



University Hospitals Dorset
NHS Foundation Trust

**University Hospitals Dorset NHS Foundation
Trust**

Council of Governors Meeting - Part 1

Thursday 28 April 2022

16:30 – 18:00

At The Hamworthy Club, Wimborne and

Via Microsoft Teams

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS

The meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at **16:30** on **Thursday 28 April 2022** at The Hamworthy Club.

If you are unable to attend please notify the Company Secretary's Team, telephone 0300 019 8723.

Philip Green
Acting Chairman

AGENDA – PART 1					
Time	Item		Method	Purpose	Lead
16:30	1	Welcome, Introduction, Apologies for Absence and Quorum	Verbal		Chair
	2	Declaration of Interests	Verbal		Chair
	3	Minutes of the Meeting held on 27 January 2022	Paper	Approval	Chair
16:45	6	QUALITY AND PERFORMANCE			
	6.1	Update on Covid	Verbal	Noting	CNO/COO
	6.2	Integrated Quality, Performance, Workforce, Finance and Informatics Report	Paper	Assurance	Chief Officers
17:15	7	GOVERNANCE			
	7.1	Annual Report/Statement on the work of NREC	Paper	Approval	CoSec
	7.2	Annual Review of the Register of Interests	Paper	Approval	CoSec
	7.3	Annual Review of Governance Cycle	Paper	Approval	CoSec
	7.4	Schedule of Meetings for 2023	Paper	Approval	CoSec
	7.5	Appointment of the Lead Governor and the Deputy Governor	Verbal	Approval	CoSec
	7.6	Exception Reports from Informal Governor Groups	Verbal	Noting	Governors
17:45	8	Urgent Motions or Questions	Verbal		Chair
	9	Any Other Business	Verbal		Chair
18:00	10	Date of next meeting: Thursday 28 July 2022 at 14.00 location tbc			
		<i>Note: A glossary of abbreviations that may be used in these papers will be found at the back of this document</i>			

AGENDA – PART 2					
18:15	11	Welcome, Introduction, Apologies for Absence and Quorum	Verbal		Chair
	12	Declaration of Interests	Verbal		Chair
	13	Minutes of the meeting held on 27 January 2022	Paper	Approval	Chair
	14	Feedback from NREC	Verbal	Noting	Chair
18:30	15	GOVERNANCE			
	15.1	Feedback from Part 2 Board Meeting	Verbal	Noting	CEO
	15.2	Approval of Chairman Recruitment	Paper	Approval	Chair
	15.3	Operational Plan	Paper	Noting	CFO/COO
18:50	16	Any Other Business	Verbal		Chair
	17	Reflections on the Meeting	Verbal		Chair
19:00	18	Date of next meeting: Thursday 28 July 2022 at approximately 15:45 location tbc			

* Late Paper

Items for Next Board Meeting Agenda:

Agree Governor response to the Quality Account

Summary of Operational Plan

Outcome of the Chairman's and Non-Executive Directors' annual performance evaluation

Approve recommendations from Nominations, Remuneration and Evaluation Committee on Chairman's and Non-Executive Directors' remuneration/ allowances/ terms & conditions

Council of Governors Assessment of collective performance

Trust's Annual Report & Accounts

Quality Accounts and Financial Accounts – Audits from External Auditors

Annual Audit Committee Report and consult on Terms of Reference

Annual Effectiveness of External Audit Process

Board Assurance Framework Annual Report (past year)

Board Assurance Framework (new year)

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 27 January 2022 at 14:00
via Microsoft Teams.

Present:	David Moss Sharon Collett Diane Smelt Marjorie Houghton Keith Mitchell Jon Babb David Triplow Andrew McLeod Patricia Scott Michele Whitehurst Robert Bufton Richard Ferns Sandra Wilson Robin Sadler Carole Light Marie Cleary Markus Pettit Paul Hilliard Beryl Ezzard	Chairman Bournemouth, Deputy Lead Governor Bournemouth Bournemouth Bournemouth Bournemouth Poole and Rest of Dorset, Lead Governor Poole and Rest of Dorset Poole and Rest of Dorset Poole and Rest of Dorset Poole and Rest of Dorset Poole and Rest of Dorset Poole and Rest of Dorset Christchurch, East Dorset and Rest of England Christchurch, East Dorset and Rest of England Christchurch, East Dorset and Rest of England Staff Governor: Administration, Clerical and Management Staff Governor: Estates Appointed Governor: Bournemouth, Christchurch and Poole Council Appointed Governor: Dorset Council
In attendance:	Debbie Fleming Pete Papworth Karen Allman Mark Mould Alyson O'Donnell Paula Shobbrook Peter Gill Yasmin Dossabhoy Ewan Gauvin Sarah Locke	Chief Executive Chief Finance Officer (<i>until 14:25</i>) Chief People Officer Chief Operating Officer Chief Medical Officer Chief Nursing Officer Chief Informatics Officer Member of the public Corporate Governance Assistant Deputy Company Secretary (minutes)

CoG 01/22	Welcome, Introduction and Apologies for Absence The Chair welcomed everyone to the meeting and introduced Yasmin Dossabhoy who would be joining the Trust as the Associate Director of Corporate Governance. Apologies were received from: <ul style="list-style-type: none"> • Caroline Tapster, Non-Executive Director • Richard Renaut, Chief Strategy and Transformation Officer • Cameron Ingham, Public Governor
CoG 02/22	Declarations of Interest No further interests were declared.
CoG 03/22	Minutes of the meeting held on 28 October 2021 The minutes were APPROVED as an accurate record of the meeting.

Update on Covid

The Chief Nursing Officer presented the update on Covid, highlighting the following key points:

- There are several Covid patients being admitted to the Trust, although those numbers have reduced.
- There are an increasing number of staff absences aligning with the increase in numbers of requests for PCR tests.
- The Covid-19 incident management structure was shared to outline the escalation processes in response to Covid-19 surges. It was explained that this is required due to this being a prolonged issue.
- The Omicron variant has seen less patients requiring admission to intensive care units, in line with trends around the country.
- Ward closures are managed with the Infection Prevention Control Team.
- Face masks will continue to be required in hospital, although that is being relaxed in community settings.
- The number of patients that are medically ready to leave continue to increase primarily due to the impact of care in the community. A Care Hotel has been opened and patients have started to be transferred there in order to release some inpatient beds in the hospital.

A question was raised in relation to the report published by the CAGE centre at Warwick University which estimated over 4000 non-Covid excess deaths in England had been caused by the impact of the pandemic and whether the Trust had been part of this research. Further, it was asked whether there was an estimate of non-Covid excess deaths within the Trust.

The Chief Medical Officer explained that there was no direct contribution to the research although all related data to expected deaths is available. The expected death ratios is as expected which would suggest that there are not excess deaths. However, she observed that this could present over the next year or two and provided the example of patients presenting with more advanced cancer than they might have had if they were accessing services in the normal way. Although services were still operating, some patients were reluctant to come in. There is also evidence of the disproportionate impact of Covid on the more deprived populations that have not accessed health support.

A public Governor asked if there had been any planning on the proposed mandatory vaccinations for staff coming into effect from 1 April 2022 in health settings. The Chief People Officer explained that there were originally 1300 members of staff with an unknown vaccination status who were contacted to confirm their vaccination status, this now being around 400 staff members that are yet to respond. There is a process of determining which staff roles will be exempt from the mandatory vaccination and for those members of staff that are in scope and do not wish to be vaccinated the options open to them will need to be reviewed. The Chief Medical Officer had hosted seminars for staff which provides the opportunity for questions and answers. The vaccination rate for staff is around 95%. There is also an exemption process for staff.

A public Governor asked how many Covid patients are unvaccinated. The Chief Medical Officer informed the Council of Governors that the total numbers are not known without looking at individual patients' records. Patients are asked when they come into the hospital. Clinical teams have said that most patients admitted are not vaccinated. At one point around 90% of patients in intensive care and 70% admitted generally were not vaccinated which is in line with what is seen nationally although the numbers vary.

A public Governor raised that they have met people who have previously tested positive but have not notified anyone which will impact the data that is available. The Chief Medical Officer advised that anyone with a positive test should be uploading the results onto the NHS website.

The update on Covid was NOTED by the Council of Governors.

Integrated Quality, Performance, Workforce, Finance and Informatics Report

The Chief Nursing Officer presented highlights from the quality report, noting the following key points:

- Falls across the organisation are reviewed; some contributory factors relate to staffing and patients being in side rooms.
- There has been a slight increase seen in section 42s which is a safeguarding concern that is a rise through Social Services; a comprehensive investigation is carried out when they are received, and some can be de-escalated.
- Certain mandatory training has been suspended in response to operational pressures so there are not the numbers of staff trained that would normally be expected.
- 91% of patients rated the care they received as Good or Very Good.
- The numbers of complaints are reducing with a focus on being responsive and early resolution.
- Above 95% of patients reported their outpatient experience as Good or Very Good.
- There is a robust process of monitoring the staffing; there are a high number of red flags which are mitigated by staff being moved around to cover areas with staff shortages.

The Chief Medical Officer presented highlights from the quality report, noting the following key points:

- There has been a significant amount of work into the Mortality processes and consideration given to how mortality team meetings across the Trust are aligned to ensure that more of the services are providing input into the mortality surveillance group to combine the learning.
- The mortality review process is being considered to make it easier for the medical staff to speed up the process.
- The mortality metrics over the last year have varied due to Covid. In April 2020 there were a low number of patients in the hospital, but the mortality rate was high.
- The mortality rates are all within the expected range.
- In view of the difference between weekday and weekend mortality rates, a deep dive is being completed to investigate this further. This will be brought to the Board Development sessions.
- There have been three serious incidents since December, one of which was a never event around a nasogastric tube. Learning from a previous never event states that nasogastric tubes should not be inserted out of hours. In the case of the patient, a nasogastric tube was required to be inserted out of hours; consequently, the pathway is being reviewed immediately to enhance patient safety.
- The external auditors had reviewed the serious incident framework and reported that it was incredibly robust with substantial assurance, which is not seen by them across many NHS organisations.

The Chief People Officer presented highlights from the workforce report, noting the following key points:

- It is important that staff have access to wellbeing services, which is regularly reviewed to ensure that staff are being reached.
- The VCOD (Vaccination Condition of Deployment) is included in the wellbeing for staff that are feeling distressed by that.
- Turnover remains stable at 12% and the vacancy rate is also stable at 5%. It has been getting more difficult to recruit to vacant positions.
- Sickness levels have increased but week on week the number of staff off with Covid (symptomatic or isolating) is reducing.
- The use of temporary staff continues to be high due to the variations in staffing.

The Chief Finance Officer presented highlights from the finance report, noting the following key points:

- Currently the Trust is in a good financial position, delivering a surplus of just under £1.5m at the end of December 2021 which is broadly on plan.
- There are a number of issues: the underachievement of the Cost Improvement Plan (CIP), savings are non-recurrent which puts pressures into the next financial year, considerable increase in agency staffing spend (nursing costs is the highest it has been in two years).
- Majority of the income is fixed so there is some certainty of the financial position.
- Due to the urgent care pressures, some elective activity has been required to be cancelled.
- Forecasting to end the year at a breakeven position although this will be dependent on operational performance by the end of March 2022.
- Forecasting to underspend £12.9m against the capital by the end of March 2022. This relates to strategic capital. The operational capital is on plan which is a managed position.
- Cash is fully committed in relation to the medium-term programme.
- There is a challenge to authorise all invoices in a timely manner; currently at 91% against a 95% target.

The Chief Informatics Officer presented highlights from the informatics report, noting the following key points:

- The main metric around the core infrastructure went through two major changes; one was that the provider to the external links was changed and the other was the movement of the computer centre due to the building work.
- The aim is for 99.9% uptime and this has been achieved consistently over the previous four months since the changes as outlined above.
- There has been a heavy demand on the IT Service Desk alongside managing 50 different projects with varying priorities.
- The Trust currently operates across seven sites (not including home working), soon to be eight sites when Yeoman's Way is opened.
- Across Dorset £1.5m worth of measurable productivity benefits is being achieved through the Dorset Care Record.

The Chief Operations Officer presented highlights from the operational performance report, noting the following key points:

- December 2021/January 2022 had been very challenging, impacting on the patient flow through the organisation.
- There has been an increase in the numbers of patients waiting for referral to treatment but with a reduction of how long they are waiting for, except for the numbers of patients waiting over 104 weeks. There are plans in place to have no more than 230 patients in that category but there needs to be more work to ensure that number is reduced.
- The number of patients waiting for diagnostics is primarily due to staff shortages, but also contributed to with failed equipment such as a CT scanner. A mobile scanner had been brought on site quickly which helped to prevent extending the wait time.
- ED performance has been challenging; the amount of time that patients have been waiting in ED has increased, this is also impacted by having over 200 patients medically ready to leave that are unable to be discharged from hospital.
- The Trust had requested a visit from an organisation called the Intensive Support Team to assess both EDs with the feedback from the report having now been shared with the Board. The next steps will be to align processes across ED in both Poole and Bournemouth.
- Cancer: The Trust remains in a similar position to most other organisations when compared nationally. There has been an increase of 16% in referrals, although the capacity is not currently in place to support

this. This will need to be reviewed if the numbers of referrals remain high.

In response to the reports, Governors made several enquiries:

- In relation to the finance report, a Governor asked whether there is a possibility for converting capital to revenue. The Chief Finance Officer answered that this cannot be done but can provide assurance that there is full compliance with the accounting standards. There are some areas where there is scope to determine if it is revenue or capital and that is reviewed monthly.
- A Governor enquired what is involved with raising a critical incident. The Chief Operations Officer explained that a critical incident occurs when critical services may not be able to be provided. This alerts the wider system that the Trust might need some help to maintain critical services. This had been called due to the staffing gaps, the increase in medically ready to leave patients and the delay in moving patients from the ED. Emergency preparedness was stepped up and within 24-36 hours it was felt that services could be maintained without having to suspend considerable numbers of other services daily.
- A Governor noted that ambulance handover delays are high risk on the risk register and asked about the plans to attempt to alleviate that position. The Chief Nursing Officer explained that there are a number of things that are done; a queue nurse goes to ED to ensure those patients in corridors have observations to review their welfare. She noted that it is a significant risk when ED is very busy and when ambulances are waiting. This is impacted by the high numbers of medically ready to leave patients that are in hospital. Part of the escalation process is through the site team who are available 24 hours a day.
- A question was raised in relation to plans to reintroduce the Friends and Family Test in ED. The Chief Nursing Officer confirmed her keenness to restart this in ED. There is currently a review of the possibility of restarting the Volunteer Service. Questionnaires have been sent out to find what departments would find useful, to ensure that volunteers are being used most effectively.
- A Governor enquired whether the Trust was taking steps to retain and recruit agency staff. The Chief People Officer responded that there had previously been drives to recruit people from agencies onto the bank, which continues but is not always successful. There is a need to reduce the usage of agency staff and to have staff work for the Trust directly.
- A Governor asked what the model for staff working would be going forward. The Chief People Officer confirmed that hybrid working is likely to continue for most staff in support roles and that it is unlikely to see staff working on site in the way that they used to.

There had been questions raised from a public Governor outside of the meeting:

- It is noted that a project to roll out a new learning from deaths process was introduced in November 2021. The Governor asked whether special scrutiny had been given to the numbers of deaths within readmission so the Board could be reassured that inappropriate early patient discharge has not been a contributory factor in these deaths. The Chief Medical Officer referenced a pattern that is seen during winter. All deaths are reviewed by the Medical Examiner and any concerns flagged. If there was felt to be an inappropriate discharge this would trigger the Trust's serious incident process rather than the standard mortality reviews. The mortality surveillance group also pays close attention to this metric and will ask for a deep dive if a trend is evident.
- The Governor asked whether the Trust was involved in the work with the DICS as doing so might enable progress which will reduce the risk rating. The Chief Medical Officer responded that the Trust is integrally involved in the outpatient transformation work with Dorset. The Chief Informatics Officer is the Senior Responsible Officer for the digital work stream and a

	<p>number of workshops have been held. Jonathan Marks has been appointed as the Clinical Director for outpatients to allow a focus on outpatient transformation including the digital first aspects with a current programme of procurement for the next wave of digital solutions.</p> <ul style="list-style-type: none"> • With the delay in establishing the statutory Integrated Care System until July 2022, the Governor enquired whether this affected the risk rating which is currently Low and what impact this decision had on the forthcoming budget allocation process. The Chief Strategy and Transformation Officer replied that the risk remains rated Low as the extra time for a July start further de-risks any changeover. Furthermore, the Dorset CCG and Integrated Care Board (ICB) are co-terminus and will have a high degree of continuity. Issues of budget setting across the ICS will remain a key task of the CCG/ICB and will follow the same process as the past few years, with regional guidance and oversight. Risks of operational performance, living within the allocated budgets etc. are picked up separately within the risk register. <p>The Council of Governors was ASSURED by the Integrated Quality, Performance, Workforce, Finance and Informatics Report.</p>
CoG 06/22	<p>2022/23 Annual Plan</p> <p>The Chief Finance Officer presented the slides on the 2022/23 Annual Plan, highlighting the following key points:</p> <ul style="list-style-type: none"> • The 10 priorities for delivery in 2022/23 were outlined; broadly these are a continuation of the priorities that were seen this year (2021/22). • There is specific focus on tackling health inequalities; with five key priority areas that were outlined from the report. • Draft revenue allocations for 2022/23 have been received with a 3-year financial settlement in the NHS but a further 2 year allocations are being reviewed across the Integrated Care Systems to ensure a fair and equitable allocation. • A continuation of the priorities for 2022/23 activity and performance from this year; the significant challenge is reducing many of the long waits for elective patients. The focuses remain on Cancer, Diagnostic and Urgent and Emergency Care pathways. • A very detailed central financial model had been completed which needs to be reviewed with the Care Groups to complete the operational setting. • The detail of the financial decision shows significant non-recurrent funding and delivering a significant amount of the cost improvement plan non-recurrently or at all. • Managing the work streams will focus on setting the base budgets, reviewing the Covid spending budgets for which funding is significantly reduced for 2022/23 and the elective recovery plan. There is a very significant elective recovery fund for 2022/23 but that has been allocated at Integrated Care Board level. For Dorset there is a ring-fenced allocation of £28m which provides an opportunity to reduce the elective waiting list. • The financial focus for 2022/23 is on increased the emphasis on financial management, a focus on financial stabilisation (cost containment) and a focus on financial improvement (cost reduction/income generation). • There will be a detailed planning process that will link with the ICS. <p>ACTION: Slides from this presentation will be shared with the Council of Governors. Sarah Locke</p> <p>A public Governor asked whether the cost improvement targets, and improvement rationale had been revised in the context of Covid. The Chief Finance Officer explained that during 2021 the CIP targets were removed for the first half of the year and then to deliver 0.5% in the second half of the year. The return to a target of 2.5% was to be achieved in the second half of this year but this has been a significant challenge given the operational pressures and the emergence of the Omicron variant.</p>

	<p>The Chief Executive informed the Governors that this would be reviewed at the arranged informal governor briefings.</p> <p>The Council of Governors DISCUSSED the 2022/23 Annual Plan.</p>
CoG 07/22	<p>Annual External Audit Plan</p> <p>The Chief Finance Officer presented the annual external audit plan, highlighting the following key points:</p> <ul style="list-style-type: none"> • Referring to page 51 of the meeting pack, this outlines the risk-based approach and the areas that the External Auditors will be focusing on. • There is an increased risk in relation to International Financial Reporting (IFR) standard 16; this is around the changes in accounting standards for leases which comes into effect this year. • This is a standard audit plan that is considered in detail at the Audit Committee (held on 20 January 2022). <p>The annual external audit plan was NOTED by the Council of Governors.</p>
CoG 08/22	<p>Board Assurance Framework Six Monthly Report</p> <p>The Chief Nursing Officer presented the Board Assurance Framework, highlighting the following key points:</p> <ul style="list-style-type: none"> • There are five principal board objectives, which are reviewed if there are any risks against achieving those objectives. The board discuss what it needs to do to achieve those objectives. • The Board Assurance Framework is reviewed through the Audit Committee (and the process that is used is reviewed by the Internal Auditors) which has consistently received positive feedback about how it is joined together through the governance work. • There are 22 specific board objectives which relate to the flow and capacity and operational targets, quality priorities, workforce, staff wellbeing, finance, IT, transformation and innovation and partnership working. • Each Executive is allocated some of those themes, who then work within teams in order to achieve the board objectives. • Within the Board Assurance Framework process, there are 47 associated risks which are reflected, and monitored, on the risk register. <p>The Board Assurance Framework was NOTED by the Council of Governors.</p>
CoG 09/22	<p>Chairman Recruitment Update</p> <p>The Chief People Officer provided an overview on the Chairman Recruitment Update, highlighting the following key points:</p> <ul style="list-style-type: none"> • A candidate brief has been prepared providing background on the Trust, the merger and annual activity of the Trust. • There is a refreshed job description which was reviewed at the Nominations, Remuneration and Evaluation Committee (NREC). • Carmel Gibbons from Odgers Berndston is a very experienced health care partner who will be working with the Trust to recruit to this position. • The Chairman will be stepping down at the end of the March and the recruitment process is unlikely to be completed by then. • There was a good discussion at NREC and as many of the Governors as possible will be sought to be included during the process. <p>The Lead Governor updated that Philip Green, Vice Chair, was at NREC and agreed that he will be acting Chair from end of March for as long as he is required. He has already started working with the Chairman and started to attend additional committees.</p> <p>The Deputy Lead Governor commented that a very thorough briefing was provided by Carmel Gibbons and the emphasis was on the search of the highest calibre and ensuring the process was not shortened to have someone in post as soon as possible; there was considerable assurance provided to the Governors with regards to the process being robust.</p>

	<p>A staff Governor observed having found NREC interesting and felt assured with the process as outlined by Carmel Gibbons. It was suggested that staff networks should be included as part of the search and recruitment process.</p> <p>ACTION: The candidate brief to be shared with the Council of Governors. Sarah Locke</p> <p>The Chairman recruitment update was NOTED by the Council of Governors.</p>
CoG 10/22	<p>Plans for Non-Executive Director Recruitment</p> <p>The Chief People Officer highlighted the following key points:</p> <ul style="list-style-type: none"> • The Board have agreed to review the Non-Executive vacancy once the recruitment of the Chairman has been completed. • The Non-Executive Directors have been consulted about this and support this process. • Siobhan Harrington, new Chief Executive, had been consulted in relation to the processes for the both the Chairman and the Non-Executive Director. <p>The Plans for Non-Executive Director Recruitment were NOTED by the Council of Governors.</p>
CoG 11/22	<p>The Role of the Lead Governor</p> <p>The current Lead Governor presented an overview of the role of the Lead Governor, highlighting the following key points:</p> <ul style="list-style-type: none"> • This has been the most difficult year due to Covid. • A key part of the Lead Governor role is to keep a good relationship with the Chairman, the Company Secretariat and with all Governors. • The CQC liaise with the Lead Governor when there are inspections. • The role is rewarding and a real honour. <p>The Chairman thanked the Lead Governor for his time and his update and encouraged the Governors to apply for the role of the Lead Governor.</p>
CoG 12/22	<p>Proposed Process for the Appointment of the Lead Governor and the Deputy Lead Governor</p> <p>The Deputy Company Secretary presented the process for the appointment of the Lead and Deputy Lead Governor, highlighting the following key points:</p> <ul style="list-style-type: none"> • The main changes are that there will be a separate vote for the role of the Lead Governor and the Deputy Lead Governor. • The term of office for both posts will increase from one year to two years. <p>The Proposed Process for the Appointment of the Lead Governor and the Deputy Lead Governor was APPROVED by the Council of Governors.</p>
CoG 13/22	<p>Urgent Motions or Questions</p> <p>There were no urgent motions or questions.</p>
CoG 14/22	<p>Any Other Business</p> <p>It was proposed that future agendas include an update from the Council of Governor Group meetings established.</p> <p>A public Governor suggested that there should be a Matters Arising list which should be reviewed at each meeting.</p> <p>The Lead Governor congratulated the Chief Executive on her OBE. It was noted that this was the last Council of Governor meetings that the current Chairman and the Chief Executive would be attending in that capacity. The Lead Governor thanked both on behalf of the Governors and commented that the Governors respect and admire how both have led the Trust and its two predecessors over the last three years.</p>
	<p>The date and time of the next meeting of the Council of Governors were announced as Thursday 28 April 2022 at 16.30pm at The Hamworthy Club or via Microsoft Teams (this will be confirmed in April 2022).</p>

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

Meeting Date: 28 April 2022

Agenda item: 6.2

Subject:	University Hospitals Dorset (UHD) NHS Foundation Trust Integrated Performance Report (IPR) March 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 service areas
Purpose of paper:	To inform the Board of Directors on the performance of the Trust during March 2022 using the multiple sources of data to triangulate this information to give a complete picture of our position.
Background:	<p>The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into a area of interest for additional information and scrutiny.</p> <p>The operational planning guidance (outlining the priorities for the year ahead) are detailed below:</p> <p>Systems are being asked to deliver on the following ten priorities in 22/23:</p> <ul style="list-style-type: none"> A. Investing in the workforce and strengthening a compassionate and inclusive culture B. Delivering the NHS COVID-19 vaccination programme C. Tackling the elective backlog D. Improving the responsiveness of urgent and emergency care and community care E. Improving timely access to primary care F. Improving mental health services and services for people with a learning disability and/or autistic people G. Developing approach to population health management, prevent ill-health, and address health inequalities H. Exploiting the potential of digital technologies I. Moving back to and beyond pre-pandemic levels of productivity J. Establishing ICBs and enabling collaborative system working

Trust Board Focus	<p>Areas of Board Focus for consideration</p> <p>Continuing High Bed occupancy levels. Current Ambulance handover delays and the amount of time patients are spending in the emergency department. Escalating challenges with 'No Reason to Reside' (NRTR) and the increase in bed pressure, with the number of Coved plateauing across the organization but contributing to maintain a high bed occupancy. Impact on reduced hospital flow has the potential to impact on patient safety, experience and increased elective cancellations. Workforce availability to meet escalating capacity levels, that driving increased agency costs and adverse impacts on staff wellbeing. Impact on hospital reputation and increased challenge to elective care recovery as a result of having to set more capacity aside for emergency /urgent care response. The impact this may have on the fundamentals of care in particular deconditioning of patients. All of which manifests itself within the financial performance, obviating the ability to reduce the forecast deficit.</p>																																													
Key points for Board members:	<p><u>Operational Performance</u></p> <p><u>Urgent and Emergency Care</u></p> <p>UHD Executive Team have identified that the ongoing pressures and Challenges to the Urgent and Emergency Care flow now represents the biggest risk to the organisation and as such have implemented an Executive led enhanced support recovery action plan with twice weekly meetings to ensure actions are progressed at pace alongside the Trust Flow programme.</p> <p>ED attendances are now at a pre-pandemic level, with 20 per day more attending our Emergency Departments compared to February this year.</p> <p>Ambulance delays is the most evident metric of the challenges the Trust faces. In March 727 ambulances waited more than 60 minutes to offload to our departments, and sadly 880 patients spent more than 12 hours in our Emergency Departments (6.4% of all attendances).</p> <p><u>Emergency Departments</u></p> <p>The IPR provides the detailed performance against the new national Urgent & Emergency Care standards. Headlines include:</p> <ul style="list-style-type: none">• Ambulance conveyances are YTD 7.6% below those observed in the same period in 2019/20, and YTD ED attendances are 2.9% above 2019/20.• ED mean time on both sites deteriorated, this is being driven by admitted times and crowding.• There were 89 x 12 hour waits from Decision to Admit (DTA) an increase in month compared to February (+29 breaches) <p><i>(colours based on change from last month)</i></p> <table><tr><th></th><th></th><th colspan="3">Mar-22</th></tr><tr><th>Standard</th><th>Aim</th><th>Poole</th><th>RBCH</th><th>Combined</th></tr><tr><td colspan="5">Operational (Field testing standards)</td></tr><tr><td>Mean time in the dept</td><td>200 mins</td><td>300</td><td>374</td><td>340</td></tr><tr><td>Time to Initial Assessment</td><td>15 mins</td><td>7</td><td>7</td><td>7</td></tr><tr><td>12 Hour ED Waits</td><td>0</td><td>357</td><td>523</td><td>880</td></tr><tr><td colspan="5">Internal Care Standards</td></tr><tr><td>Time to first clinician seen (RBCH: to Dr seen)</td><td>60 mins</td><td>135</td><td>201</td><td>171</td></tr><tr><td>Mean Clinically Ready To Proceed to Leave Dept</td><td>60 mins</td><td>263</td><td>154</td><td>207</td></tr></table> <p>The Improving Hospital Flow Programme progresses alongside the immediate recovery actions and is noted as Phase 2 of the recovery plan.</p>			Mar-22			Standard	Aim	Poole	RBCH	Combined	Operational (Field testing standards)					Mean time in the dept	200 mins	300	374	340	Time to Initial Assessment	15 mins	7	7	7	12 Hour ED Waits	0	357	523	880	Internal Care Standards					Time to first clinician seen (RBCH: to Dr seen)	60 mins	135	201	171	Mean Clinically Ready To Proceed to Leave Dept	60 mins	263	154	207
		Mar-22																																												
Standard	Aim	Poole	RBCH	Combined																																										
Operational (Field testing standards)																																														
Mean time in the dept	200 mins	300	374	340																																										
Time to Initial Assessment	15 mins	7	7	7																																										
12 Hour ED Waits	0	357	523	880																																										
Internal Care Standards																																														
Time to first clinician seen (RBCH: to Dr seen)	60 mins	135	201	171																																										
Mean Clinically Ready To Proceed to Leave Dept	60 mins	263	154	207																																										

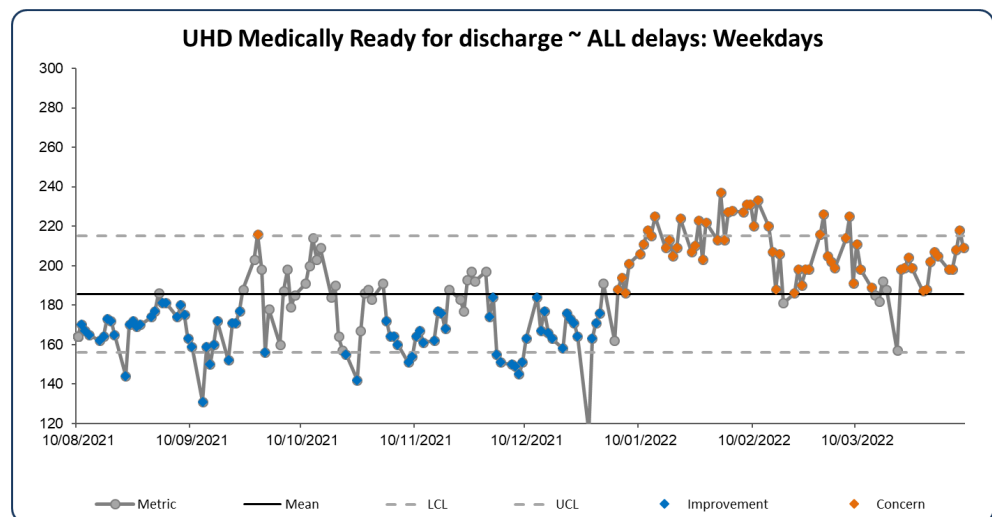
Occupancy, Flow and Discharge

Both sites continued to have all escalation & extremis beds open in March alongside most infection control closed beds using risk assessment and mitigation plans to ensure we optimally offset risks. However, despite this, occupancy remained high at 93.7%.

The number of patients ready to leave with No Reason to Reside (NRTR) decreased in month to 198 (a reduction of -14 patients per day). Occupied bed days remains high for patients with a longer length of stay (7/14/21+). The latter continues to exceed the national standards as a proportion of all inpatients.

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

The introduction of the Care Hotel (16 beds) supported the management of the emerging pressures however this stopped functioning at the end of March. Further strategies are being reviewed to understand if voluntary sector/care hotel staff can be utilised to support escalation areas/new initiatives across the Trust.



The recent increase in the number of Covid outbreaks on the wards and incidental infections has led to the loss of inpatient capacity. Coupled with the challenging MRTL position it has indicated the need to introduce additional extremis surge plans in order to support urgent care pathways. It is hoped that new infection control guidance will support sustained re-opening of closed capacity.

Surge, Escalation and Operational Planning

At the time of writing, UHD has 198 confirmed Covid inpatients, below the levels experienced in Wave 2 but above the 5% national planning requirements. A steady rise as predicted in the regional Epicell modelling. This has resulted in additional covid inpatient capacity being operationally required and has reduced the availability of 'green' (non Covid) elective and non-elective capacity. Covid outbreaks on wards have stretched the allocated covid inpatient capacity.

Referral to Treatment (RTT)**92% of all patients should wait no more than 18 weeks for treatment**

	Feb 22	March 22	
Referral to treatment 18-week performance	60.44%	60.44%	Target 92%
104 weeks	408	280	252 by March 22
Hold or reduce >52+ weeks compared to Sept 21	2,680	2,655	-581 v Sept 21
Stabilise Waiting List size compared to Sept 21	54,602	56,038	+4,547 v Sept 21

The Referral to Treatment standard has been consistently maintained above 60% since May 2021.

The total waiting list increased by 1,436 patients compared to the previous month; the total waiting list size is 4,547 patients higher than September 2019 (the national backstop position). The movement to a single PAS system in the Trust has resulted in the temporary duplication of c.1,000 patient pathways which has skewed the actual increase in March 2022. A process of validating duplicate pathways is in place as part of a managed and controlled process in the single PAS implementation programme.

The Trust is currently working to a national ambition to eradicate 104 week waits. In March, the number of patients waiting >104 weeks reduced by 32%. 280 patients were waiting >104 weeks at the end of March. The 104 week wait recovery plan was impacted by an increase in Covid positive patients in the Trust in March, which reduced the availability of 'green' (non Covid) elective capacity, particularly across surgical specialties. High rates of staff absences and high numbers of patients medically ready to leave in the trust, have also contained capacity.

High level elective care recovery actions include:

- **Ongoing clinically led waiting list validation**
- **Further expansion and improved utilisation of additional internal or insourcing and outsourcing capacity**
- **A High flow clinical assessment facility at Dorset Health Village**
- **Continuing to promote use of digital technology**
- **Increased use of Patient Initiated Follow Ups and Advice and Guidance**
- **Delivery of capital transformation through initiatives under the Targeted Investment Fund to support elective recovery.**
- **Two organisational-wide improvement programmes:**
 - a. Theatre improvement programme: value and efficiency
 - b. Outpatient Enabling Excellence and Transformation programme

DM01 (Diagnostics)**1% of patients should wait more than 6 weeks for a diagnostic test**

November	Total Waiting List	< 6weeks	>6 weeks	Performance
UHD	13,610	11,442	2,168	15.9%

The DM01 standard has achieved 84.1% of all patients being seen within 6 weeks of referral. Demand for diagnostics and workforce gaps are impacting of the Trust's recovery of diagnostics performance.

High level diagnostic recovery actions include:

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

Cancer Standards

Measure	Target	Q1 21/22 - FINAL	Q2 21/22 - FINAL	Q3 21/22 - FINAL	Jan 21 FINAL	Feb 22 - FINAL
Cancer Plan 62 Day Standard (Tumour)	85%	79.1%	76.9%	70.9%	71.6%	65.5%
62 Day Screening Standard (Tumour)	90%	88.1%	81.0%	87.0%	85.2%	82.6%
31 Day First Treatment (Tumour)	96%	97.1%	97.4%	96.8%	96.2%	97.2%
Subsequent Treatment - Surgery	94%	91.2%	92.2%	93.9%	86.8%	94.0%
Subsequent Treatment - Radiotherapy	94%	99.0%	97.8%	100.0%	98.5%	100.0%
Subsequent Treatment - Anti Cancer Drugs	98%	98.8%	98.1%	100.0%	100.0%	99.4%
Faster Diagnosis	75%	76.5%	75.4%	66.6%	60.4%	72.3%
Over 104 days (treated in month)	N/A	30	28	36	7	24

In February the rate of two week wait referrals were higher when compared to the previous year (+20%), 11% above trajectory. This trend has continued into March. The sites seeing the highest increases in referrals in March were Lung (+57%), Urology (+28%) and Upper GI (+21%).

At Trust level the 28-day FDS performance in February was slightly below the national standard (75%); 72.3%. *This was a significant improvement when compared to previous month with seven tumour sites achieving the standard.*

The Trust has consistently achieved the 31-day standard for 11 consecutive months and is expected to be achieved in March.

All three subsequent treatment KPI's were achieved in February.

The 62-day performance in February was below the 85% threshold (65.5%), however remains above the current national average of 63.1%. UHD has continued to perform above the national average since merging and reported the highest number of treatments against this standard within Wessex.

High level actions include:

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

Health Inequalities

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

Quality, Safety, & Patient Experience

Infection Prevention and Control:

- Covid19 outbreak report now finalised and an action plan sent to the CCG for outbreaks that occurred in the financial year 2020/2021. Work will commence on the follow up of outbreaks for 2021/22 during April.
- Community cases of COVID-19 increased, translating to an increase in sustained hospital admissions but less impact upon critical care.
- Outbreaks have been reported within Wards on both sites and large numbers of staff have been required to self-isolate as a result of testing +ve or developing symptoms.
- MRSA - 1 community acquired (CA) case reported this year. Patient admitted with complex risks that required treatment for bacteraemia and digital halux amputation. RCA completed with system wide input. Learning related to rapid sharing of information being worked through with the cross Dorset access to the IPC data sharing tool, ICNET
- A collaborative project looking at MSSA has commenced within Dorset. Themes identified within the PIR for these cases point towards poorly maintained vascular access devices and poor skin integrity being a common factor in bacteraemia, there may be some benefit in looking at skin decolonisation for high risk patients as a future QI project for UHD. Hospital associated E. coli and MSSA blood stream infections remain above expected trends.
- Case of Clostridioides Difficile have increased for those patients with a hospital onset and community onset healthcare associated infection in conjunction with this, the frequency of relapse and the severity of cases has also increased. This is a common trend across the South West, an ongoing collaborative project across the region is gathering data to help us to understand the reasons behind this increase. However, our rates per 100K admissions is below the England rate (36 vis 45 per 100K). Current themes from Post Infection Review indicate the challenge of ensuring prompt identification, sampling and isolation of patients is a key factor for the Trust to improve upon. This month we supplied data on the cases identified in 2020/2021 to the CCG as part of their system wide case review.

Clinical Practice Team:

Moving & Handling

- Moving & Handling equipment including hoists, stand aids and new slings have been delivered and being prepared for delivery to the clinical areas on the Poole site. The Team are now refining a plan for implementation and training in situ on the new equipment.

Falls prevention & management

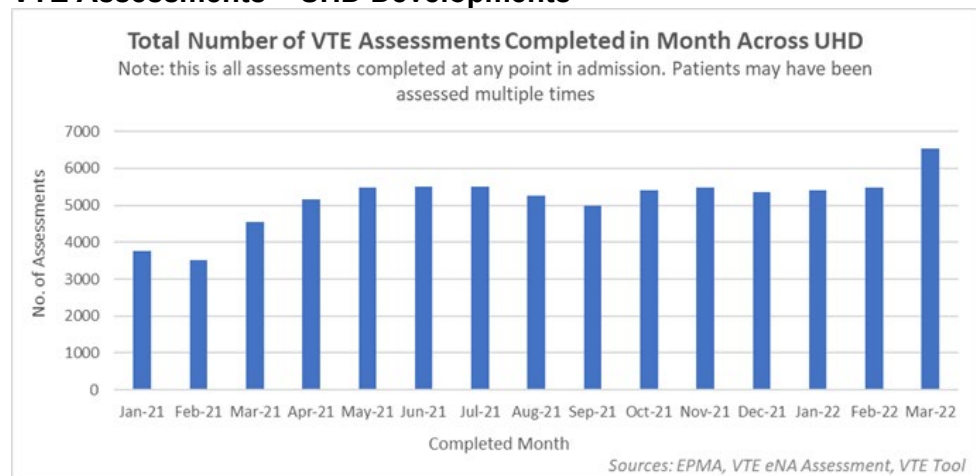
- This month sees a reduction both in the number and severity of reported incidents, two fractures of moderate severity and one severe incident for a sustained fractured neck of femur.
- Additional floor cushions have been delivered, funded from the Risk register. This increases our provision of a rounded equipment provision aiming to meet the needs of all our patients deemed to be a high risk of falling.
- The National Audit of Inpatient Falls facilities audit has been submitted this month, our first submission as UHD.

Tissue Viability

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

The Clinical Practice Team have continued to support ward teams when staffing has been challenging across both sites, as well as undertaking DATIX administration and RCA/SI investigation responsibilities for ward areas.

VTE Assessments – UHD Developments



The chart above shows the total number of VTE assessments completed per month across UHD. The UHD reporting for this workstream is currently in development and so far, have identified all data sources for VTE assessments across UHD. Bournemouth and Christchurch sites use the VTE eNA assessment and the VTE tool, and some EPMA, while the Poole site currently only uses EPMA. We are still clarifying the logic for compliance reporting, including understanding the case mix differences for cohorting across the sites. Clinical leads and the BI team continue to work on this during quarter 1 with the aim to provide compliance at ward, specialty, directorate and trust wide level.

Patient Experience:

Friends & Family Test

FFT Positive responses are fractionally lower at 88.3% compared with 89.3% in February, this shows a downward trend for three consecutive months (our lowest positive response this year was recorded in August at 86.36%)

PALS and Complaints

- In March there were 22 new formal complaints and 28 Early Resolution of complaints processed.
- There are 93 outstanding open complaints, 37 of which have been open longer than 55 working days. A reduction in the number of open complaints is steadily declining.
- The number of complaints responded to in month has increased to 24, regular meetings with the care groups continue to focus closing of complaints. Workforce pressures in the corporate complaints team are still expected to continue next month due to vacancies. To give a more realistic time frame and to avoid extension of complaint responses, this has been communicated to complainants as 55 days, with an internal target to be less.
- Key themes from PALS and complaints:
 - failures in communication across all specialties and disciplines
 - discharge arrangements – either too soon or poorly coordinated
 - poor staff attitude and behaviours

Workforce

YTD Indicators to March 2022:

		21/22 YTD	20/21 YTD	Variance
Turnover (12 month rolling)		12.4%	12.1%	0.3%
Vacancy		5.1%		N/A
Sickness Rate (12 month rolling)		5.1%	4.8%	0.3%
Appraisals	Values Based	40.6%	47.1%	-6.4%
	Medical & Dental	54.9%	56.1%	-1.2%
Statutory and Mandatory Training		86.8%	86.7%	0.1%

March (in month) Indicators:

		Actual this month	Variance on last month
Turnover		14.0%	0.5%
Vacancy		5.5%	0.7%
Sickness Rate		6.8%	0.6%
Covid-absence non-sickness		0.3%	0.0%
Appraisals	Values based	59.1%	0.0%
	Medical & Dental	56.6%	17.8%
Statutory and Mandatory		84.8%	-0.8%

Month	Sickness Covid	Sickness Other	Sickness Total	Other Covid
Oct-21	0.20%	5.56%	5.76%	0.60%
Nov-21	0.20%	5.69%	5.89%	0.42%
Dec-21	0.29%	6.33%	6.61%	0.41%
Jan-22	0.33%	6.38%	6.70%	0.37%
Feb-22	0.22%	5.91%	6.13%	0.30%
Mar-22	0.33%	6.42%	6.75%	0.34%

Workforce Performance:

UHD turnover has risen to 14.0% actual this month, an increase of 0.5% from last month, and is tracking at 12.4% year to date.

Vacancy Rate is showing at 5.5% actual this month, an increase of 0.7% on last month. Year to date 5.1%. Work continues to refine our data analysis and establishment processing.

Overall Sickness levels have increased this month to 6.8%, an increase of 0.6%. Staff absent due to Covid also increased, a picture reflected nationally. Year to date sickness absence is 5.1%

Medical & Dental appraisal levels have risen this month to 56.6%, an increase of 17.8% on last month. Year to date is 54.9%.

Value based appraisal levels remain the same as last month at 59.1% and are still tracking low, year to date 40.6%

Statutory and Mandatory training: although compliance continues strong despite continuing disruption to training due to operational pressures, this month has again shown a small decrease in compliance by 0.8%. Actual this month is 84.8%. Year to date 86.8%.

CPO Headlines:

People Operations

Employee Relations Cases: With increased emphasis on coaching line managers to handle employee matters informally where appropriate, in line with Just & Learning culture principles, only 1 case relating to misconduct was referred to the team for formal investigation during March 2022.

Managing Covid: The HR Operational team are proactively working with line managers to provide professional support and guidance (including ill health retirement advice) for colleagues who are experiencing long covid. The team continue to update the trust's Covid-19 Frequently Asked Questions in line with national changes to support staff management of covid within the organisation and have recently distributed c3,500 letters to ex-employees/workers to inform them of the Government's intention to hold an Inquiry into the Covid Pandemic. Our expectation is that the Trust and its current and ex-employees/workers will be invited to take part.

Policies: The following policies were ratified at March's Staff Partnership Forum:

- Flexible Working Policy
- Agile Working Policy
- Balancing Work and Family Life Policy
- Managing Attendance Procedure

Alignment of annual leave cycle for senior medical staff: The Local Negotiating Committee has supported the alignment of the annual leave cycle for all senior medical staff employed at University Hospitals Dorset. This will result in a change of practice for Bournemouth & Christchurch based doctors from 1st April this year.

Job Planning Guidance: Job Planning Guidance for UHD has been drafted and a Task & Finish Group formed to review and agree this document.

Alignment of Medical Locum Rates: Locum spend and rate violations across UHD have been analysed. This data, together with information on average South West rates has been used to develop a new rate card which will align rates for all grades of medical locum staff across UHD, leading to greater transparency and fairness. 2 task and finish groups have been set up to a) develop an escalation procedure and b) to phase out paper based methods of recording and paying for extra-contractual activity.

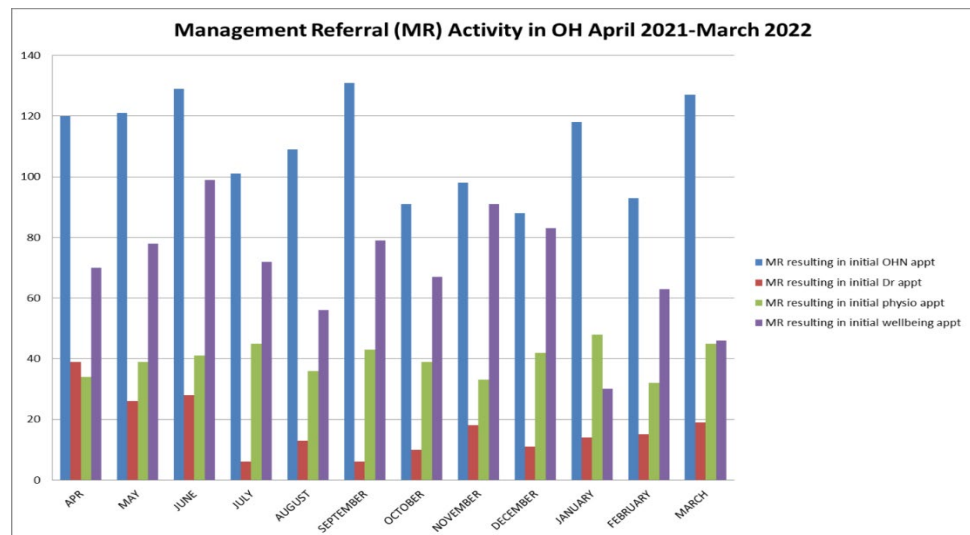
Gender Pay Gap Reporting: The annual National Gender Pay Gap reporting continues to shine a light on inequity between male and female pay within organisations. HR Operations have worked collaboratively with Organisational Development to analyse the data and develop improvement actions.

Occupational Health and Enhanced Wellbeing Service

Activity in Occupational Health remains high with 211 pre-placement appointments and 240 management referral appointments being given in March 2022.

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

As can be seen in the table below, during 21/22 financial year demand continued to be high for appointments in all specialties within the multi-disciplinary OH team.



Demand for the Psychological Support & Counselling Service also remains high. The team are under capacity due to staffing gaps and at present some referrals are being redirected to the ICS Wellbeing Hub. A business case to enhance the capacity of this service has been agreed.

Recruitment to vacancies continues across all areas of Occupational Health & Psychological Support & Counselling Service.

Work is underway to update and improve the information on the UHD intranet pages. The aim being to provide a clear, informative guide to staff on what to expect when attending Occupational Health, how Occupational Health can support, and an overview of the services Occupational Health provides.

- **Resourcing**

Substantive General Recruitment	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Yearly Totals
Number of Applications	2023	1824	2105	2048	2166	2315	2657	2838	2222	2029	2683	2316	3430	30656 applications
Candidates Offered	195	211	234	258	229	256	257	247	299	229	248	271	257	3191 offers made
Adverts Posted	210	183	206	263	282	277	295	257	299	345	319	312	368	3616 adverts
New Joiners to the Trust	28	30	61	83	62	90	125	123	129	60	101	80	97	1069 new joiners
Internal Candidates	35	62	70	105	91	123	121	143	121	90	142	119	95	1317 internal movers
Total number of starters	63	92	131	188	153	213	246	266	250	150	243	199	192	2386 candidates processed

Some significant increases in general recruitment activity over the past year have noted:

- The number of Jobs being advertised by UHD is up by almost 25% in the second half of this Financial Year (FY).
- The number of applications we have received and processed in the second half of this FY is 20% up on the first half, with a record number made this March 2022. Whilst that seems at odds with a tightening recruitment market, analysis indicates that it includes a high number of applications from candidates based overseas without UK registration or RTW in the UK. Those candidates are most often Nigerian nationals, applying from Nigeria.
- The number of new starters in the second half of the year is 30% higher in number than in the first half.

In addition to regular recruitment, NHSI incentives are driving multiple individual recruitment campaigns within general recruitment, including **International nursing, HCSW, MSWs, ICS HCSW, Physicians Associates and Doctors Assistants**. These schemes often require a quick turnaround and allocation of dedicated resources to meet what is required. All schemes are progressing well. This month, we are experiencing a delay in our most recent international nurses passing their OSCE exam to become fully registered nurses, which is due to a national shortage of OSCE exam center places. This has been escalated at regional and national levels.

Yeoman's House- The move to Yeoman's house is now complete. We are still recruiting to 2 WTE posts, but once better resourced, we will commence project work aligning TRAC and Recruitment Advisors to the revised Care Group structure, and to scope out the move of medical recruitment to TRAC.

Marketing and Digital Recruitment - our new appointee has commenced work, and in her first week, already made good inroads to refreshing the content of our regularly advertised posts.

Workforce Systems:

The total amount of changes processed by the team in March was 61 less than in February. February was noted as 1724 while March changes were 1663.

The most noticeable changes in March compared to February were position numbers and SR3's

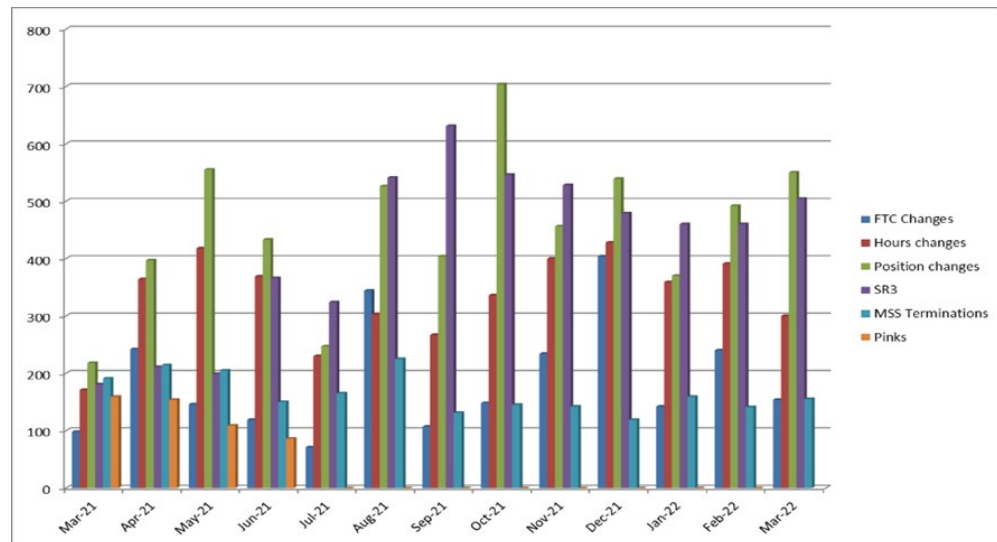
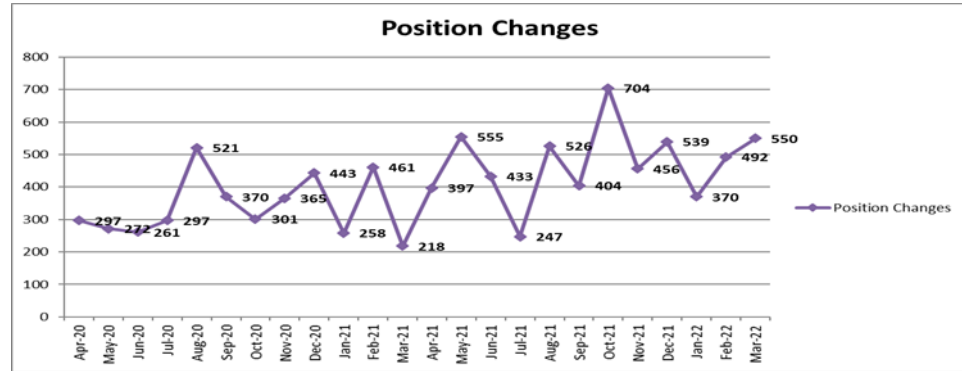
MSS terminations have increased slightly this month by 14 but is still less than this time last year.

The number of Fixed Term Contracts processed has decreased considerably on last month from 240 in February to 154 in March, however, is still a lot more than this time last year.

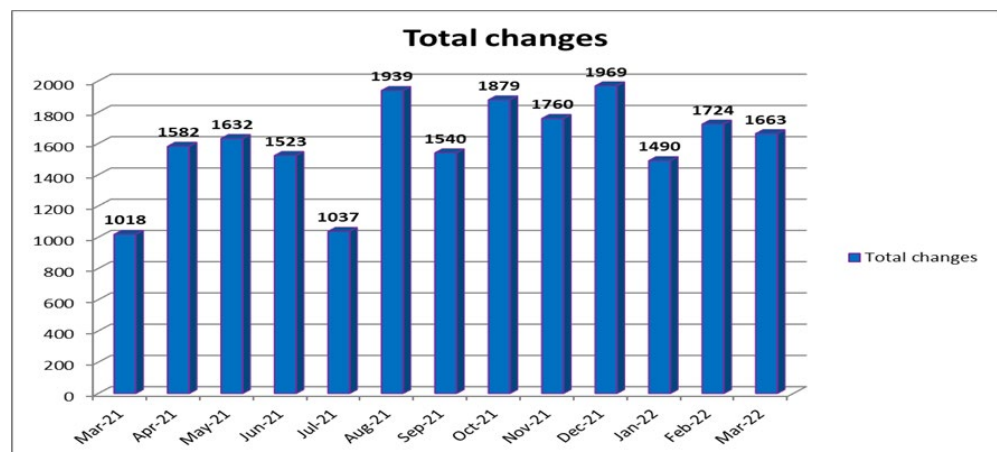
Hour changes have decreased from last month. From 391 in February to 300 processed in March

Position changes have increased on last month by 58 changes. February was 492 and in March there were 550

Changes by type



Note: Pink forms refer to the old style change form that the Poole site used to use instead of the current Eform prior to the merging of the two systems

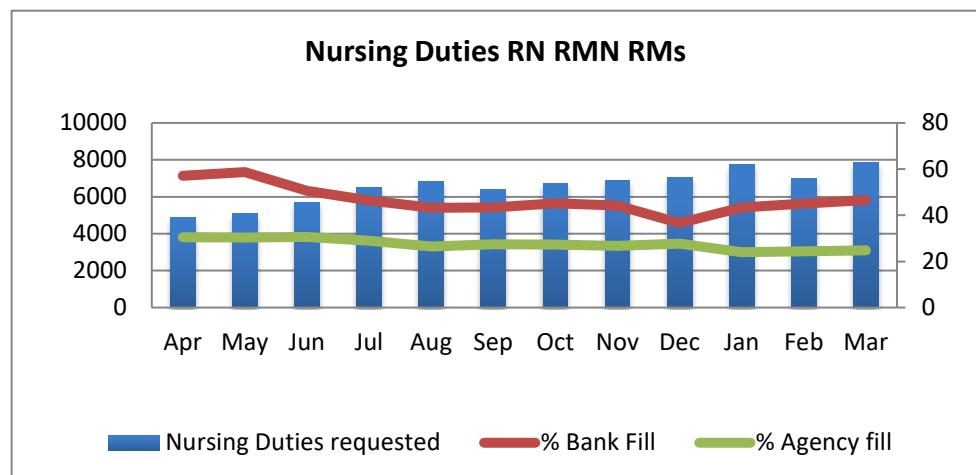


Temporary Workforce:

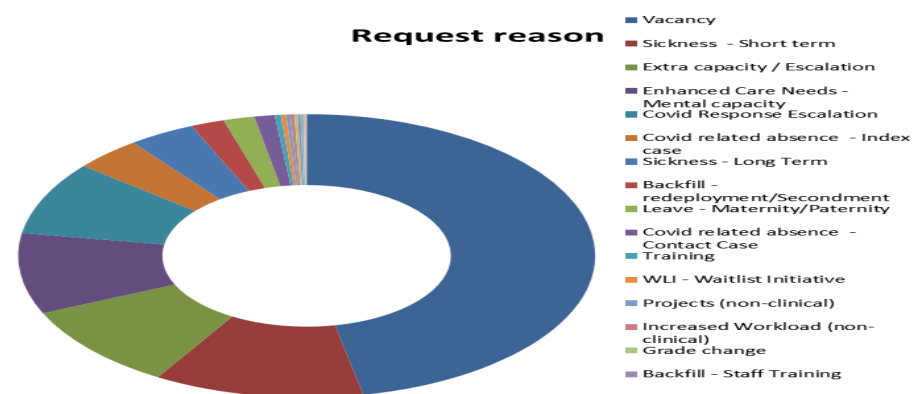
- The Trust continues with efforts to reduce reliance on temporary staffing.
- The demand is high across all staff groups – Nursing (including mental health), AHP'S, medical and administration with the highest request reason attributed to vacancies, sickness, extra capacity and enhanced care needs

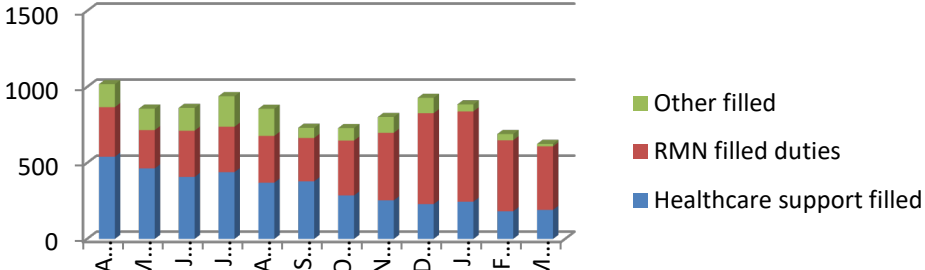
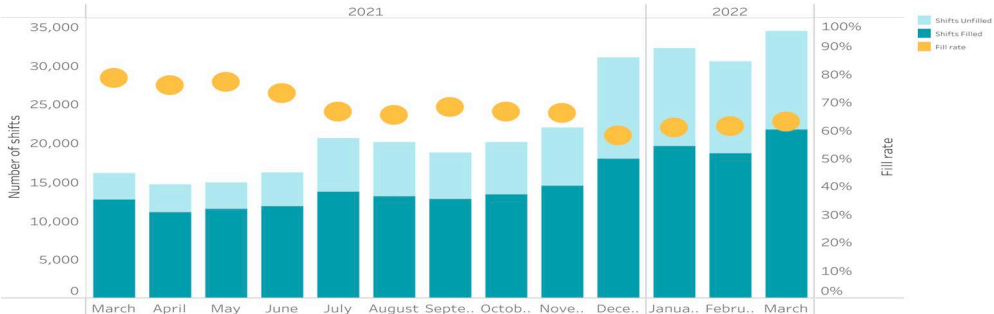
- In order to maintain patient safety and support depleted workforce, high cost agency usage remains high. Mental Health requirements being last minute have been wholly supported by agencies as the demand continues to increase.
- Consultation has launched with an aim to move the temporary staffing team to Bournemouth
- The improvement plan for the remainder of this financial year is continued system collaboration with a focus on progressing the recommendations.
- Interest and applications have increased for HCSW roles. 52 staff are currently being shortlisted
- Data cleanse has started to remove bank staff over and noting a period of 3 months inactivity. 483 of the c1800 have been removed
- Medical bank demand is high with the highest demand in ED and Medicine
- The number of AHP locums has risen to 25 compared to 7 previously

The volume of nursing duties has increased from m11 noting a slight increase in % fill



M12 has seen another drop-in qualified mental health support requested as compared to previous months. The demand for enhanced care remains high but supply of suitable qualified support staff has been challenging. A growing need to upskill current staff as well as recruit mental health support.



	<p>Enhanced Care reason requests</p>  <p>Medics:</p>  <p>Another High volume of shifts reported filled via Locums nest in March since launch.</p>
Options and decisions required:	No decisions required
Recommendation:	<p>Members are asked to note:</p> <ul style="list-style-type: none"> • The Trust Performance in March • The recovery areas ongoing • To consider as a Board the triangulate picture of our position.
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 1430 – ED workforce UHD 1074 - Risks associated with breaches of 18 week Referral to Treatment and 52 week wait standards UHD 1292 – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates UHD 1386 – Cancer waits increasing due to increased referrals. UHD 1276 – Delayed patient care due to delays in surgery for #NOF patients UHD1447 - Adverse Outcomes for Orthodontic Patients due to COVID restrictions and lack of additional facilities and manpower UHD1024 - Risks associated with continuity, capacity and staffing during Pandemic Infectious Disease and seasonal flu UHD1574 - Lack of Breast screening staff impacting on waiting times UHD1437 – Loss of IT Service UHD1592 - Electronic Prescribing and Medicines Administration Project Delay UHD1599 - Safety checklist process for all interventional procedures (Never Events) UHD1260 - Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling UHD1607 - Failure to maintain Hospital standardised mortality UHD1640 - Fetal Monitoring equipment UHD1577 - Unsafe Storage (Fire and Infection Control Compliance) – PH UHD1591 - Information Asset Management UHD1202 - Medical Staffing Women's Health UHD1378 - Lack of Electronic results acknowledgement system UHD1355 - Lack of integration between the Electronic Referral System (eRS) & Electronic Patient Record (ePR)
CQC Reference:	All 5 areas of the CQC framework

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

INTEGRATED PERFORMANCE REPORT



March 2022

Performance at a Glance - Key Performance Indicator Matrix

		standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	ytd	ytd var	trend
SAFE																									
Quality	Pressure Ulcers (Cat 3 & 4)		12	6	10	8	12	12	13	16	11	15	12	15	8	10	6	7	6	13	14	5	122	-27	
	Inpatient Falls (Moderate +)		5	2	3	5	4	4	5	2	4	6	2	7	1	3	6	1	1	7	8	3	49	4	
	Medication Incidents (Moderate +)		1	2	5	4	9	2	4	4	1	0	1	1	1	6	2	8	2	3	2	2	29	-5	
	Patient Safety Incidents (NRLS only)		1379	1341	1654	1581	1537	1492	1239	1006	1140	1145	1073	1159	1229	1036	1178	1127	967	1106	932	916	13008	-2869	
	Hospital Acquired Infections		0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	4	1	
		MRSA	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	4	1	
		MSSA	1	2	3	9	8	4	6	4	3	2	4	5	5	5	1	4	4	3	7	5	48	-3	
Quality		C Diff	7	6	1	3	1	2	9	3	4	8	8	8	5	8	6	6	4	2	8	3	70	17	
		E. coli	3	12	5	8	2	11	3	3	4	4	9	8	10	7	8	7	9	7	2	4	79	14	
EFFECTIVE																									
Mortality	SMR	Latest Jan 21 (source Dr Foster)	97.92	93.17	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				86.0		
	Patient Deaths	YTD	207	185	265	244	249	469	299	217	165	185	170	232	223	202	222	238	247	270	203	241	2598	-265	
	Death Reviews	Number	105	85	124	111	127	207	152	103	94	117	102	124	133	115	137	111	123	95	32	40	1223		
	Deaths within 36hrs of Admission		30	35	40	36	49	47	39	37	30	29	33	48	38	19	33	44	36	48	34	29	421	-28	
	Deaths within readmission spell		15	13	15	22	25	36	18	16	12	14	10	26	22	17	13	12	12	21	15	22	196	-19	
CARING																									
	Complaints Received		57	48	51	56	62	53	53	51	60	68	62	52	57	51	39	20	27	48	38	60	582	12	
	Complaint Response in month		57	48	51	48	49	43	59	59	47	26	64	53	55	28	32	39	58	37	37	48	524	-25	
	Section 42's		0	2	0	0	0	0	1	0	0	0	22	0	0	14	0	0	13	0	0	13	62	28	
	Friends & Family Test		90%	91%	91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	87%	87%	89%	91%	90%	89%	88%	89%	-3%	
WELL LED																									
Safety	Risks 12 and above on Register		36	38	39	31	32	27	31	34	35	40	43	44	47	44	49	44	44	42	41	39	49	15	
	Red Flags Raised*		31	47	51	43	73	129	51	28	41	45	56	80	117	105	160	209	161	180	148	130	1432	926	
	*different criteria across RBCH & PHT																								
	Overall CHPPD		9.5	8.8	9.0	9.4	9.4	8.3	9.4	9.3	5.7	5.3	5.2	5.0	4.7	4.6	4.7	4.8	3.3	4.7	3.2	4.6	4.6	-1.6	
People	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	
	Turnover		10.40%	10.70%	10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	11.50%	12.20%	12.40%	12.10%	12.20%	12.60%	12.81%	12.10%	13.50%	14.00%	12.4%	0.3%	
	Vacancy Rate (only up to Oct 2020)		1.0%	0.7%	1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sickness Rate		4.2%	4.2%	4.2%	4.4%	4.5%	7.1%	4.9%	7.1%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.2%	5.2%	5.3%	5.1%	5.2%	5.4%	5.1%	0.3%	
	Appraisals	Values Based	41.6%	53.5%	57.3%	61.5%	63.9%	63.7%	63.1%	62.9%	4.6%	9.0%	16.7%	25.7%	35.7%	48.7%	54.5%	58.2%	58.4%	55.3%	59.1%	59.1%	40.6%	-6.4%	
		Medical & Dental	52.0%	45.9%	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	61.0%	62.8%	54.4%	61.1%	63.1%	54.1%	44.1%	38.8%	56.6%	54.9%	-1.2%	
	Statutory and Mandatory Training		86.52%	86.96%	88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.90%	88.20%	88.10%	88.60%	87.70%	86.50%	85.80%	86.18%	85.72%	85.60%	84.79%	86.8%	0.1%	

Performance at a Glance - Key Performance Indicator Matrix

		standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	ytd	ytd var	trend	
RESPONSIVE																										
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)		8	20	25	17	29	36	10	17	12	11	7	12	13	19	22	22	18	24	12	4	176	-45		
	Patient Moves Out of Hours (Non-Clinically Justified Only)		58	64	84	106	103	187	75	70	67	72	98	122	65	51	82	45	53	57	64	77	853	-199		
	ENa Risk Assessment	Falls	62%	61%	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	56%	57%	-3%		
	infection eNa assessment	Infection	74%	73%	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	58%	59%	58%	56%	58%	54%	61%	60%	61%	-11%		
	went live at RBCH during April 20	MUST	64%	64%	63%	65%	61%	57%	63%	63%	69%	66%	65%	61%	59%	60%	59%	57%	58%	55%	62%	60%	61%	-3%		
	Waterlow	61%	61%	61%	61%	60%	52%	59%	60%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	57%	57%	-3%			
RTT	18 week performance %	92%	49.0%	56.2%	60.4%	63.4%	64.8%	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%					
	Waiting list size	44,508	41,172	43,123	44,320	44,349	44,117	44,615	45,524	47,133	47,984	48,773	49,099	48,687	49,906	51,491	52,787	52,383	52,972	53,168	54,602	56,038				
	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)	0%	-3%	1.3%	4.1%	4.1%	3.6%	4.8%	6.9%	10.7%	7.8%	9.6%	10.3%	9.4%	12.1%	15.7%	18.6%	1.7%	2.9%	3.3%	6.0%	8.8%				
	No. patients waiting 26+ weeks		16,950	17,001	14,220	12,131	10,738	10,904	11,672	12,408	12,692	12,682	11,972	11,085	10,929	11,508	11,600	11,746	12,904	13,561	13,829	13,765				
	No. patients waiting 40+ weeks		6,395	6,921	7,197	7,799	8,031	7,258	7,006	6,727	6,474	6,151	5,962	5,872	5,971	5,922	5,559	5,413	5,374	5,391	5,764	5,650				
	No. patients waiting 52+ weeks	0	2,050	2,636	2,998	3,242	3,439	4,273	5,325	5,595	4,816	4,156	3,737	3,402	3,408	3,480	3,442	3,322	2,968	2,777	2,680	2,655				
	No. patients waiting 78+ weeks		0	70	92	149	291	542	726	979	1,176	1,268	1,180	1,318	1,635	1,740	1,416	1,329	952	870	864	758				
	No. patients waiting 104+ weeks		0	0	0	0	0	0	0	0	9	24	66	101	133	178	247	248	273	295	408	280				
Theatre	Average Wait weeks	8.5	20.8	20.6	19.5	18.3	18.6	18.3	18.3	20.1	19.5	19.5	20.1	20.1	20.1	17.8	17.8	19.5	18.5	20.1	19.5					
	Theatre utilisation - main	98%	67%	71%	71%	71%	73%	69%	67%	73%	73%	74%	75%	72%	73%	74%	75%	72%	70%	71%	75%	71%				
	Theatre utilisation - DC	91%	70%	73%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%	58%	65%	63%	61%	62%	64%	63%				
Outpatients	NOFs (Within 36hrs of admission - NHFD)	85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%	39%	20%	42%	4%	9%	32%	24%				
	Referral Rates																									
	GP Referral Rate	(2021 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%			
	year on year +/-	(19/20 baseline)	-0.5%	-45.8%	-37.8%	-34.4%	-32.0%	-28.2%	-29.5%	-29.0%	-22.4%	-12.6%	-10.2%	-8.6%	-10.8%	-10.8%	-10.9%	-11.3%	-10.7%	-10.2%	-10.8%	-10.7%	-7.0%			
	Total Referrals Rate	(2021 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%			
	year on year +/-	(19/20 baseline)	-0.5%	-45.3%	-37.1%	-32.2%	-28.7%	-24.5%	-22.8%	-22.2%	-17.2%	-8.9%	-8.0%	-3.9%	-6.2%	-6.0%	-5.6%	-5.0%	-4.6%	-5.0%	-4.8%	-1.4%				
	Outpatient metrics																									
	Overdue Follow up Appts		13,652	13,941	13,722	13,099	13,941	14,883	15,775	15,669	15,404	15,266	15,330	15,389	16,272	16,487	16,174	15,846	16,393	16,523	16,649	16,503				
DM 01	Follow-Up Ratio	1.91	1.46	1.44	1.44	1.48	1.44	1.63	1.54	1.44	1.40	1.36	1.37	1.40	1.47	1.48	1.43	1.44	1.49	1.53	1.45	1.47				
	% DNA Rate	5%	5.7%	6.6%	7.0%	6.6%	6.0%	5.5%	5.0%	5.0%	5.7%	5.8%	6.3%	6.6%	6.7%	6.9%	6.9%	6.8%	7.1%	7.1%	6.7%	6.4%				
	Patient cancellation rate		9.2%	9.9%	10.3%	9.5%	10.4%	12.1%	8.8%	5.4%	8.3%	9.1%	10.5%	12.2%	11.7%	13.0%	12.4%	11.8%	14.0%	12.9%	12.9%	13.2%				
	30% reduction in face to face attendances																									

Quality - SAFE

Commentary on high level board position

- A total of 5 cat 3's reported this month, educational focus on distinguishing between moisture associated skin damage and pressure ulceration.
- Three fall incidents, two moderate incidents reporting fractures and one report for a fractured neck of femur, severe.
- Six (6) new Serious Incidents reported in month (March 22). Full report on learning from completed scoping meeting and investigations included in CMO report to Quality Committee and Board.
- The Total number of SIs reported in 21/22 was slightly above the number reported in 20/21. (42 in 2021/22 against 37 in 2020/21)
- No Never events reported in month. The YTD figure (2) was significantly below the 20/21 figure (11).

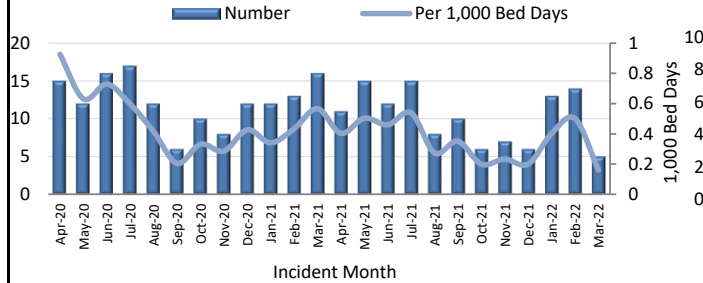
High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	122	149	-27
	Per 1,000 Bed Days	0.35	0.46	-0.11
Inpatient Falls (Moderate +)	Number	49	45	4
	Per 1,000 Bed Days	0.14	0.14	0.00
Medication Incidents (Moderate +)	Number	29	34	-5
	Per 1,000 Bed Days	0.08	0.11	-0.02
Patient Safety Incidents (NRLS only)	Number	13,008	15,877	-2869
	Per 1,000 Bed Days	37.12	49.06	-11.94
Hospital Associated Infections	MRSA	1	0	1
	MSSA	48	51	-3
	C Diff	70	53	17
	E. coli	79	65	14

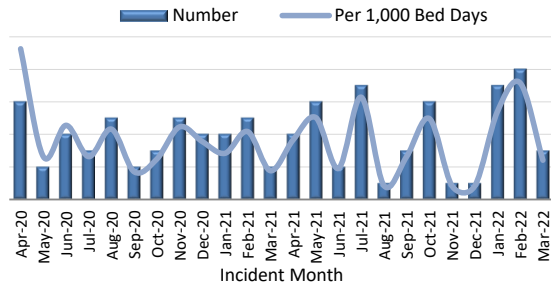
*These are difficult to compare to 20/21 in terms of pure numbers.
See Cover Sheet for more info.*

High Level Trust Performance

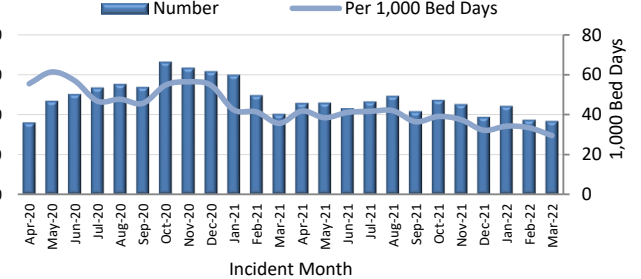
Pressure Ulcers (Cat 3 & 4)



Inpatient Falls (Moderate +)

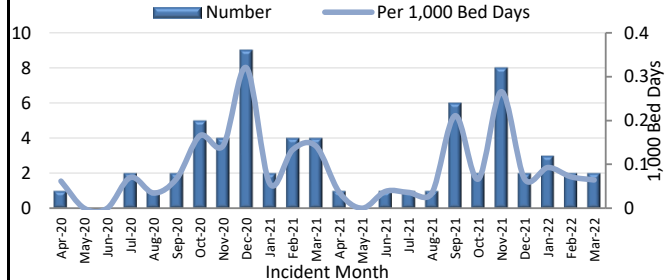


Patient Safety Incidents (NRLS only)

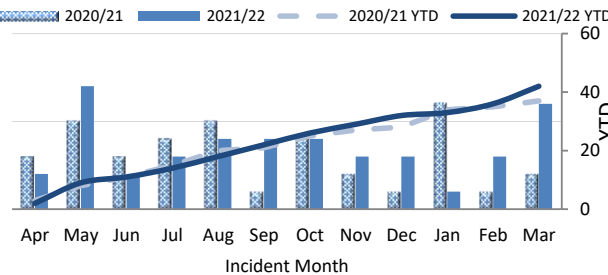


0 (Feb) HAI: MRSA 0 (Mar) 7 (Feb) HAI: MSSA 5 (Mar) 2 (Feb) HAI: E. coli 4 (Mar) 8 (Feb) HAI: C Diff (HOHA & COHA) 3 (Mar)

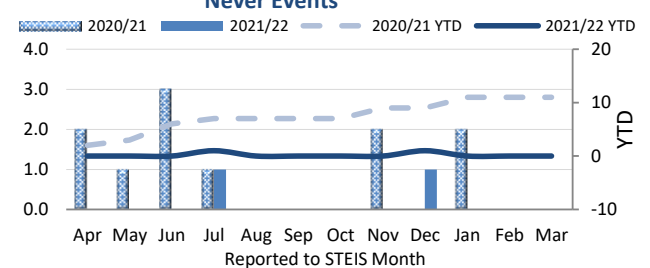
Medication Incidents (Moderate +)



Serious Incidents



Never Events



Quality - RESPONSIVE

Commentary on high level board position

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

High level Board Performance Indicators

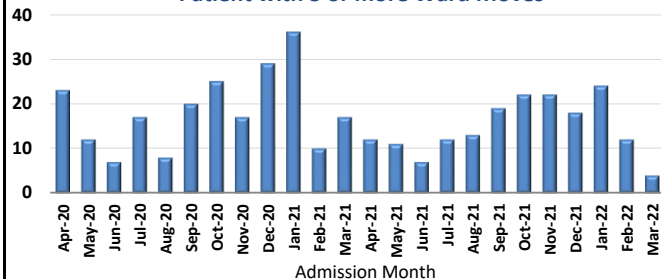
	21/22 YTD	20/21 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	176	221	-45
Patient Moves Out of Hours (Non-Clinically Justified Only)	853	1052	-199
Mixed Sex Acc. Breaches Suspended Apr20 - Sep21	34	N/A	N/A

ENA Risk Assessment

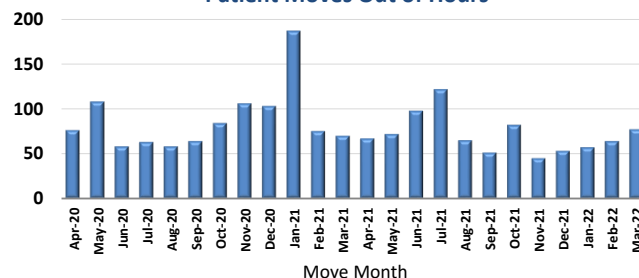
Falls	56.5%	59.6%	-3.1%
Infection	60.5%	71.7%	-11.2%
MUST	60.6%	63.2%	-2.6%
Waterlow	56.8%	59.4%	-2.6%

High Level Trust Performance

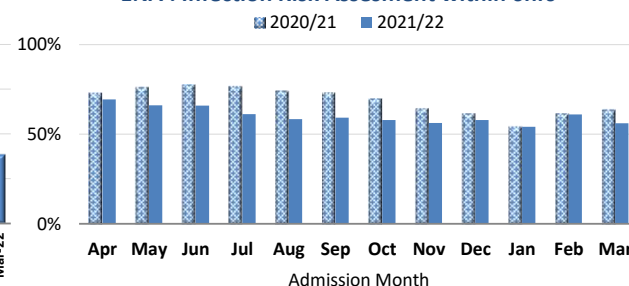
Patient with 3 or more Ward Moves



Patient Moves Out of Hours



ENA : Infection Risk Assessment within 6hrs



57.6% (Feb)

Falls

56.0% (Mar)

61.2% (Feb)

Infection

59.9% (Mar)

61.7% (Feb)

MUST

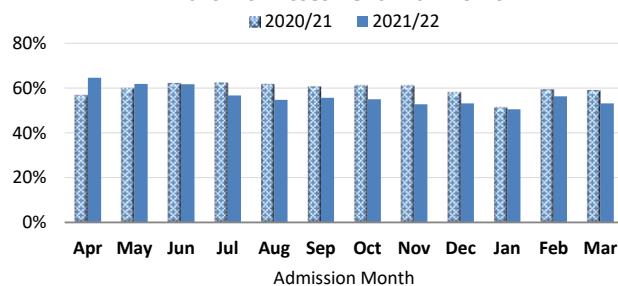
60.2% (Mar)

57.7% (Feb)

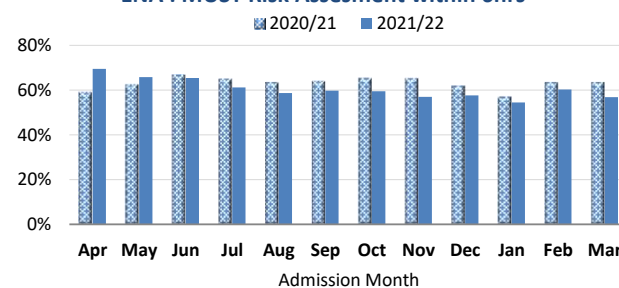
Waterlow

56.7% (Mar)

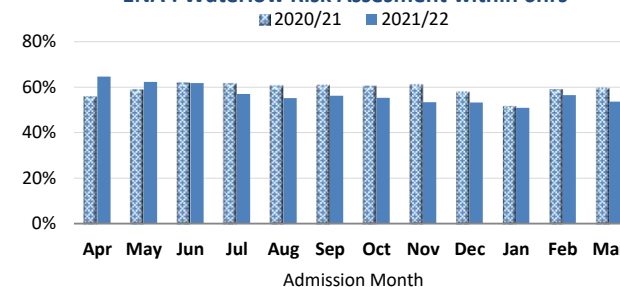
ENA : Falls Risk Assessment within 6hrs



ENA : MUST Risk Assessment within 6hrs



ENA : Waterlow Risk Assessment within 6hrs



Quality - EFFECTIVE AND MORTALITY

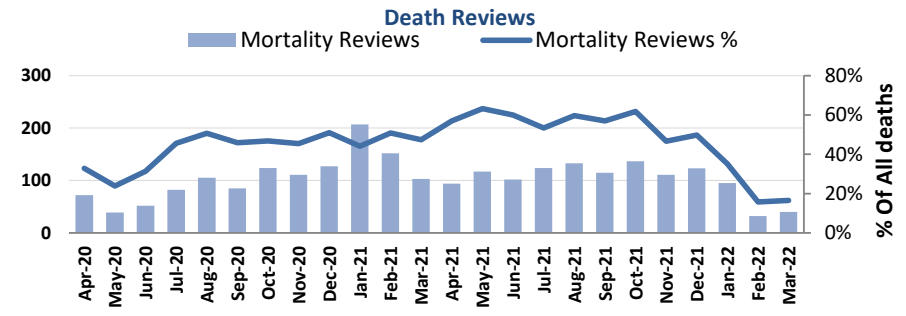
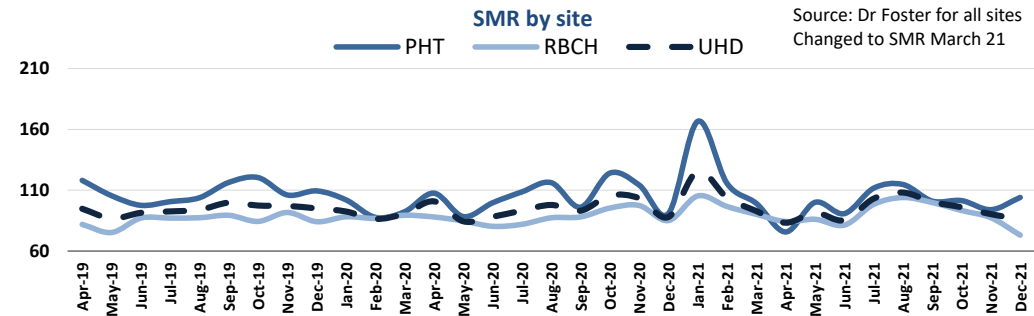
Commentary on high level board position

- A project to roll out a new learning from deaths process across UHD restarted in November 22. The aim of the project is to implement a single IT system across UHD for the verification of death, mortuary admission process, Medical examiner scrutiny and completion of consultant led mortality case note reviews for all inpatient deaths.
- The project group have worked with the Palliative Care Consultants at both sites, Medical Examiners Office and BI Team to streamline the process of learning from death reviews for patients who die at the Macmillian Unit and Forest Holme. This has resulted in a significant increase (15%) in the number of completed reviews.

High level Board Performance Indicators

		21/22	20/21	Variance
SMR	Latest (Dec-21 - UHD)	86.0	88.0	
(Source: Dr Foster for all sites)				
Patient Deaths	YTD	2357	2646	-289
Death Reviews				
Note: 3 month review turnaround target	Number	1183	1156	N/A
	Percentage	50%	44%	
Deaths within 36hrs of Admission		392	412	-20
Deaths within readmission spell		174	199	-25
Patient readmitted within 5 days				

High Level Trust Performance



90.3 (Nov)

SMR

86.0 (Dec)

203 (Feb)

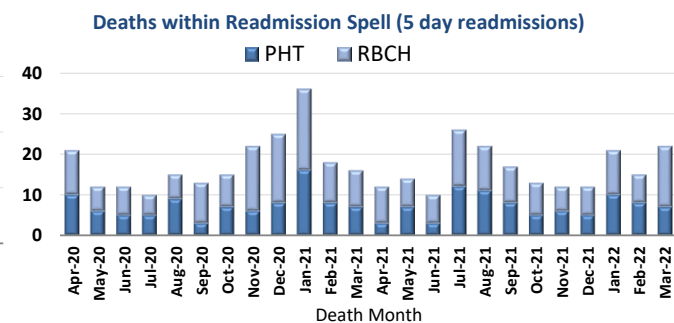
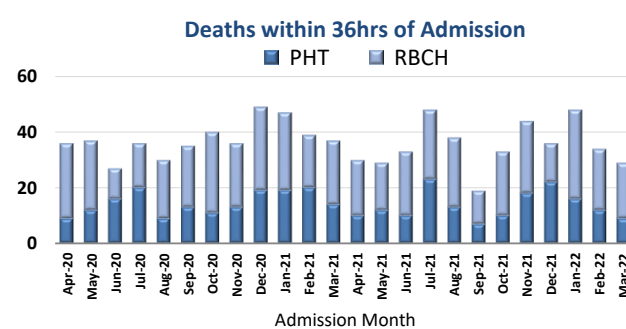
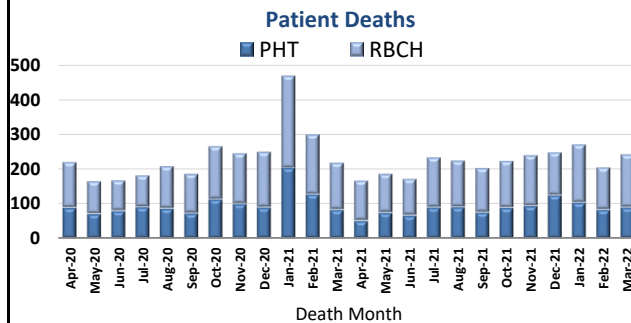
Patient Deaths

241 (Mar)

46.6% (Nov)

Deaths Reviewed

49.8% (Dec)



Quality - CARING

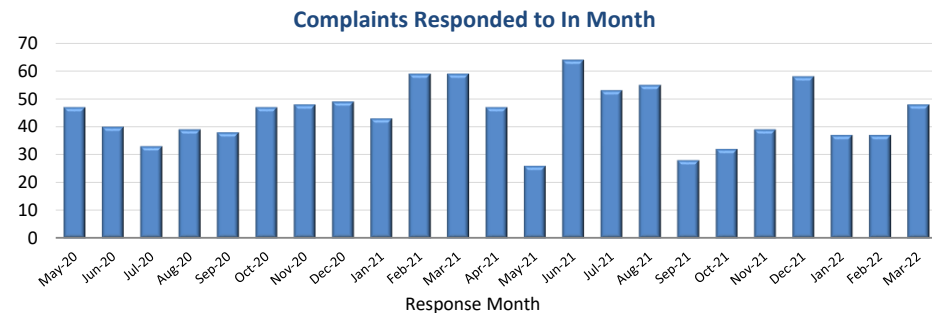
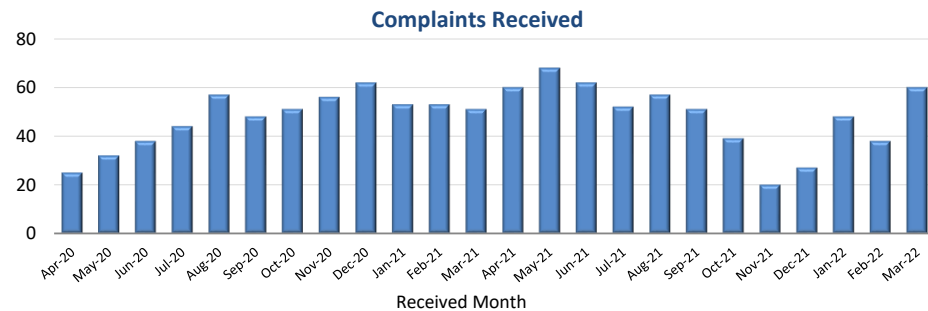
Commentary on high level board position

- FFT Positive responses are fractionally lower at 88.3% compared with 89.3% in February, this shows a downward trend for three consecutive months (our lowest positive response this year was recorded in August at 86.36%)
- In March there were 22 new formal complaints and 28 Early Resolution of complaints processed. There are 93 outstanding open complaints, 37 of which have been open longer than 55 working days. The number of open complaints is steadily declining.
- The number of complaints responded to in month has increased to 24, regular meetings with the care groups continue to focus closing of complaints. Workforce pressures in the corporate complaints team are still expected to continue next month due to vacancies. To give a more realistic time frame and to avoid extension of complaint responses, this has been communicated to complainants as 55 days, with an internal target to be less.
- **Key themes from PALS and complaints** : continue to be failures in communication across all specialties and disciplines; discharge arrangements – either too soon or poorly coordinated; poor staff attitude and behaviours.
- There have been 13 S42s for UHD to reply to in Q4. There are 10 concerns that are still being considered as potential S42s at Poole site and this may impact next quarters numbers. Outcomes from the S42s enquiries will be reported from 2022/23.

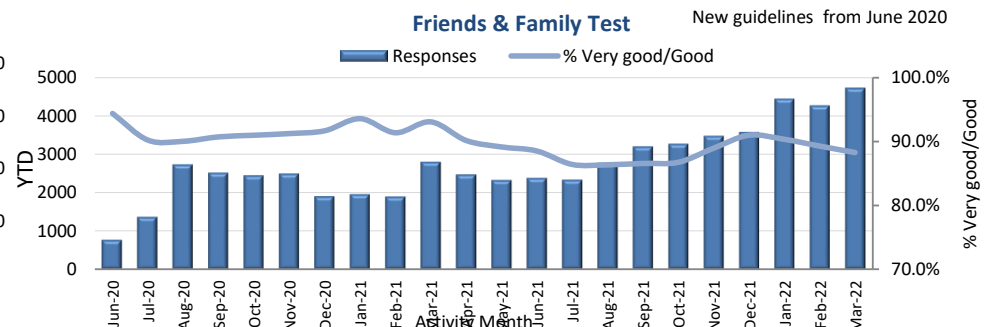
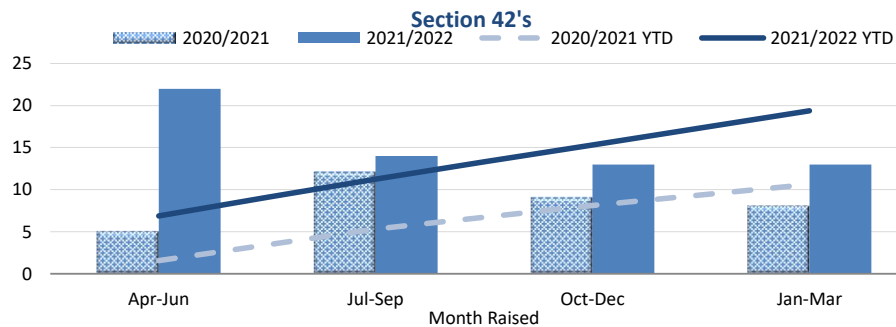
High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Complaints Received	582	570	12
Complaint Response Compliance	TBC		
Complaint Response in month	524	549	-25
Section 42's Reported quarterly	62	34	28
Friends & Family Test New guidelines from June 2020	89%	92%	-3%

High Level Trust Performance



37 (Feb) Complaints Received 48 (Mar) 38 (Feb) Complaint Responses 60 (Mar) 89.3% (Feb) FFT % V.Good/Good 88.3% (Mar)



Quality - WELL LED

Commentary on high level board position

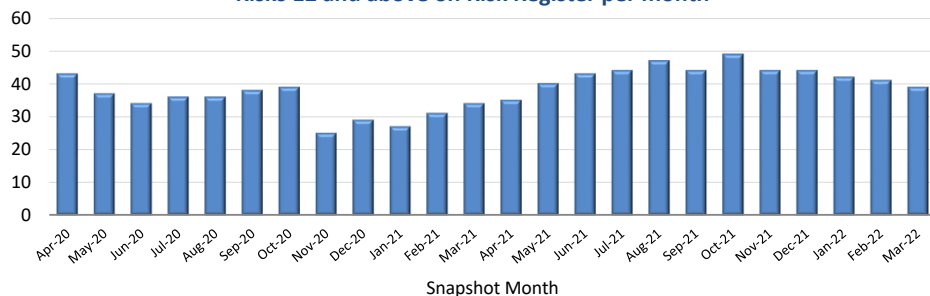
- Risk register update (as at 10/4/2022) provided in Quality Committee, TMB, and Board report
- Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group .

High level Board Performance Indicators

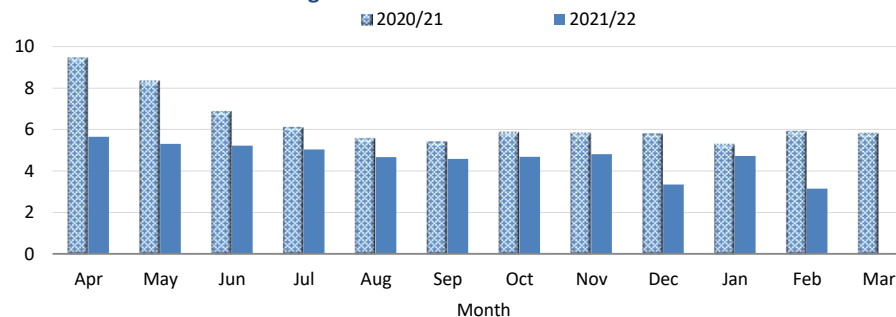
	21/22 YTD	20/21 YTD	Variance
Risks 12 and above on Register	39	34	5
Red Flags Raised*	1432	506	926
*Source: SafeCare from Dec21. Criteria aligned.			
Registered Nurses & Midwives CHPPD	4.6	6.2	-1.6
Patient Safety Alerts Outstanding	0	0	0

High Level Trust Performance

Risks 12 and above on Risk Register per month



Registered Nurses & Midwives CHPPD



41 (Feb)

Risks 12+

39 (Mar)

3.2 (Feb)

RN & RM CHPPD

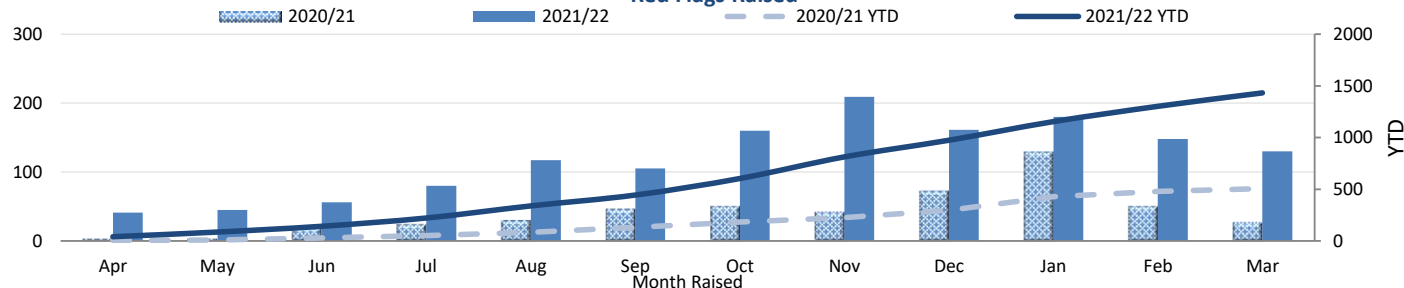
4.6 (Mar)

148 (Feb)

Red Flags Raised

130 (Mar)

Red Flags Raised*



Workforce

Commentary on high level board position

UHD turnover has risen to 14.0% actual this month, an increase of 0.5% from last month, and is tracking at 12.4% year to date.

Vacancy Rate is showing at 5.5% actual this month, an increase of 0.7% on last month. Year to date 5.1%. Work continues to refine our data analysis and establishment processing.

Overall Sickness levels have increased this month to 6.8%, an increase of 0.6%. Staff absent due to Covid also increased, a picture reflected nationally. Year to date sickness absence is 5.1%

Medical & Dental appraisal levels have risen this month to 56.6%, an increase of 17.8% on last month. Year to date is 54.9%.

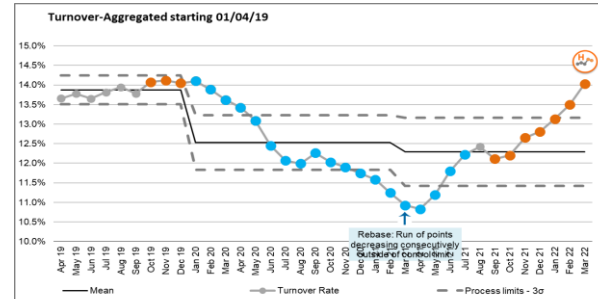
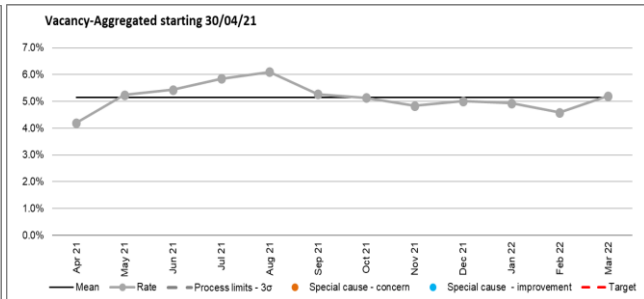
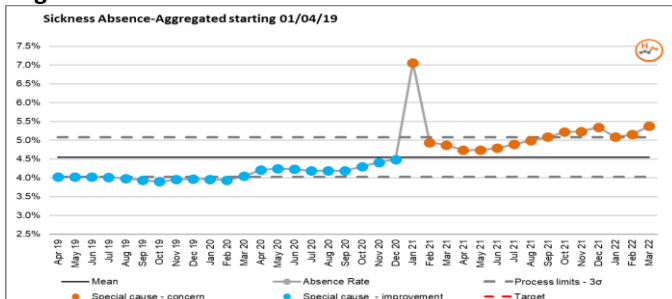
Value based appraisal levels remain the same as last month at 59.1% and are still tracking low, year to date 40.6%

Statutory and Mandatory training: although compliance continues strong despite continuing disruption to training due to operational pressures, this month has again shown a small decrease in compliance by 0.8%. Actual this month is 84.8%. Year to date 86.6%.

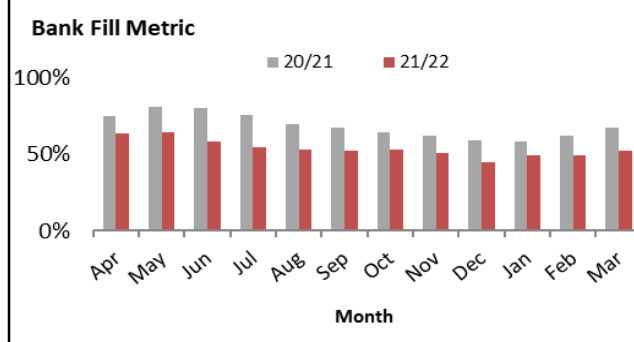
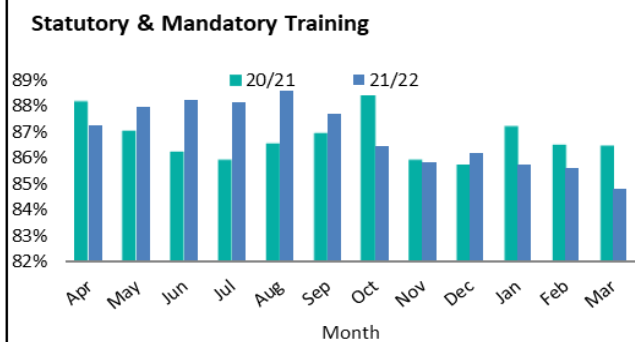
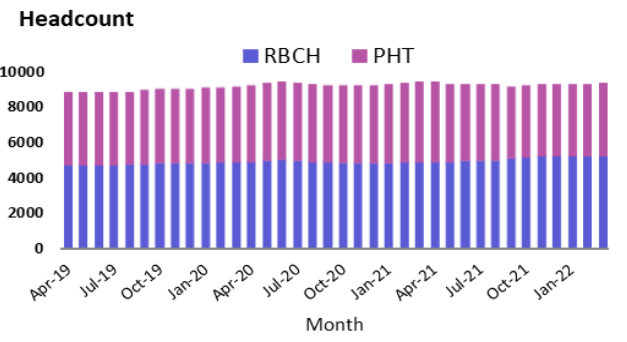
High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Turnover (12 month rolling)		12.4%	12.1%	0.3%
Vacancy		5.1%		N/A
Sickness Rate (12 month rolling)		5.1%	4.8%	0.3%
Appraisals	Values Based	40.6%	47.1%	-6.4%
	Medical & Dental	54.9%	56.1%	-1.2%
Statutory and Mandatory Training		86.8%	86.7%	0.1%

High Level Trust Performance



38.8% (Feb)	Appraisals (Medical)	56.6% (Mar)	59.1% (Feb)	Appraisals (Values)	59.1% (Mar)	13.5% (Feb)	Turnover	14.0% (Mar)	5.2% (Feb)	Sickness Absence	5.4% (Mar)
-------------	----------------------	-------------	-------------	---------------------	-------------	-------------	----------	-------------	------------	------------------	------------



Emergency

Commentary on high level board position

Urgent Care remains extremely pressured. Despite rapid transformation activities to the Urgent and Emergency Care pathways at both sites our Emergency Departments continue to experience unprecedented levels of crowding resulting in long waits, ambulance delays and ultimately increased risk. Attendances are now at pre pandemic levels, with daily attendance up 20 per day compared to March 22, which although does not sound much is the equivalent of an additional doctor per site per day. The non-admitted mean time for RBH was 334 mins, and 233 at Poole however for admitted patients these were 511 and 497 minutes respectively driving up the reported mean times to 374 minutes for RBH, and 300 for Poole.

Hospital occupancy driven by discharge challenges. escalation and ward closures due to COVID impact flow resulting in long waits for beds and the high admitted mean times. UHD also saw an increase in patients waiting for more the 12 hours in the emergency department, including 89 waiting for more than 12 hours for a bed from the decision to admit (29 more than February).

Ambulance delays continue to challenge the entire system. In March 727 waiting for more than 60 minutes to handover to the ED teams at UHD.

The Trust Executives have identified that the Urgent and Emergency Care challenges are the most significant currently faced by UHD and have initiated an intensive support programme and plan to support recovery in 2 phases, the first being measured in days and weeks and the second being the Hospital Flow Programme.

High level Board Performance Indicators

Type 1 ED Emergency Dept	Standard	Merged Trust
Arrival time to initial assessment	15	7
Clinician seen <60 mins		21.6%
PHT Mean time in ED	200	300
RBCH Mean Time in ED	200	374
Patients >12hrs from DTA to admission	0	89
Patients > 12hrs in dept		880
YTD ED attendance Growth vs 20/21 (vs 19/20)		30.5% (2.9%)

Ambulance Handover

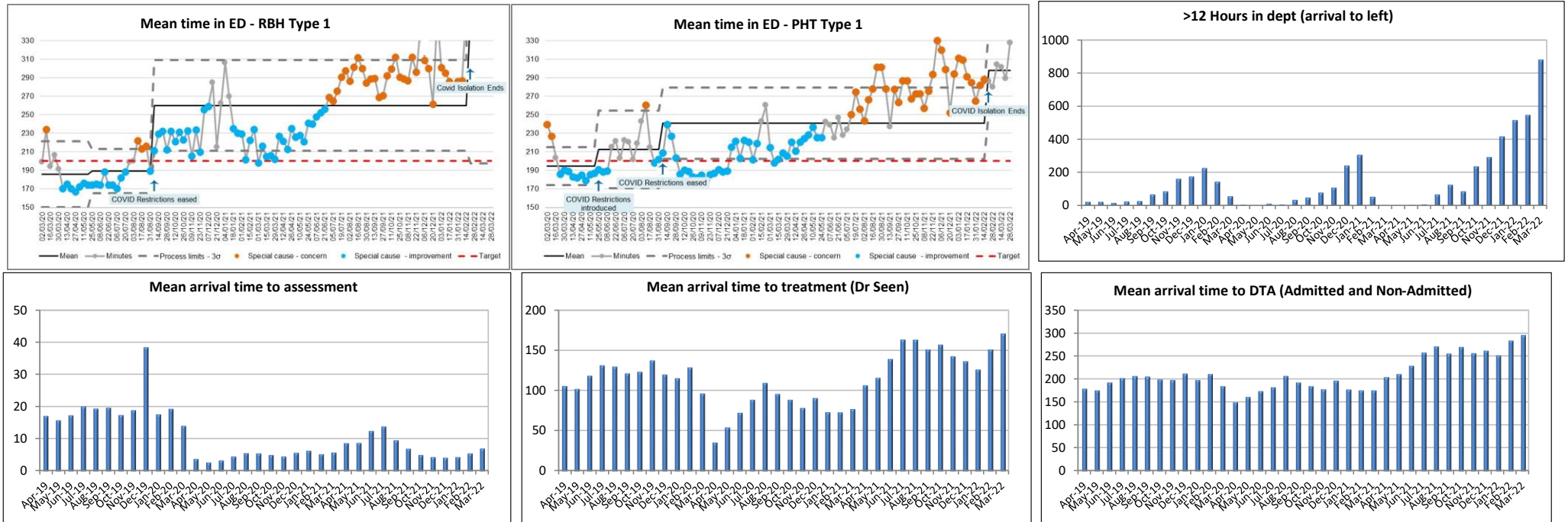
YTD Ambulance handover Growth vs 20/21 (vs 19/20)	-3.3% (-7.6%)
Ambulance handover 30-60mins breaches	280
Ambulance handover >60mins breaches	727

Emergency Admissions

YTD Emergency admissions growth vs 20/21 (vs 19/20)	9.5% (-7.2%)
-----------------------------------------------------	--------------



High Level Trust Performance



Patient Flow

Commentary on high level board position

Patient Flow

Bed occupancy has marginally reduced in March to 93.7% (-0.7%) compared to the previous month. The high occupancy rate which is above the 85% national standard is attributed to the significant number of MRFD patients residing in acute beds and the impact of covid outbreaks. 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 designated covid bed capacity, maintaining elective activity and emergency care demand.

The ED conversion rate has reduced in month to 28.7% (-0.5%) and still remains above the national standard.

Adult occupied beds days have increased by 3,175 days in March, along with a small net increase in discharges (-7). The mean bed wait for patients declined to 214 mins compared to 185mins the previous month, impacting on flow out of the Emergency Department and ambulance handovers.

High level Board Performance Indicators & Benchmarking

March 2022

Patient Flow

Bed Occupancy

(incl. escalation in capacity)	85%	93.7%
(excl. escalation in capacity)		96.2%
Occupied Bed Days		31,330

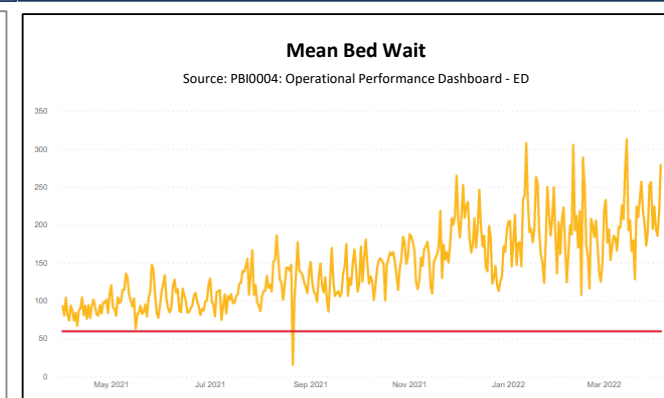
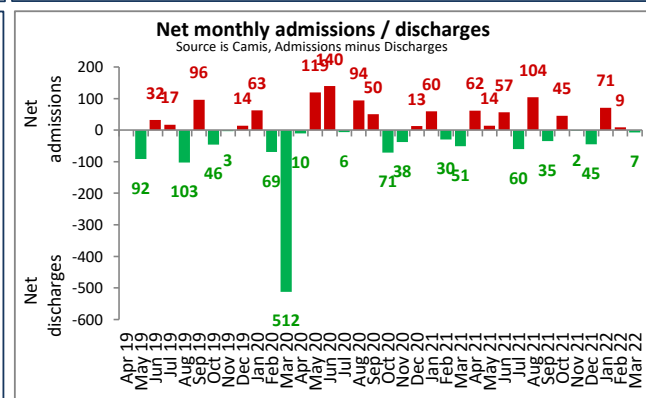
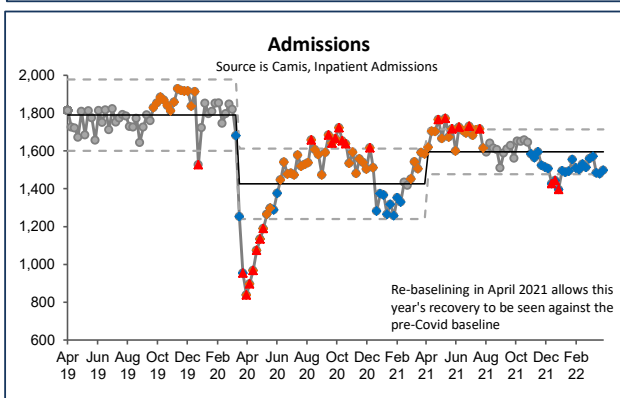
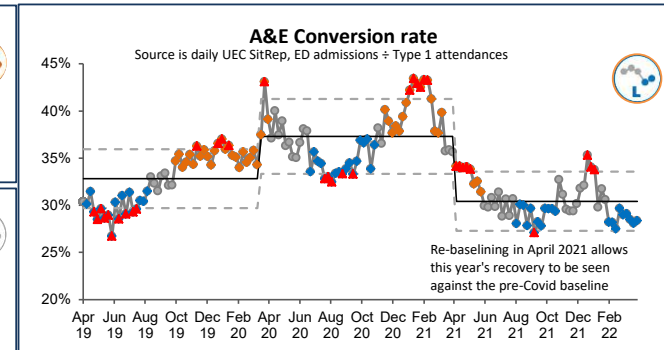
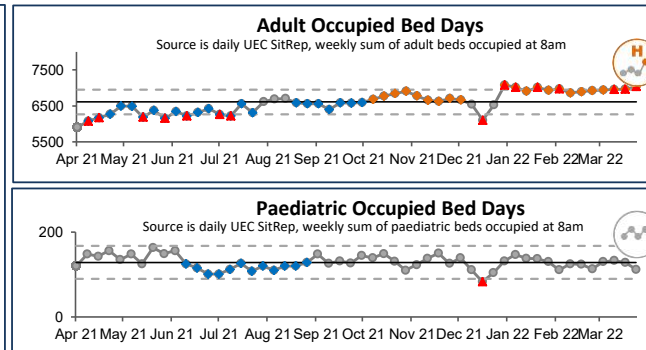
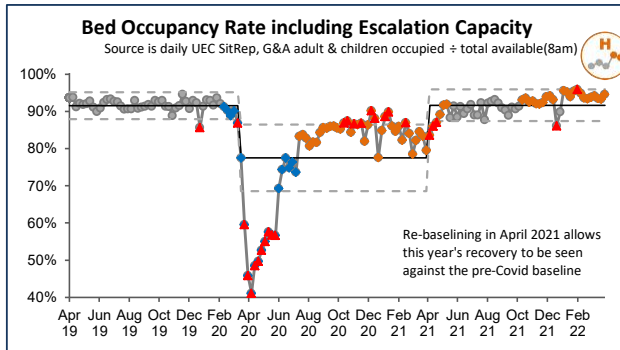
Admissions v Discharges

Net admissions	<= 0	-7
Non-elective admissions		5,899
> 1 day non-elective admissions		3,747
Same Day Emergency Care (SDEC)		2,149

Conversion rate (admitted from ED)

30%	28.7%
Mean bed wait: minutes w/c 28th Mar	214.33

High Level Trust Performance (weekly)



Length of Stay and Discharges

Commentary on high level board position

Patient Flow

The average number of beds per day occupied by patients with a length of stay >7 days has reduced in month by 14 patients. The number of patients with a length of stay over 21 days has also reduced to 238 (-15 patients). This is not a significant change in performance (1.7% improvement) and remains above pre pandemic levels. The increased stay for stranded patients 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) has reduced in month to 198 patients compared to 212 in February. The overall delayed discharge position continues to challenge hospital flow due to impact of covid suspensions on care homes/block booked beds and high staff sickness levels. The overall proportion of NRTR patients remained static. Internal processes accounted for 16% of patients no longer meeting Criteria to Reside (C2R)

High level Board Performance Indicators & Benchmarking

March 2022

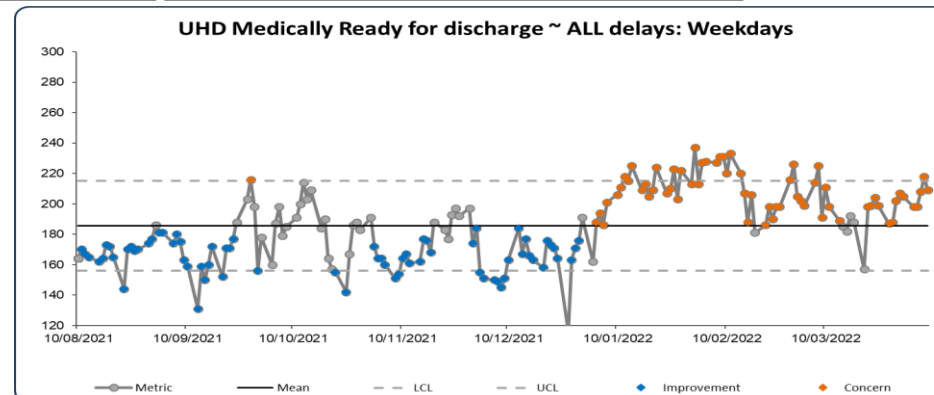
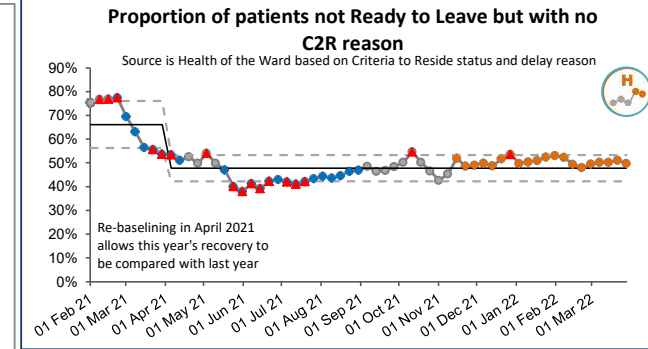
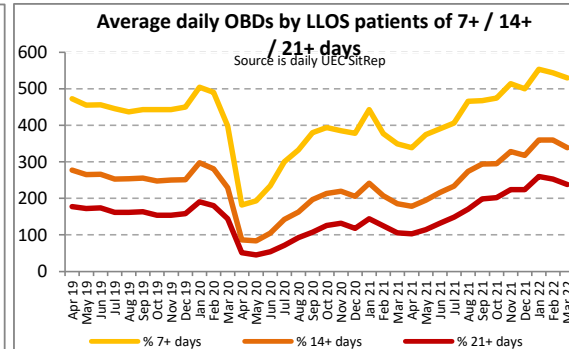
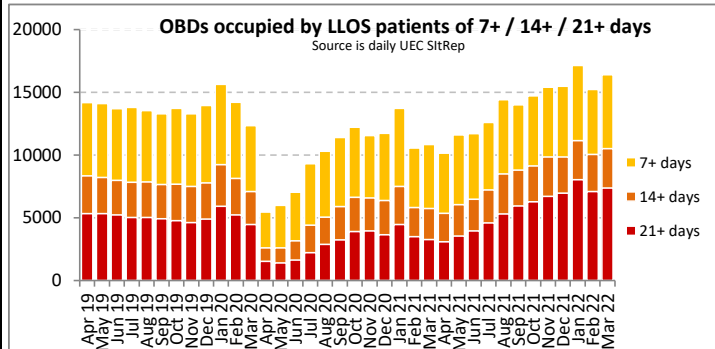
Length of Stay and Discharges

Stranded patients:

	Standard	Merged Trust	
Length of stay 7 days		42%	530 52.4%
Length of stay 14 days		21%	339 33.5%
Length of stay 21 days	108	12%	238 23.5%

Criteria to Reside (excludes Ready to Leave)	Physiology	5%
	Function	11%
	Treatment	26%
	Recovery	8%
	Not Recorded	50%
Proportion of patients who are Ready to Leave		25%

High Level Trust Performance (weekly)



Escalation Report

Mar-22

Trauma Orthopaedics : 35% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.

Activity

Response

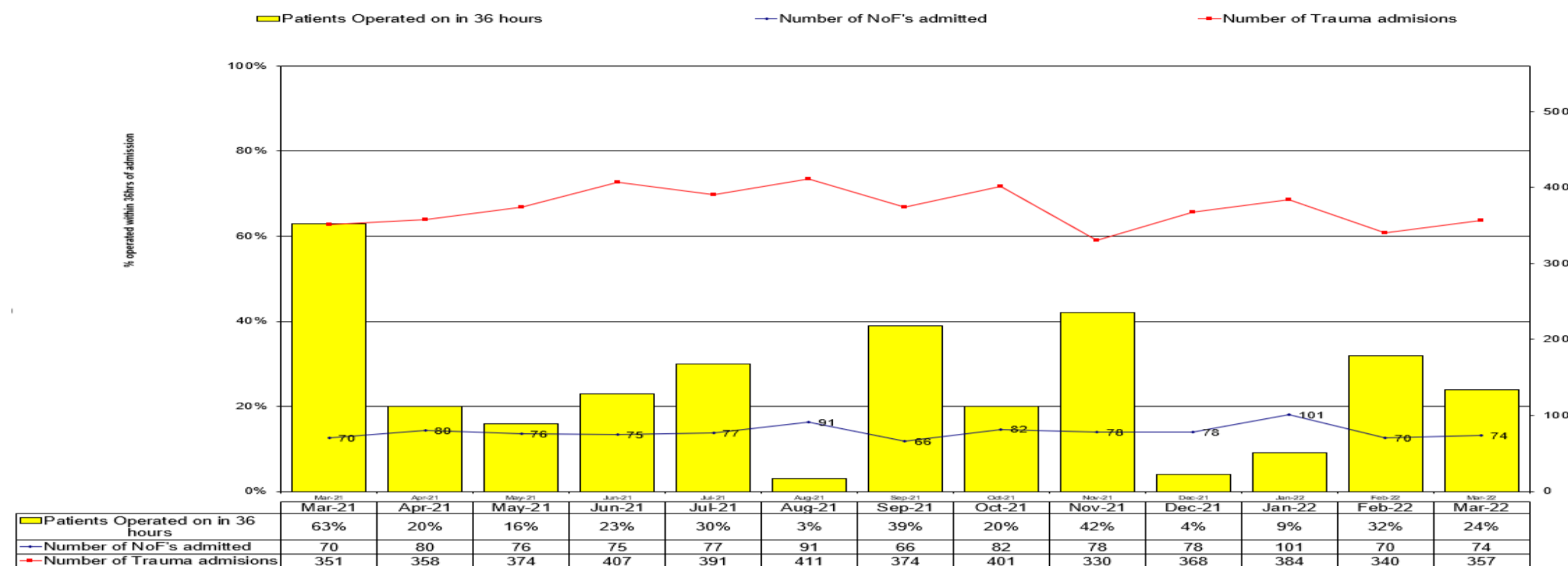
Definition of Trauma Quality Targets & Compliance Achieved

NHFD Best Practice Tariff Target: 85% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission.
Mar 2022 Compliance: 24%
CCG 2018-19 Quality Target: 95% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission or of being clinically appropriate for surgery, increasing to 95% by March 2019 (internal target remains at 95% on a monthly basis).
Mar 2022 Compliance: 35%
Internal Target: 95% of other trauma patients to theatre within 48 hours of admission or being deemed fit for surgery.
Mar 2022 Compliance: 88%

Breakdown of Breach Reasons and Waiting Times

NoF Breach Reasons	No. of pts
Patients not fit pre-op & needed optimising	7
Patients on anti coagulants	0
Other NoF/trauma patients prioritised	67
Loss of weekend capacity due to theatre staffing	5
Awaiting x-ray/scan availability	0
Required medical review pre-op	0
Equipment failure	0
Awaiting specialist surgeon	1
Total breached NoFs	80

Demand on Trauma Directorate during March 2022



Escalation Activity in February 2022

Admissions for March stabilised in daily variance totalling 357 admissions including 74 patients with a fractured neck of femur (# NoF) and 12 with a femoral shaft fracture. NHFD performance impacted by a backlog carry over from February, functional capacity and complexity of caseload. Several femoral fractures required complex surgery, x-ray availability and lack the third list at the weekend all required close management.
 The Trauma service started and finished the month in stage 2 of escalation, with the 2 middle weeks in stage 3 with a maximum of 60 patients awaiting surgery.
 the service lost approximately 23 theatre sessions in March, compared to pre Covid theatre template.
 Theatre staffing and radiographer availability continue to affect the availability and utilisation of our trauma lists.

Mitigations and Reset

Bi weekly Trauma Improvement group in place to review opportunity and blocks to safety, productivity and efficiency. Remedial action plan created and action log in place. April inaugural Trauma summit planned. Fracture clinic capacity increased to 550 per week, all patients are reviewed and receive telephone consultations where appropriate.
 Virtual fracture clinic capacity increased to provide same day access. Bed base, reduction in core capacity (108 to 89) to support Covid capacity and Critical Care capacity.
 No overall change in average daily NOF admissions leading to backlog of patients awaiting surgery remains 3.25 per day.
 Daily trauma escalation operational huddle in place.
 Recruitment under way for consultant posts to support Derwent 3rd theatre and trauma capacity.
 Trauma Ambulatory Care Unit (TOACU) opened at the end of July 80% admission avoidance rate improving to 90%. Service impacted over holiday period as capacity used for inpatient capacity for 3 days.
 Service now had consistent ringfencing resulting in up to 40 pts/wk with admissions avoidance >80%.
 High level of MRFD patients across trauma (35%), liaison and linking with Trust operational flow project ongoing.

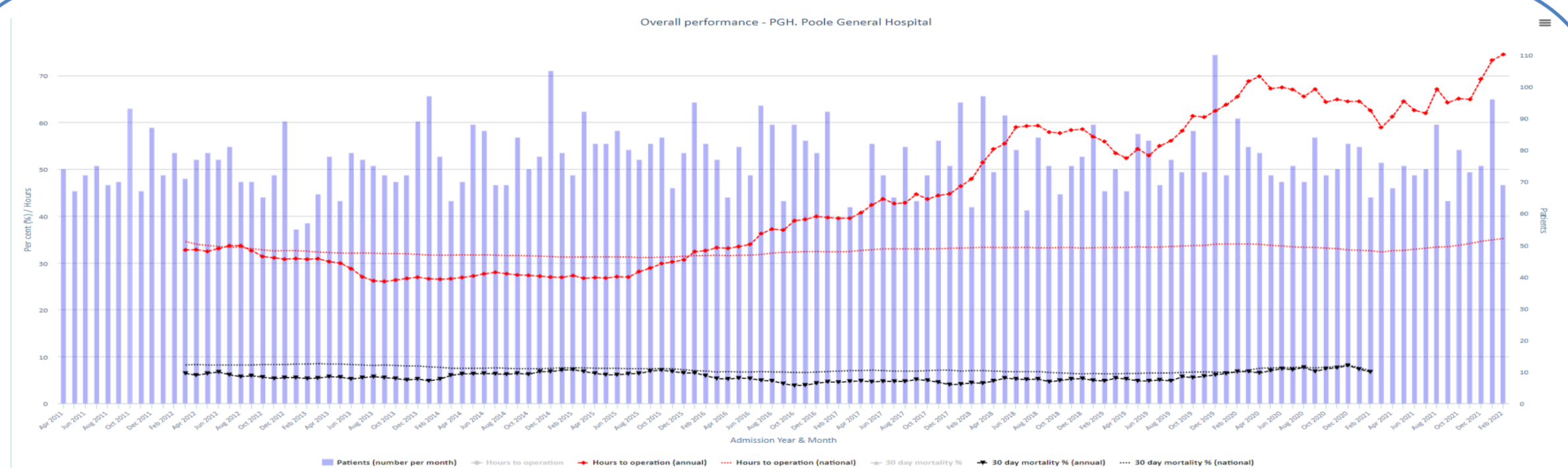
Complexity of Case Load

Soft Tissue	No. of pts
Patients requiring returns to theatre	11
Additional theatre slots required	13
Complex Surgery	No. of pts
Total Hip Replacements for NoFs	2
Revisions carried out	2

March started with 5 #NoF's outstanding, this cohort all admitted on the same day and with other pressures on the lists were unable to all be listed the day after admission and only 2 patients had a THR in March for their # NoF, though 2 patients had revisions for failed PFN's to a THR.

11 patients required 2 or more surgical interventions resulting in an additional 13 theatre visits with would equate to approximately 4 theatre sessions (of multiple trips to theatre) if 3 soft tissue cases are done on a session.

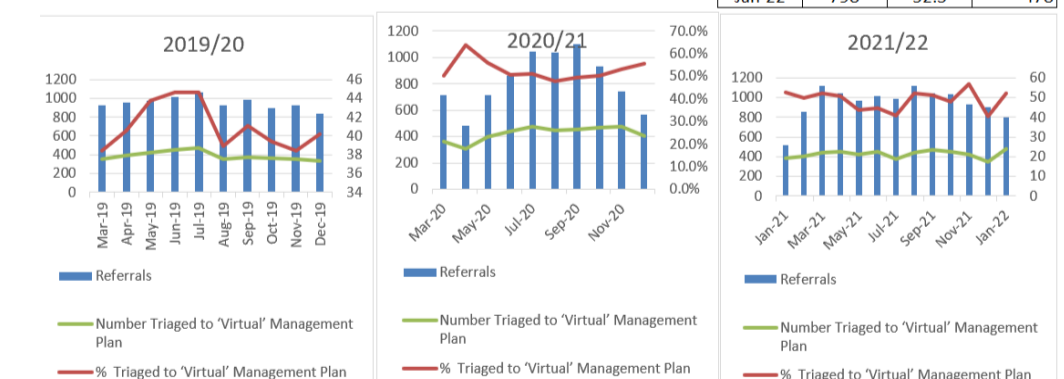
Neck of Femur QSPC Focus



Name	Code	Number of cases submitted	Case ascertainment: total cases compared to last year (%)	Acute length of stay (days)	Overall hospital length of stay (days)	Documented final discharge destination	Discharge to original residence within 120 days	Hip fractures which were sustained as an inpatient	Documented not to have developed a pressure ulcer	Documented not to have had a reoperation within 120 days	120 day follow up	Crude 30 day mortality rate	Adjusted 30 day mortality rate
Poole General Hospital	PGH	921	96.7	14.0	14.3	88.2	72.0	2.2	91.4	4.3	68.5	8.3	8.3
Queen Elizabeth Hospital, Edgbaston	QEB	867	182.9	10.6	17.0	78.9	55.0	2.3	100.0	0.0	0.0	8.2	9.4
Norfolk and Norwich Hospital	NOR	842	100.0	12.7	12.6	56.7	53.4	2.9	90.3	0.8	0.0	8.3	8.8
Leicester Royal Infirmary	LER	821	90.6	12.5	20.2	81.6	82.6	2.3	86.9	0.0	0.0	8.4	9.3

March Update on virtual fracture clinic

2019/20				2020/21				2020/21			
Month	Referrals	% Triaged to 'Virtual' Management Plan	Number Triaged to 'Virtual' Management Plan	Month	Referrals	% Triaged to 'Virtual' Management Plan	Number Triaged to 'Virtual' Management Plan	Month	Referrals	% Triaged to 'Virtual' Management Plan	Number Triaged to 'Virtual' Management Plan
Mar-19	924	38.4	355	Jan-20	860	40.2	344	Jan-21	518	52.5	273
Apr-19	953	40.6	387	Feb-20	889	39	365	Feb-21	852	50	400
May-19	972	43.7	425	Mar-20	716	50.4%	361	Mar-21	1117	52.1	438
Jun-19	1012	44.6	451	Apr-20	484	63.6%	308	Apr-21	1039	50.6	452
Jul-19	1064	44.6	467	May-20	716	55.9%	400	May-21	972	43.7	425
Aug-19	926	38.9	352	Jun-20	861	50.8%	438	Jun-21	1012	44.6	451
Sep-19	988	41.1	375	Jul-20	1040	51.1%	473	Jul-21	988	41	375
Oct-19	899	39.4	365	Aug-20	1038	47.8%	448	Aug-21	1117	52.1	438
Nov-19	924	38.4	355	Sep-20	1100	49.3%	452	Sep-21	1040	51.1	473
Dec-19	832	40.2	332	Oct-20	934	50.3%	467	Oct-21	1038	47.8	448
				Nov-20	743	53.2%	478	Nov-21	928	56.8	425
				Dec-20	563	55.6%	403	Dec-21	899	40.2	345
									798	52.3	478



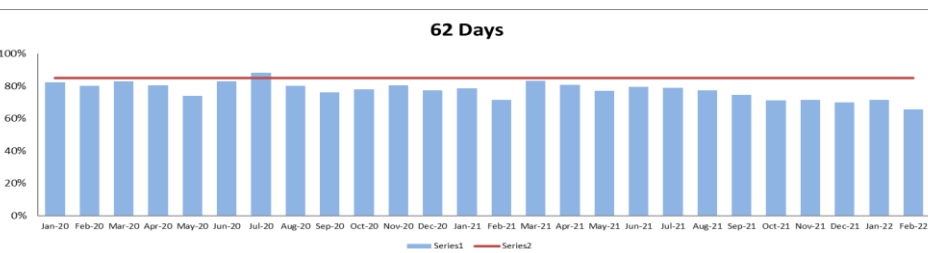
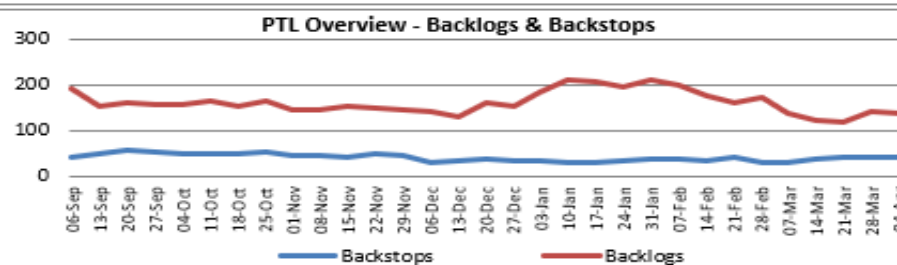
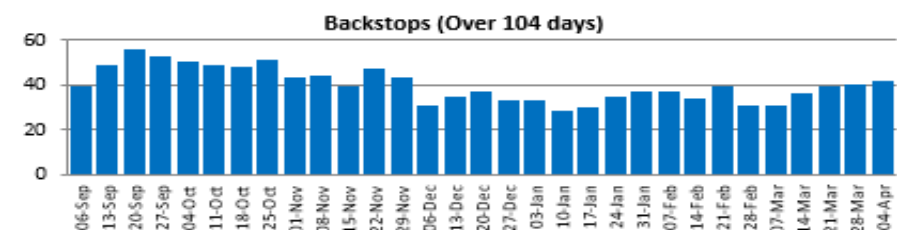
In comparison to 2019 activity there has been an increase in patients managed virtually, with up to 64% of all referrals managed as such. Over the comparable months there has been an over all increase to 55% versus 40% in 2019. This has undoubtedly helped to mitigate demands on face to face fracture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

Author John West

Cancer - Actual February 2022 and Forecast March 2022

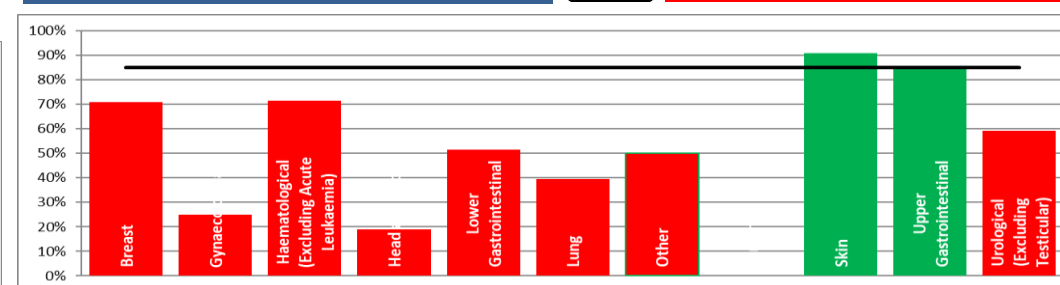
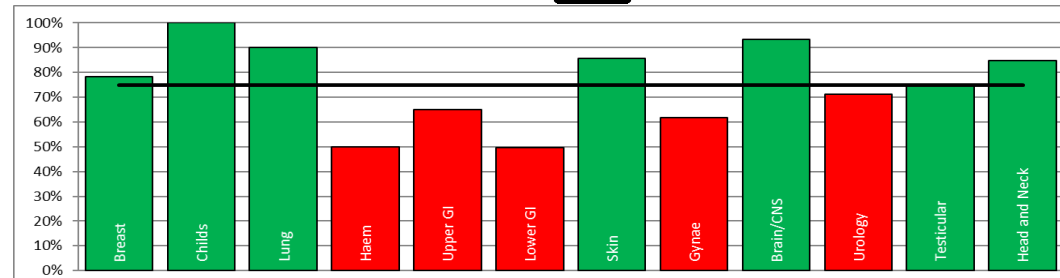
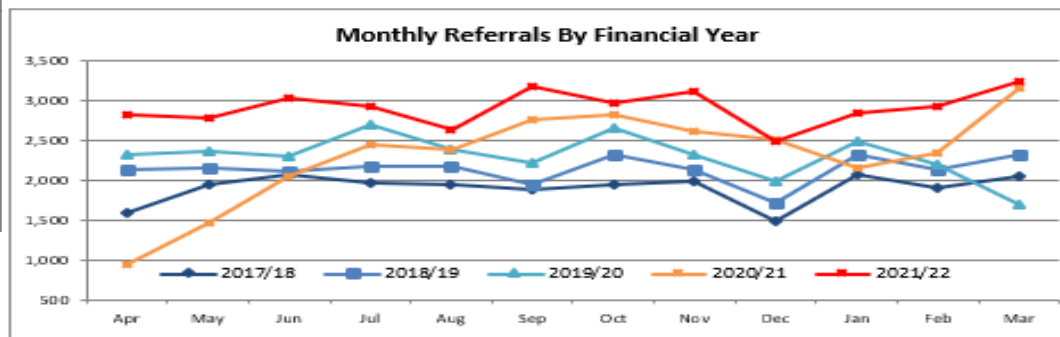
Commentary on high level board position

The rate of two week wait referrals in February 2022 saw an increase of 20% when compared to February 2021 and an increase of 11% against the trajectory. Sites seeing the highest increases were Lung (+31%), Skin (+26%), Upper GI (+25%) and Colorectal (+2%). Referrals in March were at similar levels when compared to March 2021. The sites seeing the highest increases in referrals in March were Lung (+57%), Urology (+28%) and Upper GI (+21%). The total number on the UHD PTL continues to be above 3000 and ranks 23rd when compared nationally. The high increases in referral numbers for the above mentioned tumour sites continues to challenge all performance standards. However, of the 30 trusts with the largest PTL's nationally, UHD has the 2nd lowest % of backstop patients, even with the current challenges. Latest National backlog position of 5.3% for Dorset is the 3rd best performing ICS nationally. 28-day FDS performance in February fell short of the 75% threshold reporting 72.3% which was a significant improvement when compared to previous month with seven tumour sites achieving the standard. The provisional performance for March is showing a further improvement with performance currently at 74%. Data completeness in February against this standard was above the target of 95% achieving 98.4%. The Trust has consistently achieved the 31-day standard for 11 consecutive months and is expected to be achieved in March. All three subsequent treatment KPI's were achieved in February. The 62-day performance in February was below the 85% threshold (65.5%), however remains above the current national average of 63.1%.



High level Board Performance Indicators & Benchmarking

Cancer Standards	Standard	UHD Feb-22	Predicted Mar-22
31 day standard	96%	97.2%	97.8%
62 day standard	85%	65.5%	66.8%
28 day faster diagnosis standard	75%	72.3%	74.0%



Elective & Theatres

Commentary on high level Board position

18 Weeks Referral to Treatment

At the end of February 2022, the Trust's 18 week RTT performance is **61.0%** (92% standard).

- 2,655 patients were waiting over 52 weeks for treatment, a decrease of 25 compared to February. The percentage of the waiting list over 52 weeks has been maintained at **4.7%**.
- 758 patients are waiting over 78 weeks, a decrease since February, and 280 patients are waiting over 104 weeks. The 104week wait position has reduced as anticipated in March 2022 (down 32%).
- Specialty level improvement trajectories for longwaiters are in place and governed by the Care Groups with oversight of delivery through the Operational Performance Group.
- The overall **waiting list size** has grown in 21/22 and is 8.8% above the September 2021 position. Reduced capacity during the pandemic due an increase in Covid positive patients, an increase in bed occupancy and workforce gaps have contributed to this position.
- **99.8%** of patient referrals have been allocated a clinical prioritisation code (P code).

Theatre utilisation

The current staffed theatre (main) utilisation rate has **reduced by 4%** since last month. Daycase is at 63%

Trauma The percentage of patients with a fractured neck of femur treated within 36 hours of admission (24%) has reduced but remains an improved position compared to start of the quarter (9% January).

High level Board Performance Indicators & Benchmarking

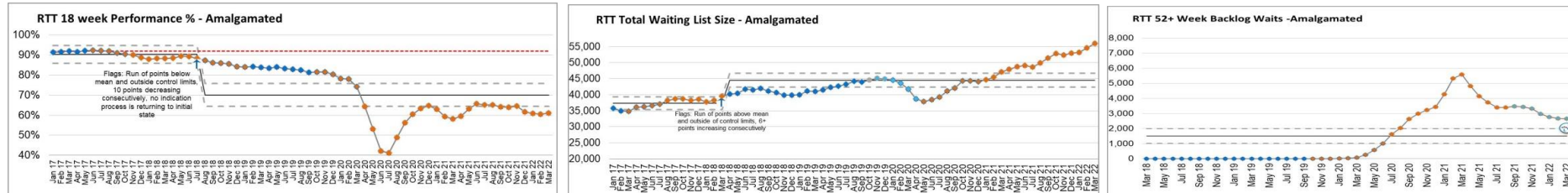
Referral To Treatment

	Standard	Merged Trust	% of pathways with a DTA
18 week performance %	92%	61.0%	
Waiting list size	51,491	56,038	21%
Waiting List size variance compared to Sep 2021 %	0%	8.8%	
No. patients waiting 26+ weeks		13,765	35%
No. patients waiting 40+ weeks		5,650	48%
No. patients waiting 52+ weeks (and % of waiting list)	4.7%	2,655	62%
No. patients waiting 78+ weeks		758	67%
No. patients waiting 104+ weeks		280	69%
Average Wait weeks	8.5	19.5	
% of Admitted pathways with a P code		99.8%	

Theatre metrics

Theatre utilisation - main	80%	71%
Theatre utilisation - DC	85%	63%
NOFs (Within 36hrs of admission - NHFD)	85%	24%

High Level Trust Performance



RTT Incomplete 61.0% <18weeks

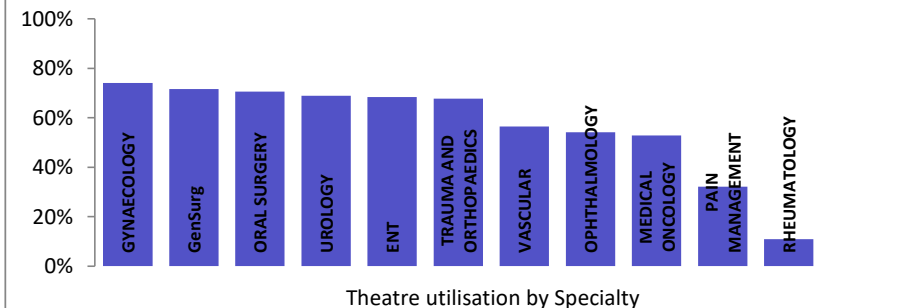
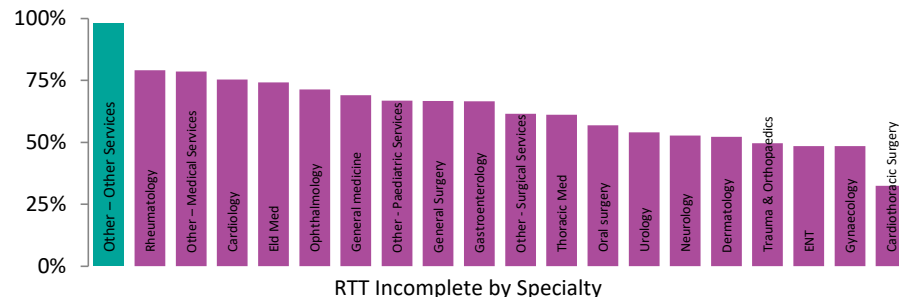
18 WEEKS

(Last month 60.4%) Target 92%

Theatre Utilisation 68.4%



(Last month 71%)



Referral to Treatment (RTT)

What is driving under performance?

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

61.0% of all patients were seen and treated within 18 weeks at the close of March 2022.

The overall waiting list (denominator) was **56,038** which is higher than previous months and 8.8% above the September 2021 waiting list of 51,491.

2,655 RTT waits exceeded 52 weeks, which is an improved position and aligned with the Trust's operational plan trajectory for Sept 2021-March 2022.

March 2022 (compared with previous month)

34,159 increase < 18 weeks

13,765 decrease > 26 weeks

5,650 decrease > 40 weeks

2,655 decrease > 52 weeks

758 decrease > 78 weeks

280 decrease > 104 weeks

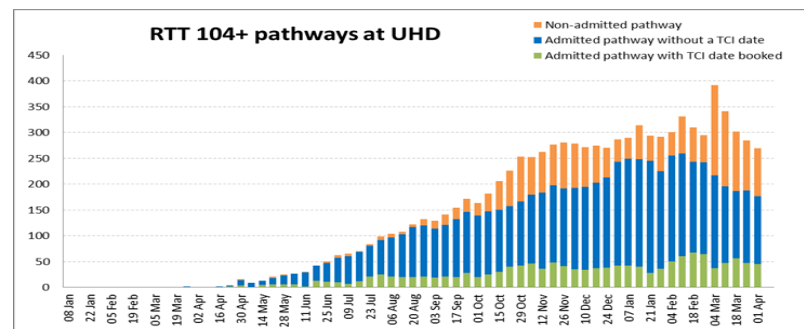
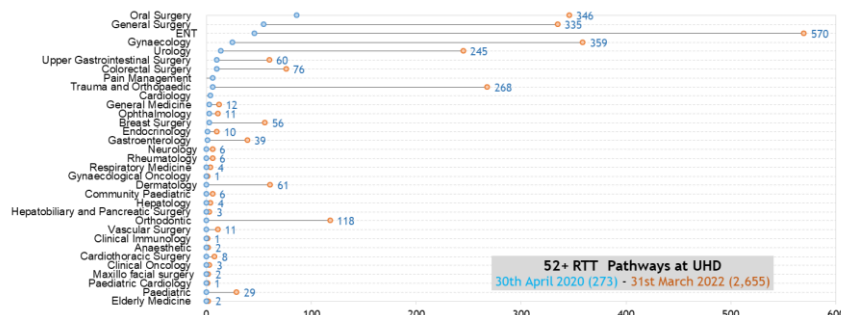
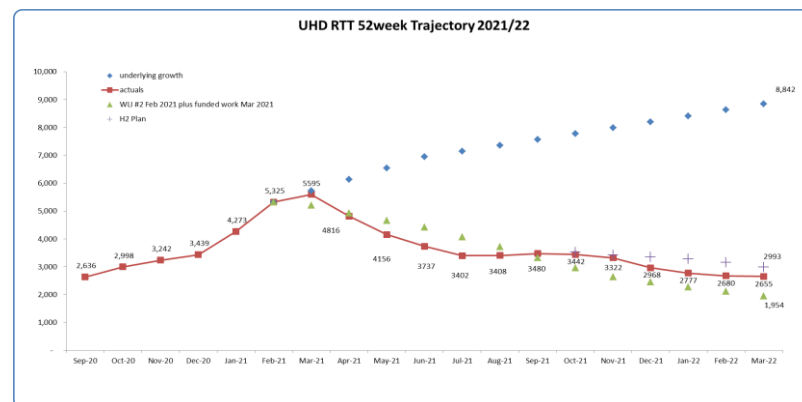
During March maintaining recovery of elective activity has remained a challenge alongside our continued focus on responding to COVID activity, managing an increase in non-elective demand, adhering to national guidelines on social/physical distancing, shielding and self isolation (patients and staff) and management of workforce capacity shortfalls in a number of areas. This has led to a reduction in routine elective activity including outpatient appointments and surgical procedures compared to 2019/20. Independent sector providers continue to provide capacity to support recovery of elective waits.

104 week-waiters improvement plan

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

28% of patient waiting >104 weeks are waiting to start Orthodontic treatment. As part a whole system approach to managing this group of patients in Dorset Integrated Care System actions have been taken to:

- Access capacity at DCH for patients in treatment and 'new' patients waiting to enter into treatment
- Contact all patients waiting to enter into treatment to offer DCH as an alternative to UHD
- Enact a Clinical Priority Plan which optimises capacity available across the Dorset system based on clinical need.
- Deliver additional 'super clinics' in April to manage patients in treatment.
- Commence a review of clinical pathways in Dorset
- Recruit to the substantive Consultant vacancy at UHD.
- Purchase a 4th dental chair and Trios3 Intra-oral scanner which will support senior decision making, management pre and post operatively and reduce the need for each appointment to be at DCH which may increase the uptake of care transfer.



What actions have been taken to improve performance ?

An Elective Recovery and Improvement programme is in place to oversee improvements in performance, activity and reducing 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.

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

- A **Theatre improvement programme** - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres
- **Outpatient Enabling Excellence and Transformation programmes - including three elements:**
 - Enabling Excellence programme - to deliver 'back to basics' improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients
 - Digital Outpatients transformation, and
 - Outpatients Pathway Transformation programme - optimising use of virtual consultations, advice and guidance and patient initiated follow up pathways.
- We are also continuing the roll out plan to maximise use of high flow outpatient assessment clinics at Beales as part of the Dorset Health Village concept.
- Underpinning improvement actions include:
 - The validation & clinical prioritisation of all waiting lists; extension of the digital enabled validation project is planned in April with Follow Up digital validation going live in T&O & Gynaecology on 7th April 2022. Additional insourced validation also commenced in March 2022.
 - Delivery of the Single PAS programme to support merged teams to manage single UHD waiting lists.
 - Development of standard operating procedures which support the trust's Access Policy, alongside moving to a single PAS and the merger of teams to increase standardisation and reduce variation.
 - Deployment of demand and capacity tools to support understanding of demand and capacity utilisation/gaps.
 - Continued improvements in business intelligence to support and monitor recovery.
 - Mutual aid arrangements across the Dorset ICS to reduce patient waits. Use of high quality independent sector providers has also been optimised.

Executive Lead Mark Mould

Trust wide Lead

Author Judith May

6

Outpatients & Diagnostics

Commentary on high level board position

Outpatients

- GP Referrals down 3.1% on last month
- Patient cancellations remain high.
- Non Face-to-Face attendances - performing above the national standard
- An outpatients improvement programme is focussing on a 'back to basics' review of processes to ensure best practice in Outpatients
- Aligned to this will be delivery of the key requirements identified in the Sept 2021- March 2022 planning guidance (12% advice and guidance, 2% patient initiated follow-up and maintaining at least 25% remote delivery of outpatient attendances)

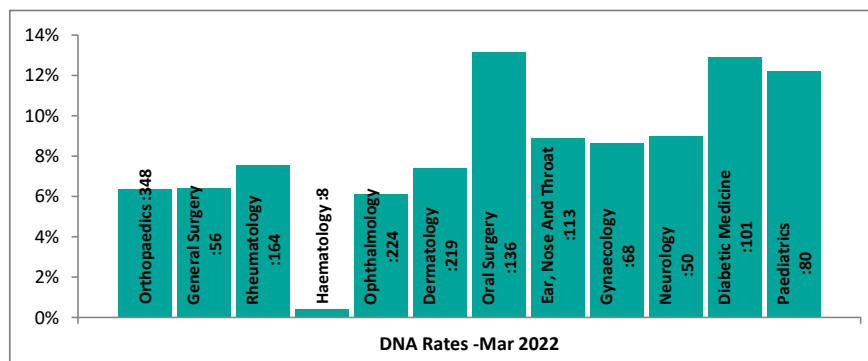
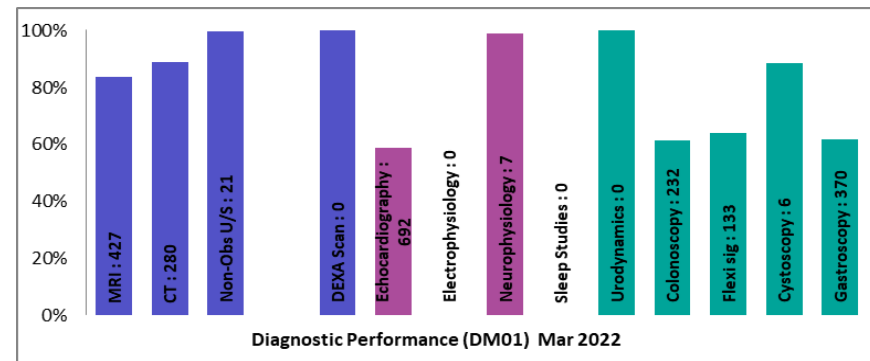
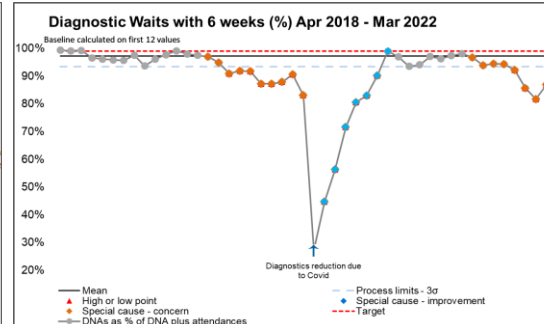
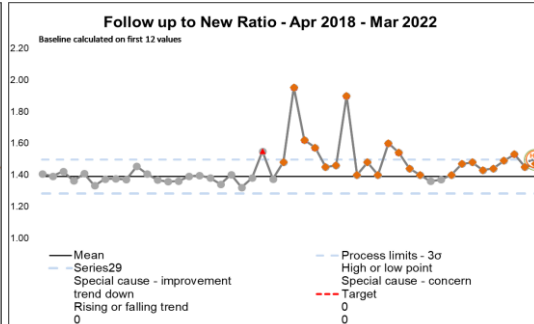
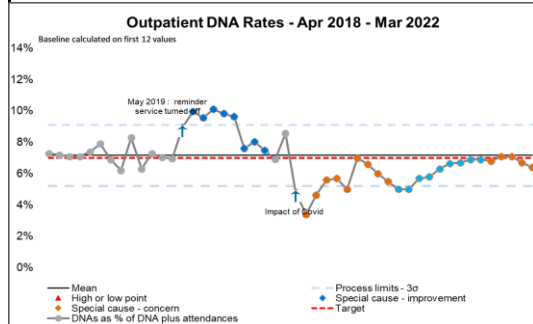
Diagnostics

- Decrease against February position from 86.9% to 84.1% of all diagnostics tests required within 6 weeks
- Endoscopy position has decreased from 64.1% in February to 62.7% in March
- Echocardiography has decreased from 62.5% in February to 58.6% in March
- Neurophysiology has decreased from 99.8% in February to 98.9% in March
- Radiology has decreased from 96.8% in February to 92.2% in March (planned recovery of MRI in April and CT in May)

High level Board Performance Indicators & Benchmarking

		Standard	Values	Merged Trust
Referral Rates				
GP Referral Rate year on year	(values 20/21 v 21/22)	-0.5%	99321 / 128456	29.3%
	(values 19/20 v 21/22)		138195 / 128456	-7.0%
Total Referrals Rate year on year	(values 20/21 v 21/22)	-0.5%	182975 / 226895	24.0%
	(values 19/20 v 21/22)		230054 / 226895	-1.4%
Outpatient metrics				
Overdue Follow Up Appointments				16,503
Follow-Up Ratio		1.91		1.47
% DNA Rate	(New & Flup Atts / Total DNAs)	5%	33417 / 2268	6.4%
Patient cancellation rate	(New & Flup Atts / Total Pat Canx)		33417 / 5069	13.2%
reduction in face to face attendances				
% telemed/video attendances	(Total Atts / Total Non F-F)	25%	33417 / 8607	25.8%
Diagnostic Performance (DM01)				
% of >6 week performance	(Total / 6+ Weeks)	1%	13610 / 2168	15.9%

High Level Trust Performance



SCREENING PROGRAMMES

Commentary on High Level Board Position

Bowel Cancer Screening

Age Extension

Age extension for the Dorset Programme was launched in May 2021 with invitations to 56 year olds and the bowel scope cohort.

The team are ready to invite 58 year olds in 2022/23 as of April 2022. However, we have been notified by the Regional Commissioning team that the planned 'Go Live' date of 4th April has been delayed to late April 2022.

Key Performance Standards

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

The average uptake rate was 74% through 2021 (acceptable performance = >52%; achievable performance = >60%).

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

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

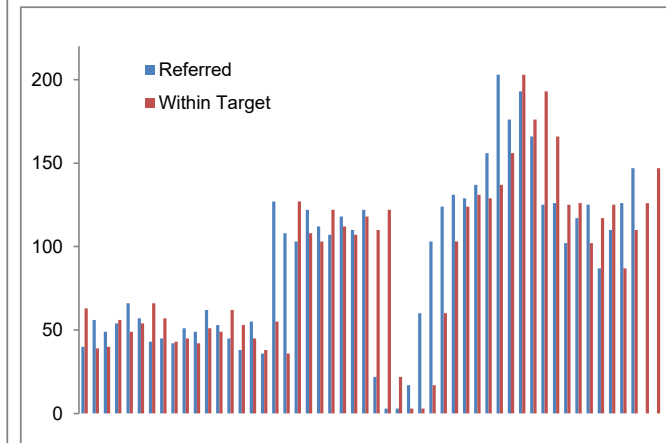
* **Diagnostic Wait Standard** (*Proportion of patients with an abnormal FIT result whose first offered diagnostic test date falls within 14 days of their SSP appointment*):

The diagnostic wait standard was not achieved at an acceptable level in February 2022 at 71%. This was due to the ventilation work at the RBH site that commenced on 21st February and finishes at the end of April. RBH BCSP activity has been moved to weekend insourcing lists on the PGH site and some in week WLI lists. This has enabled the programme to recover the diagnostic wait position to 97% in March 2022.

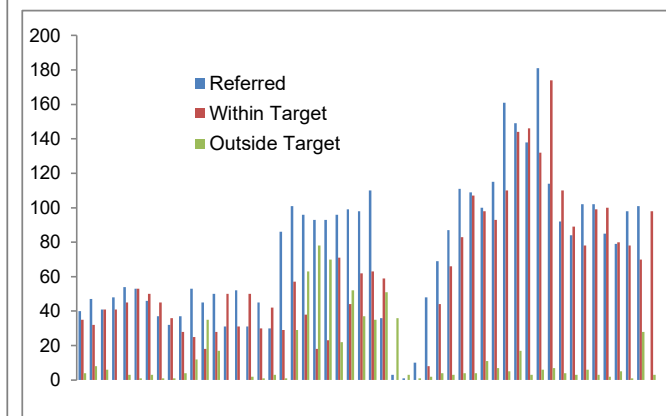
High Level Board Performance Indicators

Bowel Screening Standard	Target	Trust March Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	97%

Clinic Wait Standard



Diagnostic Wait Standard



SCREENING PROGRAMMES

Commentary on high level board position

Breast Screening

There have been some equipment breakdowns whilst one of our units has been running on generator at one of our locations. This was due to building works taking place at the Dorchester site. The unit is now back on mains supply but it resulted in cancellations of some booked clinics.

There has also been some reduction in screening as each of the mobile units had to go away for their annual service. Each van was out of action for a week at a time.

There are two large practices we are working through in the Christchurch area that are due at similar times due to a practice merge that took place three years ago. This is demonstrated in the increase in backlog figure along with the impact of the loss of screening through March.

High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95.00%	98.00%
assessment appointment within 3 weeks	95.00%	99.00%
Round Length within 36 months	90.00%	41.00%
Longest Wait time (Months)	36	43

Maternity

Commentary

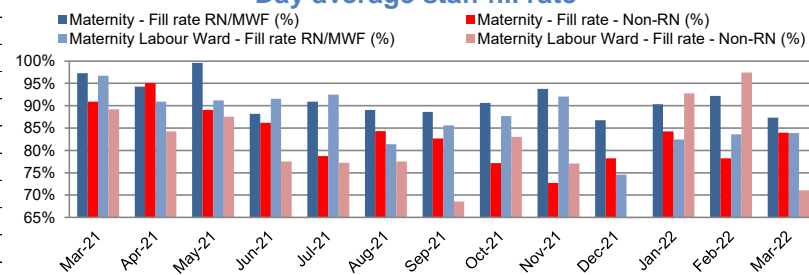
The final Ockenden report was published in March 2022. In addition to the seven Immediate and Essential Actions (IEAs) first identified in the preliminary report in December 2020 the final report identifies 15 new themes with a series of further recommendations. It contains 66 for Shrewsbury and Telford Trust, 15 for the wider NHS and 3 for the Secretary of State. A summary report will be provided to the Trust Board in May with the next steps we will take to ensure all actions are under taken.

Workforce challenges continue and impacting on data collection for antenatal screening. This is due to staff being deployed to clinical duties to maintain safety. A catch up plan is in place to meet KPI's by the end of May.

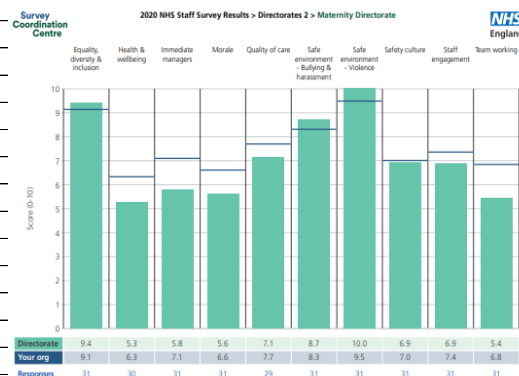
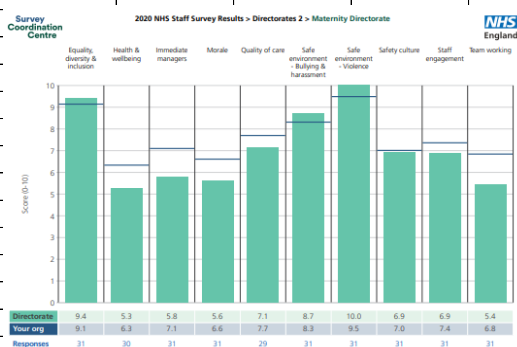
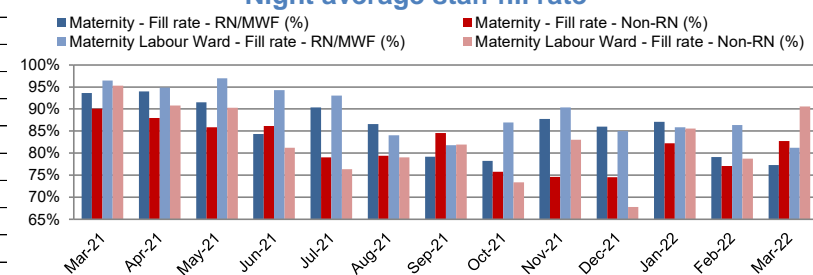
Successful interviews of student midwives and posts offered with a support package in their preceptor ship in place. All the students are eager to join the maternity team in September.

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Requires Improvement	Good	Outstanding	Good	Outstanding
	●	●	●	★	●	★
Screening incidences						2
Serious Incidents Reported						0
HSIB Cases Reported						0
HSIB / NHSR /CQC Concerns						0
Coroner Reg 28						0
Maternity Safety Support Programme						0
FFT Maternity User Response			Good / Very Good		86	89.6%
			Poor / Very Poor		6	6.0%
			Neither		2	2.1%
			Don't Know		2	2.1%

Day average staff fill rate



Night average staff fill rate



Training Compliance PROMPT Mar 2022

	Number Compliant to date	Number of headcount Staff @ March 2022	Percentage Compliant
Midwives Band 5	16	18	88.88%
Midwives Band 6	153	173	88.43%
Midwives Band 7	27	30	90.0%
Midwifery Managers, Matrons & Other Band 8+	5	7	71.43%
Consultant Obstetricians	15	17	88.23%
Obstetric Trainees (Doctors)	22	25	88%
Obstetric Anaesthetics	13	27	44.44%
HcAs/McAs/MSWs	42	78	53.8%
ODP	10	13	76.92%

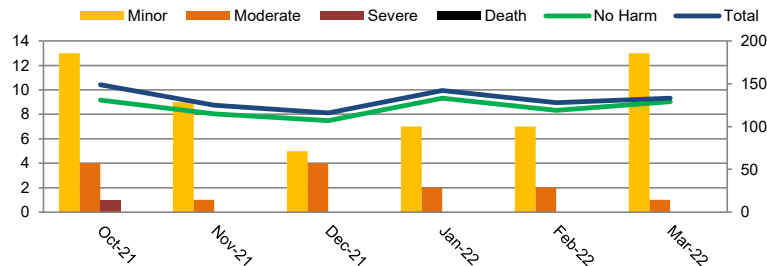
Maternity

Severe Incidents (0)
HSIB Referral case (0)
Screening Incidents (2)

Perinatal Mortuary Review Panel

No cases to review in March 2022

Datix Incidents



No Harm	131	115	107	133	119	129
Minor	13	9	5	7	7	13
Moderate	4	1	4	2	2	1
Severe	1	0	0	0	0	0
Death	0	0	0	0	0	0
Total	149	125	116	142	128	133

Learning from incidents (Recent HSIB Report)

The Trust to support staff to have access to electronic records at the time of giving clinical care to ensure all relevant information is available.

The Trust to support staff to complete a risk assessment that includes review of previous admissions, at every point of contact to enable recognition of a change in risk status that requires transfer of a mother to obstetric led care.

The Trust to ensure that practice of referral to obstetric led care occurs if there are reduced fetal movements over 39 weeks and/ or within 24 hours of labour to discuss the options of induction of labour, in line with national guidance. (SBL)

The Trust to ensure that the handover process includes all relevant clinical information from the records when mothers are transferred between clinical areas.

The Trust to ensure that when pain in the latent phase of labour is not relieved by simple oral analgesia or is prolonged, obstetric review with a full assessment and a management plan should be considered.

The Trust should ensure that there is a robust mechanism of communication that supports handover of clinical information between all members of the multi-disciplinary team

The Trust to ensure that all mothers have an individualized risk assessment and plan of care which takes into consideration the mother's history, number of admissions and her personal needs when admitted and or discharged in the latent phase of labour.

FINANCE

FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	(0)	349	349
Capital Programme	89,215	77,323	11,892
Closing Cash Balance	112,472	110,496	(1,976)
Public Sector Payment Policy	95%	90%	-5%

Commentary

In the financial year ending 31 March 2022, the Trust has delivered a £349,000 surplus position. Within this aggregate position, the Surgical Care Group delivered an adverse variance of £2.321 million, mainly due to CIP under achievement and additional medical staffing costs, partially offset by reduced activity particularly within Orthopaedics; the Medical Care Group delivered an adverse variance of £1.028 million due to unachieved CIP offset by over achievement in cardiac private patient income and the cessation of Bowel Scope and Bowel Cancer screening services; and the Specialties Care Group delivered a favourable variance of £1.328 million principally due to vacancies within Pathology and Pharmacy. Additional expenditure of £13.097 million has been incurred in the Trusts elective recovery programme which has been fully reimbursed by additional elective recovery funding.

Cost savings of £4.222 million have been achieved for the financial year ending 31 March 2022 against a target of £10.123 million, representing an under achievement of £5.901 million. The Trust delivered a recurrent shortfall of £7.347 million against the £10.123 million full year target. This places a considerable pressure on future years budgets.

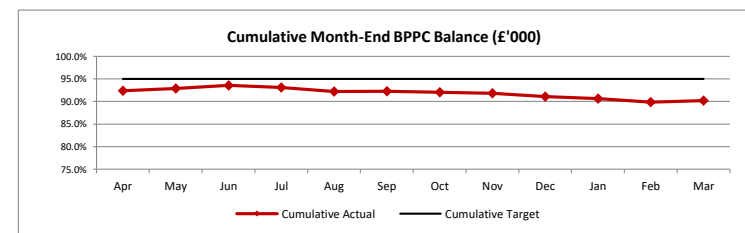
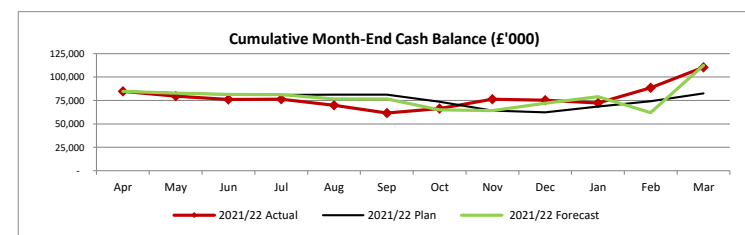
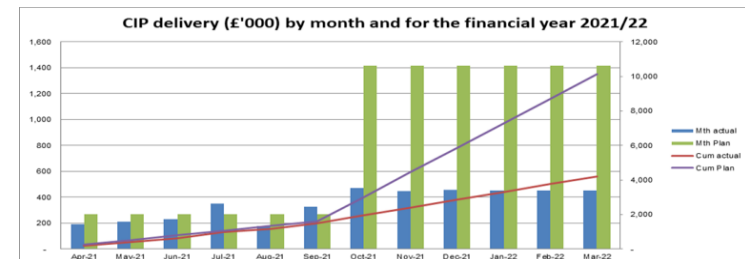
The Trust set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for the Dorset Integrated Care System. This has required very careful management, and as at 31 March 2022 full year capital expenditure amounted to £77.323 million against a plan of £89.215 million being £11.892 million behind plan. This mainly related to the phasing of spend in relation to the major reconfiguration works. The variance of £11.332 million against Public Dividend Capital (PDC) had been agreed in advance with NHS Improvement.

As at 31 March 2022 the Trust is currently holding a consolidated cash balance of £110.497 million, which is fully committed in support of the medium-term strategic reconfiguration programme.

The Trusts payment performance improved significantly during March reflecting the agreed action plan to address the backlog of invoices following staff shortages within the temporary staffing team. Payment performance is expected to gradually improve following the completion of the agreed mitigations as demonstrated in March with performance at 95.8%.

REVENUE	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Surgical	(133,871)	(136,192)	(2,321)
Medical	(163,931)	(164,959)	(1,028)
Specialties	(173,880)	(172,552)	1,328
Operations	(26,594)	(25,943)	651
Corporate	(66,731)	(66,427)	304
Trust-wide	566,004	564,959	(1,045)
Surplus/ (Deficit)	997	(1,114)	(2,111)
Consolidated Entities	300	174	(126)
Surplus/ (Deficit) after consolidation	1,297	(940)	(2,237)
Other Adjustments	(1,297)	1,288	2,585
Control Total Surplus/ (Deficit)	(0)	349	349

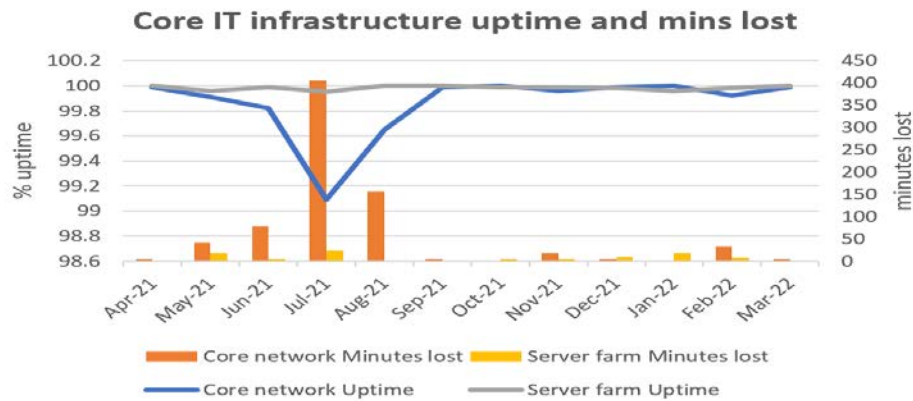
CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	23,658	21,311	2,347
IT	2,584	2,373	211
Medical Equipment	5,963	8,506	(2,543)
Donated Assets	2,378	1,834	544
Strategic Capital	54,631	43,300	11,331
Total	89,215	77,323	11,892



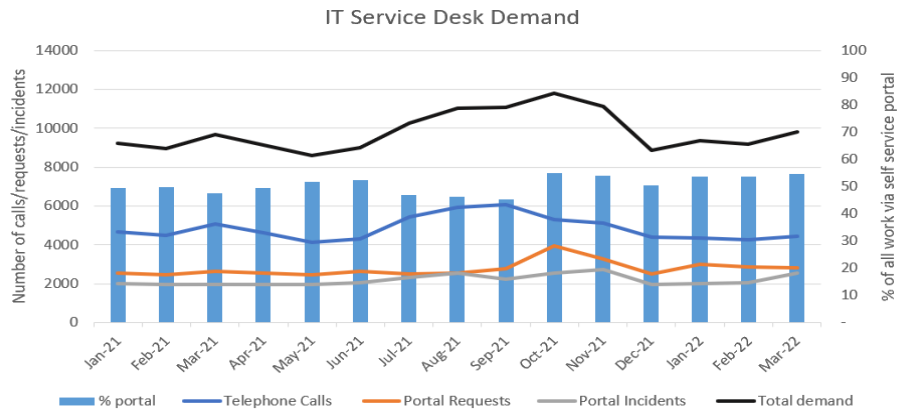
Overall Commentary: **Graph 1:** Core uptime: March figures back to optimal service uptime. Firewall issues appear to have stabilised. **Graph 6:** Compliance reset for 21/22 DSPT year, reflecting changing metrics. Ultimate compliance by 30/06/22 requires business support for IAOs to attend to their assurance tasks. **Table 7:** Compliance dipped, but in context of high number of requests for short month, ongoing OPEL level and sickness Trust-wide. **Graph 8:** DCR use shows another record breaking month with over 76,000 records accessed (c 50,000 were from UHD staff). Other project highlights: **Single Sign On:** Over 7500 users now live and 85 applications profiled, project soon to move into "Business As Usual".

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	2	10	10	46	190	256
Infrastructure Mandatory	0	0	1	4	27	32
Projects	14	44	9	83	312	448
Service Improvement Projects	0	0	0	0	3	3
Grand Totals	16	54	20	133	532	739

Table 4: Project Totals and Escalation

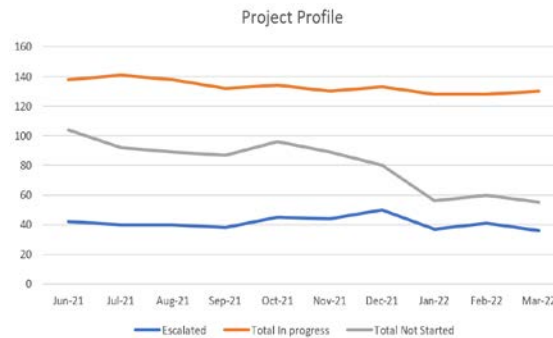


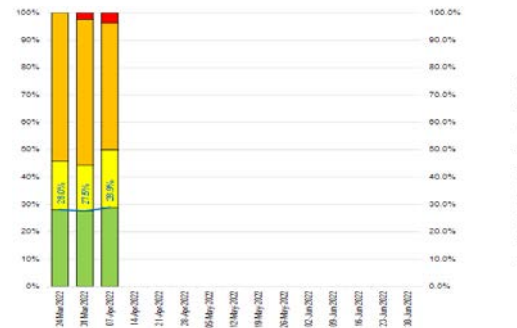
Table 5: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	98.2%	1.8%	0.0%	1.8%
Windows Servers	73.0%	27.0%	26.3%	0.7%

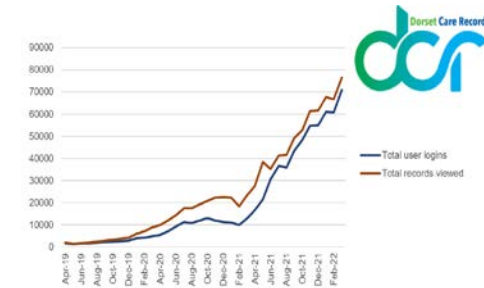
Table 7: FOI compliance

	Total rec'd	Compliance
November	50	72%
December	51	69%
January	55	91%
February	57	77%

Graph 6: Well managed Information Assets



Graph 8: DCR growth



COUNCIL OF GOVERNORS PART 1 – COVER SHEET

Meeting Date: 28 April 2022

Agenda item: 7.1

Subject:	Annual Report/Statement on the work of NREC
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance & Sarah Locke, Deputy Company Secretary
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Purpose of paper:	To present the report on the Nominations Remuneration and Evaluation Committee 2021/2022 for the purposes of the Annual Report to the Council of Governors and to seek its approval to its contents.
Background:	Under the NHS Foundation Trust Annual Reporting Manual 2021/2022 and/or the Code of Governance, the annual report should identify the Chairperson, Deputy Chairperson (where applicable) and members of the Committee. It should also set out the number of meetings of the Committee and describe the work of the Committee. The Report on the 2021/2022 work of the Committee is therefore attached for review and approval by the Council of Governors.
Key points for Committee members:	Sections of the report will be duplicated within the Trust's Annual Report.
Recommendations:	To approve the report.
Next steps:	Following approval by the Council of Governors, sections of the report will be incorporated within the Trust's Annual Report.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register

Strategic Objective:	Be a Well Led and Effective Partner
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	26 April 2022

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
NOMINATIONS, REMUNERATIONS AND EVALUATIONS COMMITTEE:
ANNUAL REPORT

1. INTRODUCTION

The Council of Governors is required to establish a committee consisting of all or some of its members to assist in carrying out the specified functions relating to the appointment of the Chair and Non-Executive Directors, the review of the structure, composition and performance of the Board and the remuneration of the Chairman and Non-Executive Directors. The Committee is chaired by the Trust's Chairman, or in his absence, the Vice Chairman, and comprises of three public Governors, one appointed Governor and one staff Governor.

Members during 2021/22 were:

- Sharon Collett (elected public Governor: Bournemouth)
- David Triplow (elected public Governor: Poole and Rest of Dorset)
- Sandra Wilson (elected public Governor: Christchurch, East Dorset, Rest of England)
- Beryl Ezzard (appointed Governor: Dorset Council)
- Marie Cleary (staff elected Governor: Administrative and Clerical)

with the Chairman (or in his absence the Vice Chairman) presiding over meetings.

2. MEETINGS

During the period of 1 April 2021 and 31 March 2022, the Committee met five times.

Name	Constituency	Meeting Dates				
		29 April 2021	29 July 2021	15 December 2021	27 January 2022	15 March 2022*
David Moss	Trust Chairman (<i>until 31 March 2022</i>)	✓	✓	✓	✓	✗
Philip Green	Non-Executive Director/Vice Chairman (<i>and Acting Chairman from 1 April 2022</i>)	✗	✗	✗	✗	✓
Sharon Collett	Bournemouth	✓	✓	✓	✓	✓
Sandra Wilson	Christchurch, East Dorset, Rest of England	✓	✓	✓	✓	✓
David Triplow	Poole and Rest of Dorset	✓	✓	✓	✓	✓
Cllr Beryl Ezzard	Dorset Council	✓	✓	✓	✓	✓
Marie Cleary	Staff: Administrative and Clerical	✓	✓	✓	✓	✓
<i>In attendance</i>						
Karen Allman	Chief People Officer	✓	✗	✓	✓	✓
Deb Matthews	Director of Organisational Development	✓	✗	✗	✗	✗
Caroline Tapster	Non-Executive Director/Senior Independent Director	✗	✓	✓	✗	✗
Debbie Fleming	Chief Executive Officer	✗	✗	✓	✗	✗
Carmel Gibbons	Odgers Berndston	✗	✗	✗	✓	✗
Philip Green	Non-Executive Director/Vice Chairman	✗	✗	✗	✓	✗
Was the meeting quorate? Y/N		Y	Y	Y	Y	Y

* extraordinary meeting

3. BUSINESS FOR THE COMMITTEE DURING 2021/22:

On 29 April 2021 the Committee considered:

- The methodology for the 2020/21 appraisals of the Chairman and Non-Executive Directors
- Non-Executive Director Remuneration

On 29 July 2021 the Committee considered:

- Chairman's Appraisal Summary
- Non-Executive Appraisals' Summary

On 15 December 2021 the Committee considered:

- Appointment process of the new Chief Executive

On 27 January 2022 the Committee considered:

- The new Chairman Recruitment including the proposed process, for which the external search agency, Odgers Berndston, was engaged
- Non-Executive Director Recruitment Update, including endorsing postponement of the recruitment for the vacant position
- The methodology for the Chair and Non-Executive Directors' 2021/22 Performance Evaluation
- The Committee's Governance Cycle

On 15 March 2022 the Committee considered:

- Update on Chairman Recruitment
- Chairman Recruitment: Governor Participation in Shortlisting Meeting and Interviews

During 2021/22, on the recommendation of the NREC, the Council of Governors approved:

- The methodology for the 2020/21 appraisals of the Chairman and Non-Executive Directors
- Non-Executive Director Remuneration
- Appointment process of the new Chief Executive
- The methodology for the Chairman and Non-Executive Directors' 2021/22 Performance Evaluation

March 2022

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 April 2022

Agenda item: 7.2

Subject:	Annual Review of the Register of Interests
-----------------	--------------------------------------------

Prepared by:	Ewan Gauvin, Corporate Governance Manager
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Purpose of paper:	For the Council of Governors to approve the annual declarations of interests for the Governors.
Background:	<p>The Governors are required to submit a signed Annual Declaration, including in relation to interests to be reflected in the Trust's register of interests.</p> <p>The register of interests is kept up to date when any new interests are declared in year.</p> <p>The Register of Interests for the Governors is presented to the Council of Governors for approval on an annual basis.</p>
Key points for Board members:	<ul style="list-style-type: none"> • There are currently 4 Governors that have not submitted their signed Annual Declaration. • The changes to all declarations of interest are highlighted within the paper.
Options and decisions required:	The register of interests requires approval by the Council of Governors unless there are any declarations of interest that need to be discussed further.
Recommendations:	That the register of interests paper be approved.
Next steps:	The four outstanding annual declarations will continue to be sought and then the updated register of interests will be published on the Trust website.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Be a Well Led and Effective Partner
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well Led

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

REGISTER OF COUNCIL OF GOVERNORS' INTERESTS

As at 31 March 2022 the following interests were declared by members of University Hospitals Dorset NHS Foundation Trust's Council of Governors:

Name and Role of Governor	Declaration of Interest
Judith Adda Elected governor for Bournemouth constituency	None <i>Voluntary Trustee of Hospital Radio Bedside</i> <i>Voluntary Editor of WJN magazine</i>
Richard Allen Elected governor for Christchurch, East Dorset & Rest of England constituency	Chairman & Director of Riverslea Management Co Ltd Relative works in Pharmacy at RBH <i>Member of the Management Board of SARI (Stand Against Racism and Inequality) Bristol</i>
Jon Babb Elected governor for Bournemouth constituency	Director – Lilac Consulting Partners Director – Chameleon Professional Services
Robert Bufton Elected governor for Poole & Rest of Dorset constituency	Director and shareholder of CR Accountancy Solutions Ltd Champion of Wessex Road Surgery, Shore Practice – patients helping patients scheme Son works for South West Ambulance Service <i>Volunteer – We Are With You</i>
Marie Cleary Elected governor staff	None
Sharon Collett Elected governor for Bournemouth constituency	None
Beryl Ezzard Appointed governor for Dorset Council	Dorset Council Councillor
Richard Ferns Elected governor for Poole and Rest of Dorset constituency	None
Paul Hilliard Appointed governor for Bournemouth, Christchurch and Poole Council	Bournemouth, Christchurch and Poole Council Councillor <i>Christchurch Town Council Councillor</i> <i>Member of Dorset & Wiltshire Fire & Rescue Service Authority</i> <i>Governor of Highcliffe School</i>
Marjorie Houghton Elected governor for Bournemouth constituency	None
Cameron Ingham Elected governor for staff	None
Carole Light Elected governor for Christchurch, East Dorset and Rest of England constituency	Family member employed by UHD
Keith Mitchell Elected governor for Bournemouth constituency	None

Andrew McLeod Elected governor for Poole and Rest of Dorset constituency	None
Markus Pettit Elected governor for staff	None
Robin Sadler Elected governor for Christchurch, East Dorset and Rest of England constituency	Medical Advisor to the Salisbury Sudan Medical Link Daughter employed by UHD
Patricia Scott Elected governor for Poole and Rest of Dorset constituency	None
Diane Smelt Elected governor for Bournemouth constituency	None
Kani Trehorn Elected governor for staff constituency	None
David Triplow Elected governor for Poole and Rest of Dorset constituency	Son is Associate Director at Attain Healthcare Management
Michele Whitehurst Elected governor for Poole and Rest of Dorset constituency	Director – Active Research Ltd Director – Actiholdings Ltd St John Ambulance Volunteer <i>RBH University Hospitals Dorset Volunteer</i> Vaccine Trial Volunteer <i>Member of the Conservative Party</i> Hospital Radio publications for RBH, PH, Christchurch and Wimborne Hospitals Business advertising in annual magazine
Sandy Wilson Elected governor for Christchurch, East Dorset and Rest of England constituency	PPG member of Coastal Medical Partnership

1

Key

Green – Governor has returned a signed copy of their annual declaration as at 31 March 2022.

Red – Governor has not returned a signed copy of their annual declaration as at 31 March 2022. The known declarations of interest listed were those that were known to the Trust as at 31 March 2022 but have not been confirmed as part of the annual declaration process.

Strikethrough – declarations of interest that have been removed from the register since the previous annual declaration.

Italic – declarations that have been added to the register since the previous annual declaration.

Ewan Gauvin
March 2022

1 David Richardson – Retired from the CCG as at 31 March 2022 and therefore ceased to be a Governor.

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 April 2022

Agenda item: 7.3

Subject:	Annual Review of Governance Cycle
Prepared by:	Sarah Locke, Deputy Company Secretary Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Purpose of paper:	For the Council of Governors to approve the governance cycle for 2022/23.
Background:	The Council of Governors' governance cycle is used to guide agendas for each of the meetings throughout the year and to structure the focus on particular governance aspects during the year.. The Council of Governors' governance cycle is to be reviewed and approved by the Council of Governors on an annual basis.
Key points for Council of Governors' members:	<ul style="list-style-type: none"> The format of the Council of Governors governance cycle has been updated to align to the format being used across Trust Committees. Other key changes to the Governance Cycle from the previous version have been noted in the document.
Options and decisions required:	The governance cycle requires approval or alternatively comments on updates considered necessary to be made to it.
Recommendations:	That the governance cycle be approved.
Next steps:	The governance cycle will continue to be reviewed on an annual basis unless there is a requirement for it be changed in year. In this instance, the governance cycle will be brought back to the Council of Governors for approval.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Be a Well Led and Effective Partner
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well Led

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS GOVERNANCE CYCLE

REGULAR REPORTS	LEAD
Feedback from the Nominations, Remuneration and Evaluation Committee	Chair
Updates from Informal Governor Groups <ul style="list-style-type: none"> • Membership and Engagement Group • Strategy Group • Quality Group 	Chair of Informal Governor Group
Chairman's Comments	Chairman
Patient Story ¹	CNO
Integrated Performance Report	Chief Officers

ANNUAL REPORTS	QUARTER	LEAD
Annual Report/Statement on the work of the Nominations, Remuneration and Evaluations Committee	April 2022	Chair/Co Sec
Agree Governor response to the Quality Account	April 2022 ² July 2022	Chair of Quality Reference Group [CNO]
Annual Review of the Register of Interests	April 2022	Co Sec
Annual Review of the Governance Cycle	April 2022	Co Sec
Schedule of Meetings for following year	April 2022	Chair/Co Sec
Operational Plan	April 2022	CEO/[CSTO]CFO
Summary of Operational Plan	July 2022	CEO/[CSTO]CFO
Outcome of the Chairman's and Non-Executive Directors' annual performance evaluation	July 2022	Chair/SID
Approve recommendations from Nominations, Remuneration and Evaluation Committee on Chairman's and Non-Executive Directors' remuneration/ allowances/ terms & conditions	July 2022	Chair/SID
Council of Governors Assessment of collective performance	July 2022	Chair/Co Sec
Trust's Annual Report & Accounts	July 2022	CFO
Quality Accounts and Financial Accounts – Audits from External Auditors	July 2022	External Auditors

¹ The Patient Story is presented at Board Part 1. In addition clinical presentations will be scheduled at the Informal Governors Sessions.

² NHS Foundation Trusts are no longer required to produce a Quality Report as part of their Annual Report. This is confirmed in the FT Annual Reporting Manual for 2021-22. NHS Foundation Trusts will continue to produce a separate Quality Account for 2021-22.

Annual Audit Committee Report and consult on Terms of Reference	July 2022	Chair Audit Committee
Annual Effectiveness of External Audit Process	July 2022	CFO
Board Assurance Framework Annual Report (past year)	July 2022	CNO
Board Assurance Framework (new year)	July 2022	CNO
Quality Accounts (six months review)	October 2022	CNO
Annual Patient Experience Report (to include Complaints)	October 2022	CNO
Report on the Annual Members' Meeting	October 2022	Chair/ Co Sec
Annual External Audit Plan	January 2023	CFO
Agree changes to the Constitution (3 yearly – January 2023)	January 2023	Co Sec
Board Assurance Framework (six monthly report)	January 2023	CNO

AD HOC REPORTS	LEAD
Review/update the Constitution	Co Sec
Statement on Engagement with the Board of Directors (last received January 2021)	Chair
Agree with Nominations, Remuneration and Evaluations Committee the process for nomination of new Chairman and Non-Executive Directors	Chair/SID
Appoint Chairman and Non-Executive Directors	Chair/SID and CPO
Approval of appointment of Chief Executive	Chair
Agree the process of performance evaluation for the Chairman and Non-Executive Directors (last reviewed January 2021, approach adopted each year by NREC)	Chair
Council of Governors to lead and agree with Audit Committee the criteria for the appointment/reappointment and removal of the Trust's Auditors (appointment April 2018 for three years. Appointment extended on a one-year basis to 2023)	Chair Audit Committee/CFO
Letter Engagement from the Auditors	Chair/CFO
Review policy for composition of Council of Governors and Non-Executive Directors (Council of Governors as part of Constitution review due January 2023 and Non-Executive Director's as part of recruitment process last completed January 2021)	Chair
Review Membership Strategy (scheduled July 2022)	Co Sec

Review the Terms of Reference of the Nominations, Remuneration and Evaluations Committee (scheduled July 2022)	Co Sec
Register of Interests as required when updated in year	Co Sec

CEO = Chief Executive Officer

CNO = Chief Nursing Officer

CFO = Chief Finance Officer

CPO = Chief People Officer

CSTO = Chief Strategy and Transformation Officer

SID = Senior Independent Director

Co Sec = Company Secretariat

April 2022

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 April 2022

Agenda item: 7.4

Subject:	Schedule of Meetings for 2023
Prepared by:	Sarah Locke, Deputy Company Secretary
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Purpose of paper:	For the Council of Governors to approve the proposed meeting dates for 2023.
Background:	Meetings dates for the coming year are shared with the Council of Governors for them to review and approve.
Key points for Board members:	<ul style="list-style-type: none"> • The propose Council of Governors meeting dates for 2023 are outlined in the document. • The meeting will be held quarterly. • The meetings are planned to be held face to face but this will be dependent upon infection prevention control guidelines. • The location of the meeting will be confirmed prior to each meeting date. • The attached meeting dates may be subject to change in the event of alterations to the proposed dates for meetings of the Board of Directors and/or Committees.
Options and decisions required:	The proposed dates of the meetings in 2023 require approval or alternative dates proposed for approval.
Recommendations:	That the proposed meeting dates for 2023 are approved.
Next steps:	Calendar invites will be sent out to all members of the Council of Governors.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Be a Well Led and Effective Partner
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well Led

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

PROPOSAL SCHEDULE OF MEETINGS 2023

Meetings will be planned to be held at The Hamworthy Club, Wimborne but this will be dependent on local and/or national infection prevention and control guidelines. Confirmation of venues for all dates will be confirmed closer to the meeting dates.

Thursday 26 January 2023

Part 1: 14:00-15:30

Part 2: 15:45-16:30

Thursday 27 April 2023

Part 1: 16:30-18:00

Part 2: 18:15-19:00

Thursday 27 July 2023

Part 1: 14:00-15:30

Part 2: 15:45-16:30

Thursday 26 October 2023

Part 1: 16:30-18:00

Part 2: 18:15-19:00