University Hospitals Dorset NHS Foundation Trust

Council of Governors Meeting - Part 1

Thursday 26 January 2023

16:30 – 18:00

Lecture Theatre, Education Centre, the Royal Bournemouth Hospital

& via Microsoft Teams

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS

The next meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 16:30 on Thursday 26 January 2023 at the Royal Bournemouth Hospital Lecture Theatre (Education Centre) and via Microsoft Teams.

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

Rob Whiteman
Trust Chair

AGENDA – PART 1

16:30 on Thursday 26 January 2023

Time		Item	Method	Purpose	Lead
16:30	**1**	Welcome, Introductions, Apologies & Quorum	**Verbal**		**Chair**
	2	Declaration of Interests	**Verbal**		**Chair**
16:35	**3**	**MINUTES**			
	3.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 27 October 2022	**Paper**	**Approval**	**Chair**
	3.2	Matters Arising – Action List	**Paper**	**Review**	**Chair**
16:40	**4**	**TRUST CHAIR AND CHIEF EXECUTIVE UPDATES**			
	4.1	Chair's Update	**Verbal**	**Information**	**Chair**
	4.2	Chief Executive Update	**Verbal**	**Information**	**CEO**
16:50	**5**	**INTEGRATED PERFORMANCE REPORT AND RISK**			
	5.1	Integrated Quality, Performance, Workforce, Finance and Informatics Report	**Paper**	**Information**	**Chief Officers**
	5.2	Board Assurance Framework (six monthly report)/ Trust Annual Objectives – mid year review	**Paper**	**Information**	**CSTO/CNO**
17:05	**6**	**GOVERNANCE**			
	6.1	2023/24 Planning Guidance and Priorities	**Paper**	**Information**	**CSTO**
	6.2	Review of Trust Constitution: Annex 5 Standing Orders for the Practice and Procedure of the Council of Governors	**Paper**	**Review**	**CoSec**
	6.3	Council of Governors Assessment of Collective Performance	**Paper**	**Approval**	**CoSec**
	6.4	Proposed process for appointments to the Nominations, Recommendation and Evaluation Committee	**Paper**	**Approval**	**CoSec**

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17:30	7	**COMMITTEES AND GOVERNOR GROUPS UPDATE**			
	7.1	Development of Future Assurance Updates from Committee Chairs to CoG	**Verbal**	**Information**	**Chair**
	7.2	Rotation of Governor Observers	**Verbal**	**Discussion**	**Chair**
	7.3	Council of Governor Groups	**Paper**	**Discussion**	**CoSec**
	7.4	Feedback from Council of Governor Groups • Membership and Engagement Group • Quality Group	**Verbal**	**Noting**	**Group Chairs**
17:45	8	Urgent Motions or Questions	**Verbal**		**Chair**
	9	Any Other Business	**Verbal**		**Chair**
18:00	10	**Date of Next Council of Governors Meeting:** Future Meetings: Thursday 27 April 2023, 27 July 2023 and 26 October 2023.			

* late paper

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

Items for Next Council of Governors Part 1 Agenda

Standing Reports

- Integrated Performance Report
- Update from Council of Governor Groups

Annual Reports

- Annual Report/Statement on the work of the Nominations, Remuneration and Evaluations Committee
- Annual Review of the Register of Interests
- Annual Review of the Governance Cycle
- Schedule of Meetings for following year

Reading Room Materials

Integrated Performance Report *(Agenda Item 5.1)*

Assurance Reports from Committee Chairs to Board – January 2023 *(Agenda Item 7.1)*

Board Committee Terms of Reference *(Agenda Item 7.2)*

List of abbreviations:
CEO – Chief Executive Officer
CNO – Chief Nursing Officer
CSTO – Chief Strategy and Transformation Officer
Other abbreviations
CDEL – Capital Delegated Expenditure Limit
CIP – Cost Improvement Programme
ED – Emergency Department
HSMR – Hospital Standardised Mortality Ratio
ICB – Integrated Care Board
ICS – Integrated Care System
ITU – Intensive Therapy Unit
MSG – Mortality Surveillance Group
NHSE/I – NHS England/Improvement
#NOF – Fractured neck of femur
OPEL – Operational Pressures Escalation Levels
SDEC – Same Day Emergency Care
SHMI – Summary Hospital-Level Mortality Indicator
SMR – Standardised Mortality Ratio
SWAST – South West Ambulance Service NHS Foundation Trust

CFO –Chief Finance Officer
CoSec – Company Secretary Team

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AGENDA – PART 2 PRIVATE MEETING

18:15 on Thursday 26 January 2023

Time		Item	Method	Purpose	Lead
18:15	**10**	Welcome, Introduction, Apologies & Quorum	**Verbal**		**Chair**
	11	Declaration of Interests	**Verbal**		**Chair**
18:20	**12**	**MINUTES**			
	12.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 27 October 2022	**Paper**	**Approval**	**Chair**
	12.2	Matters Arising – Action List	**Verbal**	**Review**	**Chair**
18:30	**13**	**GOVERNANCE**			
	13.1	External Auditors Recommendation	**Paper**	**Approval**	**CFO**
	13.2	Annual External Audit Plan	**Paper**	**Information**	**CFO**
	13.3	Feedback from Part 2 Board Meeting	**Verbal**	**Information**	**Chair**
18:50	**14**	Proposed date for Annual Members Meeting	**Verbal**	**Information**	**Chair**
	15	Any Other Business	**Verbal**		**Chair**
	16	Reflections on the Meeting	**Verbal**		**Chair**
19:00	**17**	**Date of Next Council of Governors Meeting:** Extraordinary Part 2 Meeting: February 2023 via Microsoft Teams (date and time to be confirmed). Thursday 27 April 2023 at 16:30 in Boardroom at Poole Hospital Future Meetings: Thursday 27 July 2023 and 26 October 2023.			

* late paper

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Items for Next Council of Governors Part 2 Agenda:

Standing Items

- Update from NREC
- Update from Board Part 2

Annual Item

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

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Reading Room Materials

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List of abbreviations:

CEO – Chief Executive Officer   CFO –Chief Finance Officer
CNO – Chief Nursing Officer   CoSec – Company Secretary Team

Other abbreviations
CDEL – Capital Delegated Expenditure Limit
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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 October 2022 at 14:00 in the Boardroom at Poole Hospital and via Microsoft Teams.

Present:	Rob Whiteman	Trust Chair *(Chair)*
	Judith Adda	Public Governor: Bournemouth
	Mandi Barron	Appointed Governor: Bournemouth University
	Robert Bufton	Public Governor: Poole and Rest of Dorset
	Marie Cleary	Staff Governor: Administration, Clerical and Management
	Sharon Collett	Public Governor: Bournemouth, Lead Governor
	Paul Hilliard	Appointed Governor: BCP Council
	Marjorie Houghton	Public Governor: Bournemouth
	Carole Light	Public Governor: Christchurch, East Dorset and Rest of England
	Andrew McLeod	Public Governor: Poole and Rest of Dorset
	Keith Mitchell	Public Governor: Bournemouth
	Patricia Scott	Public Governor: Poole and Rest of Dorset
	Diane Smelt	Public Governor: Bournemouth
	David Triplow	Public Governor: Poole and Rest of Dorset
	Michele Whitehurst	Public Governor: Poole and Rest of Dorset, Deputy Lead Governor
	Sandra Wilson	Public Governor: Christchurch, East Dorset and Rest of England
In attendance:	Karen Allman	Chief People Officer *(for item 5.1)*
	Peter Gill	Chief Informatics Officer *(for item 5.1)*
	Andrew Goodwin	Deputy Chief Finance Officer
	Siobhan Harrington	Chief Executive Officer *(until item 6.5)*
	Judith May	Associate Director of Operational Performance, Assurance and Delivery
	Paula Shobbrook	Chief Nursing Officer *(for item 5.1 and 6.1)*
	Sarah Locke	Deputy Company Secretary
	Ewan Gauvin	Corporate Governance Manager

CoG 67/22	**Welcome, Introductions, Apologies & Quorum**
	The Chair welcomed everyone to the meeting.
	Apologies were received from Beryl Ezzard, Appointed Governor for Dorset Council.
CoG 68/22	**Declarations of Interest**
	No existing interests in matters to be considered were declared. In addition, no further interests were declared.
CoG 69/22	**Minutes of the meeting held on 28 July 2022**
	The minutes of the Council of Governors meeting held on 28 July 2022 were APPROVED as an accurate record.
CoG 70/22	**Trust Chair Update**
	Rob Whiteman reported that alongside other organisations, the Trust was awaiting the Chancellor's statement in relation to public spending and the implications for the NHS. Once a position had been announced for the NHS, Siobhan Harrington and Pete Papworth would complete an appraisal of any differences to the Trust's plans, particularly relating to capital investment.
	Sir Robert Syms had visited the Trust's Emergency Department at Poole Hospital. Local Members of Parliament were being briefed on the next approvals process for the Trust's capital.

	More broadly, organisations had been sustaining workforce pressures, with challenges with recruitment and retaining staff.
	He commended the maternity unit, with it being very positive to note from his recent visit the special way in which midwives and staff cared for the mothers and for each other.
CoG71/22	**Chief Executive Update**
	Referencing the team spirit at the Trust, Siobhan Harrington referred to her having visited the stroke ward at Poole hospital to present a staff excellence award to a ward clerk, retiring after 44 years at the hospital. The whole team had been out to celebrate that individual.
	She had attended a Chief Executive conference two weeks' prior, where all staff were thanked, but with there being an acknowledgment that it would be a difficult winter. Thanking Governors for the support they would provide to staff through the winter period, she outlined that the focus would be on patient safety as well as staff welfare and well-being.
	Within the Integrated Performance Report, although there were a number of challenges, green shoots were emerging. The month five financial position was not where the Trust had wanted it to be. However, there was a balance to be had in the narrative between money and the focus on patient safety and staff. The Trust's risk appetite was that patient safety came first and that would continue, with the Trust continuing to maintain a grip on its financial position.
	The feedback she had received on the unannounced CQC inspections of medical and surgical at Poole and Bournemouth was that everyone had made the inspectors very welcome. The CQC had highlighted workforce challenges of which the Trust was aware; this was impacting upon the level and standard of care the Trust wanted to provide. In addition, some staff were finding it difficult to speak up. She reflected upon whether having been in a command and control period through the pandemic, staff had reached the point where they felt it was not worth speaking up. Helen Martin, the Freedom to Speak Up Guardian, continued to do a great job, with further work for the Trust to do. She and Paula Shobbrook had a follow up meeting with the CQC the previous day about the length of patient waits when admitted with a fractured neck of femur and their care pending surgery. Further information would be submitted to the CQC. The CQC report, which was expected to be a mixed report, was unlikely to be issued until December 2022 or January 2023.
	Black History and Speak Up month were drawing to a close, with there having been good conversations throughout the month. During the month, there had been wearing green on Wednesdays, two themed international food days, webinars and focus groups with Yvonne Coghill (formerly the national director for the Race Equality Scheme) and staff having been vocal about race and lived experience. Those conversations would continue outside of Black History month.
	Approximately 90 patients remained in the Trust with Covid, with this level likely to remain through winter. She encouraged flu and Covid vaccinations; currently approximately 25% of staff had been vaccinated.
	She outlined the support being provided to staff with cost of living issues. The Trust was likely to be managing industrial action that was being taken within the NHS.
	Commenting upon the framework developed nationally for quality improvement, she confirmed that this fit with the Patient First initiative being discussed within the Trust.
	Keith Mitchell enquired about opportunities for Governors to be able to support, noting the distinction between the Volunteer and Governor roles. Responding to this, Siobhan Harrington referenced encouraging messages within constituencies about vaccination and only attending the hospital when necessary through the winter period. The positive impact of Governors welcoming staff and valuing people continued to be important.

Paul Hilliard asked whether Christmas decorations were permitted in wards this year and also whether there were opportunities to support staff with parking charges. Subject to infection prevention and control requirements, it would be positive to have decorations. In relation to staff car parking, Siobhan Harrington responded that there had been internal discussions about having a transport summit and car parking was an area that required further review. In this context, Robert Bufton also raised whether there may be opportunity for the use of charitable funds to be considered as part of the review.

Referring to a discussion between her and Siobhan Harrington, Sandy Wilson commented that it would be beneficial for the Council of Governors to hear more about Patient First. This would be presented to a future meeting.

Rob Whiteman and Siobhan Harrington thanked Marie Cleary for her contribution, this being her last Council of Governors' meeting. Sharon Collett added that in December, it was proposed to celebrate and thank Governors who were retiring or who did not intend to seek re-election. She added her thanks to Marie Cleary for her exceptional contribution to the NHS over 33 years and also to the Council of Governors. David Triplow echoed his thanks.

| CoG 72/22 | **Integrated Quality, Performance, Workforce, Finance and Informatics Report** |
| | Judith May presented highlights from the operational performance report, noting: |

- The challenging position in ED, with ambulance handover delays and waits for beds remaining a concern across the Trust.
- Numbers of medically ready to leave patients remained high.
- The emergency care intensive support team had visited the Trust the previous week and noted the significant progress made over the last 12 months with the front door pathways.
- Next steps included focusing upon systems and processes around discharge. Virtual wards were being developed. The Trust had participated in a system wide flow improvement fortnight, with this having been extended to focus on discharge.
- Referral to treatment time remained stable. There had been a reduction in the waiting list by a significant amount in the last month. Numbers of long waiters were also falling.
- The diagnostics position reflected in the report.

Marjorie Houghton enquired whether there had been improvements in the numbers of patients being discharged. Judith May replied that there had recently been a spike, with the numbers continuing to rise. Siobhan Harrington added that the challenges were where people needed additional care packages driven by local authority difficulties with staffing and there also being certain funding issues. In addition, there were not as many discharges at weekends. The Trust was looking at its own flow management as well as working with system partners. In the context of funding, Judith Adda noted the potential packages of assistance that had been referenced in the press to support this issue.

Andrew McLeod suggested that it would be helpful to see more in the report than mean time, with, for example, the median and mode not shown. With triage, he assumed that the most urgent patients were seen but that was not visible from the way in which the data was presented. He expressed concern, notwithstanding the efforts to which staff were going at having to attend at ED. Rob Whiteman confirmed that the data in the report was a subset of the live data that was used to triage and prioritise. Adding to this, Paula Shobbrook commented that she had been in meetings with ward sisters and charge nurses across the Trust that day; part of the discussion had been in relation to the four-hour target, this being a quality rather than a performance target. Across the NHS, people were spending much longer than four hours in ED. Within the Trust, patients were assessed face to face, there was a good process of streaming and there was prioritisation. There were the right clinicians in the right place in ED. A risk assessment of the whole system was being undertaken and an efficient approach to time slots to bring people from ED into wards being worked upon. Keith Mitchell mentioned his

	volunteer work in ED and that nearly everyone with whom he spoke commented about how well they had been looked after, even those in corridors.
	David Triplow expressed concern that the number of patients who were medically ready to leave had risen to over a quarter of the hospital's beds which was frightening. Help was needed from local Members of Parliament and the government. Rob Whiteman added that the problem was worse than at inception, including the deeper-rooted workforce issue developing across the NHS. Although the new ED at the Trust would have higher capacity than the existing departments combined, that was a couple of years away. Siobhan Harrington outlined the meetings that had been and would be taking place with Members of Parliament to discuss these issues.
	The Council of Governors NOTED the Integrated Quality, Performance, Workforce, Finance and Informatics Report.
CoG 73/22	**Annual Complaints and Patient Experience Report**
	Paula Shobbrook presented the Annual Complaints and Patient Experience Report highlighting that the focus during the year had been upon being as responsive as possible. There was a proactive patient experience team, with a focus upon ensuring that the Trust heard what patients were saying. She thanked Governors and volunteers on wards that helped with feedback. Next year the plan would be to engage even further with patients.
	Referencing the last page of the complaints report and the end of life process for a father, Michele Whitehurst asked whether end of life volunteers were back on wards. Paula Shobbrook responded that at the time the report was written, it was not possible to bring volunteers back onto wards. There was a stringent process with volunteers, the team were working on this and the Trust was very proud of its end of life volunteers. National awards had been won for their work.
	Sharon Collett commented that at the Quality Committee, there had previously been very few patients whose complaints were being resolved at an early stage. The team had worked hard on this with the numbers of early resolutions dramatically increasing, which was to be commended.
	Observing that the largest number of complaints continued to be communication related, David Triplow asked whether there were themes that could be reduced in future. Paula Shobbrook responded that through early resolution and the conversations taking place, the key themes about communication could be and were expected to improve.
	The Council of Governors NOTED the Annual Complaints and Patient Experience Report.
CoG 74/22	**Annual Effectiveness of External Audit Process**
	Andrew Goodwin presented the Annual Effectiveness of External Audit Process, highlighting:
	• The review undertaken and presented to Audit Committee. • A Dorset wide tender process taking place for the appointment of external auditors, with which Governors would be involved.
	David Triplow added that as an observer at the Audit Committee, he would recommend approval to the Council of Governors.
	The Council of Governors APPROVED the Annual Effectiveness of External Audit Process.
CoG 75/22	**Composition of Board of Directors: Amendment to Trust's Constitution**
	Rob Whiteman informed the Council of Governors that standard practice for good corporate governance was that Non-Executive Directors form the majority on the Board. There was a vacancy to which the Trust was to recruit. Unusually, in his opinion, the Trust relied on the casting vote of the Trust Chair for there to be a majority for the Non-Executive Directors and he was uncomfortable with that, which he believed to be contrary to guidance. At NREC, it had been discussed that two Non-Executive Directors should be recruited rather than one. This would also bring other important benefits in relation to board diversity, enabling the

	demographics of the Non-Executive Directors and their skill mix to be further considered.
	Sharon Collett added that there had been discussions about the implications for the Trust Chair, sensitivity of increasing the number of posts balanced against the calibre and amount contributed by the existing Non-Executive Directors.
	Diane Smelt raised that she was not against the proposal but asked whether there would be a breach of the Trust's Constitution if the amendments were made without first presenting them to the Annual Members' Meeting. Rob Whiteman confirmed that this was not the case and that, in any event, the proposed amendment had been covered in Sharon Collett's presentation at the Annual Members' Meeting.
	Reflecting on the potential industrial action, Paul Hilliard raised whether it was possible to make the additional role cost neutral by, for example, reducing the remuneration of the existing Non-Executive Directors to cover it. Rob Whiteman did not think that the Trust would secure the calibre of Non-Executive Directors it had if there were a reduction in the existing remuneration to compensate for the cost of an additional Non-Executive Director.
	The Council of Governors APPROVED the amendment to the Trust's Constitution.
CoG 76/22	**Report on the Annual Members' Meeting**
	Rob Whiteman commented in relation to the Annual Members' Meeting that the Company Secretary Team had tried to encourage participation, arranging it at a venue and time of day where people could attend and with materials available beforehand. Inviting feedback, he summarised that he considered that it had worked quite well, with having a presentation afterwards and it being face to face being positive.
	Paul Hilliard suggested that the venue was not suitable for the demographic given the steps in the lecture theatre. Separately, there had been a question at the end to which no-one was able to respond. David Triplow had observed, however, that two days after the meeting, the response to the particular question about the Macmillan Unit had appeared in the Daily Echo, also agreeing about the unfortunate nature of the lack of response to it at the meeting.
	Also commenting on the venue, Marjorie Houghton referenced challenges with hearing what speakers were saying. Sarah Locke explained that the view had been to use each of the hospital sites and with the extent of transformation at Bournemouth hospital, it was an opportunity for the public to see that.
	This was followed by a discussion about use of the Village Hotel and the costs associated with that.
	Sandy Wilson suggested that publicising it earlier in advance and more widespread would be beneficial in raising attendance.
	This feedback would be taken into account for the following year.
	The Council of Governors NOTED the Report on the Annual Members' Meeting.
CoG 77/22	**Council of Governors: Strategy Group**
	Rob Whiteman referenced the corporate governance review being undertaken and how Board Committees could be streamlined. The Good Governance Institute had been engaged who were working with him, the Company Secretary Team and the Executives. The number of Board Committees would be reduced and streamlined in 2023. He had discussed with Robert Bufton and Sharon Collett that the Strategy Group should be stood down for the Council of Governors, with the Council of Governors groups being considered further. Robert Bufton added that he had requested that there be Governor representation or observation at an Executive team strategy committee.
	Rob Whiteman confirmed that the Good Governance Institute would be speaking with Sharon Collett, Michele Whitehurst and others about proposed Governor groups. How the Board Committee structure would work would be settled in the November cycle, with proposals for the Governor groups put forward promptly after then. He also outlined changes to proposed Board Committee Chairs.

		The Council of Governors APPROVED the discontinuation and dissolution of the Strategy Group.
CoG 78/22	**Update on Council of Governors' Election Process**	
	Sarah Locke provided an update on the Council of Governors' election process, with information sessions having been held. Information was available on the Trust's website and posters displayed at the hospital sites. Sharon Collett and Marie Clearly had participated in a video to encourage applications. The closing date for applications was 5pm on 10 November 2022, with voting commencing on 2 December 2022.	
	Rob Whiteman thanked Governors who had participated in the information sessions. Marjorie Houghton added that holding the sessions more informally in the evening and face to face may be beneficial in future.	
	Michele Whitehurst thanked the Company Secretary Team for their teamwork on the election process.	
	The Council of Governors NOTED the Update on the Election Process.	
CoG 79/22	**Feedback from Council of Governor Groups**	
	Sandy Wilson, Chair of the Membership Engagement Group, provided an update from the group's last meeting on 5 September 2022 highlighting:	
	- It had been a busy time with many more activities having taken place on a face to face basis; - Discussions had included streamlining of planning and managing events. A calendar of events was now available. - The Membership Engagement Strategy and action plan would be revisited at the next meeting. - Improving the membership base was discussed including the importance of publications, Understanding Health Talks and Chat Cafes. - Monthly meetings with the Communications Team were ongoing and working well. Social media training would be provided to Governors.	
	Sharon Collett, Chair of the Quality Group, provided an update on the quality account presentation that had been provided, with a six month update on the priorities.	
CoG 80/22	**Any Other Business**	
	David Triplow asked that the acronyms in the Integrated Performance Report cease to be used or a glossary included.	
	There was discussion about staff vacancies and steps being taken to try to recruit including international recruitment, the trial into medical scribes, careers conventions, apprenticeships and the partnership with Bournemouth University.	
	There being no further business, the meeting was closed.	
	The date and time of the next meeting of the Council of Governors was announced as Thursday 26 January 2023 at 16:30pm at Royal Bournemouth Hospital and via Microsoft Teams.	

COUNCIL OF GOVERNORS – PART 1 MEETING

Meeting Date: 26 January 2023

Agenda item: 5.1

Subject:	Operational Performance
Prepared by:	Executive Directors, Alex Lister, Sophie Jordan, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Irene Mardon, Jo Sims, Andrew Goodwin
Presented by:	Executive Directors for specific service areas

Strategic Objectives that this item supports/impacts:	Continually improve quality ⊠ Be a great place to work ⊠ Use resources efficiently ⊠ Be a well led and effective partner ⊠ Transform and improve ⊠
BAF	Trust Integrated Performance report December 2022 Appendix A
Purpose of paper:	Information
Background:	The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums the ability, if needed, to deep dive into a particular area of interest for additional information and scrutiny.
Urgent & Emergency Care (2 Alerts)	**Strategic objective: To continually improve the quality of care** *Alert (1) to Finance & Performance Committee (FPC): Significant levels of risk are being managed within the Trust's emergency departments on a daily basis. Over 14,000 attendances in December (circa 16% increase compared to December 2021). SDEC and elective care areas escalated to meet surge of emergency demand. Significant IPC challenges with increase in COVID-19 and Flu-A.* *Alert (2) to FPC: Ambulance handover delays in December were the highest recorded during 2022/23 with more than 6,600 hours lost, SWAST regionally experienced an increase of 100% in hours lost.*
Occupancy, Flow & Discharge **(1 Alert)**	**Strategic objective: To continually improve the quality of care** ***Alert FPC: Daily average of medically ready for discharge (MRFD) patients consistently above 220.*** • Both sites continued to maintain escalation beds open in December. Occupancy has increased to an average of 93.3%

	across UHD, however has often exceeded 100% on a single site,. • There was an average of 221 patients MRFD occupying beds
Surge, Escalation and Ops Planning	**Strategic objective: To continually improve the quality of care** UHD has 48 confirmed Covid inpatients with an increase in influenza presentations
Referral to Treatment (RTT) *(1 Advise)*	**Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services** *Advised FPC: Reduction in elective long waiters is on track at end of December 2022. 25 patients waiting more than 104 weeks were reported and waits over a year and a have are ahead of plan.*

RTT table:

Planning requirement	Nov 22	December 22	
Referral to treatment 18-week performance	56.1%	55.06% ▼	National Target 92%
Eliminate > 104 week waits	37	25 ▼	Plan Trajectory 0 by January 23
Reduce >78 week waits to zero	487	473 ▼	Trajectory 774 by December 22
Hold or reduce >52+ weeks	3,634	3,472 ▼	Trajectory 3,158 by December 22
Stabilise Waiting List size	71,161	70,259 ▼	Decrease of 902 v Nov 2022

• Capped theatre utilisation was 73% in December against a planning trajectory of 82%..
• There was a small reduction in month in the attainment of targets for fractured neck of femur (# NoF) patients with 43% achieving surgery within 36 hours of admission and 73% within 36 hours of being fit for surgery. The improvement on September performance has been maintained.

Weekly oversight of long waiters is in place by the Director of Operational Performance and Oversight and Chief Operating Officer.

Cancer Standards *(1 Alert & 1 Advise)*	**Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services** **Alerted FPC:** *Achievement of improvement in Cancer faster diagnosis standard and 62 day standard is off track.* **Advised FPC:** *Cancer: Numbers of patients waiting 63 days or more for treatment after referral for suspected cancer is reducing. 232 at 18-Dec compared to 332 in September 22. Expected rise at end of December as a result of reduced validation over Christmas/New year period but plan to address early January.*

	• 28-day FDS performance decreased in November to 59.6% (threshold 75%). Seven tumour sites continue to achieve the standard. • 31-day standard – **achieved.** • The 62-day performance in November reduced to 64.3% (threshold 85%) but continues to be above the current national average of 60.2%.
DM01 (Diagnostics report) *(1 Advise)*	**Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services** **Advised FPC:** *UHD has achieved the best performance in the SW in December (18-Dec) for diagnostics (DM01) – Number of patients are waiting 6 weeks or more for a diagnostic test.* • The DM01 standard has achieved 86.4% of all patients being seen within 6 weeks of referral.
Stroke Performance	The Stroke (SSNAP) quarterly clinical and organisational audit indicator score for quarter 2 was B; an improvement from quarter 1 C score. Q3 internal reporting to date demonstrates continued achievement at level B.
Elective Recovery Actions	*Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:* • **A Theatre improvement programme -** to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres. • **Outpatient Enabling Excellence and Transformation programmes -** including three elements: 'back to basics' outpatient improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients; Digital Outpatients transformation, and speciality led outpatient reviews of capacity and utilisation. • **Diagnostics recovery:** Endoscopy, Echocardiology and imaging. • **Cancer recovery and sustainability:** Developing a sustainability plan to improve Cancer Waiting Times across 6 priority tumour sites which aligns with the Dorset Cancer Partnership objectives. • **Data and validation optimisation:** Ensuring access to the best quality data for elective care delivery and planning.
Health Inequalities	**Strategic objective: To transform and improve our services in line with the Dorset ICS Long Term Plan** The Dorset Intelligence & Insight Service (DiiS) Health Inequalities dashboard enables analysis waiting times disaggregated by ethnicity and deprivation (Dorset Patients only). Waiting list by Index of Multiple Deprivation (IMD) A reduction in the variation in length of wait for patients on an RTT waiting list according to their index of multiple deprivation has been maintained in Q3.

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Waiting list by ethnicity
Where ethnicity is recorded, 10.9% of patients on UHD waiting lists are within community minority ethnic populations (increase 0.1% since November). Patients from community minority ethnic groups had a higher (1.5%) average week wait compared to patients recorded as White British in Q3. The variance has increased in Q3 compared to Q2.

A health inequalities improvement programme is supporting action on health inequalities in the Trust.

Infection Prevention and Control:

Quality, Safety, & Patient Experience Key Points

Hospital Associated cases trend

	2021/2022												2022/2023								
Organism	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Cdiff	4	0	0	0	5	0	6	6	4	2	0	3	9	10	9	9	11	9	2	4	5
eColi	4	4	9	9	10	7	0	7	9	7	2	4	6	1	7	4	7	9	6	7	5
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
MSSA	3	2	4	4	5	5	1	4	4	3	7	5	4	4	2	3	3	3	7	2	3

- Work continues the follow up of COVID-19 outbreaks with post infection review for cases from Q3 2021 to Q1/Q2 2022. This was due to be completed in December 2022 but with large numbers of acute respiratory infection and high sickness in the IPC Team this is delayed.
- Community and hospital associated cases of COVID-19 in Dorset continue to decline but this month saw a rapid rise in Influenza and RSV cases impacting greatly on the hospital to function at its best.
- Cases of Clostridioides Difficile have increased over the past 2 years. The frequency of patients relapsing, and the severity of cases has also increased. We are now over our 22/33 trajectory with 71 cases reported against a trajectory of 59. An indepth review of case findings and changes in epidemiology will be presented to IPG in January 23.
- Group A Strep cases continued to be identified in young patients with a number of those creating admissions to general wards and intensive care.

The IPC Team supported rapid changes to guidance for admissions with Influenza and COVID-19 to enable safe flow into and out of the Trust.

Clinical Practice Team

Moving & Handling
Our band 3 moving & handling trainer is leaving us in January, this post was kindly funded by Education & Training dept. The M&H team now consists of 2.0 WTE a registered practitioner and an associate practitioner.

Core Induction
Level 2 Moving & Handling training is an essential component in the trust induction programme (day 2) for clinical staff
- These sessions have been protected (as much as possible) in order to support the safe onboarding of staff, however this has required a small number of ECS level 2 sessions to be cancelled
- The M&H trainers have been supporting the Education & training team to deliver the level 2 training for the HCSW

Essential Core Skills
- The ability to meet the face-to-face level two training requirements for clinical staff continues to be a challenge. The risk register entry remains at 10 (moderate) and under continuous review.
- A recent report has shown that we have 2137 members of staff who are currently non-compliant with their M&H level 2 training.
- A draft SBARN is being circulated for comment regarding the proposal to deliver a hybrid model of refresher level 2 training, consisting of face to face and eLearning.
- Videos will be recorded during January 2023.

Falls prevention & management
- One of the falls team has taken the opportunity to complete a 3 month secondment (Nov-Feb) as Matron for Medical Specialties, this leaves the falls team consisting of 2.0 WTE a registered nurse and an Associate Practitioner.
- A total of five severe events were reported in month. All five patients sustained #nofs, four of the incidents were unwitnessed and one of the incidents witnessed.
- The relevant scoping and investigations are being undertaken with support from the falls team.

Tissue Viability
The ability of the service to meet the increased demand has been distilled into a risk register entry 1821 and rated as 8 (moderate). The number of complex patients being referred to the service remains high.
- The number of referrals to the service are now consistently above 200 per month.
- The number of complex patients who are remaining on the caseload during admission are also on the increase.

A total of nine category 3 pressure ulcers have been reported in this month, six are combination damage which includes both pressure and moisture factors. The remaining three incidents relate to pressure ulceration due to medical devices, two due to tracheostomy sites and one found on removal of a lower limb cast.

Patient Experience:	**Friends & Family Test** FFT Positive responses have seen a decline at 87.8% compared with 90.2% in November. The response rate for FFT also has reduced. **PALS and Complaints** In December there were 355 PALS concerns raised, 41 new formal complaints and 33 Early Resolution complaints (ERC) processed. **Complaint response times** The number of complaints that were responded to and closed in December were 74. Regular meetings with the care groups continue to focus on closing of complaints. There were 216 outstanding open complaints including ERC, 82 of which have been open 55 working days or longer. The last half of December saw an increase in complaints breaching 55 days, where a steady decline in these breaches has

	been seen since May. Key themes from PALS and complaints - Communication – Absent or incorrect - Organisation process – Bureaucracy, waiting times, accessing care - Quality – Clinical Standards **Mixed Sex Accommodation Breaches** There were no MSA incidents in December 2022.
Workforce Performance:	**Please note the YTD (12 month rolling data) Indicators to December 2022 can be found on the Workforce Integrated Performance Report Page** **December (in month) Indicators:** |		Actual this month	Variance on last month
---	---	---	---
Turnover		14.8%	0.1%
Vacancy		6.3%	-1.3%
Sickness Rate		6.4%	1.1%
Appraisals	Values based	56.2%	1.0%
	Medical & Dental	63.8%	-0.7%
Statutory and Mandatory Training		85.9%	0.1%	 **UHD turnover** has increased by 0.1% in month, overall YTD remains at 14.6%. **Vacancy rate** is being reported at 6.3% in month, a decrease of 1.3% compared to November. **Sickness absence** in-month for December 2022 is 6.4%, an increase of 1.1% compared to November. Latest rolling 12 month is 5.9%, an increase of 0.2% since last month. **Statutory and Mandatory training:** Overall UHD Trust compliance is standing at 85.9%, an increase of 0.1% on October. Our aim is to reach 90% across all sites. Face to face course are still proving difficult
CPO Headlines:	**Industrial Action in relation to the National Pay Dispute:** The Royal College of Nursing (RCN) have given notice of intended strike action at UHD on 18 and 19 January 2023. The industrial action shall commence at the beginning of the day shift and will last until commencement of the night shift on both the 18 & 19 January 2023 within 24 hours services. For services that are not 24 hours the industrial action shall commence at 08:00am on both the 18 & 19 January 2023 and will last for 12 hours. Ambulance staff working for South Western Ambulance Service will be taking strike action on 11 and 23 January 2023. Industrial action planning is being managed through the Trust's Emergency Planning Response Team and incident management framework. The ballot for Junior Doctors who are BMA members opened on 9 January 2023 and will run until 20th February. They are proposing a full withdrawal of labour for 72 hours.

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Occupational Health and Enhanced Wellbeing Service	In December 2021 OH received 139 management referrals, the average wait from point of referral to appointment is 6 working days. 195 preplacements were received in December and processed. **The MSK staff physiotherapy service** has an average wait for an appointment of 4 weeks, the service remains very busy and has high levels of positive feedback **The Psychological Support & Counselling Service (PSC)** continues to develop its offer to promote staff wellbeing and reduce sickness absence due to stress and mental health. The PSC service received a high number of referrals in December 2022 following central communications by the Trust.
Blended Education & Training	All 'Induction' webpages (e.g. Volunteers, Nonclinical staff working offsite) are all up to date and the Governors page is being updated this week. The team are currently focusing on Non-Exec directors (NEDs), their BEAT VLE accounts and are being offered volunteers days to do their mandatory training in that face to face format. Due to the high number of transformation changes with cost centers being created has meant the team are needing to focus efforts to ensure staff have the right safety training on their BEAT VLE. OLM leads are working on this with the Workforce team. This has added this to the Risk Register.
Resourcing	**Medical Recruitment**: During December we advertised 20 medical posts, and made 22 job offers, with 6 new Medical staff joining the Trust in month. Posts advertised in October and December have received record numbers of applications, between 400 and 700, which appears to align with PLAB 1 and 2 exam dates, which International Qualified Doctors are required to pass prior to obtaining GMC registration. Recruiting Managers have responded very positively to managing their medical recruitment via TRAC, and the portal is saving the resourcing team a great deal of time in the longlisting process. **General Recruitment:** During the month of December, Applications received, Job Adverts placed and Offers made remained at consistent levels, whilst the number of starters was lower at 112, 50% of which were internal moves. An Indeed funded and marketed Recruitment Day for Healthcare Support Workers held on the Poole site, resulted in over 40 offers, 31 of whom are completing recruitment checks. A further event is planned for 4 February, using funds successfully bid for via NHSI.
Workforce Systems	**Changes:** The total amount of changes processed by the team in December 2022 was 3560, an increase of 973 on the previous month. The main reason for the increase is due to over 1000 positions which were generated or amendments to positions were carried out, mainly subjective code changes. The ESR establishment work continues but the team are hoping to see the data stabilize in the next couple of months.

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	Medical Staffing Systems Project: The interface between Health Rota and ESR is now live, the outbound and inbound interfaces have been tested and are working, testing will continue with absence data and time and attendance, this is a large step forward for the project.
Temporary Workforce	**Medical Bank:** 1,949 shifts were requested in December 2022 (the highest number since the launch of Locum's Nest usage across UHD). 69% of shifts were filled via Locum's Nest, leaving 31% unfilled. The top three users for December were: Emergency Medicine (686 shifts, 58% filled), Medicine (638 shifts, 73% filled) and Orthopaedics (274 shifts, 85% filled). Over 4% of all shifts were filled by doctors from the Digital Collaborative Bank. We are seeing high numbers of activity with requests for locums to be affiliated with UHD (117 in review). **Bank Recruitment:** Activity remains high with approx. 25 active adverts and 191 candidates in progress on TRAC. The status of all candidates is currently under review, along with an expedited process review for candidates in the 'starting' category, to support the organisational needs outlined within the tactical meetings. **Recruitment to Temporary Staffing Team:** The majority of positions within the structure have now been filled, with new starters currently going through induction and extensive training in their areas of responsibilities. **Registered Nursing and Midwifery:** 55,421 hours were requested in December 2022 (up 8% from November 2022). 75% of requested hours were filled - 49% by bank and 26% by agency. Of the hours filled by agency, 48% were off-framework (Thornbury). **"Our Dorset" Collaborative - Off- Framework Reduction Strategy:** To support our strategy to eradicate off-framework usage, as a collaborative we have implemented revised single charge rates to be applied to all RN placements across our organizations to those frameworks agencies within an SLA. UHD commenced these rates on 9 January and will be trialing for a period of three months where we will continue to monitor fill performance and off-framework reduction. **UHD Temporary Staffing Policy:** Work continues on this new draft policy, with ratification expected in Q4 2022/23.
Organisational Development	**Leadership & Talent** - Initial mock-up and e-form request for the appraisal form to be automated has been submitted. Awaiting response from Change Advisory Board. Leadership in Action programmes dates for 2023 advertised and open for applications and Leadership Fundamentals cohort 3 places filled. Starting to report on personal protected characteristics, with the first 3 cohorts of Leadership Fundamentals reporting 32%, 29% and 36% of non-White British delegates attending respectively. **Team Development** - Working with transformation colleagues to further align support and identify priority teams. Increasing access

	to training modules on leading teams through integration and change. **Culture & Engagement** - Staff Awards Committee created with OD & Comms engagement. Reviewing high level Staff Survey results and action plans being drafted. Additional Managers module being drafted for line managers to better understand and use their results. **EDI -** UHD Staff networks recognised as best practice by NHS England and will feature in new national toolkit. EDIG task and finish group has established 4 priorities - Race, Career Progression, Staff Networks, Governance. **Health & wellbeing** - The "Winter boosts" (such as discounted meals, catering vouchers and Love2Shop cards) have all been distributed and Manager's guide to accessing support during Winter published. We have offered the position to a new Wellbeing Lead OD practitioner who will hopefully start in the team in February. **FTSU** - The FTSU team remain a well-used route for our staff to raise concerns. 213 referrals were made from April to end of December with elements of behaviours in 41% of these. Observations of intractable engagement and relationships noted and escalated. Speaking up strategy presented to WSC for 2023-26 which will go to Board at the end of the month.
Trust Finance Position	Operational pressures continue to drive the Trusts financial performance, increasing expenditure and limiting clinical and operational capacity to deliver efficiencies and transformation projects. This is exacerbated by rising inflation, with food and energy prices putting particular pressure on Trust budgets. Collectively, these pressures have resulted in a year to date deficit of £4.2 million. Despite the favourable forecast for December, the Trust recorded an adverse in-month variance of £192,000 reflecting the further step-up in operational pressures over the festive period. Additional, unplanned bed capacity was opened to mitigate risks to patient's safety resulting in a further step up in premium agency expenditure. This has put even greater pressure on budgets increasing the year to date adverse variance to £4.6 million. Whilst the Trust is currently holding to a forecast full year break-even position, this is now reliant upon additional income from NHS Dorset ICB which has yet to be formally agreed. Even with this assumption, there remains considerable risk within this forecast linked to further seasonal demand and capacity pressures, anticipated investment following the recent CQC inspections, and the potential financial impact of the planned industrial action. The year to date capital position represents an under spend of £5.2 million, largely driven by under spends in IT and the One Dorset Pathology Hub schemes. A CDEL underspend of £538,000 is now forecast reflecting some anticipated programme slippage and as a contribution to the improvement in the Dorset ICS CDEL position.

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	The Trust ended December with a consolidated cash balance of £82.5 million, all of which remains fully committed against the medium term capital programme. The phasing of the capital plan is the main driver for this increased cash holding against plan. The Trusts payment performance recovered in December; however, the previous impact of the national cyber-attack continues to impact the year to date achievement which currently stands at 91.4%. Further improvement is expected in the remaining months of the year.
Key Recommendations:	Members are asked to: • Note the content of the report
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☒ Financial ☒ Operational Performance ☒ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☒ System ☒
CQC Reference:	Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☒ Use of Resources ☒

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Trust Management Group	Jan 2023	
Quality Committee (Quality)	Jan 2023	
Finance & Performance Committee (Operational / Finance Performance)	Jan 2023	Paper received and alerts and advise discussed and actions agreed
Board of Directors	Jan 2023	

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

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Integrated Performance Report

Reporting month: December 2022
Meeting Month: January 2023

Performance at a Glance - Key Performance Indicator Matrix

	standard	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	ytd	ytd var	trend
SAFE																	
Quality																	
Presure Ulcers (Cat 3 & 4)		6	13	14	5	4	5	2	1	3	5	4	6	9	39	-51	
Inpatient Falls (Moderate +)		1	7	8	3	3	5	1	6	7	7	3	2	5	39	8	
Medication Incidents (Moderate +)		2	3	2	2	3	0	0	1	2	0	0	0	1	7	-15	
Patient Safety Incidents (NRLS only)		967	1106	932	916	936	935	947	1070	1026	944	1095	1041	1038	9032	-1022	
Hospital Acquired Infections — MRSA		0	0	0	0	0	0	0	0	0	1	1	0	0	2	1	
MSSA		4	3	7	5	4	4	2	3	3	3	7	2	3	31	-2	
C Diff		4	2	8	3	9	10	9	9	11	9	2	4	5	68	11	
E. coli		9	7	2	4	6	1	7	4	7	9	6	7	5	52	-14	
EFFECTIVE																	
Mortality																	
SMR Latest Jan 21 (source Dr Foster)		86.03	110.90	96.78	97.09	101.18	92.68	115.74	107.50	118.90					118.90		
Patient Deaths YTD		247	270	203	241	227	211	236	234	226	225	256	256	294	2165	281	
Death Reviews Number		172	176	134	139	168	143	194	143	137	99	100	82		1066		
Deaths within 36hrs of Admission		36	48	34	29	41	31	37	30	29	29	41	37	50	325	15	
Deaths within readmission spell		12	21	15	22	13	18	35	21	22	21	21	17	24	192	54	
CARING																	
Complaints Received		27	48	38	65	55	63	80	78	83	90	98	100	75	722	263	
Complaint Response in month		58	37	37	51	37	47	47	56	58	74	91	99	70	579	149	
Section 42's		13	0	0	13	0	0	7	0	0	8	0	0		15	-34	
Friends & Family Test		91%	90%	89%	88%	88%	90%	88%	86%	90%	90%	90%	90%	88%	89%	1%	
WELL LEAD																	
Safety																	
Risks 12 and above on Register		44	42	41	39	36	35	35	33	38	36	35	34	36	34	-8	
Red Flags Raised*		161	180	148	130	159	41	45	86	128	142	107	74	84	866	-108	
People																	
Turnover		12.81%	12.10%	13.50%	14.00%	14.50%	12.80%	14.80%	14.50%	14.50%	14.70%	14.60%	14.70%	14.80%	14.6%	2.6%	
Vacancy Rate (only up to Oct 2020)		-	-	-	-	6.0%	6.4%	6.3%	6.4%	7.2%	6.8%	7.5%	7.1%	7.1%	6.7%	1.4%	
Sickness Rate		5.3%	5.1%	5.2%	5.4%	5.6%	5.2%	5.7%	5.8%	5.8%	5.8%	5.8%	5.7%	5.9%	5.7%	0.7%	
Appraisals — Values Based		58.4%	55.3%	59.1%	59.1%	5.1%	7.0%	13.0%	19.9%	28.9%	42.1%	50.2%	55.3%	56.2%	29.7%	-4.8%	
Medical & Dental		54.1%	44.1%	38.8%	56.6%	55.5%	54.7%	59.4%	59.0%	59.1%	51.0%	66.4%	64.5%	63.8%	59.2%	1.9%	
Statutory and Mandatory Training		86.18%	85.72%	85.60%	84.79%	84.50%	83.41%	83.70%	85.50%	87.10%	86.75%	85.32%	85.80%	85.91%	85.4%	-1.9%	

Performance at a Glance - Key Performance Indicator Matrix

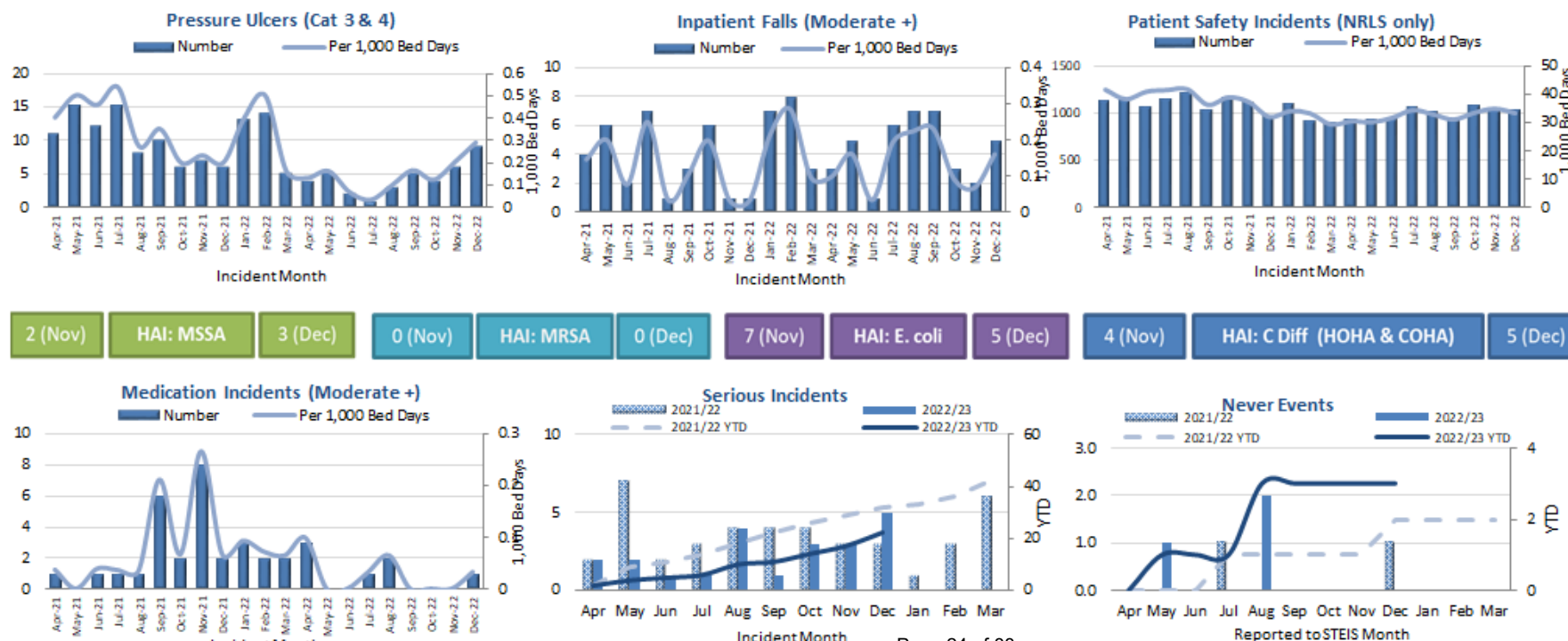|		standard	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	ytd	ytd var	trend
RESPONSIVE																		
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)		18	24	12	4	14	22	14	11	10	11	7	5	1	95	-3	
Quality	Patient Moves Out of Hours (Non-Clinically Justified Only)		53	57	64	77	87	75	76	89	59	77	62	48	70	643	-12	
Quality	ENA Risk Assessment — Falls		53%	51%	58%	56%	55%									55%	-2.7%	
Quality	*infection eNA assessment* — Infection*		58%	54%	61%	60%	58%									58%	-4.0%	
Quality	*went live at RBCH* — MUST		58%	55%	62%	60%	58%									58%	-3.7%	
Quality	*during April 20* — Waterlow		53%	51%	58%	57%	56%									56%	-2.2%	
RTT	18 week performance %	92%	61.6%	60.9%	60.4%	61.0%	56.1%	59.2%	58.2%	58.3%	57.1%	54.9%	55.5%	56.1%	55.1%			
RTT	Waiting list size	44,508	52,972	53,168	54,602	56,038	61,278	72,568	73,932	75,502	75,065	72,860	70,918	71,161	70,259	RAG cf trajectory 22/23		
RTT	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)	0%	2.9%	3.3%	6.0%	8.8%	19.0%	40.9%	43.6%	46.6%	45.8%	41.5%	37.7%	38.2%	36.4%			
RTT	No. patients waiting 26+ weeks		12,904	13,561	13,829	13,765	17,433	19,913	20,428	20,244	21,326	21,172	20,227	20,765	21,024			
RTT	No. patients waiting 40+ weeks		5,374	5,391	5,764	5,650	7,370	8,521	9,395	9,075	9,446	8,920	8,231	8,657	8,696			
RTT	No. patients waiting 52+ weeks	0	2,968	2,777	2,680	2,655	2,798	3,325	4,493	4,170	4,010	3,559	3,468	3,634	3,472	RAG cf trajectory 22/23		
RTT	No. patients waiting 78+ weeks		952	870	864	758	759	550	520	492	502	504	513	487	473	RAG cf trajectory 22/23		
RTT	No. patients waiting 104+ weeks		273	295	408	280	238	194	118	100	95	76	63	37	25	RAG cf trajectory 22/23		
RTT	Average Wait weeks	8.5	19.5	18.5	20.1	19.5	19.5	19.5	19.5	19.5	19.5	19.5	19.5	19.5	19.5			
Theatre	Theatre utilisation (capped) - main	98%	70%	71%	75%	71%	71%	76%	78%	74%	75%	75%	69%	75%	73%			
Theatre	Theatre utilisation (capped) - DC	91%	61%	62%	64%	63%	62%	69%	73%	69%	69%	70%	74%	74%	69%			
Theatre	NOFs (Within 36hrs of admission - NHFD)	85%	4%	9%	32%	24%	24%	3%	2%	12%	18%	8%	40%	52%	43%			
Outpatients	**Referral Rates**																	
Outpatients	GP Referral Rate *(prev yr baseline)*	-0.5%	34.3%	33.5%	32.4%	29.3%	-19.7%	0.4%	-0.6%	-0.8%	-0.9%	-5.0%	-6.5%	-7.8%	-17.3%			
Outpatients	year on year +/- *(19/20 baseline)*	-0.5%	-10.2%	-10.8%	-10.7%	-7.0%												
Outpatients	Total Referrals Rate *(prev yr baseline)*	-0.5%	31.2%	27.1%	26.4%	24.0%	-24.3%	-0.6%	-3.4%	-4.5%	-4.6%	-8.1%	-8.8%	-10.1%	-19.2%			
Outpatients	year on year +/- *(19/20 baseline)*	-0.5%	-4.6%	-5.0%	-4.8%	-1.4%												
Outpatients	**Outpatient metrics**																	
Outpatients	Overdue Follow up Appts		16,393	16,523	16,649	16,503	46,566	36,798	25,671	32,621	33,268	33,840	32,999	32,757	33,369			
Outpatients	% DNA Rate	5%	7.1%	7.1%	6.7%	6.4%	6.7%	6.9%	8.3%	8.3%	8.0%	7.4%	6.8%	6.5%	7.5%			
Outpatients	Patient cancellation rate		14.0%	12.9%	12.9%	13.2%	12.7%	10.5%	10.7%	11.2%	10.5%	11.4%	11.0%	10.5%	12.3%			
Outpatients	% non face to face (telemedicine) attendances	25%	27.8%	26.5%	25.7%	25.8%	24.0%	22.6%	22.9%	22.5%	21.8%	21.1%	20.4%	20.0%	16.1%			
DM01	**Diagnostic Performance (DM01)**																	
DM01	% of >6 week performance	1%	14.3%	18.3%	13.1%	15.9%	19.9%	18.6%	19.5%	20.2%	22.6%	20.0%	16.4%	11.0%	13.6%			
Cancer	2 week wait (RBH not being monitored)		-	-	-	-												
Cancer	62 day standard	85%	70.0%	71.6%	65.5%	71.3%	71.5%	69.6%	73.4%	66.2%	65.9%	71.2%	69.4%	64.3%		latest position nov22		
Cancer	28 day faster diagnosis standard	75%	65.4%	60.4%	72.3%	73.3%	71.9%	71.8%	66.9%	63.6%	62.9%	64.7%	63.1%	59.6%		latest position nov22		
Emergency Dept	Arrival time to initial assessment	15	4.0	4.0	6.0	7.0	7.0	9.0	18.0	21.6	30.0	15.0	16.0	15.0	20.5			
Emergency Dept	Clinician seen <60 mins %		30.6%	31.6%	23.7%	21.6%	26.9%	24.4%	20.0%	20.9%	26.6%	26.0%	25.5%	24.3%	21.8%			
Emergency Dept	PHT Mean time in ED	200	298	297	285	300	307	296	317	297	295	303	325	307	357			
Emergency Dept	RBCH Mean Time in ED	200	304	294	321	374	314	302	300	329	355	406	355	347	433			
Emergency Dept	Patients >12hrs from DTA to admission	0	34	73	60	89	188	88	105	97	103	129	295	157	343			
Emergency Dept	Patients >12hrs in dept		418	517	548	879	758	626	769	879	779	886	1292	1074	2000			
Emergency Dept	ED attendance Growth (YTD) *vs prev yr*		31.5%	30.2%	31.2%	30.5%	-3.0%	-0.3%	-0.2%	-2.2%	-6.4%	-7.5%	-1.7%	2.3%	-0.2%			
Emergency Dept	*vs 19/20*		2.8%	0.7%	0.5%	2.9%	64.3%	29.4%	37.2%	20.5%	5.4%	6.6%	20.0%	31.0%	29.3%			
SWAST SCAST	Ambulance handover growth (YTD) *vs prev yr*		2.7%	-1.3%	-2.0%	-3.3%	7.8%	9.9%	-13.6%	-19.9%	-8.2%	-3.6%	-3.7%	2.6%	-10.8%			
SWAST SCAST	*vs 19/20*		-0.4%	-5.9%	-7.2%	-7.6%	43.0%	29.4%	-16.4%	-15.7%	-14.9%	-14.8%	-18.5%	-8.4%	-11.5%			
SWAST SCAST	Ambulance handover 30-60mins breaches		281	362	349	280	315	469	462	449	490	371	401	496	765			
SWAST SCAST	Ambulance handover >60mins breaches		164	510	655	727	557	606	629	642	445	547	666	583	1568			
Patient Flow	Emergency admissions growth (YTD) *vs prev yr*		14.4%	11.5%	10.9%	-7.2%	0.0%	-1.7%	-9.7%	-11.8%	-11.9%	-8.4%	-11.7%	-0.6%	-8.4%			
Patient Flow	*vs 19/20*		-4.1%	-8.0%	-8.6%	9.5%	66.1%	30.2%	3.6%	-3.5%	-10.2%	-9.3%	-10.7%	3.3%	2.1%			
Patient Flow	Bed Occupancy (capcity incl escalation)	85%	91.3%	94.9%	94.4%	93.7%	94.7%	94.3%	93.4%	93.6%	93.4%	92.8%	94.2%	92.7%	93.3%			
Patient Flow	**Stranded patients:**																	
Patient Flow	Length of stay 7 days		500	553	544	530	549	539	539	543	577	567	605	550	522			
Patient Flow	Length of stay 14 days		318	360	359	339	361	355	360	357	400	397	421	375	332			
Patient Flow	Length of stay 21 days	108	224	260	253	238	247	254	256	255	295	303	315	281	228			
Patient Flow	Non-elective admissions		5621	5823	5301	5899	5485	6401	5802	5778	5367	5472	5535	5817	5956			
Patient Flow	> 1 day non-elective admissions		3575	3817	3339	3747	3488	4081	3633	3652	3396	3475	3578	3676	3905			
Patient Flow	Same Day Emergency Care (SDEC)		2044	2004	1961	2149	1994	2317	2168	2126	1971	1996	1956	2141	2050			
Patient Flow	Conversion rate (admitted from ED)	30%	32.70%	31.40%	28.20%	28.70%	29.20%	28.40%	26.90%	26.50%	26.30%	27.60%	25.80%	29.10%	28.30%			

Quality - SAFE

Commentary on high level board position

- Nine category 3 pressure ulcers reported in month, six of these are related to combination ulcers (moisture + pressure) and three are related to medical devices (2 tracheostomy sites and 1 seen on cast removal)
- There were five falls incidents in month, four were unwitnessed events with all patients sustaining #nof (severe)
- Five (5) externally reported incidents reported in month (December 22). YTD figures are lower than same period 21/22.
- No Never events reported in month (Dec 22).
- Patient Safety Incident (LERN) reporting remains consistent across the Trust.
- Full report on learning from completed scoping meeting and investigations to be included in CMO report to Quality Committee and Board.

High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
Presure Ulcers (Cat 3 & 4)	Number	39	90	-51
	Per 1,000 Bed Days	0.14	0.35	-0.21
Inpatient Falls (Moderate +)	Number	39	31	8
	Per 1,000 Bed Days	0.14	0.12	0.02
Medication Incidents (Moderate +)	Number	7	22	-15
	Per 1,000 Bed Days	0.03	0.08	-0.06
Patient Safety Incidents (NRLS only)	Number	9,032	10,054	-1022
	Per 1,000 Bed Days	32.65	38.80	-6.16
Hospital Associated Infections	MRSA	2	1	1
	MSSA	31	33	-2
	C Diff	68	57	11
	E. coli	52	66	-14

High Level Trust Performance

Pressure Ulcers (Cat 3 & 4)

Inpatient Falls (Moderate +)

Patient Safety Incidents (NRLS only)

| 2 (Nov) | HAI: MSSA | 3 (Dec) | 0 (Nov) | HAI: MRSA | 0 (Dec) | 7 (Nov) | HAI: E. coli | 5 (Dec) | 4 (Nov) | HAI: C Diff (HOHA & COHA) | 5 (Dec) |

Medication Incidents (Moderate +)

Serious Incidents

Never Events

Quality - RESPONSIVE

Commentary on high level board position

- The eNA compliance data is not available. The eNA compliance logic remains different between sites, agreement reached and standardised logic will be applied when the two versions are merged towards the end of January 2023
- There were no instances of Mixed Sex Accomodation in December 2022.

High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Patient with 3+ Ward Moves	95	98	-3
(Non-Clinically Justified Only)			
Patient Moves Out of Hours	643	655	-12
(Non-Clinically Justified Only)			
Mixed Sex Acc. Breaches	71	8	63
Suspended Apr20 - Sep21			

ENA Risk Assessment
Up to Apr 2022 only

	22/23 YTD	21/22 YTD	Variance
Falls	54.7%	57.4%	-2.7%
Infection	57.5%	61.5%	-4.0%
MUST	58.0%	61.7%	-3.7%
Waterlow	55.6%	57.8%	-2.2%

High Level Trust Performance

Patient with 3 or more Ward Moves

Patient Moves Out of Hours
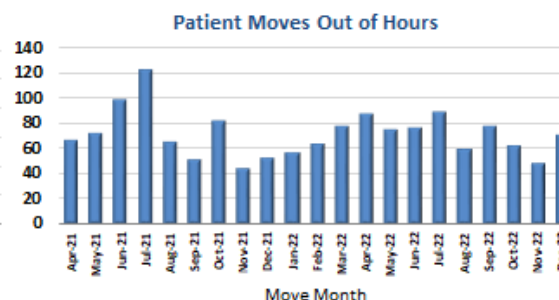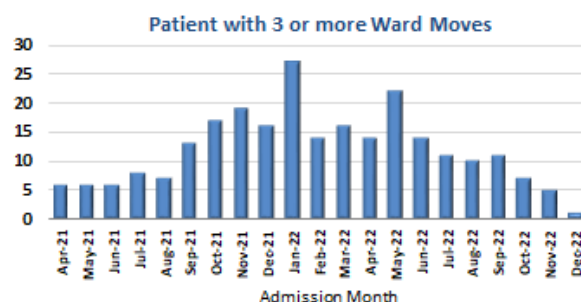
ENA : Infection Risk Assesment within 6hrs
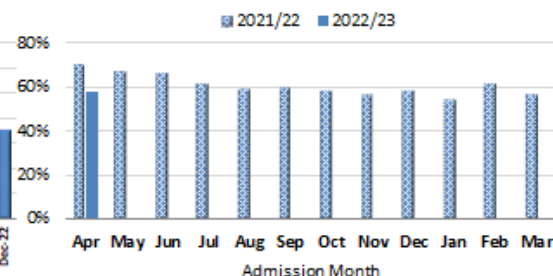
| 54.7% (Apr) | Falls | N/A | 57.5% (Apr) | Infection | N/A | 58.0% (Apr) | MUST | N/A | 55.6% (Apr) | Waterlow | N/A |

ENA : Falls Risk Assesment within 6hrs
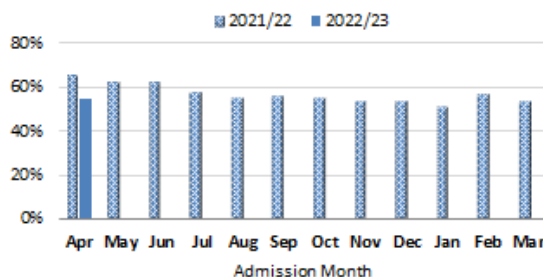
ENA : MUST Risk Assesment within 6hrs
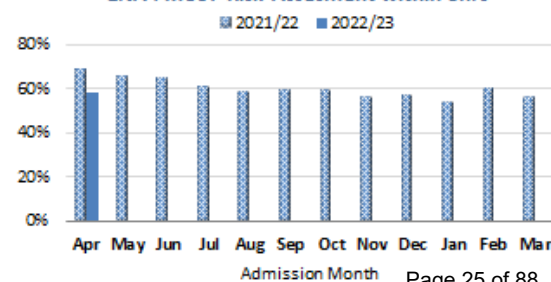
ENA : Waterlow Risk Assesment within 6hrs
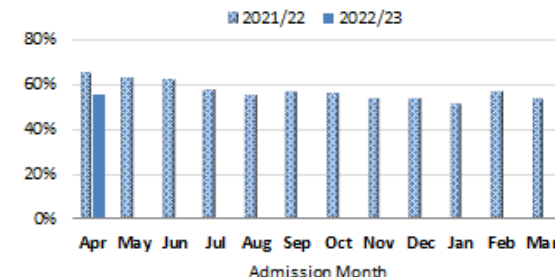
Commentary on high level board position

- The Mortality Surveillance Group meets monthly and reviews mortality reports from speciality M&M meetings.
- Work progresses on embedding the new UHD eLearning from Deaths process which was rolled out to remaining areas early December 2022.

High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
SMR (Source: Dr Foster for all sites)	Latest (Sep-22 - UHD)	109.4	103.6	
Patient Deaths	YTD	2165	1884	**281**
Death Reviews	Number	1066	1427	**N/A**
Note: 3 month review turnaround target	Percentage	49%	76%	
Deaths within 36hrs of Admission		325	310	**15**
Deaths within readmission spell Patient readmitted within 5 days		192	138	**54**

High Level Trust Performance

SMR by site — PHT, RBCH, UHD. Source: Dr Foster for all sites

Death Reviews — Mortality Reviews, Mortality Reviews %
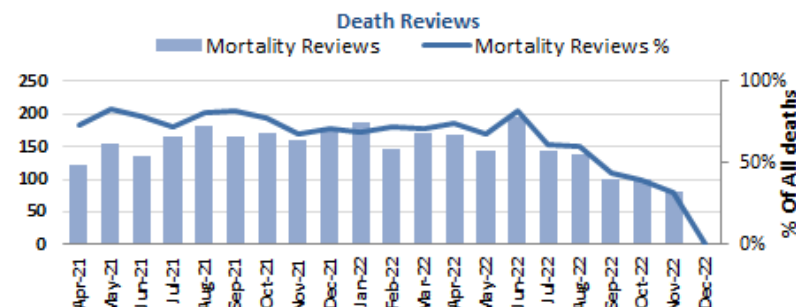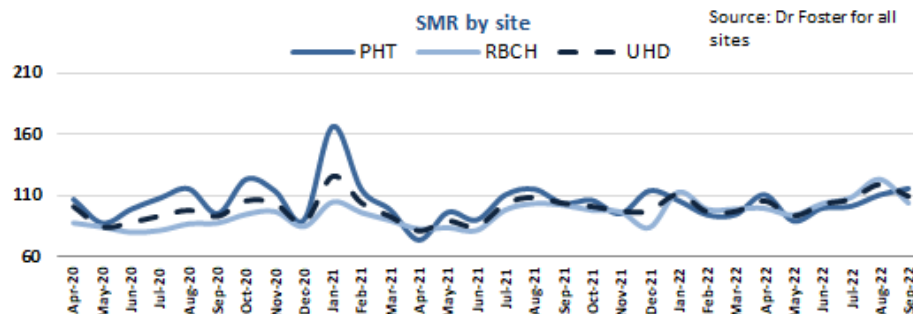
107.1 (Jul)	**SMR**	118.9 (Aug)	256 (Oct)	**Patient Deaths**	256 (Nov)	61.1% (Jul)	**Deaths Reviewed**	60.6% (Aug)

Patient Deaths — PHT, RBCH. Death Month

Deaths within 36hrs of Admission — PHT, RBCH. Admission Month

Deaths within Readmission Spell (5 day readmissions) — PHT, RBCH. Death Month
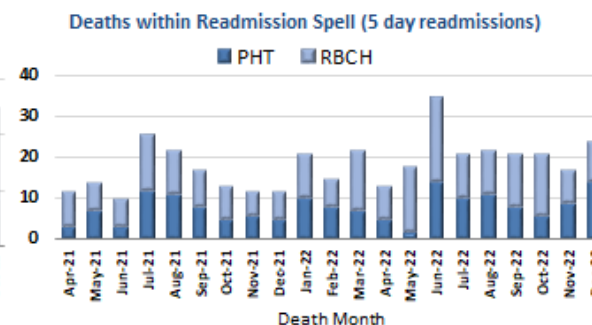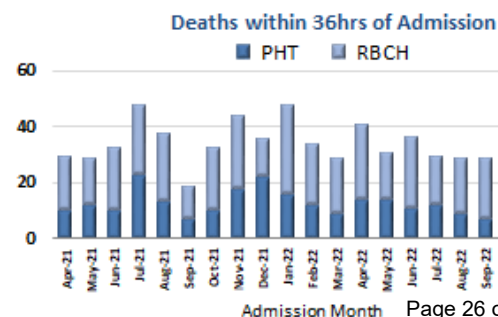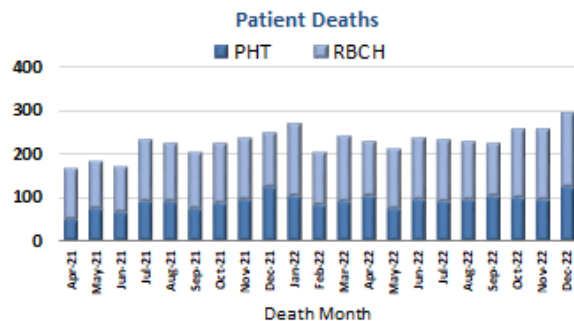
Quality - CARING

Commentary on high level board position

- FFT Positive responses have seen a decline at 87.8% compared with 90.2% in November. The response rate for FFT also has reduced.
- In December there were 355 PALS concerns raised, 41 new formal complaints and 33 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in December were 74. Regular meetings with the care groups continue to focus on closing of complaints.
- There were 216 outstanding open complaints including ERC, 82 of which have been open 55 working days or longer.
- The last half of December saw an increase in complaints breaching 55 days, where a steady decline in these breaches has been seen since May.
- Key themes from PALS and complaints:
  Communication – Absent or incorrect
  Organisation process – Bureaucracy, waiting times, accessing care
  Quality – Clinical Standard

High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Complaints Opened	722	459	263
Complaint Response Compliance		TBC	
Complaint Response in month	579	430	149
Section 42's	15	49	-34
Reported quarterly			
Friends & Family Test	89%	88%	1%
New guidelines from June 2020			

High Level Trust Performance

Complaints Opened — Received Month

Complaints Responded to In Month — Response Month
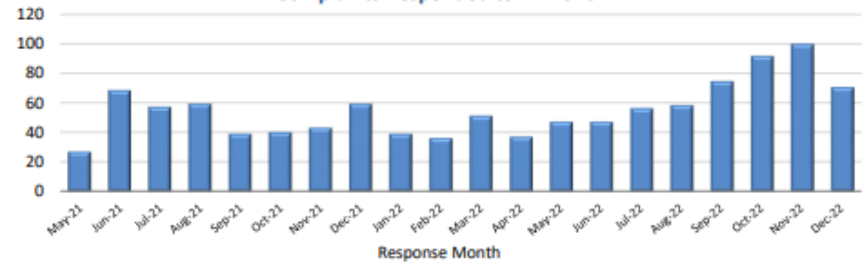
| 99 (Nov) | Complaint Responses | 70 (Dec) | 100 (Nov) | Complaints Opened | 75 (Dec) | 90.2% (Nov) | FFT % V.Good/Good | 87.8% (Dec) |

Section 42's
Legend: 2021/2022, 2022/2023, 2021/2022 YTD, 2022/2023 YTD — Month Raised

Friends & Family Test
Legend: Responses, % Very good/Good — Activity Month
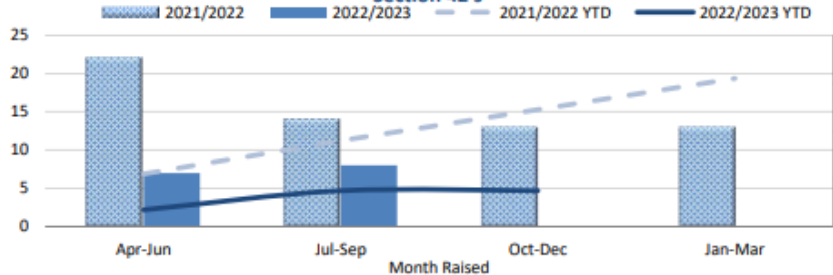
Quality - WELL LED

Commentary on high level board position

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

High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Risks 12 and above on Register	36	44	-8
Red Flags Raised* *Source: SafeCare from Dec21. Criteria aligned.	866	974	-108
Registered Nurses & Midwives CHPPD	4.6	4.8	-0.2
Patient Safety Alerts Outstanding	0	0	0

High Level Trust Performance

Risks 12 and above on Risk Register per month
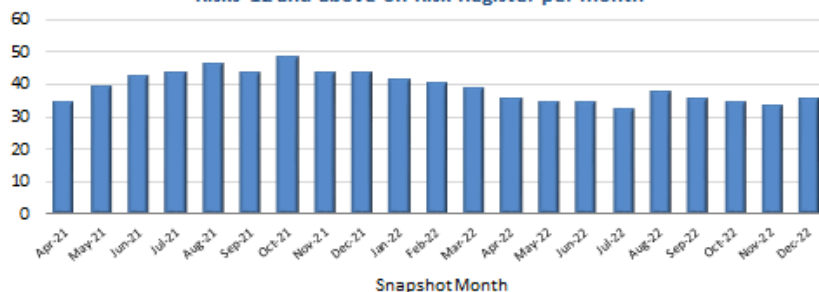
Registered Nurses & Midwives CHPPD

2021/22   2022/23
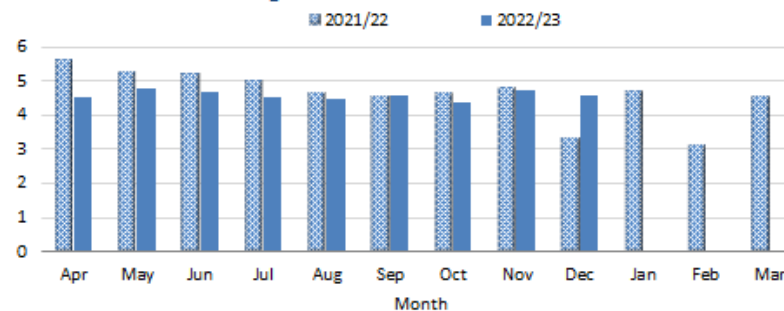
34 (Nov)	Risks 12+	36 (Dec)	4.7 (Nov)	RN & RM CHPPD	4.6 (Dec)	74 (Nov)	Red Flags Raised	84 (Dec)

Red Flags Raised*

2021/22   2022/23   2021/22 YTD   2022/23 YTD
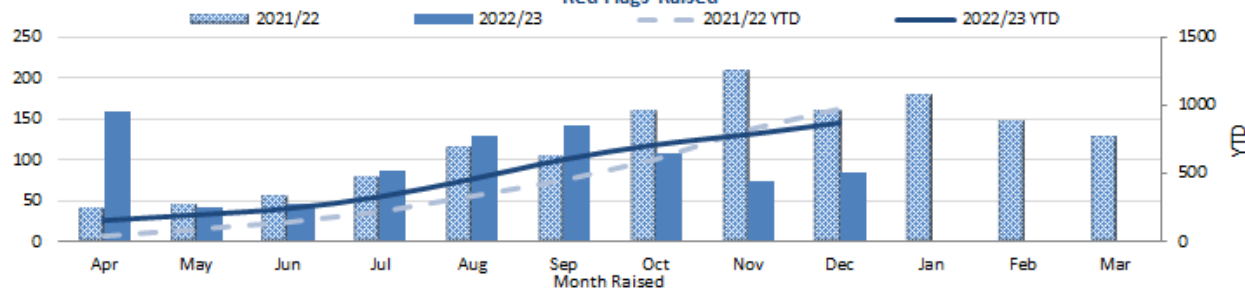
Workforce

Commentary on high level board position

UHD turnover has increased by 0.1% in month, overall YTD remains at 14.6%.

Vacancy rate is being reported at 6.3% in month, a decrease of 1.3% compared to November.

Sickness absence in-month for December 2022 is 6.4%, an increase of 1.1% compared to November. Latest rolling 12 month is 5.9%, an increase of 0.2% since last month.

Statutory and Mandatory training: Overall UHD Trust compliance is standing at 85.9%, an increase of 0.1% on October. Our aim is to reach 90% across all sites. Face to face course are still proving difficult

High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
Turnover (12 month rolling)		14.6%	12.0%	2.6%
Vacancy		6.7%	5.2%	1.4%
Sickness Rate (12 month rolling)		5.7%	5.0%	0.7%
Appraisals	Values Based	29.7%	34.5%	-4.8%
	Medical & Dental	59.2%	57.3%	1.9%
Statutory and Mandatory Training		85.4%	87.3%	-1.9%

High Level Trust Performance

Sickness Absence-Aggregated starting 01/04/19

Vacancy-Aggregated starting 30/04/21

Turnover-Aggregated starting 01/04/19
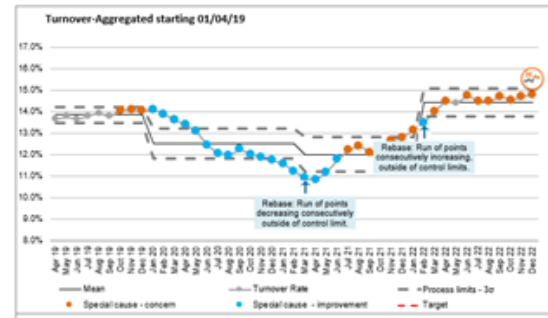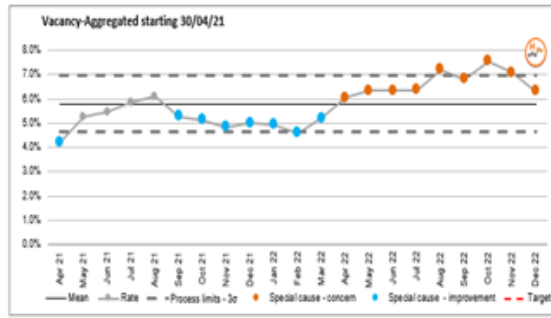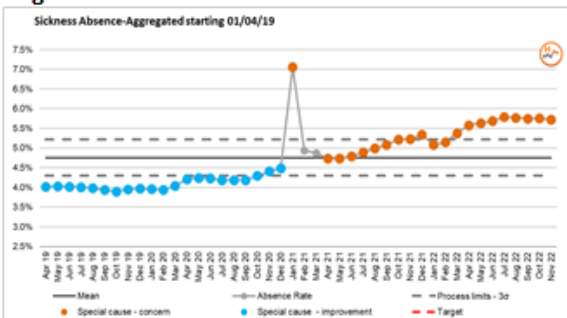
64.5% (Nov)	Appraisals (Medical)	63.8% (Dec)	55.3% (Nov)	Appraisals (Values)	56.2% (Dec)	14.7% (Nov)	Turnover	14.8% (Dec)	5.7% (Nov)	Sickness Absence	5.9% (Dec)	7.1% (Nov)	Vacancy	6.3% (Dec)

Headcount

Statutory & Mandatory Training

Bank Fill Metric
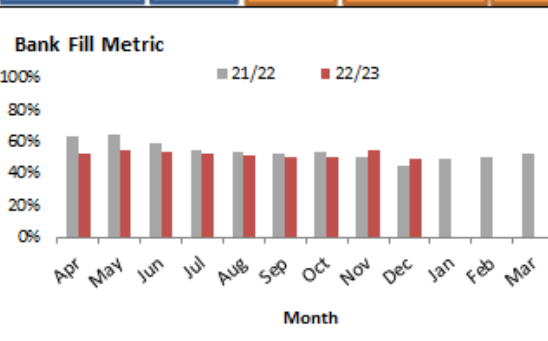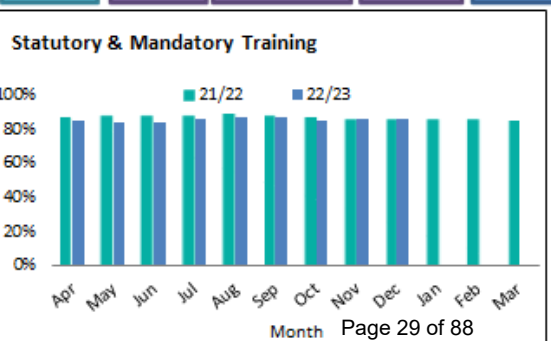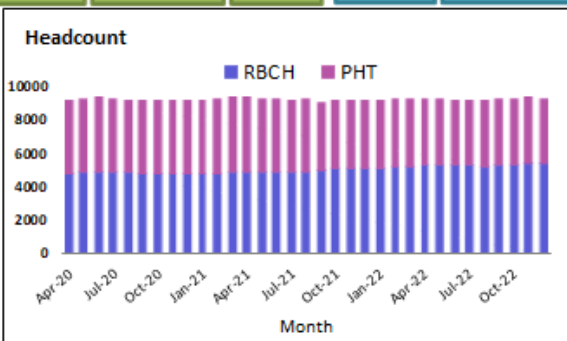
Statistical Process Control (SPC) – Explanation of Rankings

UHD Elective care

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
UHD - Total Waiting List Size	Dec 22	70259	51491	(H)	(F)	58279	53856	62703
UHD - Patients waiting >104 wks actuals	Dec 22	25	0	(L)	(F)	134	42	225
UHD - Patients waiting >78 wks actuals	Dec 22	478	0	(L)	(F)	898	588	1208
UHD - Patients waiting >52 wks actuals	Dec 22	3472	0	(~)	(F)	3707	2827	4587
UHD - Patients waiting >40 weeks	Dec 22	8696	-	(↑)		7034	6027	8040
UHD - Patients waiting >26 weeks	Dec 22	21024	-	(↑)		15241	13351	17131
UHD - RTT Performance against 18 week standard	Dec 22	55.1%	92.0%	(~)	(F)	60.3%	56.3%	64.2%
UHD - Total Diagnostic Waiting List	Dec 22	11771	-	(~)		10405	8408	12402
UHD - % waiting over 6 weeks	Dec 22	14%	1%	(~)	(F)	11%	5%	18%
Cancer 2ww Referrals	Dec 22	2231		(~)		2980	1560	4399
UHD - Faster Diagnosis Standard (FDS) 28 days	Nov 22	60%	75%	(L)	(?)	71%	62%	79%
UHD 62 day standard	Nov 22	64%	85%		(F)	73%	63%	82%
					(?)			
UHD - Total Outpatient - Virtual (%)	Dec 22	20.0%	25.0%	(L)	(?)	28.7%	24.3%	33.0%
UHD Outpatient DNA rate	Dec 22	8%	5%	(~)	(F)	7%	6%	8%
Theatre utilisation (capped) - main	Dec 22	73%	0%	(~)	(F)	73%	66%	79%
Theatre utilisation (capped) - DC	Dec 22	69%	91%	(~)	(F)	65%	57%	73%
UHD Theatre case opportunity	Dec 22	23%	15%	(~)	(F)	28%	15%	41%
% of NOF patients operated on within 36 hrs of admission	Dec 22	43%	85%	(~)	(?)	26%	-17%	69%

Variation

Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Continually improve quality of patient care — Care
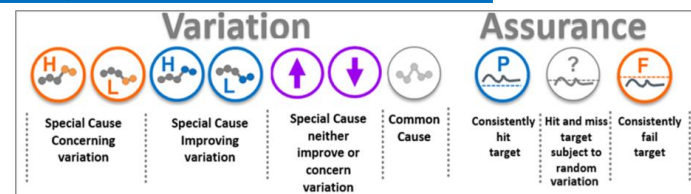
UHD Emergency Care and Patient Flow

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Mean time in ED RBH type 1	Dec 22	433	200	H↑	F	302	238	365
Mean time in ED Poole type 1	Dec 22	357	200	H↑	F	280	238	322
Arrival time to initial assessment	Dec 22	21	15	H↑	?	11	3	19
Clinician seen <60 mins %	Dec 22	22%	-	~		27%	17%	37%
Patients >12hrs from DTA to admission	Dec 22	343	0	H↑	?	75	-25	175
Patients >12hrs in dept	Dec 22	2000	-	H↑		526	118	934
Ambulance handovers	Dec 22	3693	-	~		3976	3487	4465
Ambulance handover 30-60mins breaches	Dec 22	765	-	H↑		352	161	542
Ambulance handover >60mins breaches	Dec 22	1568	0	H↑	F	404	71	737
Bed Occupancy (capcity incl escalation)	Dec 22	93%	85%	~	F	91%	88%	95%
Stranded patients: Length of stay 7 days	Dec 22	522	-	~		486	408	564
Stranded patients: Length of stay 14 days	Dec 22	332	-	~		306	243	369
Stranded patients: Length of stay 21 days	Dec 22	228	108	~	F	211	162	260
UHD NCTR % - all delays	Dec 22	48.0%	-	~		50.3%	42.0%	58.5%
Non-elective admissions	Dec 22	5956	-	~		5898	5062	6734
> 1 day non-elective admissions	Dec 22	3905	-	~		3735	3143	4327
Same Day Emergency Care (SDEC)	Dec 22	2050	-	~		2161	1820	2501
Conversion rate (admitted from ED)	Dec 22	28.3%	30.0%	~	?	30.4%	26.4%	34.4%
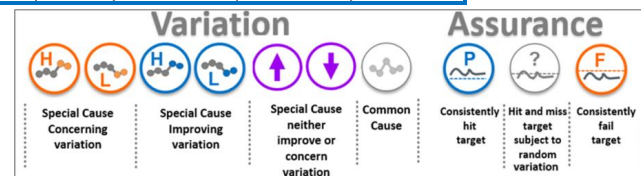
Variation

- H/L (orange) — Special Cause Concerning variation
- H/L (blue) — Special Cause Improving variation
- ↑↓ (purple) — Special Cause neither improve or concern variation
- ~ — Common Cause

Assurance

- P — Consistently hit target
- ? — Hit and miss target subject to random variation
- F — Consistently fail target

RTT

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee


UHD - Total Waiting List Size
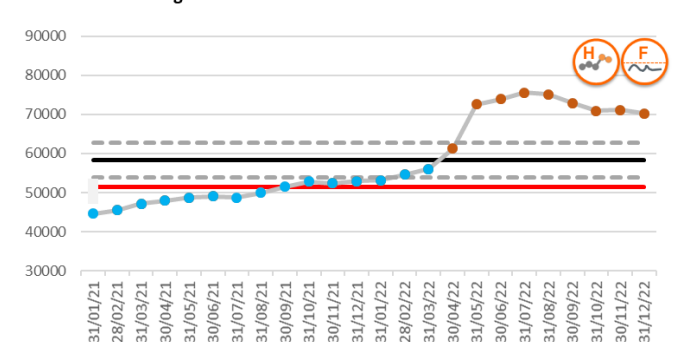
UHD - RTT Performance against 18 week standard
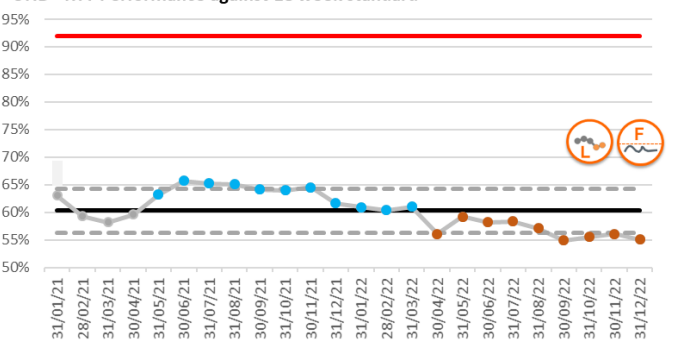
RTT Incomplete 55.1% <18weeks | **18 WEEKS** | (Last month 56.1%) Target 92%

RTT Incomplete by Specialty

Background/target description
92% of all patients should be seen and treated within 18 weeks of referral.

Performance:
55.06% of all patients were seen and treated within 18 weeks, a decrease of 0.4% on last month.
The total waiting list was 70,259 which is 659 less than last month and 5.6% above the December 2022 operational plan waiting list trajectory of 66,551.

Underlying issues:
- Non-elective pressures, acuity, high bed occupancy and numbers of no criteria to reside patients in the hospital continued to impact elective bed base in December.
- Bank holidays in month and industrial action further reduced planned elective activity (outpatient, day case and inpatient).
- Outpatient activity and theatre utilisation levels have increased year to date but have not consistently reached the levels delivered in 2019/20.
- Increased urgent suspected cancer referrals year to date compared to previous years has impacted on first outpatient appointment capacity and prioritisation of cancer cases for surgery limits theatre capacity for non-cancer electives.

Actions:
- All cancelled patients are being prioritized for next available capacity but this will reduce elective capacity for P4 long waiters in January.
- Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery: theatres, outpatients, diagnostics, cancer and data and validation optimisation.
- Additional external RTT validation resources secured via NHSE to commence in Quarter 4.
- Targeted internal validation of RTT waits <52 weeks in response to a growth in this group last month.

RTT – Long waiters

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
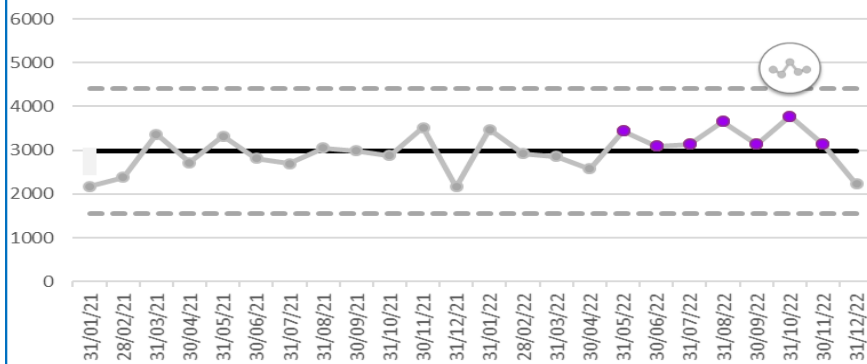Sub Groups: Finance and Performance Committee

UHD - Patients waiting >52 wks actuals
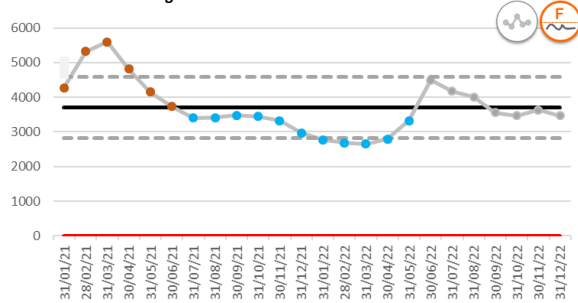
UHD - Patients waiting >78 wks actuals
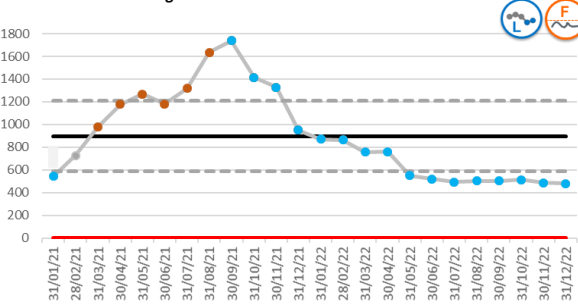
UHD - Patients waiting >104 wks actuals
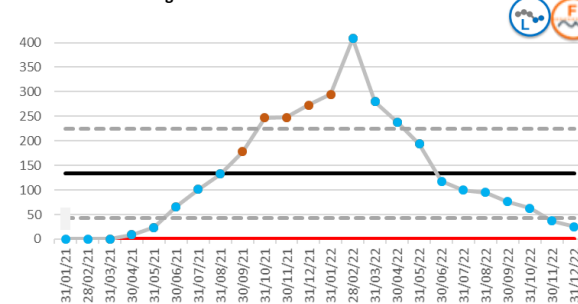
Background/target description
No waits over 104 weeks by June 2022 and no 78 week breaches by March 2023.

Performance:

Reduced Long waiters in all categories during December and consistent improvement evidenced for 78/104 week waits. Of the total waiting list 4.9% of patients are waiting over 52 weeks and 0.7% over 78 weeks; both are below the south west regional average.

Referral To Treatment	Standard	Merged Trust	% of pathways with a DTA
18 week performance %	92%	55.1%	
Waiting list size	51,491	70,259	18%
Waiting List size variance compared to Sep 2021 %	0%	36.4%	
No. patients waiting 26+ weeks		21,024	22%
No. patients waiting 40+ weeks		8,696	28%
No. patients waiting 52+ weeks (and % of waiting lis	4.9%	3,472	39%
No. patients waiting 78+ weeks		473	63%
No. patients waiting 104+ weeks		25	48%
% of Admitted pathways with a P code		99.71%	

Underlying issues:
- Surgical prioritisation of urgent (including cancer) patients impacts on capacity for lower clinical priority long waiting patients in some specialities such as Colorectal, breast, oral surgery and gynaecology. Elective cancellations in month reduced capacity further.
- Orthodontic waits are reducing following appointment of consultant in November. Regional mutual aid request enacted for colorectal surgery. Additional capacity outside the Trust to support reducing waits in our most challenged specialities due to workforce gaps or capacity is limited.
- Patient complexity and patient choice continue to impact breaches. New national patient choice reporting guidance has been implemented.

Actions:
- Demand and capacity reviews are taking place in Gastroenterology, Gynaecology, Colorectal and Radiology.
- Validation hubs have taken place in ENT, Colorectal and Gastroenterology, with OMF and Paediatrics to adopt this approach in January 23.
- Use of additional insourcing or waiting list initiatives in gynaecology, OMF, community paediatrics and gastroenterology.
- Use of sub-contract arrangements to support treatment of long waiting patients in the independent sector.

Diagnostic Waits

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

Diagnostic Performance (DM01)

% of >6 week performance		(6+ Weeks / Total)	1%	1595/11771	**13.6%**

UHD - Total Diagnostic Waiting List
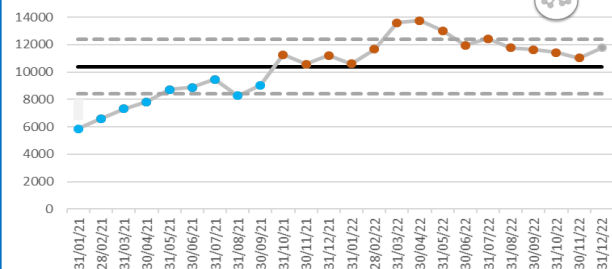
UHD - % waiting over 6 weeks
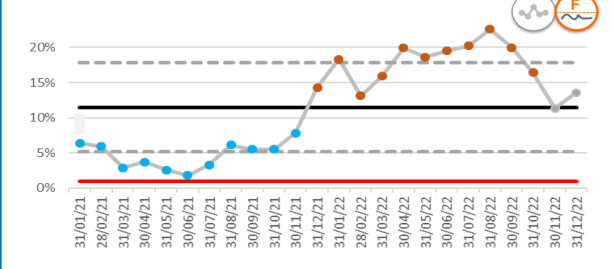
Percentage over 6 weeks 13.6% | 6 WEEKS | (Last month 11.4%) target 1%
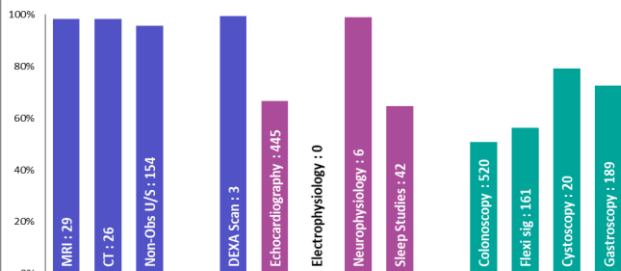
Diagnostic Performance (DM01) December 2022

Background/target description :
Less than 1% of patients should wait 6 weeks or more for a diagnostics test
Performance:
Decrease against November position from 88.8% to 86.4% of all patients being seen within 6 weeks of referral.
- Endoscopy position has decreased from 60.6% in November to 59.8% in December.
- Echocardiography has decreased from 70.0% in November to 66.6% in December
- Neurophysiology has decreased from 99.3% in November to 99.1% in December
- Radiology has decreased from 99.7% in November to 97.2% in December

Underlying issues:
- Endoscopy experiencing continued reliance on insourcing to manage backlog
- Echocardiology – insourcing supporting high staff vacancies, traction on reducing backlog evident with early indications that trajectory will deliver recovery in year but remains fragile to variation and external influences, some COVID sickness in December set back recovery approx. 2 weeks
- Imaging position deteriorated predominately due to capacity in Ultrasound (reduced AECC and WLI's due to Christmas / New Year and COVID absences) and a reduction in cardiologist CT / MRI sessions.

Actions:
- Endoscopy – Running 3 rooms per day at weekends commencing January. Business cases submitted as part of Community Diagnostic Centre (CDC) bid and NHSE capital and revenue for sustainable services, outcome awaited.
- Require assistance from Cardiology for cardiac CT and MR; currently being covered predominately by specialist radiologists.
- Further assistance from AECC in January and February to increase ultrasound capacity further.

Cancer Referrals

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

## Urgent Suspected Cancer Referrals

Cancer 2ww Referrals

Monthly Referrals By Financial Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	2,142	2,168	2,126	2,176	2,173	1,953	2,317	2,137	1,710	2,330	2,136	2,335
2019/20	2,333	2,365	2,308	2,708	2,391	2,232	2,652	2,337	1,987	2,500	2,193	1,707
2020/21	946	1,466	2,058	2,446	2,384	2,773	2,835	2,617	2,512	2,154	2,349	3,174
2021/22	2,823	2,780	3,031	2,940	2,632	3,194	2,984	3,124	2,502	2,858	2,937	3,267
2022/23	2,676	3,235	3,093	3,276	3,340	3,421	3,119	3,444	2,555			
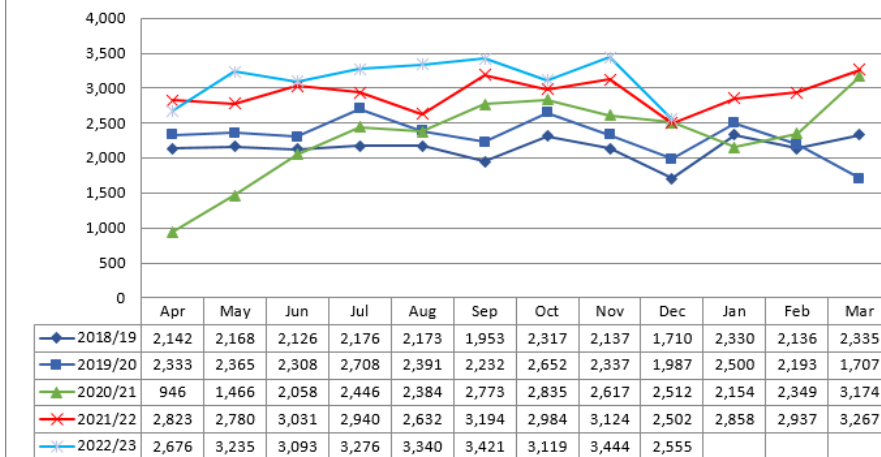
High Level Performance Indicators

Cancer Standards	Standard	UHD Nov-22	Predicted Dec-22
31 day standard	96%	97.1%	96.4%
62 day standard	85%	64.3%	60.2%
28 day faster diagnosis standard	75%	59.6%	67.8%

Background/target description
Number urgent suspected cancer referral

Performance:
Continued increase in 2ww referrals year to date compared to previous years. December saw an increase of 22% compared with December 2019. The sites seeing the biggest increase in December are colorectal (+46%), gynae (+35%) and Head & Neck (+29%).

The total number on the UHD PTL reduced in December to just below 3600. This represents the 14th highest PTL when compared nationally.

Underlying issues:
- Higher rates of 2ww referrals than expected resulting in increase in numbers requiring treatment and tracking.
- Largest volume of backlogs in gynaecology, colorectal and urology.

Actions:
- New FIT <10 pathway launched in January 23, expecting to impact on reducing GP colorectal referrals.
- Cancer improvement programme in place.

Cancer FDS and 31 Day

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

28 Day Faster Diagnosis Standard (Target 75%)
November Performance by Tumour Site (59.6%)

UHD - Faster Diagnosis Standard (FDS) 28 days
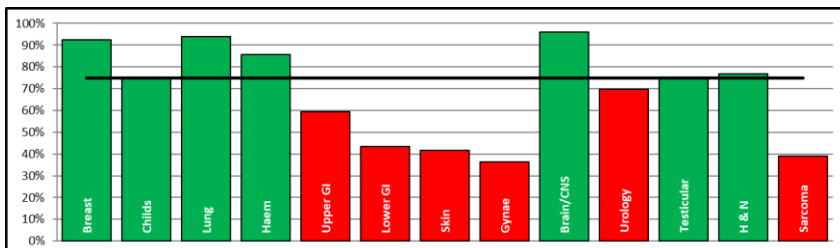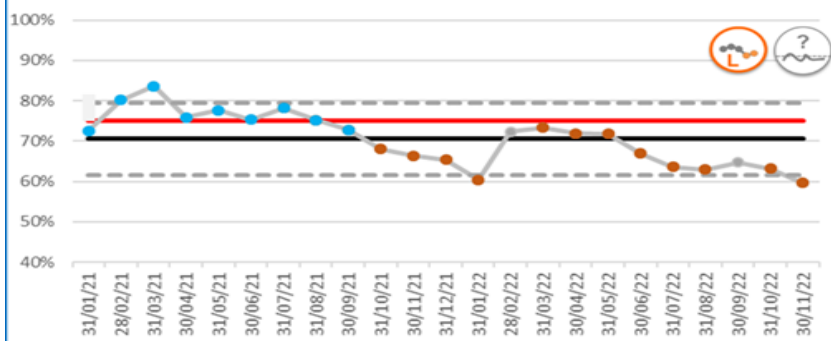
31 Day Standard (Target 96%)
November Performance by Tumour Site (97.1%)
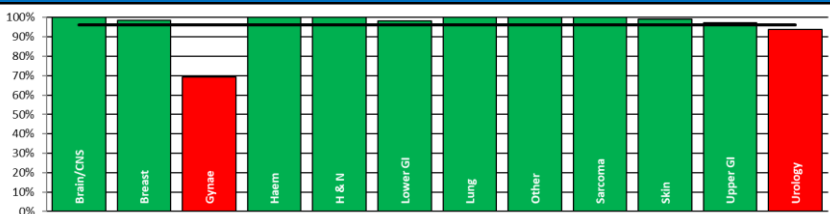
Background/target description:
- Patient informed of diagnosis within 28 days from referral
- 96% of patients receive their 1st treatment within 31 days
- 94% of patients receive their subsequent surgery within 31 days
- 85% of patients receive their 1st treatment for cancer within 62 days
- The number of 62-day patients waiting 63 days or more in their pathway

Performance:
28 Day: Performance in November was not achieved (59.6%), 7 tumour sites achieved the 75% threshold with 1 further site performing 70%. December performance is currently showing an improvement (67.8%) with 7 tumour sites achieving the threshold and a further 3 performing over 60%.
31 Day: Performance continues to be above the 96% threshold and is predicted to achieve in December. Gynaecology and urology did not achieve the standard in December mainly due to surgical capacity.
62 Day: Performance in November was below the 85% threshold (64.3%), however remains above the current national average of 61.3%. Performance in December is currently at 60.2% however this is expected to increase as treatments are reported.
PTL > 62 Days: The average number of patients over 62 days on the PTL reduced to 293 in November, compared to 306 in October. This equates to 7.6% of the total PTL with a plan to reduce this to 6.4% to align with national requirement by March 2023. December saw the backlog further reduce to 241.

Underlying issues:
- Unmitigated theatre staffing shortfalls and bed occupancy impacting on surgical and bed capacity.
- Impact of demand on first OPA capacity, pathology reporting turn-around times, hysteroscopy and LA template biopsy capacity, waits for 1st oncology OPA's.

Cancer 62d and PTL > 62 Days

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

62 Day Standard (Target 85%)
November Performance by Tumour Site (64.3%)

UHD 62 day standard
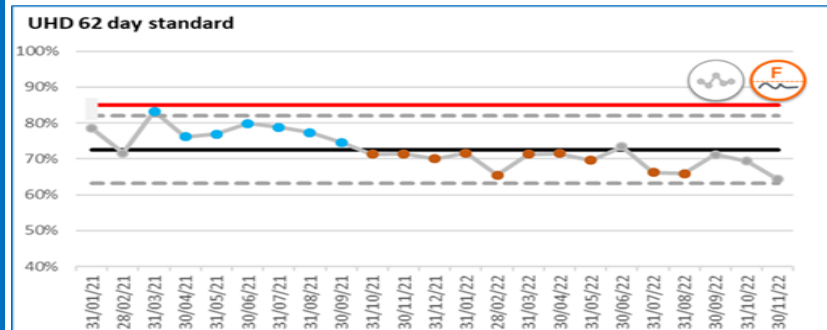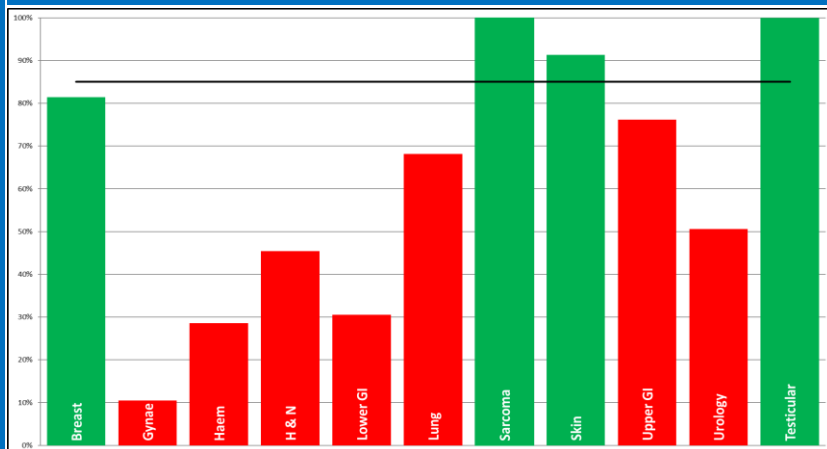
	Oct	Nov	Dec	Jan	Feb	Mar
Plan	175	165	175	175	160	159
Revised Plan	315	305	286	265	240	209
Current	306	293	241			

Volume of Patients on PTL by Cancer Site and % Over 62 Days
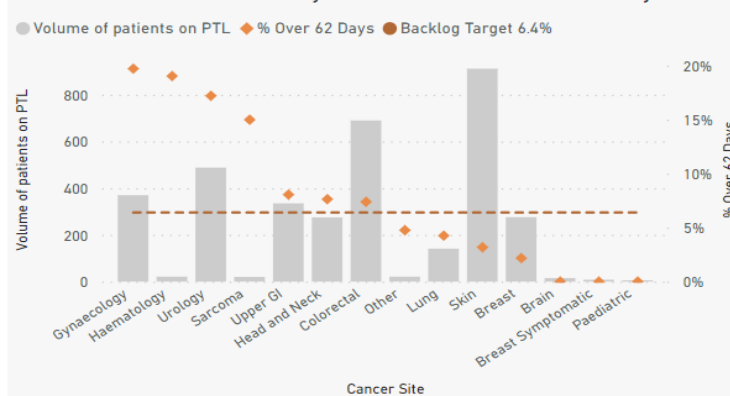
Actions:
- Directorate escalation process embedded weekly to focus on patients >62 days.
- Directorates have confirmed additional 1st OPA capacity plans between Jan – March 23. Priority sites are skin, colorectal, gynae and urology. Additional funding to support recovery secured from Wessex Cancer Alliance (WCA).
- Pathway Navigators for colorectal and gynaecology in post with new posts commencing in January (will cover pathology, prostate, IDA & skin).
- Additional LA template biopsy sessions planned following sonographer training.
- Iron Deficiency Anaemia (IDA) pathway across both sites is being streamlined.
- New reporting guidance which impacts on the reporting of skin treatments was implemented in December, which will reduce the PTL size.
- Additional waiting list initiative sessions in colorectal, gynaecology and skin planned.
- Targeted validation of colorectal, skin, gynaecology and urology PTL

Theatre Utilisation

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Abigail daughters (GDO)
Sub Groups: Finance and Performance Committee

UHD Theatre case opportunity

Theatre utilisation (capped) - main

Theatre utilisation (capped) - DC
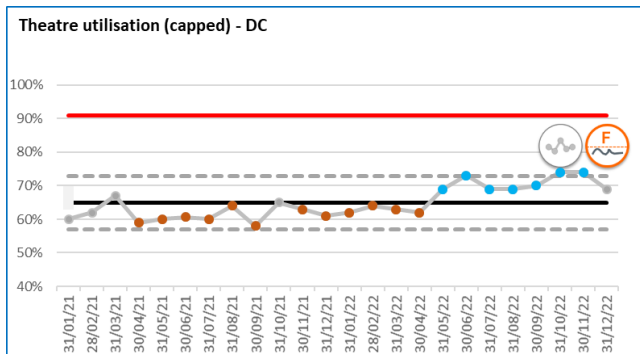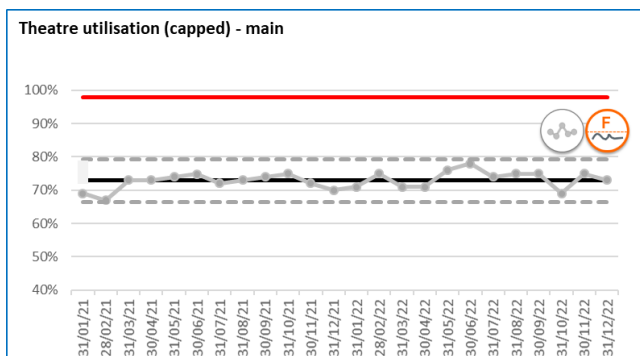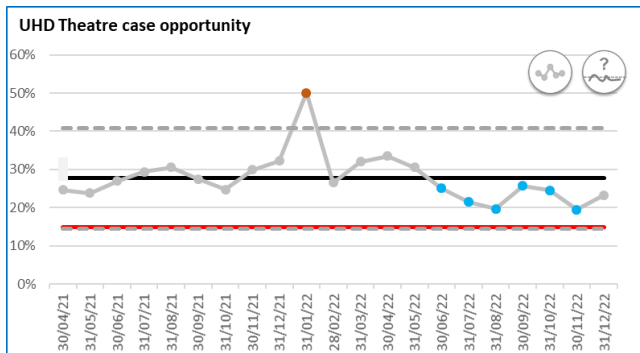
Background/target description

Trust pursuing a capped utilisation of 85% which takes into consideration downtime between patients. Capped utilisation <65% will trigger external intervention/support. Intended utilisation is the utilisation booked into lists and excludes any on the day / 1-day prior cancellations. Theatre utilisation as reflected below includes emergency trauma lists which will be lower than capped utilisation (left) due to the unpredictable nature of emergency lists vs planned lists

Performance:

- December 2022 intended utilisation at 82% but actual utilisation of 73%.
- All efficiency markers down due to cancellations.
- Period prior to extremis saw continued and sustained improvement in early finishes, late starts, utilisation and number of lists run vs template.
- Number of lists run continues to be below template but noting an increase as compared to Oct 22.
- Staff turnover improved as compared to preceding months.

Underlying issues:

- Cancellation of routine activity has impacted across all efficiency markers.
- Ongoing staffing shortages across theatres.

Actions:

Ongoing improvement work focussing on theatre staffing, scheduling, digital solutions and pre-op assessment. Improvement plans for 2023 being drafted.
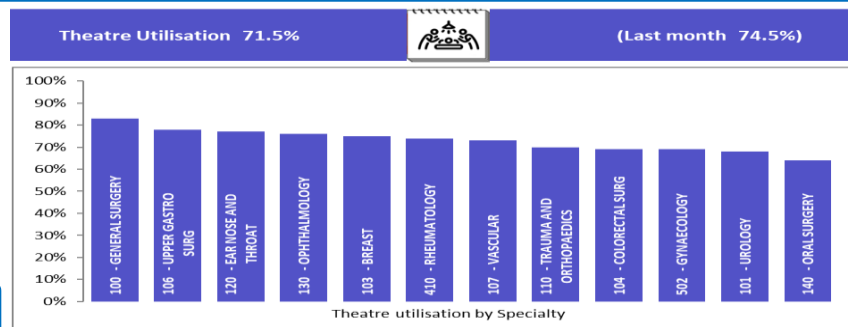
Trauma Orthopaedics

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Abigail daughters (GDO)
Sub Groups: Finance and Performance Committee

Trauma Admissions

% of NOF patients operated on within 36 hrs of admission
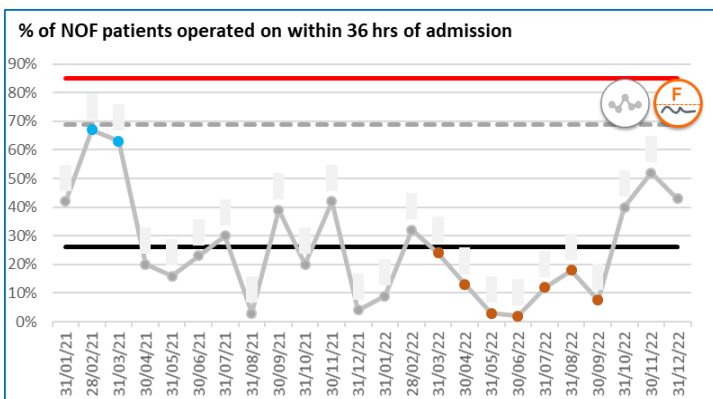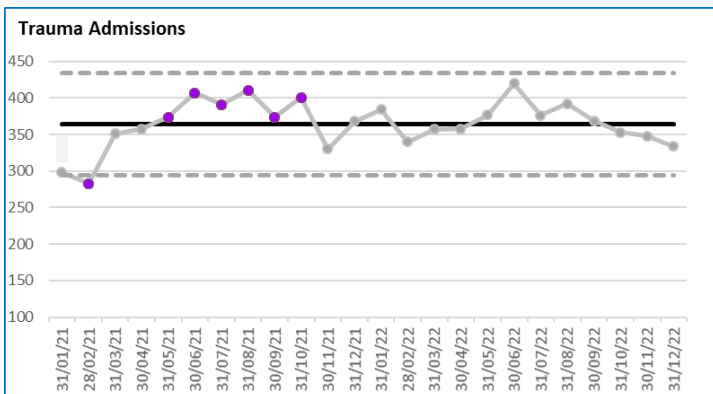
Background/target description

NHFD Best Practice Tariff Target: 85% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission.

Quality Target: 95% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission and being clinically appropriate for surgery, increasing to 95% by March 2019 (internal target remains at 95% on a monthly basis).

Performance:
December has seen sustained improvement in the attainment of targets for fractured neck of femur (# NoF) patients compared to September with 43% achieving surgery within 36 hours of admission and 73% within 36 hours of being fit for surgery.
The number of trauma admissions in month were within the normal variation range though there was an increase in the number of fractured NoF's admitted (99 compared with 85 in November).
No overall change in average daily NOF admissions, remains 3.25 per day.

Underlying issues:
Patients who breached 36 hours due to other priorities predominantly occurred mid-month where the service had 33 NoF's admitted in a 7-day period (with 13 in 2 days). Of the 99 NoF's admitted 31 were not fit to be listed on admission.

Actions:
- Monthly Trauma Improvement group in place to review opportunity and blocks to safety, productivity and efficiency. Remedial action plan created and action log in place.
- 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, established bed place now in place across 4 ward areas allowing admission pathways for general trauma, lower limb fragility and COTRA pilot.
- Daily trauma escalation operational huddle in place.
- Trauma Ambulatory Care Unit (TOACU) opened at the end of July 21 80% admission avoidance rate improving to 90%. Service impacted at times of capacity issues as used for inpatient capacity. Service now had consistent ringfencing resulting in up to 40 patients/wk. with admissions avoidance >80%.
- High level of MRFD patients across trauma (45%), liaison and linking with Trust operational flow project ongoing (TAD).
- Business case for Orthogeriatrician service presented to care groups and trust management group.

Stroke

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Alex Lister (GDO)
Sub Groups: Finance and Performance Committee

DOMAIN	UHD SSNAP Q1 (April-June)	UHD SSNAP Q2 (July-Sept)
1 Scanning	B	B
2 Stroke Unit	E	E
3 Thrombolysis	C	D
4 Specialist Assessments	B	B
5 Occupational Therapy	B	A
6 Physiotherapy	C	B
7 Speech and Language Therapy	C	A
8 MDT Working	A	A
9 Standards by discharge	B	B
10 Discharge Processes	A	A
Audit compliance	B	B
Case ascertainment	A	A
SSNAP Level	C	B
SSNAP Score	68.4	74.1

SSNAP Q2 Validated Data

	Patient centred	Team centred
SSNAP score	B	
Case ascertainment	A: 90%+	
Audit compliance	B: 80-89%	
Total KI Score	B	B
D1: Scanning	B	B
D2: Stroke Unit	E	E
D3: Thrombolysis	D	D
D4: Specialist Assessments	B	B
D5: Occupational Therapy	A	A
D6: Physiotherapy	B	B
D7: Speech and Language	B	A
D8: Multidisciplinary team working	B	A
D9: Standards by Discharge	B	B
D10: Discharge Process	A	A

Background/target description:
To measure the quality of care provided to stroke patients (clinical audit) and the structure of stroke services (organisational audit).
Domain levels are combined into separate patient-centred and team-centred total key indicator scores. A combined total key indicator score is derived from the average of these two scores. This combined score is adjusted for case ascertainment and audit compliance.

Performance:
- Q2 SSNAP B (improvement from Q1 C Score)
- Q3 internal reporting to date SSNAP B.

Underlying issues:
- Challenges with access and capacity on the stroke unit remain.
- Process mapping identified need for ambulance pre alert prior to attendance at ED.
- Timely request and access to scans in and out of hours.
- Over management of stroke mimics leading to reduced capacity in outreach team.

Actions:
- Formal consultation of reconfiguration stage 2 for stroke taking place currently. Efficiencies in workforce to optimise ambulatory and front door input and decision making.
- 1st April move to single site across two wards.
- Estates work starting on new stroke unit Summer 2023.
- Development of stroke ANP role to facilitate timely access including clerking and thrombolysis on the unit.
- Development and collaboration with SWAST re: pre alert.
- Collaborative working with radiology to improve access times to scanning.
- Reviewing SOP and developing criteria for referral to manage mimics.

Outpatient Measures

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Sarah Macklin (GDO)
Sub Groups: Finance and Performance Committee

UHD Outpatient DNA rate

UHD - Total Outpatient - Virtual (%)

DNA Rates - Dec 2022
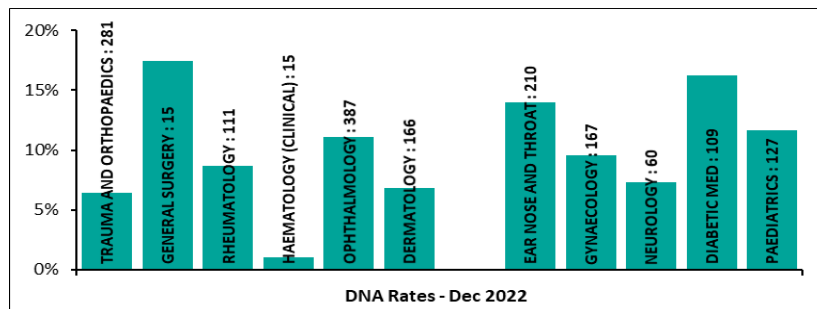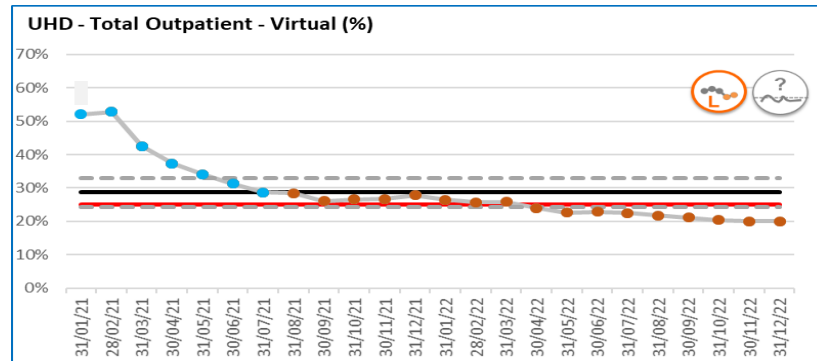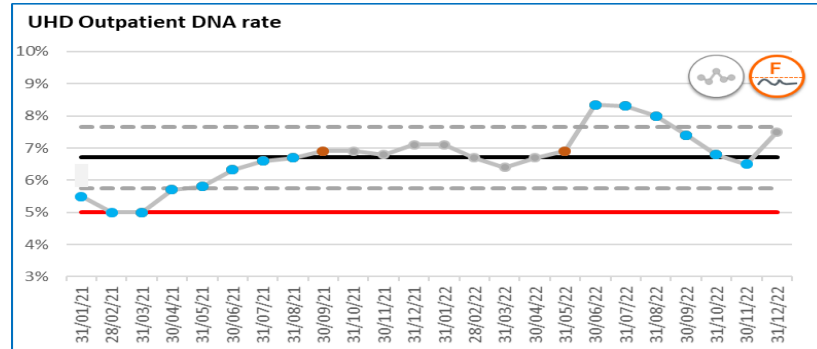
Background/target description
Reduction in DNA rate
25% of all attendances delivered virtually

Performance:

Referral Rates (acute only)		Standard	Last Year	This Year	Trust Perf
GP Referral Rate year on year		-0.5%	104159	86167	-17.3%
Total Referrals Rate year on year		-0.5%	165710	133859	-19.2%
Outpatient metrics (acute only)					
Overdue Follow Up Appointments					33369
New Appointments					14740
Follow-Up Appointments					18060
% DNA Rate	(Total DNAs / New & Flup Atts)	5%		2652 / 32800	7.5%
Hospital cancellation rate	Hospital Canx / Total Booked Appts)			7958 / 49498	16.1%
Patient cancellation rate	(Patient Canx / Total Booked Appts)			6088 / 49498	12.3%
Reduction in face to face attendances (acute only)					
% telemed/video attendances	(Total Non F-F / Total Atts)	25%		6620 / 32800	20.2%

Underlying issues:
- Sustained reduction in DNA rate stalled in December due to a combination of patients not receiving letters in time due to Royal Mail industrial action, some patient confusion over clinics running due to industrial action and the holiday period.
- Continued drop-off in virtual appointments (now at 20% versus national target of 25%)
- High vacancy rates persist amongst outpatient administrative team, lower numbers of applicants for posts than previously.

Actions:
- DrDoctor scheduled to launch January 2023. Soft launch undertaken of 'Quick Question' and Broadcast messaging'; to supporting fast track and short notice clinic management
- Conclusion of outpatient administration consultation.
- Planning an outpatient recruitment day plus stands at various centres and exploration of vocational scholarships.

Care
Continually improve quality of patient care

Health Inequalities

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

Average Weeks Waiting by Deprivation and the difference in Weeks Waiting
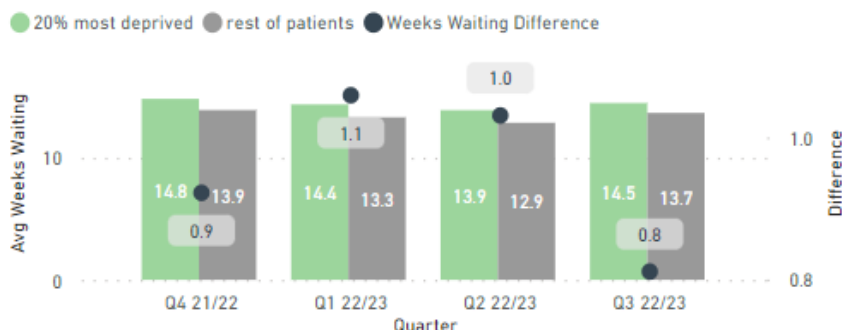
Average Weeks Waiting by Ethnicity and the difference in Weeks Waiting
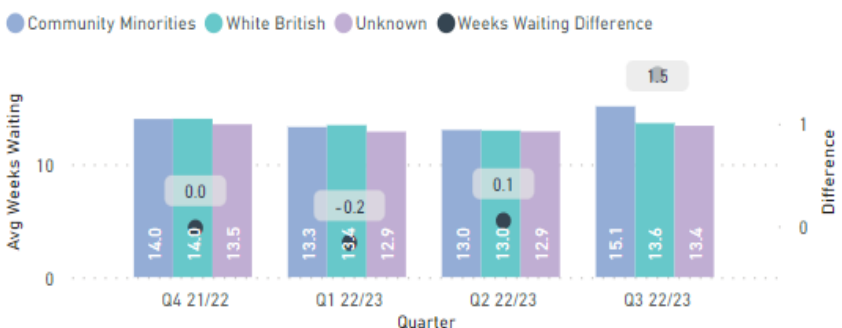
Background/target description
Reduce inequalities in access to and outcomes of care

Performance:
Waiting list by Index of Multiple Deprivation (IMD) 8.2% of the Trust's waiting list are patients living within the 20% most deprived areas of Dorset by Index of Multiple Deprivation (IMD) (decrease of 0.2% compared to November). Analysing RTT activity, the average weeks waiting at the point of treatment among the 20% most deprived is 14.5 weeks compared to 13.7 weeks in the rest of the population treated. This variance has reduced from 1.0 weeks in Q2 to 0.8 weeks in Q3.

Waiting list by ethnicity
Where ethnicity is recorded, 10.9% of patients on UHD waiting lists are within community minority ethnic populations (increase 0.1% since November). Patients from community minority ethnic groups had a higher (1.5%) average week wait compared to patients recorded as White British in Q3. The variance has increased compared to Q2.

Actions:
2022/23 priority actions agreed via Trust Management Group are being delivered, including:
• A deep dive strategic review of DNAs and variation according to IMD and ethnicity.
• Prioritisation of people with learning disabilities and enhancing their access to care ensuring they have access to a first OPA within 18 weeks of referral.
• Development of approaches to address health inequalities through proactively targeting specific groups who do not engage e.g. access to screening programmes
• An assessment of the Trust against the CORE20PLUS5 approach.
• Publicising health inequalities training opportunities for staff.

Ambulance Handovers

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Alex Lister (GDO)
Sub Groups: Finance and Performance Committee

Ambulance handover >60mins breaches
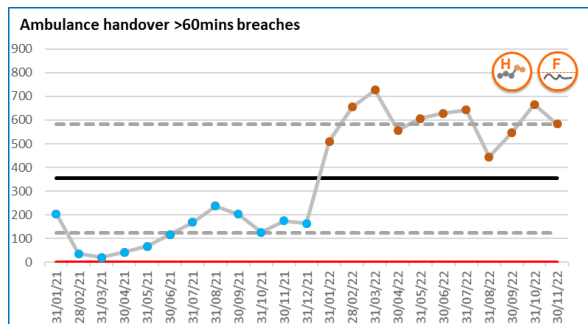
Poole – Position against Trajectory
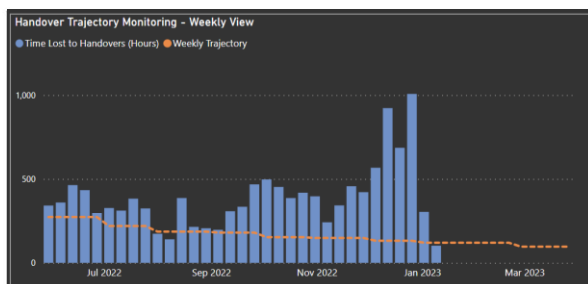
Royal Bournemouth – Position against Trajectory
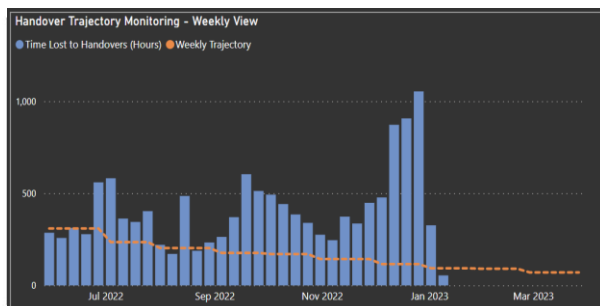
Background/target description
15 minutes is the target for an Ambulance to handover to a receiving ED from arrival. There is a site level recovery trajectory for lost ambulance hours per day. There should be no ambulances waiting over 60 minutes.

Performance:

- There was a small decrease in ambulance conveyances in December (n= 220), with RBH seeing the largest decrease of over 5 per day compared to November.
- 1,568 Ambulances waited longer than 60 minutes in December, a significant increase compared to November. Both sites deteriorated equally.
- In total there were 6,664 hours reported as lost at UHD sites in December.
- In mid December SWAST agreed to support cohorting of patients in corridors to release physical Ambulances, based on UHD data c.3500 hours of reported Ambulance delays were in cohort environments, meaning the physical Ambulances had been released back to front line work. In total SWAST saw an increase in handover delays to over 61,000 hours in December regionally .

Underlying issues:

- Ambulance delays are primarily a barometer of crowding and delays in the Emergency Departments due to delays in transfers of patients that are clinically ready to proceed to an inpatient wards.
- 3rd Party Corridor support shifts are not being filled – in total 14 days at RBH and 5 at Poole were filled

Ongoing Actions:

Weekly ED rapid decompression meetings continue chaired by the COO.
UHD was stepped up to Critical Incident Status a number of times in December due to ongoing pressures on flow impacting the Emergency Department

Emergency Care Standards

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Alex Lister (GDO)
Sub Groups: Finance and Performance Committee
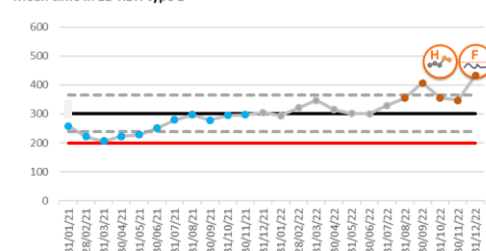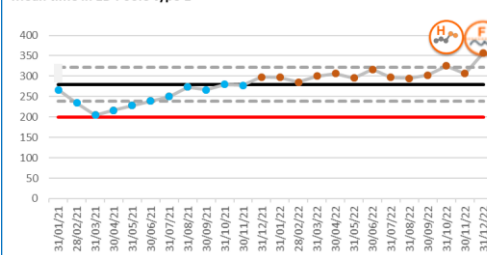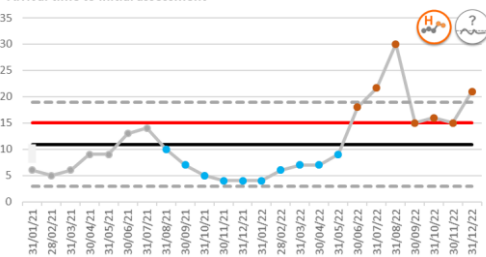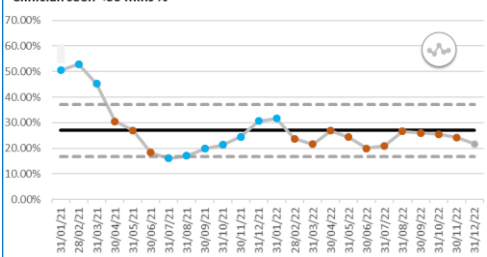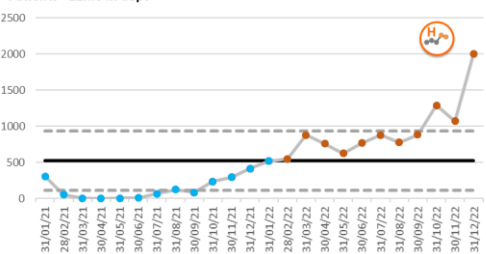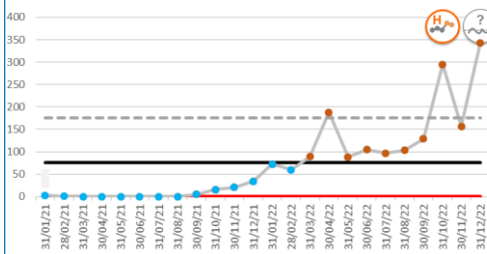
Background/target description

UHD continue to report against the pilot UEC standards. We are now aware that there will be a requirement to return to the 4 hour ED standard in 23/24.

Performance:

Overall attendances were higher than in November,+5% The average meantime for attendances increased by 68 minutes to 396 minutes (target 200 minutes) and an increase in the number of patients spending more than 12 hours in our EDs. The number of patients waiting for more than 12 hours after a decision to admit also increased by 118% to 343 (target – Zero). 2000 patients spent more that 12 hours in one of our Emergency Departments

Underlying issues:

The mean time for admitted patients has increased to over 10 hours from arrival to leaving the department. This results in congestion and challenges to internal flow in the department and also drives up the overall time in the department.

Actions:

There remains an ongoing action plan for focusing on ED processes and quality, along with wider front door and Urgent Care processes, however progress and successes are hidden by factors outside the control of the ED's. There are ongoing actions regarding discharge and overall flow.

Patient Flow

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Alex Lister (GDO)
**Sub Groups:** Finance and Performance Committee
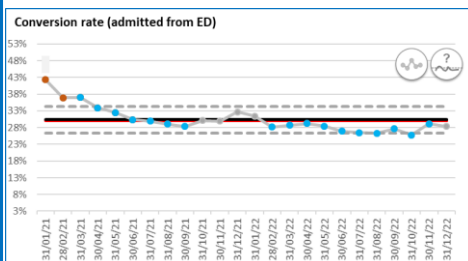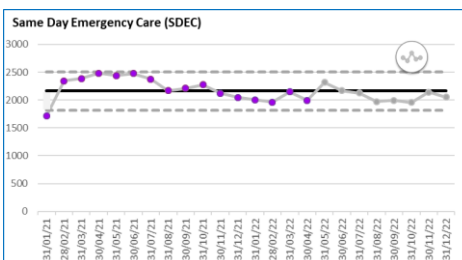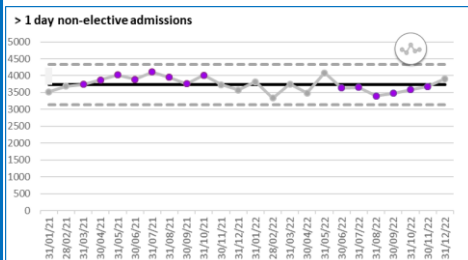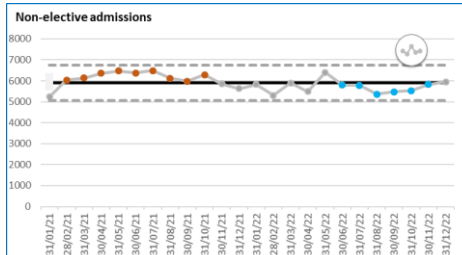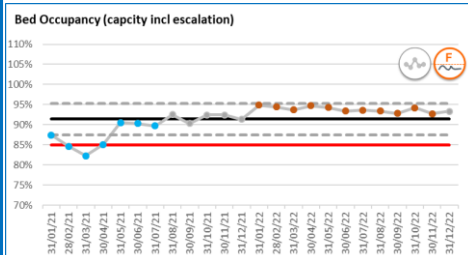
Background/target description
85% bed occupancy would support flow and delivery of rapid progression from the Emergency Department within an hour of being clinically ready to proceed

Performance:
Bed occupancy **has increased** to just over 93%, at 93.3% (+0.6%), this includes planned winter escalation but does not account for additional surge beds opened in extremis. Additional capacity has been required to support the pressures of Covid/Flu occupancy, maintaining elective activity and emergency care demand.

December saw **more patients discharged** than admitted (net improvement of 24 patients), which is expected during the Christmas period. However this did not provide the opportunity to consistently close surge capacity due to high occupancy and high MFRD levels.

Underlying issues:
The ED conversion rate has **reduced to** 28.3% (-0.8%), in part driven by SDEC areas being used to support inpatient emergency flow.

The Actions:
The Timely Admission and Discharge (TAD) programme gained momentum in December and continues to embed with increasing benefits. A review is expected in January.

In December, the daily bed management process is being changed to a centralised model, with expected improvements in timeliness and coordination.

Length of Stay and Discharges

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Alex Lister (GDO)
Sub Groups: Finance and Performance Committee

Stranded patients: Length of stay 7 days
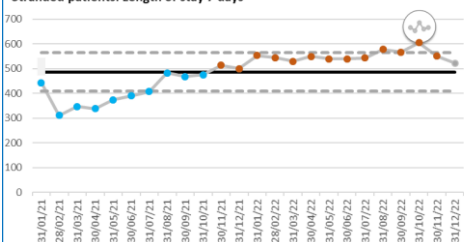
Stranded patients: Length of stay 14 days
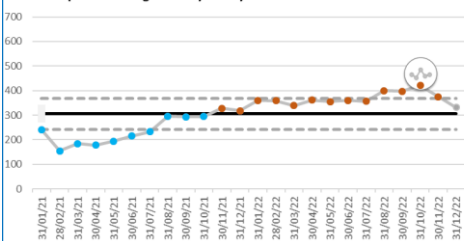
Stranded patients: Length of stay 21 days
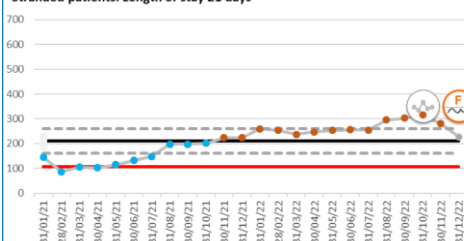
UHD NCTR % - all delays
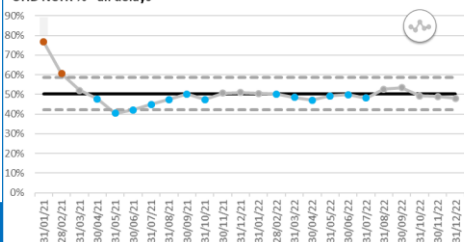
Background/target description
To reduce patient with no criteria to reside by 50%

Performance:
The average number of patients who are ready to leave/have no criteria to reside was 221 in December, **an improvement** of 37 patients per day.

- The overall delayed discharge position continues to challenge hospital flow. The overall proportion of MRTL patients is 27%, **an improvement** of 3% compared to November.
- The number of internal delays also reported **an improvement** of 2% (18% of delays were due to internal processes)

The number of patients with a length of stay over 21 days **fell in month** to 228, however remains significantly higher than pre-pandemic levels.

Underlying issues:
Delays in accessing community health and social care driven by capacity and funding are the significant factors impacting length of stay and numbers of patients waiting discharge.

Internal delays are reviewed and challenged daily, relative static number but with turnover.

Actions:
- Daily partner meetings focusing on MRFD
- Increase in Care Home capacity to support rapid decant of patients
- System site visit to take place in January to review complex patients and offer partner support
- Focus for organisation via Hospital Flow Programme Workstream 4, with an aim of improving pipeline of patients to utilise additional system capacity in quarter 4.
- Interim Director of Operations focussing on support of Discharge Services and reviewing internal and external processes.

SCREENING PROGRAMMES

Breast Screening

- The level of screening has been reduced through December from the significant levels processed In November in order to cope with the workload across the Christmas period where we have reduced clinic cover and the additional bank holidays.
- The round length this month has dipped to 77% which is expected due to the reduced screening numbers leading up to Christmas.
- The date first offered assessment target has not been met this month due to Radiology sickness (delayed film reading, loss of assessment clinic cover).
- The 90% round length recovery target is expected to be demonstrated in January as the screening numbers will once again be significantly increased after Christmas. A full recovery of the service is recorded when 90% round length has been reached for 3 months.
- There have been no equipment issues in December.
- Staffing numbers have remained consistent although no applicants have been received for the recent Radiologist job advert.

High Level Board Performance Indicators
DECEMBER 2022 position :

Breast Screening	Standard	ACHIEVED
Screening to Normal Results within 14 days	95.00%	97%
Screening to first offered assessment appointment within 3 weeks	95.00%	84%
Round Length within 36 months	90.00%	77%
Longest Wait Time (Months)	36	37

Bowel Screening

- The first two phases of age extension have been delivered and the programme is now planning for 54 year old roll out in 2023/24. The team is awaiting confirmation from the national team regarding Lynch syndrome launch which is currently scheduled for April 2023.
- The average uptake rate was 74% through 2021 (acceptable performance = >52%; achievable performance = >60%). Uptake in 2022 is averaging 72%. Age extension cohort uptake is 65%.
- The clinic wait standard continues to be maintained at 100% via virtual clinics (acceptable performance = 95%; achievable performance = 98%). Face to face clinics have now restarted at all three acute sites.
- The diagnostic wait standard has been achieved at 99%.
- The programme continues to see fluctuations in numbers of FIT positive subjects coming into clinics, which is making it challenging to plan colonoscopy capacity.
- The programme needs to develop an accredited screener development and succession plan and this is now on the risk register.

High Level Board Performance Indicators
DECEMBER 22 position :

Bowel Screening	Standard	ACHIEVED
"SSP Clinic Wait Standard (14 days) "	95.00%	100%
Diagnostic Wait Standard (14 days)	95.00%	100%

MATERNITY

	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
CQC Maternity Ratings Poole NHS FT last assessed Oct/Nov 2019	GOOD	REQUIRES IMPROVEMENT	GOOD	GOOD	GOOD	GOOD

Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	73.2%
Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)	89.3%

NHS
University Hospitals Dorset
NHS Foundation Trust

National position & overview

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

Findings of review of all perinatal deaths using the national monitoring tool	Matters for Board information and awareness	Progress in achievement of NHSR/MIS Yr 4
No perinatal death reviews this month

1 serious incident – antenatal patient admitted to Intensive care (details in Safety Champions report)

No HSIB reportable cases.

PQST dashboard – Apgars < 7 at 5 minutes still out of expected range both nationally and locally. Discussed potential causes to review in January MDT maternity/neonatal risk meeting for continuous audit.
These results are unexpected given good performance on other neonatal safety measures including low rates of perinatal deaths and low rates of reported Hypoxic Ischaemic Encephalopathy (indicators of safe practices) as well as high standards in care bundle ATAIN - prevention of term admissions to Neonatal Unit. | • Factual accuracy submissions in process for draft CQC report of maternity services received Dec2022.

• Daily controls and monitoring of call bell systems during installation of new system (CQC identified risk as system being upgraded during inspection visit)

• Consultation process underway for midwifery staffing of Triage unit 24/7 – currently operational 7am -1am.

• Obstetric staffing under review to improve timeliness of triage assessments for women requiring a medical review. | Safety actions assessed as compliant
1- Use of national perinatal mortality review tool
2 – Maternity services data set
3 – minimizing separation of mothers and babies
4 – effective maternity workforce planning
5 – effective midwifery workforce planning
7 – service user feedback and partnership
10 – reporting to NHS early notification scheme and healthcare safety investigations (HSIB)

Gaps identified for ongoing review by care group leads and maternity/neonatal safety champions in preparation for care group board and final submissions to trust board.
6 - saving babies lives
8 - training plans and compliance
9 - neonatal and maternity safety and quality reporting |

Maternity Perinatal Quality Surveillance

Perinatal Quality Surveillance scorecard		Alert (national standard/average where available)	Running total/average	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	Red flags: 1:1 care in labour not provided	0		0	0	0	0	0	0	0
	3rd/4th degree tear overall rate	> 3.5%	1.79%	3.2%	1.2%	1.4%	1.1%	2.6%	2.5%	4.1%
	Obstetric haemorrhage >1.5L	Actual	74	10	9	13	6	14	7	12
	Obstetric haemorrhage >1.5L	> 2.6%	3.15%	2.9%	2.7%	3.7%	1.7%	4.0%	2.1%	3.7%
Perinatal	Term admissions to NNU	Actual	0	17	15	14	8	14	18	19
	Apgar < 7 at 5 minutes	> 1.2%	2.3%	2.3%	1.5%	3.2%	1.9%	3.9%	1.5%	2.5%
	Stillbirth number	Actual	5	0	0	0	3	0	1	0
	Stillbirth number/rate (per 1,000)	> 4.4/1000	2.13	0	0	0	8	0	1	1
	Rostered consultant cover on Delivery Suite - hours pw	< 60	72.0	72	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per wee	< 10	58.0	58	58	58	58	58	58	58
Workforce	Midwife/band 3 to birth ratio (establishment)	1:28	1:21		1:21	1:21	1:21	1:21	1:21	1:21
	Midwife/band 3 to birth ratio (in post)	1:28	1:23		1:23	1:23	1:23	1:23	1:23	1:23
	Acute Maternity unfilled prospective RM shifts (pcm)	160 pcm				Not Available			inaccurate	inaccurate
	Maternity Ward 1-4 staff members short	Actual				Not Available			inaccuarate	inaccuarate
Feedback	Number of compliments (Smiles via Badgernet)		306	92	44	31	73	65	66	not available
	Number of concerns (PALS)		8	1	0	1	2	3	1	0
	Complaints		26	5	4	3	4	1	2	1
	FFT Repsonse rate (returns as % of deliveries)	50%	75.3%	100% +	100%+	100% +	88%	95%	100% +	not available
Training	Mandatory training	90%	78.0%	82%	83%	86%	86%	78%	79%	not available
	PROMPT/Emergency skills all staff groups	60%	74.1%	52%	55%	55%	62%	74%	76%	93%
	K2/CTG training all staff groups	60%	80.1%	22%	22%	23%	48%	80%	88%	80%
	CTG competency assessment all staff groups	50%	80.1%	22%	22%	23%	48%	80%	88%	80%
	Core competency framework compliance	50%	84.7%	83%	87%	87%	80%	85%	80%	not available
	Coroner Reg 28 made directly to the Trust		Y/N	N	N	N	N	N	N	N
	HSIB/CQC etc. with a concern or request for action		Y/N	N	N	N	N	Y(CQC)	Y (CQC)	Y (CQC)

FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	410	(4,221)	(4,631)
Capital Programme	89,209	84,021	5,188
Closing Cash Balance	77,819	82,497	4,678
Public Sector Payment Policy	95.0%	91.4%	(3.6)%

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	11,819	9,591	2,228
IT	5,516	3,558	1,958
Medical Equipment	1,309	876	432
Donated Assets	948	622	326
Strategic Capital	69,617	69,373	244
Total	89,209	84,021	5,188

Commentary

Operational pressures continue to drive the Trusts financial performance, increasing expenditure and limiting clinical and operational capacity to deliver efficiencies and transformation projects. This is exacerbated by rising inflation, with food and energy prices putting particular pressure on Trust budgets. Collectively, these pressures have resulted in a year to date deficit of £4.2 million.

Despite the favourable forecast for December, the Trust recorded an adverse in-month variance of £192,000 reflecting the further step-up in operational pressures over the festive period. Additional, unplanned bed capacity was opened to mitigate risks to patients safety resulting in a further step up in premium agency expenditure. This has put even greater pressure on budgets increasing the year to date adverse variance to £4.6 million.

Whilst the Trust is currently holding to a forecast full year break-even position, this is now reliant upon additional income from NHS Dorset ICB which has yet to be formally agreed. Even with this assumption, there remains considerable risk within this forecast linked to further seasonal demand and capacity pressures, anticipated investment following the recent CQC inspections, and the potential financial impact of the planned industrial action.

The year to date capital position represents an under spend of £5.2 million, largely driven by under spends in IT and the One Dorset Pathology Hub schemes. A CDEL underspend of £538,000 is now forecast reflecting some anticipated programme slippage and as a contribution to the improvement in the Dorset ICS CDEL position.

The Trust ended December with a consolidated cash balance of £82.5 million, all of which remains fully committed against the medium-term capital programme. The phasing of the capital plan is the main driver for this increased cash holding against plan.

The Trusts payment performance recovered in December, however the previous impact of the national cyber attack continues to impact the year to date achievement which currently stands at 91.4%. Further improvement is expected in the remaining months of the year.

CIP delivery (£'000) by month and year to date

Cumulative Month-End Cash Balance (£'000)

2022/23 Actual — 2022/23 Plan — 2022/23 Forecast

Cumulative Month-End BPPC Balance (£'000)

Cumulative Target — Cumulative Actual

Overall Commentary: **Graph 1:** 99.9+% uptime on all our core infrastructure but unfortunately, we saw another short outage of our Electronic Patient Record. Enhanced monitoring has picked up a possible root cause which is being investigated. **Graph 2:** Awaiting December Service Desk demand data. **Table 3:** Informatics undertook a successful "Change Freeze" over the Christmas/New Year period to prevent any untoward impact on operational services. 4 Projects closed in December including a system for a Virtual Ward for patients with fractured neck of femur and an upgrade to the tracking system for patients going through the cardiac labs. This brings the total number of Informatics projects closed in 2022 to 123. **Table 5:** It is pleasing to see the percentage of unsupported desktop devices go below 10%, which is the target from NHS Digital **Table 6:** As a result of the annual rebasing, the Information Asset Compliance is rebuilding again with the majority of assets being reviewed by their owners. **Graph 8:** Dorset Care Record continues to grow, with the expected slight reduction in December due to the bank

Business As Usual/Service Management

Graph 1: core Infrastructure availability

Core IT infrastructure uptime and mins lost
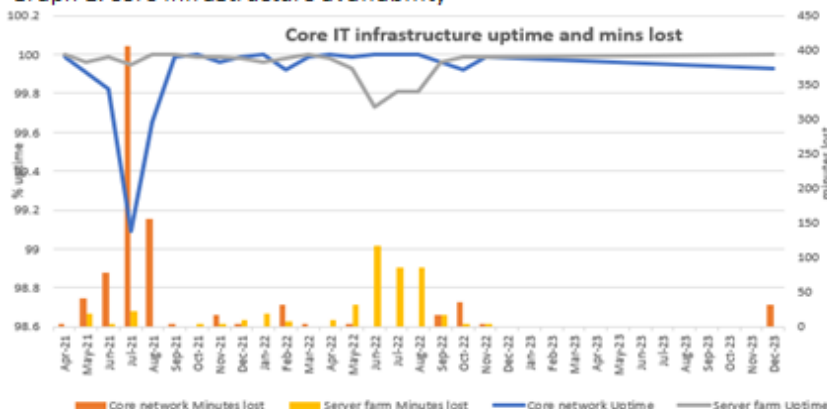
Graph 2: Service Desk demand

IT Service Desk Demand

Projects/Developments/Security/IG

year.
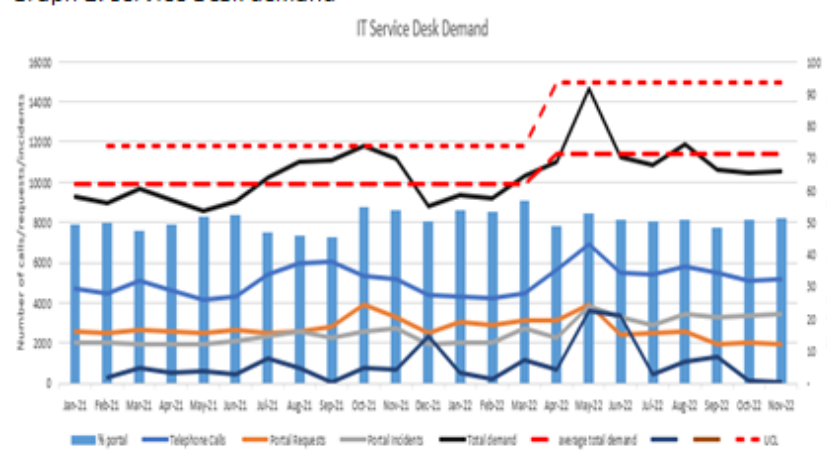
Informatics Projects since November 2018						
Project Type	Pending Approval	Not Started	Deferred	In Progress	Completed	Total
eForm/Automation Project	0	12	4	58	228	302
Infrastructure Mandatory	0	2	1	6	27	36
Projects	1	46	9	80	362	497
Service Improvement Projects	0	0	0	1	3	4
Grand Totals	**1**	**60**	**14**	**145**	**620**	**839**

Table 4: Project Totals and Escalation

Project Profile
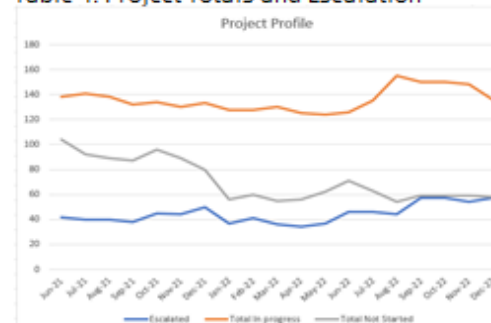
Table 5: Cyber Security - Obsolete system

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	90.8%	9.2%	0.0%	9.2%
Windows Servers	84.4%	15.6%	15.5%	0.2%

Table 7: FOI compliance

Table 6 - FOI Compliance	Total rec'd	Compliance
August '22	71	68%
September '22	69	77%
October '22	51	82%
November '22	56	77%

Table 6: Information Asset Compliance

All Active Assets		
Status	Total	%
Draft Only (Pending Updates)	12	4.32%
Awaiting IAO Review/Approval	248	89.21%
Awaiting IG Review/Approval	2	0.72%
DSPT Compliant (2022/23)	16	5.76%
Total	278	

DSPT Compliance 5.76% (All)

Graph 8: DCR growth
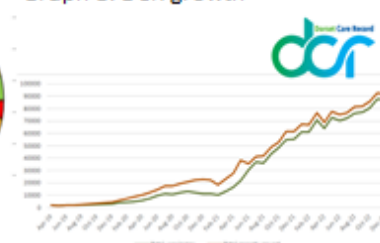
COUNCIL OF GOVERNORS – PART 2 MEETING

Meeting Date: 26 January 2023

Agenda item: 5.2

Subject:	Trust Annual Objectives 2022-2023: 6 month review
Prepared by:	Richard Renaut – Chief Strategy & Transformation Officer
Presented by:	Richard Renaut

Strategic Objectives that this item supports/impacts:	Continually improve quality ☒ Be a great place to work ☒ Use resources efficiently ☒ Be well governed and managed ☒ Transform and improve ☒
BAF/Corporate Risk Register: (if applicable)	This report covers the whole Board Assurance Framework (BAF)
Purpose of paper:	Review and Discussion To provide a short overview of progress against the Annual Plan. This should be read in conjunction with the BAF and Integrated Performance Review (IPR)
Executive Summary:	The mid-year review of progress against Trust objectives is largely summarized as "amber" (making progress but significant risks to mitigate. The review was undertaken at the November 2022 Trust Management Group meeting and will be repeated at year end (April 2023) when data is available. The more detailed scrutiny, and management of the objectives occurs throughout the year. These are tracked through the governance processes of the Trust. Looking forward to 2023/2024 annual objectives, as this will be a transition year to introducing Patient First as a new methodology for setting strategy and delivery. This will improve both the selection and prioritization, along with the BAF/IPR and governance for delivery.
Background:	The Annual Plan includes our corporate objectives

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Key Recommendations:	1. To note the amber ratings in the majority of objectives
	2. To continue to track at Board committee and BAF
	3. To prepare for transition to a new methodology in 2023/2024

Implications associated with this item:		
	Council of Governors	☒
	Equality and Diversity	☒
	Financial	☒
	Operational Performance	☒
	People (inc. Staff, Patients)	☒
	Public Consultation	☐
	Quality	☒
	Regulatory	☒
	Strategy/Transformation	☒
	System	☒

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

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Trust Management Group	22/11/2022	Noted
Board of Directors	25/01/2023	Meeting not taken place at time of submission of this paper.

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

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University Hospital Dorset Specific Actions 2022/2023

Mid-Year REVIEW

KEY

■ On track for year-end completion, risks reasonably mitigated

■ Making progress but significant risks to mitigate (reference risk register)

■ Unlikely to get close to original target by year end, significant risk unlikely to be mitigated (reference risk register)

■ Completed – objective largely achieved

Strategic Objective 1: 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		Exec Lead	Maintained from 21-22?	RAG	Assurance: Evidence of progress year to date
1.1	To deliver wide range of **Patient Safety Quality Priorities,** using a quality improvement (QI) approach, across the Trust including: • Quality account priorities including Deteriorating Patient and Safety Checklists. • Priorities for 2022/23 including Acute Kidney Injury/Dialysis Management, Blood glucose management, the deteriorating patient in ED and medical/pharmacy communication. • Improving against Stroke and Trauma pathway quality standards	CMO/ CNO	✓ Updated to reflect TMG priorities replacing Dorset list, updated to reflect national priority B	Amber **(Detailed breakdown for each QI Priority on Page 9)**	Deteriorating patient group has delivered a UHD wide response framework for escalation/2222 aligned to new pagers. Treatment escalation planning roll out continues with Phase 2 scheduled for November 2022 Stroke - Improvement plans in place – predicted level B for joint UHD SSNAP 22/23 Q2 when published. Plans for full-service centralisation to RBH site approved and will be implemented by April 2023 Trauma – Major Trauma working group fully embedded. TARN standards reviewed. Draft Operational Policy for Major Trauma for UHD developed and circulated,

					pending ratification at December meeting.
1.2	Improve the safety and experience of **emergency patients** and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partners and improving our own processes to support safe and timely discharge from hospital. To also improve the responsiveness and quality of Urgent and Emergency Care (UEC) as measured by a reduction in 12 hour waits in ED towards zero, minimisation of ambulance handover delays and same day emergency care outcomes supported by implementation of the UEC 10 Point Action Plan.	COO	✓ Updated to reflect national priority D	Amber	Trust Hospital Flow Improvement Group focusing on 4 key workstreams – ED, SDEC, Operational Flow and Discharge. Rapid Plan for Decompressing ED in place. Action plans in place and relate to risks 1131, 1387, 1429, 1460 on the BAF. System mobilisation plan supporting identified bed capacity gaps and funded through national investment.
1.3	To redesign and transform **outpatient services** with a Digital First offer, improving access to care, diagnostics strategy delivery, reducing travel times, and through effective completion of care pathways.	COO	✓	Amber	Trust wide Transformation Programme established as part of the elective recovery programme. Five key themes established as part of the programme. Specific reference to a digital programme (Digital first) in place with clear timelines. External provider appointed as part of the phase 1 changes. Go live of phase 1 late Q3 with further work to progress in Q4.

Strategic Objective 2: 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.		Exec Lead	Maintained from 21-22?	RAG	Assurance: Evidence of progress year to date
2.1	To continue to engage with staff at all levels to ensure we maintain focus and realise the **Health, Wellbeing and Covid-recovery** needs and priorities of all our people, investing in appropriate provision of holistic interventions and resources. To engage with staff so that they feel valued and listened to and to strengthen our compassionate and inclusive culture, acting on staff culture champions recommendations and demonstrating success through the national staff survey.	CPO	✓ Updated to reflect national priority A, B and culture champions	Amber	Phase 2 of Culture Programme completed, focusing on Reward and Recognition. Values recognition postcards active with electronic *Thank You* system in procurement. Introduction of monthly CEO Staff Excellence Awards with integrated approach to Long Service / Annual Staff Awards in planning phase for launch in 2023. Healthy Working Lives Group with NED sponsorship celebrates best practice across UHD with growing community of MHFA and Wellbeing Practitioners. Winter Boost campaign underway including UHD Responder, gift vouchers, subsidised restaurant meals and a definitive guide booklet for managers on how to support staff wellbeing. 2022 Staff Survey response rate will show in-year improvement [currently 41%].
2.2	To support teams in coming together to operate as a **single team** across UHD sites, embedding our values and behaviours, policies and processes and to identify talent and raise performance and staff engagement across the Trust as measured by an improvement the staff Integration Survey	CPO	✓ Updated to reflect integration	Amber	OD actively supporting team development and coaching at care group, directorate and specialty level. Leadership and Management Skills Manager Modules launched including: Being a UHD Manager, Leadership

				Amber	Fundamentals, Leadership in Action, *Beyond Difference* and Level 7 MBA programme in collaboration with BU.
2.3	To deliver the Trust's **People Strategy** by developing effective and responsive People services, policies and practices for each stage of the employee cycle. This will include workforce planning, recruitment and retention, training and education, employee relations, temporary workforce and workforce systems.	CPO	✓	Amber	HR actively working through policies in partnership with trades unions and making good progress. Workload post COVID is extremely high particularly around employee relations and the need for HR advice remains critically important. The introduction of "fair and just" processes and the move to informal and early intervention rolled out and being socialised. Pressure on recruitment teams and the temporary staffing services continue. Data cleansing post ESR merger progressing.
2.4	To champion **Equality, Diversity and Inclusion** across UHD through positive action and promote initiatives which continue to improve results against workforce equality standards (e.g. WRES and WDES). Implement the National Patient Strategy requirement to develop a just culture across UHD as part of a ICS workforce plan. Define and agree measures to monitor implementation of inclusive leadership, equal opportunities in career development and endorsement of staff networks.	CPO	✓ national priority A and patient safety just culture	Amber / Red	12-month targeted EDI plan [Sept 22] monitored quarterly by EDIG with outcome measures linked to 2021 Staff Survey, Model Employer and WRES / WDES. Progress in many areas, however Q4 to focus on mitigating risks linked to 'developing an inclusive culture', specifically a) career progression and under-representation of BAME in senior leadership roles b) challenging poor behaviour.

Strategic Objective 3: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.		Exec Lead	Maintained from 21-22?	RAG	Assurance: Evidence of progress year to date
3.1	Agree and deliver a **sustainable budget,** including delivery of the Trust Cost Improvement Programme. This includes realising the opportunities identified in the Getting it Right First Time (GIRFT) and Model Hospital benchmarking data.	CFO	✓ National objective I	Red (risks 1739, 1740, 1594, 1595, 1416)	Year to date (month 6) deficit of £5.4m being £5.9m adverse (including CIP achievement of £13.6m being 2.5m adverse). Continued break-even outturn supported by detailed directorate forecasts and assuming additional recovery actions. Significant risk remains within this forecast linked to seasonal pressures including potential strike action.
3.2	To deliver a Covid restoration programme that reduces the **elective backlog,** increases activity to pre-pandemic levels and returns waiting times and waiting patient numbers towards the national standards for elective, cancer, diagnostics and emergency care.	COO	✓ Updated to reflect national priority C	Amber	RTT waiting list 2.5% above plan at end of October, however on reducing trajectory since Sept 22. 104ww continue to be above plan, 78 and 52ww in line with operational plan. Diagnostics performance 16.38%, UHD best performer in SW and meeting 75% regional threshold. Cancer (Sept) FDS 64.7% and 62d 71.2%; both below threshold, continued improvement actions. Emergency care – High mean time in department and ambulance handover delays. Average daily NCTR patients exceeding 250 in October. Elective and Hospital Flow recovery programmes established. Elective portfolio programmes include: Outpatients, data and validation optimisation, theatres, cancer and

					diagnostics. Digital transformation implemented through TIF. Action plans in place related to risks 1074, 1292, 1276, 1397, 1386, 1574, 1283.
3.3	To update and deliver our **Green UHD Strategy** and Plan – including reducing our carbon footprint, improving air quality and make more sustainable use of resources.	CSTO	✓ Updated to reflect 22-23	Green	On track to deliver bulk of 22/23 plan. Potential governance transfer from dedicated Board Committee to be planned.
Strategic Objective 4: 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.		**Exec Lead**	**Maintained from 21-22?**	**RAG**	**Assurance: Evidence of progress year to date**
4.1	To improve **partnerships and engagement** with staff, governors, patients, local people and key stakeholders through: • A communication and engagement plan delivered over the year. • Further develop our BU partnership and tangible benefits • Host the Dorset Innovation Hub on behalf of Dorset partner supporting spread of proven innovations.	CEO/ CSTO	✓ Updated to reflect 22-23	Amber	Communications very active, with dedicated community engagement role being recruited to. BU partnership has completed and reported on 2nd year activity, strategic plan for year 3 in place with focus on research and education. Dorset Innovation Hub in place. Work on long-term future starting.
4.2	Work with partners to address **health inequalities** and improve population health management, preventing ill health and promoting healthy lifestyles.	CFO	New, reflect national priority G	Amber	Health inequalities working group established and linked to ICB structures on health inequalities. Data collection has identified areas of inequality and strategic aims agreed. Programme of work aligned to ICB and is supporting patients to access care and attend appointments in areas where the greatest differential

		Exec Lead	Maintained from 21-22?	RAG	Assurance: Evidence of progress year to date
				Amber	according to deprivation and ethnicity have been demonstrated.
Strategic Objective 5: 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.		**Exec Lead**	**Maintained from 21-22?**	**RAG**	**Assurance: Evidence of progress year to date**
5.1	Develop the **reconfiguration plan** to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for new estate and new models of care. To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/23.	CSTO	✓ Updated	Amber	From an assurance perspective, Reconfiguration Oversight Group (ROG) has accountability for delivery and assurance comes from the Transformation Committee. Risk escalation process in place from project level through to Corporate risk register – there are 2 BAF risks linked to this objective. (Risk 1604 - delay in securing UHD and wider Dorset NHP funding and Risk 1784 – critical path to deliver reconfiguration plan). Other risks all contained in monthly risk report to ROG.
5.2	Work with system partners in establishing the **Dorset ICS** and within that develop the Dorset provider collaborative.	CEO	✓ Updated	Amber	The Provider collaborative is established and held first meetings. Forward programme to be agreed. ICS established with UHD represented.
5.3	Implement the UHD **Digital Transformation Strategy**: • Progress digital transformation and play an active part in the key Dorset transformation plans programmes. • Progress a Digital Dorset Shared Service	CIO	✓ Update, national objective H		• Informatics senior leaders are fully engaged in the design processes for the Digital Dorset Shared Service.

				Amber overall	• The procurement for the Strategic Integrated Imaging Service has launched with an estimated end date of March 2023.
	• Procure and implement the Strategic Integrated Imaging Service: a digital diagnostics image sharing platform for Dorset. • Create the Strategic Outline Case and Outline Business Case for the Dorset Electronic Patient Record system. • Ensure that the IT infrastructure and BAU support services are fit for purpose with minimal down-time and the technical layers are subject to a rolling stock replacement programme. • Achieve a compliant Data Protection and Security Toolkit submission.				• The EPR OBC has been signed off by all the Dorset NHS provider boards and ICB. • Continuous dedicated effort maintains the UHD IT infrastructure and BAU support services in as close to optimal performance as possible. Notable outages to the EPR over the last quarter. • UHD did not achieve a compliant DSPT for 21/22 (5 of the 110 requirements were not met).

1.1 Patient Safety Quality Priorities

Priority	Notes	RAG
IV Fluids	• IV Prescription chart rolled out, reiterated, and has made a positive difference. Digital fluid balance is ready to deploy but awaiting assurance on IV Fluid input recording (paper practice)	G
Deteriorating Patient Programme	• Complex programme; 4/10 projects already completed successfully; some mothballed; others in progress	A
Difficult IV Access (DIVA)	• New UHD policy agreed, service established, and longer dwell cannulas rolled out	G
Safety Checklists	• CURRENTLY PAUSED – see slide	A
Cancer Care Programme Recovery	• Continuation of 21/22 initiative, likely to continue for all of 22/23	G
Acute Kidney Injury	• Standardisation of various aspects across UHD has been done, especially intranet and patient information; checklist and education being worked on. Wider work needed on vision / strategy / leadership	A
Blood glucose management	• Project initiated in August 2022 – though progress has been inhibited by extended periods of operational pressures	A
Deteriorating patient in ED	• A new 22/23 priority (included within DP Programme). Agreed way forward that now needs to be formalised.	A
Medical and Pharmacy Communication	• Improve communication of prescribing queries between Medical and Pharmacy Teams – 22/23 priority. **REPLACED WITH "THINK STEROIDS". See slide**	R

NHS Planning Guidance 10 Priorities mapped to UHD objectives

National Priority	Priority Description	UHD Objective
A	Investing in workforce and strengthening a compassionate and inclusive culture	1.1, 1.2
B	Respond to Covid 19- vaccination programme and meeting the needs of patients with Covid 19	2.1
C	Tackling the elective care backlog- reducing long waits and improve cancer waiting times	3.2
D	Improve responsiveness of UEC and build community capacity	1.2
E	Improve timely access to primary care	N/A
F	Improve mental health services and services for people with a learning disability and/or autism	N/A
G	Develop approach to PHM, prevent ill health and reduce health inequalities	4.2
H	Exploit potential of digital technologies	5.3
I	Moving back to and beyond pre-pandemic levels of productivity	1.2, 1.3, 3.2
J	Establish ICBs and collaborative system working	5.2

COUNCIL OF GOVERNORS – PART 1 MEETING

Meeting Date: 26 January 2023

Agenda item: 6.2

Subject:	2023/24 Priorities and Planning Guidance
Prepared by:	Judith May, Director of Operational Performance and Oversight
Presented by:	Richard Renaut, Chief Strategy and Transformation Officer

Strategic Objectives that this item supports/impacts:	Continually improve quality ☒ Be a great place to work ☒ Use resources efficiently ☒ Be a well led and effective partner ☒ Transform and improve ☒
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Information
Executive Summary:	On Friday 23 December 2023, NHS England (NHSE) published 2023/24 priorities and operational planning guidance. The guidance sets out the key tasks for the next financial year, the most immediate being to recover core services and improve productivity. A draft Operational Plan submission is required by 23 February 2023 to NHS England.
Background:	Each year NHS England issues detailed planning guidance for the year ahead. The attached document summarises this guidance for 2023/24. Key points include: • The planning guidance sets a range of "national NHS objectives" for 2023/24, with expected performance against key operational standards. Including a return to the 4 hour wait target in ED. A table outlining the high-level national NHS objectives is included within the attached paper at appendix 1. • NHSE will publish two-year revenue allocations for 2023/24 and 2024/25 – integrated care board (ICB) allocations are flat in real terms with additional funding available to expand capacity. Elective recovery funding (ERF) will be allocated to systems on a fair shares basis.

	- NHSE will agree targets with systems for 2023/24 to deliver 30% more elective activity than pre-pandemic levels by 2024/25. The long waiter target is to eliminate over 65 week waits by March 24. Included in this cohort for UHD are 72,114 patients (29/12). - The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. - For 2023/24 NHSE plans to base agency spend limits on agency spending as a proportion of systems' total pay costs, set at 3.7% of a system's total pay bill. Agency spend in UHD currently (December) is at 4.2% of total pay The Trust is currently developing its Operational Plan and further updates will be provided at future meetings.
Key Recommendations:	The Council of Governors is asked to note the planning guidance for 2023/24 and the work programme to develop a detailed organisational and system operational plan for the coming year.
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☐ Financial ☒ Operational Performance ☒ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☒ System ☒
CQC Reference:	Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☒ Use of Resources ☒

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Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Trust Management Group	10/01/2023	Guidance noted and operational planning process confirmed.
Finance and Performance Committee	16/01/2023	Guidance noted.
Board of Directors	25/01/2023	Meeting not taken place at the time of submission of this paper.

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

2023/24 Planning guidance and priorities
Brief guide from NHS England – December 2022

To help provide certainty for local health and care teams, NHS England has published its annual Priorities and Operational Planning Guidance. ICBs are asked to work with system partners to develop plans to meet the objectives set out in this guidance before the end of March 2023.

Areas of focus for 2023/24
The 2023/24 planning guidance sets out three core priorities informed by three underlying principles:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the "why" and "what", not the "how"		

Headline ambitions for recovering our core services and improving productivity

Improve ambulance response and A&E waiting times.

Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.

Make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives, and we must collectively address the challenge of staff retention and attendance. Throughout all the above will be a focus on **narrowing health inequalities in access, outcomes and experiences**, and **maintaining quality and safety in our services, particularly in maternity services.**

Delivering the key Long Term Plan ambitions and transforming the NHS

We need to create stronger foundations for the future, with the core goals of the NHS Long Term Plan our 'north star'. These include our commitments to:

- Improve **mental health services** and **services for people with a learning disability and autistic people**.
- Continue to support delivery of the **primary and secondary prevention priorities** and the **effective management of long-term conditions.**
- Ensure that the workforce is put on a sustainable footing for the long term, including publication of a NHS Long Term Workforce Plan.
- Level up **digital infrastructure** and drive **greater connectivity**, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.

Local empowerment and accountability
ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives. As set out in Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Funding and planning assumptions
The Autumn Statement 2022 announced an extra £3.3 billion in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing. We are issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity. Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

Further reading
Full planning guidance documents and supporting guidance can be read here: NHS England » NHS operational planning and contracting guidance.

COUNCIL OF GOVERNORS – PART 1 MEETING

Meeting Date: 26 January 2023

Agenda item: 6.2

Subject:	Review of Trust Constitution: Annex 5 Standing Orders for the Practice and Procedure of the Council of Governors
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Review and Discussion
Executive Summary:	Annex 5 to the Trust's Constitution – Standing Orders for the Practice and Procedure of the Council of Governors is to be reviewed annually.
Background:	Under Annex 5 to the Trust's Constitution (section 27), there is provision for such Standing Orders to be reviewed annually by the Council of Governors. The Council of Governors has discussed it undertaking a more holistic review of the Trust's Constitution (to be completed prior to October 2023). Given this and there having been no immediate issues raised by the Council of Governors within the past 12 months as needing to be addressed within the Standing Orders, the Council of Governors is asked to consider and if thought fit approve the continuation of the existing Standing Orders for the Practice and Procedure of the Council of Governors pending further review of the Trust's Constitution.
Key Recommendations:	The Council of Governors is asked to consider and if thought fit approve the continuation of the existing Standing Orders for the Practice and Procedure of the Council of Governors pending further review of the Trust's Constitution.

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

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
None	N/A	

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

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COUNCIL OF GOVERNORS – PART 1 MEETING

Meeting Date: 26 January 2023

Agenda item: 6.3

Subject:	Council of Governors Assessment of Collective Performance
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Decision/Approval
Executive Summary:	The purpose of this report is to set out: • the assessment of the collective performance of the Council of Governors; and • areas suggested by Governors for future development; based on responses received to a survey distributed to Governors in December 2022.
Background:	As part of NHS England's (formerly Monitor's) Code of Governors: *B.6.5 Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities including their impact and effectiveness on:* • *Holding the non-executive directors individually and collectively to account for the performance of the board of directors.* • *Communicating with their member constituencies and the public and transmitting their views to the board of directors; and* • *Contributing to the development of forward plans of NHS foundation trusts.*

The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.

There were 13 respondents to the survey (with respondents required to confirm on a scale whether they strongly agreed to strongly disagreed to statements presented). In addition, there was an option to comment on what had gone well and what could be improved. Actions have already been implemented in response to some of this feedback (outlined below) with consideration to be given to further suitable steps to be taken.

The Council of Governors has the right mix of skills, experience, knowledge and diversity in the context of statutory duties and challenges facing the Trust
You said: Although over 53% of respondents agreed with this statement, a theme from the feedback included the need for greater diversity among the Council of Governors (noting that this was prior to the newly elected Governors joining the Trust).
Over 60% of respondents agreed that Governors are equipped with the tools, skills and knowledge they require to perform their role. Themes from open questions included challenges with the iPads/IT and further training being beneficial. However, in response to another question, feedback was also received that not all Governors had made use of the development opportunities available to them.
We have done: For the coming year, the format of the former "Informal Governor Briefing" sessions is being reviewed to incorporate further Governor development opportunities. There will continue to be Board/Council of Governor joint development sessions.

Effective collective working
You said: Over 69% of respondents agreed that the Council of Governors work effectively together and individually and in accordance with the tone set by the Chair. Challenges with creating a team through virtual channels was a theme in responses.
We have done: Going forward for 2023, the Company Secretary Team is arranging facilities for Governors to be able to meet face to face prior to Council of Governors' meetings with Board and Council of Governors Development Sessions also having been planned as face to face to support this. The Lead Governor has also suggested that a Development Session for Governors on team working would be beneficial.

Effectiveness of the Council of Governors and its groups
You said: Over 69% of respondents also agreed that the Council of Governors and its groups (Membership Engagement Group and Quality Group) are effective. Opportunities noted were for the enhanced alignment of the Membership Engagement Strategy with the Trust's

priorities while recognizing the positive progress that had been made.

Please see separate paper in relation to the Council of Governor groups.

Effective communication with members and other stakeholders
You said: Responses to this were notably strong (over 76% positive). Themes from responses included that there were opportunities for Governors to provide feedback (in addition to listening to information provided to them). One example of this was giving updates to the Board.
We have done: For the January 2023 Board meeting, an agenda item has been included for the Lead Governor to provide an update to the Board.

Overall development plans
You said: There were divided responses in relation to whether the Council of Governors had agreed overall development plans to ensure that it was equipped to meet future challenges and these being effective. (Please see also separate paper in relation to Council of Governor Groups).
A question was also included in relation to the Council of Governors induction programme and whether it provides relevant and sufficient information for new governors.
We have done: Positive feedback was received in relation to the programme for the January 2023 planned induction. Since the survey, that induction session has been held, with feedback solicited by the Company Secretary Team following on from this. Learning from that will be shared.

Timing of meetings of the Council of Governors
You said: Included in the feedback received was support for varying the locations at which the meetings are held.
We have done: This was implemented in 2022 and is planned to continue in 2023. Particular challenges for those working was noted as well as the benefit of having meetings planned one or two years in advance.
The calendar proposed for 2023 and 2024 has been published. There are likely to remain, however, certain out of the ordinary circumstances where meetings may need to be re-arranged or arranged at shorter notice.

Processes in place to ensure sufficient debate for major decisions
You said: While over 61% of respondents agreed that there were effective processes in place, a theme across responses was the need for timing to be flexible or alternatively (more opportunity for Governors to ask questions. A similar theme came through in responses to the question relating to the quality of discussion around individual issues and the time available for this being of a high standard).

General information provided on the Trust and its performance is accurate timely and clear

You said: All respondents agreed with this, with over 83% also agreeing that the quality of papers and presentations to the Council of Governors were effective and over 84% agreeing that the administrative arrangements relating to the Council of Governors meetings and groups were effective.

Role and responsibilities of the Senior Independent Director and Lead Governor

You said: Over 76% of respondents agreed that the role and responsibilities of the Senior Independent Director were clear.

There was strong support for the role and responsibilities of the Lead Governor being clear.

We have done: At the induction held in January 2023, the Senior Independent Director outlined her role and responsibilities. Following on from the survey responses, the materials from the induction have been made available to all Governors.

Understanding of key points in the Trust's report and accounts

You said: Although over 68% of respondents agreed that Governors can understand the key points in the Trust's report and accounts, open responses suggested an opportunity for Governors to receive training in this area.

Role in approving, with the board of directors, amendments to the Trust's Constitution

You said: Over 84% of respondents agreed that the Council of Governors understood its role (with the Council of Governors having considered and approved amendments to the Trust's Constitution in October 2022).

Briefings on and able to voice opinions on the Trust's strategy (forward plan)

You said: Over 76% of respondents agreed that Governors had the opportunity to be briefed on and able to voice opinions on the Trust's strategy (forward plan). (Please see also separate paper in relation to Council of Governor Groups).

Sufficient opportunity for dialogue with Non-Executive Directors and other key stakeholders within the Trust to enable the Council of Governors to carry out its general duty to hold Non-Executive Directors individually and collectively to account

You said: Over 53% of respondents agreed that there was sufficient opportunity. All respondents agreed to the separate question that Governors have opportunities to observe non-executive directors at the Board and other meetings. (This includes through Governor observers at Committee meetings, Non-Executive Directors rotating attendance at Informal Governor Briefings).

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<td>(This will be covered under other agenda items at the January 2023 meeting).

<u>Annual appraisal process by the Council of Governors of the performance of the Chair and Non-Executive Directors</u>
<u>You said:</u> Over 76% of respondents agreed that this was effective (with open responses linked to other themes including the impact of the Covid pandemic).

<u>Governors' role in approving significant transactions</u>
<u>You said:</u> Feedback received indicated a training opportunity in this area.

The survey also included open questions relating to development session topics that Governors would like to see.

<u>Conclusion</u>
Based on the overall responses received, there was positive support in relation to the effectiveness of the Council of Governors, with a number of opportunities noted.</td>
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Key Recommendations:	The Council of Governors is asked to consider and if thought fit approve the outcomes from its Annual Effectiveness Review, noting the opportunities suggested by respondents for further consideration.

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

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
None	N/A	

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

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COUNCIL OF GOVERNORS – PART 1 MEETING

Meeting Date: 26 January 2023

Agenda item: 6.4

Subject:	Proposed process for appointments to Nominations, Recommendation and Evaluation Committee (NREC)
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Decision/Approval
Executive Summary:	Vacancies for the Poole and staff Governor constituencies have arisen in the membership of NREC. The Council of Governors is asked to consider and if thought fit approve the proposed process for appointments to these vacant positions.
Background:	The Council of Governors is required to establish a committee (the Nominations, Recommendation and Evaluation Committee) to carry out specified functions relating to: • the assessment, shortlisting and selection for interview of candidates for the role of the Trust Chair and Non-Executive Directors; and making recommendations to the Council of Governors as to potential candidates for appointment as Trust Chair or other Non-Executive Director; • the performance monitoring of the Trust Chair and other Non-Executive Directors and making reports in relation to the same to the Council of Governors; • the review of the structure, size and composition of the Board and making any recommendation to the Council of Governors; and

| | • the consideration of the remuneration and allowances and other terms and conditions of office of the Trust Chair and Non-Executive Directors; and making recommendations to the Council of Governors.

NREC is to be comprised of one Governor from each of the three publicly elected constituencies, one staff Governor and one appointed Governor.

A vacancy as a member of NREC has arisen for each of the Poole and staff Governor constituencies. |
|---|---|
| **Key Recommendations**: | The Council of Governors is asked to consider and if thought fit approve the proposed process for the appointments to NREC in relation to the vacancies in the Poole and staff Governor constituencies. |
| **Implications associated with this item:** | Council of Governors ☐
Equality and Diversity ☐
Financial ☐
Operational Performance ☐
People (inc Staff, Patients) ☐
Public Consultation ☐
Quality ☐
Regulatory ☒
Strategy/Transformation ☐
System ☐ |
| **CQC Reference:** | Safe ☐
Effective ☐
Caring ☐
Responsive ☐
Well Led ☒
Use of Resources ☐ |

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
None	N/A	

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

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**PROPOSED PROCESS FOR APPOINTMENTS TO THE
NOMINATIONS, REMUNERATION AND EVALUATION COMMITTEE (NREC)**

1. INTRODUCTION – THE CONTEXT

The Council of Governors is required to establish a committee to carry out specified functions relating to:
- the assessment, shortlisting and selection for interview of candidates for the role of the Trust Chair and Non-Executive Directors; and making recommendations to the Council of Governors as to potential candidates for appointment as Trust Chair or other Non-Executive Director;
- the performance monitoring of the Trust Chair and other Non-Executive Directors and making reports in relation to the same to the Council of Governors;
- the review of the structure, size and composition of the Board and making any recommendation to the Council of Governors; and
- the consideration of the remuneration and allowances and other terms and conditions of office of the Trust Chair and Non-Executive Directors; and making recommendations to the Council of Governors.

NREC is to be comprised of one Governor from each of the three publicly elected constituencies, one staff Governor and one appointed Governor. (If the Lead Governor is not one of the Governors nominated by constituency, the Lead Governor is automatically co-opted to NREC as a member).

Under NREC's Terms of Reference (a copy of which are attached at Appendix 1), Governors comprising NREC are nominated by constituency. Where there is more than one nomination, a ballot of that constituency will take place.

A vacancy as a member of NREC has arisen for each of the Poole and staff Governor constituencies.

2. TERM OF MEMBERSHIP OF NREC

For each of such vacancies referred to above (Poole and staff Governor), the term of membership of NREC shall end upon the earlier of (i) three years ; and (ii) such Governor ceasing to be a member of the Council of Governors.
However, if successfully nominated to be a member of NREC for a further term, the maximum permitted term of office will be as provided for in NREC's Terms of Reference.

3. PROCESS

The process proposed is as follows:

- The Company Secretary Team will request on 27 January 2023 expressions of interest from Governors in the Poole and staff Governor constituencies together with a short statement (250 words maximum) on why such Governors expressing interest consider that they would be a suitable member of NREC.
- All expressions of interest, and accompanying short statements must be received by email to the Company Secretary Team mailbox (company.secretary-team@uhd.nhs.uk) by no later than 12 noon on 2 February 2023.
- All emailed expressions of interest and accompanying statements received will be acknowledged by a member of the Company Secretary Team.
- A member of the Company Secretary Team will circulate by email all statements received to the constituency members from where the expression of interest has been received.
- If only one expression of interest is received from a constituency in which there is a vacancy, then such Governor shall be deemed to have been nominated by that constituency for the relevant vacancy.
- Should there be more than one expression of interest received within an individual constituency, a ballot will be held.

- Where a ballot is held, only those Governors within the same constituency will be eligible to vote. Voting will open on 3 February 2023 and will close at 12 noon on 10 February 2023 (or such other dates allowing for a period of voting of five working days as shall be notified by the Company Secretary Team).
- In the event of the ballot resulting in a tie, the Trust Chair will have the deciding vote.
- The result of the ballot will be emailed to the Council of Governors and will be reported formally at the next Council of Governors meeting.
- Candidates will be able to withdraw from the process at any time.
- Any expressions of interest or ballot votes received outside of the dates and times referenced above will not be valid.

APPENDIX 1
NOMINATIONS, REMUNERATION AND EVALUATION COMMITTEE TERMS OF REFERENCE

1. CONSTITUTION

1.1 The Nominations, Remuneration and Evaluation Committee is a sub-committee of the Council of Governors.

1.2 The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to:

   i) The evaluation of the performance of the Chairman and Non-Executive Directors.

   ii) The remuneration, allowances and other terms and conditions of office for the Chairman and Non-Executive Directors.

   iii) The composition of the Board of Directors and the skill mix of the Non-Executive Directors.

   iv) The recruitment process for the selection of candidates for the office of Chairman or other Non-Executive Directors.

   v) The consideration of the continuing tenure of absentee Governors.

1.3 The Nominations, Remuneration and Evaluation Committee will produce an Annual Report on its own work.

2. MEMBERSHIP

2.1 The Chairman of the Trust, or in his absence, the Vice Chairman is to preside at meetings of the Nominations, Remuneration and Evaluation Committee. If the Chairman is absent from a meeting or temporarily absent on grounds of a declared interest the Vice-Chairman shall preside. If the Chairman and Vice-Chairman are absent, such Non-Executive Director as the Governors present shall choose shall preside. The Committee will comprise of three public governors, one appointed governor and one staff governor (the Constituencies).

2.2 Governors comprising the Committee will be nominated by constituency. Where there is more than one nomination a ballot of that constituency will take place. The term of office will be for a 3-year term with a permitted maximum of 2 x 3-year terms.

2.3 If the Lead Governor is not one of the Governors nominated by constituency, then the Lead Governor will automatically be co-opted to the Committee as a member. The term of office will coincide with such person holding the role of Lead Governor.

2.4 In discharging its responsibilities, the Chief Executive of the Trust will be entitled to attend the meeting of the Committee unless the Committee decides otherwise, and the Committee will be required to take account of the Chief Executive's views.

2.5 For the appointment of Chairman to the Trust the Committee will seek the services of an Independent Assessor.

2.6 For all appointments and matters relating to remuneration the Committee will seek advice from the professional human resources services of the Trust who may in turn look for professional external support.

3. FREQUENCY

3.1 The Committee will meet two times a year. Additionally, if required for Chairman/Non-Executive Director appointments.

3.2 Following consultation by the Chairman, additional meetings may take place in   electronic   format (email, telecommunication).

4. QUORUM

4.1 The quorum is at least three members present (or contributing to an electronic forum), one of whom must be a publicly elected Governor.

5. AUTHORITY

5.1 The Committee is authorised by the Council of Governors to carry out any activity within its Terms of Reference.

6. REPORTING MECHANISM

6.1 Minutes of each Committee will be formally recorded and submitted to the Council of Governors.

6.2 The Chairman should draw to the attention of the Council of Governors any matters relevant to the Committee's duties.

7. PROCESS

7.1 The Committee will:

i) on an annual basis monitor the performance of the Chairman and other Non-Executive Directors and make reports thereon to the Council of Governors when requested to do so by the Lead Governor or when in the opinion of the Nominations, Remuneration and Evaluations Committee the results of such monitoring ought properly to be brought to the attention of the Council of Governors.

ii) consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chairman and Non-Executive Directors.

iii) review the composition of the Board of Directors and the skill mix of the Non-Executive Directors from time to time.

iv) determine the processes for the selection of candidates for office as Chairman or other Non-Executive Director of the Trust having first consulted with the Board of Directors as to these matters and having regard to such views as may be expressed by the Board of Directors.

v) using the Trust's HR Services to seek candidates for office and to assess, shortlist and select for interview such candidates as are considered appropriate and in doing so the Nominations, Remuneration and Evaluations Committee shall be at liberty to seek advice and assistance from persons other than members of the Committee or of the Council of Governors such as external organisations recognised as experts in recruitment and remuneration.

vi) to make recommendations to the Council of Governors of the candidate for appointment as Chairman or other Non-Executive Directors, as the case may be.

8. REVIEW

8.1 The Terms of Reference will be reviewed in July 2023 or at the request of the Council of Governors by the Committee making recommendations to the Council of Governors as appropriate.

APPENDIX 2
UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
NOMINATIONS, REMUNERATION AND EVALUATION COMMITTEE
ANNUAL GOVERNANCE CYCLE

REGULAR REPORTS	LEAD
Nominations, Remuneration and Evaluation Committee Minutes	Chair

QUARTERLY REPORTS	QUARTER	LEAD
Nominations, Remuneration and Evaluations Committee to agree report on its own work for past year.	Q1 (April)	Chair
Consider recommendation to July 2023 Council remuneration and allowance of Trust Chair and Non-Executives payable from 1 April 2023.	Q1 (April)	Chair
Consider outcome of Trust Chair and Non-Executive Directors' previous year's performance evaluation for recommendation to Council of Governors to agree at its July 2023 meeting.	Q2 (July)	Chair
Consider the Nominations Remuneration and Evaluation Committee's Governance Cycle to present to the Council of Governors at its January 2024 meeting.	Q3 (October)	Company Secretary
Agree methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation (previously agreed).	Q4 (January)	Chair

AD-HOC REPORTS	LEAD
Trust Chair and Non-Executive Director Appointments	Chair
Consider the continuing tenure of absentee Governors.	Chair
Review the composition of the Board of Directors and the skill mix of the Non-Executive Directors [every 3 years]	Chair

October 2022

COUNCIL OF GOVERNORS – PART 1 MEETING

Meeting Date: 26 January 2023

Agenda item: 7.3

Subject:	Council of Governor Groups
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☒ Be a great place to work ☒ Use resources efficiently ☒ Be a well led and effective partner ☒ Transform and improve ☒
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Review and Discussion
Executive Summary:	The Council of Governors ("Council") is asked to consider, review and discuss the remit of existing informal groups and new informal groups it may wish to establish to support the performance by the Council of its duties and responsibilities and as part of its forward development plan.
Background:	A key purpose of Council of Governor groups can be to develop a successful model of best practice for the way in which Governors (and in some cases directors of the Trust) work together, while at the same time respecting their different roles to enable the Trust to provide high quality healthcare to its patients. At its April 2022 Development Session, the Council discussed the roles and responsibilities of Governors and the distinction between these and Non-Executive Director roles. The roles and responsibilities of Governors was also covered at the Governor induction held in January 2023, at which it was positive to see not only new Governors but also a high number of existing Governors. Opportunity with Governor groups There is an opportunity with the Governor groups:

- To provide an inclusive framework, helping Governors carry out their roles and responsibilities as effectively as possible;

- To encourage Governors, to the extent they are willing and able, to be engaged in the work of the Trust;

- To support the Trust in considering its approach to responding to the interests of members of the Trust as a whole and the interests of the public;

- To facilitate newly elected Governors becoming involved with the work of the Council.

Existing Governor groups
The Council currently has two informal groups, the Membership Engagement Group and Quality Group (with its Strategy Group having been dissolved in 2022).

Effectiveness/development and training
Among the responsibilities of the Council are inputting into the Trust's forward plan. Previously, under its Terms of Reference, the Strategy Group was a forum for discussion on matters relating to the strategic direction of the Trust, the development of forward plans and any significant changes to delivery of the Trust's business plans. With the dissolution of the Strategy Group, there is an opportunity for the Council to consider the forum through which it will discuss the forward plans and provide input on those.

Feedback from Governors has included reflection upon:
- The importance of Governors working collectively as a team, with this having been more challenging during the pandemic and with limitations on in person meetings;

- The opportunity for the Council's body of work to align more closely to the Trust's holistic strategy;

- The opportunity for the Council to construct a new development plan to further equip Governors.

Governors may want to consider whether these could be best taken forward through an informal effectiveness group.

Constitutional Review
The Trust's Constitution is to be reviewed by October 2023. Following on from previous discussions about the approach to Governor engagement in this, the Council may want to consider whether this could be best taken forward through an informal Constitution review group.

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	Quality Group One approach at certain other Trusts is to have a "patient experience" group either standalone or as part of a Council of Governors' Quality Group (with the Trust's Lead Governor having had exploratory discussions with one such foundation trust about their approach). The Trust currently has a Patient Experience Group (this is not a Council of Governors group). Following discussion between the Chief Nursing Officer, Associate Director of Corporate Governance and Head of Patient Experience, in consultation with the Trust Chair, it has been proposed that the Patient Experience Group provide to the Council a program of events with which Governors could become involved – as part of their broader public engagement - for consideration. This will be shared with the Council once available. Public and Member Engagement Under its Terms of Reference, the existing Membership Engagement Group is a forum for discussion on membership engagement, development and recruitment and to oversee and review the Membership Strategy on behalf of the Council of Governors. At its last meeting, the Membership Engagement Group had a preliminary discussion about whether the scope of its remit should be expanded, taking account of the role of wider public engagement (including system working) and the ongoing transformation journey within the Trust. Potential opportunities with the establishment of the new Population Health and System Committee (being a Board Committee) were also discussed. Stephen Mount, one of the Trust's Non-Executive Directors (NED), has recently agreed to accept the role of Listening to Feedback NED. The scope and responsibilities of this role will evolve, with the Council being further informed about this in due course. This is a separate and distinct role from that performed by the Patient Advice and Liaison Service. Principles for Group membership Following definition of the groups, it is proposed that principles be agreed by the Council in relation to the approach to membership of such informal groups (including duration, process for allocation of membership, number of groups of which Governors can be members).
Key Recommendations:	The Council of Governors is asked to consider, review and discuss: • Informal reference groups that it may wish to establish to support the discharge of its duties and responsibilities, including through making

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	recommendations to and advising the Council; and	
	• The scope of such informal reference groups.	
	It is proposed that this be the focus of a Council of Governors Development Session.	
Implications associated with this item:	Council of Governors	☒
	Equality and Diversity	☐
	Financial	☐
	Operational Performance	☐
	People (inc Staff, Patients)	☐
	Public Consultation	☒
	Quality	☒
	Regulatory	☒
	Strategy/Transformation	☒
	System	☒
CQC Reference:	Safe	☐
	Effective	☐
	Caring	☐
	Responsive	☐
	Well Led	☒
	Use of Resources	☐

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
None	N/A	

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

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		28 April 2022	28 July 2022	20 September 2022	27 October 2022
Present	Rob Whiteman	N/A	In attendance	In attendance	In attendance
	Philip Green	In attendance	In attendance	N/A	N/A
	Paul Hilliard	A	A	In attendance	In attendance
	Beryl Ezzard	In attendance	A	In attendance	A
	Diane Smelt	In attendance	In attendance	In attendance	In attendance
	Jonathan Babb	In attendance	A	N/A	N/A
	Judith Adda	In attendance	A	A	In attendance
	Keith Mitchell	In attendance	In attendance	A	In attendance
	Marjorie Houghton	In attendance	In attendance	In attendance	In attendance
	Sharon Collett	In attendance	In attendance	In attendance	In attendance
	Carole Light	In attendance	In attendance	A	In attendance
	Richard Allen	Not in Attendance	Not in Attendance	Not in Attendance	Not in Attendance
	Robin Sadler	In attendance	A	A	Not in Attendance
	Sandra Wilson	In attendance	In attendance	In attendance	In attendance
	Andrew McLeod	In attendance	In attendance	In attendance	In attendance
	David Triplow	A	In attendance	A	In attendance
	Michele Whitehurst	In attendance	In attendance	In attendance	In attendance
	Patricia Scott	A	In attendance	A	In attendance
	Richard Ferns	A	In attendance	In attendance	Not in Attendance
	Robert Bufton	In attendance	In attendance	In attendance	In attendance
	Marie Cleary	In attendance	In attendance	A	In attendance
	Cameron Ingham	In attendance	N/A	N/A	N/A
	Markus Pettit	In attendance	A	A	Not in Attendance
	Kani Trehorn	In attendance	In attendance	In attendance	Not in Attendance
In Attendance	Karen Allman	In attendance	In attendance	In attendance	N/A
	Yasmin Dossabhoy	In attendance	In attendance	In attendance	N/A
	Ewan Gauvin	In attendance	N/A	N/A	In attendance
	Peter Gill	N/A	N/A	N/A	In attendance
	Andrew Goodwin	N/A	N/A	N/A	In attendance
	Siobhan Harrington	N/A	In attendance	N/A	In attendance
	Sarah Locke	In attendance	In attendance	In attendance	In attendance
	Judith May	N/A	N/A	N/A	In attendance
	Richard Moreman	N/A	In attendance	N/A	N/A
	Mark Mould	In attendance	In attendance	N/A	N/A
	Alyson O'Donnell	In attendance	N/A	N/A	N/A
	Pete Papworth	In attendance	In attendance	N/A	N/A
	Richard Renaut	N/A	In attendance	N/A	N/A
	Paula Shobbrook	N/A	In attendance	N/A	In attendance
	Caroline Tapster	N/A	In attendance	N/A	N/A
	Matt Thomas	N/A	In attendance	N/A	N/A

Key

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