

INTEGRATED PERFORMANCE REPORT



September 2022

Performance at a Glance - Key Performance Indicator Matrix

		standard	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	ytd	ytd var	trend	
SAFE																														
Quality	Presure Ulcers (Cat 3 & 4)		10	8	12	12	13	16	11	15	12	15	8	10	6	7	6	13	14	5	4	5	2	1	3	5	20	-51	<div></div>	
	Inpatient Falls (Moderate +)		3	5	4	4	5	2	4	6	2	7	1	3	6	1	1	7	8	3	3	5	1	6	7	7	29	6	<div></div>	
	Medication Incidents (Moderate +)		5	4	9	2	4	4	1	0	1	1	1	6	2	8	2	3	2	2	3	0	0	1	2	0	6	-4	<div></div>	
	Patient Safety Incidents (NRLS only)		1654	1581	1537	1492	1239	1006	1140	1145	1073	1159	1229	1036	1178	1127	967	1106	932	916	936	935	947	1070	1026	944	5858	-924	<div></div>	
	Hospital Acquired Infections	MRSA	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-1	<div></div>	
		MSSA	3	9	8	4	6	4	3	2	4	5	5	5	1	4	4	3	7	5	4	4	2	3	3		16	-8	<div></div>	
		C Diff	1	3	1	2	9	3	4	8	8	8	5	8	6	6	4	2	8	3	9	10	9	9	11		48	7	<div></div>	
E. coli		5	8	2	11	3	3	4	4	9	8	10	7	8	7	9	7	2	4	6	1	7	4	7		25	-17	<div></div>		
1																														
Mortality	SMR	Latest Jan 21	(source Dr Foster)	105.66	103.50	88.04	125.62	103.90	92.89	83.31	91.41	85.38	103.11	108.12	100.45	96.01	90.35	86.03	110.90	96.78	97.09	101.18	92.68	115.74		115.74		<div></div>		
	Patient Deaths	YTD		265	244	249	469	299	217	165	185	170	232	223	202	222	238	247	270	203	241	227	211	236	234	226	225	1359	182	<div></div>
	Death Reviews	Number		124	111	127	207	152	103	120	152	133	165	177	156	170	152	172	176	134	139	110	92	122	91	90	77	582		<div></div>
	Deaths within 36hrs of Admission			40	36	49	47	39	37	30	29	33	48	38	19	33	44	36	48	34	29	41	31	37	30	29	29	197	0	<div></div>
	Deaths within readmission spell			15	22	25	36	18	16	12	14	10	26	22	17	13	12	12	21	15	22	13	18	35	21	22	21	130	29	<div></div>
CARING																														
	Complaints Received		51	56	62	53	53	51	60	68	62	52	57	51	39	20	27	48	38	65	55	63	80	78	83	90	449	86	<div></div>	
	Complaint Response in month		51	48	49	43	59	59	47	26	64	53	55	28	32	39	58	37	37	51	37	47	47	56	58	74	319	31	<div></div>	
	Section 42's		0	0	0	0	1	0	0	0	22	0	0	14	0	0	13	0	0	13	0	0	7	0	0	8	15	-21	<div></div>	
	Friends & Family Test		91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	87%	87%	89%	91%	90%	89%	88%	88%	90%	88%	86%	90%	90%	89%	1%	<div></div>	
1																														
Safety	Risks 12 and above on Register		39	31	32	27	31	34	35	40	43	44	47	44	49	44	44	42	41	39	36	35	35	33	38	36	36	-11	<div></div>	
	Red Flags Raised*		51	43	73	129	51	28	41	45	56	80	117	105	160	209	161	180	148	130	159	41	45	86	128	142	601	103	<div></div>	
	*different criteria across RBCH & PHT																													
	Patient Safety Alerts Outstanding		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
People	Turnover		10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	11.50%	12.20%	12.40%	12.10%	12.20%	12.60%	12.81%	12.10%	13.50%	14.00%	14.50%	12.80%	14.80%	14.50%	14.50%	14.70%	14.7%	2.8%	<div></div>	
	Vacancy Rate (only up to Oct 2020)		1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.0%	6.4%	6.3%	6.4%	7.2%	6.8%	6.5%	1.2%	<div></div>	
	Sickness Rate		4.2%	4.4%	4.5%	7.1%	4.9%	7.1%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.2%	5.2%	5.3%	5.1%	5.2%	5.4%	5.6%	5.2%	5.7%	5.8%	5.8%	5.8%	5.7%	0.8%	<div></div>	
	Appraisals	Values Based	57.3%	61.5%	63.9%	63.7%	63.1%	62.9%	4.6%	9.0%	16.7%	25.7%	35.7%	48.7%	54.5%	58.2%	58.4%	55.3%	59.1%	59.1%	5.1%	7.0%	13.0%	19.9%	28.9%	42.1%	18.4%	-4.9%	<div></div>	
		Medical & Dental	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	61.0%	62.8%	54.4%	61.1%	63.1%	54.1%	44.1%	38.8%	56.6%	55.5%	54.7%	59.4%	59.0%	59.1%	51.0%	56.3%	0.2%	<div></div>	
	Statutory and Mandatory Training		88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.90%	88.20%	88.10%	88.60%	87.70%	86.50%	85.80%	86.18%	85.72%	85.60%	84.79%	84.50%	83.41%	83.70%	85.50%	87.10%	86.75%	85.3%	-3.0%	<div></div>	

Performance at a Glance - Key Performance Indicator Matrix

		standard	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	ytd	ytd var	trend	
RESPONSIVE																														
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)		25	17	29	36	10	17	12	11	7	12	13	19	22	22	18	24	12	4	3	2	4	5	6	7	27	-35	<div></div>	
	Patient Moves Out of Hours (Non-Clinically Justified Only)		84	106	103	187	75	70	67	72	98	122	65	51	82	45	53	57	64	77	56	60	47	38	23	52	276	-200	<div></div>	
	ENA Risk Assessment	Falls	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	56%	55%						55%	-8.5%	<div></div>	
	infection eNA assessment	Infection	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	58%	59%	58%	56%	58%	54%	61%	60%	58%						58%	-10.3%	<div></div>	
	went live at RBCH during April 20	MUST	63%	65%	61%	57%	63%	63%	69%	66%	65%	61%	59%	60%	59%	57%	58%	55%	62%	60%	58%						58%	-9.6%	<div></div>	
	Waterlow	61%	61%	60%	52%	59%	60%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	57%	56%						56%	-7.9%	<div></div>		
RTT	18 week performance %	92%	60.4%	63.4%	64.8%	63.0%	59.3%	58.2%	59.6%	63.2%	65.7%	65.2%	65.4%	64.1%	64.0%	64.0%	61.6%	60.9%	60.4%	61.0%	56.1%	59.2%	58.2%	58.3%	57.1%	54.9%			<div></div>	
	Waiting list size	44,508	44,320	44,349	44,117	44,615	45,524	47,133	47,984	48,773	49,099	48,687	49,906	51,491	52,787	52,383	52,972	53,168	54,602	56,038	61,278	72,568	73,932	75,502	75,065	72,860			<div></div>	
	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)	0%	4.1%	4.1%	3.6%	4.8%	6.9%	10.7%	7.8%	9.6%	10.3%	9.4%	12.1%	15.7%	18.6%	1.7%	2.9%	3.3%	6.0%	8.8%	19.0%	40.9%	43.6%	46.6%	45.8%	41.5%			<div></div>	
	No. patients waiting 26+ weeks		14,220	12,131	10,738	10,904	11,672	12,408	12,692	12,682	11,972	11,085	10,929	11,508	11,600	11,746	12,904	13,561	13,829	13,765	17,433	19,913	20,428	20,244	21,326	21,172			<div></div>	
	No. patients waiting 40+ weeks		7,197	7,799	8,031	7,258	7,006	6,727	6,474	6,151	5,962	5,872	5,971	5,922	5,559	5,413	5,374	5,391	5,764	5,650	7,370	8,521	9,395	9,075	9,446	8,920			<div></div>	
Theatre	No. patients waiting 52+ weeks	0	2,998	3,242	3,439	4,273	5,325	5,595	4,816	4,156	3,737	3,402	3,408	3,480	3,442	3,322	2,968	2,777	2,680	2,655	2,798	3,325	4,493	4,170	4,010	3,559			<div></div>	
	No. patients waiting 78+ weeks		92	149	291	542	726	979	1,176	1,268	1,180	1,318	1,635	1,740	1,416	1,329	952	870	864	758	759	550	520	492	502	504			<div></div>	
	No. patients waiting 104+ weeks		0	0	0	0	0	0	9	24	66	101	133	178	247	248	273	295	408	280	238	194	118	100	95	76			<div></div>	
	Average Wait weeks	8.5	19.5	18.3	18.6	18.3	20.1	19.5	19.5	20.1	20.1	20.1	20.1	20.1	17.8	17.8	19.5	18.5	20.1	19.5	19.5	19.5	19.5	19.5	19.5	19.5			<div></div>	
	Theatre utilisation - main	98%	71%	71%	73%	69%	67%	73%	73%	74%	75%	72%	73%	74%	75%	72%	70%	71%	75%	71%	71%	76%	78%	74%	75%	75%			<div></div>	
Theatre utilisation - DC	91%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%	58%	65%	63%	61%	62%	64%	63%	62%	69%	73%	69%	69%	70%			<div></div>		
NOFs (Within 36hrs of admission - NHFD)	85%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%	39%	20%	42%	4%	9%	32%	24%	24%	3%	2%	12%	18%	8%			<div></div>		
Outpatients	Referral Rates																													
	GP Referral Rate (prev yr baseline)	-0.5%								200.1%	127.3%	86.0%	66.7%	50.5%	42.0%	38.3%	34.3%	33.5%	32.4%	29.3%	-19.7%	0.4%	-0.6%	-0.8%	-0.9%	-5.0%			<div></div>	
	year on year +/- (19/20 baseline)	-0.5%	-34.4%	-32.0%	-28.2%	-29.5%	-29.0%	-22.4%	-12.6%	-10.2%	-8.6%	-10.8%	-10.8%	-10.9%	-11.3%	-10.7%	-10.2%	-10.8%	-10.7%	-7.0%								<div></div>		
	Total Referrals Rate (prev yr baseline)	-0.5%								169.1%	120.5%	87.2%	70.3%	53.5%	42.6%	37.1%	31.2%	27.1%	26.4%	24.0%	-24.3%	-0.6%	-3.4%	-4.5%	-4.6%	-8.1%			<div></div>	
	year on year +/- (19/20 baseline)	-0.5%	-32.2%	-28.7%	-24.5%	-22.8%	-22.2%	-17.2%	-8.9%	-8.0%	-3.9%	-6.2%	-6.0%	-5.6%	-5.8%	-5.0%	-4.6%	-5.0%	-4.8%	-1.4%								<div></div>		
Outpatient metrics																														
DM01	Overdue Follow up Appts		13,722	13,099	13,941	14,883	15,775	15,669	15,404	15,266	15,330	15,389	16,272	16,487	16,174	15,846	16,393	16,523	16,649	16,503	46,566	36,798	25,671	32,621	33,268	33,840			<div></div>	
	% DNA Rate	5%	7.0%	6.6%	6.0%	5.5%	5.0%	5.0%	5.7%	5.8%	6.3%	6.6%	6.7%	6.9%	6.9%	6.8%	7.1%	7.1%	6.7%	6.4%	6.7%	6.9%	8.3%	8.3%	8.0%	7.4%			<div></div>	
	Patient cancellation rate		10.3%	9.5%	10.4%	12.1%	8.8%	5.4%	8.3%	9.1%	10.5%	12.2%	11.7%	13.0%	12.4%	11.8%	14.0%	12.9%	12.9%	13.2%	12.7%	10.5%	10.7%	11.2%	10.5%	11.4%			<div></div>	
	% non face to face (telemedicine) attendances	25%	42.0%	43.1%	39.4%	52.1%	52.8%	42.5%	37.3%	34.1%	31.3%	28.7%	28.5%	26.1%	26.6%	26.7%	27.8%	26.5%	25.7%	25.8%	24.0%	22.6%	22.9%	22.5%	21.8%	21.1%			<div></div>	
	Diagnostic Performance (DM01)																													
Cancer	% of >6 week performance	1%	9.8%	1.4%	2.7%	6.4%	5.9%	2.9%	3.7%	2.6%	1.8%	3.3%	6.1%	5.5%	5.5%	7.8%	14.3%	18.3%	13.1%	15.9%	19.9%	18.6%	19.5%	20.2%	22.6%	19.7%	(Sep provisional)		<div></div>	
	2 week wait (RBH not being monitored)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			<div></div>	
	62 day standard	85%	77.9%	80.3%	77.5%	78.5%	71.6%	83.2%	76.1%	76.9%	79.8%	78.8%	77.3%	74.6%	71.3%	71.4%	70.0%	71.6%	65.5%	71.3%	71.5%	69.6%	73.4%	66.2%	65.9%	65.9%	(Sep provisional)		<div></div>	
Emergency Dept	28 day faster diagnosis standard	75%	76.6%	86.7%	78.6%	72.5%	80.2%	83.6%	75.9%	77.6%	75.3%	78.2%	75.2%	72.8%	68.0%	66.4%	65.4%	60.4%	72.3%	73.3%	71.9%	71.8%	66.9%	63.6%	62.9%	64.3%	(Sep provisional)		<div></div>	
	Arrival time to initial assessment	15	5.1	5.0	6.0	6.0	5.0	6.0	9.0	9.0	13.0	14.0	10.0	7.0	5.0	4.0	4.0	6.0	6.0	7.0	9.0	18.0	21.6	30.0	15.0			<div></div>		
	Clinician seen <60 mins %		39.9%	43.7%	41.8%	50.5%	52.9%	45.2%	30.6%	27.0%	18.3%	16.1%	17.1%	19.8%	21.4%	24.5%	30.6%	31.6%	23.7%	21.6%	26.9%	24.4%	20.0%	20.9%	26.6%	26.0%			<div></div>	
	PHT Mean time in ED	200	210	230	235	266	235	205	217	229	239	250	274	266	280	277	298	297	285	300	307	296	317	297	295	303			<div></div>	
	RBCH Mean Time in ED	200	226	219	259	258	222	206	223	228	250	280	297	278	294	297	304	294	321	374	314	302	300	329	355	406			<div></div>	
SWAST SCAST	Patients >12hrs from DTA to admission	0	0	7	8	3	1	0	0	0	0	0	0	5	16	21	34	73	60	89	188	88	105	97	103	129			<div></div>	
	Patients >12hrs in dept		80	110	243	308	56	4	1	5	9	70	128	88	238	294	418	517	548	879	758	626	769	879	779	886			<div></div>	
	ED attendance Growth (YTD)	vs prev yr								94.3%	17.0%	56.1%	45.8%	37.4%	33.2%	31.5%	31.5%	31.5%	30.2%	31.2%	30.5%	-3.0%	-0.3%	-0.2%	-2.2%	-6.4%	-7.5%		<div></div>	
		vs 19/20	-15.7%	-21.2%	-21.8%	-22.6%	-31.4%	-21.1%		-3.0%	-15.0%	9.0%	0.9%	1.7%	2.3%	2.8%	2.5%	2.8%	0.7%	0.5%	2.9%	64.3%	29.4%	37.2%	20.5%	5.4%	6.6%		<div></div>	
		vs prev yr								43.0%	35.7%	22.9%	14.6%	9.8%	6.1%	2.7%	1.0%	2.7%	-1.3%	-2.0%	-3.3%	7.8%	9.9%	-13.6%	-19.9%	-8.2%	-3.6%		<div></div>	
Patient Flow	Ambulance handover growth (YTD)	vs 19/20	-6.7%	-7.5%	-7.0%	-4.7%	-11.9%	-4.4%	7.8%	8.8%	8.9%	7.3%	1.7%	2.4%	-0.4%	-2.6%	-0.4%	-5.9%	-7.2%	-7.6%	43.0%	29.4%	-16.4%	-15.7%	-14.9%	-14.8%			<div></div>	
	Ambulance handover 30-60mins breaches		249	213	261	296	126	190	227	264	341	411	330	290	213	262	281	362	349	280	315	469	462	449	490	371			<div></div>	
	Ambulance handover >60mins breaches		48	57	103	203	12	20	42	67	117	168	238	203	127	175	164	510	655	727	557	606	629	642						

Quality - SAFE

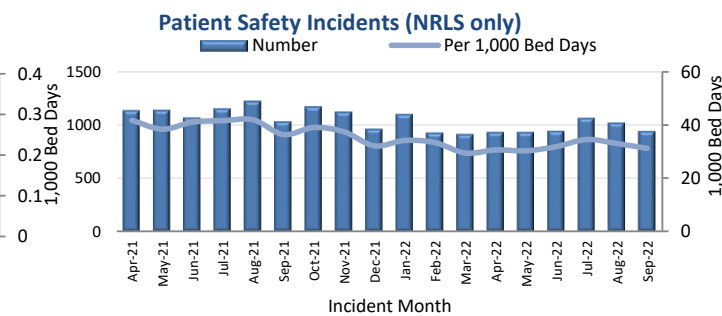
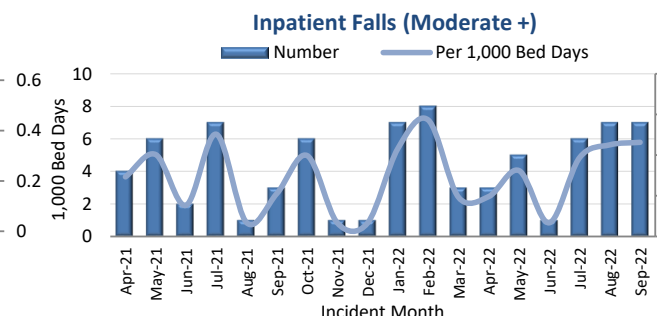
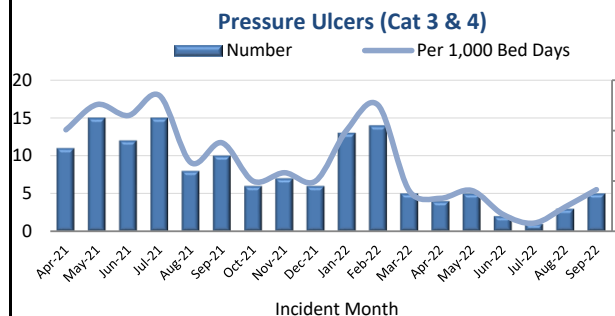
Commentary on high level board position

- Five category 3 pressure ulcer incidents reported in month, two incident were combination ulcers involving both moisture and pressure.
- There were 7 falls incidents in month, 1 moderate (dislocation), 4 severe (#nofs) and 2 reported as death whilst a/w further information re causation
- One (1) Serious Incident reported in month (September 22) . YTD figures at the end of Q2 are lower than same period 21/22.
- No Never events reported in month (Sept 22).
- Patient Safety Incident (LERN) reporting remains consistent across the Trust.
- Full report on learning from completed scoping meeting and investigations to be included in CMO report to Quality Committee and Board.

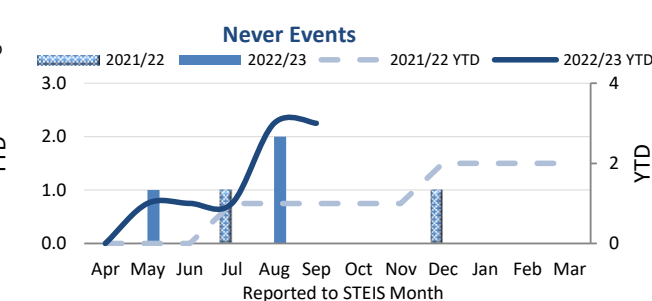
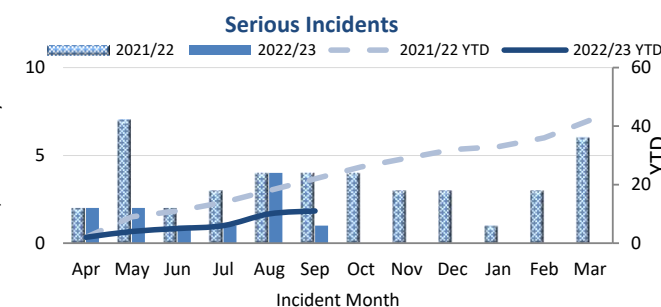
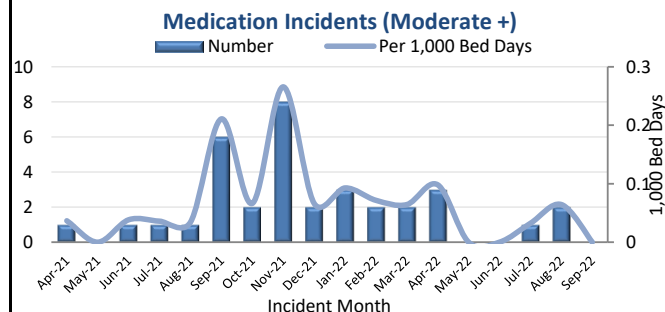
High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	20	71	-51
	Per 1,000 Bed Days	0.11	0.42	-0.31
Inpatient Falls (Moderate +)	Number	29	23	6
	Per 1,000 Bed Days	0.16	0.14	0.02
Medication Incidents (Moderate +)	Number	6	10	-4
	Per 1,000 Bed Days	0.03	0.06	-0.03
Patient Safety Incidents (NRLS only)	Number	5,858	6,782	-924
	Per 1,000 Bed Days	31.94	40.18	-8.24
Hospital Associated Infections	MRSA	1	1	0
	MSSA	19	24	-5
	C Diff	57	41	16
	E. coli	34	42	-8

High Level Trust Performance



3 (Aug)	HAI: MSSA	3 (Sep)	0 (Aug)	HAI: MRSA	1 (Sep)	7 (Aug)	HAI: E. coli	9 (Sep)	11 (Aug)	HAI: C Diff (HOHA & COHA)	9 (Sep)
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Quality - RESPONSIVE

Commentary on high level board position

- The eNA compliance data is not available. The eNA compliance logic remains different between sites, agreement reached and standardised logic will be applied when the two versions are merged towards the end of November
- There were no Mixed Sex Accomodation breaches in September 2022.

High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	27	74	-47
Patient Moves Out of Hours (Non-Clinically Justified Only)	276	475	-199
Mixed Sex Acc. Breaches Suspended Apr20 - Sep21	65	0	65

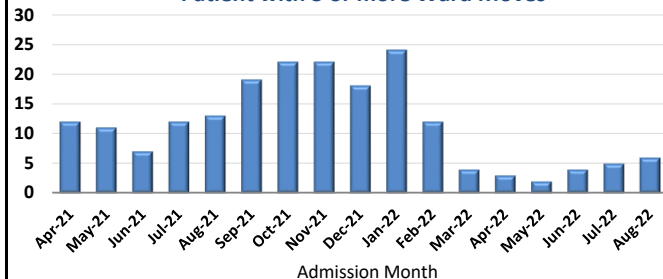
ENA Risk Assessment

Up to Apr 2022 only

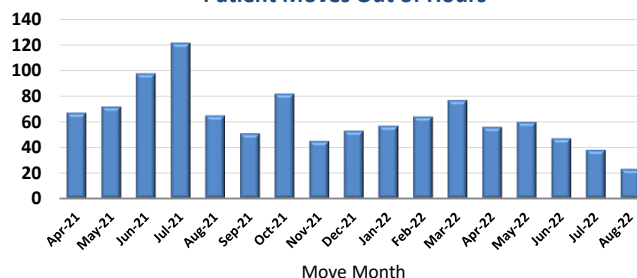
Falls	54.7%	59.3%	-4.6%
Infection	57.5%	63.5%	-5.9%
MUST	58.0%	63.4%	-5.4%
Waterlow	55.6%	59.6%	-4.0%

High Level Trust Performance

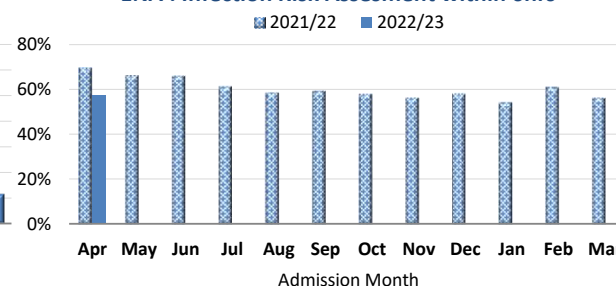
Patient with 3 or more Ward Moves



Patient Moves Out of Hours



ENA : Infection Risk Assesment within 6hrs



54.7% (Apr)

Falls

N/A

57.5% (Apr)

Infection

N/A

58.0% (Apr)

MUST

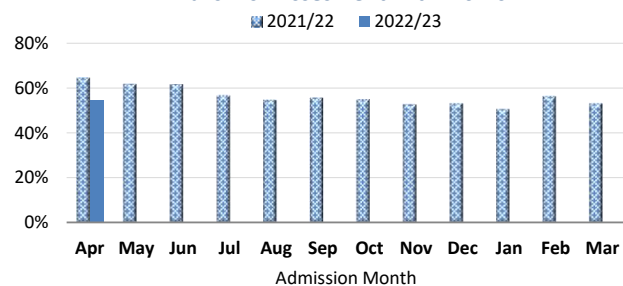
N/A

55.6% (Apr)

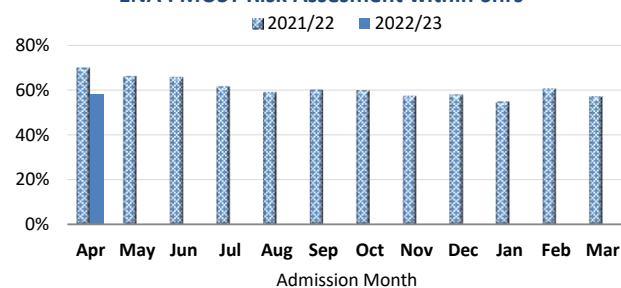
Waterlow

N/A

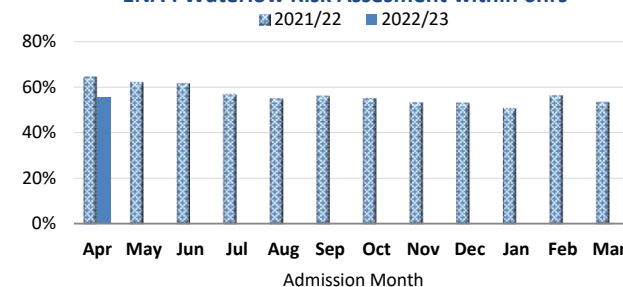
ENA : Falls Risk Assesment within 6hrs



ENA : MUST Risk Assesment within 6hrs



ENA : Waterlow Risk Assesment within 6hrs



Quality - EFFECTIVE AND MORTALITY

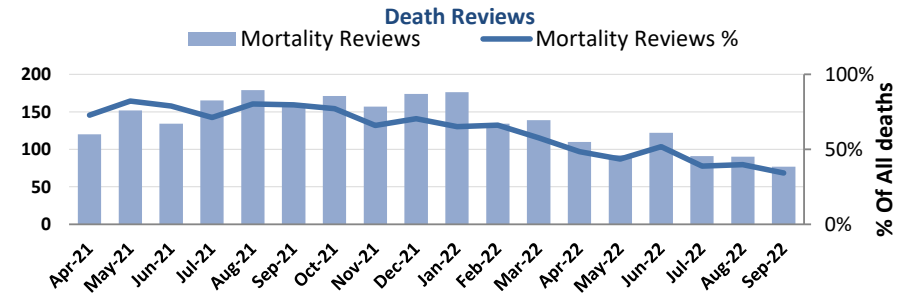
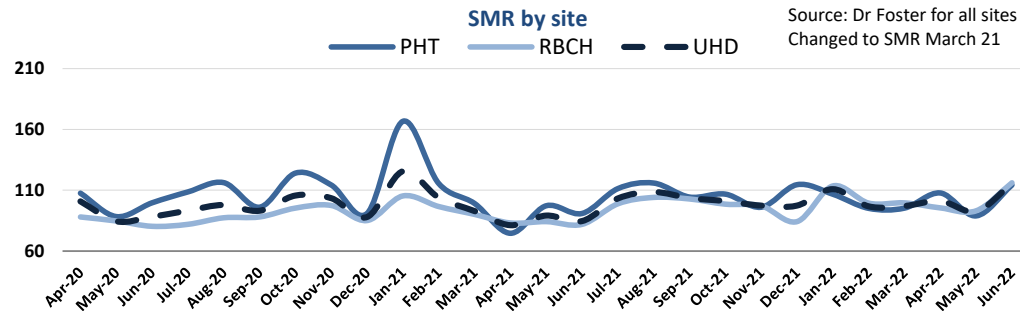
Commentary on high level board position

- The Mortality Surveillance Group meets monthly and reviews mortality reports from speciality M&M meetings.
- The UHD Learning from Deaths Policy and the UHD Mortality Policy were updated and approved at the MSG on the 9/9/22. The updates reflect the roll out of the community medical examiner service.
- The National Medical Examiner came to UHD on 27th September to learn how the Trust has been able to implement an exemplar ME service.
- Work progresses on the new UHD eLearning from Deaths project. Pilot wards are due to commence using in mid October 2022.

High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
SMR	Latest (Jun-22 - UHD)	115.7	84.7	
(Source: Dr Foster for all sites)				
Patient Deaths	YTD	1359	1177	182
Death Reviews	Number	582	911	
Note: 3 month review	Percentage	43%	77%	N/A
Deaths within 36hrs of Admission		197	197	0
Deaths within readmission spell		130	101	29
Patient readmitted within 5 days				

High Level Trust Performance



92.7 (May)

SMR

115.7 (Jun)

226 (Aug)

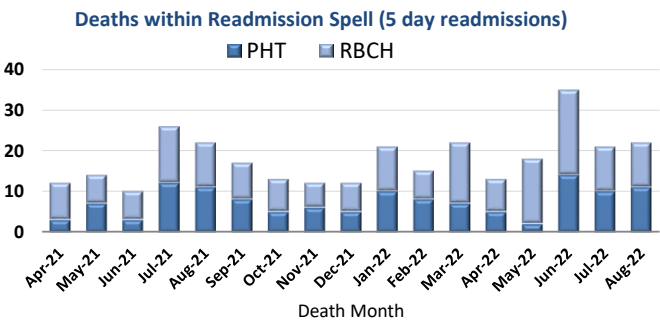
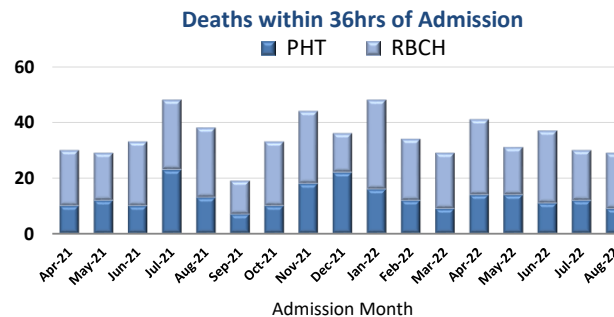
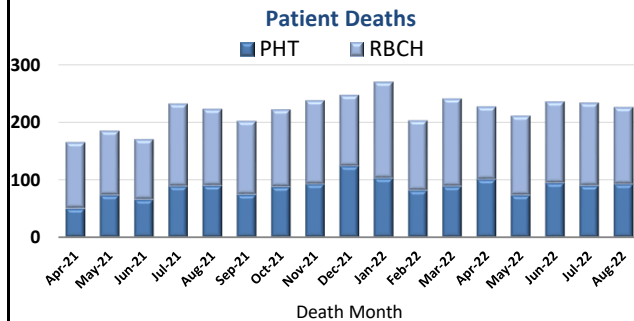
Patient Deaths

225 (Sep)

39.8% (Aug)

Deaths Reviewed

34.2% (Sep)



Quality - CARING

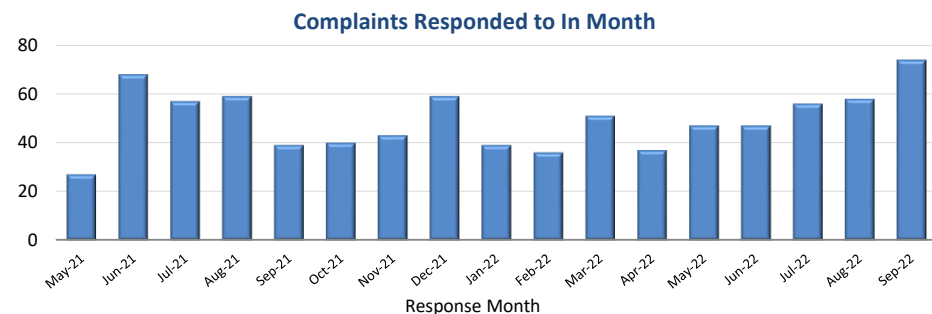
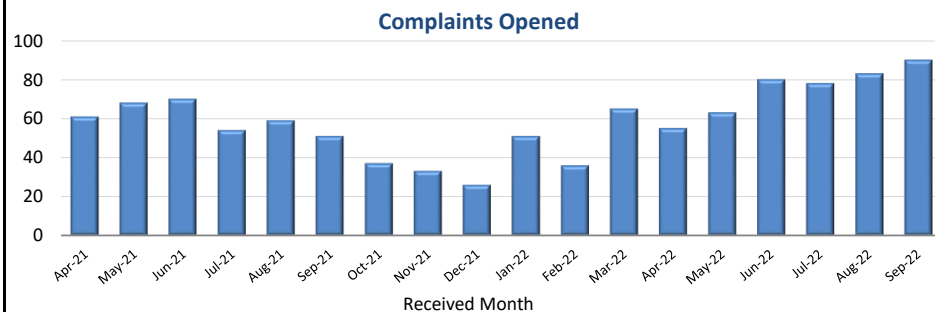
Commentary on high level board position

- 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
- 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.
- Key themes from PALS and complaints:
 - Communication – Absent or incorrect
 - Respect, Caring & patient rights
 - Organisation process – Waiting times, accessing care

High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Complaints Opened	449	363	86
Complaint Response Compliance	TBC		
Complaint Response in month	319	288	31
Section 42's	15	36	-21
Reported quarterly			
Friends & Family Test	89%	88%	1%
New guidelines from June 2020			

High Level Trust Performance



58 (Aug)

Complaint Responses

74 (Sep)

83 (Aug)

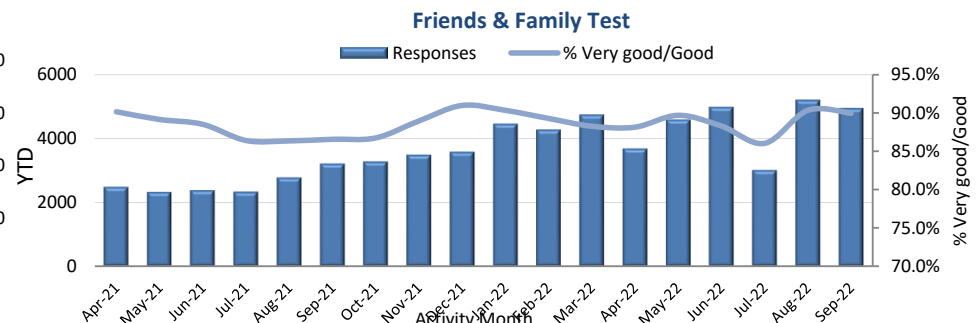
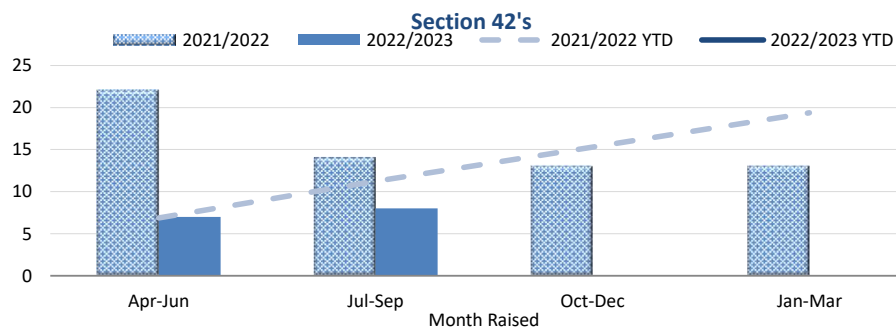
Complaints Opened

90 (Sep)

90.4% (Aug)

FFT % V.Good/Good

90.0% (Sep)



Quality - WELL LED

Commentary on high level board position

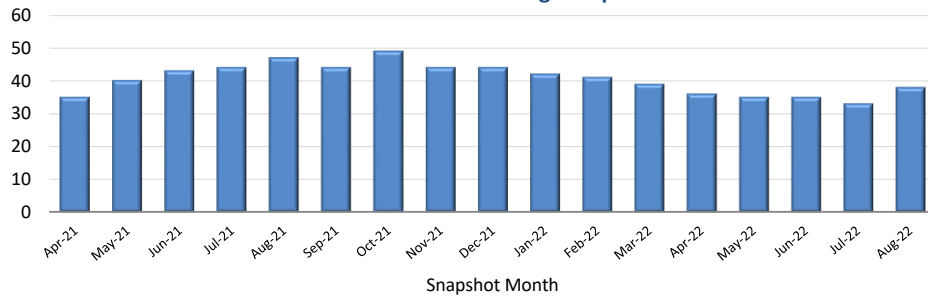
- Risk register update provided in Quality Committee, TMB, and Board report
- Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group .
- No outstanding Patient Safety Alerts

High level Board Performance Indicators

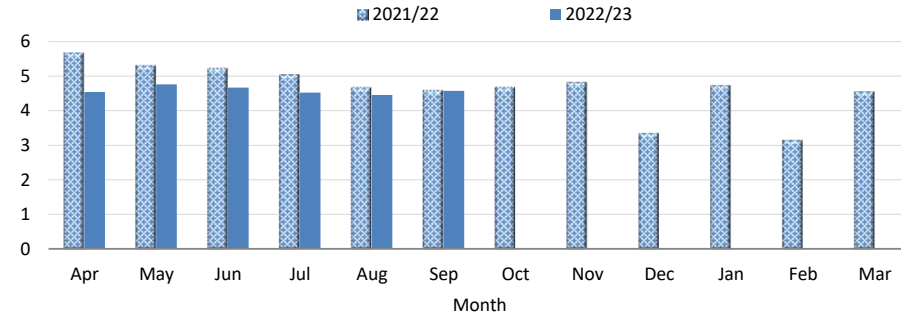
	22/23 YTD	21/22 YTD	Variance
Risks 12 and above on Register	36	44	-8
Red Flags Raised*	601	444	157
*Source: SafeCare from Dec21. Criteria aligned.			
Registered Nurses & Midwives CHPPD	4.6	5.0	-0.5
Patient Safety Alerts Outstanding	0	0	0

High Level Trust Performance

Risks 12 and above on Risk Register per month



Registered Nurses & Midwives CHPPD



38 (Aug)

Risks 12+

36 (Sep)

4.5 (Aug)

RN & RM CHPPD

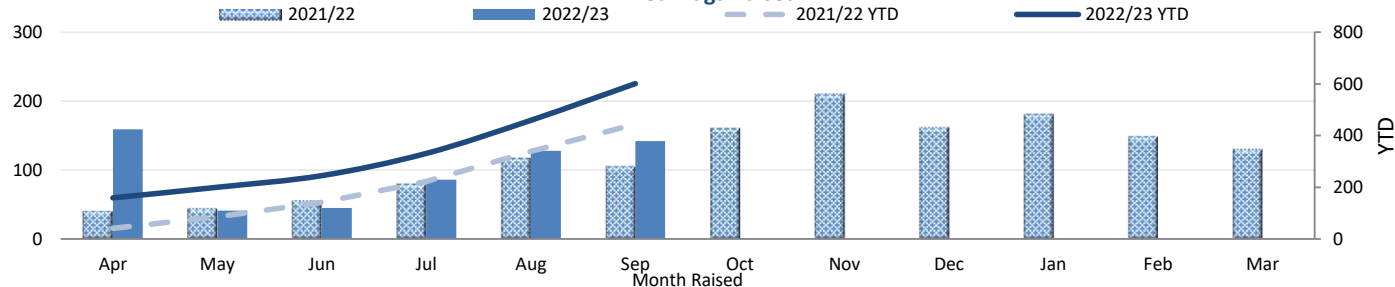
4.6 (Sep)

128 (Aug)

Red Flags Raised

142 (Sep)

Red Flags Raised*



Workforce

Commentary on high level board position

UHD turnover has increased by 0.2% in month, YTD it is 14.6%.

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.

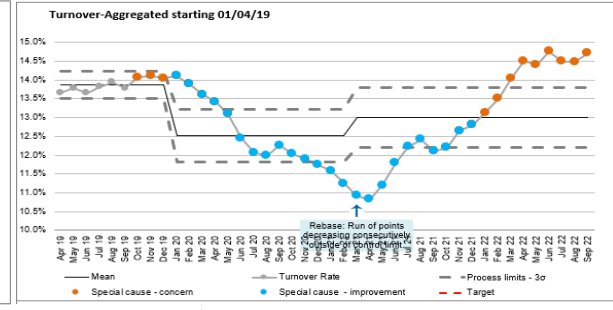
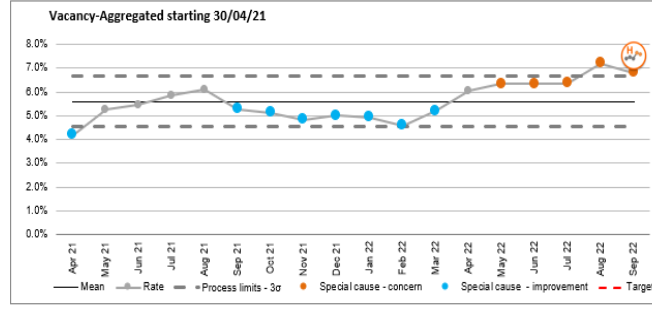
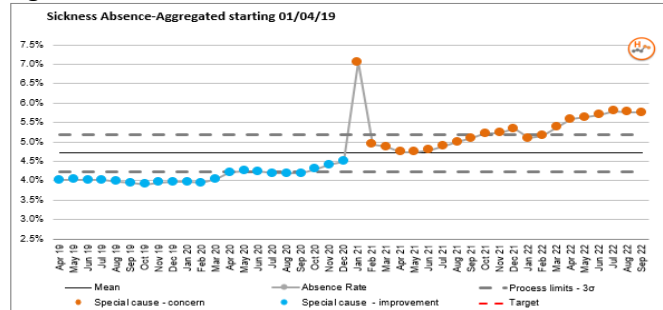
Overall Sickness absence in September is 4.9%, a reduction of 0.2% compared to August. Covid related absence is recorded as 0% for September.

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 both sites.

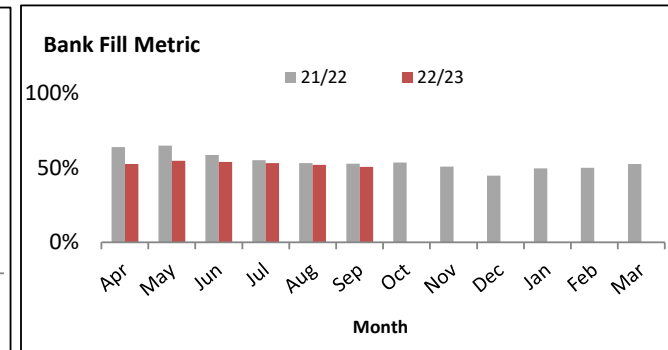
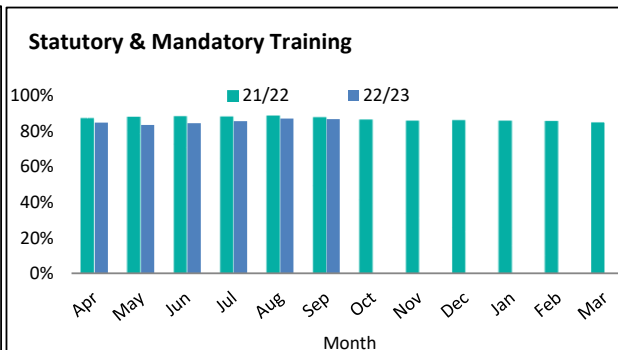
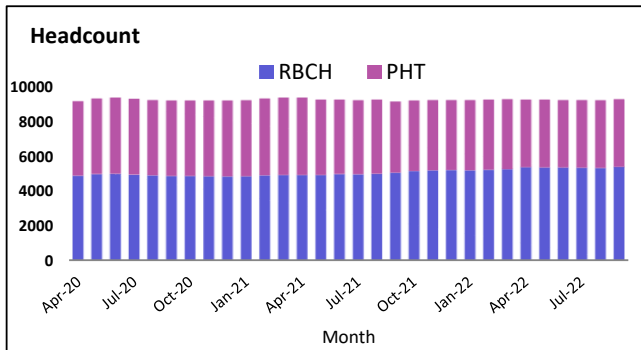
High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance	
Turnover (12 month rolling)	14.6%	11.8%	2.8%	
Vacancy	6.5%	5.3%	1.2%	
Sickness Rate (12 month rolling)	5.7%	4.9%	0.8%	
Appraisals	Values Based	18.4%	23.4%	-4.9%
	Medical & Dental	56.3%	56.1%	0.2%
Statutory and Mandatory Training	85.3%	88.0%	-2.6%	

High Level Trust Performance



59.1% (Aug)	Appraisals (Medical)	51.0% (Sep)	28.9% (Aug)	Appraisals (Values)	42.1% (Sep)	14.5% (Aug)	Turnover	14.7% (Sep)	5.8% (Aug)	Sickness Absence	5.8% (Sep)	7.2% (Aug)	Vacancy	6.8% (Sep)
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Emergency

Commentary on high level board position

Attendances in September showed a small reduction compared to August with just over 12950 patients attending (Average of 5 per day less at RBH and 8 per day less at Poole). Whilst time to initial assessment reduced by 50% to 15 minutes in our Emergency Departments the overall metrics demonstrate the ongoing challenge of crowding in the departments.

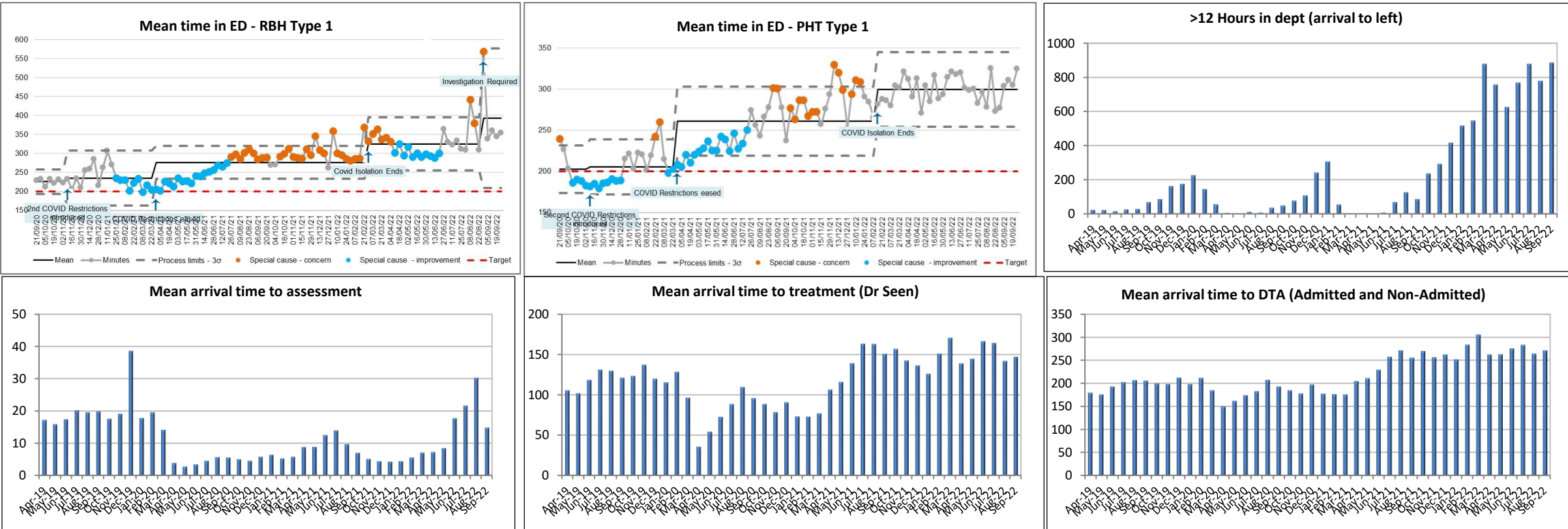
There was an increase in both the number of patients waiting more than 12 hours in the department and those waiting for longer than 12 hours after referral. The total number waiting for more than 12 hours from referral increased by 106 to 886, with 129 waiting more than 12 hours after being accepted for admission (26 more than August). RBH saw an increase in the waiting time for a bed of almost an hour, whereas Poole saw a marginal decrease. At both sites the average time in the department for a patient being admitted was around 8.5 hours. Non admitted times increased by c7 minutes at Poole, and at RBH by almost an hour.

Ambulance attendances remain stable as a daily average @125 per day. the number waiting for longer than an hour rose by 100 in total despite a small decrease at Poole. Total time lost was 2929 hours for UHD, an increase of c650 hours compared to August, 500 of which related to RBH. SWAST reported a total of 37,041 hours lost during handovers for September.

High level Board Performance Indicators

Type 1 ED Emergency Dept	Standard	Merged Trust
Arrival time to initial assessment	15	15
Clinician seen <60 mins		26.0%
PHT Mean time in ED	200	303
RBCH Mean Time in ED	200	406
Patients >12hrs from DTA to admission	0	129
Patients > 12hrs in dept		886
YTD ED attendance Growth vs 22/23 (vs 21/22)		-7.5% (6.6%)
Ambulance Handover		
YTD Ambulance handover Growth vs 22/23 (vs 21/22)		-3.6% (-14.8%)
Ambulance handover 30-60mins breaches		371
Ambulance handover >60mins breaches		547
Emergency Admissions		
YTD Emergency admissions growth vs 22/23 (vs 21/22)		-8.4% (-9.3%)

High Level Trust Performance



Patient Flow

Commentary on high level board position

Patient Flow

Bed occupancy has dropped to just below 93% , now 92.8% (-0.7%). This is still a high occupancy rate which is above the 85% national standard, and is attributed to the significant number of MRFD patients residing in acute beds. This has had a negative impact on the number of outliers across specialties. The figure also includes escalation/extremis beds which have been opened to support the pressures of covid occupancy, maintaining elective activity and emergency care demand.

The ED conversion rate has increased to 27.6% (+1.3%) and this is within the national standard. Monthly occupied beds day charts are averaged to express the occupancy in terms of beds (also correcting for each month having a different number of days). The adult volume remains above the 17-month average. More patients were admitted than discharged in the month, resulting in a net gain of 65 more patients. The mean bed wait for patients has worsened drastically since last month, rising to over 5¹/₄ hours. The chart at bottom-right shows how the mean wait time has risen during the last year and is now at a new high, impacting on flow out of the Emergency Department and ambulance

High level Board Performance Indicators & Benchmarking

September 2022

Patient Flow

Bed Occupancy

(incl. escalation in capacity) 85%
(excl. escalation in capacity)

Occupied Bed Days

Daily average Occupied Bed Days

Admissions v Discharges

Net admissions

<= 0

Non-elective admissions

> 1 day non-elective admissions

Same Day Emergency Care (SDEC)

Standard

Merged Trust

92.8%

97.0%

30,139

1004.6333

6,585 v 6,520

+65

5,472

3,475

1,996

Conversion rate (admitted from ED) 30%

Mean bed wait: minutes w/c 26 September

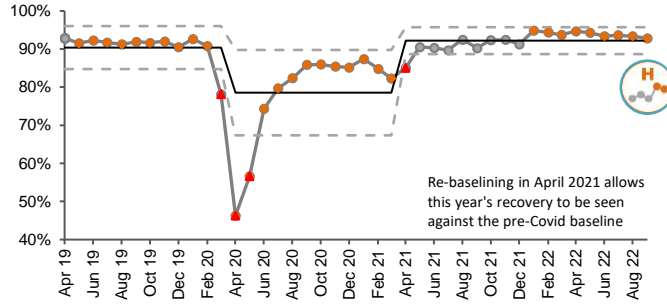
27.6%

317.6

High Level Trust Performance

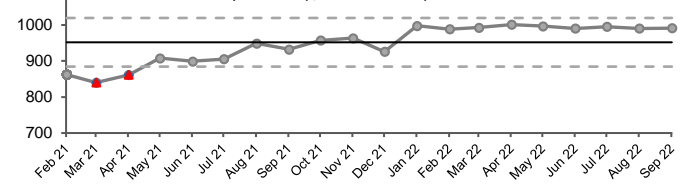
Bed Occupancy Rate including Escalation Capacity

Source is daily UEC SitRep, G&A adult & children occupied ÷ total available(8am)



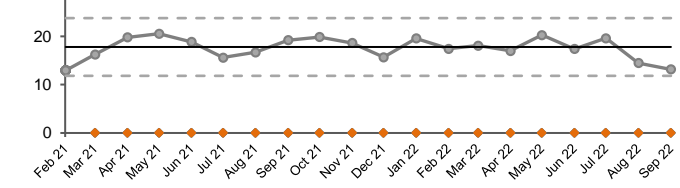
Average Adult Occupied Bed Days

Source is daily UEC SitRep, adult beds occupied at 8am



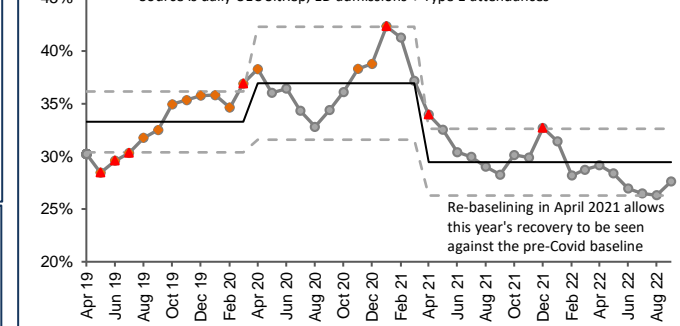
Average Paediatric Occupied Bed Days

Source is daily UEC SitRep, paediatric beds occupied at 8am



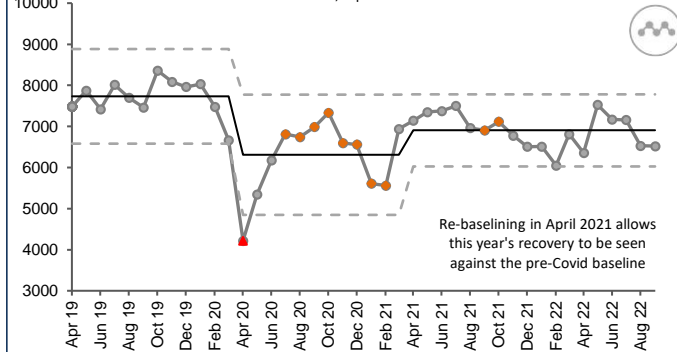
A&E Conversion rate

Source is daily UEC SitRep, ED admissions ÷ Type 1 attendances



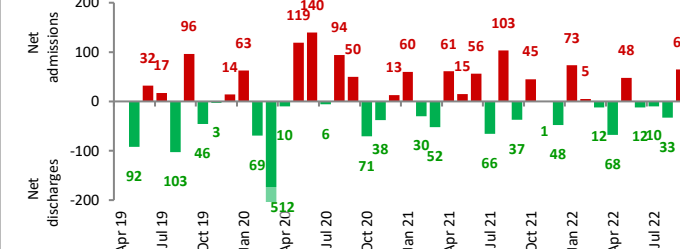
Admissions

Source is Camis, Inpatient Admissions



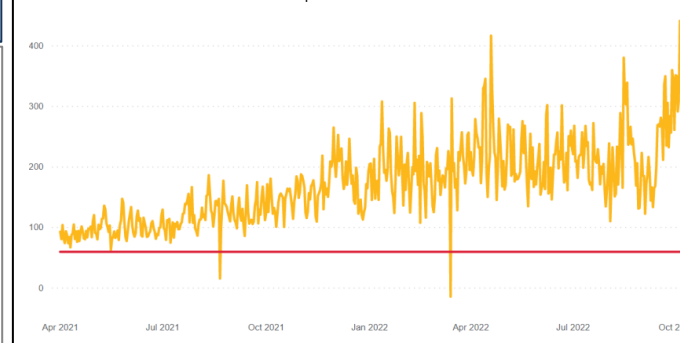
Net monthly admissions / discharges

Source is Camis, Admissions minus Discharges



Mean Bed Wait

Source: PBI0004: Operational Performance Dashboard - ED



Length of Stay and Discharges

Commentary on high level board position

LOS and Discharges

The average number of beds per day occupied by patients with a length of stay over 7 days has remained near the high level it reached last month. The number of patients with a length of stay over 21 days has increased a little more. This continues being above pre pandemic levels, and the highest level seen in the past 3 years. This continues to have a detrimental impact on the national UEC metrics, particularly 12 hr DTA and ambulance handovers.

The average number of patients who are ready to leave/have no reason to reside (MRTL/NRTL) is at 238 this month. The overall delayed discharge position continues to challenge hospital flow. The overall proportion of MRTL patients has decreased to 29%, 1% down on last month. Internal processes accounted for 17% of patients no longer meeting Criteria to Reside (C2R).

High level Board Performance Indicators & Benchmarking

September 2022

Length of Stay and Discharges

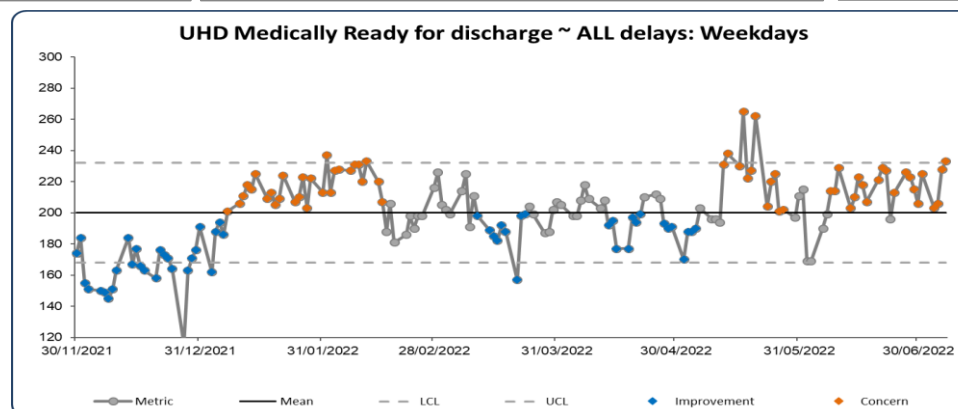
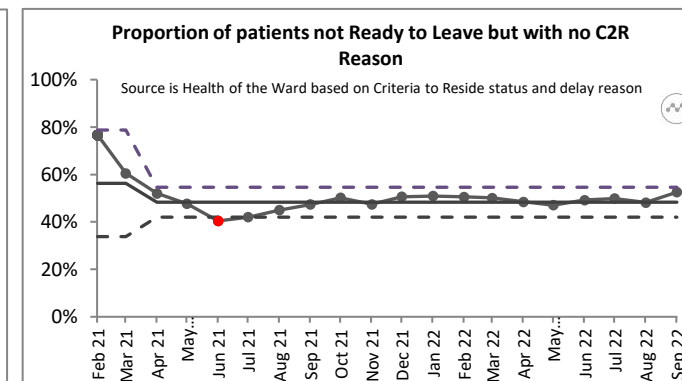
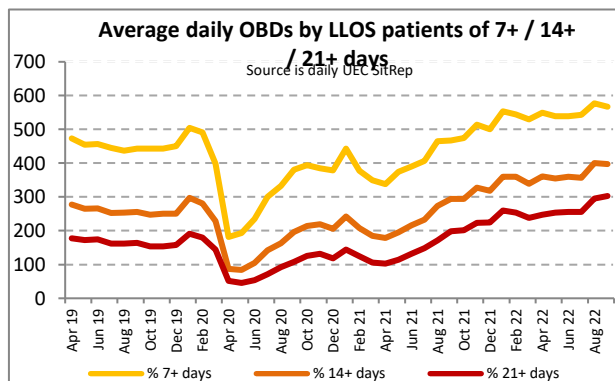
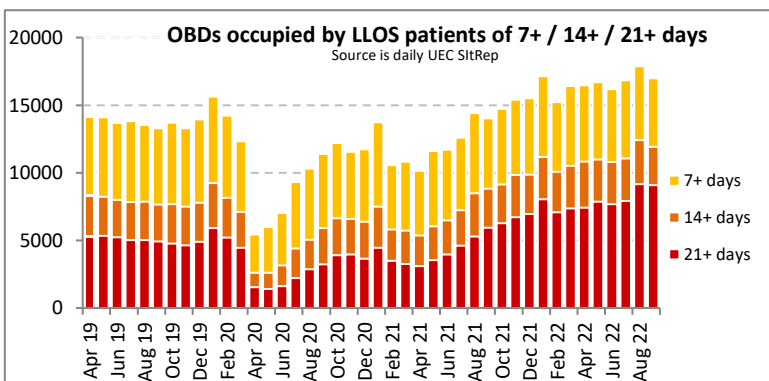
Stranded patients:

	Standard	Merged Trust
Length of stay 7 days	42%	567 56.4%
Length of stay 14 days	21%	397 39.6%
Length of stay 21 days	108 12%	303 30.1%

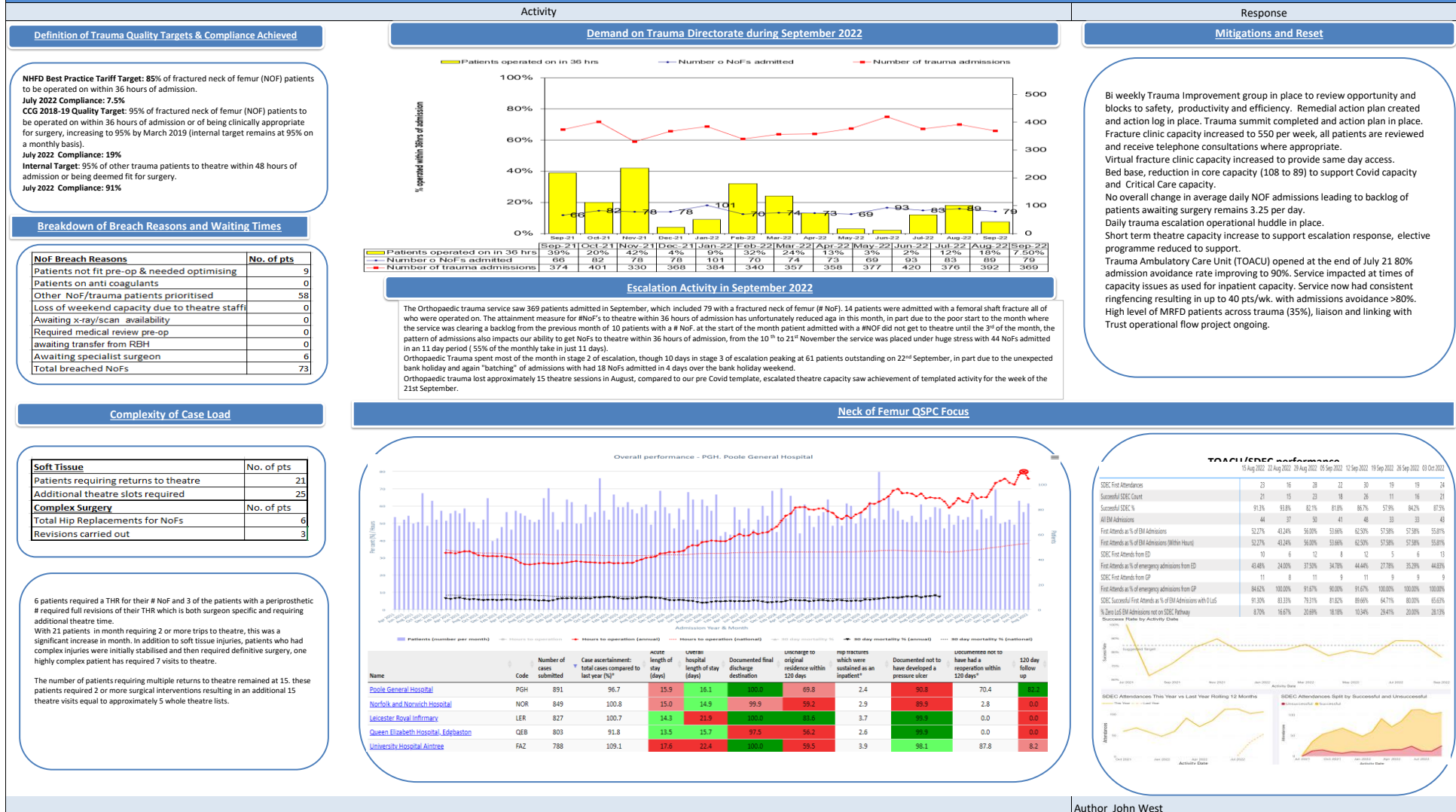
Criteria to Reside	Physiology	5%
(excludes Ready to Leave)	Function	11%
	Treatment	24%
	Recovery	8%
	Not Recorded	53%

Proportion of patients who are Ready to Leave 29%

High Level Trust Performance



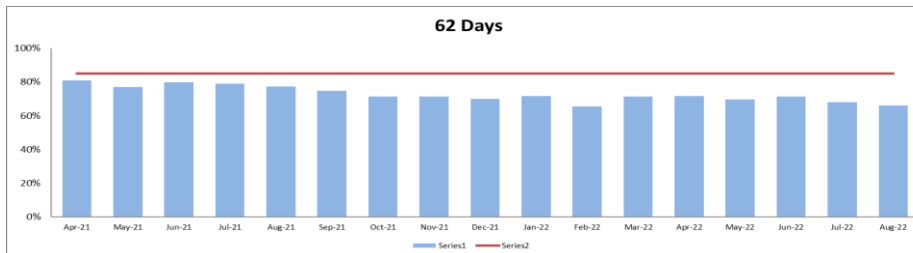
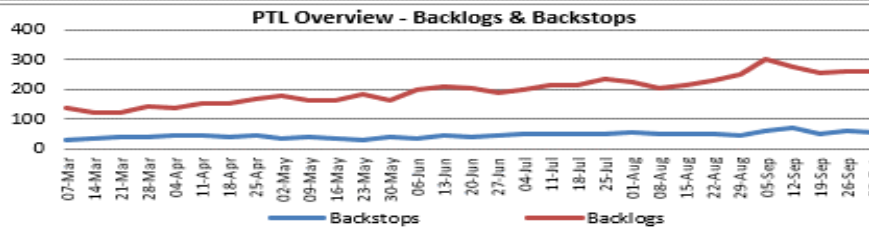
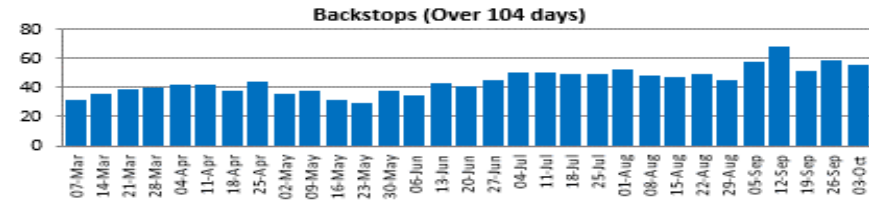
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Cancer - Actual August 2022 and Forecast September 2022

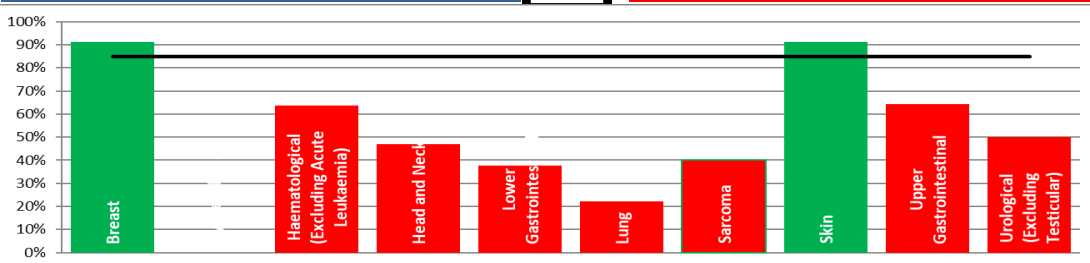
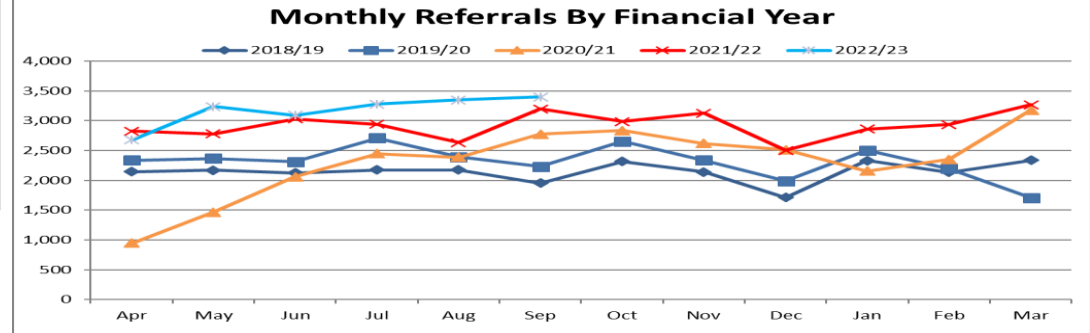
Commentary on high level board position

The rate of two week wait referrals in August saw a 34% increase when compared to August 2019. The tumour sites with the highest increases were colorectal (+49%), gynae (+28%), head & neck (+45%), skin (+27%), upper GI (+40%) and urology (+31%). This increase in referrals is impacting both 28 Day FDS and 62 Day performance. The total number on the UHD PTL has increased to over 4200 which is the highest it has ever been and is the 18th highest PTL when compared nationally, however, of the 30 trusts with the largest PTL's nationally, UHD has the 6th lowest % of backstop patients. 28-day FDS performance in August was not achieved (62.9%), with 7 tumour sites achieving the 75% threshold. 59% of all breaches are due to 1st OPA capacity, in particular for colorectal, gynae and skin. The Trust has consistently achieved the 31-day standard and is expected to be achieved in September. Two out of three subsequent treatment KPI's were achieved in August, with the exception of surgery mainly due to surgical capacity in skin and urology. The 62-day screening standard was achieved in August for the second month running and is expected to be achieved in September. The 62-day performance in August was below the 85% threshold (65.9%), however remains above current national average of 63.5%.



High level Board Performance Indicators & Benchmarking

Cancer Standards	Standard	UHD Aug-22	Predicted Sep-22
31 day standard	96%	97.9%	96.7%
62 day standard	85%	65.9%	65.9%
28 day faster diagnosis standard	75%	62.9%	64.3%



Elective & Theatres

Commentary on high level Board position

18 Weeks Referral to Treatment

At the end of September 2022, the Trust's 18 week RTT performance is **54.9%** (92% standard).

- 3,559 patients were waiting over 52 weeks for treatment, a decrease of 451 compared to August.
- 504 patients are waiting over 78 weeks, an increase of 2 since August, (106 above plan) and 76 patients are waiting over 104 weeks. The 104 week wait position has reduced by 19 since August.
- The overall **waiting list size** has reduced in September, down 2,205. Enhanced administrative waiting list validation and support for a national outpatients initiative - 'Super September' in ENT and Gynaecology, has supported the reduction in the total waiting list.
- Reduced capacity for elective care due to Covid, increased referrals in some specialities, high bed occupancy and workforce gaps continue to impact on maximising elective recovery.
- 99.64%** of patient referrals have been allocated a clinical prioritisation code (P code).

Theatre utilisation

- The current staffed theatre (main) utilisation rate has remained stable at 75%. Day case utilisation has increased by 1% to 70%.

Trauma

- The percentage of patients with a fractured neck of femur treated within 36 hours of admission has deteriorated from 18% to 7.5% in September.

High level Board Performance Indicators & Benchmarking

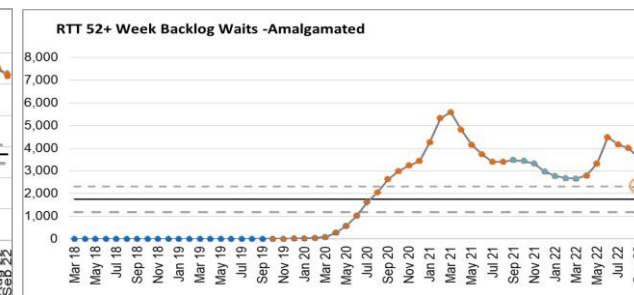
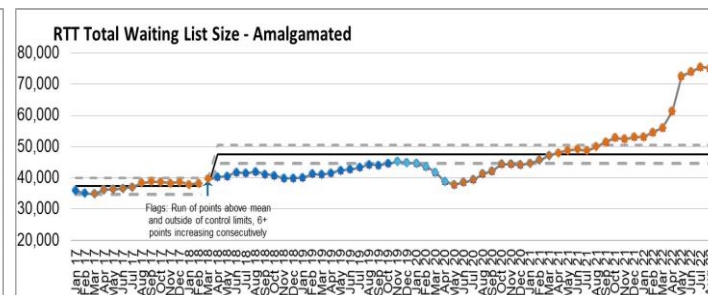
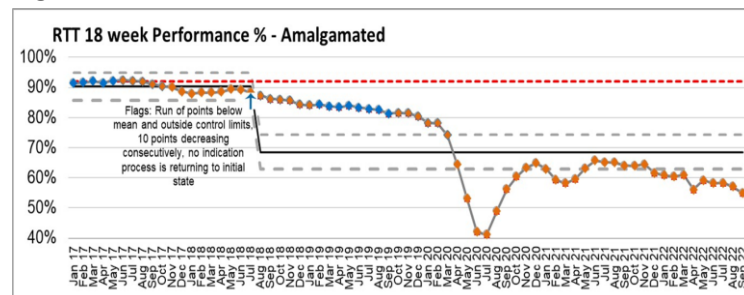
Referral To Treatment

	Standard	Merged Trust	% of pathways with a DTA
18 week performance %	92%	54.9%	
Waiting list size	51,491	72,860	16%
Waiting List size variance compared to Sep 2021 %	0%	41.5%	
No. patients waiting 26+ weeks		21,172	21%
No. patients waiting 40+ weeks		8,920	28%
No. patients waiting 52+ weeks (and % of waiting list)	4.9%	3,559	40%
No. patients waiting 78+ weeks		504	67%
No. patients waiting 104+ weeks		76	34%
Average Wait weeks	8.5	19.5	
% of Admitted pathways with a P code		99.64%	

Theatre metrics

Theatre utilisation - main	80%	75%
Theatre utilisation - DC	85%	70%
NOFs (Within 36hrs of admission - NHFD)	85%	7.5%

High Level Trust Performance



RTT Incomplete 54.9% <18weeks

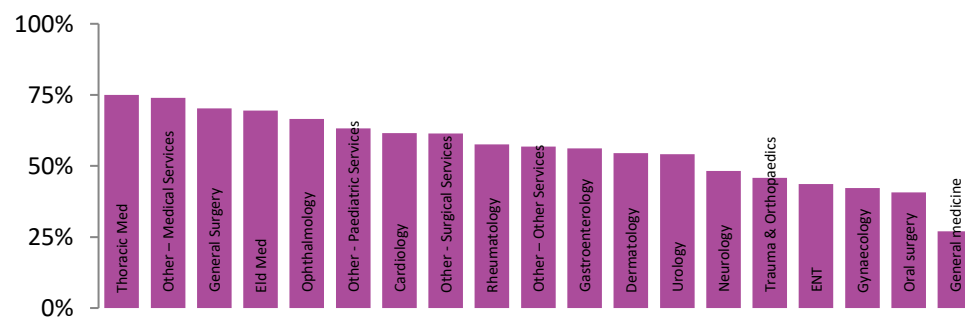
18
WEEKS

(Last month 57.1%) Target 92%

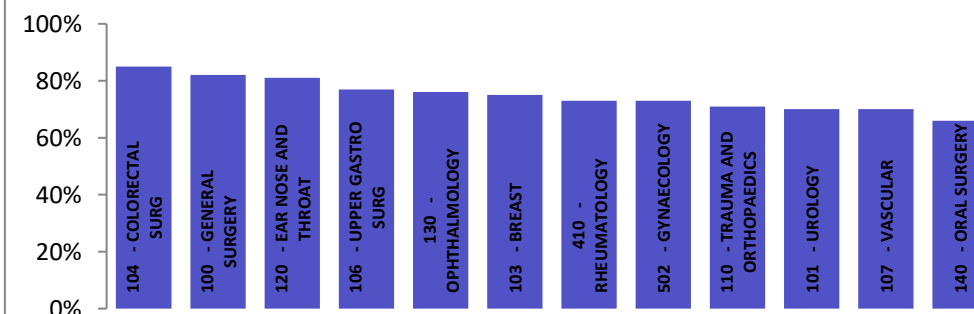
Theatre Utilisation 73.7%



(Last month 73.5%)



RTT Incomplete by Specialty



Theatre utilisation by Specialty

Referral to Treatment (RTT)

What is driving under performance?

92% of all patients should be seen and treated within 18 weeks of referral.

In September 2022, 54.9% of all patients were seen and treated within 18 weeks at UHD.

The overall waiting list (denominator) was 72,860 which is lower than previous months and 2.8% above the September 22 operational plan waiting list trajectory of 70,855.

3,559 RTT waits exceeded 52 weeks, which is an improved position and below the Trust's operational plan trajectory for September 2022 (4,375).

August 2022 (compared with previous month)

40,024 decrease < 18 weeks

21,172 decrease > 26 weeks

8,920 decrease > 40 weeks

3,559 decrease > 52weeks

504 increase > 78 weeks

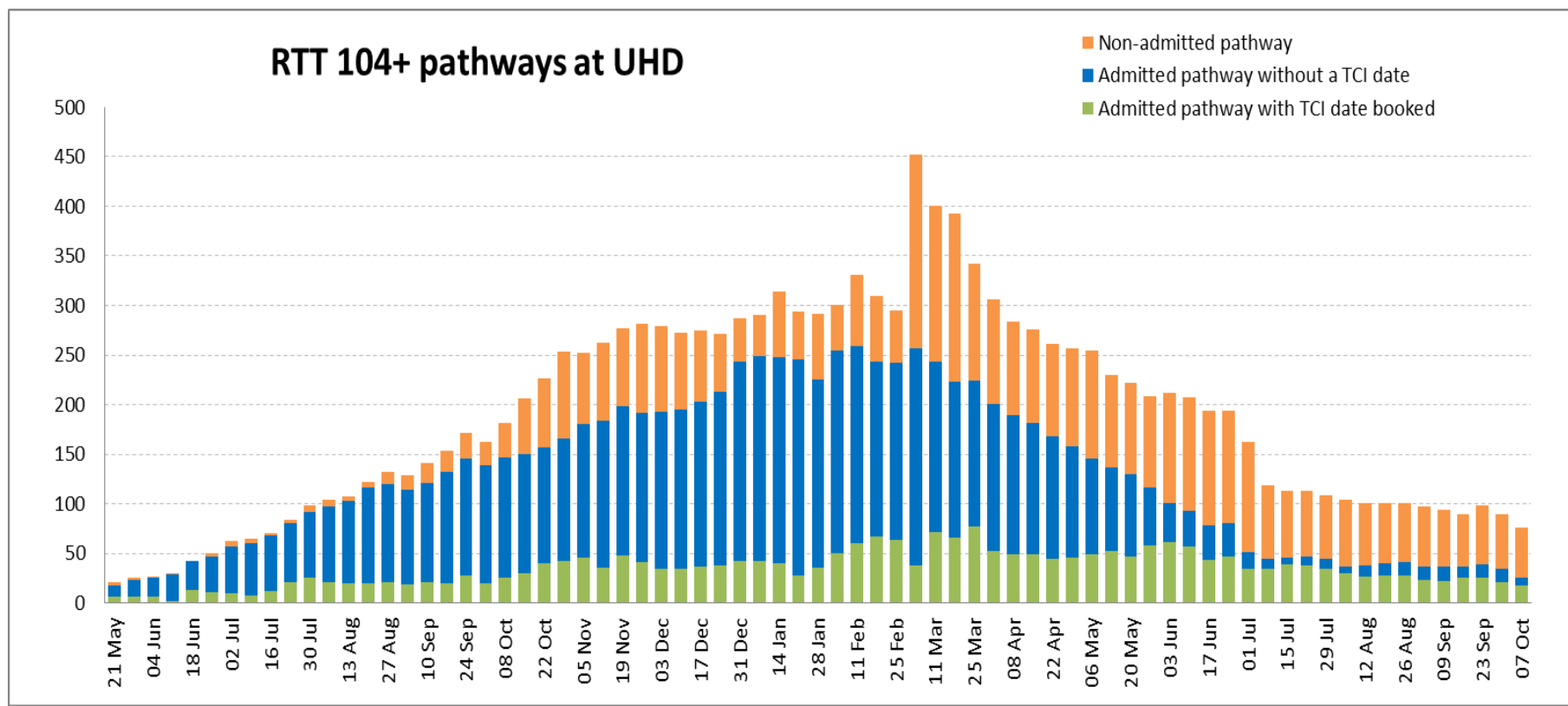
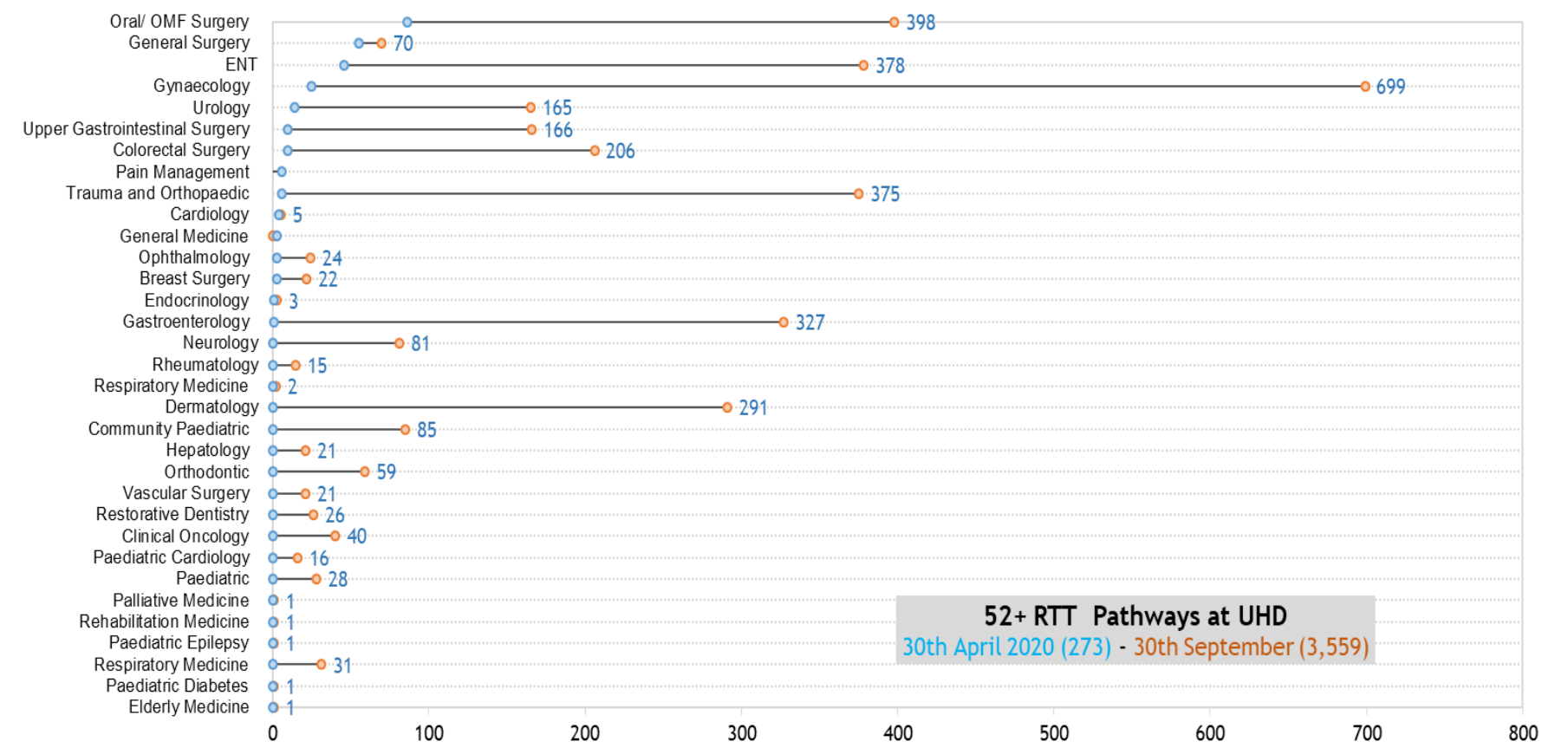
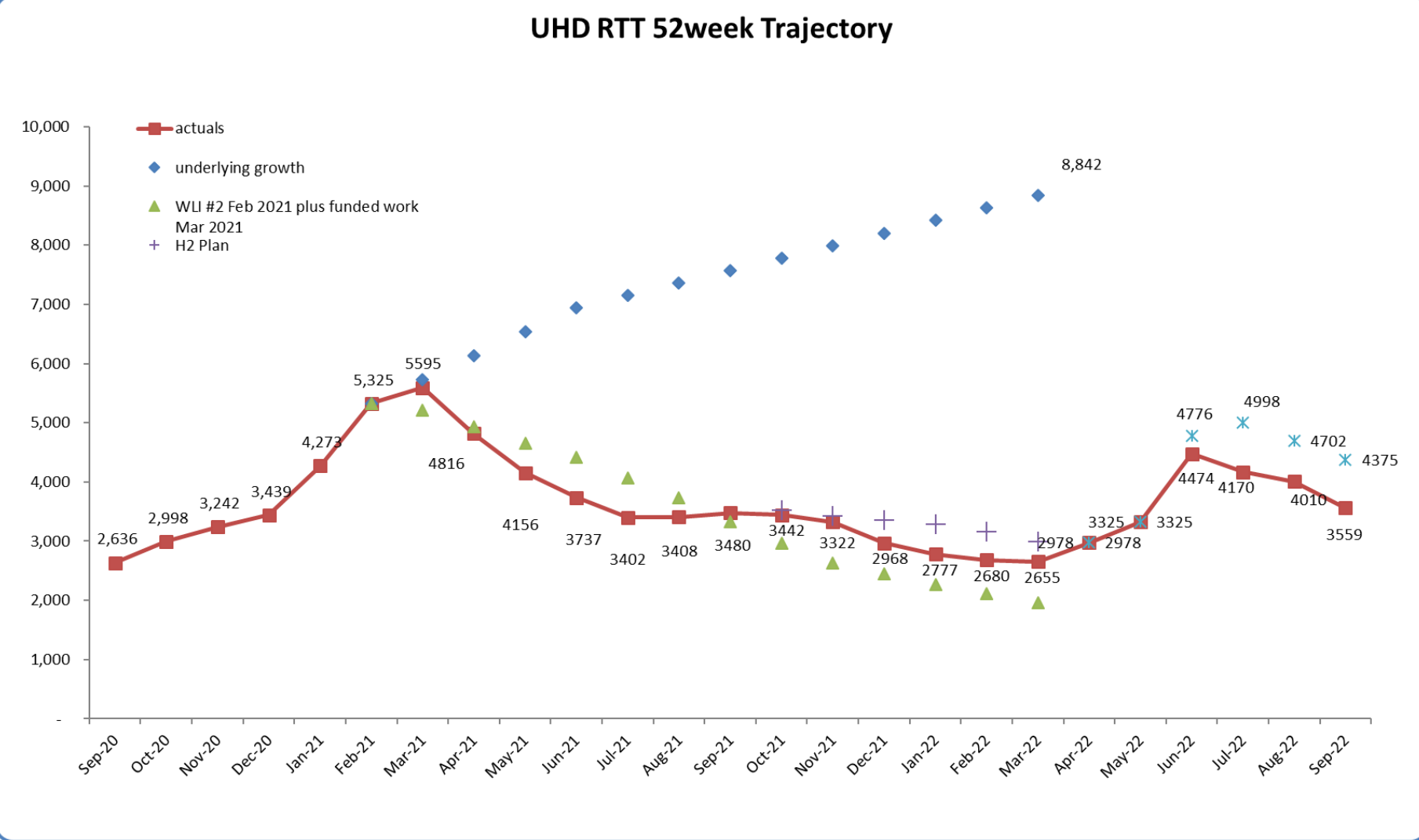
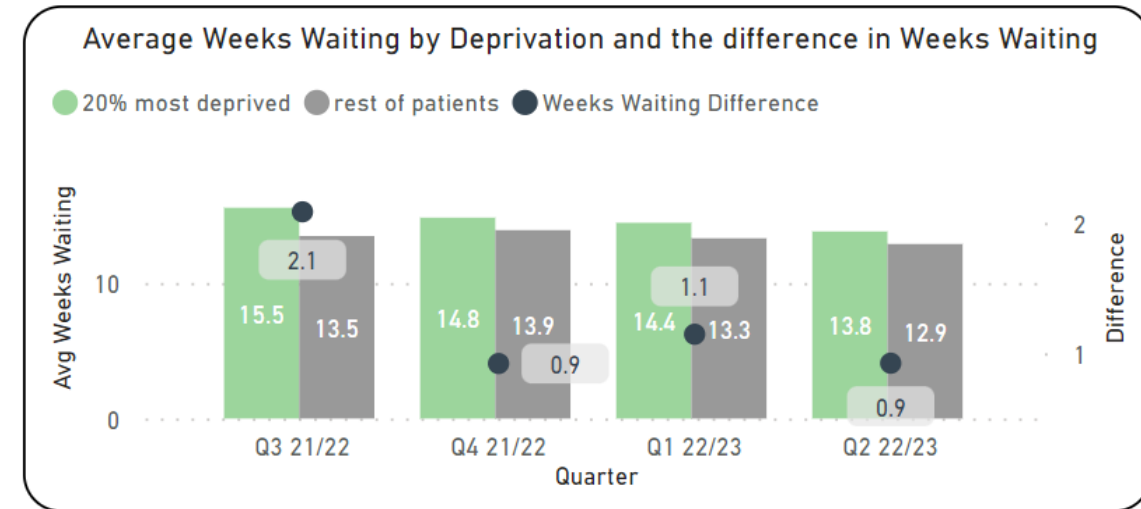
76 decrease > 104 weeks

During September 2022 improvements in recovery of elective care have been delivered however the Trust continues to operate elective recovery alongside a focus on responding to COVID activity, managing an increase in demand in some specialities, and management of workforce capacity shortfalls in a number of key areas. High numbers of patients with 'no criteria to reside' in hospital and an increase in cancer demand are also impacting on recovery.

Following the move to a single, unified Patient Administration System (PAS) in the Trust in May 2022 to better manage patient care across all our hospital sites, 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. During October, ongoing validation is planned alongside a training programme to optimise data quality.

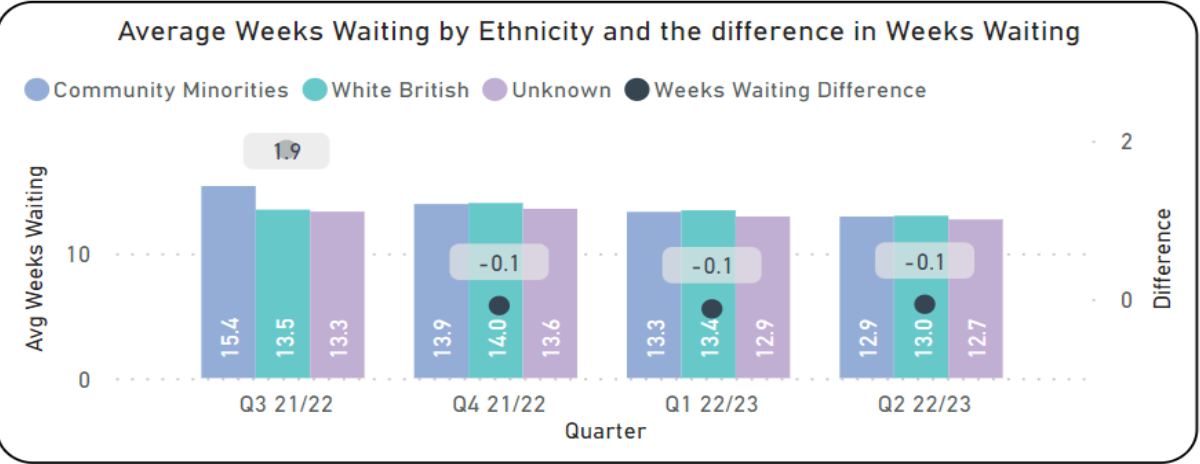
Health Inequalities

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.



Waiting list by ethnicity

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.



Elective recovery

An Elective portfolio of programmes is operating to oversee improvements in performance and activity and reduce the number of patients waiting a long time for treatment. The programme accounts to the Chief Operating Officer through the Trust Operational and Performance Group.

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

- A **Theatre improvement programme** - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres
- **Outpatient Enabling Excellence and Transformation programmes - including three elements:** '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.

- **Key outcomes delivered in reporting period:**
 - 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.
 - 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.
 - 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.
 - Outpatient text reminder service reinstated.

Outpatients & Diagnostics

Commentary on high level board position

Outpatients

- Hospital and Patient Cancellations now being calculated against the total appointments booked.
- The use of video/telephone consultations are below the national standard in the month. This may be a reflection of the casemix seen.
- An outpatients transformation programme is in place focussing on operational excellence, digital transformation of outpatient services and optimising use of virtual consultations, advice and guidance and patient initiated follow up pathways.
- Improvement in DNA rates as a result of text reminder service re-establishment. New patient portal service go live during October

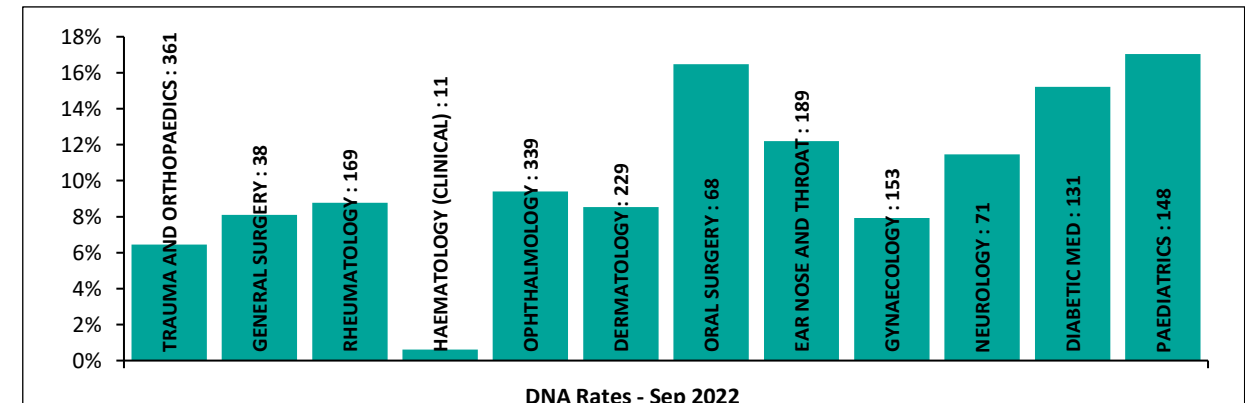
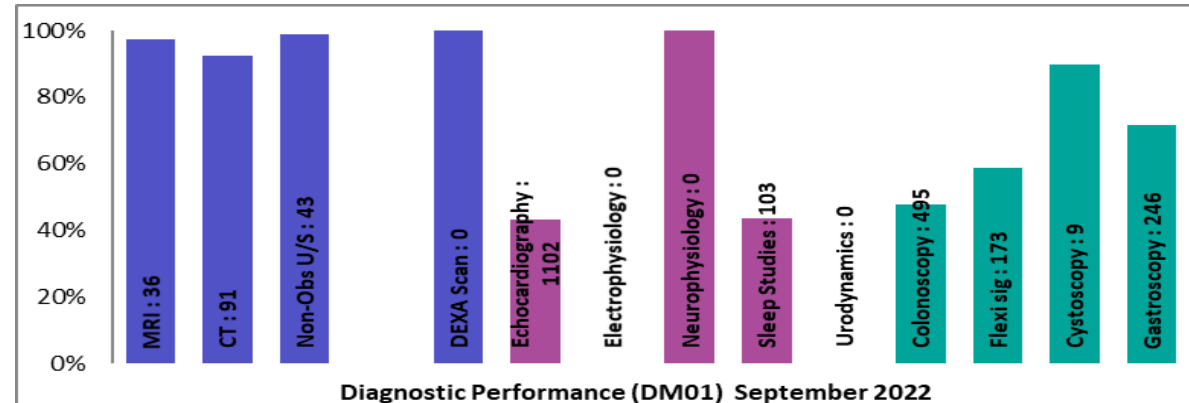
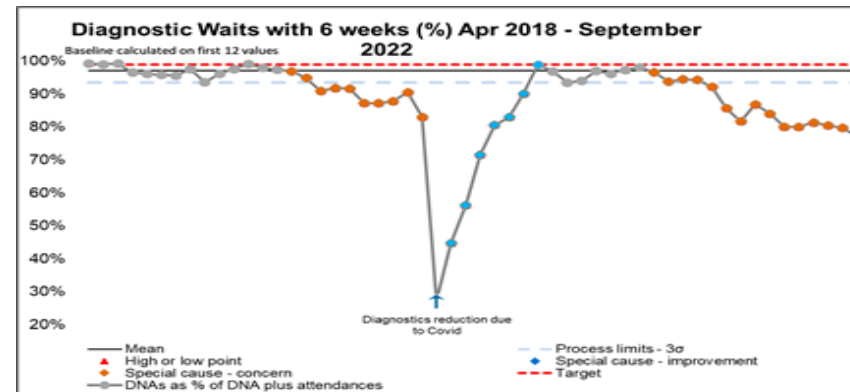
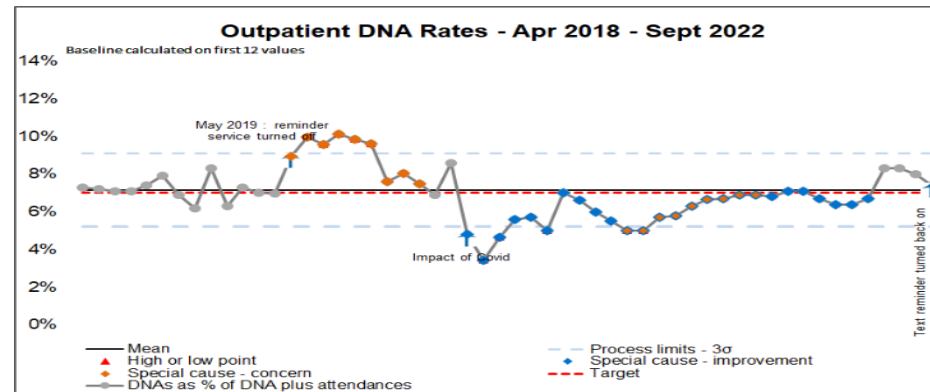
Diagnostics

- Increase against August position from 77.4% to 80.3% of all patients being seen within 6 weeks of referral.
- Endoscopy position has increased from 58.7% in August to 60.2% in September
- Echocardiography has increased from 41.4% in August to 43.2% in September
- Neurophysiology has increased from 95.4% in August to 100% in September
- Radiology has increased from 95.2% in August to 97.4% in September (MR 97.4%, CT 92.3% both impacted by cardiac backlog and US 98.7%)

High level Board Performance Indicators & Benchmarking

Referral Rates (acute only)	Standard	Last Year	This Year	Trust Perf
GP Referral Rate year on year	-0.5%	61666	58571	-5.0%
Total Referrals Rate year on year	-0.5%	93115	85586	-8.1%
Outpatient metrics (acute only)				
Overdue Follow Up Appointments				33840
New Appointments				18223
Follow-Up Appointments				18365
% DNA Rate	(Total DNAs / New & Flup Atts)	5%	2908 / 36588	7.4%
Hospital cancellation rate	(Hospital Canx / Total Booked Appts)		9308 / 55067	16.9%
Patient cancellation rate	(Patient Canx / Total Booked Appts)		6263 / 55067	11.4%
Reduction in face to face attendances (acute only)				
% telemed/video attendances	(Total Non F-F / Total Atts)	25%	7736 / 36588	21.1%
Diagnostic Performance (DM01)				
% of >6 week performance	(6+ Weeks / Total)	1%	2298/11639	19.7%

High Level Trust Performance



SCREENING PROGRAMMES

Commentary on high level board position

Breast Screening

An excellent level of screening has been achieved in September which has resulted in an increase of the round length figure to 73%. No screening days have been lost to equipment breakdowns and the available capacity has been very effectively utilised.

There has been a dip in the Screen to Assessment target this month. This is due to annual leave and unexpected long term sickness resulting in a loss of film readers and available assessment clinics.

The longest wait time has now reduced to 37 months and the predicted date for recovery at this time is November 22.

High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95.00%	99.00%
assessment appointment within 3 weeks	95.00%	87.00%
Round Length within 36 months	90.00%	73.00%
Longest Wait time (Months)	36	37

SCREENING PROGRAMMES

Commentary on High Level Board Position

Bowel Cancer Screening

Age Extension

58 year old age extension went live as of 22nd August 2022. Screening subjects that turned 58 years old after 24th May 2022, and should have received an invitation, will be invited across the remainder of this financial year. The programme will reduce the number of weeks ahead they are inviting to manage this.

Key Performance Standards

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

The average uptake rate was 74% through 2021 (acceptable performance = >52%; achievable performance = >60%). To date for 2022, uptake is averaging 72%. Age extension cohort uptake is 65%.

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

The clinic wait standard continues to be maintained at 100% via virtual clinics (acceptable performance = 95%; achievable performance = 98%). Face to face clinics have restarted at Poole and Christchurch.

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

The diagnostic wait standard has been achieved at 99% through Q1 & 2 2022/23.

The programme is experiencing increased clinic numbers again following a drop over the summer, therefore, clinics and colonoscopy lists are full. In addition, due to the impact of implementing the revised surveillance guidance in 2019, the programme anticipates an increase in surveillance activity through the Autumn and has planned additional insourcing activity to manage this demand. This activity starts in October.

High Level Board Performance Indicators

Bowel Screening Standard Target Trust Sept Performance

SSP Clinic Wait Standard
(14 days)

95%

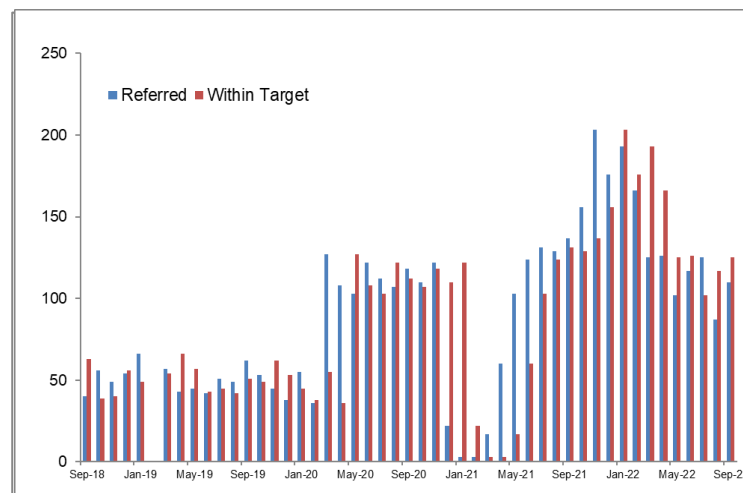
100%

Diagnostic Wait Standard
(14 days)

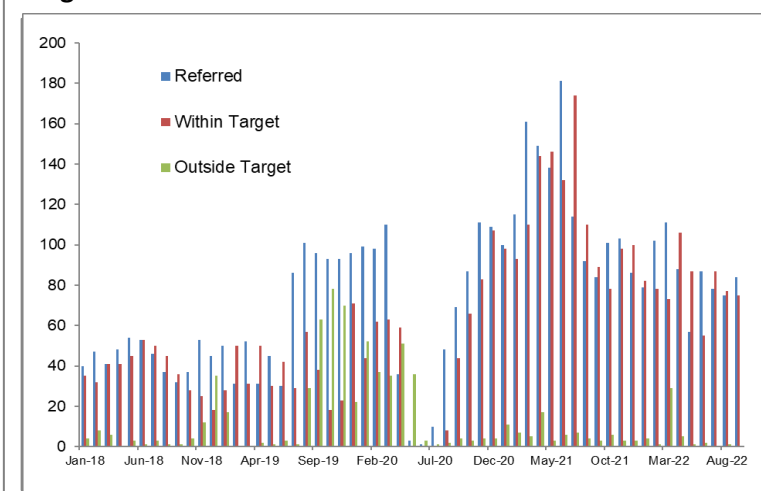
90%

100%

Clinic Wait Standard



Diagnostic Wait Standard



CQC Maternity Ratings Poole NHS FT last assessed Oct/ <u>Nov</u> 2019	OVERALL GOOD	SAFE REQUIRES IMPROVEMENT	EFFECTIVE GOOD	CARING GOOD	RESPONSIVE GOOD	WELL LED GOOD
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Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	Not available
Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)	Not available



University Hospitals Dorset
NHS Foundation Trust

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 Ockenden 1 requirements
- Maternity FFT is reported separately to the Care Group but filtered here to provide maternity specific trends in responses
- There are a number of items which require narrative rather than graphic benchmarking and these are described below
- Nationally Trusts are being assessed on their progress for Ockenden 1 – 7 immediate urgent actions as well as staffing.
- UHD Insight visit by BHSE SW region is Tuesday 11th October

Findings of review of all perinatal deaths using the national monitoring tool	Matters for Board information and awareness	Progress in achievement of NHSR/MIS <u>Yr 4</u>
<p>All perinatal deaths are reported using the national tool – full review can take 4-6 months depending on whether <u>post mortem</u> findings are awaited.</p> <p>Early learning/actions are identified via normal governance <u>routes</u>.</p> <p>This item is reflected in Safety Standard 1 of the NHSR MIS <u>Yr 3</u> with which UHD maternity services were compliant in 2021/22.</p> <p>Stillbirth rate appears higher than average for September but 2 of 3 reported were medical terminations for abnormalities detected beyond the threshold of viability</p> <p>The third stillbirth was an antenatal loss (<u>not</u> intrapartum) which didn't meet criteria for HSIB or SI.</p>	<p>Maternity Safe Staffing reports for Trust performance and Workforce Meetings require amendments of templates in line with our Birthrate Plus report and Escalation Policy. These will be ratified by the Chief Nurse to ensure fill rates of vacant shifts are more accurate in future – currently showing as not available on dashboard but will be completed for retrospective months.</p> <p>Successful bid for NHSE funds to recruit 10 internationally trained midwives in 2023</p> <p>Ockenden 2 baseline assessment delivered to Care Group Board and for escalation to Quality Committee and Board Meeting (<u>not</u> confidential)</p> <p>MIS baseline assessment submitted to Care Group and monitored via monthly safety champions meetings. Feedback from National Safety Meeting that reporting deadlines and technical guidance may be altered – notification not yet received formally</p>	<p>There are 10 safety <u>actions</u> and these have undergone substantial revisions for year 4 compliance.</p> <p>All actions have been subject to baseline compliance assessments for exception report should any lose track.</p> <p>The most pressing workstream in the digital action is the delivery of a UHD maternity digital strategy – The LMNS are supporting this work.</p> <p>Data Cleansing is also ongoing following the move from Medway to <u>Badger</u>net as some women's pregnancy pathways cross both systems.</p> <p>We are working hard to improve our compliance with <u>Mutidisciplinary</u> training through PROMPT days. Staffing issues led to many cancellations earlier in the <u>year</u> so we are catching up – we predict compliance by the deadlines.</p>



Maternity Perinatal Quality Surveillance

Perinatal Quality Surveillance scorecard		Alert (national standard/average where available)	Running total/average	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep
Perinatal	Red flags: 1:1 care in labour not provided	0	0	0	0	0	0	0	0
	3rd/4th degree tear overall rate	> 3.5%	1.65%	2.4%	0.6%	3.2%	1.2%	1.4%	1.1%
	Obstetric haemorrhage >1.5L	Actual	60	8	14	10	9	13	6
	Obstetric haemorrhage >1.5L	> 2.6%	3.00%	2.8%	4.3%	2.9%	2.7%	3.7%	1.7%
	Term admissions to NNU	Actual	0	14	17	17	15	14	8
	Apgar < 7 at 5 minutes	> 1.2%	2.0%	1.4%	1.9%	2.3%	1.5%	3.2%	1.9%
	Stillbirth number	Actual	5	2	0	0	0	0	3
	Stillbirth number/rate (per 1,000)	> 4.4/1000	2.50	6.90	0.00	0.00	0.00	0.00	8.31
Workforce	Rostered consultant cover on Delivery Suite - hours pw	< 60	72.0	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per week	< 10	58.0	58	58	58	58	58	58
	Midwife/band 3 to birth ratio (establishment)	1:28	1:21				1:21	1:21	1:21
	Midwife/band 3 to birth ratio (in post)	1:28	1:23				1:23	1:23	1:23
	Acute Maternity unfilled prospective RM shifts (pcm)	160 pcm						Not Available	
	Maternity Ward 1-4 staff members short	Actual						Not Available	
Feedback	Number of compliments (Smiles via Badgernet)		241	1	0	92	44	31	73
	Number of concerns (PALS)		3	1	0	1	0	1	
	Complaints		21	3	6	5	4	3	0
	FFT Repsonse rate (returns as % of deliveries)	50%	65.5%	No data	43%	100% +	100%+	100% +	88%
Training	Mandatory training	97%	No data	76%	81%	82%	83%	86%	No data
	PROMPT/Emergency skills all staff groups	60%	61.9%	39.80%	34.30%	52%	55%	55%	61.90%
	K2/CTG training all staff groups	60%	48.3%	14.90%	19.60%	21.50%	21.80%	22.70%	48.30%
	CTG competency assessment all staff groups	50%	48.3%	14.90%	19.60%	21.50%	21.80%	22.70%	48.30%
	Core competency framework compliance	50%	79.9%	61.70%	66.10%	82.80%	87.20%	87.20%	79.90%
	Coroner Reg 28 made directly to the Trust		Y/N	N	N	N	N	N	N
	HSIB/CQC etc. with a concern or request for action		Y/N	N	N	N	N	N	N

FINANCE

FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	467	(5,393)	(5,860)
Capital Programme	48,293	32,477	15,816
Closing Cash Balance	65,097	89,017	23,920
Public Sector Payment Policy	95.0%	92.3%	(2.7)%

Commentary

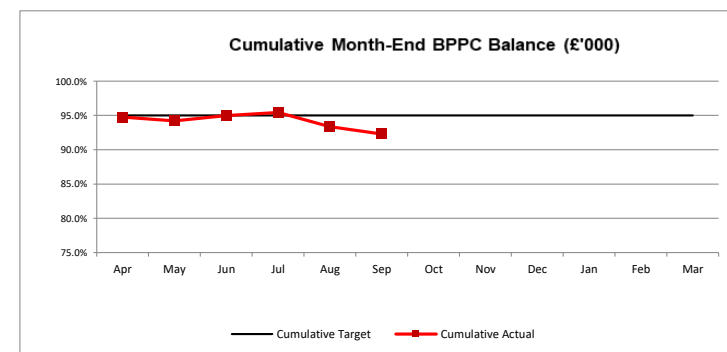
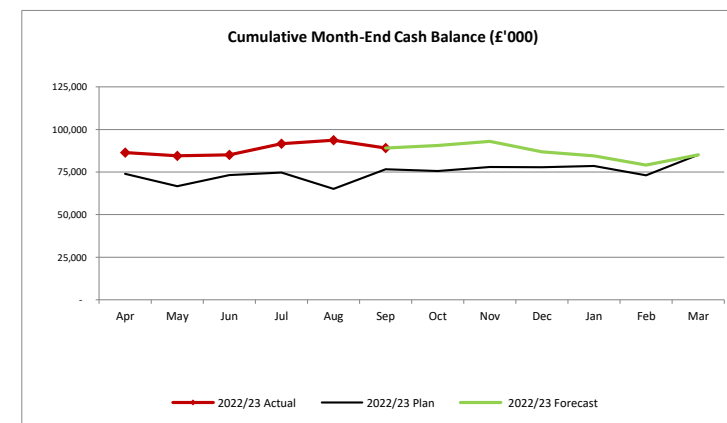
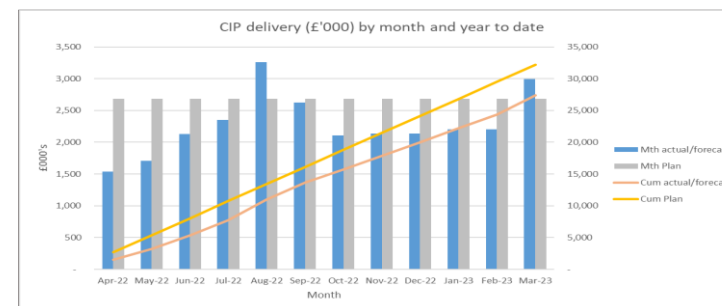
At the end September 2022, the Trust has reported a deficit of £5.393 million against a planned surplus of £467,000 representing an adverse variance of £5.860 million. This reflects the additional inflationary pressures above budget, most notably energy prices; increased agency costs associated with the continued operational pressures; and a shortfall against the cost improvement plan target.

The Trust is working to a full year capital budget of £111 million, including £84.2 million of centrally funded schemes outside of the ICS CDEL. The year to date position represents an under spend of £15.8 million, largely driven by under spends against the Acute Reconfiguration (STP Wave 1) and New Hospital Programme together with under spends within IT and the One Dorset Pathology Hub. The full year forecast remains consistent with the budget except for the New Hospitals Programme early enabling works which the Trust continues to proceed with at risk of £15.9 million. Funding of £8.2 million has been advised but not yet formalised. A residual risk of £7.7 million remains should all works progress to plan without any additional funding. Five individual business cases have now been submitted for these critical enabling works with an outcome expected in October. Alternative mitigations continue to be developed.

The Trust ended September with a consolidated cash balance of £89 million, all of which remains fully committed against the medium-term capital programme. The phasing of the capital plan alongside reduced payments to suppliers due the recent national cyber attack has driven this increased cash holding.

The Trusts payment performance remained strong up to 31 July 2022 with 95.4% of invoices paid within the agreed terms. This has subsequently reduced following the inability to pay invoices whilst financial systems were off-line as a precaution during the national cyber attack. Current performance stands at 92.1%, and is expected to improve over the coming months.

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	6,630	5,722	908
IT	3,677	1,215	2,462
Medical Equipment	873	669	203
Donated Assets	632	566	66
Strategic Capital	36,481	24,304	12,177
Total	48,293	32,477	15,816

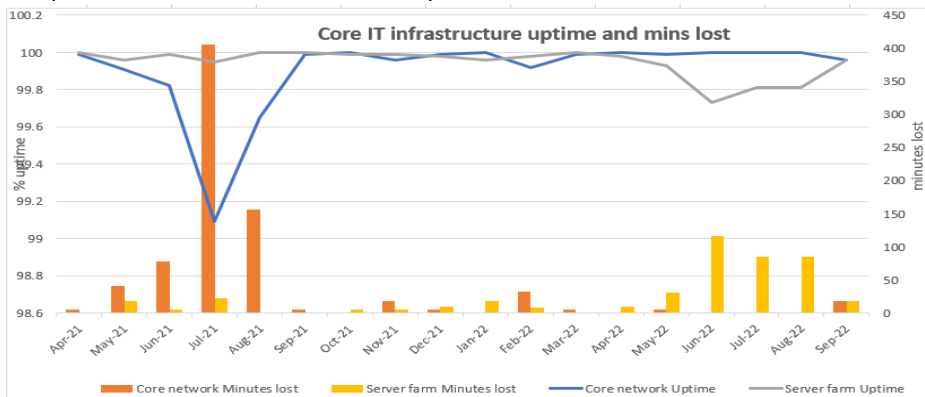


Informatics - Oct 2022

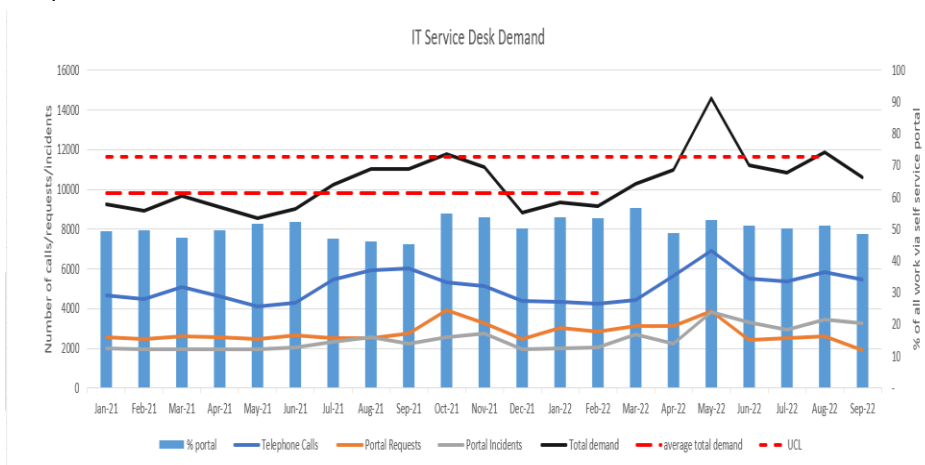
Overall Commentary: **Graph 1:** There is a planned change of our firewalls on 31/10/22 at 6am, service disruption will be mitigated as much as possible. Two EPR outages have occurred in the last 4 weeks, the root cause of these is not yet understood and is being investigated. **Table 3:** Three projects closed in Sep: Xcelera (echocardiogram imaging and reporting) upgrade, enabling better sharing of cardiac images between PH and RBH; Amendments to NICE Register; new electronic diary for emergency gynaecology for ward B5. **Graph 6:** 96 of 158 assets are now fully compliant to the DSPT. **Table 7:** large step change reduction in unsupported Desktops from 37% last month to 18%. **Graph 8:** Another record month for DCR usage - 81.8k records accessed over a short month (bank holiday)

Business As Usual/Service Management

Graph 1: core Infrastructure availability



Graph 2: Service Desk demand



Projects/Developments/Security/IG

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

Informatics Projects since November 2018						
Project Type	Pending Approval	Not Started	Deferred	In Progress	Completed	Total
eForm/Automation Project	0	12	5	54	218	289
Infrastructure Mandatory	0	2	1	6	27	36
Projects	0	45	4	95	335	479
Service Improvement Projects	0	0	0	0	3	3
Grand Totals	0	59	10	155	583	807

Table 4: Project Totals and Escalation

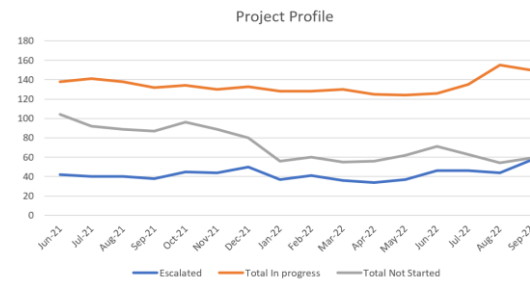


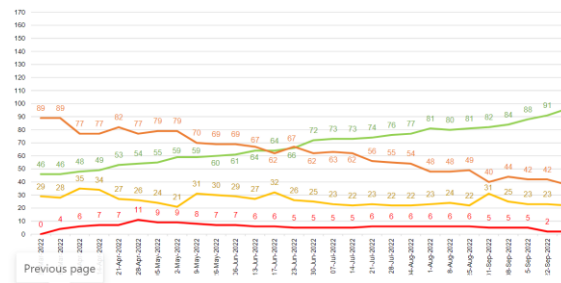
Table 5: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	81.9%	18.1%	0.0%	18.1%
Windows Servers	83.6%	16.4%	16.2%	0.2%

Table 7: FOI compliance

Table 6 - FOI Compliance		
	Total rec'd	Compliance
April '22	48	75%
May '22	49	84%
June '22	57	75%
July '22	61	77%
Aug '22	71	63%

Graph 6: Well managed Information Assets



Graph 8: DCR growth

