



University Hospitals Dorset
NHS Foundation Trust

**University Hospitals Dorset NHS Foundation
Trust**

Council of Governors Meeting – Part 1

Thursday 26 October 2023

16:30 – 18:00

Boardrooms, Poole 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 Part 1 will be held at 16:30 on Thursday 26 October 2023 in the Boardrooms at Poole Hospital and via Microsoft Teams.

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

Rob Whiteman
Trust Chair

AGENDA – PART 1 PUBLIC MEETING

16:30 on Thursday 26 October 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 July 2023 and 28 September 2023	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's Update	Verbal	Information	CEO
16:50	5	PERFORMANCE AND RISK			
	5.1	Integrated Quality, Performance, Workforce, Finance and Informatics Report	Paper	Information	Chief Officers
	5.2	Quality Account (six-month review)	Verbal	Information	CNO
	5.3	Annual Patient Experience Report	Paper	Information	CNO
17:10	6	GOVERNANCE			
	6.1	Report on Annual Members' Meeting	Verbal	Information	Chair
	6.2	Trust Constitution – extension of review period	Paper	Approval	Chair
	6.3	Council of Governors' Meeting Dates 2024	Paper	Approval	Chair

17:30	7	COMMITTEES AND GOVERNOR GROUPS UPDATE			
	7.1	Council of Governor Groups Terms of Reference <ul style="list-style-type: none"> • Constitution Review Group • Membership and Engagement Group • Effectiveness Group • Quality Group 	Paper	Approval	Chair
	7.2	Membership of the Council of Governor Groups	Paper	Approval	Chair
	7.3	Feedback from Nominations, Remuneration and Evaluation Committee (NREC)	Verbal	Information	Chair
	7.4	Feedback from Governor Observers	Verbal	Information	Governor Observers
	7.5	HealthWatch Dorset	Verbal	Information	Health Watch
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: Thursday 11 January 2024 at 16:30 in the Boardrooms at Poole Hospital and via Microsoft Teams			

* late paper

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

Items for Next Council of Governors Part 1 Agenda

Standing Reports

- Integrated Performance Report
- Feedback from the Nominations, Remuneration and Evaluation Committee
- Updates from the Council of Governor Groups
- Feedback from Governor Observers

Annual Reports

- Council of Governors' Assessment of Collective Performance
- Board Assurance Framework (six monthly report)

Ad Hoc Reports

- Statement on Engagement with the Board of Directors
- Process for Lead and Deputy Lead Governors

Reading Room Materials

Integrated Performance Report (*Agenda Item 5.1*)

AGENDA – PART 2 PRIVATE MEETING

18:15 on Thursday 26 October 2023

Time		Item	Method	Purpose	Lead
18:15	11	Welcome, Introduction, Apologies & Quorum	Verbal		Chair
	12	Declaration of Interests	Verbal		Chair
18:20	13	MINUTES			
	13.1	For Accuracy and to Agree: Minutes of Council of Governors Meeting held on 27 July 2023	Paper	Approval	Chair
	13.2	Matters Arising – Action List	Paper	Review	Chair
18:30	14	GOVERNANCE			
	14.1	Annual Effectiveness of External Audit Process	Paper	Approval	CFO
	14.2	Update from the Part 2 meeting of the Board of Directors held on 25 October 2023	Verbal	Information	Chair
	14.3	Feedback from meeting of the Nominations, Remuneration and Evaluations Committee (NREC)	Verbal	Information	Chair
	14.4	Feedback from Governor Observers	Verbal	Information	Governor Observers
18:50	15	Any Other Business	Verbal		Chair
	16	Reflections on the Meeting	Verbal		Chair
19:00	17	Date of Next Council of Governors Meeting: Thursday 11 January 2024 at 18:15 in the Boardrooms at Poole Hospital and via Microsoft Teams			

* late paper

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

Items for Next Council of Governors Part 2 Agenda:

Standing Items

- Update from the Part 2 meeting of the Board of Directors
- Feedback from the Nominations, Remuneration and Evaluation Committee
- Feedback from Governor Observers

Annual Item

- Annual External Audit Plan

Reading Room Materials

List of abbreviations:

Officer titles

CEO – Chief Executive Officer
CNO – Chief Nursing Officer

CFO – Chief Finance Officer
CoSec – Company Secretary Team

Other abbreviations

CDEL – Capital Delegated Expenditure Limit
CIP – Cost Improvement Programme
ED – Emergency Department
HSMR – Hospital Standardised Mortality Ratio
ICB – Integrated Care Board
ICS – Integrated Care System
IPR – Integrated Performance Report
ITU – Intensive Therapy Unit
MSG – Mortality Surveillance Group
NHSE/I – NHS England/Improvement
#NOF – Fractured neck of femur
NRTR – No reason to reside
OPEL – Operational Pressures Escalation Levels
RTT – Referral to Treatment
SDEC – Same Day Emergency Care

SHMI – Summary Hospital-Level Mortality Indicator
SMR – Standardised Mortality Ratio
SWAST – South West Ambulance Service NHS
Foundation Trust

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS PART 1

Minutes of the meeting of the Council of Governors held on Thursday 27 July 2023 at 16:30 via
Microsoft Teams

Present:	Rob Whiteman	Trust Chair (<i>Chair</i>)
	Lesley Baliga	Public Governor: Poole and Rest of Dorset
	Mandi Barron	Appointed Governor: Bournemouth University
	Robert Bufton	Public Governor: Poole and Rest of Dorset
	Sharon Collett	Public Governor: Bournemouth, Lead Governor
	Sue Comrie	Appointed Governor: Volunteers Service
	Steve Dickens	Public Governor: Christchurch, East Dorset and Rest of England
	Beryl Ezzard	Appointed Governor: Dorset Council
	Rob Flux	Staff Governor: Staff, Admin and Management
	Marjorie Houghton	Public Governor: Bournemouth
	Susanne Lee	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
	Jeremy Scrivens	Public Governor: Christchurch, East Dorset and Rest of England
	Diane Smelt	Public Governor: Bournemouth
	Kani Trehorn	Staff Governor: Nursing and Midwifery
	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 (<i>left at CoG 073/23</i>)
	Yasmin Dossabhoy	Associate Director of Corporate Governance
	Judy Gillow	Non-Executive Director
	Duncan Laird	Senior Manager, KPMG, External Auditor (<i>for item CoG 067/23</i>)
	Sarah Locke	Deputy Company Secretary (<i>minutes</i>)
	Helena McKeown	Non-Executive Director (<i>left at CoG 080/23</i>)
	Mark Mould	Chief Operations Officer (<i>left at CoG 077/23</i>)
	Pete Papworth	Chief Finance Officer (<i>left at CoG 080/23</i>)
	Sharath Ranjan	Non-Executive Director
	Richard Renaut	Chief Strategy and Transformation Officer (<i>left at CoG 073/23</i>)
	Paula Shobbrook	Chief Nursing Officer
	Caroline Tapster	Non-Executive Director (<i>joined from CoG 065/23</i>)
	Peter Wilson	Chief Medical Officer (<i>left at CoG 081/23</i>)
	Klaudia Zwolinska	Corporate Governance Assistant
Public attendees:	1 member of the public attended	

CoG 059/23	<p>Welcome, Introductions, Apologies & Quorum</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies were received from the following members:</p> <ul style="list-style-type: none"> • Carrie Stone, Public Governor for Poole and Rest of Dorset • Markus Pettit, Staff Governor: Estates and Facilities <p>The meeting was declared quorate.</p>
CoG 060/23	<p>Declarations of Interest</p> <p>It was noted that Judy Gillow would withdraw from the meeting for item 6.7 – Consultation in Relation to Senior Independent Director (SID).</p> <p>No other existing interests in the matters to be considered were declared. In addition, no further interests were declared.</p>

CoG 061/23	<p>For Accuracy and to Agree: Minutes of the Part 1 meeting of the Council of Governors Meeting held on 27 April 2023</p> <p>The minutes of the Council of Governors Meeting Part 1 held on 27 April 2023 were APPROVED as an accurate record.</p>
CoG 062/23	<p>Matters Arising – Action List</p> <p>All actions were noted to have been completed.</p>
CoG 063/23	<p>Chair's Update</p> <p>Rob Whiteman informed the Council of Governors (the Council) that the workforce was a vital issue for the NHS and that it was positive that NHS England had developed the NHS Workforce Plan. The Integrated Performance Report (IPR) stated that the turnover rate within the Trust was at 13.4% and the vacancy rate was at 6.6%, reflecting the significant recruitment activity levels.</p> <p>The financial position remained a challenge across the NHS, nationally and locally, and as outlined in the IPR, the Trust had reported a deficit of £7.3m for quarter one.</p> <p>The barn theatres on the Poole site were opened by the first patient to have used them and had also been attended by the Deputy Lieutenant and the Deputy Mayor.</p> <p>Rob Whiteman outlined that he continued to visit services across the Trust, attend integrated care partnership meetings, meet other Chairs across the system and chair the appointment panels for consultant recruitment.</p> <p>Robert Bufton raised that he had previously asked about the single point of failure of the fans in the barn theatres but had yet to receive a response. Yasmin Dossabhoy referred to the response included within the action list.</p>
CoG 064/23	<p>Chief Executive Update</p> <p>Paula Shobbrook provided the Chief Executive update on behalf of Siobhan Harrington. She thanked Sharon Collett on behalf of the Board for the update provided at the Board of Directors Part 1 meeting held on 26 July 2023. It was positive to hear about all the activities carried out by the Council and the collaborative working across the Trust and the system about expanding the representation of Trust Members.</p> <p>At the Board of Directors Part 1 meeting, the Board had endorsed the 'See Me First' campaign. The Board encouraged staff to pledge to promote equality, diversity and inclusivity and to end racism and discrimination in the workplace. Those staff that pledged received a See Me First badge. The Board had also fully supported the anti-racism statement within the Chief Executive's report¹ in the Board Part 1 papers.</p> <p>There had been high demand across the Trust for services, which had been impacted by the recent junior doctor and consultant strikes. Further industrial action had been announced for August 2023. Throughout the increased pressures and industrial action, the focus remained on patient safety.</p> <p>Paula Shobbrook also highlighted the following:</p> <ul style="list-style-type: none"> • Winter planning with system partners had commenced. • The UHD Charity Team helped to organise the Big Tea event to celebrate the NHS 75th anniversary. • The Council had previously received the annual objectives linked with the Patient First initiative. • The Board Assurance Framework (BAF) would be presented at the meeting (page 50 of the meeting materials), and the Board had set the strategic objectives. The purpose of the BAF was to bring together the risks to the Board's strategic objectives. • There would be a cost increase for staff parking. The Executive team were very conscious of the impact of this, particularly on the staff in lower

¹ The papers for the Board Part 1 are on the Trust website, <https://www.uhd.nhs.uk/about-us/our-performance> July 2023 Board Pack, Page 23 of the meeting materials.

	<p>bands. Reinvestment in public transport opportunities for staff would come from parking revenue.</p> <p>Rob Whiteman added that the Trust cultural day had been a great success. There was greater ethnic diversity within the Trust's staff than in the local community, and he emphasised that the Trust respected different backgrounds and cultures. Rob Whiteman shared his personal experience of celebrating culture within the community whilst working in London. He underlined that staff were tremendous assets and that it was unacceptable for them to feel unwelcome or not appropriately treated by colleagues. He expressed his thanks to the Governors for their support at the event.</p> <p>Diane Smelt added that the excellent UHD choir that had sung at the cultural day would also be singing at the Governor Christmas event.</p> <p>Rob Flux shared the views of staff that he had received around the increase in staffing without the parking infrastructure to support this. Richard Renault outlined that there would be a series of "trolley dashes" handing out information about the current transport options and those for the future. He suggested that staff Governors be involved with the "trolley dashes" with a planning workshop scheduled for September 2023. An additional 600 car parking spaces were allocated at the Littledown Centre and the contractor's car park.</p> <p>Concerning the 'See Me First' trolley dashes, Kani Trehorn had visited the Maternity and Emergency Department gaining approximately 40 pledges and questioned whether it would be suitable for other Governors to participate alongside a staff member. She shared her support for the campaign and suggested a Trust definition for the term "racism". She shared her personal experience, and those from other staff members, of examples of racism that staff perceived as "normal". Paula Shobbrook proposed for the Organisational Development Team to include Governors on the trolley dashes. She also added how saddened she was to hear that experiences of racism were "normal". Karen Allman informed the Council that the team, and staff networks, were developing a Trust definition but it was challenging due to individual and personal experiences and therefore having staff share their personal experiences would be valuable.</p> <p>Marjorie Houghton raised that there were also a proportion of patients and visitors on low income who also find the increase in car parking charges difficult. Richard Renault confirmed that the car parking charges for visitors were not currently increasing, and these were only relevant to staff parking charges; the staff parking prices were comparable with other trusts. He advised that there were specific claim-back rules for visitors on lower incomes. The Trust was researching improved car parking systems that would be fairer, more consistent, with fewer issues. The Trust managed the car parking; therefore, all revenue was reinvested into the Trust with no profit going to external companies.</p> <p>The Council of Governors NOTED the Chief Executive Update.</p>
CoG 065/23	<p>Integrated Quality, Performance, Workforce, Finance and Informatics Report</p> <p>Mark Mould presented the operational performance section of the IPR:</p> <ul style="list-style-type: none"> • It had been a busy period with a 3-day junior doctor industrial action, • There were no alerts raised to the Board and three advisory areas; <ul style="list-style-type: none"> ○ The 4-hour standard was slightly off trajectory due to the implementation of the new IT system across the Poole and Bournemouth sites. This would provide a single electronic system, removing all paper processes, which enabled planning for the emergency hospital in two years. It was noted that Dorset County Hospital had taken 4-5 weeks to return to usual performance levels following a similar IT system replacement. ○ There had been a reduction in elective patients waiting over 78 weeks. The ability to reduce the number of patients on the waiting list further had been impacted by the decrease in capacity due to the industrial action. ○ The number of patients waiting for transfer to theatre with a fractured neck of femur (#NOF) had increased. There was an increase in #NOF

	<p>presentations during June 2023, and there was also a backlog. The barn theatres opened, and activity there was increasing. The surgical team were unable to respond to variation and demand in trauma. A piece of work around capacity and workforce was being completed.</p> <ul style="list-style-type: none"> • Progress on diagnostics continued, but capacity and workforce remained a challenge. Given the current situation, the team did incredibly well in maintaining performance across diagnostic standards. <p>Steve Dickens asked what had been done to improve the performance against the 4-hour target without waiting for the IT system to have an impact. Mark Mould confirmed that the teams were not waiting for the impact of the IT system to enhance on the performance against the target but added that the effects of the implementation of the IT system would take around 4-5 weeks. There was a trajectory plan to increase the performance against the standard; however, the gaps in staffing remained.</p> <p>Diane Smelt queried whether the diagnostic services being provided outside the Trust setting were monitored and aligned with the Trust standards. Mark Mould explained that community diagnostics were a national strategic development. Funding had been allocated to the Dorset system to expand diagnostic settings. All providers were expected to operate at Trust standards as the Trust provided the service. The Trust were also working with AECC university college for providing MRI services and collaborating to develop the workforce for the future.</p> <p>In relation to ambulance wait times, Susanne Lee asked if there were any further updates. Mark Mould referred to the IPR, highlighting that performance had improved since February but had been stable since June 2023. The ambulance handover standard linked to the 4-hour organisational standard in that patients could not be moved through the Trust, and therefore achievements against both standards were impacted.</p> <p>For Medically Ready to Leave (MRTL) patients, the Integrated Care Board (ICB) had reduction targets of 30% in quarter one and a 50% reduction in quarter two. Keith Mitchell asked whether the performance at the Trust needed to be enhanced or if the targets were unrealistic. Mark Mould agreed that, as a system, the reduction target had not been met but stated that there had been significant investment in community settings from the ICB and that flow out of the Trust had improved. More recently, community settings were also at total capacity. The gaps in the workforce required for Dorset Healthcare to provide community services impacted the flow of patients out of the Trust. A meeting was held with the national discharge team to discuss the work across the ICB, which had been very positive. Although the system had not achieved the 30% reduction, a plan going into the winter period provided the national team with confidence. However, they required assurance of data accuracy internally and across the system.</p> <p>Referring to the patient story shared at the Board meeting on 26 July 2023, Sharon Collett asked what support was available for patients at home, particularly around digital innovation. Mark Mould reminded the Council of the £3m investment for the system (£2m to the Trust) into virtual wards. Sixteen patients were being supported out of hospital settings across respiratory, elderly care and paediatric services. A range of technology was available to support patients at home, so teams needed to ensure they used the right ones for the right patients. Marjorie Houghton added that the responsibility for this was for all partners across the system, with which Mark Mould agreed.</p> <p>Paula Shobbrook presented the Quality section of the report, highlighting:</p> <ul style="list-style-type: none"> • There had been an increase in C. difficile cases and MSSA (Methicillin-resistant Staphylococcus aureus) in the Trust within community settings and across England. Work with the ICB and the system had already taken place, and cases had been reviewed internally and linked with partners nationally. • The number of falls rated moderate was raised at the previous Board meeting. She worked with Peter Wilson and the ward teams on incident reporting and patient outcomes. A report would be brought back to the
--	---

	<p>Quality Committee outlining the work undertaken and a trajectory for reducing the number of falls.</p> <ul style="list-style-type: none"> • A nurse consultant for infection control had been appointed. and an interview had been arranged for a joint associate professor of clinical practice with the University, enhancing the clinical nurse faculty to focus on the fundamentals of care. • The 55-day response rate for complaints had not been met. Work to map the trajectory of improvement had started. A recovery plan would be brought back to the Quality Committee, aiming to have less than ten complaints over the 55-day response rate by October 2023. • The maternity incidents on call bells evidenced a good reporting culture. The team had put remedial actions into place, working with the company that had installed the call bells, which had resolved the issues. • A high number of stillbirths were reported, which had been reviewed internally with no concerns raised to the Board. Paula Shobbrook had been working closely with the Director of Midwifery of the ICB, who had appointed the Somerset Team to review from an additional perspective. <p>Karen Allman presented the Workforce segment of the IPR, highlighting:</p> <ul style="list-style-type: none"> • Since the IPR had been written, the General Medical Council announced further strike action for junior doctors from Friday 11 August – Tuesday 15 August 2023. • The Health and Safety Group discussed that the mandatory training compliance had nearly achieved the 90% target. There were new training modules to be added to the mandatory training requirements, such as Learning Disability for patient facing employees. • The Trust were featured in an NHS Providers national article on sharing best practice for international nurses. The work with the international nurses was seen as 'being positive and supportive'. <p>From the Finance section of the IPR, Pete Papworth informed the Council:</p> <ul style="list-style-type: none"> • It was a very challenging financial position for the Trust and, at the end of quarter one, it was £2.9m off plan. • Although a considerable amount of work was happening to close the deficit, there were three key issues affecting the Trust: energy cost inflation, the cost of industrial action and the additional escalation beds due to operational pressures. • There had been a focus on agency spending and a significant reduction of off-framework agency spending, but the position remained challenging. <p>Keith Mitchell asked Paula Shobbrook whether the Board had looked at trends for the increase in infection control cases. He also enquired if there was any further update on support for staff Governors from Karen Allman.</p> <p>Paula Shobbrook explained that there was a post-infection review process. The themes included a timely sampling of stool specimens, and national themes included appropriate antibiotic prescribing.</p> <p>Karen Allman reported that staff Governors could be backfilled, which had been discussed with Executive colleagues. She had agreed with Yasmin Dossabhoy to look at doing things differently and learn lessons from staff and union representatives. Rob Whiteman said he would have further conversations with the Chief Executive and Karen Allman about improving support to staff Governors and would update at a future meeting.</p> <p>ACTION: To discuss further opportunities to support staff Governors and provide an update at a future meeting. Rob Whiteman</p> <p>Reminding the Council of the Governor elections due to take place later in the year, Yasmin Dossabhoy recognised Rob Flux and Kani Trehorn for having been keen advocates to promote opportunities within the Trust for the staff Governors. She provided reassurance of work completed or arranged, including trialling attendance at Council meetings, staff Governors featuring on a podcast and other</p>
--	--

	<p>promotions, events had taken place, and the staff Governors and the Freedom To Speak Up Guardian had visited wards and departments to promote the role.</p> <p>Rob Flux added that Klaudia Zwolinska had updated the staff Governor's notice board on the Bournemouth site near the Shelley restaurant. They were now full of information on who the staff Governors were, how they became staff Governors and contact details. Other staff members had already approached him about the board. He expressed his privilege of being nominated as a staff Governor and was keen to share that with other staff members where possible.</p> <p>Sandy Wilson raised that the Council of Governors' internet page appeared to need updating regarding the vacancies and there was a video from a previous staff Governor still displayed. Sarah Locke responded that she had updated the vacancies. She acknowledged that, notwithstanding this, the information needed to further reflect the current year and that she would undertake further work on the website.</p> <p>ACTION: To update the Governors' website to reflect the 2023 calendar year, including new videos from Governors. Sarah Locke</p> <p>The Council of Governors NOTED the Integrated Quality, Performance, Workforce, Finance and Informatics Report.</p>
CoG 066/23	<p>Trust's Annual Report and Accounts</p> <p>Introducing the Trust's Annual Report and Accounts, Pete Papworth summarised that the Annual Report was a very good document that set out a balanced view of the Trust, the performance over the previous year particularly regarding performance aspects and engagement activities. The annual accounts, at the back of the report, had been considered at the joint Finance and Performance and Audit Committee meeting where they had been scrutinised. Along with the external auditors' report, they had been recommended to the Board of Directors for approval. Following approval by the Board, the annual report and accounts had been laid before Parliament.</p> <p>The Council of Governors NOTED the Trust's Annual Report and Accounts.</p>
CoG 067/23	<p>External Auditors Annual Report on the Annual Report and Accounts</p> <p>Duncan Laird presented the External Auditors Annual Report on the Trust Annual Report and Accounts, highlighting:</p> <ul style="list-style-type: none"> • The document summarised the work completed over the previous months, culminating in the external auditor's opinion. • The opinion had been issued about a month previous, and similar to the Trust annual report and accounts, the external auditor's annual report had also been laid before Parliament. • External auditors review and audit the financial statements prepared by the Finance Team in order to ensure that they are materially accurate. They also reviewed 'value for money' which looked at the arrangements that the Trust had in place to manage its business by reviewing; <ul style="list-style-type: none"> ○ Financial sustainability ○ Governance aspects ○ Economy, efficiency and effectiveness • The auditors focussed on three of the most significant risks (as outlined on page 35 of the meeting materials); <ul style="list-style-type: none"> ○ Valuation of land and buildings ○ Fraudulent expenditure recognition ○ Management override of controls • There were no material adjustments to the accounts. • One recommendation had been made concerning the internal control framework, which had yet to be fully closed off from the previous year. • The value for money report outlined what had been reviewed by external auditors, including meeting minutes and discussions around financial challenges. The Trust had submitted a planned break-even position to NHS England through savings identified over the year, but a significant challenge remained in achieving this.

	<ul style="list-style-type: none"> No significant weaknesses around value for money were identified and no significant improvement observations were required. A clean audit opinion had been submitted. <p>Regarding the Going Concern report, Robert Bufton queried whether any additional comments were to be made given the economic climate and the budget deficit. Duncan Laird explained that the Going Concern report outlined the provision of services. Trusts were always considered a Going Concern unless there was an announcement from central government to cease providing services. The Trust Going Concern report was reviewed to ensure the finances were available for services provided.</p> <p>The Council of Governors NOTED the External Auditors Annual Report on the Annual Report and Accounts.</p>
CoG 068/23	<p>Summary of Operational Plan</p> <p>Richard Renaut introduced the Summary of the Operational Plan, highlighting that the entire plan was available on the Trust website. The focus was on the Trust vision and values translated into actions that had an effect on patients, staff and stakeholders.</p> <p>The Council of Governors NOTED the Operational Plan Summary.</p>
CoG 069/23	<p>Board Assurance Framework Annual Report (past year)</p> <p>Paula Shobbrook outlined that the Board Assurance Framework (BAF) had been closed off, and risks in quarter four had been identified.</p> <p>The Council of Governors NOTED the Board Assurance Framework Annual Report.</p>
CoG 070/23	<p>Board Assurance Framework (new year)</p> <p>Paula Shobbrook presented the Board Assurance Framework 2023/24, highlighting:</p> <ul style="list-style-type: none"> Objectives had been worked up through the Patient First approach. Risks had been identified against the constitutional standards, with clear outlines of the work to achieve these and the controls in place. The BAF would be monitored through Board Committees. Risks were reviewed, looking downward and upwards, which was a different way of working from previous years. Risks has been reviewed at the Board meeting on 26 July 2023, and a conversation was held about a specific risk relating to the Electronic Patient Record (EPR), which the Chief Informatics Officer would be developing. <p>Diane Smelt raised that the target to increase the Friends and Family Test response rates by 30% appeared ambitious and asked how this would be achieved given the challenges with staffing levels. Paula Shobbrook confirmed that the Trust had implemented electronic options, such as using a QR code. She also said the 'Have Your Say' questionnaire was a text message. These methods were promoted across the Trust, and objectives were shared.</p> <p>The Council of Governors NOTED the Board Assurance Framework for 2023/24.</p>
CoG 071/23	<p>Appointment of the Vice Chair</p> <p>Rob Whiteman informed the Council that Philip Green would be stepping down from his role of non-executive director and Vice Chair at the end of September 2023. He had served the Trust with distinction in both roles, demonstrated when he was Acting Chair from April until July 2022.</p> <p>The recommendation for the Vice Chair from October 2023 was for Cliff Shearman to be appointed. He was a former Professor of Vascular Surgery at Southampton University and a Trustee of the Royal College of Surgeons. As chair of the Quality Committee, and previously the Workforce and Strategy Committee and the Private Patients Strategy Committee, he demonstrated good skills to be appointed Vice Chair.</p>

	<p>Kani Trehorn questioned whether Cliff Shearman had provided his vision and objectives as Vice Chair. Rob Whiteman said the objectives would be discussed within the Part 2 meeting but outlined that they were not explicitly linked to being a Vice Chair. He emphasised that the role required an understanding of the Trust Chair role and to be available to chair the Council of Governors and the Board of Directors should it be required.</p> <p>Steve Dickens asked for clarification about whether Cliff Shearman would continue to chair the Quality Committee, which Rob Whiteman confirmed that he would.</p> <p>The Council of Governors APPROVED the appointment of Cliff Shearman as Vice Chair of the Trust as of 1 October 2023.</p>
CoG 072/23	<p>Consultation in relation to Senior Independent Director (SID)</p> <p><i>Taking account of her interest in the outcome of the consultation in relation to the Senior Independent Director, Judy Gillow left the meeting.</i></p> <p>Rob Whiteman explained that the Senior Independent Director role was to be appointed by the Board of Directors after consultation with the Council.</p> <p>Rob Whiteman recommended Judy Gillow for the position of SID. He provided a background to her experience; including six years as a non-executive director at Dorset County Hospital NHS FT, including a period as Vice-Chair. She had very strong communication skills and felt that there would be a good working relationship with the lead and deputy Governors.</p> <p>Caroline Tapster added that she demonstrated the experience and personal skills for the role and felt that Judy Gillow would be an ideal candidate.</p> <p>The Council of Governors ENDORSED Judy Gillow being appointed as Senior Independent Director role with effect from 1 October 2023.</p> <p><i>Judy Gillow rejoined the meeting.</i></p>
CoG 073/23	<p>Annual Audit Committee Report and Terms of Reference</p> <p>Stephen Mount, chair of the Audit Committee, could not be present at the meeting due to unexpected technological issues, and therefore Pete Papworth presented the Annual Audit Committee Report and Terms of Reference in his absence. He highlighted:</p> <ul style="list-style-type: none"> • The Committee's annual report had been considered and approved by the Audit Committee. • It had been agreed that the Committee delivered against the terms of reference, and the report outlined how this had been achieved. • There were no significant changes to the terms of reference other than the formatting alignment. <p>The Council of Governors NOTED the Annual Audit Committee Report and Terms of Reference.</p>
CoG 074/23	<p>Quality Account</p> <p>Paula Shobbrook introduced the Quality Account, outlining that it had been developed within a structured framework for the NHS. The quality priorities from the previous year and the achievement against those had been detailed. The looking forward section focused on the quality priorities related to the strategic objectives.</p> <p>There were several assurance statements related to areas of audit and ensuring oversight for quality.</p> <p>The Council of Governors NOTED the Quality Account.</p>
CoG 075/23	<p>Membership and Engagement Strategy Review</p> <p>Sandy Wilson summarised that a group had reviewed the proposed changes to the Membership and Engagement Strategy. The Membership and Engagement Group reviewed and agreed on those changes. She highlighted that the action plan required updating, emphasising that it would be flexible, measurable, effective and able to be benchmarked against others.</p>

	The Council of Governors APPROVED the Membership and Engagement Strategy, noting that the actions were to be added.
CoG 076/23	<p>Council of Governors' Informal Groups Terms of Reference</p> <p>There were no comments raised on the Council of Governors' Informal Groups Terms of Reference for the:</p> <ul style="list-style-type: none"> • Membership and Engagement Group • Quality Group • Effectiveness Group • Constitution Group <p>The Council of Governors APPROVED the Terms of Reference for the Informal Groups.</p>
CoG 077/23	<p>Feedback from Nominations, Remuneration and Evaluation Committee (NREC)</p> <p>Rob Whiteman explained that the NREC terms of reference had been discussed at the NREC meeting on 27 July 2023. There had been discussions around amending the composition which currently provided for representatives from the Governor constituencies, but it was agreed that this would remain the same at this time. There would be an ongoing discussion about Governors being able to contribute in different ways with different skills.</p> <p>Amendments would be made around consistency in the use of titles.</p> <p>The Council of Governors APPROVED the Nominations, Remuneration and Evaluation Committee Terms of Reference.</p>
CoG 078/23	<p>Feedback from Nominations, Remuneration and Evaluation Committee</p> <p>Rob Whiteman reported that there was nothing to note at the Part 1 meeting, which was NOTED by the Council of Governors. There was an agenda item under the Part 2 meeting.</p>
CoG 079/23	<p>Feedback from Council of Governor Groups</p> <p>Sandy Wilson provided the update from the Membership and Engagement Group (MEG), highlighting:</p> <ul style="list-style-type: none"> • Constituencies were expanding activities to reach members of the public. • She thanked Jerry Scrivens for organising some events for the Christchurch, East Dorset and Rest of England constituency and Keith Mitchell for presenting at those event. • It was with sadness that Marjorie Houghton had resigned as deputy chair of MEG, and she thanked her for being reliable and supportive. • Sandy Wilson had also resigned as chair of MEG, adding that she felt the Group was essential for Governors to be involved in and thanked all for the support she had received. <p>On behalf of the Council, Rob Whiteman thanked Marjorie Houghton and Sandy Wilson for all the hard work they had put into the Group.</p> <p>Sharon Collett provided the update from the Quality Group, highlighting the following:</p> <ul style="list-style-type: none"> • The Group was privileged to have reviewed the draft Quality Account and asked questions on behalf of the Council. • Joanne Sims, Associate Director of Quality Governance & Risk, provided a helpful summary of a complex document and thanked her for working with the Group. <p>The Council of Governors NOTED the Feedback from the Council of Governor Groups.</p>
CoG 080/23	<p>Feedback from Governor Observers</p> <p>Susanne Lee shared that she had observed the Quality Committee for the first time and was impressed with the range of subjects discussed. She was grateful to Paula Shobbrook for providing detailed answers to questions raised and that it had been a positive experience.</p>

	<p>Marjorie Houghton had attended the Finance and Performance Committee. She stated that there were four non-executive directors on the Committee, which Philip Green ably chaired. She felt that the non-executive directors were comprehensive, posed the right challenges and that the Committee were very fortunate to have such high calibre non-executive directors.</p> <p>For the People and Culture Committee, Sandy Wilson observed excellent questioning and challenge. The Committee covered a wide range of subjects, and there was good involvement and challenge from the new non-executive director. She encouraged other Governors to attend Committees as they provided a greater insight into the organisation.</p> <p>The new Population Health and System Committee looked at broader aspects of the care provided. Sandy Wilson thought it was an excellent Committee that looked at issues across Dorset, which was crucial to understanding how the Trust moved forward. She was thankful to have been able to be an observer.</p> <p>Robert Bufton agreed that it had been a good opportunity for Governors to attend a range of Committees. He had recently attended the Finance and Performance Committee and the Charitable Funds Committee. He asked what the next steps were for Governor observers at Committees. Yasmin Dossabhoy confirmed that the Governor observer rotation sheet would be shared with the Governors again as there were some vacancies on the Committees until year-end. The Governors would provide feedback on the process at year-end and a review for the process in 2024 would be undertaken.</p> <p>Kani Trehorn had attended meetings of the Audit Committee and the People and Culture Committee, explaining that they were detailed, structured and organised, although she felt they were fairly long meetings.</p> <p>The Council of Governors NOTED the Feedback from Governor Observers.</p>
<p>CoG 081/23</p>	<p>Feedback from GovernWell Conference</p> <p>Keith Michell and Robert Bufton attended the GovernWell conference. Keith Mitchell had prepared a report which had been circulated to Governors. He outlined that the Warrington and Halton Hospitals Trust had presented a brochure providing details on the 'Good' CQC rating and the expectations and responsibilities of Governors. He felt it would be beneficial to add this to the Trust processes to set expectations for prospective Governors. Another Trust had completed its membership and engagement plan on one A4 page, which had been shared with MEG. There were concerns raised that ICBs had no Governor representatives. He recommended that other Governors attend the conference in future.</p> <p>Robert Bufton agreed, adding that around 400-500 Governors were at the conference. He felt that nationally there should be a more explicit definition of the Governor's duties and questioned the title of Governors as they were not required to govern. The Chief Executive of NHS Providers stated that finances must be used more efficiently, utilising what was already available. Finally, he noted that there should be more inclusivity within the Council of Governors.</p> <p>Yasmin Dossabhoy thanked both Governors for their feedback and agreed that there needed to be further clarity regarding what being a Governor meant and the time commitment associated with that. It had been helpful to hear from Governors about the time commitment, defining the mandatory meetings and ensuring that this was signposted to prospective Governors. She reported that Sarah Locke was refreshing the Governor handbook and having reviewed a version from another Trust, proposed that a summary on a page was produced, ensuring it was a more accessible version.</p> <p>In response to the feedback on seeing things around the Trust that could be done more efficiently, Yasmin Dossabhoy advised that there were QR codes on display around the Trust to suggest any waste reduction ideas.</p> <p>Rob Whiteman described that several organisations, not just within the NHS, were reviewing how to create more flexibility for the workforce, particularly for voluntary roles when those people may have more than one job. It was important for</p>

	<p>expectations to be set while allowing the flexibility to enable people to participate in a way they wanted to.</p> <p>Jerry Scrivens highlighted Sharon Collett's video on the Trust website about becoming a Governor and that it encapsulated the role well. He suggested that prospective Governors be interviewed before applying to understand what was meant by 'engaging with the public' and strongly advised to include a training programme.</p> <p>Sarah Locke responded that 'Getting to Know You' sessions had been held with Rob Whiteman and some existing Governors to talk to and answer questions from prospective Governors. Those will be held again for 2023 but would be advertised more widely than previously. These would be held both virtually and face-to-face. There was also a specific staff Governor session to be arranged. Referencing the earlier presentation from Keith Mitchell and Robert Bufton, she also commented upon the GovernWell training programme for new Governors.</p>
CoG 082/23	<p>Any Other Business</p> <p>Rob Whiteman apologies that the meeting had overran.</p> <p>There being no further business the meeting was closed.</p>
	<p>The date and time of the next meeting of the Council of Governors was announced as Thursday 26 October 2023 at 16:30 in Boardrooms at Poole Hospital and via Microsoft Teams.</p>

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
EXTRAORDINARY MEETING OF THE COUNCIL OF GOVERNORS

Minutes of the Extraordinary Meeting of the Council of Governors held on
Thursday 28 September 2023 at 14:00 via Microsoft Teams

Present:	Rob Whiteman	Trust Chair (<i>Chair</i>)
	Mandi Barron	Appointed Governor: Bournemouth University
	Robert Bufton	Public Governor: Poole and Rest of Dorset
	Sharon Collett	Public Governor: Bournemouth, Lead Governor
	Beryl Ezzard	Appointed Governor: Dorset Council
	Rob Flux	Staff Governor: Staff, Admin and Management
	Paul Hilliard	Appointed Governor: BCP Council
	Marjorie Houghton	Public Governor: Bournemouth
	Susanne Lee	Public Governor: Christchurch, East Dorset and Rest of England
	Markus Pettit	Staff Governor: Estates and Facilities
	Patricia Scott	Public Governor: Poole and Rest of Dorset
	Diane Smelt	Public Governor: Bournemouth (<i>from minute 094/23</i>)
	Kani Trehorn	Staff Governor: Nursing and Midwifery
	Michele Whitehurst	Public Governor: Poole and Rest of Dorset, Deputy Lead Governor
In attendance:	Yasmin Dossabhoy	Associate Director of Corporate Governance (<i>minutes</i>)
	Judy Gillow	Non-Executive Director
	Siobhan Harrington	Chief Executive Officer
	Sarah Locke	Deputy Company Secretary
	Claire Whitaker	Observer (Shadow Non-Executive Director)
	Klaudia Zwolinska	Corporate Governance Assistant

CoG 091/23	<p>Welcome, Introductions, Apologies & Quorum</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies were received from the following members:</p> <ul style="list-style-type: none"> • Andrew McLeod, Public Governor for Poole and Rest of Dorset • Steve Dickens, Public Governor for Christchurch, East Dorset and Rest of England • Jeremy Scrivens, Public Governor for Christchurch, East Dorset and Rest of England • Carrie Stone, Public Governor for Poole and Rest of Dorset • Sandra Wilson, Public Governor for Christchurch, East Dorset and Rest of England • Sue Comrie, Appointed Governor for Volunteers <p>The meeting began inquorate. Rob Whiteman asked Yasmin Dossabhoy to outline the steps that would be taken to seek the Council of Governors' approval to the convening of the Annual Members' Meeting (AMM) if the present meeting remained inquorate. She explained that another meeting of the Council of Governors would be called. In the meantime, from a pragmatic perspective:</p> <ul style="list-style-type: none"> • the Company Secretary Team would progress certain arrangements in anticipation of the Council of Governors approving it; and • the views of those present would be solicited to the convening of the AMM on 17 October 2023. <p>The meeting became quorate from minute CoG 094/23 and was declared as such from minute CoG 095/23.</p>
CoG 092/23	<p>Declarations of Interest</p> <p>No existing interests in the matters to be considered were declared. In addition, no further interests were declared.</p>

CoG 093/23	<p>For Accuracy and to Agree: Minutes of the Council of Governors Meeting Part 1 held on 27 July 2023</p> <p>The minutes of the Council of Governors Meeting Part 1 held on 27 July 2023 were ENDORSED as an accurate record. The minutes would be presented to the following Council of Governors' Part 1 meeting for approval.</p>
CoG 094/23	<p>Matters Arising – Action List</p> <p>CoG 065/23 – <i>To discuss further opportunities to support staff Governors – Update provided in the papers. Action remained OPEN.</i></p> <p>CoG 065/23 – <i>To update the Governors' election website to reflect the 2023 calendar year – Action CLOSED.</i></p> <p><i>(The meeting was declared quorate).</i></p>
CoG 095/23	<p>Annual Members' Meeting 2023</p> <p>Rob Whiteman introduced the paper, apologising for the AMM due to have been held on Saturday 9 September 2023 having been postponed. He explained the reason for this was due to staff sickness with Covid, including Siobhan Harrington having been afflicted, and holidays. In addition, there were lower numbers of the public attending than usual for the September 2023 date. The previous year there had been a collective view by the Council of Governors to hold the AMM on a Saturday with an aim to increase attendance. As this approach had not been successful, the proposed date for the rearranged AMM would revert to a weekday.</p> <p>Yasmin Dossabhoy thanked Mandi Barron and colleagues at Bournemouth University for assisting with the Understanding Health Talk that was being organised for 17 October 2023, emphasising the strong partnership between the two organisations and the opportunity to increase engagement with a younger population. It was proposed that the talk would immediately follow the AMM. She commented positively on the arrangements made by Sharon Collett and other Governors, as well as the speaker for the Understanding Health Talk.</p> <p>Sharon Collett felt that this was a pragmatic approach. She hoped that both events would benefit from being joined together. She also thanked Bournemouth University for their support and willingness to help. In addition, Rob Whiteman referenced preliminary discussions that had taken place between Claire Whitaker who would be the Non-Executive Director Engagement Champion, Sharon Collett and him about reaching out to the younger demographic in the area and engaging them in shaping the Trust. Holding the AMM at the University was therefore a positive idea and consideration would be given to how to use that opportunity going forward.</p> <p>In relation to the venue, Robert Bufton expressed that usually, he would not advocate the AMM being held at the University, as he thought the main body of members would not want to attend there. However, he recognised that there was a current opportunity with the AMM having been postponed and he expected most members would not be able to attend on two weeks' notice. He understood the rationale and supported the approach on this occasion.</p> <p>Beryl Ezzard also supported the proposal and suggested that the Trust look to show the collaboration between the two organisations, this being echoed by Mandi Barron and Rob Flux.</p> <p>Mandi Barron added that the Trust engaged well with its usual members but also felt this was an opportunity to involve those members of the public with whom it wanted to further interact. She highlighted the need to temper expectations, though, when seeking to attract students to events.</p> <p>Referring back to discussions at the Board/Council of Governors' Development Session in relation to membership engagement, Rob Whiteman commented upon the attraction to students of hearing about career opportunities within the NHS. Yasmin Dossabhoy added that there was a careers fair being held at Bournemouth University on the same day as the AMM. Responding to an earlier comment about the availability of parking, she confirmed that the University were making a car park available for the event. She, Rob Whiteman and Siobhan Harrington had discussed the Trust doing well at inviting members of the public</p>

	<p>into the hospitals for its AMM; however, there was an opportunity for it to go out into the community, particularly for harder to reach groups. Looking at alternatives to an inward engagement event, conversations had taken place with the Communications Team around a 'live stream' to be shared in locations within the community, such as in Swanage.</p> <p>Rob Whiteman and Siobhan Harrington agreed that it was important to publicise the research and collaboration between the Trust and the University, commenting also upon the increase in joint posts.</p> <p>The Council of Governors APPROVED the Annual Members' Meeting being convened by the Company Secretary on Tuesday 17 October 2023 at 9:30am.</p>
CoG 096/23	<p>Any Other Business</p> <p>There being no further business the meeting was closed.</p>
	<p>The date and time of the next meeting of the Council of Governors was announced as Thursday 26 October 2023 at 16:30 in the Boardroom at Poole Hospital and via Microsoft Teams.</p>

Council of Governors Part 1 Action List - October 2023

Minute Ref.	Meeting Date	Action	Lead	Due Date	Progress	Status
CoG 065/23	27/07/2023	To discuss further opportunities to support staff Governors and provide an update at a future meeting	Rob Whiteman Karen Allman	Oct-2023 Nov-2023	<p>September 2023: The Chief People Officer (CPO) is drafting proposals for the Trust Chair and the Chief Executive to discuss. This will then be brought to a Council of Governors meeting for discussion.</p> <p>October 2023: The CPO has been reviewing the procedures that were in place at the legacy Trusts to prepare the proposals.</p>	In Progress

COUNCIL OF GOVERNORS - PART 1 MEETING

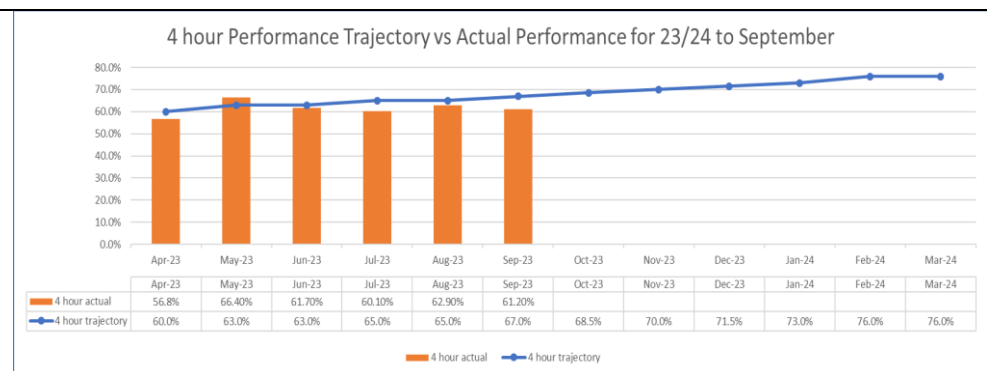
Meeting Date: 26 October 2023

Agenda item: 5.1

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

Strategic themes that this item supports/impacts:	<p>Systems working and partnership <input checked="" type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input checked="" type="checkbox"/></p> <p>Quality: outcomes and safety <input checked="" type="checkbox"/></p> <p>Sustainable services <input checked="" type="checkbox"/></p> <p>Patient First programme <input checked="" type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input checked="" type="checkbox"/></p>
BAF/Corporate Risk Register: (if applicable)	BAF Risks 1-7 Trust Integrated Performance report for September 2023 - Appendix A
Purpose of paper:	Assurance
Executive Summary:	<p>Emergency Department (ED) attendances remained stable during September 2023. Nevertheless, there was a cross-site increase in acuity and whilst ED saw a sustained improvement in decision to admit, a number of other indicators saw an increase. Performance remained above 60% but did not deliver the Trust's improvement trajectory for the third month and this has now triggered a conversation with the Integrated Care Board (ICB) that will happen in October 2023.</p> <p>September 2023 saw a sustained and focused improvement in the recording and management of patients with 'No Criteria to Reside' (NCtR). Whilst there has been a positive impact on reported performance, the Trust remains an outlier in the southwest in terms of the highest number of NCtR as a percentage of beds available. September 2023 saw an average of 209 patients in Trust beds with NCtR in an acute hospital bed. A range of internal and external actions were agreed with the ICB to maintain an ambition to reduce length of stay (for all patients) and NCtR patients waiting for ongoing care.</p> <p>There was an increase in the number of escalation beds being opened during September 2023, with an average of 45 escalation beds open per day. This carries an associated risk and unplanned costs related to maintaining an extended bed base, which is no longer funded by the ICB as the funding only supported quarter 1 and quarter 2 initially. Bed capacity will need to link to Trust / System winter plans to maintain safe services for patients.</p>

	<p>There has been a 3.1% reduction in elective activity to date since April 2023, as a direct result of industrial action during this period. Consequently, elective and cancer recovery remains below the operational planning trajectories set at the beginning of the year. Rapid recovery cancer plans have supported improvement into September 2023. A reduction against the total Referral to Treatment (RTT) waiting list has also been maintained.</p> <p>The impact of the recent and ongoing industrial action, energy cost inflation and unfunded escalation capacity drive the challenging financial position, resulting in a year-to-date adverse variance of £12.4 million. This represents a significant deterioration in month due to the inclusion of the full impact of the lost Payment by Results (PbR) income associated with the Trusts elective performance. Mitigating actions continue to be identified and progressed to recover this position.</p>
Background:	<p>The Integrated Performance Report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums the ability if needed to deep dive into a particular area of interest for additional information and scrutiny.</p> <p>As part of our commitment against the Care Quality Commission (CQC) Well-Led Framework we continue to develop the format and content of the IPR by:</p> <ul style="list-style-type: none"> • Extending best practice use of Statistical Process Control (SPC) charts. • Greater focus on key indicators as part of our Patient First roll-out programme linked to the Trust Strategic priorities. • Providing SPC training to operational leads who compile the narrative against the data included within the report.
Urgent & Emergency Care (1 Advise)	<p>Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.</p> <p>Advise (1): Performance against the 4-hour standard for September 2023 is 61.2% against a plan of 67%. The trajectory increases to 68.5% for October.</p> <ul style="list-style-type: none"> • The Trust is planning for further ongoing British Medical Association (BMA) industrial action in October 2023 with September 2023 having proved to be a particularly challenging month with industrial action and the combined impact of both the Junior Doctor and Consultant strike. • The organisation continues to sustain performance above 60% however has seen its third recurrent month at failing to meet our internal trajectory. • Key headlines are that whilst attendances remained static there was a cross site increase in acuity and whilst ED saw a sustained improvement in decision to admit, total meantime, conversion to admission and time to admission all saw an increase that impacted on performance. • In terms of ambulance handover, whilst there was some deterioration across Poole Hospital and Dorset Wide, this is relatively minor in comparison to the South Western Ambulance Service Foundation Trust position in its totality which saw an increase of circa 9000 hours vs 500 at the Trust. <p>The IPR provides detailed performance against the national Urgent & Emergency Care standards.</p>



In terms of on-going governance arrangements, the weekly enhanced support meetings set up as part of the 'Enabling Trust Accountability Framework' remain in place. The planned review of the hospital flow programme was also completed and re-launched in September with A3s in development for all Care Groups to support the Trust's overarching strategic objective and a refocussed action plan agreed that will be shared with Trust Management Group (TMG) October 2023 and the Finance and Performance Committee in November 2023.

Secondly, given the Trust's current performance the focused support will be aimed at reviewing our internal trajectory and delivery timeline. The Emergency Department's focus is to identify clear and tangible improvement actions that can be sustained throughout strikes, winter pressures and the departmental doctor vacancy challenges.

Occupancy, Flow & Discharge (1 Advise)

Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.

Advise (1): No Criteria to Reside position – UHD remains the most challenged organisation for No Criteria to Reside (NCtR) in the southwest region.

- Both sites continued to operate escalation beds in September 2023. Occupancy remains at an average of 93.5% across the Trust. The Trust has reached and reported OPEL level 4 (Operational Pressures Escalation Levels) at several times in September 2023. While we use planned escalation beds, the Trust continues to have unfunded escalation beds open to maintain flow.
- The Trust has been consistently showing as an outlier in the southwest with a higher percentage of bed base occupied by patients with NCtR. September 2023 has seen an improvement to 21-23%, however the number of patients still waiting in beds at the Trust is consistently >200.
- The ICB /system partners ambition to achieve a 30% reduction in quarter 1 of NCtR was not fully achieved by the end of September 2023. This further increases from October 2023 with an intended 50% reduction by the end of quarter 2. There remains a requirement to a reduce NCtR by >100 patients to achieve this ambition and will be needed to deliver the Trust winter plan.
- With the ICB, we have identified a number of additional actions:
 - gaps in the commissioned provision of Discharge to Assess (D2A) Core offer capacity and continue to see patients in acute hospital beds waiting for this capacity, as well as those needing more complex care.
 - Review of pathway 2 and 3 patients through a system escalation team
 - Internal length of stay reduction programme for CtR and NCtR patients

**Surge, Escalation
and Ops Planning
(1 Assure)**

Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.

Assure (1): Winter plans are in development





We are developing winter plans both locally and in the wider Integrated Care System (ICS), recognising the forthcoming challenges and uncertainty of future industrial action periods affecting our hospitals. These plans will be presented to Trust Management Group in October 2023 and the Trust Board in November 2023.

**Referral to
Treatment (RTT)
(1 Advise, 1
Assure)**

Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.

Advise (1): 65 week wait Referral to Treatment (RTT) breaches in September reduced compared to August but maintained a variance to plan. A reduction in the total RTT waiting list and improvement in RTT performance however has been delivered.

- A reduction in 65-week RTT breaches was delivered in September 2023. 1,234 patients were waiting >65 weeks at the end of September 2023 compared to 1,273 in August 2023. Performance remains above plan (variance +529), due to the direct impact on Industrial Action (IA) on capacity. 3.1% of elective activity has been lost since April 2023 due to IA.
- The overall cohort of patients at risk of breaching 65 weeks by March 2024 reduced by 3,097 in the month of September 2023. There has been a 76.5% reduction in the cohort since 1 April 2023.
- 43 over 78-week waits were reported at the end of September 2023, which maintained the position reported in August 2023.
- The Trust also maintained an overall reduction in its RTT waiting list in September 2023 compared to July 2023 and met the operational plan trajectory, which is reflected in improved RTT performance. There is continued reliance on Elective Recovery Funding to deliver this improvement.
- Improvement actions are detailed within the IPR.

Planning requirement	August 23	September 23	
Referral to treatment 18-week performance	55.40%	57.6% 	National Target 92%
Eliminate > 104 week waits	0	0	Plan Trajectory 0 by February 23
Eliminate >78 week waits	43	43	Plan Trajectory 0 by 31 March 2023
Eliminate >65 week waits	1,293	1,234 	Plan trajectory 705 September 2023
Hold or reduce >52+ weeks	4,501	4,426 	Plan Trajectory 4,032 by September 2023
Stabilise Waiting List size	73,727	73,726 	Plan trajectory 75,827 September 2023

	<ul style="list-style-type: none"> • A significant reduction in the theatre case opportunity has been consistently delivered by the Trust for the last three months, with the Trust meeting the 15% target again in September 2023. • Actual theatre utilization improved by 3% at 77.89% against an intended rate of 83.6%. Ongoing industrial action is hampering achievement of >80% utilization due to cancellations. • Utilisation rates of Orthopaedic lists have also improved in September 2023. • Recent successful theatre staff recruitment campaigns are a key enabler to increasing the sessions being run, with a plan to increase Orthopaedic sessions from Mid–November 2023. <p>Assure (1): The percentage of fractured Neck of Femur (NoF) patients operated on within 36 hours of admission improved in September 2023.</p> <ul style="list-style-type: none"> • Trauma admissions in September 2023 were lower than August 2023 with 383 patients admitted (412 August 2023), including 83 (81 August 2023) patients with a fractured NoF. • Improvement in the target attainment against the quality standards has been delivered. • 47.0% of patients with a fractured NoF were operated on within 36 hours of admission. • 65.4% of patients were operated on within 36 hours of being fit for theatre. • Improved performance above the mean for the last 7 data points is statistically significant. • Improvement actions continue to be delivered in accordance with the discussions at the Trust Board Seminar on Trauma on 27 September 2023.
<p>Cancer Standards (1 Alert)</p>	<p>Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.</p> <p>Alert (1) Performance against the cancer Faster Diagnosis Standard (FDS) in September 2023 is expected to be finalised at >67% as a result of the recovery plan instigated.</p> <ul style="list-style-type: none"> • A rapid recovery plan against the Faster Diagnosis Standard has been implemented to deliver significant performance improvements in September 2023. The FDS performance for September 2023 is expected to be above 67% (54.7% August 2023), with further improvements in October 2023 forecasted. • The drivers for August's 2023 performance include a significant increase in urgent suspected cancer referrals at the end of quarter 1, the impact of industrial action on reducing capacity, workforce gaps and capacity challenges in the Skin and Breast services. • Quarter 1 of 2023/24 saw a 17% increase in skin referrals in comparison to quarter 1 of 2022/23. • The Trust continues to deliver against the regional expectations on reducing the over 62-day backlog and is meeting its 50% fair shares allocation of the March 2024 target set regionally (no more than 330 patients). • 62-day performance reduced to 57.1% in August 2023 due to delays at the front end of the pathway, but this is expected to improve with the impact of the recovery plan. • 31-day performance achieved the standard in August 2023 and is expected to achieve for the rest of the year.

		KPI	Target	Q1 23/24 FINAL	June 23 FINAL	Jul 23 FINAL	Aug 23 FINAL										
		28D Faster Diagnosis Standard	75%	71.1%	71.8%	60.1%	54.7%										
		31 Day First Treatment (Tumour)	96%	96.8%	97.9%	96.2%	96.6%										
		Cancer Plan 62 Day Standard (Tumour)	85%	63.4%	60.8%	63.0%	56.6%										
		62 Day Screening Standard (Tumour)	90%	74.1%	80.6%	65.8%	61.4%										
	<ul style="list-style-type: none">There is continued evidence of progress against the recovery plans in place for Dermatology, Gynaecology, Urology and Colorectal tumour pathways, which will need to continue.Improvement actions are detailed within the IPR and include:<ul style="list-style-type: none">Continuation of additional clinic slots in October 2023 in Dermatology and Gynaecology.The first pilot photo clinic for skin urgent suspected cancer referrals is due to go live on 2 November 2023.Implementation of new post-menopausal bleeding pathway clinics in Gynaecology in October 2023.Progression of developing Tele-dermatology.																
	DM01 (Diagnostics report) (1 Assure)	<p>Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.</p> <p>Assure (1) The DM01 standard has achieved 87.9% of all patients being seen within 6 weeks of referral; 12.1% of diagnostic patients seen >6weeks in September 2023</p> <p>1% of patients should wait more than 6 weeks for a diagnostic test</p> <table><tr><td>August</td><td>Total Waiting List</td><td>< 6 weeks</td><td>> 6 weeks</td><td>Performance</td></tr><tr><td>UHD</td><td>13,063</td><td>11,476</td><td>1,587</td><td>12.1%</td></tr></table> <p>The Trust remains one of the top performing trusts for diagnostics in the south-west region. Nevertheless, there are challenges related to workforce capacity in Echocardiology, Neurophysiology and Radiology (imaging). Mitigating actions are in place to maintain a high level of performance.</p>							August	Total Waiting List	< 6 weeks	> 6 weeks	Performance	UHD	13,063	11,476	1,587
August	Total Waiting List	< 6 weeks	> 6 weeks	Performance													
UHD	13,063	11,476	1,587	12.1%													
Health Inequalities	<p>Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care supporting reducing inequalities in outcome and access and improving productivity and value.</p> <p>Waiting list by Index of Multiple Deprivation (IMD) 8.5% of patients on the waiting list live in the 20% most deprived areas of Dorset. The median weeks waiting at the point of treatment shows one-week positive variation, with patients from the 20% most deprived group waiting on average one-week less than the rest of the population treated. At specialty level the variation in quarter 2 ranges between 0-2 weeks.</p> <p>Waiting list by ethnicity: 10.7% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies two-week variation between patients within community minority groups and White British populations in quarter 2; this is an increase to the previous two quarters. At sub-Trust level variation in</p>																

	<p>waiting by ethnicity is greatest in Rheumatology and Ear, Nose and Throat (ENT) services (4 weeks).</p> <p>Waiting list by age band: There is variation between age and length of wait on the waiting list with the greatest variation between 0-19 years and 20+ age bands. There has been a widening of the variation in the age band 0-9 years in quarter 2. Paediatric waiting times in oral surgery, ENT and community paediatrics contribute to this variation. Improvement actions are in place to increase capacity and reduce waiting times in these areas.</p>																																																																											
<p>Infection Prevention and Control: (1 Advise)</p>	<p>Quality, Safety, & Patient Experience Key Points</p> <p>Strategic goals: To achieve top 20% of Trusts in the country for mortality (HSMR) To reduce moderate/severe harm patient safety events by 30% through the development of an outstanding learning culture</p> <p>Advise (1) Clostridium difficile Cases In September 2023 we have noted an increase in the number of Clostridium difficile cases reported, both identified – in the community and trust associated, this continues an overall downward trajectory, but remains under review.</p> <p>Advise: Hospital Associated cases trend</p> <table><tr><th>Organism</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th></tr><tr><td>Cdiff</td><td>11</td><td>9</td><td>2</td><td>4</td><td>5</td><td>6</td><td>4</td><td>5</td><td>5</td><td>8</td><td>19</td><td>11</td><td>4</td><td>8</td></tr><tr><td>eColi</td><td>7</td><td>9</td><td>6</td><td>7</td><td>5</td><td>10</td><td>7</td><td>14</td><td>5</td><td>8</td><td>17</td><td>14</td><td>8</td><td>11</td></tr><tr><td>MRSA</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>MSSA</td><td>3</td><td>3</td><td>7</td><td>2</td><td>3</td><td>3</td><td>1</td><td>1</td><td>4</td><td>6</td><td>8</td><td>4</td><td>4</td><td>5</td></tr></table> <ul style="list-style-type: none">• The infection prevention and control team continue to monitor methicillin-susceptible Staphylococcus aureus (MSSA) cases. Hepatobiliary source for gram negative bacteraemia is noted, and under investigation in Infection Prevention and Control.• Slight increase in Clostridium difficile in month in line with normal variance, ongoing work around late sampling.• One ward opened in September 2023 after a COVID outbreak. There have been cases of healthcare related COVID deaths, which are following the appropriate investigation. Intranet guidance updated but note no significant changes. Potential for mask wearing guidance to change.• Critical Patient Information (CPI) flags for Infection Prevention and Control have been updated to reflect pre-merger terms, national ones and new risk. End dates put on most CPI flags to limit burden of flags on system.• New central register for COVID-19 Lateral Flow testing is live.• The team are assessing themes as part of the Patient Safety Incident Response Framework (PSIRF), including management of urinary catheters, intravenous cannulae and clostridium difficile relapses.• Appointment of the Trust first Infection Prevention and Control Nurse Consultant – due to start in November 2023.	Organism	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Cdiff	11	9	2	4	5	6	4	5	5	8	19	11	4	8	eColi	7	9	6	7	5	10	7	14	5	8	17	14	8	11	MRSA	0	1	1	0	0	1	0	0	1	0	0	0	0	0	MSSA	3	3	7	2	3	3	1	1	4	6	8	4	4	5
Organism	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23																																																														
Cdiff	11	9	2	4	5	6	4	5	5	8	19	11	4	8																																																														
eColi	7	9	6	7	5	10	7	14	5	8	17	14	8	11																																																														
MRSA	0	1	1	0	0	1	0	0	1	0	0	0	0	0																																																														
MSSA	3	3	7	2	3	3	1	1	4	6	8	4	4	5																																																														
<p>Clinical Practice Team (4 Advise)</p>	<p>Clinical Practice Team:</p> <p>Advise (1) Moving and Handling - Essential Core Skills The ability to meet the face-to-face level two training requirements for clinical staff continues. The risk register entry remains at 10 (moderate). The development of an eLearning Level 2 package is being developed, there have been unforeseen challenges which the team are working through.</p> <p>Advise (2) Moving & Handling: recruitment into the following posts: Associate Practitioner, Falls and Moving and Handling Lead and Moving and</p>																																																																											

	<p>Handling Risk Advisor were successful, all roles started in September 2023. Current support is being provided from an external provider to support all new starters with practice and Level 2 face to face training.</p> <p>Falls prevention & management: The Falls and Moving and Handling Lead (previously vacant) has now started in September 2023.</p> <p>Advise (3) There has been an increase in the number of serious falls incidents in month with six reported; of these one was moderate and five severe falls. The incidents are following the appropriate scoping and investigation process, a deep dive and review of falls is being presented to the November 2023 Quality Committee.</p> <p>Tissue Viability: The ability of the service to meet the increased demand remains on the risk register entry 1821 and rated as 9 (moderate), an action plan has been updated.</p> <p>The number of complex patients being referred to the service remains high. The team have successfully recruited an additional band 6 for a six-month secondment to support increased activity and the post holder started in August 2023.</p> <p>Advise (4) There has been an in-month reduction of reported pressure ulcers with eight new category three pressures ulcers, which are following the appropriate investigation process and learnings identified. The Tissue Viability Nurse is working with care groups to review how ward learning is shared though the pressure ulcer screening tool following an incident.</p>
<p><i>Patient Experience</i> (2 Advise)</p>	<p>Strategic goal: Every team is empowered to make improvements using patient (or user) feedback, in order that all patients at the Trust receive quality care, which results in a positive experience for them, their families and/or carers.</p> <p>Patient Experience and Engagement Team Overview:</p> <ul style="list-style-type: none"> • 505 PALS (Patient Advice and Liaison Service) concerns raised • 36 new formal complaints (remain within our control measures) • 11 Early Resolution Complaints (ERC) processed. • The number of complaints that were responded to and closed in September 2023 were 47. <p>Key themes from PALS and complaints:</p> <ul style="list-style-type: none"> • Quality – clinical standards • Safety – errors, incidents and staff competencies • Communication – absent or incorrect • Respect – caring and patient rights <p>Friend and Families Test (FFT) and Have Your Say (HYS survey) A new 'in house' model for sending FFT is being tested, with the eventual aim of every patient who attends our service receiving FFT as a text message. In September 2023 testing focused on correct data transfer and testing of the time of message sending to maximise response rates. We have already seen an increase in FFT through using our own service.</p> <p>The HYS survey is sent out as a follow on to the FFT text message and is also available on the internet. The HYS survey has core questions which includes the monitoring of experience of care on a 1-10 scale. In September</p>

	<p>2023 clinical teams devised additional survey questions with the Patient Experience team to empower them to make service changes.</p> <p>Patient Advice and Liaison Service (PALS) and Complaints Over 500 PALS concerns were raised in September, along with 36 complaints. 11 of these were resolved via early resolution. The team are focusing on reducing the complaints that are over the 55 working day target. October will see a change in team structure in PALS and Complaints with a merged single team working to resolve complaints early, in line with Parliamentary and Health Service Ombudsman (PHSO) recommendations.</p> <p>Advise (1): The number of open complaints over 55 days continue to be prioritised within the complaints team and care groups and remains high and a significant challenge.</p> <p>Advise (2): Family Friends Test - the reduced number of complaints opened in month continues to reflect the change in process of the recording of all new complaints. The complaints team now advise the open complaint date as the date in which consent and conformation of investigation points has been received. This follows best practice and avoids duplication of complaints reporting.</p> <p>Mixed Sex Accommodation (MSA) Breaches There were no reported MSA incidents in September 2023.</p>
Nurse Staffing: (3 Advise)	<p>Care Hours per Patient Day (CHPPD) Advise (1) September 2023 CHPPD for registered nurses was 4.6. A refresh of the ward-based information uploaded onto model hospital is in progress.</p> <p>Healthcare Support Workers (HCSW) Advise (2) Progress is being made against the HCSW vacancy target. Latest reported position for the Trust is detailed below. Current data collections suggest that the Trust will meet the target set by the HCSW Direct Support Programme.</p> <p>Red Flag Reporting Advise (3) There were 120 red flags reported across the Trust in September 2023; one of which was in maternity services. No critical staffing incidents were reported, indicating all flags were mitigated this month.</p>
Workforce Performance:	Strategic goal: To significantly improve staff experience, engagement and retention
People Operations: (2 Advise, 1 Assure)	<p>Advise (1) Industrial Action</p> <ul style="list-style-type: none"> National pay disputes continue for the Medical and Dental staff group. During the October 2023 industrial action period, strike action levels reduced from September 2023 rates. On average, 26% of consultants scheduled for work took strike action. For post graduate doctors in training, on average, 46% took strike action. <p>Advise (2) Transformational Change</p> <ul style="list-style-type: none"> With effect from October 2023, new jobs advertised will outline a current work site base, and a future site base (if changing). Notice of site base change will be explicit in contracts of employment and excess mileage allowance following the move will not be applicable.

	<p>Assure (1) Staff Absence, burnout and PTSD (Post Traumatic Stress Disorder) (Risk 1493)</p> <ul style="list-style-type: none"> Stress/ anxiety/ depression remains the top reason for absence. The overall percentage rate for absence relating to this reason marginally increased from May 2023 and now remains static. Days lost due to short term sickness absence fell by 150 during September 2023, however days lost due to long term sickness absence increased by 89 in month.
<p>Blended Education & Training (1 Advise, 3 Assure)</p>	<p>Advise (1) Moving and Handling</p> <ul style="list-style-type: none"> Due to delays in filming and editing the development of an E-Learning package for Level 2 manual handling training is on track to launch from January 2024 (Risk 1432) <p>Assure (1) Moving and Handling</p> <ul style="list-style-type: none"> 3 additional Manual Handling training team members are joining the Trust September 2023 Train the trainer programme is launching in November 2023, this will increase the number of manual handling champions across the Trust <p>Assure (2) Registered Nursing Associates</p> <ul style="list-style-type: none"> Medicines Administration Policy approved at MMG (Medicines Management Group) <p>Assure (3) Consent Training</p> <ul style="list-style-type: none"> A new Level 3 Consent Training has been approved through Clinical Governance Meeting
<p>Resourcing (1 Alert, 1 Assure)</p>	<p>Alert (1) Health Care Support Worker (HCSW) Vacancies</p> <ul style="list-style-type: none"> The HCSW vacancy rate is progressing with support alongside NHS England, but we remain amongst those trusts in the southwest with the highest number of HCSW vacancies. Risk 1492 Resourcing, Business Intelligence, Workforce leads have met with Finance Leads to align the recording of some posts within funded establishment specifically Students and Apprenticeship roles. This confirmed that 60 Full Time Equivalent Registered Nurse Degree Apprenticeship and Trainee Nurse Associate employees are filling the role of HCSW's across the Trust. Risk 1492 <p>Assure (1) Medical & General Recruitment Activity Risk 1492</p> <ul style="list-style-type: none"> 17 Medical appointments in September 2023, 13 of which were new to the Trust. New joiners (general recruitment) continue to increase. 133 in September 2023 compared to 114 for August 2023, this follows the trend of the previous year. September 2023 open day - 54 candidates interviewed; 42 candidates successful from interview with 20 requiring assessment prior to confirmed offer. 16 Vocational Health Care support workers are due to complete their course and be interviewed on 19 and 20 October 2023. 12 are currently anticipated to complete the course. There are 69 candidates in conditional offer and 56 candidates with a booked start date between October and December 2023. Total active candidates in the pipeline = 125
<p>Occupational Health and Wellbeing (2 Alert, 1 Advise)</p>	<p>Alert (1) Autumn vaccination pop up clinics</p> <ul style="list-style-type: none"> High demand with vaccination pop up clinics- causing staff to wait in long queues resulting in elevated levels of frustration <p>Alert (2) Management referrals</p> <ul style="list-style-type: none"> High levels of activity - plans in place to support reduction in waiting times.

	<p>Advise (1) Autumn vaccination uptake</p> <ul style="list-style-type: none"> 20% of front-line staff have received their flu vaccination 21% of front-line staff have received their Covid booster vaccination The programme will continue throughout October 2023 with continued communications. <p>Advise (2) Change to vaccination pop up clinics from 16 October 2023</p> <ul style="list-style-type: none"> Drop-in clinics located in occupational health departments on Poole and Bournemouth sites as advertised on intranet to reduce frustration and long waits. Requests can be made to attend other meetings/events as well.
<p>Workforce Systems (2 Alert, 1 Assure, 1 Advise)</p>	<p>Assure (1) ESR Data cleanse</p> <ul style="list-style-type: none"> The project is 99.5% complete (for Agenda for Change staff only) at the time of submission and has increased from 74% in August 2023. The remaining data cleanse is just one cost centre with a headcount of 4 employees. Medical and Dental data is being reviewed, and naming conventions amended before the establishment review starts in October 2023. <p>Alert (1) Medical Rostering Project</p> <ul style="list-style-type: none"> All Consultants and Specialty and Specialist Doctors need to have a 2023/24 job plan by the 31 December 2023, these can be uploaded onto Allocate, Health Rota or both by 31 March 2024, additional resources will be needed to support this. <p>Alert (2) Medical Rostering Project</p> <ul style="list-style-type: none"> 64% of Junior Doctors and 41% of Doctor's are now on an active roster. The Junior Doctor percentage has dropped by 13% due to the Bournemouth Medicine Juniors still not being on an active roster. <p>Advise (1) Roster Improvement</p> <ul style="list-style-type: none"> New rostering trainer started on the 2 October so role specific training will be rolled out, ITU and Pharmacy are trialling having a Rostering Super User for their areas and if this is successful this could be rolled out across the Trust.
<p>Temporary Workforce (1 Alert, 2 Advise)</p>	<p>Alert (1) Right to Work</p> <ul style="list-style-type: none"> A review on Right to Work processes has highlighted a requirement to address the overall organisational position in relation to our legal and statutory compliance. Through a focused project approach, resource is being put into place to work towards improved data compliance. This will be added to the risk register. <p>Advise (1) Agency Usage Risk 1492</p> <ul style="list-style-type: none"> Trust wide, total expenditure on agency as a percentage of pay bill is up marginally by 0.52% to 5.04%. Month 6 has also seen a marginal increase of 4% on high cost off-framework agencies usage. <p>Advise (2) – Bank Engagement</p> <ul style="list-style-type: none"> Successful Bank engagement events were held during September 2023 across all Trust sites. CommuniTea drop-in sessions took place to support and engage with bank workers, and an opportunity to promote the 2023 survey.
<p>Organisational Development</p>	<p>Advise (1) Equality, Diversity, and Inclusion</p> <ul style="list-style-type: none"> Black History Month launched with events planned for 16 and 23 October 2023. World Menopause Day celebration on 18 October 2023.

<p>(5 Advise, 1 Assure)</p>	<p>Advise (2) Leadership & Talent</p> <ul style="list-style-type: none"> 2024 dates confirmed and beginning procurement process for cohort of 15 staff for ILM (Institute of Leadership Management) Level 5 coaching (with the view to open applications from late October 2023). <p>Advise (4) Health & Wellbeing</p> <ul style="list-style-type: none"> Health kiosks in Bournemouth and Poole restaurants have been well used with 193 users at Bournemouth and 250 at Poole in 2 weeks. They will be returning in January 2024 for 3 months. First cohort of Mental Health First Aiders completed successfully, 2 further cohorts are planned for November 2023 along with development and support initiatives. <p>Advise (5) Culture & Engagement</p> <ul style="list-style-type: none"> Staff Survey 2023 went live on 12 September, two weeks earlier than normal. Survey closes on 24 November. 25 new UHD Culture Champions have been matched with a senior leader and a number of teams to visit. They are being upskilled in Coaching conversations, improvement skills and Patient First training before the launch of the Big UHD conversation in November 2023. <p>Advise (6) FTSU (Freedom to Speak Up)</p> <ul style="list-style-type: none"> 138 staff have raised a concern with the FTSU team since April 2023 (end of September 2023).
<p>Trust Finance Position</p>	<p>Strategic goal: To return to recurrent financial surplus from 2026/27</p> <p>Alert: Forecast Outturn Risk The Dorset ICS submitted a balanced revenue plan for the year, being the aggregate of individual organisational plans each of which confirmed a break-even revenue plan. However, the Trusts operational revenue budget for the year contains considerable financial risk. A range of mitigation plans have been identified and budgets continue to be actively managed to safeguard the financial performance of the Trust.</p> <p>Advise: Revenue Position At the end of September 2023, the Trust has reported a deficit of £18.3million against a planned deficit of £5.9million representing an adverse variance of £12.4million. This is mainly due to a reduction in elective income of £5.9 million reflecting lower than planned activity; the net cost of the Nursing, Junior Doctors and consultant strikes of £2.5million; energy cost inflation of £1.9million; and unfunded escalation costs of £1.7million. Premium cost pay overspends within Care Groups have been largely off-set by additional bank interest and reduced depreciation charges.</p> <p>Advise: Cost Improvement Programme Efficiency savings of £9.7million have been achieved as at 30 September 2023 against a target £10.6million. This includes non-recurrent savings of £5.9million. The full year savings requirement is £33.3million which represents a significant challenge. Current savings plans total £17.9million representing a shortfall of £15.4million and a recurrent shortfall of £21.5million. Mitigating this shortfall continues to be the key financial focus for the Trust.</p> <p>Advise: Capital Programme The Trust has committed capital expenditure of £34.6million to the end of September 2023 against a plan of £67.5million. This £32.9million underspend mainly relates to the phasing of expenditure in relation to the Acute Reconfiguration (STP Wave 1); the timing of spend in relation to the Community Diagnostics Centre, an under spend against the One Dorset Pathology Hub build, and slippage in the IT capital programme. With the</p>

	<p>exception of the New Hospitals Programme (which reflects the latest cashflow agreement with NHS England), the Trust continues to forecast capital expenditure consistent with the full year budget.</p> <p>Advise: Cash As at 30 September 2023 the Trust is holding a consolidated cash balance of £88.3million which is fully committed against the future Capital Programme. The current cash balance is higher than planned due to the successful award of capital funding for multiple schemes alongside a rephasing of the capital programme spend. The balance attracts Government Banking Services interest of 5.14% at current rates, together with a Public Dividend Capital (PDC) benefit of 3.5%.</p> <p>Advise: Public Sector Payment Policy In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.4% against the national standard of 95%. Financial Services continue to work closely with relevant teams to identify further mitigating actions.</p>																				
Key Recommendations:	The Council are asked to note the content of the report.																				
Implications associated with this item:	<table> <tr><td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Financial</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>System</td><td><input checked="" type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality and Diversity	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input checked="" type="checkbox"/>	System	<input checked="" type="checkbox"/>
Council of Governors	<input type="checkbox"/>																				
Equality and Diversity	<input checked="" type="checkbox"/>																				
Financial	<input checked="" type="checkbox"/>																				
Operational Performance	<input checked="" type="checkbox"/>																				
People (inc Staff, Patients)	<input checked="" type="checkbox"/>																				
Public Consultation	<input type="checkbox"/>																				
Quality	<input checked="" type="checkbox"/>																				
Regulatory	<input checked="" type="checkbox"/>																				
Strategy/Transformation	<input checked="" type="checkbox"/>																				
System	<input checked="" type="checkbox"/>																				
CQC Reference:	<table> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Caring</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Responsive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Well Led</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Use of Resources</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>								
Safe	<input checked="" type="checkbox"/>																				
Effective	<input checked="" type="checkbox"/>																				
Caring	<input checked="" type="checkbox"/>																				
Responsive	<input checked="" type="checkbox"/>																				
Well Led	<input checked="" type="checkbox"/>																				
Use of Resources	<input checked="" type="checkbox"/>																				

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

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	<table> <tr><td>Commercial confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
Commercial confidentiality	<input type="checkbox"/>								
Patient confidentiality	<input type="checkbox"/>								
Staff confidentiality	<input type="checkbox"/>								
Other exceptional reason	<input type="checkbox"/>								



Integrated Performance Report

Reporting month: September 2023

Meeting Month: October 2023

Contents

Performance – Matrix 1	3
Performance – Matrix 2	4
Statistical Process Control (SPC)	5
Quality – Safe (1)	7
Quality – Safe (2)	8
Quality – Caring (3)	9
Quality – Effective & Mortality (4)	10
Quality – Well Led (5)	11
Maternity (1)	12
Maternity SPC	13
Maternity (2)	14
Performance – Quality (KPI)	12
Workforce – Well Led	17
Workforce – Well Led (KPI)	18
Responsive (Elective) RTT	20
Responsive (Elective) Diagnostic Waits	21
Responsive (Elective) Cancer FDS 62 day standard	22
Responsive (Elective) Cancer over 62 day breaches	23
Responsive (Elective) Theatre Utilisation	24
Responsive (Elective) Outpatients	25
Responsive (Elective) Screening Programmes	26
Health Inequalities	27
Performance Responsive (Elective) KPI	28
Responsive (Emergency) Ambulance Handovers	29
Responsive (Emergency) Care Standards	30
Responsive (Emergency) Trauma & Orthopaedics	31
Responsive (Emergency) Patient Flow	32
Responsive (Emergency/Elective) Length of Stay & Discharges	33
Performance (Emergency) KPI	34
Finance – Use of Resources	36
Well Led – Informatics	38

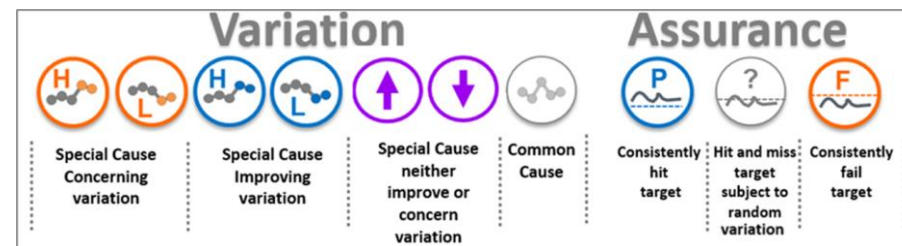
Performance at a Glance Indicators (1)

		standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
SAFE															
Quality	Presure Ulcers (Cat 3 & 4)		9	8	3	9	10	7	7	5	9	5	2	14	9
	Inpatient Falls (Moderate +)		5	3	2	5	9	3	3	5	2	7	1	5	4
	Medication Incidents (Moderate +)		1	0	2	1	0	1	0	0	0	2	1	4	4
	Patient Safety Incidents		1096	1236	1216	1204	1166	1044	1201	1073	1190	1138	1224	1230	1281
	Hospital Acquired Infections	MRSA	1	1	0	0	1	0	0	1	0	0	0	0	0
		MSSA	3	7	2	3	3	1	1	4	6	8	4	4	5
		C Diff	9	2	4	5	6	4	5	5	8	19	11	4	8
E. coli		9	6	7	5	10	7	14	5	8	17	14	8	11	
EFFECTIVE															
Mortality	HSMR (all Latest Mar 23	(source Dr Foster)	109.7	119.6	118.7	115.4	107.8	103.8	101.3	106.2	102.4				
	Patient Deaths	YTD	225	256	256	294	273	217	259	238	228	215	196	227	200
	Deaths within 36hrs of Admission		29	41	37	50	38	37	32	36	41	34	33	43	25
	Deaths within readmission spell		21	21	17	24	23	23	16	22	21	18	26	31	20
CARING															
	Complaints Received		90	98	100	75	92	84	86	73	95	91	37	41	47
	Complaint Response Rate (55 Days)		56.6%	66.7%	58.7%	62.3%	52.5%	51.4%	47.4%	45.5%	45.5%	38.5%	24.1%	26.3%	10.9%
	Friends & Family Test		90.0%	89.8%	90.2%	87.8%	91.1%	92.7%	90.3%	90.9%	91.8%	91.0%	93.8%	94.4%	94.4%
WELL LEAD															
Safety	Risks 12 and above on Register		38	37	35	37	38	41	38	38	40	43	43	43	45
	Risks 15 and above on Register		20	19	19	19	20	20	19	19	20	21	20	22	23
	Red Flags Raised*		142	107	74	84	41	43	38	21	43	25	19	13	20
People	Turnover		14.70%	14.60%	14.70%	14.80%	14.94%	14.72%	13.90%	13.83%	13.66%	13.42%	12.90%	12.25%	12.05%
	Vacancy Rate		6.06%	7.85%	8.75%	7.2%	7.0%	6.4%	6.0%	6.0%	7.0%	8.1%	9.1%	8.2%	
	Sickness Rate		4.9%	5.7%	5.2%	6.4%	4.8%	4.7%	4.8%	3.9%	3.7%	3.9%	4.1%	4.1%	4.3%
	Statutory and Mandatory Training		86.75%	85.32%	85.80%	85.92%	86.31%	86.81%	86.98%	87.84%	88.45%	89.41%	89.70%	89.75%	89.25%

Performance at a Glance Indicators (2)

		standard	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
RESPONSIVE																
RTT	18 week performance %	92%	54.9%	55.5%	56.1%	55.1%	55.4%	54.3%	53.8%	52.6%	54.3%	55.1%	55.4%	57.0%	57.6%	
	Waiting list size	44,508	72,860	70,918	71,161	70,259	71,230	72,522	72,770	74,557	74,500	74,483	75,884	73,727	73,726	RAG based on trajectory
	No. patients waiting 52+ weeks		3,559	3,468	3,634	3,472	3,565	3,861	4,100	4,380	4,813	4,574	4,613	4,501	4,426	RAG based on trajectory
	No. patients waiting 65+ weeks		1,420	1,449	1,342	1,195	1,127	1,147	1,070	1,249	1,242	1,053	1,122	1,293	1,234	
	No. patients waiting 78+ weeks	0	504	513	487	473	395	274	96	112	97	32	34	43	43	RAG based on trajectory
	No. patients waiting 104+ weeks	0	76	63	37	25	10	0	0	0	0	0	0	0	0	RAG based on trajectory
Theatre	Theatre utilisation (capped) - main	98%	75%	69%	75%	73%	71%	71%	65%	72%	73%	73%	73%	74%	75%	
	Theatre utilisation (capped) - DC	91%	70%	74%	74%	69%	69%	67%	57%	69%	74%	73%	72%	72%	74%	
	NOFs (Within 36hrs of admission - NHFD)	85%	8%	40%	52%	43%	49%	24%	67%	54%	33%	37%	37%	31%	47%	
Outpatients	Outpatient metrics															
	Overdue Follow up Appts		33,840	32,999	32,757	33,369	34,863	34,756	34,302	31,778	31,057	30,594	29,622	27,619	27,946	
	% DNA Rate	5%	7.4%	6.8%	6.5%	7.5%	7.5%	6.5%	7.1%	7.6%	6.5%	6.1%	6.2%	6.3%	6.2%	
	Patient cancellation rate		11.4%	11.0%	10.5%	12.3%	10.6%	10.8%	9.2%	8.9%	11.3%	11.6%	11.0%	11.3%	11.6%	
	% non face to face (telemedicine) attendances	25%	21.1%	20.4%	20.0%	20.2%	20.8%	21.3%	18.5%	18.6%	18.6%	17.5%	15.7%	17.3%	16.9%	
DM 01	Diagnostic Performance (DM01)															
	% of >6 week performance	1%	20.0%	16.4%	11.0%	13.6%	10.7%	7.4%	7.0%	8.4%	6.0%	7.7%	9.4%	13.2%	12.1%	
	28 day faster diagnosis standard	75%	64.7%	63.1%	59.6%	68.4%	65.0%	71.0%	75.4%	71.2%	70.2%	71.9%	60.1%	54.7%	66.5%	sep cancer position predicted
Cancer	62 day standard	85%	71.2%	69.4%	64.3%	63.4%	63.6%	61.9%	65.4%	67.0%	62.7%	60.2%	63.0%	57.1%	51.4%	
	4 hour care standard									56.8%	66.4%	61.7%	60.1%	62.9%	61.2%	
Emergency Dept	Arrival time to initial assessment	15	15.0	16.0	15.0	20.5	11.0	15.0	13.0	16.0	19.0	22.0	24.0	16.0	16.0	
	Clinician seen <60 mins %		26.0%	25.5%	24.3%	21.8%	31.6%	25.7%	26.1%	31.6%	27.6%	35.6%	20.3%	27.2%	26.1%	
	Patients >12hrs from DTA to admission	0	129	295	157	343	234	294	211	220	82	13	59	2	-	
SW	Patients >12hrs in dept		886	1292	1074	2000	1108	1443	1238	849	637	504	871	723	857	
	Ambulance handovers		3657	3716	3855	3545	3602	3360	3988	4007	4102	4015	4268	4454	4253	
	Ambulance handover >60mins breaches		547	666	583	1568	728	882	900	698	345	383	615	560	680	
AST	Bed Occupancy (capacity incl escalation)	85%	92.8%	94.2%	92.7%	93.3%	93.1%	94.1%	94.5%	93.6%	92.3%	94.4%	94.6%	93.5%	95.3%	
	Stranded patients:															
	Length of stay 7 days		567	605	550	522	564	582	543	523	502	480	474	476	500	
Patient Flow	Length of stay 14 days		397	421	375	332	366	387	355	337	322	294	295	308	310	
	Length of stay 21 days	108	303	315	281	228	250	269	255	235	223	199	202	220	211	
	Non-elective admissions		5472	5535	5817	5956	5693	5165	6203	5690	6288	6347	6223	6233	6141	
SW	> 1 day non-elective admissions		3475	3578	3676	3905	3673	3202	3881	3612	3826	3783	3863	3821	3779	
	Same Day Emergency Care (SDEC)		1996	1956	2141	2050	1979	1963	2316	2078	2458	2560	2358	2410	2310	
	Conversion rate (admitted from ED)	30%	27.60%	25.80%	29.10%	28.30%	30.90%	27.79%	28.30%	29.70%	29.90%	31.60%	28.70%	28.60%	30.70%	

Statistical Process Control (SPC) – Explanation of Rankings



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

Quality Outcomes & Safety Patient Experience



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

Operational Leads:

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

Committees:

Quality Committee

Quality (1) – Safe



Background/target description

To improve patient safety.

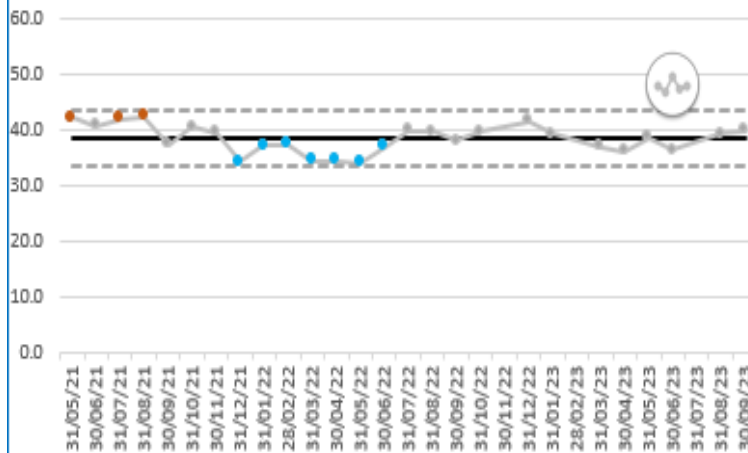
Performance

- No significant trends or changes in IPR reported metrics .
- Draft PSIRF plan discussed at CGG 28/9/23. To be discussed at TMG 10/10/23 and Quality Committee on the 17/10/23

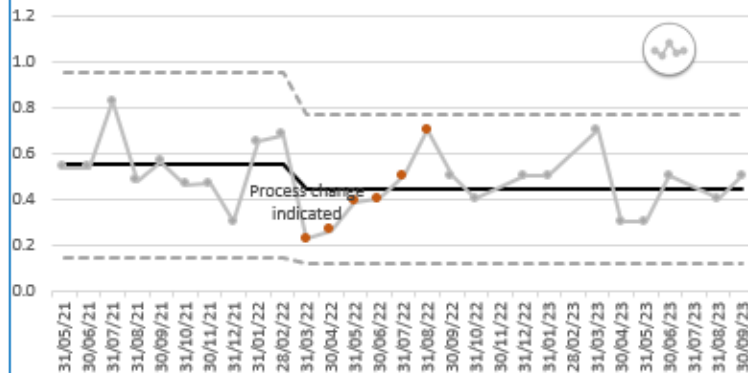
Key Areas of Focus

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

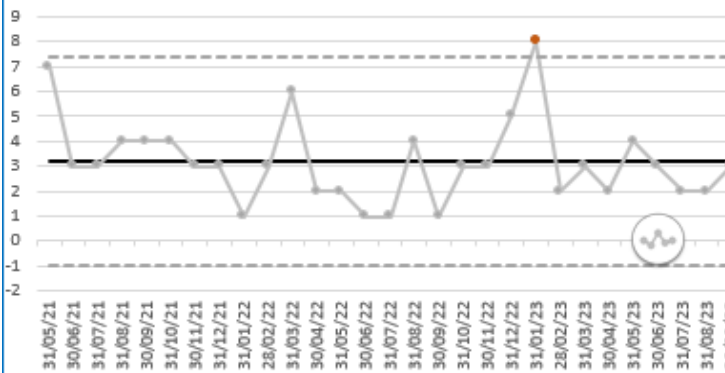
Patient Safety Incidents (All) per 1,000 beddays



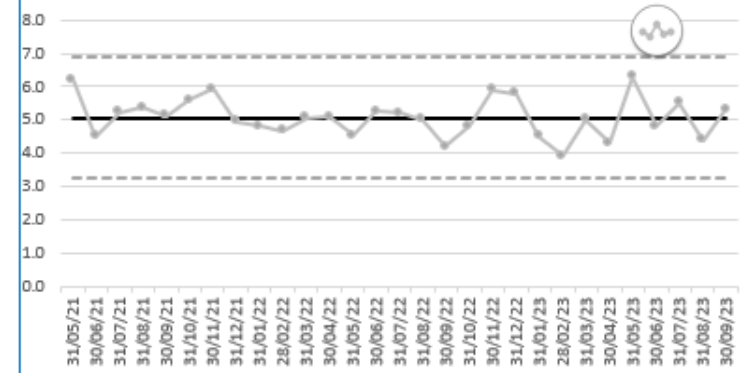
Patient Safety Incidents (Moderate +) per 1,000 beddays



Serious Incidents



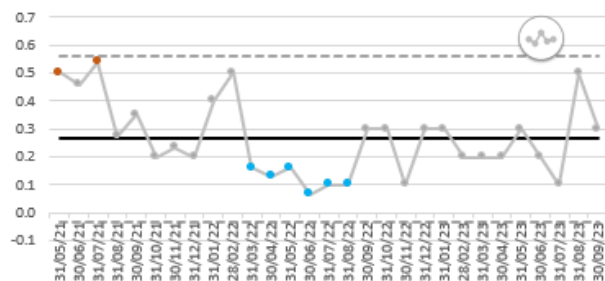
Medication Incidents (All) per 1,000 beddays



Quality (2) – Safe



Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays



Background/target description

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

Performance

Clinical practice:

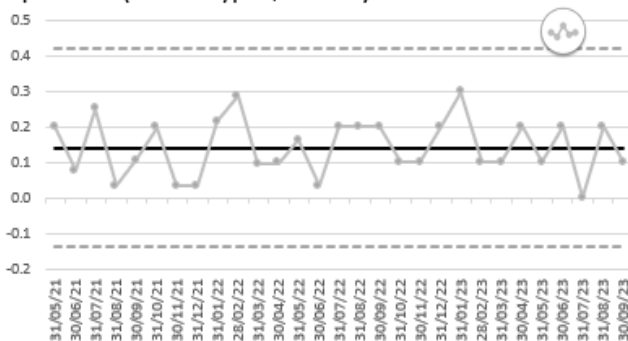
- There has been eight new category three pressures ulcers reported in month, which are following the appropriate investigation.
- There has been an increase in number of serious falls incident in month with six falls reported (five severe and one moderate). These falls are following the appropriate scoping and investigation process.

Infection Prevention and Control

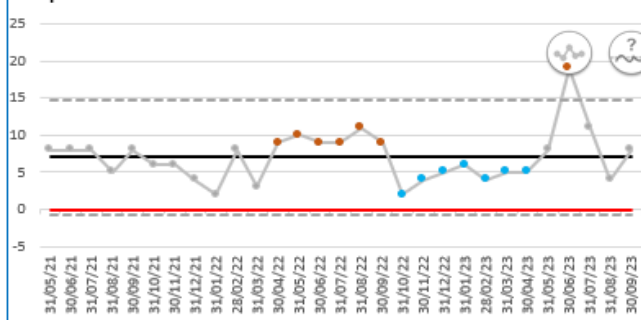
- Work continues to monitor methicillin-susceptible Staphylococcus aureus cases. Hepatobiliary source for gram negative bacteraemia is noted, under investigation in Infection Prevention and control.
- Slight increase in Clostridium difficile in month in line with normal variance, ongoing work around late sampling.
- On ward opened in September after COVID outbreak. There have been cases of healthcare related COVID deaths, which are following the appropriate investigation. Intranet guidance updated by note no significant changes.
- Critical Patient Information (CPI) flags for Infection Prevention and Control are under review across the organisation.
- New central register for COVID-19 LFD testing being developed
- The team are assessing themes as part of the PSIR Framework, including management of urinary catheters, intravenous cannulae and clostridium difficile relapses

Key Areas of Focus

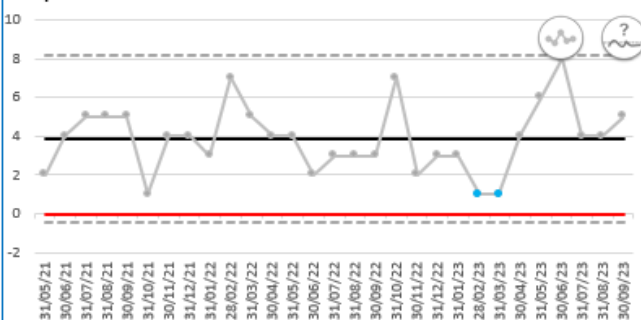
Inpatient Falls (Moderate +) per 1,000 beddays



Hospital Associated Infections - C Diff

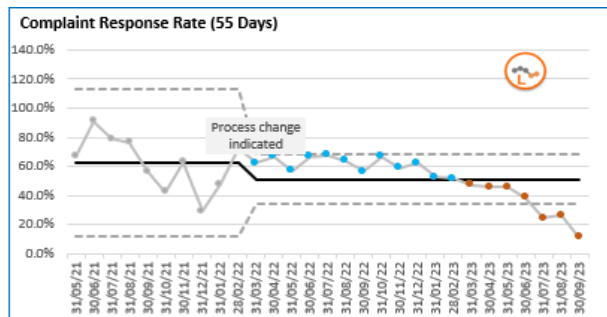
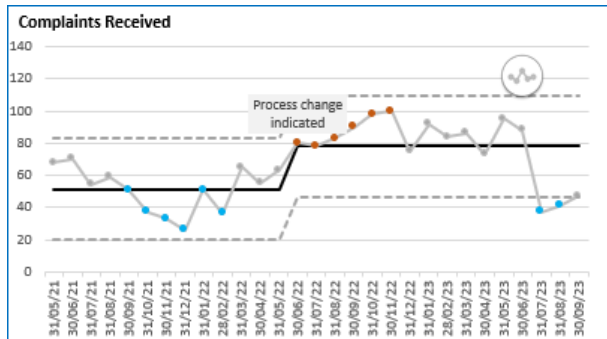
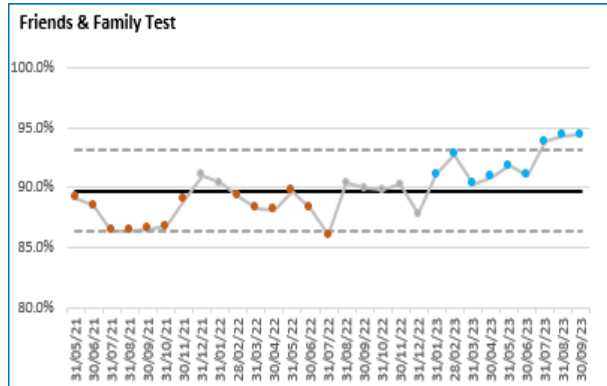


Hospital Associated Infections - MSSA



Organism	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Cdiff	11	9	2	4	5	6	4	5	5	8	19	11	4	8
eColi	7	9	6	7	5	10	7	14	5	8	17	14	8	11
MRSA	0	1	1	0	0	1	0	0	1	0	0	0	0	0
MSSA	3	3	7	2	3	3	1	1	4	6	8	4	4	5

Quality (3) – Caring



PALS and Complaints Data for September 2023:

Overview:

- 505 PALS concerns raised
- 36 new formal complaints (remain within our control measures)
- 11 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in September were 47.
- Key themes from PALS and complaints:
 - Quality – clinical standards
 - Safety – errors, incidents and staff competencies
 - Communication – absent or incorrect
 - Respect – caring and patient rights

Assure (1) : The reduced number of complaints opened in month continues to reflect the change in process of the recording of all new complaints. The complaints team now advise the open complaint date as the date in which consent and confirmation of investigation points has been received. This follows best practice and avoids duplication of complaints reporting.

Advise (2): The number of open complaints over 55 days continue to be prioritised within the complaints team and care groups.

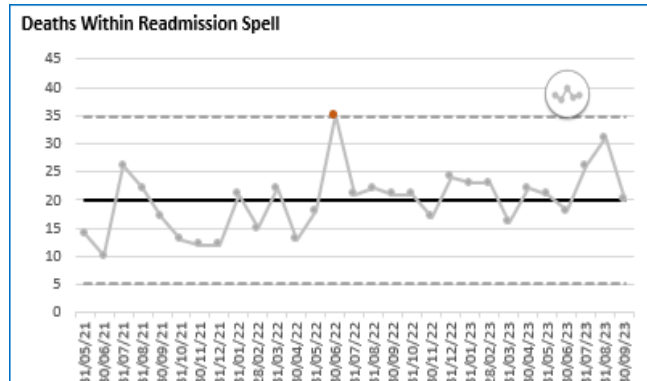
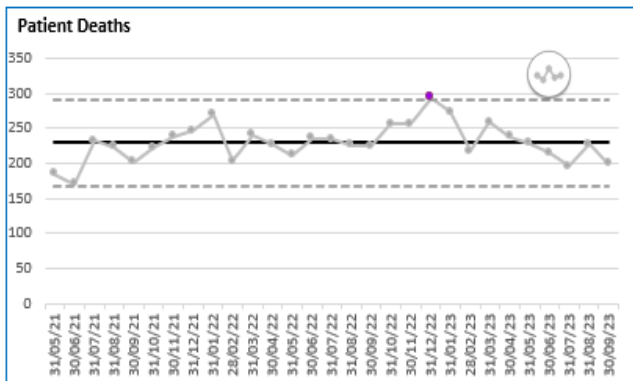
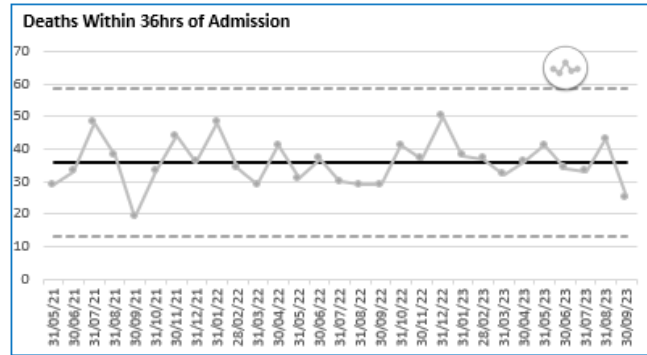
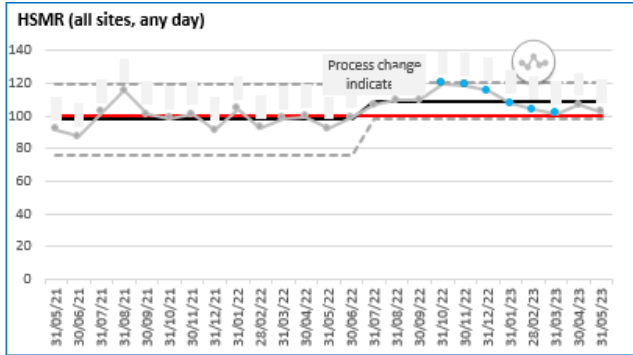
Friends and Family Test (FFT)

Advise (3): An error in transferring Emergency Department data for FFT text messaging service has been seen due to the change from Symphony to Agyle- this is continuing, awaiting Agyle change to address this. Testing of new in house FFT text messaging service started, sending out an additional 10,000 text messages per week, testing includes time of day, different message content to maximise the response rate.

Mixed Sex Accommodation Breaches

There were no reported MSA incidents in September 2023 – continued monitoring of areas continues with care group matrons.

Quality (4) – Effective & Mortality

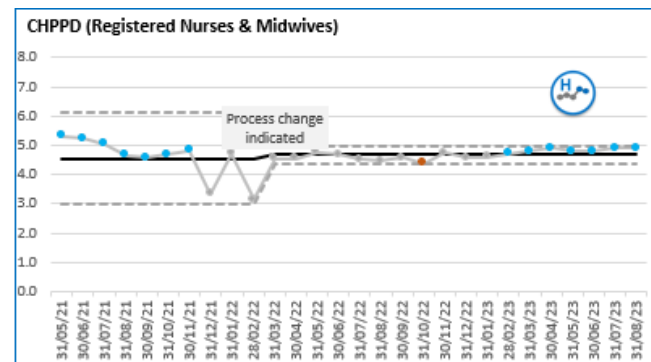
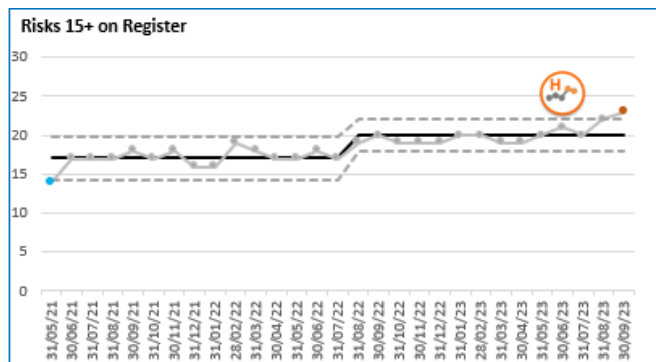
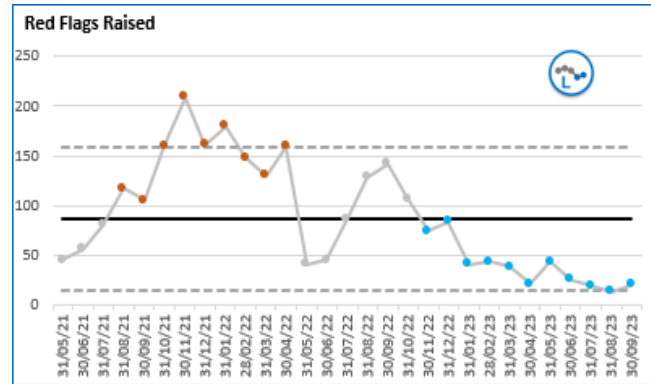
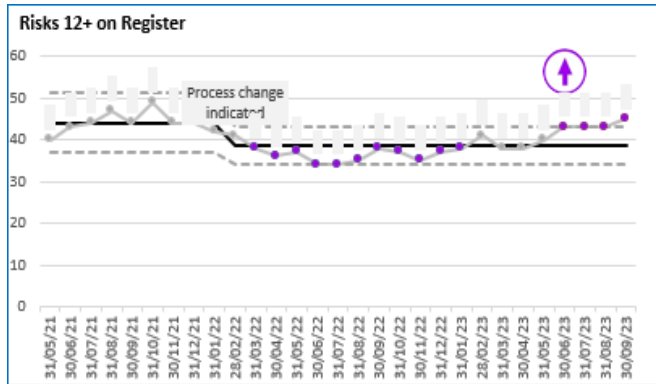


The headline mortality figure that we will report and which will align with the key metric in Patient First will be HSMR for the whole of UHD. We will support this with an evolving suite of relevant metrics which will adapt to need and any risks.

As previously reported to board, all formally reported mortality metrics are at least 5 months old and any trends are about a year old. As a trust we need to be mindful and sighted on this data and we will also use some more contemporaneous sources from the medical examiner and learning from deaths review.

We aim to have this reporting ready for the November output.

Quality (5) – Well Led



Performance

- September CHPPD for registered nurses and midwives was 4.6. Guidance for organisational level CHPPD for registered nurses and midwives advises this should be >3.
- The Red Flag data for September was 20 raised in month one of which was for maternity. No critical staffing incidents were reported during this period indicating that the flags were mitigated, and safe staffing was maintained.

Key Areas of Focus

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

Summary of compliance UHD overall:

Current Risk Grading	No: of risks under review	Number of Risks compliant with Risk Appetite timescales	% of Risks Compliant with Risk Appetite timescales	Month on month position
12 and above	43	41	95%	↔
8 to 11	86	71	82%	↓ 7%
4 to 7	80	67	83%	↓ 9%
1 to 3	3	3	100%	↔
Total	212	181	86%	↓ 5%

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

Hospital Site name	Patient Count	Registered Nurses/Midwives			
		Total monthly planned staff hours	Total monthly actual staff hours	Fill Rate %	CHPPD
Poole Hospital	15624	76645.8	73181.7	95.5%	4.7
Bournemouth & Christchurch	15586	73560.5	70108.6	95.3%	4.5
UHD Total	31210	150206.3	143290.3	95.4%	4.6

Maternity (1)



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

Perinatal Quality Surveillance scorecard	Metric	Alert (national standard/ average where available)	23-Feb	23-Mar	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Perinatal	Red flags: 1:1 care in labour not provided	0	0	0	0	0	0	1	0	0
	3rd/4th degree tear overall rate	>3.5%	1.40%	0.60%	3.1%	2.70%	4.2%	3.9%	4.6%	1.0%
	Obstetric haemorrhage >1.5L	>2.6 %	2.10%	4.30%	2.10%	3.0%	3.7%	4.4%	3.5%	3.36%
	Term admissions to NNU	National <6%, Regional <5%	3.40%	6.20%	5.9%	6.50%	5.50%	4.30%	4.50%	6.10%
	Apgar < 7 at 5 minutes	<1.2 %	2.40%	1.10%	2.3%	0.0%	1.10%	0.70%	0.0%	1.6%
	Stillbirth number	Actual	1	0	4	2	1	0	0	2
	Stillbirth number/rate (per 1,000)	> /1000	3	0	13.29	7	3	0	0	6.4
Workforce	Rostered consultant cover on Delivery Suite - hours pw	<72	72	72	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per week	<58	58	58	58	58	58	58	58	58
	Midwife/band 3 to birth ratio (establishment)	1:23	1:21	1:21	1:21	1:21	1:21	1:21	1:21	1:21
	Midwife/band 3 to birth ratio (in post)	1:23	1:23	1:25	1:25	1:24	1:24	1:25	1:22	1:22
Feedback	Number of compliments (Smiles via Badgernet)		18	43	42	37	41	66	51	32
	Number of concerns (PALS)		2	0	0	0	4	3	0	2
	Complaints	3	0	4	2	3	2	2	0	0
	FFT Repsonse -returns as % of deliveries not mandated now)		12%	40%	43%	46%	87%	80%	62%	125%
Training	UHD Mandatory training - women's health	90%	87%	86%	82%	84%	86%	88%	88%	88,36%
	PROMPT/Emergency skills all staff groups	90%	94%	94%	82%	82%	84%	86%	not known	85.2%
	K2/CTG training all staff groups	90%	85%	85%	91.76%	96%	94%	96%	95%	95%
	CTG competency assessment all staff groups	90%	not known	not known	91.76%	96%	94%	96%	95%	95%
	Core competency framework compliance	90%	not known	84%	84%	87%	89%	86%	84%	85%
	Coroner Reg 28 made directly to the Trust	al <6%, Region	N	N	N	N	N	N	N	Y
	HSIB/CQC etc. with a concern or request for action		Y (CQC)	Y (CQC)	Y (CQC)	Y (CQC)	Y (CQC)	Y (CQC)	Y (CQC)	Y (CQC)

Data and Target

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

Performance

There are 3 areas currently flagging as red RAG rated:

Obstetric haemorrhage >1.5L - 10 cases reported this month

Terms admissions to NNU has increased to 6.1 percent this month

Stillbirth rate per 1000 has increased to 6.4

There are 2 areas currently RAG rated as amber

Core Training compliance and overall PROMPT training –ongoing challenges to meet 90% compliance due to staff vacancies continues, this month we saw a decrease on the PROMPT training compliance due to the change over of the junior doctors.

Apgar scoring less than 7 within the first 5 min of life has increased to 1.6 and we are looking at the drive behind such change. This will be monitored over the coming months to ascertain if this is a normal variation

Key Areas of Focus

Still Births: - Performance for this metric is currently being reviewed as was above the national rate for 3 consecutive months (April-June '23). Whilst the peer review is in progress, this month there is a slight increase and all the cases involved in this metric will be reviewed through the PMRT

Obstetric haemorrhage >1.5L: - The performance for this metric has been elevated for the past four months, a review has commenced using the Patient Safety Incident Response Framework (PSIRF) a Thematic Review and the update on the report and the findings will follow.

Term admissions to NNU: - Deep dive continues and will be reported to the Trust Board
Training: - We are continuing to meet the PROMPT compliance of 90% for midwifery and the MSW teams, Medical staff compliance has dropped this month due to change over of junior medical staff, our practice development team have plans to provide extra training and assure compliance by 30 of November.

Maternity (SPC)



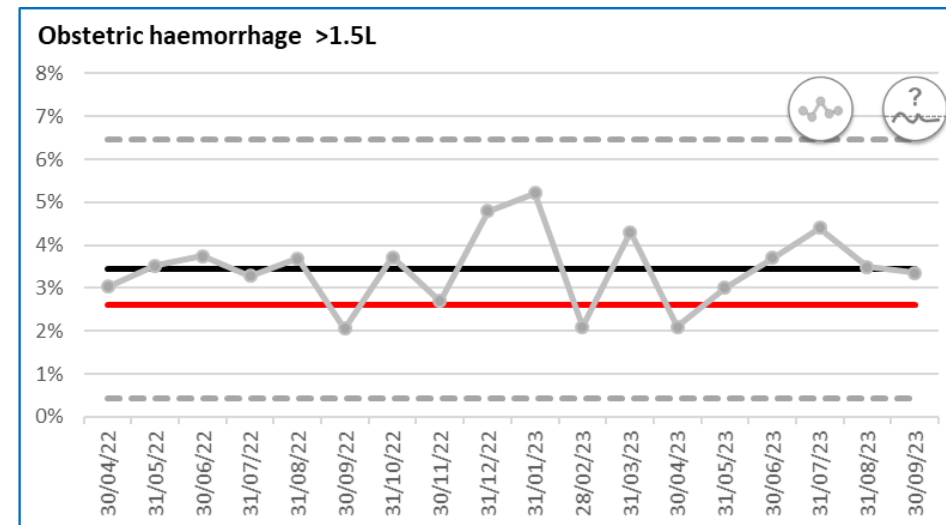
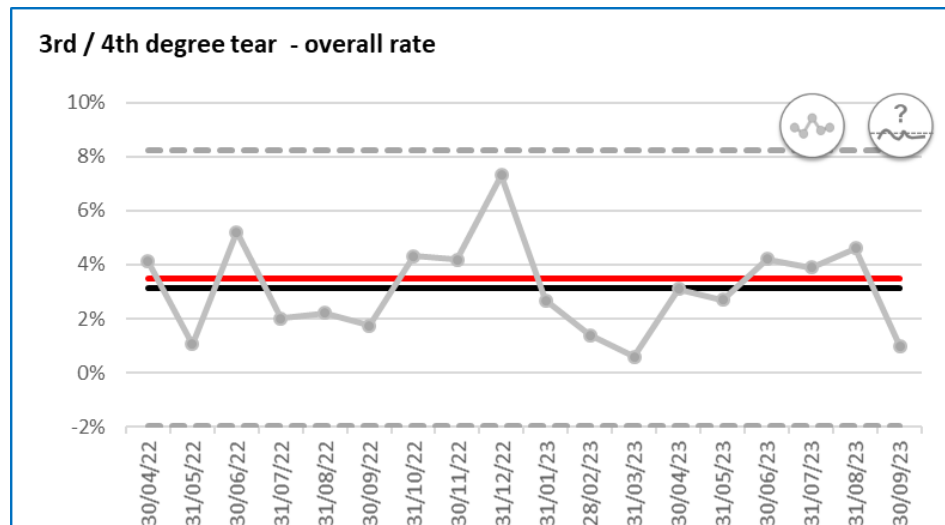
Executive Owner: Paula Shobbrook (Chief Nursing Officer)

Management/Clinical Owner: Sarah Macklin (GDO) / Lorraine Tonge

Director of Midwifery / Mr Alex Taylor Clinical Director

Maternity - Areas of Focus

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
3rd / 4th degree tear - overall rate	Sep 23	1.0%	3.5%			3.1%	-2.0%	8.2%
Obstetric haemorrhage >1.5L	Sep 23	3.4%	2.6%			3.5%	0.4%	6.5%
Term admissions to NNU %	Sep 23	6.1%	6.0%			4.9%	1.4%	8.4%



Maternity (2)



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

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

National position & overview

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

Findings of review of all perinatal deaths using the national monitoring tool	Matters for Board information and awareness	Progress in achievement of Year 5 Maternity incentive scheme
<p>MBRRACE reportable cases:</p> <p>There have been no reportable cases for MBRRACE in September</p> <p>However, 12 cases are still pending final PM/Outcome and this numbers remain high and above expected range. In addition, there are two further cases reported by external Trusts, requiring joint review</p> <p>Agreed delay due to industrial action with the ICB and Somerset. We are planning to proceed with the external review with the team from Somerset in November. When this review has been completed and concluded for all PMRT cases from January 1st to May 31st the report will be shared with the Trust Board.</p> <p>Whilst the reduced fetal movements has been identified as one of the themes, actions has been taken to increase awareness of the importance of reduced fetal movements.</p>	<p>Patient Safety Incident Response Framework (PSIRF) PSIRF is being implemented in maternity this autumn and our top 3 areas identified for thematic reviews are</p> <ol style="list-style-type: none"> 1. Stillbirth 2. Term admissions to NICU 3 PPH greater than 1.5 liters., 10 incidents reported this month <p>Other incident to note from September report</p> <p>Insufficient numbers of healthcare professional: due to high midwifery and medical staff vacancy rate</p> <ul style="list-style-type: none"> • Causing disruption in service and delay in care. • Training compliance standards not being met • 1 incident of homebirth suspension <p>There were 8 instances of Failure/ insufficient/ incomplete monitoring.</p> <p>9 mothers were re-admitted to Maternity Services this month</p> <p>Trust Board Reading room reports to be noted:</p> <p>No new incidents reported in this month</p>	<p>MIS year 5</p> <p>Year 5 standards have been released. In July, a second version has been published and we will be working to these new standards</p> <p>Work continues on all safety standards with monthly assurance meetings to monitor compliance.</p> <p>At risk areas are:</p> <p><u>Safety action 4 & 6-</u> Obstetric Staffing needs to provide a robust locum induction as per RCOG standards and Saving Babies Lives Care Bundle 3 (v3.1, see appendix 7) has a new element delivering care to women with existing diabetes and which will require MDT trust wide approach to achieve this standard. We are working with the medical recruitment team to finalise an induction pack (for long term and short-term locums) that embed guidance from RCOG on the management of the temporary staffing.</p> <p><u>Safety action 8 - In house training,</u> This remained a challenge in September, due to the change over of the junior medical staff. Transferring the current data to the BEAT digital platform has required further review on the roles and responsibilities to update the data for this live training monitoring platform.</p> <p>Other areas we are improving are:</p> <p><u>Safety action 9-</u> We are working closely with the ICB to ensure that we have a live digital monitoring Maternity and Neonates Dashboard that supports the monitoring of the performance and delivery of a safe service</p>

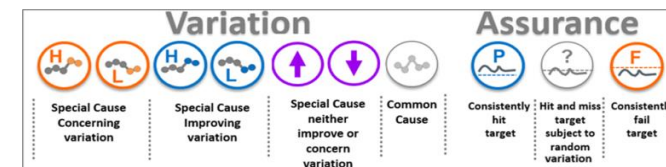
Performance at a glance

Quality - Key Performance Indicator Matrix



UHD Quality

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays	Sep 23	0.3	-			0.3	0.0	0.6
Inpatient Falls (Moderate +) per 1,000 beddays	Sep 23	0.1	-			0.1	-0.1	0.4
Medication Incidents (Moderate +) per 1,000 beddays	Sep 23	0.1	-			0.0	-0.1	0.2
Medication Incidents (All) per 1,000 beddays	Sep 23	5.3	-			5.1	3.2	6.9
Patient Safety Incidents (All) per 1,000 beddays	Sep 23	39.9	-			38.5	33.8	43.1
Patient Safety Incidents (Moderate +) per 1,000 beddays	Sep 23	0.5	-			0.5	0.2	0.7
Serious Incidents	Sep 23	3				3	-1	7
Never Events	Sep 23	0	-			0	-1	1
Hospital Associated Infections - MRSA	Sep 23	0	0			0	-1	1
Hospital Associated Infections - MSSA	Sep 23	5	0			4	0	8
Hospital Associated Infections - C Diff	Sep 23	8				7	-1	15
Hospital Associated Infections - E Coli	Sep 23	11	0			8	-2	17
Risks 15+ on Register	Sep 23	23	-			20	18	22
HSMR (all sites, any day)	May 23	102.4	100.0			109.2	98.3	120.1
Mixed Sex Accommodation Breaches	Sep 23	0	0			4	-13	21
Complaints Received	Sep 23	47	-			78	46	110
Complaint Response Rate (55 Days)	Sep 23	10.9%				51.1%	34.3%	67.9%
Friends & Family Test	Sep 23	94.4%	-			89.7%	86.3%	93.2%
			0					
Patient Deaths	Sep 23	200	-			229	167	292
Deaths Within 36hrs of Admission	Sep 23	25	-			36	13	58
Deaths Within Readmission Spell	Sep 23	20				20	5	35
Risks 12+ on Register	Sep 23	45				39	34	43
Red Flags Raised	Sep 23	20				87	15	159
CHPPD (Registered Nurses & Midwives)	Sep 23	4.6				4.7	4.3	5.0



Our People



Karen Allman
Chief People Officer

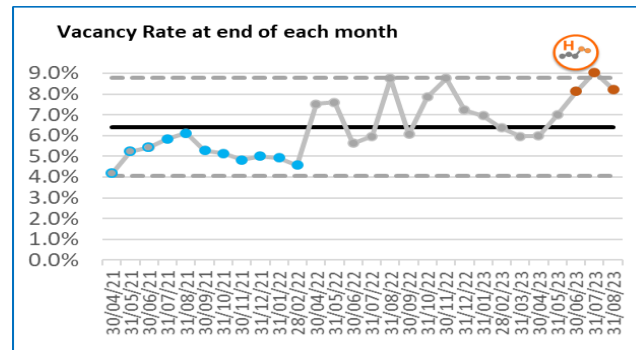
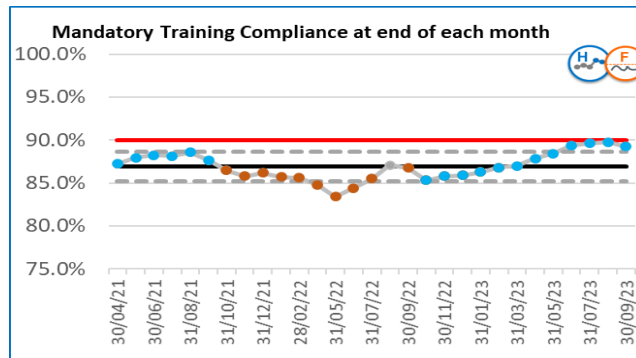
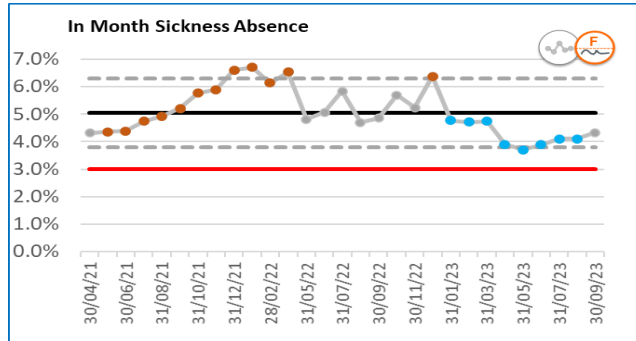
Operational Leads:

Irene Mardon - Deputy Chief People Officer

Committees:

People and Culture Committee

Well Led - Workforce (1)



Performance

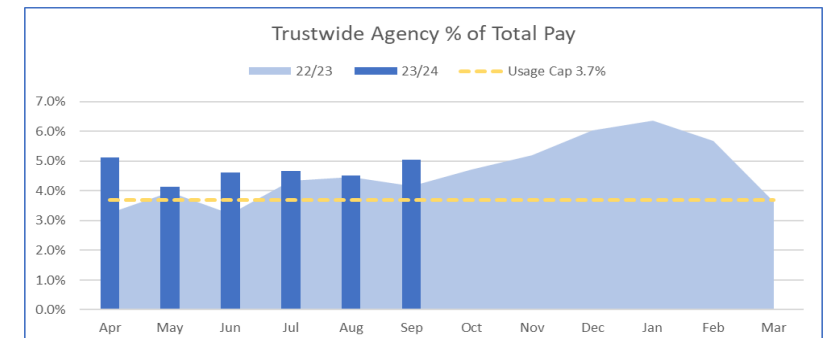
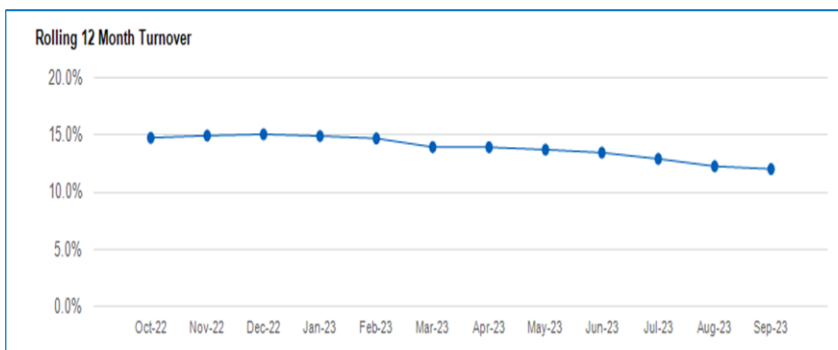
- Rolling 12 month Turnover rate (excluding fixed term temp) is at 12.1%, which is a slight reduction on last month and continues the downward trend.
- In month sickness absence for September 2023 was at 4.3%, the slightly up on previous month. Latest rolling 12 month rate (as at end of September 2023) is 4.6% which is a reduction on the previous month.
- Mandatory Training has reduced slightly to 89.3% as at end of Sep 2023 and is still under the 90% across all sites.
- Latest vacancy position is 8.2% (Aug 2023), this includes any changes made in arrears.
- Appraisal compliance for values based as at end of Aug is 53.9%. Medical & Dental is 55.9%. Increased attendance at appraisal drop-in sessions over 2023 season with positive feedback from appraisers and appraisees
- Trust wide agency spend should be no more than 3.7% of the overall pay bill. Currently the Trust at M6 is at 5.04%

Underlying issues:

- Data continues to adjust as the ESR establishment work and data cleanse process continues. The project is 99.5% complete (for Agenda for Change staff only) The Medical and Dental data establishment review starts in October 2023.
- Agency spend has decreased in the Medical Care Group M5 8.80% to 7.71% in M6, The Surgical Care Group was 4.07% in M5 and is now 3.24% in M6. Women's, Children, Cancer and Support Services Care Group was 3.19% in M5 and is now 4.07% in M6. Surgical Care Group is now below 3.7% for M6.

Key Areas of Focus

Information Governance is currently below the 95% national compliance required – currently it is 88.9%.



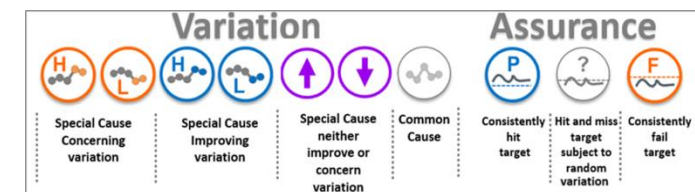
Performance at a glance

Well Led - Key Performance Indicator



UHD Workforce

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Vacancy Rate at end of each month	Aug 23	8.2%	-			6.4%	4.1%	8.8%
In Month Sickness Absence	Sep 23	4.3%	3.0%			5.0%	3.8%	6.3%
Mandatory Training Compliance at end of each month	Sep 23	89.3%	90.0%			86.9%	85.2%	88.6%
Temporary Hours Filled by Bank	Sep 23	50.6%	-			53.7%	46.9%	60.4%
Temporary Hours Filled by Agency	Sep 23	27.9%	-			16.2%	13.5%	19.0%



Population Health and System Working



Mark Mould
Chief Operating Officer

Operational Leads:

Judith May – Director of Operational Performance and Oversight

Alex Lister – Deputy Chief Operating Officer

Abigail Daughters – Group Director of Operations – Surgery

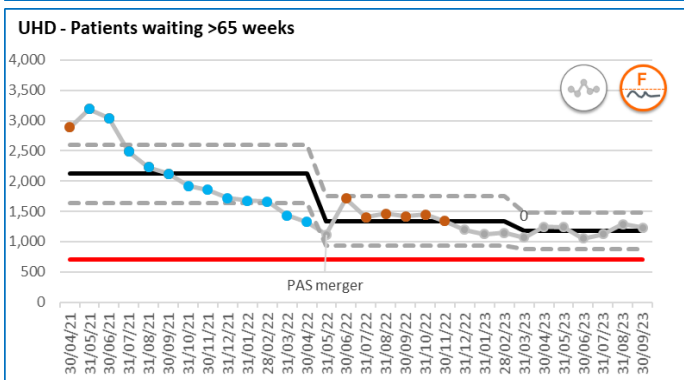
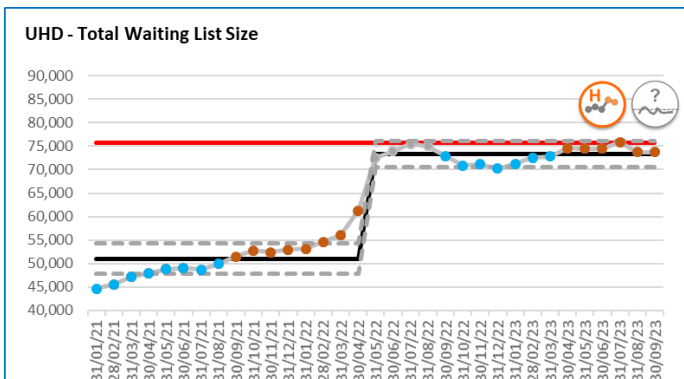
Sarah Macklin – Group Director of Operations – Women's, Children, Cancer
and Support Services

Leanna Rathbone – Group Director of Operations – Medical

Committees:

Finance and Performance Committee

Responsive – (Elective) Referral to Treatment



	Standard	Merged Trust	% of pathways with a DTA
Referral To Treatment			
18 week performance %	92%	57.60%	
Waiting list size (and trajectory)	75,827	73,726	18%
Waiting List size % variance compared to trajectory	0%	-2.8%	
 No. patients waiting 26+ weeks		20,383	24%
 No. patients waiting 40+ weeks		9,393	26%
No. patients waiting 52+ weeks (and % of waiting list)	6.0%	4,426	26%
No. patients waiting 65+ weeks (and % of waiting list)	1.7%	1,234	27%
No. patients waiting 78+ weeks (and % of waiting list)	0.1%	43	47%
No. patients waiting 104+ weeks (and % of waiting list)	0.0%	0	-
 % of Admitted pathways with a P code		97.34%	

Data Description and Target

Total number of patients waiting on an RTT elective waiting list.

Number of patients on an elective RTT waiting list whose wait exceeds 78 weeks. National target 0 by March 2023.

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

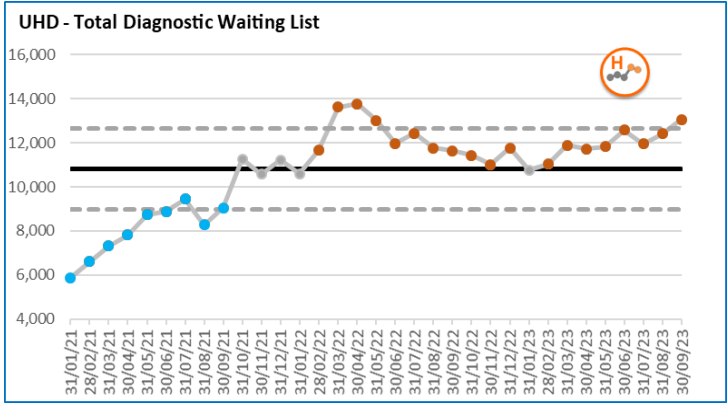
Performance

- Assessment across the Doret system of the impact of industrial action on elective has identified 3.1% of activity has been lost in UHD year to date. This includes: 1182 elective day cases, 180 ordinary in-patient episodes, 2749 outpatient first attendances and 3017 outpatient follow up attendances.
- The total waiting list (PTL) fell to 73,726 at the end of September. This is 2,101 below the operational planning trajectory for September 2023 (75,827).
- The adverse impacts of industrial action (IA) on long waiting patients have been minimised through prioritisation of waiting lists according to clinical need but a reduction in capacity has meant that 43 patients breaching 78 weeks remain on the waiting list at the end of September.
- The 65 week wait variance to plan increased to +529 (plan 705) however, a sustained reduction in the cohort of patients who will breach 65-week waits if not seen or treated by March 2024, is being maintained and the variance to plan is reducing in this group. The reduction in September was 3,097 and now stands at 9,597. This is a 73% reduction in the cohort since 1 April 2023.

Key Areas of Focus

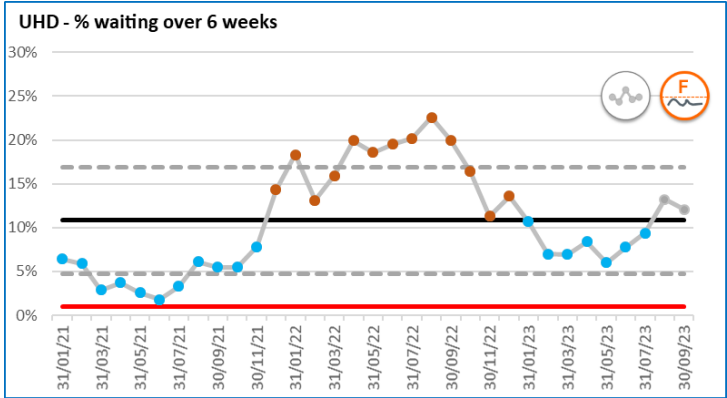
- Prioritising patients at risk of breaching 65 weeks before March 2024 for a first outpatient appointment or first contact by 31 October 2023. Including an additional 1,994 appointments in Gynaecology and additional clinics in neurology, dermatology, respiratory, community paediatrics and ENT.
- Increasing in the number of theatre sessions scheduled in October and prioritising this capacity for specialties who have the greatest capacity challenge for 65 week waits.
- Delivering additional capacity for cancer 2-week waits, targeted to reduce the impact of increased cancer referrals on routine elective capacity.
- Increasing productivity within core capacity. This includes wait-in-line reviews in neurology and endocrinology, validation hubs, reducing did not attends (DNAs) and a review of outpatient clinic utilisation.

Responsive – (Elective) Diagnostic Waits



Diagnostic Performance (DM01)

% of >6 week performance	(6+ Weeks / Total)	1%	1587/13063	12.1%
--------------------------	--------------------	----	------------	-------



Data Description and Target

Total number of patients waiting a diagnostics test
Number of patients whose wait for a diagnostic test exceeds 6 weeks. Target 1%

Performance

Improvement in overall diagnostics performance (DM01) had been delivered since January 2023. September performance was 12.1% compared to 13.2% at the end of August. Further improvement is required to meet the 1% target.

Endoscopy performance deteriorated to 13.1% at the end of September (12.8% at the end of August).

- Predominately due to impact of industrial action and scoping more complex patients.

Echocardiography performance has improved, moving from 23.8% in August to 22.5% in September.

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

Neurophysiology deteriorated from 24.0% in August to 24.7% in September.

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

Radiology performance has improved since August (10.4%) and is now 8.9% in September.

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

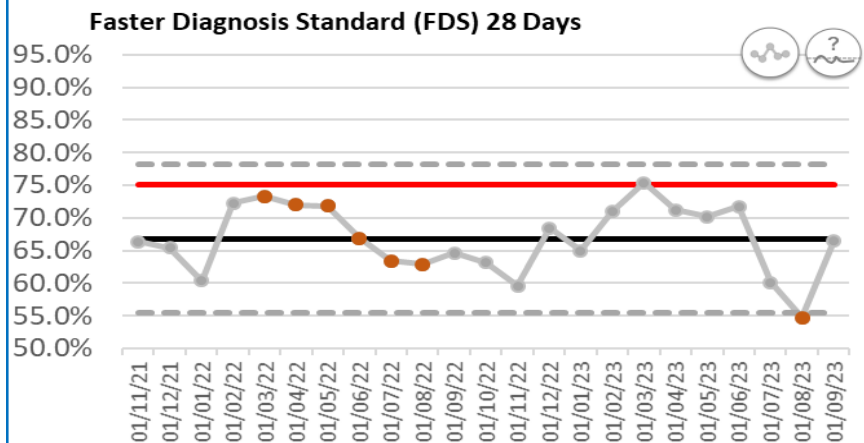
Key Areas of Focus

- **Endoscopy:** Trans nasal endoscopy commenced in September at Poole Hospital. There is ongoing use of 18weeks insourcing, the InHelath mobile endoscopy unit and waiting list initiatives (WLIs). Anaesthetic support for weekend general anaesthetic capacity is also now confirmed.
- Dr Doctor is to be integrated with e-Camis for Endoscopy with ongoing management of bookings to ensure high utilisation (currently at 88%) and low DNAs. New report has been developed to pull utilisation data.
- **Echocardiography:** DrDoctor to be integrated with TomCat to access reminder function for patients. Continued use of WLIs.
- **Radiology:** Continued assistance from AECC planned in October for ultrasound and MRI recovery.
- Progressing agency Sonographers (via Healthshare) to start U/S services in Beales in November.
- Reviewing cardiac MRI provision for Dorset County Hospital patients (circa 20 slots/month), and agreement to serve notice. Maternity leave cover is being sought for MRI cardiologist.
- Mitigation of the impact of industrial action in all modalities.

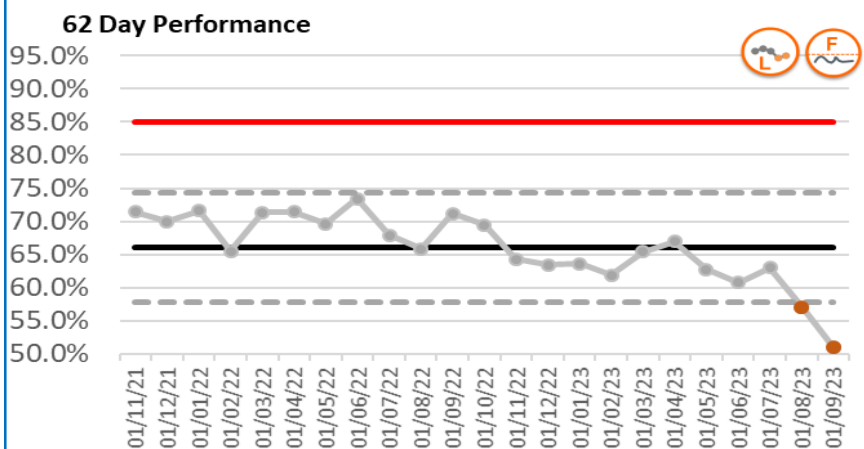
Responsive (Elective) Cancer FDS & 62 Day Standard



28 Day Faster Diagnosis Standard (Target 75%) Finalised UHD August Performance (54.7%)



62-Day Standard (Target 85%) Finalised UHD August Performance (57.1%)



Data Description and Target

- Percentage of patients informed of diagnosis within 28 days from referral. Faster Diagnosis Standard = 75%
- Percentage of patients who receive their 1st treatment for cancer within 62 days. 62 Day Standard = 85%
- The number of 62-day patients waiting 63 days or more on their pathway – no more than 220 by March 2024.

Finalised August Performance

- 28 Day Faster Diagnosis Standard - Performance in August was finalised at 54.7% (6 out of 14 tumour sites achieved the target); resulting in a single point of special cause variation. The main tumour site affecting August's performance was Skin due to an increase in referrals and a reduction in capacity. Rapid recovery actions are in place with an expected improvement in performance from September and October.
- 62-Day performance in August decreased by 5.9% compared to July. A high number of breaches were reported in month – Urology saw a 50% increase in breaches mainly due to a high number starting active surveillance / hormone treatments for prostate cancer. Surgical cancellations due to the industrial action also impacted on the high number of breaches in month.
- The total number on the UHD PTL over 62 days decreased by 5 to 297 for August which remains within the 50% fair shares target allocation of the March 2024 target set regionally.

Predicted September Performance (un-finalised)

- 28 Day Faster Diagnosis Standard - September's performance has improved by 12.3% to 67.0% compared to August. This is mainly due to the additional skin fast track slots running throughout the month.
- 62 Day performance - The provisional performance for September is currently 51.4%. Performance levels are expected to increase as treatments are reported throughout the month (83 treatments in September are awaiting histology which will increase the performance). This standard continues to be affected by the ongoing industrial action.
- The total number of patients over 62 days increased in September to 325, however remains within the 50% fair shares target. Work is ongoing with the Care Groups to reduce the number of patients over 62 days including weekly clinical reviews of all long waiters.

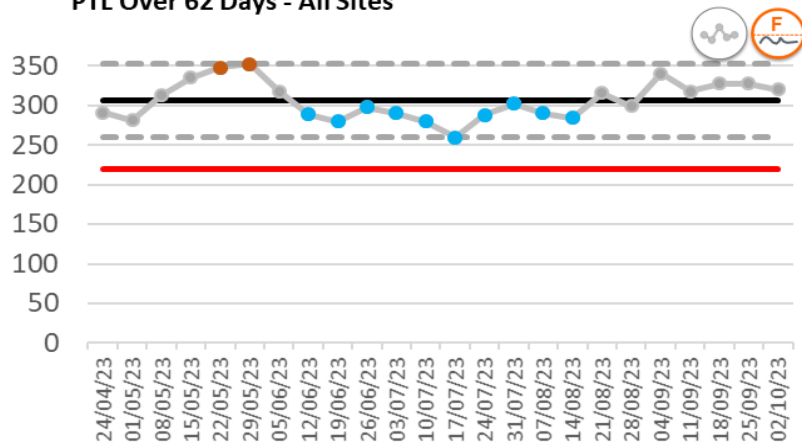
Responsive (Elective) Cancer over 62 Day Breaches



62 Day Breaches (Target August: 225)

Finalised UHD August Performance: 356

PTL Over 62 Days - All Sites



High Level Performance Indicators

Cancer Standards	Standard	Final	Predicted
		Aug-23	Sep-23
31 day standard	96%	96.6%	94.7%
28 day faster diagnosis standard	75%	54.7%	67.0%
62 day standard	85%	57.1%	51.4%

Key Areas of Focus

The priority areas of focus for the next quarter continues to be Colorectal, Gynaecology and Urology. In addition to this, first outpatient capacity within the Skin pathway has a rapid improvement plan in place to support the Trust's performance against trajectory and to prevent any impact to the 62D Standard.

Key areas of focus include:

Dermatology:

- Increase FDS performance to above 90% from October – additional clinics to continue throughout October.
- Finalisation of the tele-dermatology plan within UHD, whilst supporting system wide tele-dermatology projects, which support demand management.
- Pilot of first photo clinic to commence 2nd November.

Gynaecology:

- Implementation of the Gynae PMB (Post Menopausal Bleeding) post HRT pathway transformation to reduce the demand for urgent suspected cancer referrals and to ensure patients are seen in the most appropriate setting for their needs. Clinical sign off received in Sept 23 with go live expected end of October.

Colorectal:

- Cessation of the FIT <10 pathway at UHD. This will move to Primary Care in Q4 2023/24.

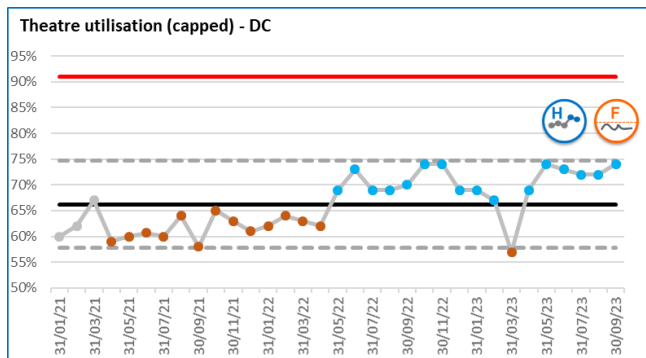
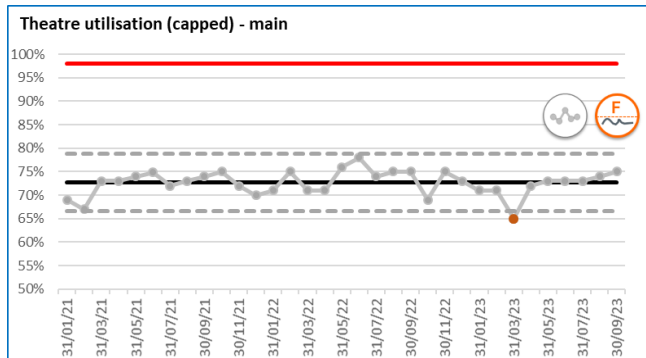
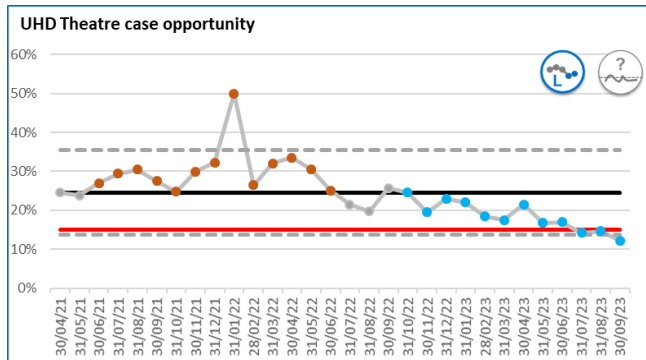
Urology:

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

Cross tumour sites:

- Promoting excellence in the basics including continuation of weekly clinical reviews of all long waiters to meet the over 62 Day trajectory for 220 patients by March 2024.
- Ensuring standardisation across all tumour sites for clinical triaging to improve efficiencies in outpatient clinic utilisation.
- Ensuring all 2WW referrals from Primary Care meet the minimum data requirements for a suitable referral into the Trust.

Responsive (Elective) Theatre Utilisation



Data Description and Target

Trust pursuing a **capped utilisation** of 85% which takes into consideration downtime between patients.

Intended utilisation is the utilisation booked into lists and excludes any on the day / 1-day prior cancellations. Theatre utilisation as reflected below includes emergency trauma lists which will be lower than capped utilisation (left) due to the unpredictable nature of emergency vs planned lists. Case opportunity is a measure of the time lost to inefficiency and expressed as the number of additional patients that could have been treated.

Performance

- Continued reduction and achievement of 15% case opportunity threshold.
- September 23 month end snapshot of intended (booked) utilisation is 83.61% with actual utilisation of 77.89%, (3% improvement on previous month). Ongoing industrial action is hampering achievement of >80% utilisation. Excluding Orthopaedic lists, increases utilisation by 2% demonstrating some improvement on Orthopaedic elective lists.
- Lost minutes to early finishes has decreased to 29 min average as compared to 44 min reported last month with following improvements across Oral Surgery.
- The time spent in theatre carrying out procedures is also showing improvement with an increase to touch-time minutes and a decrease in inter-case downtime.
- Orthopaedic lists continue to struggle to achieve utilisation > 70%. OMF are starting to show a sustained improvement.
- Improvement in lost minutes to late starts has been sustained, driven by improvements across Ortho lists, with much less variation indicating a controlled process.
- Successful recruitment campaign now a key enabler to increasing the sessions being run with plan to increase Ortho sessions from Mid – November 2023 and a forecast demonstrating sufficient staff to run the template by Mar 2024.

Underlying issues:

- Several specialties are using inaccurate procedure times which are impacting utilisation and early finish times.
- Ongoing staffing shortages across theatres remains a significant barrier to providing a full template for all surgical specialties, noting improvement as above.
- Strike days are impacting across all theatre efficiency markers.

Key Areas of Focus

- Targeted work underway to focus on orthopaedic utilisation, including booking habits and integrate newly recruited 'kit coordinator role,' to improve list utilisation and reduce case opportunity. Session run with Ortho teams to review procedure times to help improve utilisation. Session was very positive with great engagement from the team.
- Profiling theatre activity factoring in new starters and improved workforce position has been completed for both Orthopaedic and Surgical lists.
- The implementation of the virtual pre-op assessment has been delayed due to further testing and issues with integrating to CCS tool. Go Live date pushed to 2nd week in November.
- Super list ran on the 23rd Sept as planned with 14 patients treated. Work underway to take the learning into future lists.

Responsive (Elective) Outpatients

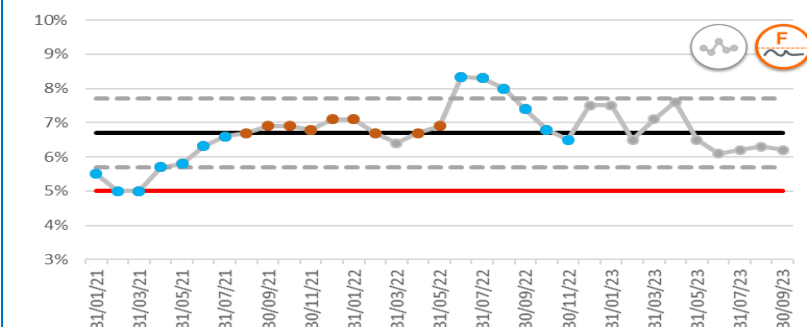


Referral Rates (MRR Return)	Standard	This Year	Trust Perf
GP Referral Rate year on year	-0.5%	51810	-20.6%
Total Referrals Rate year on year	-0.5%	78206	-23.5%

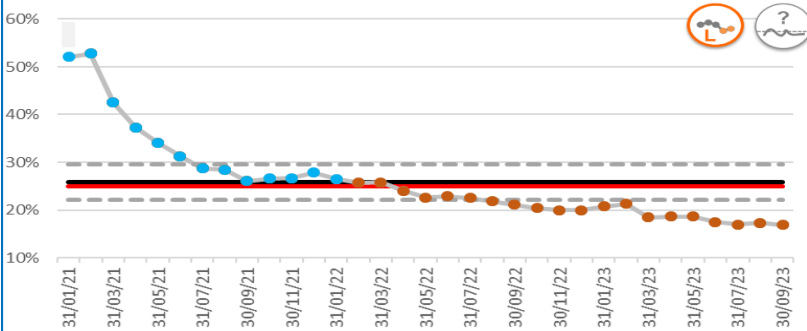
Outpatient metrics			
Overdue Follow Up Appointments (Cons-Led Only)			27946
New Attendances			19695
Follow-Up Attendances			28274
% DNA Rate	(Total DNAs / New & Flup Atts)	5%	3185 / 47969 6.2%
Hospital cancellation rate	(Hospital Canx / Total Booked Appts)		11876 / 71326 16.7%
Patient cancellation rate	(Patient Canx / Total Booked Appts)		8296 / 71326 11.6%

Reduction in face to face attendances (acute only)			
% telemed/video attendances	(Total Non F-F / Total Atts)	25%	8126 / 47969 16.9%

UHD Outpatient DNA rate



UHD - Total Outpatient - Virtual (%)



Data Description and Target

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

Performance

DNA rate in September reduced to 6.2% and demonstrates normal variation below the mean percentage. The rollout of text appointment has commenced and there are plans to extend this across a wider range of services to include radiology diagnostic appointments later in the year.

16.9% of attendances were delivered via telemedicine/video which continues the decline of this activity. Work is underway to review activity to ensure all activity is being captured on our systems and the video consultation platform is due for renewal, which gives an opportunity for re-launch of this service later in the year.

The number of patients overdue their target date for a follow up appointment increased in September to 27,946 but demonstrates an improvement since March 2023. The use of 'quick question' functionality in DrDoctor to contact patients and support validation of the follow up waiting list was extended to five services in September 2023.

Continued industrial action at UHD has had an impact on outpatient booking teams' capacity due to the volume of cancellations and rebooks required, however vacancies in the booking team have reduced and staff are being trained which will improve capacity to book additional clinics being requested as part of the recovery of elective care Trust-wide.

Key Areas of Focus

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

Responsive - (Elective) Screening Programmes



Breast Screening

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

BREAST SCREENING	STANDARD	ACHIEVED
Round Length within 36 months	90.00%	98%
Screening to first offered assessment appointment within 3 weeks	98.00%	98%
Screening to Normal Results within 14 days	95.00%	99%
Longest Wait Time (Months)	36	36
UPTAKE – QTR 2 (Apr – June)*	70%	73%

Bowel Screening

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

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

Background/target description

To ensure the breast screening access standards are met.

Performance:

- KPI Targets have been achieved in September.
- *We await the updated quarterly reporting from SQAS to update our QTR 3 (July – September) uptake figure

Underlying issues:

- Reduced screening due to staffing issues and the holiday period has impacted on the screening rate.

Actions:

- A locum Radiologist started in September for 3 months and a locum Radiographer will be assisting until December to assist with staff shortages .

Background/target description

To ensure the bowel screening access standards are met.

Performance:

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

Underlying issues:

- Lynch syndrome roll out has gone live for prospective and retrospective patients, meaning the programme is currently inviting an additional 4 patients per week. This now needs to increase to clear the backlog.
- Next phase of age extension roll out went live on 2nd October for 54 year olds.

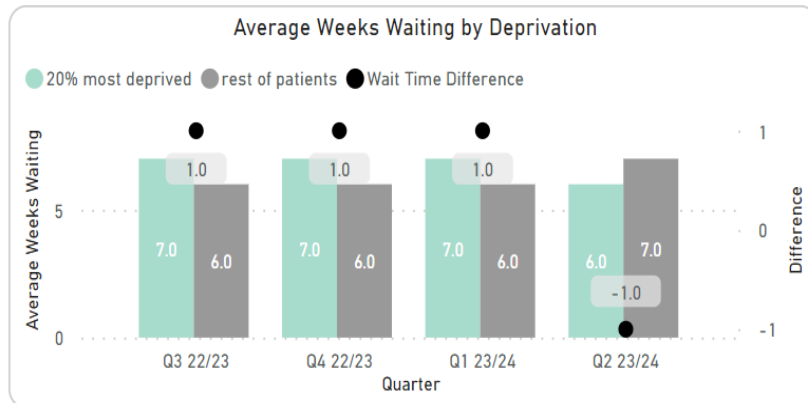
Actions:

- Work with DCH to deliver required screening colonoscopy lists for patients in the West of the County.
- Support three potential screeners through the accreditation process.
- Flex insourcing capacity as required to support demand (up to one weekend per month)

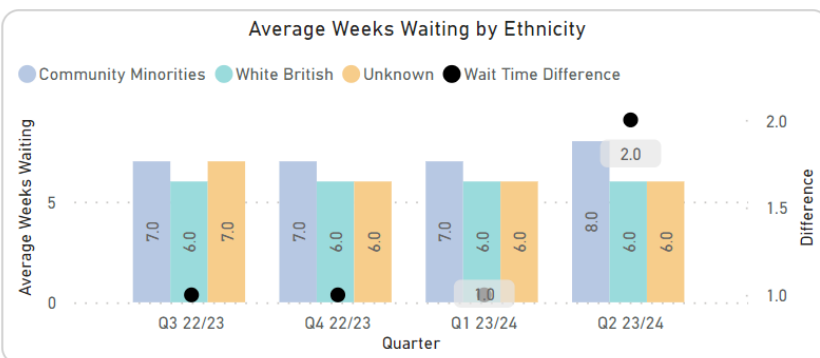
Health Inequalities



Median Weeks waiting by Deprivation Group



Median Weeks waiting by Ethnicity Group and Age



Average Weeks Waiting by Age

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

Data Description and Target

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

Performance

Waiting list by Index of Multiple Deprivation (IMD) Analysing RTT activity in Quarter 2, 8.5% of patients on the waiting list live in the 20% most deprived areas of Dorset. The median weeks waiting at the point of treatment shows **one week positive variation**, with patients from the 20% most deprived group waiting on average 1 week less than the rest of the population treated. At specialty level the variation in Q2 ranges between 0-2 weeks

Waiting list by ethnicity: 10.7% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies **2 week variation** between patients within community minority groups and White British populations in Quarter 2; this is an increase to the previous two quarters. At sub-Trust level variation in waiting by ethnicity is greatest in Rheumatology and Ear, Nose and Throat services (4 weeks).

Waiting list by age band: There is variation between age and length of wait on the waiting list with the greatest variation between 0-19yrs and 20+ age bands. There has been a widening of the variation in the age band 0-9 years in Q2. Paediatric waiting times in oral surgery, ENT and community paediatrics contribute to this variation. Improvement actions are in place to increase capacity and reduce waiting times in these areas.

Key Areas of Focus

The Trust Health Inequalities group are working to:

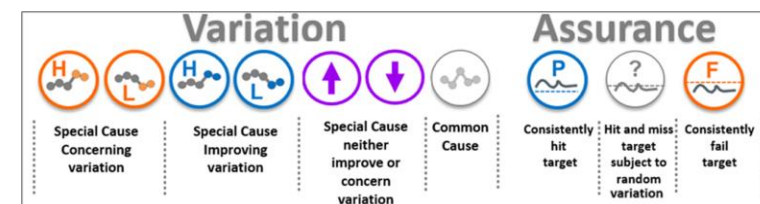
- Deliver the Trust's strategic objectives for population health and system working; with a focus on (i) reducing outpatient DNAs and variation according to IMD and ethnicity and (ii) managing High Intensity Users of emergency care.
- Align its health inequalities programme with the ICS key strategic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

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



UHD Elective Care

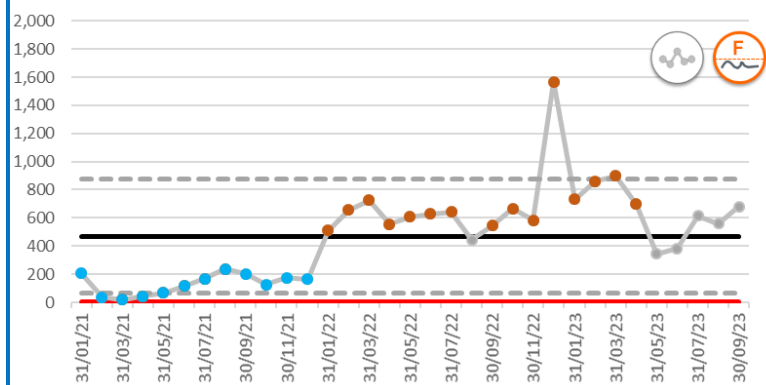
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
UHD - Total Waiting List Size	Sep 23	73726	75638			73274	70516	76033
UHD - Patients waiting >104 weeks	Sep 23	0	0			98	30	165
UHD - Patients waiting >78 weeks	Sep 23	43	-			687	424	951
UHD - Patients waiting >65 weeks	Sep 23	1234	831			1180	882	1479
UHD - Patients waiting >52 weeks	Sep 23	4426	-			3873	3090	4655
UHD - Patients waiting >52 weeks non admitted	Sep 23	3282	0			2324	1589	3060
UHD - RTT Performance against 18 week standard	Sep 23	57.6%	92.0%			58.8%	55.3%	62.3%
UHD - Total Diagnostic Waiting List	Sep 23	13063	-			10817	8973	12661
UHD - % waiting over 6 weeks	Sep 23	12.1%	1.0%			10.8%	4.7%	16.9%
UHD - Faster Diagnosis Standard (FDS) 28 days	Aug 23	54.7%	75.0%			69.6%	58.7%	80.4%
UHD 62 day standard	Aug 23	57.1%	85.0%			69.8%	61.1%	78.5%
Trauma Admissions	Sep 23	383	-			365	300	431
% of NOF patients operated on within 36 hrs of admission	Sep 23	47.0%	85.0%			30.4%	-11.6%	72.3%
UHD - Total Outpatient - Virtual (%)	Sep 23	16.9%	25.0%			25.9%	22.2%	29.6%
UHD Outpatient DNA rate	Sep 23	6.2%	5.0%			6.7%	5.7%	7.7%
Theatre utilisation (capped) - main	Sep 23	75.0%	98.0%			72.6%	66.5%	78.7%
Theatre utilisation (capped) - DC	Sep 23	74.0%	91.0%			66.2%	57.8%	74.6%
UHD Theatre case opportunity	Sep 23	12.2%	15.0%			24.5%	13.7%	35.4%



Responsive – (Emergency) Ambulance Handovers



Ambulance handover >60mins breaches



Data Description and Target

Number of ambulance handover delays greater than 60 minutes from arrival to a receiving Emergency Department. 15 minutes is the target for an Ambulance to handover to a receiving ED from arrival. There should be no ambulances waiting over 60 minutes.

Number of ambulance hours lost due to handover delays. There is a site level recovery trajectory for lost ambulance hours per day.

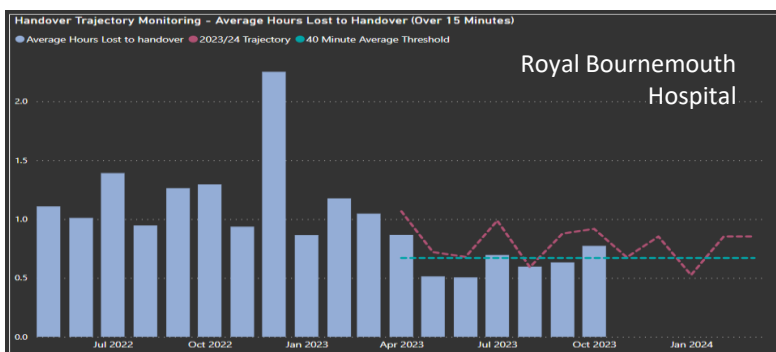
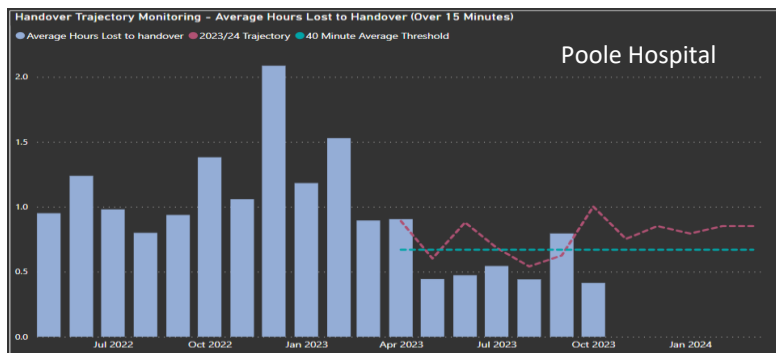
Performance

SWAST system malware attack July 18th - resolution in place for October. Data between this period is unvalidated.

- Ambulance arrivals from August to September were relatively static. Total conveyances were 4253 vs 4454 which is a variation of 2 conveyances per day cross site.
- Poole saw a small increase to 72 conveyances per day vs 70 and 69 in August and July respectively. This increase however was mirrored by a reduction at RBH down to 70 a day vs 68 in July and 74 in August.
- That being said, performance did deteriorate for number of Ambulances waiting longer than 60 minutes from 616 to 680. Whilst Bournemouth did improve from 367 to 344, Poole saw an increase from 193 to 336.
- This resulted in an increase in the total number of handovers that were over 60 minutes by +3 %. It was 16% up from 13% in August .
- 65% of patients across both sites had a handover under 30 minutes in September vs 67% in August.
- Reported lost hours for September significantly increased nearly doubling at the PH site to 1082 vs 553 in August. Though again remained relatively static at the RBH site.
- This compares in par with the Dorset region, which saw an increase from 1622 in August to 2235 in September with the SWAST region in its entirety seeing an increase in time lost to handovers from 20,950 in August to 29,025 in September.

Key Areas of Focus

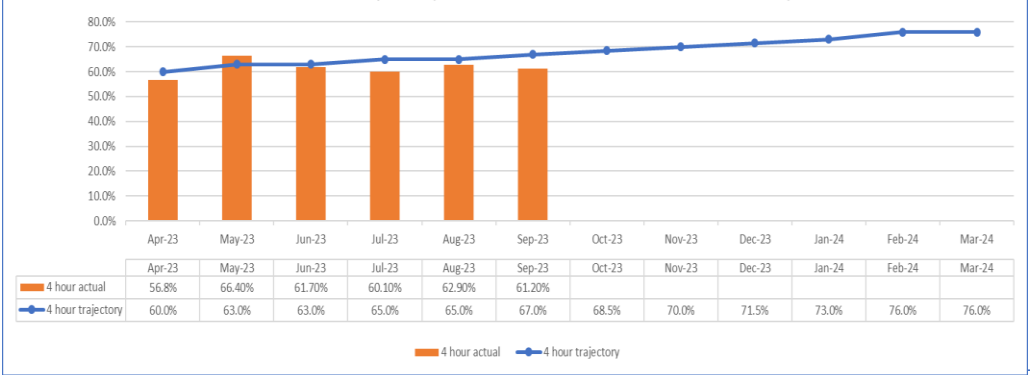
- Discrepancy in lost hours reported due to system issues with SWAST mobimed continues to be an issue with a planned solution in place for October 23.
- In the meantime, there is a significant increase in handover time and 'clear' time being the same. Awaiting implementation of Dual Pin sign off for SWAST - awaiting testing. This will give more accurate reporting.
- The Trust Hospital Flow Improvement Programme includes review of streaming pathway's including direct from ambulance handover to SDEC to minimise lost hours, and better enforce right care in the right place for patients.
- Furthermore, expedited management of cohorted patients to support handover and mitigate any impact or risk of corridor care is in place.



Responsive (Emergency) Care Standards



4 hour Performance Trajectory vs Actual Performance for 23/24 to September



Data Description and Target

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

Performance

The Trust has seen a drop in performance in September to 61.2% vs 62.9% in August. Whilst this Trust has seen sustained performance delivered in the last 6 months, this is the 3 recurrent month the Trust has been off trajectory.

Total attendances for September were 13,844, this was an increase in attendances cross site per day to 461 vs 457 in September.

The biggest drivers for performance despite arrival time to initial assessment remaining at 16 minutes was the increase in time to decision increasing the overall mean time in the department from 287 minutes to 302. The total number of patients spending more than 12 hours similarly increased again from 723 to 868. Whilst on par with performance in September 22, sustaining performance improvement remains a challenge.

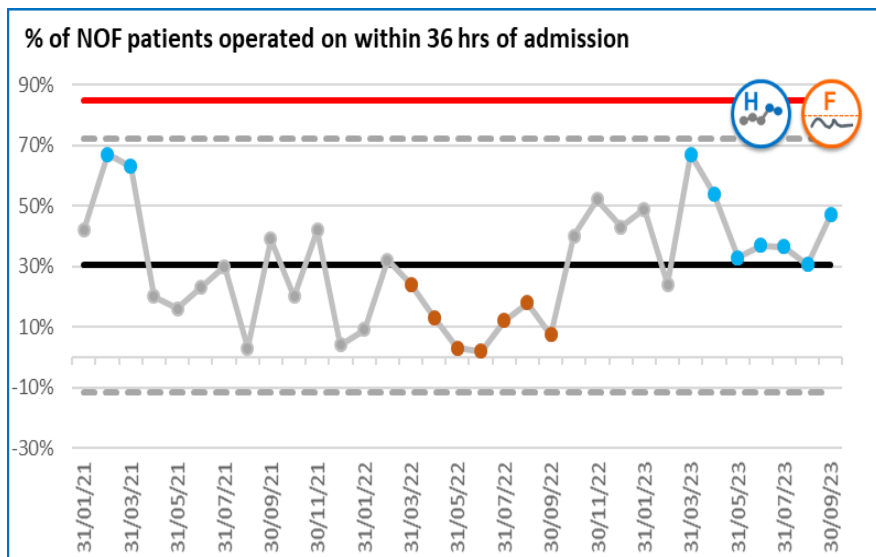
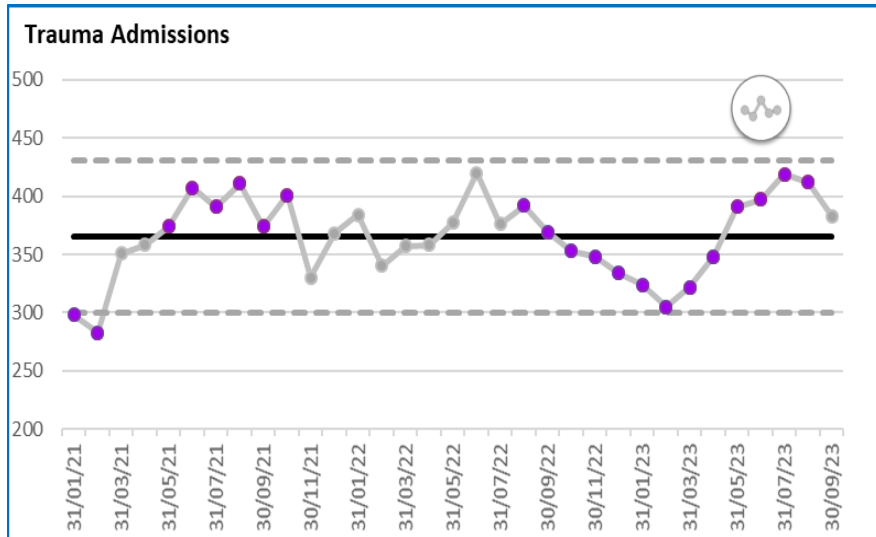
Finally, whilst arrival time to decision to admit did not increase - 177 minutes in September vs 178 in August, the number of patients waiting more than 12 hours from decision to admit increased, which is further in line with the increased conversion rate for admission as per slide 33.

Key Areas of Focus

Towards the latter part of August the department shifted from implementation to review of a rapid improvement cycle. The 'Seen in 60' programme launched in September as a QI initiative to support on-going recovery of the Trust's delivery position against trajectory.

Whilst August and September saw an improvement in initial assessment and clinician seen <60 minutes, learning and rapid improvement actions need to be bedded in to ensure improvements are on-going and sustainable, particularly going into the winter period. Key focus on expanding attendance and admission avoidance pathways with SDEC offer set to increase from 1st October at the RBH site. Secondly, also a look to increase senior decision-making capacity within the non-admitted function of the emergency department. Both of which should mitigate time to decision and mean time within the department.

Responsive (Emergency) Trauma Orthopaedics



Data Description and Target

NHFD Best Practice Tariff Target: Fractured neck of femur (NoF) patients to be operated on within 36 hours of admission. NHFD average 56%

Quality Target: 95% of fractured neck of femur (#NoF) patients to be operated on within 36 hours of admission and being clinically appropriate for surgery.

Performance

September performance for time to theatre for fractured neck of femur (# NoF) patients: 65% achieving surgery within 36 hours of being fit for surgery and 47% with surgery within 36 hours from admission.

- Overall trauma admissions sustained at high levels with 383 in September including 83 with a fractured neck of femur (NoF). 35 admitted in a 7-day period.
- Clustering of admissions caused pressure on theatre capacity with 35 admitted in a 7 day period at the start of the month
- 14 Shaft of femur (SoF) fractures admitted in September with 13 requiring surgery, 6 required revision hips, 4 patients with a # NOF required a THR
- 18 patients required 2 trips to theatre, of which 2 required complex surgery .
- The barn theatres are working well. Ongoing work to review case mix and paediatric capacity.

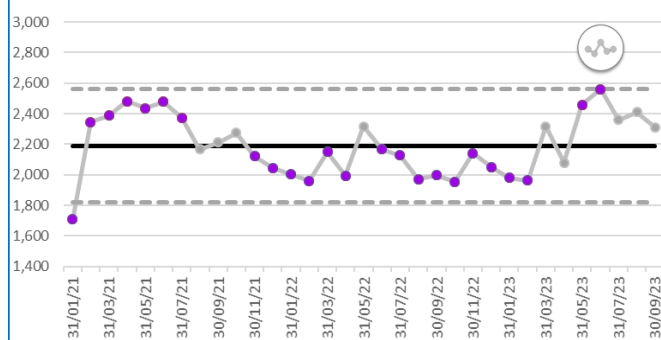
Key Areas of Focus

- e-Trauma , implementation and integration group commenced with dedicated T&O Lead in post; testing and implementation plan in place. Digital ED link to VFC has ceased due to Agyle implementation, which will delay e-trauma VFC implementation. Risk register updated as increase in delays in fracture clinic reviews is causing capacity issues.
- Ongoing work to minimise and mitigate industrial action impact on the trauma service, which brings a large increase in administrative burden to cancel and reschedule patients.
- Liaison with Trust operational flow project around timely admission and discharge (TAD) continues to support reduction in high level of MRFD patients across trauma (28%). Trauma bed capacity impacted by medical outliers.
- Trauma escalation in place to identify additional operating capacity, Escalation policy under review.
- Pre alert process to re-launch once key training complete (Fib Block on ward). Ringfencing of #NOF admission beds achieved.

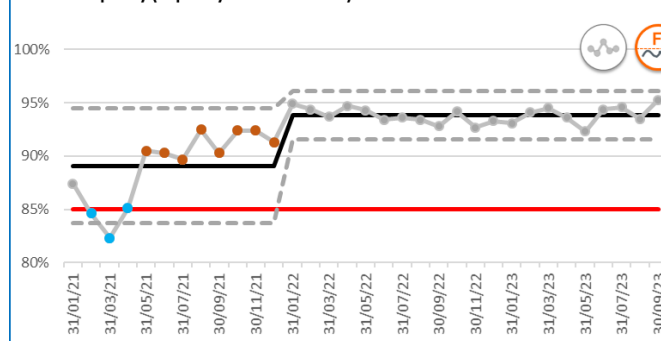
Responsive – (Emergency) Patient Flow



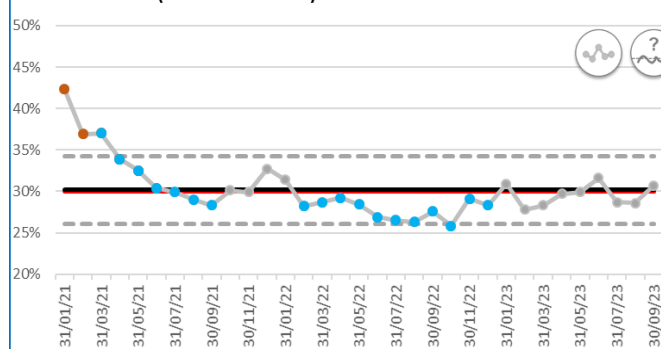
Same Day Emergency Care (SDEC)



Bed Occupancy (capacity incl escalation)



Conversion rate (admitted from ED)



Data Description and Target

88% bed occupancy would support flow and delivery of rapid progression from the Emergency Department within an hour of being clinically ready to proceed

Performance

Bed occupancy increased in month by 1.8% and continues to include high levels of escalation throughout September at 93.5%.

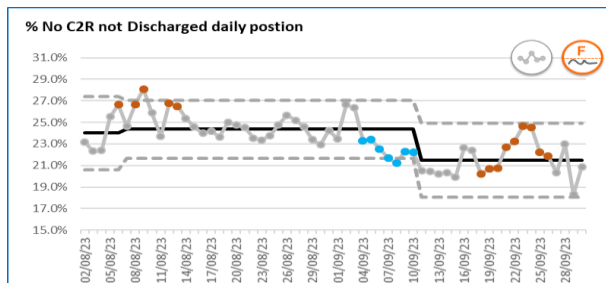
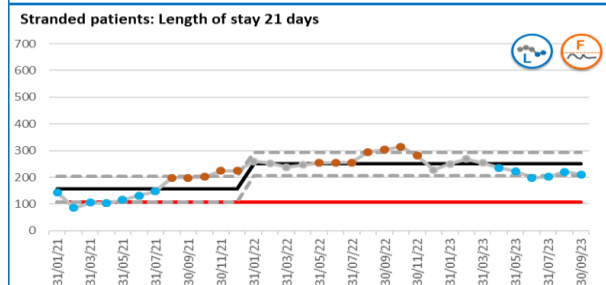
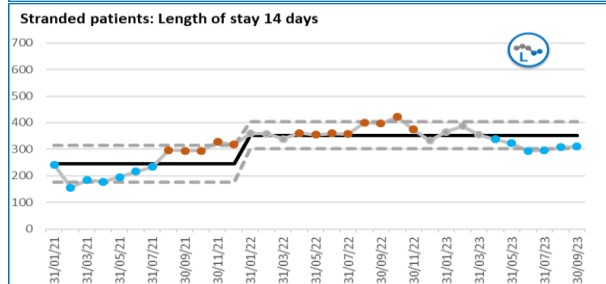
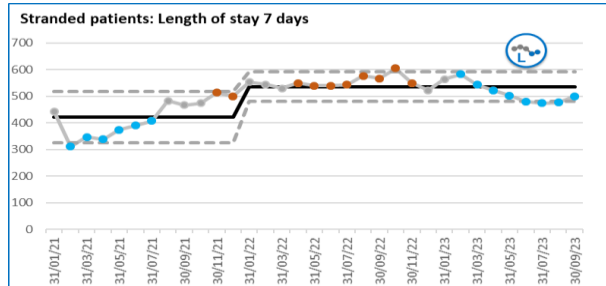
Additional surge capacity has been required to support the flow from ED, high occupancy, maintaining elective activity and emergency care demand. An average of 45 daily escalation beds were required in September.

- High occupancy continued to be impacted by high numbers of patients with No Criteria to Reside at >200 on average
- September saw an increase in ED conversion rate to 30.7% (+2.1%) and the balance between admissions and discharges across the Trust remained static (+3 admissions against discharges for the month) There remained a consistent need to open surge capacity to manage high occupancy and Medically Ready for Discharge (MRFD) levels.

Key Areas of Focus

- Revised focus on Timely Admission and Discharge (TAD) process and significant improvement in utilisation rates of Departure Lounges. Supported by concerted effort to enable wards to use Health of the Ward live to support flow decisions.
- The Discharge to Assess model continues to embed, with System working in place to identify gaps in service provision and where flow through the out of hospital capacity has not achieved the required pace to prevent delays in hospital.
- Review of daily bed management and escalation processes are in place to further improve oversight and targeted actions to manage the daily flow pressures from all teams.

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



Data Description and Target

The number of patients with a length of stay greater than 7, 14 and 21 days.

The proportion of delays in discharge for whom the patient has no criteria to reside. Target to reduce the number of patients with No Criteria to Reside (NCtR) by 30% in Q1, and 50% Q2.

Performance

September 21+ day length of stay position shows wards are far from the target of a maximum of 108 patients with a reported 211 patients over this period. The SPC chart shows that this is far outside the control limits and therefore at this point it is a challenge to achieve the target within our current processes.

UHD has been consistently showing as an outlier in the South West with a higher percentage of bed base occupied by patients with NCtR, September has seen improvement to 21-23%, however the number of patients still waiting in beds at UHD is consistently >200. The ICB ambition to achieve a 30% reduction in Q1 of NCtR was not achieved by any provider in Dorset, and the 50% reduction by the end of Q2 has been substantially missed.

Daily validation process within UHD continues, which has delivered a reduction in reported numbers, but not a reduction in patients physically in beds. Data snapshots have been moved to midnight with effect from 11/9/23 to align with system partners, again with a marginal improvement in reported position. The challenge of delayed patients in beds remains the key issue both in terms of UHD position in the South West, and operational pressures and escalation.

Key Areas of Focus

UHD continues to focus on internal processes that can be controlled to support safe and effective discharge.

In October we are planning Director level meetings daily with partners to review, challenge and unlock delays with patients. These are currently being set up by the ICB system flow director.

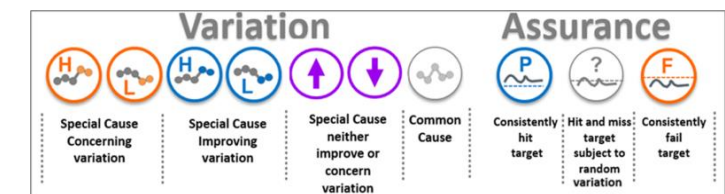
Through the system Home First group work continues towards a transfer of care hub, which will replace the existing single point of access and a number of associated complex pathway steps for supported discharge. This will be a significant step in the oversight and coordination of No Criteria to Reside patients in Dorset.

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



UHD Urgent and Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Arrival time to initial assessment	Sep 23	16	15			18	6	30
Clinician seen <60 mins %	Sep 23	26%	-			27%	15%	39%
Patients >12hrs from DTA to admission	Aug 23	2	0			91	-32	214
Patients >12hrs in dept	Sep 23	857	-			632	105	1159
4 hour safety standard	Sep 23	61.2%	76.0%			62.2%	54.5%	70.0%
Ambulance handovers	Sep 23	4253	-			3984	3483	4485
Ambulance handover >60mins breaches	Sep 23	680	0			469	63	874
Bed Occupancy (capacity incl escalation)	Sep 23	95%	85%			94%	92%	96%
Stranded patients: Length of stay 7 days	Sep 23	500	-			536	481	591
Stranded patients: Length of stay 14 days	Sep 23	310	-			352	301	403
Stranded patients: Length of stay 21 days	Sep 23	211	108			250	206	294
UHD NCTR % - all delays	Sep 23	38.0%	-			48.1%	40.9%	55.3%
Non-elective admissions	Sep 23	6141	-			5924	5055	6793
> 1 day non-elective admissions	Sep 23	3779	-			3730	3132	4327
Same Day Emergency Care (SDEC)	Sep 23	2310	-			2191	1820	2561
Conversion rate (admitted from ED)	Sep 23	30.7%	30.0%			30.2%	26.1%	34.3%



Sustainable Servicers



Pete Papworth
Chief Finance Officer

Operational Lead:

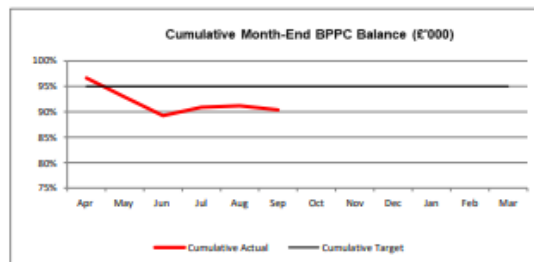
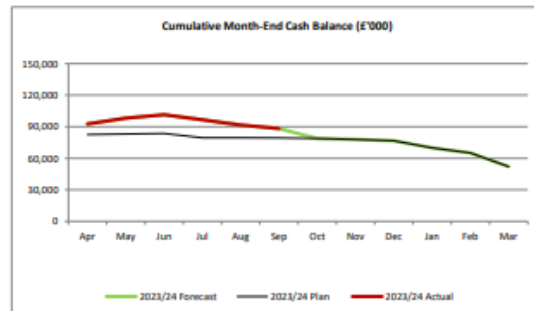
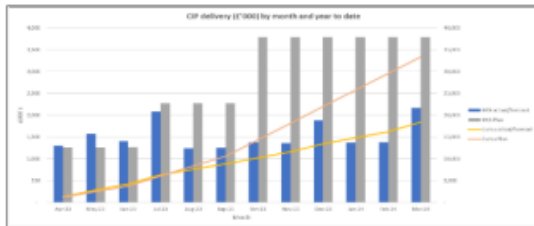
Andrew Goodwin, Deputy Chief Finance Officer

Committees:

Finance and Performance Committee



FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	(5,614)	(17,972)	(12,357)
Capital Programme	67,497	34,577	32,920
Closing Cash Balance	79,286	88,279	8,993
Public Sector Payment Policy	95.0%	90%	(4.6)%



Commentary

The Dorset ICS submitted a balanced revenue plan for the year, being the aggregate of individual organisational plans each of which confirmed a break-even revenue plan. However, the Trusts operational revenue budget for the year contains considerable financial risk. A range of mitigation plans have been identified and budgets continue to be actively managed to safeguard the financial performance of the Trust.

At the end of September 2023 the Trust has reported a deficit of £18.3 million against a planned deficit of £5.9 million representing an adverse variance of £12.4 million. This is mainly due to a reduction in elective income of £5.9 million reflecting lower than planned activity; the net cost of the Nursing, Junior Doctors and consultant strikes of £2.5 million; energy cost inflation of £1.9 million; and unfunded escalation costs of £1.7 million. Premium cost pay overspends within Care Groups have been largely off-set by additional bank interest and reduced depreciation charges. Efficiency savings of £9.7 million have been achieved as at 30 September against a target £10.6 million. This includes non recurrent savings of £5.9 million. The full year savings requirement is £33.3 million which represents a significant challenge. Current savings plans total £17.9 million representing a shortfall of £15.4 million and a recurrent shortfall of £21.5 million. Mitigating this shortfall continues to be the key financial focus for the Trust.

The Trust has committed capital expenditure of £34.6 million to the end of September against a plan of £67.5 million. This £32.9 million underspend mainly relates to the phasing of expenditure in relation to the Acute Reconfiguration (STP Wave 1); the timing of spend in relation to the Community Diagnostics Centre, an under spend against the One Dorset Pathology Hub build, and slippage in the IT capital programme. With the exception of the New Hospitals Programme (which reflects the latest cashflow agreement with NHS England), the Trust continues to forecast capital expenditure consistent with the full year budget.

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	8,751	3,281	5,470
IT	5,076	2,632	2,444
Medical Equipment	2,106	1,198	908
Donated Assets	324	357	(33)
Strategic Capital	51,240	27,109	24,131
Total	67,497	34,577	32,920

As at 30 September 2023 the Trust is holding a consolidated cash balance of £88.3 million which is fully committed against the future Capital Programme. The current cash balance is higher than planned due to the successful award of capital funding for multiple schemes alongside a rephasing of the capital programme spend. The balance attracts Government Banking Services interest of 5.14% at current rates, together with a PDC benefit of 3.5%.

In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.4% against the national standard of 95%. Financial Services continue to work closely with relevant teams to identify further mitigating actions

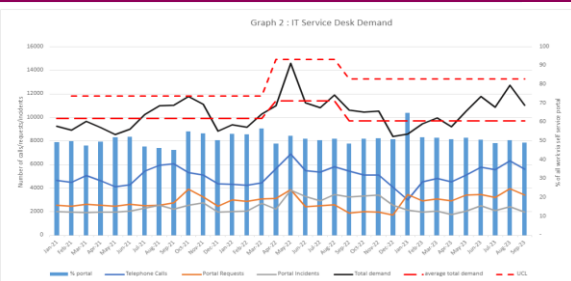
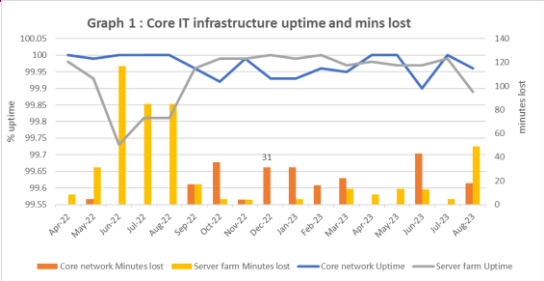
Digital Dorset / Informatics



Peter Gill
Chief Information Officer



Business as usual / Service Management



Projects / Developments / Security / IG

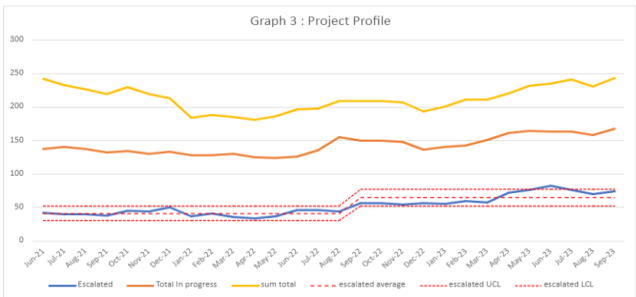


Table 5: Training Statistics

Total Trained in September: 655



Table 4: Information Asset Compliance

All Active Assets

Status	Total	%
Draft Only (Pending Updates)	9	3.30%
Awaiting IAO Review/Approval	19	6.96%
Awaiting IG Review/Approval	59	21.61%
DSPT Compliant (2022/23)	186	68.13%
Total	273	

Table 6: Cyber Security - Obsolete systems

	Supported	Obsolete
Windows Desktops	98.2%	1.8%
Windows Servers	94.0%	6.0%

Table 7: FOI compliance

	Total rec'd	Compliant
May '23	57	70%
June '23	61	72%
July '23	76	61%
August '23	70	66%

Commentary

Graph 1: September data not available due to annual leave of key people. In Sep there was one notable outage the data links between the 3 UHD sites intermittently overnight due to an error made by our links supplier when undertaking routine maintenance. This was investigated and resolved.

Graph 2: September data not available due to annual leave of key people. In Sep there was one notable outage the data links between the 3 UHD sites intermittently overnight due to an error made by our links supplier when undertaking routine maintenance. This was investigated and resolved.

Graph 3. 16 projects were completed in September, including 2 automations, 5 electronic forms, 3 corporate services upgrades and a firewalls upgrade. 2 projects were terminated for various reasons.

Table 5 shows the staff trained by system in September .

Table 6: The percentage of servers now supported leapt from <91% in August to 94% in September as result of the completion of a major project moving the Electronic Document Management service to the "cloud". This was a major collaborative effort between many teams in Informatics and the supplier, Kainos.

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 26 October 2023

Agenda item: 5.3

Subject:	2022/23 Annual Patient Experience Report
Prepared by:	Christina Harding - Deputy Head of Patient Experience Laura Northeast - Head of Patient Experience Matthew Hodson - Deputy Chief Nurse
Presented by:	Matthew Hodson - Deputy Chief Nurse

Strategic themes that this item supports/impacts:	Systems working and partnership <input type="checkbox"/> Our people <input type="checkbox"/> Patient experience <input checked="" type="checkbox"/> Quality: outcomes and safety <input checked="" type="checkbox"/> Sustainable services <input type="checkbox"/> Patient First programme <input type="checkbox"/> One Team: patient ready for reconfiguration <input type="checkbox"/>
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Information
Executive Summary:	<ul style="list-style-type: none"> The Trust procedures to manage concerns and complaints meet statutory requirements. The complaints procedure was aligned 2021/22, adopting best practice from both sites. The Trust continues to work with the PHSO (Parliamentary and Health Service Ombudsman) as an early adopter of the new complaints framework, which includes a focus on Early Resolution of Complaints (ERC). The number of complaints resolved via early resolution has increased substantially. The Trust received 984 complaints, of which 483 were formal investigation complaints, 501 early resolution complaints, and 5531 PALS (Patient Advice and Liaison Service) enquiries and concerns during 2022/23.
Background:	This report is a requirement of the CQC (Care Quality Commission) and ICB (Integrated Care Board) and draws together the information provided in the quarterly complaints reports during 2022/23 into an annual report. This report is published on the Trust website.

Key Recommendations:	To note the Annual report	
Implications associated with this item:	Council of Governors <input type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/> CQC Regulation 16: Receiving and acting on complaints	
CQC Reference:	Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>	

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
PEG group	26/06/2023	Approved and published. Shared with NHS Dorset
TMG		
Quality Committee		

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
--	--

2022/2023

ANNUAL COMPLAINTS REPORT

2022/2023 ANNUAL COMPLAINTS REPORT

1. INTRODUCTION

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), requires that all Trusts provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report.
- 1.2 The Chief Executive is responsible for ensuring compliance with the arrangements made under these regulations. The responsibility for the handling and considering of complaints in accordance with these regulations is delegated, via the Chief Nurse, to the Head of Patient Experience.
- 1.3 This report describes how complaints have been managed at University Hospitals Dorset. The report details the number and nature of complaints received during the year and demonstrates the Trust's commitment to learning and improvement.

2. THE PROCESS FOR MANAGING CONCERNS AND COMPLAINTS

- 2.6 A preferred model of complaint handling, procedure and service delivery plans was developed during 2021/22, the model included the following principles and standards:
 - Meets the statutory and regulatory responsibilities.
 - Provides a consistent, positive and proportionate experience for complainants.
 - Aligns the legacy systems with minimal disruption to services.
 - Promotes a culture of learning and ensures complaints are acted on to improve services.
 - Achieves or working towards achieving best practice standards (Patient Association 2013; NHSE (NHS England) 2015; Healthwatch 2016; Parliamentary & Health Service Ombudsman, 2020, Care Quality Commission 2022).
 - Includes the new Parliamentary and Health Service Ombudsman (PHSO) Complaints Standards Framework currently being piloted nationally. UHD is part of the early adopter group for this work.

The model that was approved in September 2021 was for UHD to align the two legacy NHS Foundation Trusts. This involved:

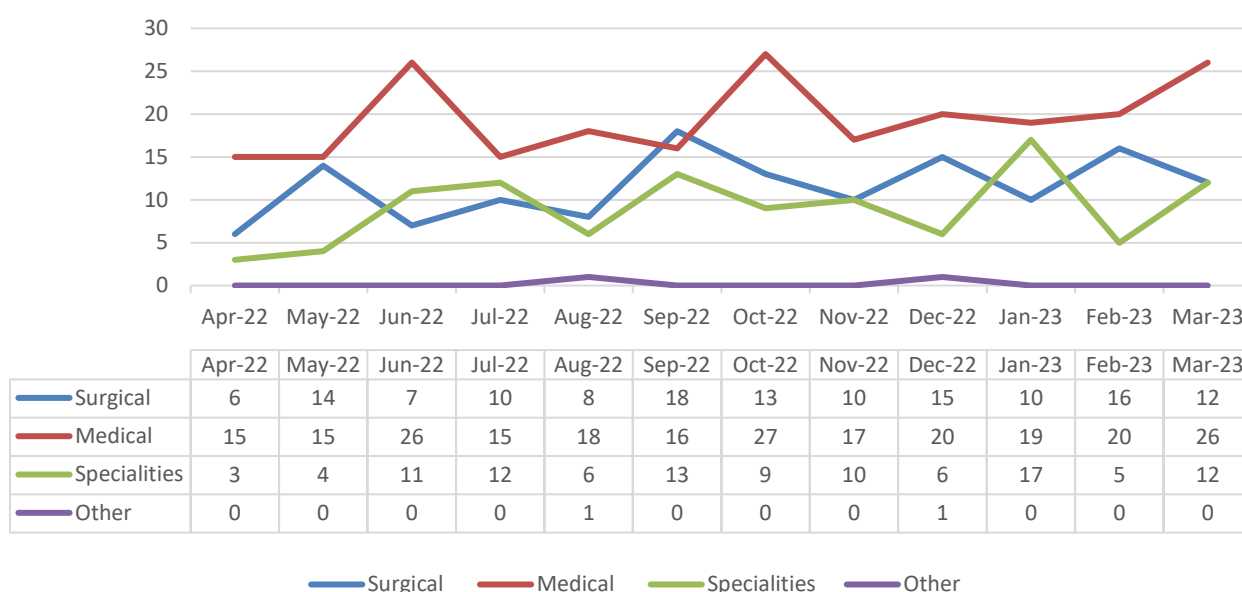
- Early Resolution complaints – complaints that are part of the complaint process but are resolved within 10 working days
- care group investigations and responses
- corporate investigations and complaints – these are the more complex and serious complaints.

3. COMPLAINTS RECEIVED

- 3.1 The Trust (incorporating single organisation data) received a total of 984 complaints in 2022/2023. This includes the Early Resolution complaints that had not been counted in complaints received previously. However, as they form part of the complaint process their figures are now included.

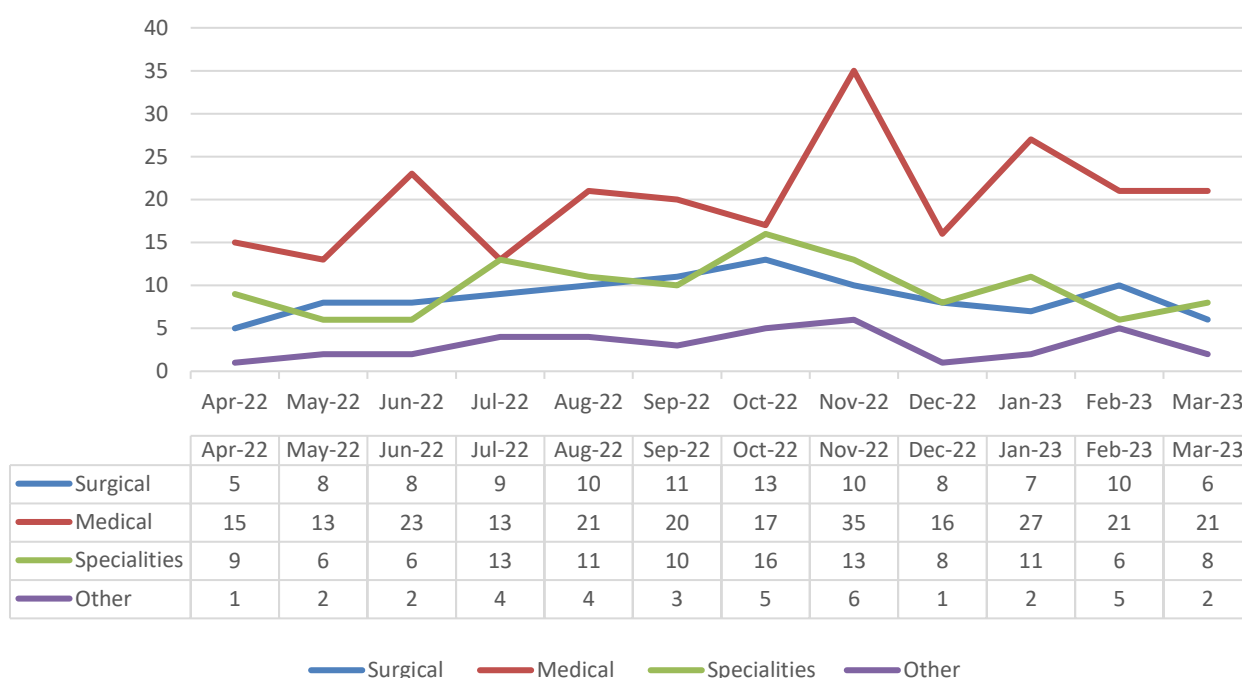
The Trust managed 483 formal complaints. This is presented as a monthly trend, by care group, in Graph 1.

Graph 1: Trend of UHD formal complaints by care group



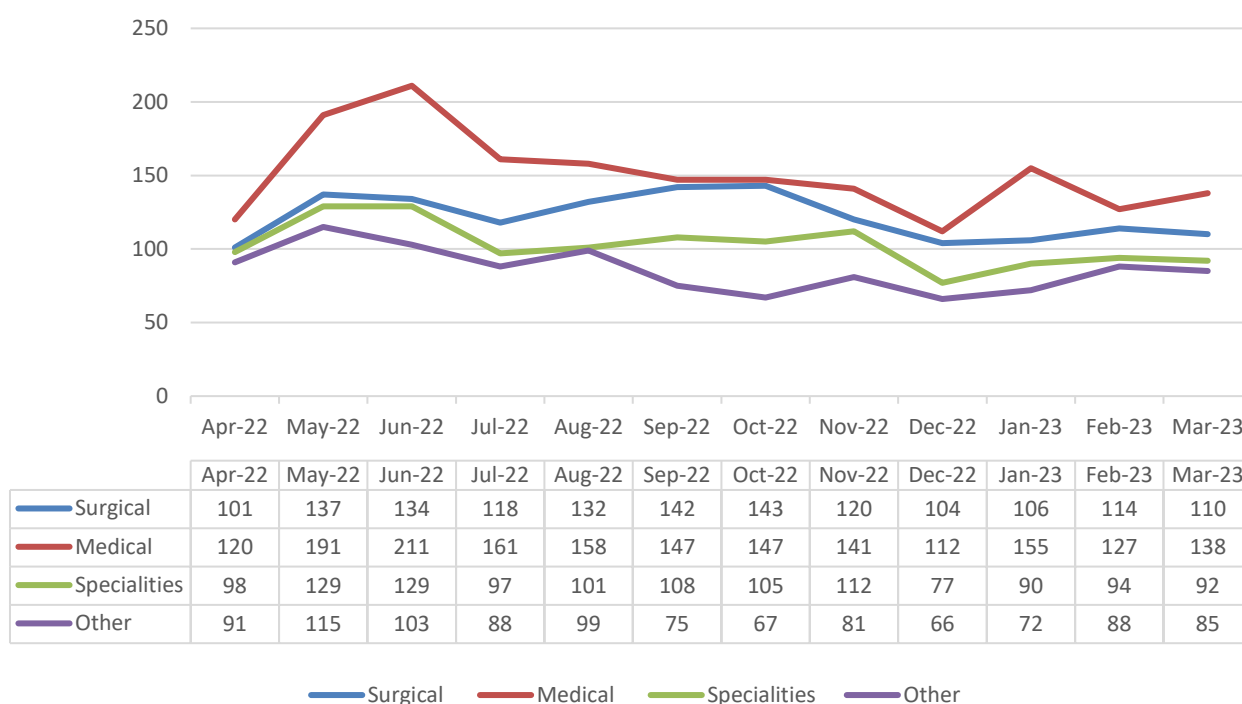
3.2 In addition to the 483 complaints, the Trust also handled 501 early resolution complaints. This has been broken down to the care groups and is shown in Graph 2

Graph 2: Trend of UHD Early Resolution complaints by care group



3.3 A total of 5531 Patient Advice and Liaison Service (PALS) concerns, and contacts were processed and responded to in this year, via the UHD PALS. This is detailed in Graph 3.

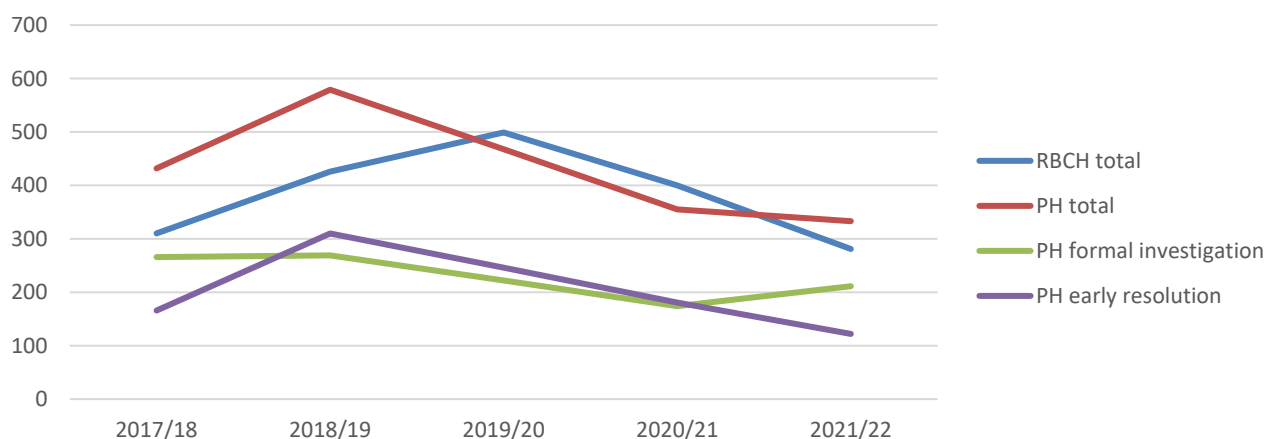
Graph 3 - Trend of PALS concerns and contacts by care group

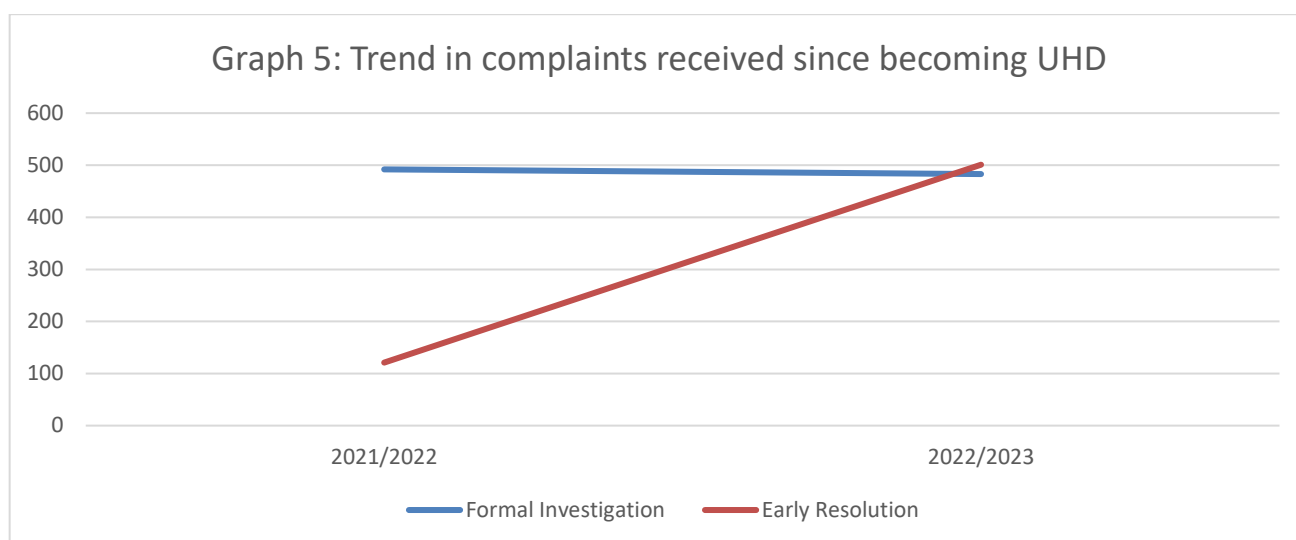


- 3.6 The 5-year trend in complaints received can be seen in Graph 4. This showed an increasing number of complaints received, peaking at Poole Hospital Foundation Trust (PH) in 2018/19 and at the Royal Bournemouth and Christchurch Hospitals Foundation Trust (RBCH) in 2019/20. The decrease in 2020/2021 year can be attributed to the COVID-19 pandemic: the overall reduction in activity at the start on the pandemic; the national NHSE pause in complaint handling; and the considerable strong support for the NHS and its staff during this time.

Graph 4 shows the trend in complaints received prior to the merger of the legacy Trusts. Graph 5 shows the trend since the merger, which demonstrates the increase in early resolution complaints since the Trusts merged and became University Hospitals Dorset (UHD).

Graph 4: trend in complaints received for legacy Trusts



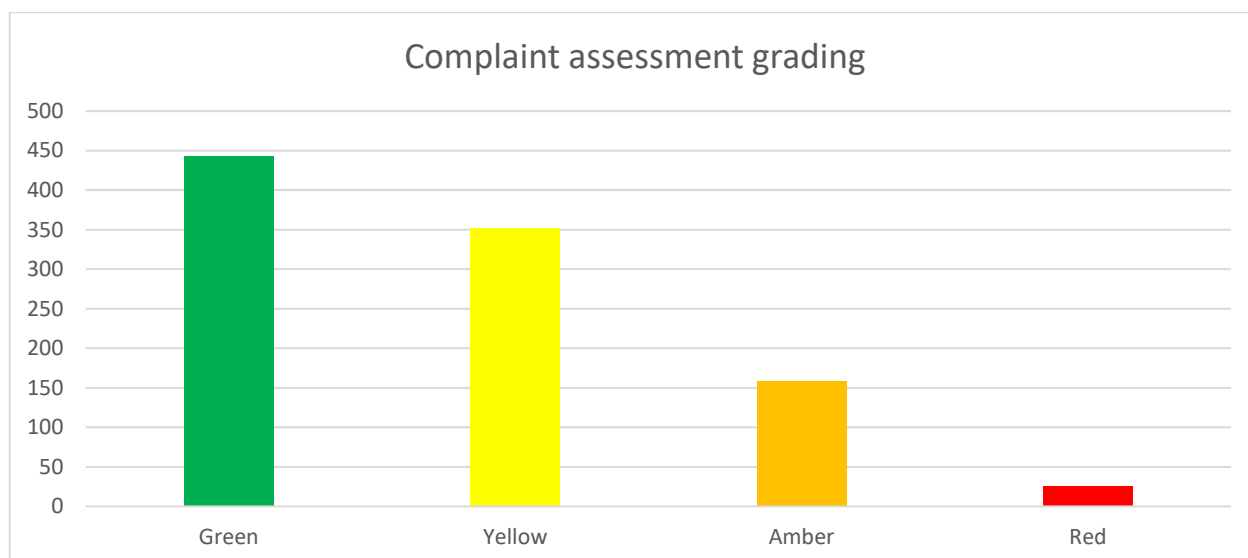


- 3.7 Table 2 shows the breakdown of persons making a complaint and their method of communication. The low 'In Person' mode of communication reflects the impact of the Covid-19 pandemic and temporary pause on receiving face-to-face PALS callers.

Table 2: Complainant profile and mode of communication, 2021/22

Person making the complaint		Mode of communication	
Patient	54%	Phone	9.8%
Spouse	10%	Email	80%
Parent	10%	In person	1.2%
Relative / Carer	1%	Letter	10%

- 3.9 Graph 6 shows the breakdown of complaints grading. The Healthcare Assessment Tool (HCAT) was used from April 2021; this is a validated, reliable tool for analysing healthcare complaints about secondary care (Gillespie and Reader 2016). The HCAT breaks down the complaint into three types of "problem", "clinical problems", "management problems" and "relational problems". It then subsequently breaks the complaint down into themes and severity indicators. The complaint severity assessment used at UHD using the HCAT can be located as an appendix of this report.



Graph 6: Breakdown of complaints received, by grade

4 RESPONSIVENESS AND PERFORMANCE

- 4.1 Trust performance is monitored locally (recorded via Datix, an electronic database that enables us to use the information as a reporting tool) and via national KO41a submissions. The data is reported by NHS Digital who through development and operation of national IT and data services help patients get the best care and use data to improve treatment. The information obtained via this collection monitors written complaints received by the NHS regarding Hospital and Community Health Services. This data is published and enables comparison with other Trusts.
- 4.2 National comparison of the number of complaints received at UHD can be seen in Table 3. The data suggests that UHD is not an outlier when compared with the number of complaints received nationally, but when compared to peer group, who more consistently promote opportunities for early resolution. There is more work the Trust can do in this regard, which is planned for the coming year.

Table 3: National comparison of number of complaints received	Complaints received per 10,000 FCEs	Complaints received per 1,000 staff
All acute Trusts	37%	16.6%
University Hospital Dorset: RBCH site	35%	20%
University Hospital Dorset: PH site	29%	10%

- 4.3 Key performance indicator (KPI) targets are detailed, in tables 4 and 5.
- 4.4 The response timescale was reviewed and as part of the UHD model extended to 55 working days. This was to enable a more thorough review of the complaint and align the investigation processes, to provide a more detailed response to people who unfortunately needed to raise a complaint.

Table 4: complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	203	246	276	259	984
% complaints acknowledged within 3 working days (KPI 100%)	73%	79%	88%	82%	81%
% response within 55 day internal target (KPI 75%)	47%	58%	57%	41%	52%
Number re-opened complaint investigations (KPI <10%)	1	4	16	26	47
Complaints under investigation by the PHSO	0	0	2	10	0
PHSO investigations closed (& upheld/partially upheld)	0	0	0	2	0

- 4.5 The outcome of all closed complaints, by quarter, is shown at Table 5, the numbers will be lower than the information in the previous table as there are complaints received that remain under investigation. The data shows that UHD upholds fewer complaints when compared to the national average. Fewer upheld complaints may indicate fewer incidents where care fell below the expected standard, caution needs to be applied to this conclusion as it could also indicate a lack of robustness within the Trust investigation process. However, it is assuring that the Parliamentary Health Service Ombudsman (PHSO) looks at the way the hospital complaint process investigations are conducted as part of the review. In 2022/23 12 complaints were investigated by the PHSO and 2 upheld or partially upheld. The lower number of upheld complaints at UHD may in part be due to the number of complaints addressed through the Patient Advice and Liaison Service and therefore not included in this data set; the data will continue to be monitored and reported.

Quarter	Table 5: Outcome of complaints investigated and resolved						
	Closed	Upheld	National average	Partially Upheld	National average	Not upheld	National average
Q1	203	34 (16.7%)	26.7%	94 (46.3%)	36.5%	75 (37%)	36.9%
Q2	245	36 (15%)	27.1%	101 (41%)	36.4%	108 (44%)	36.5%
Q3	263	44 (17%)	27.5%	91 (34%)	38.4%	128 (49%)	34.1%
Q4	136	32 (13.6%)	26%	27 (22.7%)	38.7%	77 (63.6%)	35.4%

- 4.6 The number of reopened investigations and upheld/partially upheld PHSO investigations are measures of the quality of complaint handling. During 2020/21, the number of reopened investigations fell well below the internal target of <10%.

5 THEMES AND LEARNING FROM COMPLAINTS

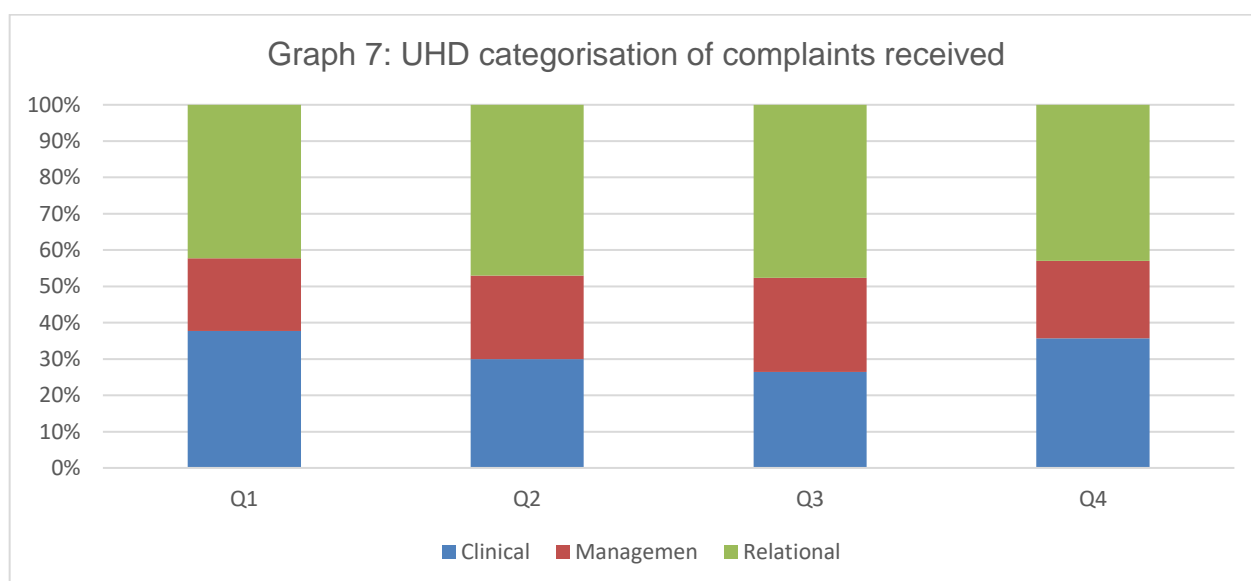
- 5.1 Learning from the detail of individual upheld complaints is monitored on Datix and was reported via the quarterly patient experience report to the Nursing and Midwifery Forum and Quality Committee. The evaluation of learning and monitoring of improvements are reported in care group governance reports to the Quality Committee.

- 5.2 A high level summary of examples of learning can be found at Appendix A and are shared on the public website.
- 5.3 The data collected from complaints is analysed to help identify themes and emerging trends. The themes are extracted from the complaint narrative, taken from the perspective of the patient or their representative.
- 5.4 From 1 April 2021, the tool used for theming complaints was aligned and the grouping of complaint themes based on the HCAT tool; 3 over-arching categories, 9 themes and beneath this, over 50 sub-themes. A summary can be seen at Table 6.

CLINICAL	MANAGEMENT	RELATIONAL
<ul style="list-style-type: none"> •Quality •Safety •Effectiveness 	<ul style="list-style-type: none"> •Environment •Systems & processes •Well led 	<ul style="list-style-type: none"> •Communication/listening •Attitude •Dignity & respect

Table 6: UHD complaint theming: categories and themes

- 5.5 As can be seen in graph 6, the highest proportion of UHD complaints consistently fall into the relational category; this is similar to the national picture. It should be noted that there are caveats regarding reliability of this comparison: it is collated from the KO41a data collection (community services and NHS hospitals); and secondly, the categories have been manually extrapolated and therefore subjective.



- 5.6 The data, by complaint category is shown by quarter in Graph 7. The top 3 complaint themes, by category, by quarter are shown in Table 7 overleaf, identifying consistency in many of the top themes reported at Trust level. It is recognised that reporting themes and sub-themes by directorate or specialty will generate more relevant and useable data for trends, learning and improving. This detail will be available in the complaints dashboard, supported by the informatics team for 2022/23.
- 5.7 Moving forward into 2023/24 patient first will be implemented across the Trust with a drive to put patients first in all aspects of their care. This will include using wider patient feedback

such as the Friends and Family Test (FFT) and Have your say feedback to understand the perspective of our patients, their family and carers.

Currently it is felt that we do not get enough valuable and useful feedback from our patients and on review it has been identified that:

- Not all patients are asked to comment on their care
- Not all teams across the Trust have access to enough patient feedback to make improvements
- There is not always evidence of learning or continuous improvement as demonstrated in the complaint trend at the Trust

Our aim is to substantially improve our standing in the “overall experience” section in all CQC national surveys of NHS Acute Hospital Trusts over the next three years. Increase FFT and Have your say feedback rates. This will be supported by every clinical area using the data to show continuous improvement.

Whilst this is a longer term plan, once this is in place we should see a reduction in PALS concerns and complaints being raised.

Table 8: 2022/23 TOP COMPLAINT THEMES, BY QUARTER

Complaint category	Quarter	
CLINICAL Quality eg. Clinical standards Safety eg incidents, staff competencies Effectiveness eg procedural outcomes	Q1	<ul style="list-style-type: none"> • Error - diagnosis • Inadequate examination and monitoring • Clinical skills and conduct
	Q2	<ul style="list-style-type: none"> • Inadequate examination and monitoring • Error - diagnosis • Clinical skills and conduct
	Q3	<ul style="list-style-type: none"> • Clinical skills and conduct • Error - other • Team work
	Q4	<ul style="list-style-type: none"> • Clinical skills and conduct • Substandard care; neglect – personal care • Inadequate examination and monitoring
MANAGEMENT Environment eg facilities, equipment, staffing levels Systems & processes eg bureaucracy, waiting times, accessing services Well led: eg leadership and decision	Q1	<ul style="list-style-type: none"> • Delay – access (outpatient) • Discharge • Documentation / records
	Q2	<ul style="list-style-type: none"> • Discharge • Trust administration and bureaucracy • Delay in accessing emergency / urgent care
	Q3	<ul style="list-style-type: none"> • Discharge • Administration and bureaucracy • Documentation / records
	Q4	<ul style="list-style-type: none"> • Discharge • Administration and bureaucracy • Delay in procedure or referral
RELATIONAL Communication & listening eg not acknowledging information given Attitude eg behaviour Dignity& respect eg caring and patient rights	Q1	<ul style="list-style-type: none"> • Communication absent • Communication breakdown • Caring and compassion
	Q2	<ul style="list-style-type: none"> • Communication absent • Communication breakdown • Caring and compassion
	Q3	<ul style="list-style-type: none"> • Communication breakdown • Caring and compassion • Communication absent
	Q4	<ul style="list-style-type: none"> • Communication breakdown • Caring and compassion • Communication absent

6 CONCLUSIONS & RECOMMENDATIONS

- 6.1 The Trust policy and procedures to manage concerns and complaints meet statutory requirements. The complaints procedure was aligned 2021/22, adopting best practice from both sites as well as phased implementation of national best practice recommendations, and the new PHSO complaints standards framework, UHD will continue to work with the PHSO.
- 6.2 The Trust has received 483 complaints, 501 early resolution complaints and 5531 PALS enquiries and concerns during 2022/23. This is an increase in the number of complaints received from 2021/22, which is a reflection of the fully merged systems and teams. There continues to be a significant increase in the cases managed in the PALS service.
- 6.3 A national comparison of complaints received (NHS Digital) shows that UHD is not an outlier with regards to the number of complaints received but reiterated some opportunity to increase the volume of early resolution complaints which has been realised in 2022/23.
- 6.4 The Trust underperformed against the statutory target for acknowledgement response time. This can, in part, be attributed to the staffing vacancies in the corporate Patient Experience team. This will improve for the next financial year as staffing has improved with a change in leadership and management in the Patient Experience team alongside regular performance meetings with the care groups.
- 6.5 The Trust also underperformed with the final response timescale of 55 working days. This in part can be attributed to the high clinical demand on our staff that were needed to have input into the responses. A shift to a corporate team investigation and responses should start to minimise these delays and an improvement should start to be seen in the next year.
- 6.6 With the support of the informatics team, a new enhanced complaints dashboard has been produced to report concern and complaint data by directorate and specialty, ensuring the data is more useful and can more easily be used to identify emerging trends. Weekly detailed reports are now sent to care group leads for discussion at weekly meetings.

Appendix A: 2022/23 examples of learning from upheld complaints

You said "Concerns raised regarding uneven steps by Longfleet Road entrance of Poole Hospital"

We did "Estates Department have conducted a Health & Safety Review and are in the early stages of implementing the addition of further painted signage on the concrete to advise caution"

You said "Concerns were raised about patient's being discharged from hospital in gowns and nightclothes as they did not have suitable clothes with them during their admissions"

We did "In conjunction with our physiotherapy and occupational therapy teams, we are in the early stages of trialling a charity funded project. Patients will be provided with new clothing and shoes free of charge to help patients to be discharged in more appropriate clothing and footwear."

You said "Concerns raised regarding the Parkinson's service and the impacts of reduced staff in the service"

We did "Further administration staff have been recruited to support the team and changes have been made to ways of working in order to improve the service, including the uploading of all correspondence to the electronic patient record so these are immediately accessible for GPs"

Further examples of learning from complaints:		
Complaint	Action/Learning	Status of learning
Patient information leaflets regarding post-surgery discharge care and given to patients on their discharge lacked detail and could be more clear	Surgical matron has reviewed the leaflets, and these have been updated, with clearer and more specific advice. The 'Information Following General Anaesthesia' leaflet has also been updated.	We now have a named individual for patient information at the Trust and have secured short term funding for support with this.
Concerns raised regarding lack of updates from ward when father in law was an inpatient at Bournemouth Hospital	Complaint has been shared with staff anonymously for learning and staff training has been revisited with regard to communication	Completed
Concerns raised as mother of patient found a needle and syringe left in a cubicle in the Emergency Department, and the way in which it was handled.	Staff members were identified, and additional training has been given regarding sharps safety and their disposal. Apologies given to patient and her mother.	Completed training
Patient and his father were upset by the manner of the doctor when they saw him in clinic. They were also unhappy that they had not yet receive the results of a recent MRI	The feedback regarding communication was passed on to the locum doctor for reflection. Another consultant reviewed the MRI results and wrote to the patient and the GP with the findings. A further appointment with an alternative consultant was offered.	Completed
A local GP raised concerns that there were delays in the pathway when trying to admit patients their patients to the Royal Bournemouth Hospital in emergency situations	There is now a dedicated Emergency Admissions Team which answers calls across the whole Trust and continuous work is undertaken to improve the service further. Feedback from GPs have already noted improvements and quicker responses.	Completed
Concerns raised that a taxi organised by the hospital did not take the patient directly to his door, and left him at the end of a long driveway	The Transport Manager contacted the Taxi company with whom UHD holds a contract, which includes safely delivering patients to their front door. The taxi company have spoken to the driver involved and will also remind all drivers of their responsibility towards patients when they hold their driver	Completed

	awareness and feedback meetings. Sincere apologies were made to the patient.	
Concerns were raised that a leaflet on the UHD website containing sleep advice for children was outdated	The leaflet was removed and will be updated. Therapy Services have also implemented a new system to ensure all patient information is reviewed at set intervals.	We now have a named individual for patient information at the Trust and have secured short term funding for support with this.

Appendix 1

PATIENT EXPERIENCE TEAM

COMPLAINT ASSESSMENT - SEVERITY CATEGORY

Category	Theme	Severity Indicators		
CLINICAL	Quality & Effective-ness	1. Low severity Delay changing dirty bedding Isolated lack of food or water Wound not dressed properly Rough handling patient Patient monitoring delayed Patient not involved in care plan Patient left with some scarring	2. Medium severity Patient dressed in dirty clothes Nothing to eat or drink for one day Seeping wound ignored Patient briefly without pain relief Patient not monitored properly Aspect of care plan overlooked Patient required follow-up operation	3. High severity Patient left in own waste in bed Patient dehydrated/ malnourished Infected wound not tended to Force feeding baby, resulting in vomiting Discharge without sufficient examination Failing to heed warnings in patient notes Patient left with unexpected disability
	Safety	1. Low severity Slight delay in making diagnosis Slight delay administering medication Minor error in recording patient progress Not responding to bell (isolated) Minor misunderstanding among clinicians A minor error filling-out the patient notes	2. Medium severity Clinician failed to diagnose a fracture Staff forgot to administer medication Delay noticing deteriorating condition Not responding to bell (multiple) Test results not shared with clinicians Clinician overlooked information (eg, previous experience of an illness)	3. High severity Clinician misdiagnosed critical illness Incorrect medication was administered Onset of severe sepsis was not identified Not responding to heart attack Failure to coordinate time critical decision Clinician overlooked critical information (eg, serious drug allergy)

Category	Theme	Severity Indicators		
MANAGEMENT	Environment	1. Low severity	2. Medium severity	3. High severity
		Noisy ward surroundings Patient bed not ready upon arrival Dirt and cigarette ends on main floor Parking meter not working Midwife repeatedly called away Argument between patients	Patient was cold and uncomfortable Patient placed in bed in corridor Blood stains in bathroom A temporary malfunction in an IT system Specialist not available One patient bullying another patient	Fleas, bed bugs, rodents Patient relocated due to bed shortage Overflowing toilet, faeces on floor Medical equipment malfunctioned Severe staff shortages Patient assaulted by another patient
	Systems & processes. Well led	1. Low severity	2. Medium severity	3. High severity
		Difficulty phoning healthcare unit Non-urgent medical procedure delayed Phone calls not returned Appointment cancelled and rescheduled Visiting times unclear Patient notes not ready for consultation	Waited in emergency room for hours Medical procedure delayed Complaint not responded to Chasing departments for an appointment Visiting unavailable Patient notes temporarily lost	Unable to access specialist care Acute medical procedure delayed Emergency phone call not responded to Refusal to give appointment Family unable to visit dying patient Another patient's notes used as basis for consultation

Category	Theme	Severity Indicators		
RELATIONAL	Listening	1. Low severity Staff ignored question Patient's dietary preferences were dismissed Question acknowledged, but not responded to	2. Medium severity Staff ignored mild patient pain Patient-provided information dismissed Patient anxieties acknowledged, but were not addressed	3. High severity Staff ignored severe distress Critical patient-provided information repeatedly dismissed Patient pain acknowledged, but no follow through on pain relief
	Communication	1. Low severity Short delay communicating test results Patient received incorrect directions Staff did not communicate a ward change	2. Medium severity Long delay communicating test results Patient received conflicting diagnoses Staff did not communicate care plan	3. High severity Urgent test results delayed Patient given wrong test results Dementia patient discharged without the family being informed
	Dignity, respect & staff attitude	1. Low severity Staff spoke in condescending manner Private information divulged to the receptionist Staff member lost temper Unclear information for consent Lack of privacy during discussion	2. Medium severity Rude behaviour Private information divulged to family members Patient intimidated by staff member Consent was obtained just prior to a procedure, giving no discussion time Lack of privacy during examination	3. High severity Humiliation in relation to incontinence Private information shared with members of the public Patient discriminated against Do-not-resuscitate decision without obtaining consent Patient experienced miscarriage without privacy

Prepared by Christina Harding
Deputy Head of Patient Experience
May 2023

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 26 October 2023

Agenda item: 6.2

Subject:	Trust Constitution – Extension of Review Period
Prepared by:	Sarah Locke, Deputy Company Secretary Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Rob Whiteman, Trust Chair

Strategic themes that this item supports/impacts:	<p>Systems working and partnership <input checked="" type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input type="checkbox"/></p> <p>Quality: outcomes and safety <input type="checkbox"/></p> <p>Sustainable services <input type="checkbox"/></p> <p>Patient First programme <input type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input type="checkbox"/></p>
BAF/Corporate Register: (if applicable)	Risk N/A
Purpose of paper:	Decision/Approval
Executive Summary:	<p>The Trust Constitution was due to be reviewed by October 2023 in line with the three-year review.</p> <p>The Council of Governors are requested to consider and if thought fit, to approve an extension of the review by one year, to October 2024, on the current terms, to allow for system working to be fully embedded and reflected in the Constitution within this review.</p>
Background:	<p>The Trust Constitution was issued in October 2020. The requirement is for the Constitution to be reviewed every three years and therefore the due date for the review was by October 2023.</p> <p>Following the creation of the Dorset Integrated Care Board, which came into effect from 1 June 2022, system working has been evolving, such as the inclusion of the Medical Director for Integrated Care on the Executive Team. There would be a substantial benefit to allow for the system working to be embedded further prior to the full review of the Trust Constitution.</p>

Key Recommendations:	To consider and if thought fit to approve the extension of the Trust Constitution review date from October 2023 to October 2024.	
Implications associated with this item:	Council of Governors <input checked="" type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>	
CQC Reference:	Safe <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>	

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

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality <input checked="" type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
--	---

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 26 October 2023

Agenda item: 6.3

Subject:	Council of Governors' Meeting Dates 2024
Prepared by:	Sarah Locke, Deputy Company Secretary
Presented by:	Rob Whiteman, Trust Chair
Strategic themes that this item supports/impacts:	<div> <div>Systems working and partnership</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Our people</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Patient experience</div> <div><input type="checkbox"/></div> </div> <div> <div>Quality: outcomes and safety</div> <div><input type="checkbox"/></div> </div> <div> <div>Sustainable services</div> <div><input type="checkbox"/></div> </div> <div> <div>Patient First programme</div> <div><input type="checkbox"/></div> </div> <div> <div>One Team: patient ready for reconfiguration</div> <div><input type="checkbox"/></div> </div>
BAF/Corporate Risk Register: (if applicable)	Not applicable
Purpose of paper:	Decision/Approval
Executive Summary:	<p>Planned dates for the Council of Governors' meetings have been proposed.</p> <p>In line with the terms of reference for the Constitution Review Group, there will be a meeting held monthly in the lead up to the review date of the Constitution, on the provision that the Council of Governors approve the review date of the Trust Constitution to be October 2024.</p> <p>In line with the terms of reference for the Effectiveness Group and the Membership and Engagement Group, quarterly meetings have been scheduled.</p> <p>In line with the terms of reference for the Quality Group, two meetings for the year have been scheduled and in alignment with the Quality Account being presented to the Council of Governors meetings in June 2024 and October 2024. These dates have also been agreed with Jo Sims, Associate Director of Quality and Risk.</p>
Background:	Draft dates for the Council of Governors' meetings have been scheduled and shared with the Council.

Key Recommendations:	To consider and if thought fit to approve the proposed dates for the Council of Governors' Meeting Dates for 2024.	
Implications associated with this item:	Council of Governors <input checked="" type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>	
CQC Reference:	Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>	

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

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
--	--

University Hospitals Dorset NHS Foundation Trust
Council of Governors Meetings Schedule 2024

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
COUNCIL OF GOVERNORS PART 1	11/01/2024 16:30	-	-	4/04/2024 16:30	-	-	4/07/2024 16:30	-	-	3/10/2024 16:30	-	-
COUNCIL OF GOVERNORS PART 2	11/01/2024 18:15	-	-	4/04/2024 18:15	-	-	4/07/2024 18:15	-	-	3/10/2024 18:15	-	-
NOMINATIONS, REMUNERATION AND EVALUATION	3/01/2024 10:00	-	27/03/2024 10:00	-	-	26/06/2024 10:00	-	-	25/09/2024 10:00	-	-	-
INFORMAL GOVERNOR BRIEFINGS	-	-	-	-	2/05/2023 14:00	-	-	-	-	-	-	-
COUNCIL OF GOVERNOR DEVELOPMENT SESSIONS	-	-	7/03/2024 14:00	-	-	6/06/2024 14:00	-	-	5/09/2024 14:00	-	7/11/2024 14:00	-
CONSTITUTION REVIEW GROUP	2/1/2024 10:30	23/02/2024 9:30	22/03/2024 9:30	19/04/2024 9:30	24/05/2024 9:30	21/06/2024 9:30	19/07/2024 9:30	23/08/2024 9:30				
QUALITY GROUP	-	15/2/2024 2pm	-	-	16/5/2024 2pm	-	-	-	30/09/2024 2pm	-	-	-
EFFECTIVENESS GROUP	15/1/2024 2pm	-	-	25/4/2024 2pm	-	-	11/07/2024 2pm	-	-	15/10/2024 2pm	-	-
MEMBERSHIP AND ENGAGEMENT GROUP	-	-	07/03/2023 2pm	-	-	20/6/2024 2pm	-	-	12/09/2024 2pm	-	14/11/2024 2pm	-

Key

Green text indicates known school holidays

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 26 October 2023

Agenda item: 7.1

Subject:	Council of Governor Groups Terms of Reference
Prepared by:	Sarah Locke, Deputy Company Secretary Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Rob Whiteman, Trust Chair

Strategic themes that this item supports/impacts:	<p>Systems working and partnership <input checked="" type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input checked="" type="checkbox"/></p> <p>Quality: outcomes and safety <input checked="" type="checkbox"/></p> <p>Sustainable services <input type="checkbox"/></p> <p>Patient First programme <input checked="" type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input type="checkbox"/></p>
BAF/Corporate Risk Register: (if applicable)	Not applicable
Purpose of paper:	Decision/Approval
Executive Summary:	<p>The terms of reference (ToR) for the Informal Governor Groups were approved at the meeting of the Council of Governors on 27 July 2023.</p> <p>Following Governors having been invited to put themselves forward as Chair/Vice-Chair of the Groups, it has since been proposed that in relation to the Membership Engagement Group, Quality Group and Effectiveness Group that the Associate Director of Corporate Governance (or, in their absence, their nominated deputy) facilitate such groups. The Trust Chair (or in their absence, their nominated deputy), will chair the Constitution Review Group.</p> <p>The amendments to the invited attendees have clarified those staff members that would be invited to be in attendance to all meetings of the Group and the Company Secretary Team being invited to attend the Groups as appropriate.</p> <p>The updated terms of reference are presented to the Council of Governors for consideration and, if thought fit, approval.</p>

Background:	The Council of Governors has established a Membership Engagement Group, Quality Group, Effectiveness Group and Constitution Review Group, each being informal discussion groups with their purpose and responsibilities set out in their ToR.	
Key Recommendations:	To consider and if thought fit approve the terms of reference for: <ul style="list-style-type: none"> • Constituency Group • Effectiveness Group • Membership and Engagement Group • Quality Group 	
Implications associated with this item:	Council of Governors <input checked="" type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>	
CQC Reference:	Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>	

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Council of Governors	27/07/2023	The terms of reference for the Informal Governor Groups were approved at the Council of Governors meeting in July 2023.

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
--	--

TERMS OF REFERENCE

for the

**University Hospitals Dorset NHS Foundation
Trust**

**Council of Governors' Informal
Constitution Review Group**

September 2023

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

DOCUMENT DETAILS

Author:	Sarah Locke
Job Title:	Deputy Company Secretary
Signed:	
Date:	September 2023
Version No: (Author Allocated)	1.1
Next Review Date:	September 2024

Approving Body/Committee:	Council of Governors
Chair:	Rob Whiteman
Signed:	
Date Approved:	
Target Audience:	Council of Governors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
July 2023	1	July 2024	July 2023	Company Secretary	New Terms of Reference
September 2023	1.1	September 2024		Company Secretary	The chair has been updated. Amendments to invited attendees.

TABLE OF CONTENTS

1.	PURPOSE.....	4
2.	RESPONSIBILITIES	4
3.	MEMBERSHIP AND ATTENDANCE	4
4.	AUTHORITY	4
5.	CONDUCT OF BUSINESS	5
6.	RELATIONSHIPS AND REPORTING.....	5
7.	MONITORING	5
8.	REVIEW	5
9.	APPENDIX A	6

INDIVIDUAL APPROVAL			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
COUNCIL OF GOVERNORS APPROVAL			
If the Council of Governors has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Council of Governors	Date	28 September 2023
Print Name	Rob Whiteman	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS' INFORMAL CONSTITUTION REVIEW GROUP
TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Constitution Review Group (the Group) is a forum for discussion on matters relating to the review and updating of the Trust's Constitution triennially on behalf of the Council of Governors.
- 1.2 The Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust and has no delegated authority.

2. RESPONSIBILITIES

- 2.1 To receive, discuss and ~~propose~~ recommend amendments to the Trust's Constitution.
- 2.2 To review the Trust's Constitution in line with current and updated national legislation.
- 2.3 To present all recommended amendments to the Board of Directors and the Council of Governors for consideration.

3. MEMBERSHIP AND ATTENDANCE

- 3.1 Membership of the Constitution Review Group comprises of up to seven governors.

The process for membership of the Group shall be agreed by the Council of Governors, taking into account the skills of Governors to contribute and collectively deliver the responsibilities of the Group.

The Associate Director of Corporate Governance (or, in their absence, their nominated representative) will facilitate the Group (the "Facilitator").

- 3.2 In addition, such other members of the Company Secretary Team as the Associate Director of Corporate Governance considers appropriate ~~the following will~~ may attend the Group. ~~to provide information, advice and/or to present a report to the Group as agreed with the Group Chair (or in their absence the Deputy Chair).~~

- ~~• Lead Governor~~
- ~~• Deputy Company Secretary~~

- 3.3 With agreement of the Group ~~Chair (or the Deputy Chair), the Group others~~ be invited by the Facilitator ~~others~~, including any Director, employee, or external partner to attend particular meetings.

- ~~3.4 The Group Chair and Deputy Chair will be chosen in accordance with a process agreed by the Council of Governors.~~

4. AUTHORITY

- 4.1 None of the powers of the Council of Governors are delegated to this Group.

5. CONDUCT OF BUSINESS

- 5.1 The Group will meet as a minimum, twice a year. When the Trust constitution is due for review within the following six months, the meetings will increase to a minimum of monthly.
- 5.2 Additional meetings of the Group can be scheduled as requested by the Facilitator in consultation with the Group ~~Chair~~.
- 5.3 The meeting will be declared quorate if at least three members are present, ~~one of which will be the Group Chair or Deputy Chair~~.
- 5.4 If a meeting of the Group is inquorate, the meeting can proceed if those present agree. Items requiring approval or recommendation to the Council of Governors will (as applicable) be submitted to the next Group meeting or Council of Governors whichever comes first.
- 5.5 Meetings of the Group shall be called by the Company Secretary (or nominee on their behalf) at the request of the Facilitator ~~Group Chair~~.
- 5.6 The Corporate Governance Assistant (or their nominee) is responsible for preparing the agenda for agreement by the Facilitator ~~Group Chair~~. The Corporate Governance Assistant (or their nominee) shall collate and circulate papers to Group members.
- 5.7 Unless otherwise agreed by the Facilitator ~~Group Chair~~, agenda and papers should be circulated no less than five working days before the meeting.
- 5.8 The agenda and papers shall be made available, upon request, to the Council of Governors.
- 5.9 A brief summary of proceedings will be noted by the Company Secretary Team. The summary notes will be submitted to the next meeting of the Group for approval.

6. RELATIONSHIPS AND REPORTING

- 6.1 The Group shall be accountable to the Council of Governors.
- 6.2 The ~~Group Chair~~ Facilitator (or their nominee) will report back to the next formal meeting of the Council of Governors.

7. MONITORING

- 7.1 Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.

- 8.2 The position of the Chair ~~and Deputy Chair~~ will be reviewed after an initial ~~two one~~ years period and subsequently at least every two years, or sooner if appropriate. ~~The maximum term of office of the Chair and Deputy Chair will be three two-year terms.~~

APPENDIX A

ATTENDANCE AT CONSTITUTION REVIEW GROUP MEETINGS

NAME OF GROUP:	Constitution Review Group		
Present (<i>including names of members present at the meeting</i>)	Meeting Dates		
	Was the meeting quorate? Y/N (<i>Please refer to Terms of Reference</i>)		

TERMS OF REFERENCE

for the

**University Hospitals Dorset NHS Foundation
Trust**

**Council of Governors' Informal
Effectiveness Group**

September 2023

We are      

DOCUMENT DETAILS

Author:	Yasmin Dossabhoy
Job Title:	Associate Director of Corporate Governance
Signed:	
Date:	September 2023
Version No: (Author Allocated)	1.1
Next Review Date:	September 2024

Approving Body/Committee:	Council of Governors
Chair:	Rob Whiteman
Signed:	
Date Approved:	
Target Audience:	Council of Governors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
July 2023	1.0	July 2024	July 2023	Company Secretary	New Terms of Reference
September 2023	1.1	September 2024		Company Secretary	Updated that the Group will be facilitated by the Company Secretary Team with no chair appointed. Amendments to invited attendees.

TABLE OF CONTENTS

1.	PURPOSE.....	4
2.	RESPONSIBILITIES	4
3.	MEMBERSHIP AND ATTENDANCE	4
4.	AUTHORITY	5
5.	CONDUCT OF BUSINESS	5
6.	RELATIONSHIPS AND REPORTING.....	5
7.	MONITORING	5
8.	REVIEW	5
9.	APPENDIX A	7

INDIVIDUAL APPROVAL			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
COUNCIL OF GOVERNORS APPROVAL			
If the Council of Governors has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Council of Governors	Date	
Print Name	Rob Whiteman	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS' INFORMAL EFFECTIVENESS GROUP
TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Effectiveness Group (the Group) is a forum for discussion about the effectiveness of the Council of Governors and to informally oversee the development and implementation of plans to enhance Council of Governors' effectiveness, reporting to and making recommendations to the Council of Governors on this.
- 1.2 The Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust and has no delegated authority.

2. RESPONSIBILITIES

- 2.1 To develop a draft work programme and responses/actions to address the Council of Governors' Assessment of Collective Performance (including, but not limited to, any training or development needs) for consideration by the Council of Governors.
- 2.2 To support the implementation of the work programme and responses/actions developed pursuant to paragraph 2.1 above and to monitor progress.
- 2.3 To construct and support the implementation of a draft development plan to further equip Governors in carrying out their roles (working with other stakeholders within the Trust, as appropriate).
- 2.4 To evaluate the effectiveness of activities and events and progress on the actions ~~agreed~~ to be taken in relation to membership consequent upon the Membership and Engagement Strategy and reporting to the Council of Governors on this.
- 2.5 To consider and provide feedback to the Company Secretary Team in relation to the draft form of document used to solicit governors' views on the Council of Governors' collective performance.
- 2.6 To work closely with the Communications Team to maximise opportunities for positive public relations using the media and other forums to promote the Trust.

3. MEMBERSHIP AND ATTENDANCE

- 3.1 Membership of the Group shall comprise of up to seven governors.

The process for membership of the Group shall be agreed by the Council of Governors, taking into account the skills of Governors to contribute and collectively deliver the responsibilities of the Group.

The Associate Director of Corporate Governance (or, in their absence, their nominated representative) will facilitate the Group (the "Facilitator").
- 3.2 A member of the Communications Team will be invited to attend all meetings of the Group. In addition, such other members of the Company Secretary Team as the Associate Director of Corporate Governance considers appropriate may the

~~following will attend the Group, to provide information, advice and/or to present to the Group as agreed with the Group Chair (or in their absence, the Deputy Chair):~~

- ~~• Senior Stakeholders Officer~~
- ~~• Corporate Governance Assistant.~~

3.3 With agreement of the Group ~~Chair (or the Deputy Chair), the Group~~ others may ~~be invited by the Facilitator~~ others, including any Director, employee, or external partner to attend particular meetings.

3.4 ~~The Group Chair and Deputy Chair will be chosen in accordance with a process agreed by the Council of Governors.~~

4. AUTHORITY

4.1 None of the powers of the Council of Governors are delegated to the Group.

5. CONDUCT OF BUSINESS

5.1 The Group will meet as a minimum, on a quarterly basis.

5.2 Additional meetings of the Group can be scheduled as requested by the Facilitator in consultation with the Group ~~Chair.~~

5.3 The meeting will be declared quorate if at least three members are present ~~one of whom will be the Group Chair or Deputy Chair.~~

5.4 If a meeting of the Group is inquorate, the meeting can proceed if those present agree. Items requiring approval or recommendation to the Council of Governors will (as applicable) be submitted to the next Group meeting or Council of Governors whichever comes first.

5.5 Meetings of the Group shall be called by the Company Secretary Team ~~(or nominee on their behalf)~~ at the request of the Facilitator of the Group ~~Chair.~~

5.6 The Corporate Governance Assistant (or their nominee) is responsible for preparing the agenda for agreement by the Facilitator ~~Group Chair.~~ The Corporate Governance Assistant (or their nominee) shall collate and circulate papers to Group members.

5.7 Unless otherwise agreed by the Facilitator ~~Group Chair~~, agenda and papers should be circulated no less than five working days before the meeting.

5.8 The agenda and papers shall be made available, upon request, to the Council of Governors.

5.9 A brief summary of proceedings will be noted by the Company Secretary Team. The summary notes will be submitted to the next meeting of the Group for approval.

6. RELATIONSHIPS AND REPORTING

6.1 The Group shall be accountable to the Council of Governors.

6.2 The Facilitator (or their nominee) ~~Group Chair~~ will report back to the next formal meeting of the Council of Governors.

- 6.3 The Group shall co-ordinate their activity, as appropriate, with the Communications Team particularly to align to the Trust's Communications Strategy.

7. MONITORING

- 7.1 Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The ~~position of the Chair and Deputy Chair~~ facilitation of the Group will be reviewed after an initial one year period ~~two years~~ and subsequently at least every two years, or sooner if appropriate. ~~The maximum term of office of the Chair and Deputy Chair will be three two-year terms.~~

APPENDIX A

ATTENDANCE AT EFFECTIVENESS GROUP MEETINGS

NAME OF GROUP:	Effectiveness Group		
Present (<i>including names of members present at the meeting</i>)	Meeting Dates		
Was the meeting quorate? Y/N (<i>Please refer to Terms of Reference</i>)			

TERMS OF REFERENCE

for the

**University Hospitals Dorset NHS Foundation
Trust**

**Council of Governors' Informal
Membership and Engagement
Group**

September 2023

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

DOCUMENT DETAILS

Author:	Yasmin Dossabhoy
Job Title:	Associate Director of Corporate Governance
Signed:	
Date:	September 2023
Version No: (Author Allocated)	2.1
Next Review Date:	September 2024

Approving Body/Committee:	Council of Governors
Chair:	Rob Whiteman
Signed:	
Date Approved:	
Target Audience:	Council of Governors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
January 2021	1	January 2023	March 2021	Carrie Stone	New Terms of Reference.
January 2023	1.1	January 2026	March 2023	Company Secretary	The new review date of January 2026. To add a comma in the first paragraph of section 1.1, page 4 after “discussion on membership”.
July 2023	2.0	July 2024	July 2023	Company Secretary	Full review and revision of terms of reference
September 2023	2.1	September 2024		Company Secretary	Updated that the Group will be facilitated by the Company Secretary Team with no chair appointed. Amendments to invited attendees.

TABLE OF CONTENTS

1.	PURPOSE.....	4
2.	RESPONSIBILITIES	4
3.	MEMBERSHIP AND ATTENDANCE	4
4.	AUTHORITY	5
5.	CONDUCT OF BUSINESS	5
6.	RELATIONSHIPS AND REPORTING.....	5
7.	MONITORING	5
8.	REVIEW	6
9.	APPENDIX A	7

INDIVIDUAL APPROVAL			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
COUNCIL OF GOVERNORS APPROVAL			
If the Council of Governors has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Council of Governors	Date	
Print Name	Rob Whiteman	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS' INFORMAL MEMBERSHIP AND ENGAGEMENT GROUP

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Membership and Engagement Group (the Group) is a forum for discussion on membership, engagement, development and recruitment of members and to informally oversee and review the Membership and Engagement Strategy on behalf of the Council of Governors, reporting to and making recommendations to the Council of Governors on this.
- 1.3 The Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust and has no delegated authority.

2. RESPONSIBILITIES

- 2.1 To review the Membership and Engagement Strategy and associated action plans and receive regular reports on implementation.
- 2.2 To develop a work programme and action plan in relation to the Membership and Engagement Strategy for consideration by the Council of Governors and review and monitor progress.
- 2.3 To consider actions for growing membership numbers, highlighting any potential barriers and work to resolve their resolution.
- 2.4 To provide focus on encouraging membership amongst “hard to reach” groups and any develop membership representative of the population served by the Trust.
- 2.5 To ~~agree upon and~~ co-ordinate the involvement of governors to support recruitment activity and more broadly, as part of its ambassadorial role, the Council of Governors taking appropriate opportunities to promote the Trust within the local community both as an acute trust and as an anchor institution.
- 2.6 To review the public membership profile against the demography of the population to inform decisions on future membership recruitment strategy and recruitment activities.
- 2.7 To assist the Trust Chair in engaging with members to support initiatives to meet broader Trust objectives when and where required.
- 2.8 To develop communication tools (working with internal stakeholders) to support implementation of the Membership and Engagement Strategy that are of use to all membership and the wider public.
- 2.9 To consider the requirements of governors in communicating with:
- Their constituencies;
 - Between themselves;
 - With the Board of Directors;
 - With other governors in the Dorset system;
 - Other stakeholders;

In relation to the Membership and Engagement Strategy and recommend tools to aid communication.

- 2.10 To review membership recruitment material (which may include, but not limited to, a welcome and introduction pack for members).
- 2.11 To contribute to the planning and promotion of the Annual Members' Meeting and the Membership Strategy in the Trust's Annual Report.
- 2.12 To work closely with the Communications Team to maximise opportunities for positive public relations using the media and other forums to promote the Trust.

3. MEMBERSHIP AND ATTENDANCE

- 3.1 Membership of the Group comprises of up to seven governors.

The process for membership of the Group shall be agreed by the Council of Governors, taking into account the skills of governors to contribute and collectively deliver the responsibilities of the Group.

The Associate Director of Corporate Governance (or, in their absence, their nominated representative) will facilitate the Group (the "Facilitator").

- 3.2 A member of the Communications Team will be invited to attend all meetings of the Group. In addition, such other members of the Company Secretary Team as the Associate Director of Corporate Governance considers appropriate may~~the following will attend the Group, to provide information, advice and/or to present to the Group as agreed with the Group Chair (or in their absence the Deputy Chair):~~

- ~~• Senior Stakeholders Officer~~
- ~~• Corporate Governance Assistant~~

- 3.3 With agreement of the Group ~~Chair (or the Deputy Chair), the Group~~ others may be invited by the Facilitator ~~others~~, including any Director, employee, or external partner to attend particular meetings.

- 3.4 ~~The Group Chair and Deputy Chair will be chosen in accordance with a process agreed by the Council of Governors.~~

4. AUTHORITY

- 4.1 None of the powers of the Council of Governors are delegated to the Group.

5. CONDUCT OF BUSINESS

- 5.1 The Group will meet as a minimum, on a quarterly basis.
- 5.2 Additional meetings of the Group can be scheduled as requested by the Facilitator in consultation with the ~~Group Chair.~~
- 5.3 The meeting will be declared quorate if at least three members are present, ~~one of whom will be the Group Chair or Deputy Chair.~~

- 5.4 If a meeting of the Group is inquorate, the meeting can proceed if those present agree. Items requiring approval or recommendation to the Council of Governors will (as applicable) be submitted to the next Group meeting or Council of Governors whichever comes first.
- 5.5 Meetings of the Group shall be called by the Company Secretary Team~~(or nominee on their behalf)~~ at the request of the Facilitator~~Group Chair~~.
- 5.6 The Corporate Governance Assistant (or their nominee) is responsible for preparing the agenda for agreement by the Facilitator~~Group Chair~~. The Corporate Governance Assistant (or their nominee) shall collate and circulate papers to Group members.
- 5.7 Unless otherwise agreed by the Facilitator~~Group Chair~~, agenda and papers should be circulated no less than five working days before the meeting.
- 5.8 The agenda and papers shall be made available, upon request, to the Council of Governors.
- 5.9 A brief summary of proceedings will be noted by the Company Secretary Team. The summary notes will be submitted to the next meeting of the Group for approval.

6. RELATIONSHIPS AND REPORTING

- 6.1 The Group shall be accountable to the Council of Governors.
- 6.2 The Facilitator~~Group Chair~~ (or their nominee) will report back to the next formal meeting of the Council of Governors.
- 6.3 The Group shall refer to the Communications Team in relation to the Communications Strategy.

7. MONITORING

- 7.1 Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The ~~position of the Chair and Deputy Chair~~facilitation of the Group will be reviewed after an initial ~~two~~one years period and subsequently at least every two years, or sooner if appropriate. ~~The maximum term of office of the Chair and Deputy Chair will be three two-year terms.~~

APPENDIX A

ATTENDANCE AT MEMBERSHIP AND ENGAGEMENT GROUP MEETINGS

NAME OF GROUP:	Membership and Engagement Group		
Present (<i>including names of members present at the meeting</i>)	Meeting Dates		
	Was the meeting quorate? Y/N (Please refer to Terms of Reference)		

TERMS OF REFERENCE

for the

**University Hospitals Dorset NHS Foundation
Trust**

**Council of Governors' Informal
Quality Group**

September 2023

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

DOCUMENT DETAILS

Author:	Sarah Locke
Job Title:	Deputy Company Secretary
Signed:	
Date:	September 2023
Version No: (Author Allocated)	2.1
Next Review Date:	September 2024

Approving Body/Committee:	Council of Governors
Chair:	Rob Whiteman
Signed:	
Date Approved:	
Target Audience:	Council of Governors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
July 2021	1	July 2022	TBC	Company Secretary	New Terms of Reference
July 2023	2	July 2024	27 July 2023	Company Secretary	Full review and redraft
September 2023	2.1	September 2024		Company Secretary	Updated that the Group will be facilitated by the Company Secretary Team with no chair appointed. Amendments to invited attendees.

TABLE OF CONTENTS

1.	PURPOSE.....	4
2.	RESPONSIBILITIES	4
3.	MEMBERSHIP AND ATTENDANCE	4
4.	AUTHORITY	4
5.	CONDUCT OF BUSINESS	4
6.	RELATIONSHIPS AND REPORTING.....	5
7.	MONITORING	5
8.	REVIEW	5
9.	APPENDIX A	6

INDIVIDUAL APPROVAL			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
COUNCIL OF GOVERNORS' APPROVAL			
If the Council of Governors has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Council of Governors	Date	
Print Name	Rob Whiteman	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

QUALITY GROUP

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Quality Group (the Group) is a forum for discussion on matters relating to quality and the Quality Account, on behalf of the Council of Governors.
- 1.2 The Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust and has no delegated authority.

2. RESPONSIBILITIES

- 2.1 To receive and discuss the draft Quality Account.
- 2.2 To receive and discuss any pertinent reports related to the Quality Account.
- 2.3 To co-ordinate with governors various quality related initiatives proposed by the Head of Patient Experience.

3. MEMBERSHIP AND ATTENDANCE

- 3.1 Membership of the Group comprises of up to seven governors.

The process for membership of the Group shall be agreed by the Council of Governors, taking into account the skills of governors to contribute and collectively deliver the responsibilities of the Group.

The Associate Director of Corporate Governance (or, in their absence, their nominated representative) will facilitate the Group (the "Facilitator").

- 3.2 The Associate Director of Clinical Governance and Risk will be invited to attend all meetings of the Group. In addition, such other members of the Company Secretary Team as the Associate Director of Corporate Governance considers appropriate the following will may attend the Group, to provide information, advice and/or to present to the Group as agreed with the Group Chair (or in their absence the Deputy Chair):

- ~~• Associate Director of Clinical Governance and Risk~~
- ~~• Deputy Company Secretary~~
- ~~• Corporate Governance Assistant.~~

- 3.3 With agreement of the Group ~~Chair (or the Deputy Chair), the Group others~~ may be invited by the Facilitator others, including any Director, employee, or external partner to attend particular meetings.

- 3.4 ~~The Group Chair and Deputy Chair will be chosen in accordance with a process agreed by the Council of Governors.~~

4. AUTHORITY

- 4.1 None of the powers of the Council of Governors are delegated to the Group.

5. CONDUCT OF BUSINESS

- 5.1 The Group will meet as a minimum, twice a year.
- 5.2 Additional meetings of the Group can be scheduled as requested by the Facilitator in consultation with the ~~Group Chair~~.
- 5.3 The meeting will be declared quorate if at least three members are present, ~~one of whom will be the Group Chair or Deputy Chair~~.
- 5.4 If a meeting of the Group is inquorate, the meeting can proceed if those present agree. Items requiring approval or recommendation to the Council of Governors will (as applicable) be submitted to the next Group meeting or Council of Governors whichever comes first.
- 5.5 Meetings of the Group shall be called by the Company Secretary Team ~~(or nominee on their behalf)~~ at the request of the Facilitator ~~Group Chair~~.
- 5.6 The Corporate Governance Assistant (or their nominee) is responsible for preparing the agenda for agreement by the Facilitator ~~Group Chair~~. The Corporate Governance Assistant (or their nominee) shall collate and circulate papers to Group members.
- 5.7 Unless otherwise agreed by the Facilitator ~~Group Chair~~, agenda and papers should be circulated no less than five working days before the meeting.
- 5.8 The agenda and papers shall be made available upon request to the Council of Governors.
- 5.9 A brief summary of proceedings will be noted by the Company Secretary Team. The summary notes will be submitted to the next meeting of the Group for approval.

6. RELATIONSHIPS AND REPORTING

- 6.1 The Group shall be accountable to the Council of Governors.
- 6.2 The Facilitator (or their nominee) ~~Group Chair~~ will report back to the next formal meeting of the Council of Governors.

7. MONITORING

- 7.1 Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The ~~position of the Chair and Deputy Chair~~ facilitation of the Group will be reviewed after an initial ~~two one~~ years period and subsequently at least every two years, or

sooner if appropriate. ~~The maximum term of office of the Chair and Deputy Chair will be three two-year terms.~~

ATTENDANCE AT QUALITY GROUP MEETINGS

NAME OF GROUP:	Quality Group		
Present (including names of members present at the meeting)	Meeting Dates		
Was the meeting quorate? Y/N (Please refer to Terms of Reference)			

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 26 October 2023

Agenda item: 7.2

Subject:	Membership of the Council of Governor Groups
Prepared by:	Sarah Locke, Deputy Company Secretary
Presented by:	Rob Whiteman, Trust Chair

Strategic themes that this item supports/impacts:	<p>Systems working and partnership <input type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input type="checkbox"/></p> <p>Quality: outcomes and safety <input type="checkbox"/></p> <p>Sustainable services <input type="checkbox"/></p> <p>Patient First programme <input type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input type="checkbox"/></p>
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Decision/Approval
Executive Summary:	<p>The responses from Governors that had completed the MS Forms document were collated and Governors were assigned to a Group based on their choices and the skills and experience that they had also provided on MS Forms.</p> <p>The membership for each of the Council of Governors Group has been selected based on the responses provided. Each Governor will be the member of one Council of Governor Group. There are vacancies on each of the Groups to allow for Governors starting their term of office in January 2024 to become a member of one of the Groups.</p> <p>Existing Governors that have chosen not to stand in the current elections, and therefore not remaining as a Governor in 2024, have been removed from the proposed membership.</p> <p>The Council of Governors are asked to consider and if thought fit, to approve the membership of the Groups.</p>

Background:	<p>The Council of Governors have agreed to hold four Council of Governor Groups:</p> <ul style="list-style-type: none">• Membership and Engagement Group• Constitution Review Group• Effectiveness Group• Quality Group <p>The Terms of reference have previously been approved at a Council of Governors meeting, but a further updated version for each of the Groups was to be presented at the meeting today (26 October 2023).</p> <p>An email was sent to all Governors in July 2023 with a link to an MS Forms. Governors were asked to submit their preference of the Group/s that they would like to become a member. Governors also stated what skills and experience they could bring to each Group that they selected the membership for.</p>	
Key Recommendations:	<p>To consider and, if thought fit, to approve the proposed membership in the presented form, or with such amendments as the Council of Governors consider appropriate.</p>	
Implications associated with this item:	<p>Council of Governors</p> <p>Equality and Diversity</p> <p>Financial</p> <p>Operational Performance</p> <p>People (inc Staff, Patients)</p> <p>Public Consultation</p> <p>Quality</p> <p>Regulatory</p> <p>Strategy/Transformation</p> <p>System</p>	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
CQC Reference:	<p>Safe</p> <p>Effective</p> <p>Caring</p> <p>Responsive</p> <p>Well Led</p> <p>Use of Resources</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p>

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

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	<table> <tr><td>Commercial confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
Commercial confidentiality	<input type="checkbox"/>								
Patient confidentiality	<input type="checkbox"/>								
Staff confidentiality	<input type="checkbox"/>								
Other exceptional reason	<input type="checkbox"/>								

Proposed Membership to the Council of Governors' Informal Groups

Effectiveness Group	
Membership according to ToR (up to 7 Governors) Quorum: at least three members are present	
1. Jerry Scrivens	
2. Sandy Wilson	
3. Sue Comrie	
4. Kani Trehorn	
5.	
6.	
7.	
To be facilitated by: Associate Director of Corporate Governance	

Constitution Review Group	
Membership according to ToR (up to 7 Governors) Quorum: at least three members are present, one of which will be the Trust Chair	
1. Rob Flux	
2. Robert Bufton	
3. Carrie Stone	
4. Michele Whitehurst	
5.	
6.	
7.	
Chair:	Rob Whiteman

Membership and Engagement Group	
Membership according to ToR (up to 7 Governors) Quorum: at least three members are present	
1. Robert Bufton	
2. Keith Mitchell	
3. Paul Hilliard	
4.	
5.	
6.	
7.	
To be facilitated by: Associate Director of Corporate Governance	

Quality Group	
Membership according to ToR (up to 7 Governors) Quorum: at least three members are present	
1. Steve Dickens	
2. Beryl Ezzard	
3. Diane Smelt	
4. Susanne Lee	
5.	
6.	
7.	
To be facilitated by: Associate Director of Corporate Governance	

Attendance at Council of Governors Part 1

		27 April 2023	27 July 2023	28 September 2023
Present	Rob Whiteman			
	Lesley Baliga			
	Daniel Banfield			
	Mandi Barron			
	Robert Bufton			
	Sharon Collett			
	Sue Comrie			A
	Steve Dickens			A
	Beryl Ezzard			
	Rob Flux			
	Paul Hilliard			
	Marjorie Houghton			
	Dimitri Ilic			
	Susanne Lee			
	Andrew McLeod	A		A
	Keith Mitchell			
	Markus Pettit		A	
	Patricia Scott			
	Jeremy Scrivens			A
	Diane Smelt			
	Carrie Stone		A	A
	Kani Trehorn			
	Michele Whitehurst			
	Sandra Wilson			A
In Attendance	Karen Allman			
	Yasmin Dossabhoy			
	Peter Gill			
	Judy Gillow			
	Siobhan Harrington			
	Duncan Laird			
	Sarah Locke			
	Irene Mardon			
	Helena McKeown			
	Mark Mould			
	Pete Papworth			
	Sharath Ranjan			
	Richard Renaut			
	Paula Shobbrook			
	Caroline Tapster			
	Claire Whitaker			
	Peter Wilson			
	Klaudia Zwolinska			
Was the meeting quorate?		Y	Y	Y

Key

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