the Education & Training team.• An options appraisal document is being developed with the Education & Training team to explore alternative methods of delivery that remain compliant with statutory requirements																																																																																																																	

	<p>Falls prevention & management</p> <p>A total of seven moderate and above fall harm events were reported in month. One patient sustained a dislocation requiring return to theatre, four patients sustained #nofs. Two patients died following unwitnessed falls and we are awaiting further information from the investigation as to whether the falls were a causative or incidental to the outcome.</p> <ul style="list-style-type: none"> • The relevant scoping and investigations are being undertaken with support from the falls team. • The team participated in national falls awareness week (20th –24th Sept) and arranged events over Royal Bournemouth, Poole and Christchurch hospital sites. Images were shared on social media channels. <p>Falls summit is to be held on 13th October to review the 3 min themes:</p> <ul style="list-style-type: none"> • Meeting enhanced care observations. • Complex discharges for patients at high risk of falling. • Harm experienced by patient's deemed MRFD. <p>Tissue Viability</p> <p>The number of complex patients being referred to the service remains high.</p> <ul style="list-style-type: none"> • The number of referrals to the service are now consistently above 200 per month. • Throughout September there has been a reduced service. Staff have been advised to keep referring however the team will triage the most complex, those on admission and those requiring a review prior to discharge. • Noting an increase in complaints relating to skin integrity and pressure ulceration following discharge to other care providers • The team remain under sustained pressure and have had to take the difficult decision to cancel some planned training sessions.
<p>Patient Experience:</p>	<p>Friends & Family Test</p> <p>FFT Positive responses for September have remained relatively static at 90.0% compared with 90.4% in August. The response rate for FFT has continued to improve in September following resolution of problems caused by the transition of IT systems.</p> <p>PALS and Complaints</p> <p>In September there were 467 PALS concerns raised, 46 new formal complaints and 44 Early Resolution complaints (ERC) processed. The number of complaints that were responded to and closed in September were 66. Regular meetings with the care groups continue to focus on closing of complaints. In September there were 207 outstanding open complaints including ERC, 79 of which have been open longer than 55 working days.</p> <p>Key themes from PALS and complaints: Communication – Absent or incorrect, Organisation process – Waiting times, accessing care, Communication – absent or incorrect.</p> <p>Red Flags</p> <p>Red flag reporting showed a marked increase in Q2 with 142 recorded in September across adult in patient and midwifery areas. Patients requiring enhanced care accounted for 50% of the red flags across medical and surgical wards and 100% in midwifery were due to delayed or time critical activity.</p>

	<p>Section 42s</p> <p>The number of concerns considered for S42 has increased considerably but the number converted to S42 remains steady. There is a delay in some enquiries being brought to the Trust’s attention due to capacity in our LA partners.</p> <p>Mixed Sex Accommodation Breaches</p> <p>There were no MSA breaches in September 2022.</p>																																
Workforce Performance:	<p>Please note the YTD (12 month rolling data) Indicators to September 2022 can be found on the Workforce Integrated Performance Report page.</p> <p><u>September (in month) Indicators:</u></p> <table><thead><tr><th></th><th></th><th>Actual this month</th><th>Variance on last month</th></tr></thead><tbody><tr><td>Turnover</td><td></td><td>14.7%</td><td>0.2%</td></tr><tr><td>Vacancy</td><td></td><td>6.8%</td><td>-0.4%</td></tr><tr><td>Sickness Rate</td><td></td><td>4.9%</td><td>0.2%</td></tr><tr><td>Covid-absence non-sickness</td><td></td><td>0.0%</td><td>-0.2%</td></tr><tr><td>Appraisals</td><td>Values based</td><td>42.1%</td><td>13.2%</td></tr><tr><td></td><td>Medical & Dental</td><td>51.0%</td><td>-8.1%</td></tr><tr><td>Statutory and Mandatory</td><td></td><td>86.8%</td><td>-0.4%</td></tr></tbody></table> <p>UHD turnover has increased by 0.2% in month, YTD it is 14.6%.</p> <p>Vacancy rate is being reported at 6.8% in month, a decrease of 0.4% compared to August. The overall increases are, in the main, due to establishment data quality corrections, specifically in nursing and midwifery. It is also reflective of a very challenging recruitment market.</p> <p>Overall Sickness absence in September is 4.9%, a reduction of 0.2% compared to August. Covid related absence is recorded as 0% for September.</p> <p>Statutory and Mandatory training: Overall UHD Trust compliance is standing at 86.8% which is a decrease of 0.4% on August. Our aim is to reach 90% across all sites.</p>			Actual this month	Variance on last month	Turnover		14.7%	0.2%	Vacancy		6.8%	-0.4%	Sickness Rate		4.9%	0.2%	Covid-absence non-sickness		0.0%	-0.2%	Appraisals	Values based	42.1%	13.2%		Medical & Dental	51.0%	-8.1%	Statutory and Mandatory		86.8%	-0.4%
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CPO Headlines:	<p>Industrial action: Following the National pay offer, UHD has been officially notified that the Royal College of Nursing (RCN) will be balloting their members (employed on Agenda for Change contracts) on industrial strike action. The postal ballot opens on Thursday 6 October 2022 and closes on Wednesday 2 November 2022.</p> <p>We await formal notification from the BMA on their publicised intention to ballot Junior Doctor members on industrial action (nature of which to be defined), in early January 2023. Other trade unions are currently consulting with their members on whether to ballot also.</p> <p>Clinical Excellence Awards: Following changes to the National Clinical Excellence Award Scheme, which will now be known as the National Clinical Impact Award Scheme, a task and finish group is being formed to develop a</p>																																

	new local clinical excellence award scheme (LCEA) for UHD. LCEA funding for this year has been equally distributed to consultants.
Occupational Health and Enhanced Wellbeing Service	<p>Pre-Placement Referrals: Activity levels remain high. All F1 Doctors and rotational Doctors successfully pre-employed and cleared to work at UHD. No delays are being experienced with pre-employment checks currently.</p> <p>A steep increase in management referrals were received in August 2022. Currently there is a 4/5 week wait for an appointment with an OH Nurse Advisor or OH Doctor.</p> <p>Autumn Vaccination Programme- Clinics started on 8 October with a capacity for 8000 appointments over the 8 weekend days.</p> <p>Psychological Support & Counselling Service (PSC): In September 2022, 67 new referrals were made to PSC and 211 appointments were offered during September. Waiting times remained very low during September.</p>
Resourcing	<p>Medical Recruitment: The first medical role to be managed via the TRAC portal in September closed early as we received over 270 applicants within 48 hours. A higher number of applications than expected was received overall in month, and recruitment activity has remained at high levels.</p> <p>General Recruitment: There was a record number of new joiners to the Trust this month, and overall the highest number of starters since October last year. This results in significant increases in activity for both recruitment and education teams. Our Open Day event in September, and our attendance at several off site recruitment events has resulted in over 60 HCSW candidates being added to the HCSW pipeline so far.</p>
Workforce Systems	<p>The total amount of changes processed by the team in September 2022 was 2204, a decrease of 765.</p> <p>The monthly roster finalising process remains an issue with teams not finalising their rosters before the deadline and/or making changes after they have finalised the roster. This generally results in additional work for the Workforce Team or incorrect payment to staff. We are looking at providing a report to show the trends of the problem areas.</p> <p>Improvements on the Locums Nest payment methods are being reviewed to help support the move away from paper claim forms.</p>
Temporary Workforce	<p>The Temporary Staffing team are still facing significant staffing challenges. A recent recruitment campaign which has proved successful is beginning to see new staff join the team.</p> <p>For the months of August and September we have seen a 5% reduction in requested nursing hours.</p> <p>Bank and agency AfC fill has a 3% mirrored increase, producing an overall 77% fill rate across UHD.</p> <p>Medical locum fill rates for September are the highest since launch at 73%, a total of 1138 shifts were filled.</p>
Organisational Development	<p>Leadership Fundamentals, a new programme for new and aspiring leaders is launching in October. There were a large number of applications and a further 3 cohorts are already planned for next year. Next step is to launch Leadership in Action for more established UHD leaders.</p> <p>11 members of staff trained as Action Learning Set facilitators to support leadership development progress.</p>

	<p>Engagement and collaboration with partners across the ICS: to develop our coaching programme as a system, alongside the development of our internal UHD coaching programme.</p> <p>The intranet pages for manager development are under review and have been updated to include resources to support managers in their development including a PDP (with links to additional NHS online learning offers) and a values-based behaviour self-assessment.</p> <p>NHS Staff Survey 2022 launched on 30th September. Separate survey to include Bank staff has also been launched.</p> <p>Wellbeing - A “staff check in” [wellbeing conversation] resource has been developed, this has been piloted in Cardiology, once evaluated a roll out will be supported with additional information and intranet resources. The winter plan for wellbeing will include communication linked to recognising the impact of staff movements and the UHD Responder developed with Nursing.</p> <p>FTSU: October is FTSU Month 2022 - #FTSUforEveryone and is a campaign which raises awareness of the importance of speaking up and creating a culture where staff feel encouraged, confident, and safe to speak up. Please show your visible support of “Wear green Wednesdays” throughout October.</p>
Trust Finance Position	To follow
Options and decisions required:	No decisions required
Recommendation	<p>Members are asked to note:</p> <ul style="list-style-type: none"> • Note the content of the report • Note and consider the areas of Board focus
Next steps:	Work will continue in addressing the actions raised as part of the escalation reports and through Trust Management Group

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

BAF/Corporate Risk Register: (if applicable)	Risks scoring ≥ 12: UHD 1342 - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak – increased score to 16 UHD 1131 – inability to effectively place patients in the right bed at the right time (Flow) UHD 1387 - Demand for acute inpatient beds will exceed bed capacity (Demand & Capacity) UHD 1460 – UEC national metrics UHD 1429 – Ambulance handovers UHD 1053 –Long Length of Stay / Discharge to Assess /NRTR UHD 1074 - Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards UHD 1292 – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates UHD 1386 – Cancer waits increasing due to increased referrals. UHD 1276 – Delayed patient care due to delays in surgery for #NOF patients UHD1574 - Lack of Breast screening staff impacting on waiting times UHD 1397 - Provision of 24/7 Haematology/ Transfusion Laboratory Service UHD 1342 -The inability to provide the appropriate level of services for patients during the COVID-19 pandemic UHD 1283 - There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.
CQC Reference:	All 5 areas of the CQC framework

Committees/Meetings at which the paper has been submitted:	Date
Trust Board (Full report)	26 October 2022
Quality Committee (Quality)	24 October 2022
Finance & Performance Committee (Operational / Finance Performance)	21 October 2022
Trust Management Group	17 October 2022

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

MEETING DATE: 27 October 2022

Agenda item: 6.1

Subject:	2021/22 Annual Complaints report
Prepared by:	Laura Northeast – Interim Head of Patient Experience Matthew Hodson Deputy Chief Nurse
Presented by:	Paula Shobbrook – Chief Nursing Officer
Purpose of paper:	The purpose of this paper is to provide an annual report of the complaints and PALS learning and activity during 2021/22 for noting.
Background:	This report draws together the information provided in the quarterly complaints reports during 21/22 into an annual report.
Key points for members:	<ul style="list-style-type: none"> • The Trust procedures to manage concerns and complaints meet statutory requirements. • The complaints procedure was aligned 2021/22, adopting best practice from all sites. • UHD will continue to work with the PHSO as an early adopter of the new complaints framework, which includes a focus on Early Resolution of Complaints (ERC). • In Q4 the number of complaints resolved via early resolution has increased substantially. • The Trust has received 492 complaints, 121 early resolution complaints and 5214 PALS enquiries and concerns during 2021/22. • This is a reduction in the number of complaints received 2020/21 but has seen a significant increase in the cases managed in the PALS service. • This Annual Complaints report has been to Quality Committee for endorsement and then to the Board of Directors for sign off in July 2022.
Options and decisions required:	None required – For information
Recommendations:	To note the annual report.
Next steps:	For noting

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

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

Committees/Meetings at which the paper has been submitted:	Date
Quality Committee and Board of Directors	July 2022

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

Meeting Date: 27 October 2022

Agenda item: 6.3

Subject:	External Audit: Annual review of effectiveness
Prepared by:	Pete Papworth, Chief Finance Officer
Presented by:	Pete Papworth, Chief Finance Officer
Purpose of paper:	To consider the effectiveness of the Trusts' External Audit Provision over the preceding twelve months.
Background:	Following a Dorset-wide tender process, the current external audit service contract has been held by KPMG LLP since April 2018.
Key points for members:	An initial assessment on the effectiveness of the External Auditors was undertaken by the Chief Finance Officer and presented to the Audit Committee on 20 October 2022. The Audit Committee completed a retrospective annual review of the external audit effectiveness and has concluded that the provision by KPMG LLP has been effective. Performance is considered to be professional, responsive and in line with the contract for services.
Options and decisions required:	The Council of Governors are asked to approve the effectiveness of the external auditors.
Recommendations:	It is recommended that the Council of Governors approve that the External Audit provision by KPMG LLP has been effective.
Next steps:	N/A

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.
BAF/Corporate Risk Register:	Not applicable
CQC Reference:	Well led

Committees/Meetings at which the paper has been submitted:	Date
Audit Committee	20 October 2022

Annual Review of the effectiveness of External Audit

Audit Committee 20 October 2022

Initial assessment by the Chief Finance Officer, subject to comments from Audit Committee members on 20 October 2022. The final assessment will be presented to the Council of Governors for information and assurance.

Ref	Criteria	Yes/ No	Specific evidence and/ or comment, by exception
1	Does the audit team identify risk and prioritise work effectively?	Yes	Work programme and progress reports to the Audit Committee.
2	An audit plan has been agreed with key members of staff.	Yes	Draft reviewed by the Chief Finance Officer before consideration by the Audit Committee.
3	The audit plan was agreed in a timely manner.	Yes	
4	The audit plan was presented to, and approved by, the Audit Committee.	Yes	
5	Progress against the audit plan is reported regularly.	Yes	
6	Audit work performed is in accordance with the agreed plan.	Yes	
7	Audit reports are discussed and agreed with relevant officers before being finalised and presented to the Audit Committee.	Yes	All draft reports reviewed by the Chief Finance Officer. Subject matter reports reviewed by the appropriate executive lead e.g. Quality by the Chief Nursing Officer.
8	Audit reports are prepared in a timely manner.	Yes	External audit work to the Trust's governance cycle.
9	Recommendations arising from audit reviews are discussed and agreed.	Yes	
10	The audit team ensures relevant officers are updated with progress/ findings during the course of their work.	Yes	Progress meetings were held regularly between the KPMG Partner and the Chief Finance Officer, together with subject matter detail to the appropriate Trust lead.
11	Auditors are available to discuss key issues when not on site.	Yes	KPMG were always extremely responsive, as required.
12	Auditors provide information in a timely manner.	Yes	
13	Value for money is received from the audit service provided.	Yes	Competitive tender adjusted for inflation annually.

Summary:

Performance overall is considered to be professional, responsive and in line with the contract for services.

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

Meeting Date: 27 October 2022

Agenda item: 6.4

Subject:	Composition of Board of Directors: Amendment to Trust's Constitution
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Prepared by:	Yasmin Dossabhoj, Associate Director of Corporate Governance
Presented by:	Rob Whiteman, Chair

Purpose of paper:	For review and discussion.
Background:	<p><u>Responsibilities of the Nominations, Remuneration and Evaluation Committee:</u></p> <p>Further to Annex 5, clause 19.9.3 of the Trust's Constitution, the Nominations, Remuneration and Evaluation Committee (the Committee) is to review the structure, size and composition of the Board of Directors from time to time and make any recommendation to the Council of Governors.</p> <p>This is additionally reflected in section 1.2 of the Committee's Terms of Reference, which provides that the Committee is responsible for advising and/or making recommendations to the Council of Governors relating to the composition of the Board of Directors and the skill mix of the Non-Executive Directors.</p> <p><u>Composition of the Board: Code of Governance and Trust's Constitution</u></p> <p>Under NHSE's (formerly Monitor's) Code of Governance, paragraph B.1.2, includes the following "comply or explain" requirement: "At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent". This is also reflected in the draft Code of Governance for provider trusts published by NHS England in May 2022. In view of the number of the Trust's Non-Executive Directors (excluding the Trust Chair) comprising less than half the board, the Trust included in its 2021/2022 Annual Report a disclosure explaining the departure from the current Code.</p> <p>The Trust's Constitution provides at clause 21 as follows:</p> <p>21.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.</p> <p>21.2 The Board is to comprise:</p> <p>21.2.1 a non-executive Chairman (who shall have a casting vote);</p> <p>21.2.2 No more than seven other Non-Executive Directors; and</p> <p>21.2.3 No more than eight Executive Directors.</p>

It is important to note that the approach of the Trust Chair having a casting vote instead of half of the Board of Directors, excluding the Chairman, being non-executive directors is recognized by the NHS Model Core Constitution, on which the Trust's Constitution was based (footnote 27, page 16 to the Model Core Constitution).

Separately, there is an anomaly between Clause 21 (providing for no more than seven other Non-Executive Directors) and Annex 7 (Standing Orders for the Practice and Procedure of the Board of Directors) which provides for a minimum of seven other Non-Executive Directors as follows:

- 3.1.1 In accordance with Clause 21 of the Constitution, the composition of the Board shall be:
- (a) a non-executive Chairman; (Chairman to have a casting vote to ensure majority)
 - (b) a minimum of seven other Non-Executive Directors (one of which may be nominated as the Senior Independent Director).

Which therefore requires correction.

Current composition of the Trust's Board

The Trust's Board is currently comprised of a Non-Executive Chairman, six other Non-Executive Directors and eight Executive Directors. One vacant Non-Executive Director position exists following a retirement in December 2021.

Following on from the discussions at the Committee in July 2022, the directors have discussed (at Board Development sessions in August 2022 and October 2022) the benefits of seeking to recruit two Non-Executive Directors (one to fill the current vacancy plus an additional Non-Executive Director) to enhance and complement the existing diversity and skill mix. Aligned to the Committee's reflections in July 2022, the directors also raised the importance of having a specific focus on currently under-represented demographics within the cadre.

The Trust Chair has proposed a recruitment of two Non-Executive Directors being coupled with a Constitutional change to remove his casting vote for Board composition purposes. (For the avoidance of doubt, this is not proposed to affect the casting vote of the person presiding at a meeting of the Board of Directors in the case of an equality of votes, as provided for under Clause 5.9 of the Standing Orders for the Practice and Procedure of the Board of Directors.).

Amendments to the Trust's Constitution

Should the Council of Governors support the recruitment of two Non-Executive Directors (and therefore the increase of the size of the Board to a maximum of 17), in view of the revised composition of the Board, this would require amendments to the Trust's Constitution:

Under its terms (clause 41), the Trust may make amendments to its Constitution only if:

- More than half of the members of the Council of Governors of the Trust voting approve the amendments; and
- More than half of the members of the Board of Directors of the Trust voting approve the amendments.

In addition, the Council of Governors should present to the Trust's Annual Meeting any proposed changes to the policy for the

	composition of the Non-Executive Directors (Annex 8, clause 7.7.3 to the Trust's Constitution).
Key points for Council members:	<p>The proposal is:</p> <ul style="list-style-type: none"> To consider the recruitment of two Non-Executive Directors (one to fill an existing vacancy and another additional Non-Executive Director); To focus upon currently under-represented demographics when recruiting such additional Non-Executive Directors; To increase the size of the Board to a maximum of 17; To amend the Trust's Constitution to reflect the above.
Recommendations:	<p>The Nominations, Remuneration and Evaluation Committee considered the above at its meeting on 20 October 2022. The Committee recommends to the Council of Governors that the Council approve the changes outlined above.</p> <p>The amendments proposed to the Trust's Constitution would be as follows:</p> <p>21.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.</p> <p>21.2 The Board is to comprise:</p> <p>21.2.1 a non-executive Chairman (who shall have a casting vote);</p> <p>21.2.2 No more than eight seven other Non-Executive Directors; and</p> <p>21.2.3 No more than eight Executive Directors.</p> <p>And to Annex 7 – Standing Orders for the Practice and Procedure of the Board of Directors as follows:</p> <p>3.1.1 In accordance with Clause 21 of the Constitution, the composition of the Board shall be:</p> <p>(a) a non-executive Chairman; (Chairman to have a casting vote to ensure majority)</p> <p>(b) a minimum of no more than eight seven other Non-Executive Directors (one of which may be nominated as the Senior Independent Director)...</p>
Next steps:	Separately, the Board of Directors will be asked to consider, and if thought fit, to approve the amendments to the Constitution.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well led.

Committees/Meetings at which the paper has been submitted:	Date
Nominations, Remuneration and Evaluation Committee	20 October 2022

Attendance at Council of Governors

		28 April 2022	28 July 2022	20 September 2022
Present	Rob Whiteman			
	Philip Green			
	Paul Hilliard	A	A	
	Beryl Ezzard		A	
	Diane Smelt			
	Jonathan Babb			
	Judith Adda		A	A
	Keith Mitchell			A
	Marjorie Houghton			
	Sharon Collett			
	Carole Light			A
	Richard Allen			
	Robin Sadler		A	A
	Sandra Wilson			
	Andrew McLeod			
	David Triplow	A		A
	Michele Whitehurst			
	Patricia Scott	A		A
	Richard Ferns	A		
	Robert Bufton			
	Marie Cleary			A
	Cameron Ingham			
	Markus Pettit		A	A
	Kani Trehorn			
In Attendance	Karen Allman			
	Yasmin Dossabhoy			
	Ewan Gauvin			
	Siobhan Harrington			
	Sarah Locke			
	Richard Moreman			
	Mark Mould			
	Alyson O'Donnell			
	Pete Papworth			
	Richard Renaut			
	Paula Shobbrook			
	Caroline Tapster			
	Matt Thomas			

Key

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