# University Hospitals Dorset NHS Foundation Trust

# Council of Governors Meeting – Part 1

**Thursday 4 April 2024**

**16:30 – 18:00**

**Microsoft Teams**

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

**UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS**

The next meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 16:30 on Thursday 4 April 2024 via Microsoft Teams.

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

**Rob Whiteman**
**Trust Chair**

**AGENDA – PART 1**

**16:30 on Thursday 4 April 2024**

| 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 11 January 2024 | **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 Officer's Update | **Verbal** | **Information** | **CEO** |
| **16:50** | **5** | **INTEGRATED PERFORMANCE REPORT** | | | |
| | **5.1** | Integrated Quality, Performance, Workforce, Finance and Informatics Report | **Paper** | **Assurance** | **Executive Leads** |
| **17:05** | **6** | **GOVERNANCE** | | | |
| | **6.1** | Outcome of Lead and Deputy Lead Governor Election | **Paper** | **Information** | **Chair** |
| | **6.2** | Feedback from the Nominations, Remuneration and Evaluation Committee (NREC):<br>• NREC membership | **Paper** | **Approval** | **Chair** |
| | **6.3** | Proposals for Annual Members' Meeting | **Verbal** | **Discussion** | **Chair** |
| | **6.4** | Annual Review of the Governance Cycle | **Paper** | **Approval** | **Chair/ CoSec** |
| | **6.5** | Schedule of Meetings for 2024/25 | **Verbal** | **Information** | **Chair** |

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

| 17:25 | 7 | **PUBLIC ENGAGEMENT** | | | |
|---|---|---|---|---|---|
| | **7.1** | 2024/25 Annual Plan | **Verbal** | **Review** | **CSTO** |
| | **7.2** | UHD Charity Update | **Verbal** | **Information** | **Head of Charity** |
| 17:40 | 8 | **COMMITTEE AND GOVERNOR GROUP UPDATES** | | | |
| | **8.1** | Informal Governor Groups Membership Update | **Paper** | **Approval** | **Chair** |
| | **8.2** | Council of Governors 2024/25 Events Calendar | **Paper** | **Approval** | **Chair** |
| | **8.3** | Feedback from Council of Governors Informal Groups: <br>• Constitution Review Group <br>• Effectiveness Group <br>• Membership and Engagement Group <br>• Quality Group | **Paper** | **Information** | **Group members** |
| | **8.4** | Feedback from Governwell Workshop | **Verbal** | **Information** | **Governors** |
| | **8.5** | Feedback from Governor Observers | **Verbal** | **Information** | **Governors** |
| 17:55 | 9 | Urgent Motions or Questions | **Verbal** | | **Chair** |
| | 10 | Any Other Business | **Verbal** | | **Chair** |
| 18:00 | 11 | **Date of Next Council of Governors Meeting:** <br>Future Meetings: May 2024 (date tbc), Thursday 4 July 2024 and Thursday 3 October 2024. | | | |

\* 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.**

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**Items for Next Council of Governors Part 1 Agenda – May 2024**

Standing Reports

• Chair's Update
• Chief Executive's Update

Annual Reports

• Annual Review of Governance Cycle
• Convening of Annual Members' Meeting

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**List of abbreviations:**

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

CFO –Chief Finance Officer
CoSec – Company Secretary Team

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**AGENDA – PART 2 PRIVATE MEETING**

**18:15 on Thursday 4 April 2024**

| Time | | Item | Method | Purpose | Lead |
|---|---|---|---|---|---|
| **18:15** | **12** | Welcome, Introduction, Apologies & Quorum | **Verbal** | | **Chair** |
| | **13** | Declaration of Interests | **Verbal** | | **Chair** |
| **18:20** | **14** | **MINUTES** | | | |
| | **14.1** | For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 11 January 2024 | **Paper** | **Approval** | **Chair** |
| | **14.2** | Matters Arising – Action List | **Paper** | **Review** | **Chair** |
| **18:30** | **15** | **GOVERNANCE** | | | |
| | **15.1** | Update from the Part 2 meeting of the Board of Directors held on 3 April 2024 | **Verbal** | **Information** | **Chair** |
| | **15.2** | Feedback from meeting of the Nominations, Remuneration and Evaluation Committee (NREC)<br>• Annual Report/Statement on the work of the Nominations, Remuneration and Evaluation Committee<br>• Chair and Non-Executive Director Remuneration | **Paper** | **Approval** | **Chair/ Lead Governor** |
| | **15.3** | Feedback from Governor Observers (not already covered in Part 1) | **Verbal** | **Information** | **Governor Observers** |
| | **16** | Any Other Business | **Verbal** | | **Chair** |
| | **17** | Reflections on the Meeting | **Verbal** | | **Chair** |
| **19:00** | **18** | **Date of Next Council of Governors Meeting:**<br>Future Meetings: May 2024 (date tbc), Thursday 4 July 2024 and Thursday 3 October 2024. | | | |

\* late paper

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**Items for Next Council of Governors Part 2 Agenda:**

Annual Reports

- 2024/2025 Annual Operational Plan
- Outcome of the Chair's and Non-Executive Directors' annual performance evaluation
- External Audit Plan

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**List of abbreviations:**

CEO – Chief Executive Officer                     CFO –Chief Finance Officer
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Other abbreviations
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**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 11 January 2024 at 16:30 in the Boardrooms at Poole Hospital and via Microsoft Teams

| Present: | Judy Gillow | Non-Executive Director, Senior Independent Director *(chair)* |
|---|---|---|
| | Colin Blebta | Public Governor: Bournemouth |
| | Robert Bufton | Public Governor: Poole and Rest of Dorset |
| | Sharon Collett | Public Governor: Bournemouth, Lead Governor |
| | Steve Dickens | Public Governor: Christchurch, East Dorset and Rest of England |
| | Beryl Ezzard | Appointed Governor:  Dorset Council |
| | Richard Ferns | Public Governor: Poole and Rest of Dorset |
| | Rob Flux | Staff Governor: Admin, Clerical and Management |
| | Mark Haslam | Public Governor: Bournemouth |
| | Paul Hilliard | Appointed Governor:  BCP Council |
| | Susanne Lee | Public Governor: Christchurch, East Dorset and Rest of England |
| | Elizabeth McDermott | Public Governor: Bournemouth |
| | Keith Mitchell | Public Governor: Bournemouth |
| | Jeremy Scrivens | Public Governor: Christchurch, East Dorset and Rest of England |
| | Diane Smelt | Public Governor: Bournemouth |
| | Carrie Stone | Public Governor: Poole and Rest of Dorset |
| | Michele Whitehurst | Public Governor: Poole and Rest of Dorset, Deputy Lead Governor |
| | Sandy Wilson | Public Governor: Christchurch, East Dorset and Rest of England |

| In attendance: | Yasmin Dossabhoy | Associate Director of Corporate Governance |
|---|---|---|
| | Ewan Gauvin | Acting Deputy Company Secretary |
| | Matthew Hodson | Deputy Chief Nursing Officer *(left at CoG 011/24)* |
| | Irene Mardon | Interim Chief People Officer *(left at CoG 009/24)* |
| | Helena McKeown | Non-Executive Director *(left at CoG 012/24)* |
| | Mark Mould | Chief Operating Officer *(left at CoG 012/24)* |
| | Pete Papworth | Chief Finance Officer *(left at CoG 009/24)* |
| | Richard Renaut | Chief Transformation and Strategy Officer *(left at CoG 015/24)* |
| | Paula Shobbrook | Chief Nursing Officer and Deputy Chief Executive |
| | Claire Whitaker | Non-Executive Director *(left at CoG 012/24)* |
| | Klaudia Zwolinska | Corporate Governance Assistant |
| | 1 member of the public | |

| CoG001/24 | **Welcome, Introductions, Apologies & Quorum** |
|---|---|
| | With apologies from Rob Whiteman, Trust Chair and Cliff Shearman, Vice-Chair, the Council of Governors approved that Judy Gillow chair the meeting. |
| | Judy Gillow welcomed everyone to the meeting. |
| | Apologies were received from the following members: |
| | • Sue Comrie, Appointed Governor for Volunteers Group |
| | • Colin Hamilton, Staff Governor for Estates and Ancillary Services |
| | • Andrew McLeod, Public Governor for Poole and Rest of Dorset |
| | • Kani Trehorn, Staff Governor for Nursing, Midwifery & Healthcare Assistants |
| | The meeting was declared quorate. |
| CoG002/24 | **Declarations of Interest** |
| | Judy Gillow declared an interest regarding agenda item 7.2: methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation. At the Nominations, Remuneration and Evaluation Committee (NREC) held on 2 January 2024, the Committee was comfortable that she and the Trust Chair remained in the |

| | meeting. Judy Gillow noted that she and other present Non-Executive Directors (NEDs) would leave the meeting for this agenda item should this be the Council of Governors' decision. |
|---|---|
| | No existing interests in the matters to be considered were declared. In addition, no further interests were declared. |
| **CoG003/24** | **For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 26 October 2023** |
| | The minutes of the Council of Governors Meeting Part 1 held on 26 October 2023 were APPROVED as an accurate record. |
| **CoG004/24** | **Matters Arising – Action List** |
| | CoG103/23 - *To ascertain whether any patients with Parkinson's Disease had been lost to follow-up.* |
| | Mark Mould provided the update, starting with an explanation of the programme of work for overdue follow-up appointments. The program began 12 months ago, had been clinically led, and was based on a validation process involving conversations with patients about whether they still needed a follow-up appointment. Appropriate actions were then taken. Based on this, Mark Mould confirmed that no specific patients with Parkinson's Disease had been lost to follow-up. |
| | Having raised the initial question, Michele Whitehurst shared feedback from her presentation at the Parkinson's Disease Association in Poole, where she was informed that patients could not access the service. Since then, she had received further information from the Patient Experience team which had been shared with the Association's Chair. |
| | Mark Mould explained the importance of the difference in terminology between patients being lost and patients who were past their follow-up appointment. |
| | Michele Whitehurst thanked the Patient Experience Team for providing the feedback. |
| | **Action CLOSED.** |
| **CoG005/24** | **Chair's Update** |
| | On behalf of Rob Whiteman, Judy Gillow presented the Chair's update, highlighting the following: |
| | • A warm welcome to new Governors: Colin Blebta, Mark Haslam and Elizabeth McDermott, who were attending their first Council of Governors meeting and to Colin Hamilton-Welsh, staff Governor, who was unable to attend on this occasion; |
| | • In addition to the induction session held in December 2023, new Governors had received a further session on regulatory and governance matters; |
| | • The Effectiveness Group's contribution in shaping the induction programme. The feedback received had been very positive. Judy Gillow also thanked the Executive team for welcoming the new Governors; |
| | • Council of Governors Assessment on Collective Performance showing the opportunities to improve communications and to support Governors |
| | • A thank you to all staff who had been working hard to manage winter pressures and industrial action; |
| | • The Part 1 meetings of the Board of Directors would be extended by 45 minutes to allow for greater discussion; |
| | • Peter Gill, Chief Informatics & IT Officer had left the Trust at the end of 2023. The Council of Governors formally wished him very well. A replacement would be recruited in due course, with Pete Papworth covering in the interim; |
| | • Caroline Tapster had stepped down as a Non-Executive Director in December 2023, which created a vacancy. Considering the current Board composition, the recommendation was to not currently to recruit to that post; |
| | • There was a Board to Board meeting with Dorset County Hospital NHS FT and Dorset Healthcare University NHS FT scheduled for February 2024, demonstrating the maturity that all were seeking to achieve within the system |

and further development of the provider collaborative. The feedback from that meeting would be shared with Governors;

- Rob Whiteman and Siobhan Harrington had visited the hospitals over the Christmas and New Year period. Rob Whiteman had been struck by how often concerns were raised about security and dealing with mental health. He and Siobhan had discussed the matter, and further work on staff and patient safety had progressed;
- The Executive Team and NEDs visits across the Trust continued, receiving feedback from the staff to better understand the level of support they needed.

Keith Mitchell shared positive feedback regarding the extended time for the Board Part 1 meeting in January 2024, allowing more detailed discussion. He also asked whether Governors and NEDs joint visits would be arranged in the future. Judy Gillow confirmed that more work was required to coordinate the visits, ensuring that all areas of the organisation were reached. Mathew Hodson added that the Governors were invited to attend the 15 Steps Challenge, arranged by the Patient Experience Team, to get an overview of the clinical areas.

The Council of Governors NOTED the Trust Chair's update.

| CoG006/24 | **Chief Executive Officer's Update** |
|---|---|
| | On behalf of Siobhan Harrington, Paula Shobbrook presented the Chief Executive Officer's update, focusing on the following: |
| | <ul><li>Praise for staff for their work during the festive period and industrial action, putting patient safety as their main priority, and supporting each other. No safety incidents were reported during that time;</li><li>Supporting the significant number of staff who decided to strike and for those who worked during the industrial action;</li><li>Operational pressures across the region and nationally, especially around ambulance handover time;</li><li>NHS England oversight framework, with the Trust currently in segment three. There had been a regional incident declared due to operational pressures and industrial action, which had contributed to more oversight in the region;</li><li>The postponed Care Quality Commission (CQC) well-led visit. The Integrated Care Board (ICB) was the first system to pilot the new regulatory approach for the well-led inspection, and the Trust's inspection was expected to take place shortly.</li><li>Further progress on implementation of the Patient First improvement methodology and working alongside staff to engage them with this process, making improvements at a local level, and focusing on patient safety and quality care;</li><li>Transforming Care Together: the approach taken to deliver the best care for the patients in Dorset across three hospital sites and focusing on the future of the hospitals, especially when the investment was completed;</li><li>Staff awards, which were part of creating a great place to work and which was one of the strategic objectives.</li></ul> |
| | Carrie Stone asked whether the derogation process was in place during the industrial action. Paula Shobbrook confirmed that this had not been required by the Trust. However, she acknowledged that some trusts across the country had requested derogations through the British Medical Association, which had been reported in the media. Carrie Stone congratulated staff on their efforts to keep patients safe. |
| | Sharon Collett positively commented on the recent media feature about Poole Hospital. |
| | The Council of Governors NOTED Chief Executive Officer's report. |
| CoG007/24 | **Integrated Quality, Performance, Workforce, Finance and Informatics Report** |
| | Judy Gillow noted a question raised in advance regarding patients with no criteria to reside raised by Diane Smelt. Mark Mould would respond to this during his update on the Integrated Performance Report (IPR). |
| | Mark Mould presented the operational performance aspects, highlighting the following: |
| | <ul><li>Recognising that behind every number was a patient;</li></ul> |

- Annual winter plan and its four elements: suitable capacity in place, leading well through the Trust values to support the staff during the busy winter period, understanding the national and regional position and internal and external communication;
- To answer Diane Smelt's question, he explained why the hospital was described as an outlier, meaning that the percentage of patients with no criteria to reside (22%) was above the regional average (18%) and what actions were taken to resolve it, for example, Multi Agency Discharge Event (MADE) and opening escalation beds.
- The reduced time on operation waiting lists, an improvement in the fractured neck of femur performance and cancer diagnostic time. 90% of patients having their diagnostic within six weeks made the Trust one of the highest performing in the South West.

Paula Shobbrook presented the quality aspects, highlighting the following:

- Focusing on patient safety, promoting a positive reporting culture and noting the reduction in reported incidents
- Focusing on safe staffing through the care hours per patient day indicator, which remained positive, red flag reporting system and matron support. No incidents were reported about critical staff levels;
- Early resolution of complaints to avoid complaints and managing a 55-day backlog in providing responses caused by various reason
- Not achieving full compliance on the Maternity Incentive Scheme, noting that it was not an indication of safety in the department, but several specific indicators included in IPR and reviewed by the Quality Committee;
- The successful recruitment process resulted in no current vacancies in maternity and midwifery.

Irene Mardon presented the update on the workforce aspects, highlighting the following:

- Staff Survey results with 59% of staff participating and a significant increase in survey completion by temporary staff (from 16% in 2022 to 32% in 2023);
- Nineteen out of twenty-three themes included in the Survey had seen improvements and four which required further improvement particularly around health and safety, development and work pressure. Further results continued to be received.
- Current high agency spends and the cleansing of post-merger vacancy data to identify the recruitment needs and to align with the financial envelope.

On behalf of Peter Wilson, Paula Shobbrook brought the Council's attention to the positive work of the mortality team, resulting in the reduction in Hospital Standardised Mortality Ratio (HSMR).

Pete Papworth presented the financial position, emphasising the Trust's challenging financial situation caused by operational pressures, industrial action and rising costs of energy and inflation. He also highlighted the following:

- Good financial control measures, including vacancy control process;
- Successful negotiations with the agencies across the system to reduce by 15% the agency value per shift that the Trust had been paying, starting from 1 January 2024;
- Creating internal incentives and how to ensure the staff were working in the right places at the right time at the most efficient cost;
- The action taken to break even by the end of the financial year, noting that industrial action and opening escalation beds would make this challenging;
- Update on the capital plan.

Paula Shobbrook added that patient safety, controls around recruitment, and delivering in every area during this challenging time were the Board's main priorities.

Noting the financial position, Robert Bufton sought clarity on the overall loss of elective income caused by the industrial action. Pete Papworth explained that this was not only down to the industrial action, but other factors including operational pressure and estimated that industrial action had an impact of around 3% on elective activities by the end of November 2023. Robert Bufton enquired about the total staffing cost to cover the

industrial action. Pete Papworth explained that there was a saving relating to those staff taking part in the industrial action, but covering their shifts cost a premium. However, he could not provide the total cost of the industrial action but would share this information with Governors through the Company Secretary Team.

**ACTION:** To provide the total cost of the industrial action. **Pete Papworth**

Michele Whitehurst asked about the support given to patients with pressure ulcers, actions taken to achieve the target of 10 days waiting time for the occupational health appointment and requested an update on barn theatres. Regarding pressure ulcers, Mathew Hodson confirmed that the dedicated tissue viability team worked closely with the ward to assess patients and a quality improvement plan around additional education for the ward was under development. He also added that the Trust saw higher admissions of complex patients requiring more attention in terms of their skin integrity.

Irene Mardon stated that staff vacancies had caused delays in occupational health appointments.

**ACTION**: To provide an update on achieving the ten days waiting time for occupational health appointments. **Irene Mardon**

Mark Mould confirmed that the use of the barn theatres enabled quicker turnover in procedures, particularly during escalation periods.

Commenting on the patient safety incident data, Steve Dickens questioned on what basis there was an expectation for moderate risks to reduce. Paula Shobbrook explained the incident review process, emphasised that reporting all incidents was a part of the safety culture and added the new Patient Safety Incident Response Framework (PSIRF) was being introduced.

Keith Mitchell asked what actions had been taken to reduce patients waiting in ambulances before admission to the ED and to prevent corridor care. Mark Mould explained that the number of ambulances in front of the ED was not a measure of service. The process was that the patients were not kept in the ambulance so they could be released to deal with other emergencies, and he outlined other possible reasons for why ambulances might be waiting outside. Mark Mould emphasised that corridor care was a last resort and reassured that the patients were cared for by medical staff. Paula Shobbrook added that there had been constant work with system partners to move patients through the system or discharge them home.

Diane Smelt thanked Mark Mould for his response regarding outliers. She commented on the maternity mortality figures, noting the data difference between white women and women from ethnic minorities and enquired whether this data should be captured through the Population Health & System Committee. Paula Shobbrook reported that extra focus had been given to working with the community and recognised the community midwife who was particularly passionate about supporting women from that group.

Whilst congratulating the fractured neck of femur improved position and maintaining the diagnostic performance, Carrie Stone asked whether the percentage increase of Apgar less than seven at 5 minutes in October 2023 and November 2023 was due to the accuracy of reporting, as had been the case in April 2023. Paula Shobbrook confirmed that the data had been followed up through the Quality Committee and safety walkarounds. For assurance, the Somerset Local Maternity & Neonatal System (LMNS) had been asked to review the data and no concerns were raised.

The Council of Governors NOTED the Integrated Quality, Performance, Workforce, Finance and Informatics Report.

| CoG008/24 | **Board Assurance Framework – Six-Month Report** |
| | Richard Renaut presented the Board Assurance Framework (BAF), adding that consideration was being given to reducing BAF Risk 8 to a score of 9. |
| | Keith Mitchell asked whether there was a timeframe to achieve or reduce the risk rating of each of the BAF risks. Paula Shobbrook explained the difference between the risks of not delivering the annual objectives contained within the BAF and risk management included in the risk register, which she was responsible for. She emphasised that much work was taking place in the background to enhance how risks were reported, including |

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| | through the DATIX system. More work was planned around risk management, and this would be shared over the coming months. |
| | Noting the proposed decrease in BAF Risk 8, Carrie Stone queried the basis for this. Paula Shobbrook, as the executive lead for Patient First, explained that this was due to the revision of the training plan, which had previously been impacted by industrial action and additional pressures on the workforce. She shared the departments across the Trust that had already begun the training programme. |
| | The Council of Governors NOTED the Board Assurance Framework – six months review. |
| **CoG009/24** | **Statement on Engagement with the Board of Directors** |
| | Judy Gillow presented the Statement on Engagement with the Board of Directors, which was APPROVED by the Council of Governors |
| **CoG010/24** | **Patient Experience and Engagement Strategy** |
| | Matthew Hodson presented the Patient Experience and Engagement Strategy. Following feedback from the Board of Directors, the "objectives" had been changed to "principles" to link them to the Patient First strategic objectives. |
| | Paula Shobbrook thanked the Governors for their ongoing engagement with patients. |
| | The Council of Governors NOTED Patient Experience and Engagement Strategy. |
| **CoG011/24** | **Council of Governors Assessment of Collective Performance** |
| | Yasmin Dossabhoy presented the Council of Governors Assessment of Collective Performance. The document would be referred to the Effectiveness Group on 15 January 2024 for further discussion and the recommendations for approval would be presented to the Council of Governors at its next meeting. |
| | Carrie Stone commented on the low number of responses considering the total number of Governors, suggesting that it was not a collective assessment. Yasmin Dossabhoy confirmed that the Effectiveness Group would reflect on this and review the questionnaire's timeframe and size for a better response rate. |
| | The Council of Governors APPROVED the Council of Governors Assessment of Collective Performance. |
| **CoG012/24** | **Transformation Update** |
| | Richard Renaut provided transformation update, highlighting the following: |
| | • Setting up a steering group of the Board, Transforming Care Together, to support reporting around transformation and service reconfiguration, following the recommendation of external reviews. The Group would allow Governors to receive more structured formal reports. The Group Terms of Reference had been developed, and it was planned to begin operation in February/March 2024; |
| | • There were two crucial dates: April 2025, when the maternity service would move to the BEACH building, and the end of 2025, when emergency and planned care would be separated. This date could be subject to change to ensure all gateway processes and required outcomes were completed. It was noted that any changes would be dependent on patient and staff safety; |
| | • Build Ready and Service Ready Groups were in place to ensure that the organisation was prepared; |
| | • Changes to the services happening during 2024 included the pathology service which had already moved to the new Pathology Hub, catering services at the Royal Bournemouth Hospital which would in time be introduced in Poole Hospital, building a new endoscopy unit at Poole Hospital and building a new modular building and the new road to the Wessex Way at Royal Bournemouth Hospital. |
| | In response to Judy Gillow, Richard Renaut confirmed that written reports would be available to the Council of Governors at future meetings once the Group was in operation. |

Sandy Wilson congratulated Richard Renaut and the team on their achievements so far and asked whether December 2025 was the most suitable time for the BEACH opening, considering the potential winter pressures at that time. Responding, Richard Renaut explained the BEACH building opening timetable in detail and hoped all the areas would be ready in October/November 2025 to allow for simulation training and to finalise everything before winter. If necessary, a decision would be taken on whether pushing back the opening would be the best course of action.

Susanne Lee enquired what governance and assurance systems were put in place to avoid any harm to patients once the building was in use, noting that there were many previous cases of structural issues in new hospital buildings, and whether the staff from the Estates Department was supported and trained on the maintenance of the new equipment and systems available in the BEACH building. Richard Renaut answered that the risks were identified and managed through the risk register and the latest technology, including AI, to avoid any major structural issues with the new building was used. To answer the question regarding the staff from the Estates Department, Richard Renaut confirmed that the team was working on a "Government Soft Landing" project to ensure that staff were trained and prepared to use the new systems. The vacancies in the Estates team were also noted, with plans in place to address these through apprenticeship programmes.

Michele Whitehurst and Paul Hilliard asked about car parking, specifically whether there were any outstanding planning permissions. Richard Renaut informed the Council that planning permission was outlined for additional parking spaces, and the business case would be prepared. The plans were also developed to build more parking spaces on Wessex fields. The other plans to manage the car parking included:

- A number plate recognition system;
- Working with partner organisations to allow staff to park off-site to free up patient parking;
- Increasing the parking rates due to inflation, noting that the income would be reinvested;
- Encouraging staff to cycle and use public transport, noting that there was 50% bus ticket discount in place ;
- Increasing disabled parking spaces for patients.

Recognising that the area around the Royal Bournemouth Hospital site was a floodplain, Robert Bufton asked whether a risk assessment could be carried out and presented at the next Council of Governors meeting about global warming and the risk of building on the floodplain. Richard Renault responded that the flood risk for the Royal Bournemouth Hospital was minimal as the BEACH building was fitted with attenuation tanks, and the lake was also acted as an attenuation tank.

Steve Dickens asked whether the new road would impact the car park exit route. Richard Renaut explained that the staff and contractors would use the entrance via Wessex Way, allowing patients and visitors to use the current road to Castle Lane East. He also referenced ongoing conversations with BCP Council to change the traffic light sequencing at peak travel times.

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| **CoG013/24** | **Proposed process for Lead and Deputy Lead Governors election** |
| | Yasmin Dossabhoy presented the proposed process for the Lead and Deputy Lead Governor elections. The paper highlighted the changes made since the last election in 2021. Yasmin Dossabhoy thanked Sharon Collett and Michele Whitehurst for their hard work during their term. |
| | The Council of Governors APPROVED the Proposed process for Lead and Deputy Lead Governors election |
| **CoG014/24** | **Fit and Proper Persons** |
| | Yasmin Dossabhoy presented the update on Fit and Proper Persons There would be further information to follow and it would be discussed at the NREC, especially in the light of the coming year's appraisals. |
| | The Council of Governors NOTED the update on Fit and Proper Persons. |

| CoG015/24 | **Rotation of Governor Observers for 2024 Board Committees meetings** |
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| | The Council of Governors APPROVED the Rotation of Governor Observers for 2024 Board Committees meetings. |
| CoG016/24 | **Feedback from the Nominations, Remuneration and Evaluation Committee** |
| | *The Council of Governors agreed that Judy Gillow remain in the meeting for this agenda item.* |
| | Sharon Collett provided the feedback from the Nominations, Remuneration and Evaluation Committee (NREC) on the methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation, highlighting the following:<br>• The importance of including the Trust values in the Trust Chair and NEDs appraisal form;<br>• The Trust appraisal form would be amended to make it more relevant for the NED role;<br>• The importance of Governors having as much exposure to NEDs as possible;<br>• Supporting and encouraging Governors to contribute to the appraisal process;<br>• Positive feedback received from Rob Whiteman on the appraisal process noting the usefulness of receiving comments from stakeholders;<br>• Opportunity for Board members to communicate the completion of their appraisal and to support the process by cascading information through the organisation |
| | Judy Gillow supported the approach and commented on the time spent for valuable discussion at the NREC meeting. |
| | Yasmin Dossabhoy added that there was an expectation of some changes to the appraisal process by NHS England, which may affect the timeline. The approval was subject to the possibility of the methodology for the Trust Chair and NEDs 2023/24 performance evaluation coming back to the Council of Governors. |
| | The Council of Governors APPROVED the methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation. |
| CoG017/24 | **Feedback from Council of Governor Informal Groups** |
| | Yasmin Dossabhoy provided feedback from Council of Governors' Informal Groups and explained her role as a facilitator of these Groups. She invited members to comment on the presented outcomes. |
| | Constitution Review Group – all Governors received a copy of the Clauses 1-44 markup of the current Constitution. The discussion included post-merger Council of Governors composition, inclusivity, representative membership, for example, a Young People's Council and supporting members from various backgrounds, and system working. The next meeting was arranged on Monday, 29 January 2024, to discuss the composition of the Council of Governors. No recommendations were made to the Council of Governors at this point. |
| | Michele Whitehurst pointed out, for the benefit of new Governors, that work on the Trust constitution was currently taking place to allow for completion in time for the next Annual Members' Meeting. |
| | Membership and Engagement Group (MEG) – at the last meeting, the Group agreed to the ground rules and discussed the outcomes of the Council of Governors' annual collective performance, feedback process, membership activities focusing on "seldom heard groups", and encouraging younger people through the Young People Council and work experience. |
| | The list of engagement opportunities included:<br><br>• Creating an annual event calendar aligned with the Membership and Engagement Strategy and based on the latest demographic representation data with the possibility of following the process for ad hoc event opportunities;<br>• Arranging meetings more frequently: monthly to discuss the events and quarterly to focus on the progress on the Strategy; |

- Feedback from the previous events in the monthly Governor bulletin coordinated by the Communications Team;
- Including appointed Governors in engagement planning activities to utilise their knowledge and ideas;
- Importance of Staff Governors' engagement opportunities which would be discussed further by the Group.

There was a conversation about the role of the individual Constituencies and their benefits in connecting with the local community, recognising however that they did not form part of the Trust's formal governance arrangements. Nevertheless, their suggestions for events and activities were welcomed.

Yasmin Dossabhoy reminded the Council of Governors that MEG was a forum for discussion to propose recommendations and not a decision-making Group.

A special thank you was expressed to Sharon Collett for her work with Mandi Barron, former appointed Governor for Bournemouth University, on the understanding health talk that followed the AMM.

Keith Mitchell added that part of the discussion at MEG was that some Governors saw the benefits of keeping everyone informed by sharing feedback from Constituency meetings. Yasmin Dossabhoy explained that it would not be cost-effective to create additional work to manage these meetings and reflected on how other Governors might feel about it in the spirit of inclusivity.

The notes from the Effectiveness Group were included in the meeting pack, and the Quality Group meeting was yet to occur.

The Council of Governors NOTED Feedback from Council of Governor Informal Groups.

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| **CoG018/24** | **Feedback from Governor Observers** |
| | Judy Gillow invited Governors to share their feedback from observing the Board Committees. |
| | Susanne Lee, Diane Smelt and Michele Whitehurst agreed that the Quality Committee was well run by the chair, Cliff Shearman. The discussions at the meetings were informative and engaging and covered various subjects, including maternity, patient experience and risk. The publication of papers further in advance would be welcomed. |
| | Carrie Stone observed the Audit Committee chaired by Judy Gillow for the first time in October 2023. She positively commented on the level of challenge from the NEDs to the Executive team and the prompt publication of the meeting papers. |
| | Richard Ferns and Keith Mitchell shared their feedback from observing the People and Culture Committee. They highlighted the range of subjects discussed at the meeting, including the improvement in staff recruitment and retention. |
| | The Council of Governors NOTED the Feedback from Governor Observers. |
| **CoG019/24** | **Any Other Business** |
| | No other business was discussed. |
| | **The date and time of the next meeting of the Council of Governors was announced as Thursday 4 April 2024 at 16:30 in the Committee Room at Royal Bournemouth Hospital and via Microsoft Teams.** |

| | Council of Governors Part 1 Action List - April 2024 | | | | | |
|---|---|---|---|---|---|---|
| **Minute Ref.** | **Meeting Date** | **Action** | **Lead** | **Due Date** | **Progress** | **Status** |
| **CoG007/24** | 11/01/2024 | To provide the total cost of the industrial action. | Pete Papworth | Apr-24 | Pete Papworth provided the following update:<br>*The total direct cost of industrial action to date has been £4.853 million, with a further impact of £10.898 million through the loss of elective activity during the strike periods. The Trust has been compensated for this through two mechanisms: direct national funding via Dorset ICB; and an adjustment to the Elective Recovery Fund thresholds.* | Complete |
| **CoG007/24** | 11/01/2024 | To provide an update on achieving the ten days waiting time for occupational health appointments. | Irene Mardon | Apr-24 | Update to be provided at April 2024 meeting. | In progress |

## COUNCIL OF GOVERNORS - PART 1

## Meeting Date:  04 April 2024

**Agenda item:  5.1**

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

| Strategic themes that this item supports/ impacts: | Systems working and partnership ⊠ <br> Our people ⊠ <br> Patient experience ⊠ <br> Quality:  outcomes and safety ⊠ <br> Sustainable services ⊠ <br> Patient First programme ⊠ <br> One Team:  patient ready for reconfiguration ⊠ |
|---|---|
| BAF/Corporate Risk  Register:  (if applicable) | BAF Risks 1-7 <br> Trust Integrated Performance report for February 2024 - Appendix A |
| Purpose of paper: | Assurance |
| Executive Summary: | The impact of energy cost inflation, overall unfunded escalation capacity and a reduction in the elective income reflecting lower than planned activity is driving the challenging Trust financial position, resulting in a year-to-date adverse variance of £9 million. <br><br> Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £12 million. Within this, the Trust is required to deliver a break-even financial outturn supported by further efficiency savings, increased ERF Income, and additional ICB funding support resulting from ICB specific and ICS-wide efficiencies. It should be emphasised that considerable risk remains inherent within this forecast and focused effort is required by all NHS system partners to achieve the revised outturn projection. <br><br> Emergency Department (ED) attendances are consistent with January 2024, though still remain significantly higher than January 2023. Performance has seen an improvement to 63.8% which is the highest performing month since May 2023, however remains off trajectory (trajectory of 71%). Non-admitted performance continues to improve, this has seen an improvement of 5% vs November 2023 increasing to an average of 64.5% for type 1. <br> Whilst February 2024 saw improved levels of NCtR, there remains >200 beds occupied. The discharge profiles are unchanged indicating a reduction in referrals |

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| | rather than a system-based change supporting the reduction. We continue our internal actions on improving time of day discharge noting >20% of patients were discharged before midday in February.

The UHD developed system plan to reduce escalation beds has commenced and is seeing an improved position regarding escalation beds, however as noted above metrics indicate this is driven by UHD rather than a system response. February 2024 confirmed a reduction in the number of escalation beds opened, with an average of 69 escalation beds open across our sites.  Agreement was reached that 40 of the escalation beds will be funded by the ICB and reported as core operational capacity for 2024/25.   As per the plan, our Same Day Emergency Care (SDEC) capacity has been released from escalation and is functioning as admission avoidance capacity.

There are ongoing challenges presented to elective recovery due to a further 5 days of industrial action by Junior Doctors in February 2024 and high non-elective bed occupancy. However, a reduction in over 78 and 65 week waits was delivered and there was a sustained reduction year to date in the Referral to Treatment waiting list, which is down 8.1% compared to 31 March 2023. Improvement has also been seen in relation to cancer performance both in-month and in the provisional February position: the Trust is forecasted to deliver against the Faster Diagnosis standard in February 2024 - achieving above 75% and to deliver against the trajectory for reducing the Cancer 62 day backlog. Diagnostics six weeks performance remains strong. |
| **Background:** | The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums the ability if needed to deep dive into a particular area of interest for additional information and scrutiny.
As part of our commitment against the CQC Well-Led Framework we continue to develop the format and content of the IPR by:
• 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.

***We recognize as a Trust Board that behind every single metric is a patient.*** |
| ***Urgent & Emergency Care (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.**
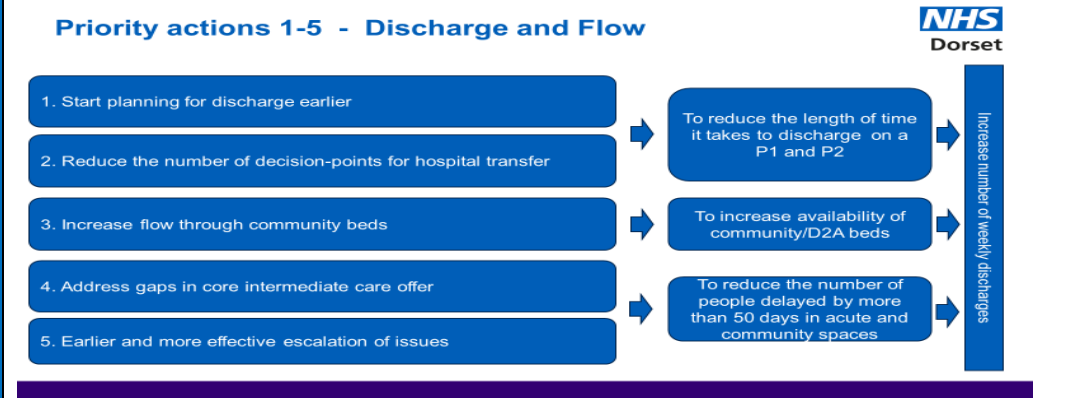
**Advise (1): Performance against the 4-hour standard for February 2024 is 63.8% against a revised trajectory of 71%. The trajectory is required to achieve 76% by March 2024 and stretch to 77% in 24/25.**

• February continued to be a challenging month, impacted by seasonal variation as well as an extended strike period at the end of the month.
• There was an improvement of 2% in 4-hour performance, with February now being the highest performing month bar May 23 year to date. |

- Flow out of the department, remained challenging, with admitted performance of 26%, though this was an improvement from January at 17%.
- Mean time in the department as well as time to admit saw a reduction.
- Ambulances waiting longer than 60 minutes saw significant improvement down to 270 vs 733 in January.
- The total number of handovers that were over 60 minutes in February was 6.8%, a decrease of nearly 10%.
- Based on the 15-minute ambulance handover standard UHD reported a total of 1,004 hours lost cross site, nearly half of January lost hours.

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



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

| | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 hour actual | 56.8% | 66.40% | 61.70% | 60.10% | 62.90% | 61.20% | 61.10% | 62.30% | 60.80% | 61.90% | 63.80% | |
| 4 hour trajectory | 60.0% | 63.0% | 63.0% | 65.0% | 65.0% | 67.0% | 68.5% | 62.5% | 64.0% | 66.0% | 71.0% | 76.0% |
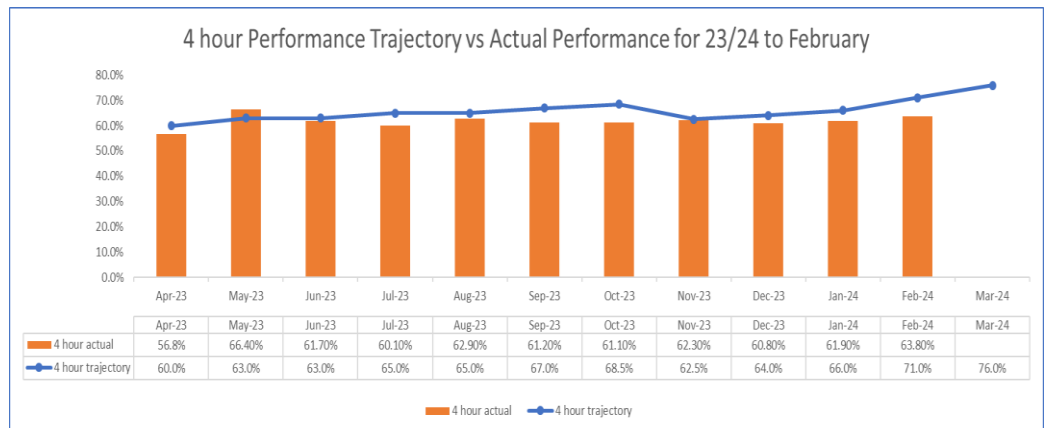
Review of the Trust's internal trajectory and delivery timeline has been signed off, maintaining the requirement to achieve the 76% standard by March 2024. This remains a high risk and is articulated in the Risk Register and BAF.

Improvement Actions
- Executive-led weekly enhanced support meetings continue, adopting the NHSE Tier 1 recovery methodology from February 2024.
- Single working plan shared with Finance and performance committee (Jan 2024) to be updated to include March specific actions to close the gap to 76%.
- The revised fortnightly UEC Programme Board is using the patient first methodology and reports to TMG. Engagement and plans are being monitored. A suite of metrics is in place.
- A 3-phase draft space reduction plan supports the prioritisation focused on re-instating services displaced by escalation – SDEC, TIU, Day case areas parts of which will support improved admitted flow. Phase 1 was successfully delivered with the organisation de-escalating 12 SDEC trolleys and an additional 11 beds.

**Key areas of focus remain:**
1. **Signposting -** Review of UTC service provision cross site is on-going with the ICB. Internal actions are seeing a sustained increase in slot utilisation and direct streaming from ED to UTC up to 220 slots per week versus 140 in January.
2. **Clinical Workforce capacity:** Improving capacity in our Ambulatory Care Area (ACA) Clinician and working through medial workforce capacity plans. Non admitted performance improved to 64.5% up from 61.5% in January.

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| | 3. **Senior clinical assessment** - Continuing focus on supporting and increasing senior decision-making capacity (Triage & RAT) within the non-admitted function of the emergency department. |
| | 4. **Reduce time in ED, with senior leaders escalating** so the blocks are removed – professional standards / culture. |
| | 5. **Signposting to alternatives**: Improve access to SDEC, increasing availability now on a 1:3 basis for Medicine at weekends and 6 days a week for Surgery every weekend. |
| | 6. **Work with system partners** to improve admission avoidance and timely discharge. |
| *Occupancy, Flow & Discharge (1 Alert)* | **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.** |
| | **Alert (1) Ongoing challenges with occupancy and flow are resulting in high levels of escalation beds/spaces open, with an average of 69 escalation beds open (40 core funded and 29 unfunded), and >200 beds occupied by patients with No Criteria to Reside.** |
| | We have continued to see peaks of 50 patients across our emergency departments waiting for beds in early February whilst noting an overall improvement in month. |
| | The largest factor driving occupancy remains patients with No Criteria to Reside (NCtR). February has seen some improvement; however, this remains at 22% of adult bed base. The number of patients has reduced to an average of 226 in February, and close to 200 at month end (sustained in the first week of March). Analysis of the discharge profile for February shows that the improvement has not been achieved by higher numbers of discharges with support. |
| | Improvement Actions: |
| | NHS Dorset has developed a five-point plan for Q4. UHD has worked through the changes needed internally to support these actions and has met with Local Authorities and community partners to agree the impact of these changes on the interface between UHD and partners. |
| |  |
| | There are key workstreams at UHD to support improved processes. The Poole Trauma wards are involved in testing a process that removes a significant number of steps in progressing a patient to a community rehabilitation bed. In |

addition, a selection of wards are supporting earlier discharge planning and testing a single worklist (Health of the Ward).

Additional internal actions are in place to continue to optimise discharges operationally daily, measured through the UEC programme board.

- UHD has delivered phase one of our capacity de-escalation plan in February. This has seen the number of escalation beds in use reduce from 96 on 1<sup>st</sup> February to 69 at month end. The first week of March has followed with 59 beds open by the end of the first week. This has allowed services to be re-established on both sites including the medical Same Day Emergency Care Services (SDEC) and the Poole Treatment Investigation Unit (TIU). Updated infographic is shown below.
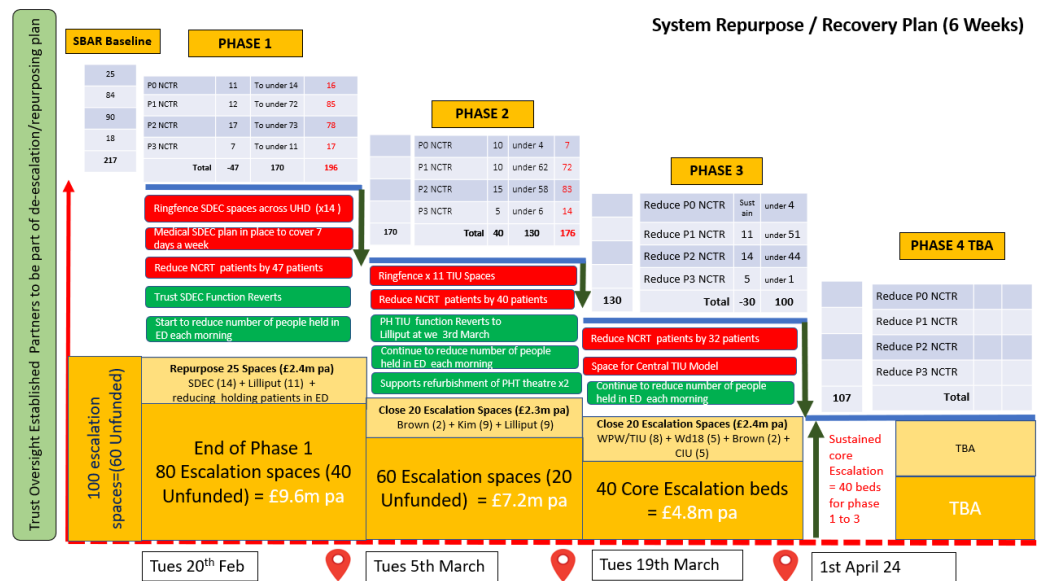


### Referral to Treatment (RTT) (1 Advise, 2 Assure)

**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) Lost elective capacity due to industrial action, and patient complexity meant that the Trust missed the February trajectory for eliminating >78-week waits but nevertheless delivered a significant reduction in >78 week waits in February compared to January 2024. The Trust also met its trajectory for reducing >65 week waits.**

**Assure (1) The Trust remains on a positive trajectory to deliver a reduction in the Referral to Treatment (RTT) waiting list in 2023/24 and has maintained an improvement in 18 Week RTT performance at 61.3%.**

- Ongoing challenges are presented to elective recovery due a further five days of industrial action by Junior Doctors in February 2024, resulting in the following cancelled or un-booked activity in month: 68 ordinary inpatient cases; 149 daycases; and 508 outpatient appointments.
- The H2 2023/24 revised planning trajectories for long waiters, following national guidance, did not include adjustments for industrial action. The

Trust's trajectory was to eliminate 78 week waits in February and this was consequently missed. However, a significant reduction was delivered, with 45 patients waiting >78-week waits on an RTT pathway at the end of February 2024 compared to 86 in January 2024.

- Waits over 65 weeks also reduced to 840 and met the February trajectory (980). A sustained reduction in the cohort of patients who will breach 65-week waits if not seen or treated by March 2024 continues, with 1,158 remaining at the end of February (compared to 2,522 in January). This is a 97% reduction since 31 March 2023.
- Following national NHS England guidance, the community paediatrics waiting list is now to be reported through a separate community dataset and excluded from RTT data submissions, which accounts for an in-month reduction in February of the RTT waiting list.  At 66,908 there has been an 8.1% reduction in the waiting list year to date.

| Planning requirement | Jan 24 | February 24 | |
|---|---|---|---|
| Referral to treatment 18-week performance | 60.3% | 61.3% ▲ | National Target 92% |
| Eliminate > 104 week waits | 0 | 0 | Plan Trajectory 0 by March 2023 |
| Eliminate >78 week waits | 86 | 45 ▼ | Plan Trajectory 0 by March 2023 |
| Eliminate >65 week waits | 1,220 | 840 ▼ | Plan trajectory 980 February 2024 |
| Hold or reduce >52+ weeks | 3,722 | 2,967 ▼ | Plan Trajectory 4,049 by February 2024 |
| Stabilise Waiting List size | 67,983 | 66,909 ▼ | Plan Trajectory 76,780 February 2024 |

Improvement actions are detailed within the Integrated Performance report and include:

- Prioritising patients at risk of breaching >65 weeks before March 2024, including rescheduling appointments cancelled due to industrial action in February.
- An agreed Elective Recovery Fund spend plan has been deployed focused on maintaining safe wait times for patients on cancer pathways or waiting urgent elective care.
- Productivity improvement trajectories are in place for the remainder of 2023/24 related to theatre utilisation rates and outpatient efficiency. Productivity plans in 2024/25 will include endoscopy, radiology and length of stay.

Performance trends are showing that the theatre case opportunity target can be achieved within current processes. February 2024 performance demonstrated

improvement compared to January 2024. Theatre utilization rates remain below the national target (85%) however there is much less variation and greater control in the process with reported capped utilization at 76% and uncapped at 81.5%.

Reduced variation in the outpatient DNA rate has also been delivered in 2023/24 year to date alongside an overall reduction. The current rate is 5.5% in February against a target of 5% and the lower process control limit remains above the target, indicating further process change is required to meet the target. The Trust plans to switch on text reminders across all clinics on 25th March 2024, unless a clinically led opt-out rationale is provided by specialty teams (currently 54% of all clinics have text reminders switched on).

**Assure (2): The percentage of fractured NOF patients operated on within 36 hours of admission fell in February but remains within the process control limits and performance demonstrates reduced monthly variation.**

- February performance for time to theatre for fractured neck of femur (# NoF) patients reduced, whereby 81% of patients achieved surgery within 36 hours of being fit for surgery and 62% of patients were operated on within 36 hours from admission.
- Performance was within process control limits and the upper limit demonstrates the performance target is achievable within current processes.
- Overall trauma admissions were in line with February 2023 with 349 admissions in February 2024, including 77 with a fractured neck of femur (NoF) (compared to 93 in January 2024).
- A Hand Hub has commenced operating 2 sessions per week with 15 patients through the service, releasing 10 main theatre sessions.

| *Cancer Standards (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.**<br><br>**Assure (1) Provisional performance against the Cancer Faster Diagnosis Standard (FDS) in February 2024 is 77.6%, achieving the national standard.**<br><br>- The FDS performance increased in January by 5.9% to 72.5% meeting the month's trajectory and is on target to exceed the trajectory and deliver the national standard in February 2024. Improvement in both Gynaecology and Skin performance has contributed to this position. Colorectal also achieved a 5% improvement in-month but remains the main tumour site where further improvement is needed to meet the standard and an improvement plan is in place.<br>- 62 day performance for January was finalised at 62.7% which is a reduction from December 2023 due to capacity challenges in Quarter 3 2023/24 and further industrial action in January 2024. This is expected to improve by the end of Quarter 4, 2023/24.<br>- The Trust continues to deliver against the regional expectations on reducing the over 62-day backlog. The final position for January 2024 reduced to 236 against a trajectory of 250 and the provisional February position (202) also demonstrates delivery of the trajectory.<br>- 31D standard was not achieved in January however it has been recovered in February 2024, currently achieving 96.4%. This standard is being impacted |
|---|---|

by surgical capacity within Skin and a recovery plan is in place to deliver the standard consistently.

| KPI | Target | Oct 23 FINAL | Nov 23 FINAL | Dec 23 FINAL | Jan 24 FINAL | Feb 24 Prov |
|---|---|---|---|---|---|---|
| 28 Day Faster Diagnosis Standard | 75% | 67.0% | 64.3% | 66.6% | 72.5% | 77.6% |
| 31 Day Standard | 96% | 96.7% | 96.4% | 96.2% | 93.6% | 96.4% |
| 62 Day Standard | 85% | 68.9% | 65.8% | 64.4% | 62.7% | 62.3% |

Improvement actions are detailed within the IPR and include:
- Additional weekend hysteroscopy clinics in Gynaecology throughout Q4 2023/24 to sustain the improved performance position.
- Written communication and education is being provided to primary care to ensure the new post-menopausal bleeding pathway that was implemented in November 2023, is utilised fully.
- Rapid recovery plan in place for Colorectal to mitigate against nursing and medical capacity challenges.
- Elective recovery funding is supporting additional insourcing and waiting list initiative capacity in Dermatology in Quarter 4 2023/24, whilst Tele-dermatology and the pilot AI proposal is operationalised.

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| **DM01 (Diagnostics report) (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.**<br><br>**Assure (1) The DM01 standard has achieved 91.3% of all patients being seen within 6 weeks of referral; 8.7% of diagnostic patients seen >6weeks in February 2024. This is an improved position compared to January 2024.**<br><br>***1% of patients should wait more than 6 weeks for a diagnostic test***<br><br>|

| February | Total Waiting List | < 6weeks | > 6 weeks | Performance |
|---|---|---|---|---|
| UHD | 12,337 | 11,266 | 1,071 | 8.7% |

UHD remains one of the top performing trusts for diagnostics in the Southwest 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 and improvement was seen in all 3 modalities in February 2024, and in Endoscopy.

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| **Health Inequalities (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.**<br><br>**Advise (1)**<br>**Waiting list by Index of Multiple Deprivation (IMD)** The median weeks waiting at the point of treatment shows no variation in Quarter 4 to date between patients from the 20% most deprived group and the rest of the population treated.<br><br>**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. The level of variation between 0-19yrs and older age bands has decreased from 5.5 |

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

| | weeks in Quarter 3 2023/24 to 5.1 weeks in Q4 to date. Ongoing monitoring during the quarter is in place.

**Waiting list by ethnicity:** 10.8% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies a 1 week variation between patients within community minority groups and White British populations in Quarter 4. This is an improved position compared to Q3 2023/24.

**Emergency dept. attendances by Index of Multiple Deprivation (IMD)**
Attendances are lowest in deprivation deciles 1-3. Work continues to support high intensity users of the Trust's emergency departments. |
|---|---|
| *Maternity*<br>*(1 Advise)* | **Advise (1) There are 3 areas currently flagging as red RAG rated:**<br><br>• 3rd /4th degree tears although within normal variance range<br>• Apgar <7 at 5 minutes-increased over last two months<br>• Prompt Training -below 90% compliance<br><br>Improvement actions are detailed within the IPR. |
| *Infection Prevention and Control:*<br>*(1 Assure 2 Advise)* | **Quality, Safety, & Patient Experience Key Points**<br><br>**Strategic goals: To achieve top 20% of Trusts in the country for mortality (HSMR)**<br>**To reduce moderate/severe harm patient safety events by 30% through the development of an outstanding learning culture**<br><br>**Assure (1) *Clostridioides difficile* Cases**<br>*Clostridioides difficile* cases in February 2024 have increased slightly, with two areas noted to have periods of increased incidence. One outbreak identified however limited to two cases. Observational audits and ward monitoring completed by IPC.<br><br>**Advise (2) *Escherichia coli***<br>Reduction in *Escherichia coli* blood stream infections by 50% in February 2024 in comparison to January 2024. No immediate themes identified to assist in identifying achievement in reduction. The IPC team continue to review cases and monitor.<br><br>**Advise (2) Hospital Associated cases trend**<br>HCAI Trends by month<br><br>{{TABLE}}<br><br>• Steady decline in COVID-19 and Influenza A case numbers across February 2024.<br>• The team continue to assess themes as part of the PSIR Framework |
| *Clinical Practice Team*<br><br>*(5 Advise)* | **Clinical Practice Team:**<br><br>**Advise (1) Moving and Handling - Essential Core Skills**<br>The challenges 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 progressed; with filming |

HCAI Trends by month

| Organism | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C Diff | 5 | 6 | 8 | 19 | 11 | 4 | 8 | 8 | 4 | 8 | 6 | 9 |
| E Coli | 14 | 7 | 8 | 17 | 14 | 9 | 11 | 11 | 11 | 17 | 17 | 8 |
| MRSA | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| MSSA | 1 | 5 | 6 | 8 | 4 | 4 | 5 | 5 | 4 | 3 | 3 | 6 |

| | |
|---|---|
| | undertaken in January 2024. There have been unforeseen challenges which the team are working through to get this completed promptly.<br><br>**Falls prevention & management**:<br><br>**Advise (2)** The number of serious falls incidents in month have increased with seven reported; of these three were reported as moderate and three severe falls and one resulting in death. These incidents are following the appropriate scoping and investigation process through the patient safety investigation framework.<br><br>**Tissue Viability:**<br><br>**Advise (3)** The ability of the service to meet the increased demand remains on the risk register entry 1821 and rated as 9 (moderate), the action plan has been updated. There remains a significant number of complex patients being referred to the service. The TVN team continue with temporary staffing to support this demand and out to recruitment for an additional substantive Band 6 TVN.<br><br>**Advise (4) Pressure Ulcers:** There were seven new category three pressures ulcers reported in month which are following the appropriate investigation process and learnings identified.<br>The lead Tissue Viability Nurse continues to work with care groups to review how ward learning is shared though the pressure ulcer screening tool following an incident and further embedding is required.<br><br>**Advise (5)** A new **National wound care strategy** has recently been published which makes recommendations on reporting including the inclusion of unstageable pressure ulcers as a category three, we therefore may see an increase in pressure ulcer reporting, the TVN team will continue to monitor. |
| *Patient Experience*<br><br>*(3 Advise)* | **Strategic goal: Every team is empowered to make improvements using patient (or user) feedback, in order that all patients at UHD receive quality care, which results in a positive experience for them, their families and/or carers.**<br><br>**Patient Experience and Engagement Team Overview:**<br>**PALS and Complaints numbers for February 2024**<br>**Advise (1) The number of open complaints over 55 days** continue to be prioritised within the complaints team and care groups and has decrease with further measures to reduce the number of outstanding complaints commenced.<br><br>**Advise (2) Friends and Family Test (FFT)** The volume of FFT being received has been maintained at a higher volume then prior to the Patient Experience Team and BI managing the SMS FFT Service. UHD has seen a sustained high satisfaction score.<br>The Trust's overall positive score has been above the upper control limit for eight consecutive months.<br><br>**Advise (3) Mixed Sex Accommodation Breaches**<br>There were 18 occurrences of MSA in February 2024 affecting 28 patients overall – continued monitoring of areas is in place with care group matrons. |

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| | |
|---|---|
| **Nurse Staffing:** **(2 Advise, 2 Assure)** | **Care Hours per Patient Day (CHPPD):** **Advise (1)** January 2024 CHPPD for registered nurses remained stable at 4.5 at an organisational level. **Red Flag Reporting:** **Assure (1)** Thirteen red flags were raised in month for UHD. Of note, no red flags were raised within maternity services. All red flags were mitigated/resolved with no critical staffing incidents. **Workforce Controls:** **Advise (2)** Following extensive training on the tool and accurate capturing of daily acuity and dependency the pandemic heatmap staffing tool has been switched off and allocate SafeCare, linked to allocate eroster, is now in use. **Assure (3)** No impact on care delivery or safety has been noted as part of the workforce controls implemented since January 2024. |
| **Safeguarding:** **(1Alert, 2 Advise)** | **Alert (1) Patient Detentions.** The safeguarding team are working in partnership with operational colleagues and system partners to develop a process for managing stranded patients with no criteria to reside who are perceived as being detained, yet do not meet DoLs or MHA requirements; meaning their rights to freedom under article 5 are in breach. There are two patients currently meeting this criterion. **Advise (1) Safeguarding enquiries from January 2024:** |

| Enquiry | No. |
|---|---|
| Section 42.1 | 28 |
| Section 42.2 | 2 |
| DHR requests | 0 |
| SAR requests | 0 |
| Child rapid review requests | 3 |

**Advise (2) Team Capacity.** There is a vacancy in the children's safeguarding team for a Child Practitioner, creating a 50% vacancy position. The position has been recruited to and the post holder will start in April 2024. A learning Disabilities / Neurodiversity Practitioner commenced in post at the beginning of March 2024.

| | |
|---|---|
| **Workforce Performance:** | **Strategic goal: To significantly improve staff experience, engagement and retention** |
| **CPO Headlines:** | |

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| | |
|---|---|
| *Occupational Health and Wellbeing (1 Assure, 2 Advise)* | **Management of Measles**<br>**Assure (1)** Plans have been developed in collaboration with Occupational Health, Infection Control and wider Public Health Teams to manage any potential Measles outbreak in Dorset. This has been publicised to Trust staff.<br><br>**Staff Vaccination Programme**<br><br>**Advise (1)** Covid and flu vaccination season has now ended. There is a National recognised trend on uptake being down 10% this season from last, this is reflected in UHD's overall staff uptake of 34.8% and 37.6%, respectively.<br>**Working Towards Accreditation**<br>**Advise (2)** The Occupational Health department is commencing the process to gain SEQOHS (Safe Effective Quality Occupational Health Service) accreditation over the next 12 months. This is a Nationally recognised standard for outstanding OH services. |
| *Workforce Systems (1 Advise)* | **Medical Rostering Project**<br><br>**Advise (1)** 206 Consultants and Specialty Doctors have attended training for undertaking their Job Planning process on the new Health Rota system. Additional training sessions will be provided to support those remaining.  An assessment of job plans completed is currently being undertaken. |
| *Temporary Workforce (2 Advise)* | **Temporary Staffing Controls**<br>**Advise (1)** The Trust is on target to implement the new Nursing rate card in line with the Dorset system approach, which will take effect from 22 March 2024. All suppliers are engaged and expect to work to new rates. We do not expect this to impact fill rates.<br>**Advise (2)** The Medical rate card went live from 1 March 2024. Further refinements to the escalation process are needed, in conjunction with the Chief Medical Officer. A manual escalation sign off process is in place meanwhile. |
| *Training and Education (2  Assure)* | **Achievements**<br>**Assure (1)** The NHSE Safe Learning Environment Charter was launched as a guide to improve provision for all learners across the NHS.  We are proud that UHD has been awarded a Charter for best practice in raising concerns for our Purple Flag student support initiative.  As a result, UHD has been given £10,000 to create a Purple Flag App and will be attending national conferences to 'adopt and spread' nationally.<br><br>**Assure (2)** The Trust's multi-professional preceptorship program has been Nationally accredited with the prestigious National Preceptorship Interim Quality Mark. |
| *Resourcing (2 Assure)* | **International Nurse Recruitment**<br>**Assure (1)** The Trust has agreed a budget to recruit 40 international nurses in the financial year 24/25. The majority of which will be direct applicants without agency costs. Interviewing has already started, and arrivals are expected from May 2024 onwards.<br>**Health Care Support Workers (HCSW)**<br>**Assure (2)** There is a strong pipeline of candidates for the remaining HCSW vacancies in the Trust, and the NHS England Direct Support Team have confirmed they are satisfied with progress being made towards our target. |
| *Organisational Development* | **Team Development**<br>**Advise (1)** Learning from first wave of Patient First Improvement System team-based training will shape the Trust's approach for future rollout to wider teams. |

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| | |
|---|---|
| *(1 Assure, 4 Advise)* | **Advise (2)** The National Staff Survey results were publicly available on 7 March, with significant improvements made in all 23 areas of the survey. Local team information will be available mid-March and disseminated to Care Group and Directorate Leads. Monitoring of improvement actions will be through Patient First SDR meetings.<br>**Freedom to Speak Up**<br>**Advise (3)** 323 staff have raised a concern with the FTSU team since April 2023 (end of Jan). This is an increase of 25% from the same period 2022/3. The most prominent theme raised with the FTSU team had an element of behaviours (160 staff; 50%). 22% of staff (70 staff) from ethnic minority raised FTSU concern. 30 staff (9%) reported concerns anonymously which is an increase from 2022/3 and similar to that seen Nationally.<br>**Health and Wellbeing**<br>**Advise (4)** Final Preparations for Thrive Live Wellbeing Fair scheduled from 18 –22 March 2024 is taking place with over 350 bookings for both in-person and virtual sessions already made, and more than 350 requests for Health Checks. Health Kiosks will continue to be available until the end of March.<br><br>**Equality Diversity and Inclusion**<br>**Assure (1)** The NHS Equality Delivery System (EDS) assessment for UHD was submitted at the end of February in conjunction with our Dorset ICS colleagues. The EDS is a mandatory requirement under the NHS Standard Contract and helps local NHS systems to review and improve performance for people with characteristics protected by the Equality Act 2010. It also supports delivery of the public sector equality duty. Despite an increase in overall scoring, UHD was assessed as "Developing". |
| *Trust Finance Position*<br><br>*(2 Alert, 5 Advise)* | **Strategic goal: To return to recurrent financial surplus from 2026/27**<br><br>**Alert (1): Forecast Outturn Risk**<br><br>Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £12 million within this, the Trust is required to deliver a break-even financial outturn supported by further efficiency savings, increased ERF Income, and additional ICB funding support resulting from ICB specific and ICS-wide efficiencies. Whilst all parties continue to strive to achieve the revised forecast of £12m, there remains considerable risk in this and we are not collectively confident in our ability to achieve this. Further work is ongoing to improve this position.<br><br>**Advise (1): Revenue Position**<br><br>At the end of February 2024 the Trust has reported a deficit of £10.9 million against a planned deficit of £1.9 million representing an adverse variance of £9 million. This is mainly due to a reduction in elective income of £1.2 million reflecting lower than planned activity; energy cost inflation of £4.7 million; and unfunded escalation costs of £5.7 million. Premium cost pay overspends within Care Groups have been partially off-set by additional bank interest and reduced depreciation charges..<br><br>**Advise (2): Cost Improvement Programme**<br><br>Efficiency savings of £16 million have been achieved against a target £25.8 million. Current savings plans total £18.4 million representing a shortfall of £15 million and a recurrent shortfall of £21.4 million. In addition to targeting further |

savings for the current year, increasingly, the focus is shifting to the development of plans for next financial year.

**Advise (3):  Capital Programme**

The Board were previously alerted to the forecast under spend in relation to the Trusts Acute Reconfiguration programme and a reprofile request to defer funding of £19.1 million into the next financial year.  This request has now been supported, mitigating this risk. Despite the current underspend against capital CDEL of £7.9m, the Trust expects to meet the CDEL limit at the end of the financial year.

**Advise (4):  Cash**

As at 29 February 2024 the Trust is holding a consolidated cash balance of £126 million which is fully committed against the future Capital Programme. The increase in the cash balance is driven by the drawdown of capital funding of £42.9m relating to nationally funded programmes (STPW1 £19m, NHP £11m, CDC £9m, other £4m).

**Advise (5):  Public Sector Payment Policy**

In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.5% against the national standard of 95%. Financial Services continue to work closely with relevant teams to identify further mitigating actions.

| Key Recommendations: | Members are asked to note the content of the report | |
|---|---|---|
| **Implications associated with this item:** | Council of Governors | ☐ |
| | Equality and Diversity | ☒ |
| | Financial | ☒ |
| | Operational Performance | ☒ |
| | People (inc Staff, Patients) | ☒ |
| | Public Consultation | ☐ |
| | Quality | ☒ |
| | Regulatory | ☒ |
| | Strategy/Transformation | ☒ |
| | System | ☒ |
| **CQC Reference:** | Safe | ☒ |
| | Effective | ☒ |
| | Caring | ☒ |
| | Responsive | ☒ |
| | Well Led | ☒ |
| | Use of Resources | ☒ |

| Report History: Committees/Meetings at which the item has been considered: | Date | Outcome |
|---|---|---|
| Trust Management Group | March 2024 | Pending |
| Quality Committee (Quality) | March 2024 | Pending |

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| Finance & Performance Committee (Operational / Finance Performance) | March 2024 | Pending |
| --- | --- | --- |

| **Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)** | Commercial confidentiality | ☐ |
| --- | --- | --- |
| | Patient confidentiality | ☐ |
| | Staff confidentiality | ☐ |
| | Other exceptional reason | ☐ |

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# Integrated Performance Report

Reporting month: February 2024
Meeting Month: April 2024

# Contents

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# Achievements

## In 2023/24 the achievements to date have been

- ❖ NHS E Safe Learning Environment Charter was launched on 7th February a s a guide to improve provision for all learners.  We are proud that UHD has been sited as best practice in the section regarding raising concerns for our Purple Flag student support initiative.  As a result of this with a funding from NHS E we will create a Purple Flag App and will be attending national conferences to 'adopt and spread' nationally.
- ❖ Friends and Family Test (FFT) : We are seeing a sustained increase in the number of Family and Friends Tests (FFT)  responses being received with more clinical areas now receiving FFT results.
- ❖ Fewer patients are waiting for elective care and the referral to treatment time had reduced compared to April 2023.
- ❖ No patients are waiting over 2 years for elective treatment and fewer patients are at risk of waiting over 65 weeks. There has been a 97% reduction in the number of patients at risk of waiting more than 65 weeks by the end of March 2024.
- ❖ A 25% reduction in the number of patients overdue an elective follow up outpatient appointment
- ❖ More patients are receiving same day emergency care.
- ❖ UHD is consistently performing in the top two Trust in the south west for diagnostic (DM01) performance, and the numbers of patients waiting over 6 weeks have reduced.
- ❖ All monthly Breast Screening  targets have been successfully met and uptake for the Oct-Dec QTR has increased
- ❖ Cancer Faster Diagnosis Standard is forecasted to achieve the national standard in February and deliver the best performance in the Trust for more than two and a half years. The number of cancer waits over 62 days is also expected to be the lowest number for 2 years.
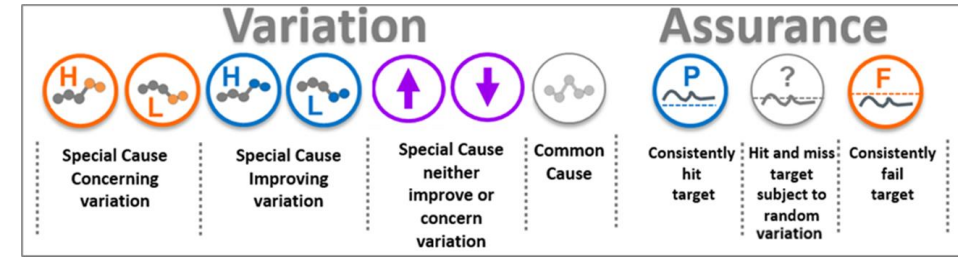
3

# Performance at a Glance Indicators (1)

| | | standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **SAFE** | | | | | | | | | | | | | | | |
| Presure Ulcers (Hospital Acquired Cat 3 & 4) | | | 9 | 7 | 5 | 8 | 9 | 5 | 11 | 8 | 7 | 15 | 15 | 14 | 8 |
| Inpatient Falls (Moderate +) | | | 3 | 3 | 4 | 2 | 5 | 1 | 3 | 4 | 6 | 3 | 4 | 2 | 11 |
| Medication Incidents (Moderate +) | | | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 1 | 3 | 3 | 9 | 4 |
| Patient Safety Incidents (All) | | | 1204 | 1400 | 1291 | 1352 | 1356 | 1459 | 1446 | 1468 | 1382 | 1370 | 1289 | 1269 | 1202 |
| Hospital Acquired Infections | MRSA | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| | MSSA | | 1 | 1 | 4 | 6 | 8 | 4 | 4 | 5 | 5 | 4 | 1 | 3 | 6 |
| | C Diff | | 4 | 5 | 5 | 8 | 19 | 11 | 4 | 8 | 8 | 4 | 8 | 6 | 9 |
| | E. coli | | 7 | 14 | 5 | 8 | 17 | 14 | 8 | 11 | 11 | 11 | 8 | 17 | 8 |
| **EFFECTIVE** | | | | | | | | | | | | | | | |
| HSMR In Month (UHD)   Latest Nov 23   (source HED) | | | 107.6 | 104.3 | 113.46 | 110.91 | 107.25 | 108.89 | 112.66 | 102.19 | 113.3 | 104.7 | | | |
| Patient Deaths in Hospital | | | 217 | 259 | 238 | 228 | 215 | 196 | 227 | 200 | 252 | 232 | 281 | 245 | 233 |
| Deaths within 36hrs of Admission | | | 37 | 32 | 36 | 41 | 34 | 33 | 43 | 25 | 35 | 40 | 45 | 23 | 38 |
| Deaths within readmission spell | | | 23 | 16 | 22 | 22 | 19 | 27 | 31 | 21 | 27 | 20 | 23 | 18 | 26 |
| **CARING** | | | | | | | | | | | | | | | |
| Complaints Received | | | 84 | 86 | 67 | 92 | 91 | 37 | 41 | 47 | 65 | 89 | 81 | 62 | 60 |
| Complaint Response Rate (55 Days) | | | 51.4% | 47.4% | 53.2% | 69.8% | 52.9% | 23.6% | 31.9% | 14.3% | 20.8% | 42.3% | 58.2% | 56.2% | 38.8% |
| Friends & Family Test | | | 92.7% | 90.3% | 90.9% | 91.8% | 91.0% | 93.8% | 94.4% | 94.4% | 95.1% | 94.8% | 94.4% | 94.1% | 94.2% |
| **WELL LEAD** | | | | | | | | | | | | | | | |
| Risks 12 and above on Register | | | 41 | 38 | 40 | 40 | 48 | 42 | 42 | 45 | 42 | 49 | 47 | 43 | 39 |
| Risks 15 and above on Register | | | 20 | 19 | 20 | 21 | 23 | 20 | 23 | 23 | 22 | 24 | 24 | 22 | 19 |
| Red Flags Raised* | | | 43 | 38 | 21 | 43 | 25 | 19 | 13 | 20 | 15 | 13 | 15 | 28 | 13 |
| Turnover | | | 14.7% | 13.9% | 13.8% | 13.7% | 13.4% | 12.9% | 12.3% | 12.1% | 11.7% | 11.2% | 11.0% | 11.1% | 11.1% |
| Vacancy Rate | | | 6.4% | 6.0% | 6.0% | 7.0% | 8.1% | 9.1% | 8.2% | 7.7% | 6.9% | 6.3% | 6.3% | 7.1% | |
| Sickness Rate | | | 4.7% | 4.8% | 3.9% | 3.7% | 3.9% | 4.1% | 4.1% | 4.3% | 4.8% | 4.6% | 4.4% | 4.5% | 4.4% |
| Statutory and Mandatory Training | | | 86.81% | 86.98% | 87.84% | 88.45% | 89.41% | 89.70% | 89.75% | 89.25% | 88.88% | 88.92% | 88.93% | 88.91% | 89.43% |
| Appraisal Compliance - Values Based | | | 52.82% | 53.56% | 1.22% | 4.66% | 11.97% | 23.80% | 34.82% | 53.33% | 60.82% | 63.79% | 63.77% | 64.20% | 63.97% |
| Appraisal Compliance - Medical & Dental | | | 60.82% | 59.52% | 60.07% | 60.61% | 62.03% | 60.91% | 58.25% | 55.9% | 57.66% | 57.29% | 56.14% | 59.24% | 58.81% |
| Temporary Hours Filled by Bank | | | 55.3% | 53.5% | 57.6% | 57.1% | 53.1% | 53.6% | 54.2% | 51.0% | 51.8% | 53.1% | 52.4% | 53.5% | 55.6% |
| Temporary Hours Filled by Agency | | | 19.9% | 19.2% | 20.3% | 21.6% | 24.4% | 26.3% | 25.2% | 26.8% | 26.2% | 27.8% | 27.0% | 24.6% | 22.9% |
| Agency Pay as Proportion of Total Pay | | | 5.7% | 3.6% | 5.1% | 4.1% | 4.6% | 4.7% | 4.5% | 5.0% | 5.1% | 4.5% | 4.9% | 5.3% | 5.2% |

*Quality*, *Mortality*, *Safety*, *People* (side labels)

4

# Performance at a Glance Indicators (2)

**Performance at a Glance - Key Performance Indicator Matrix**

| | | standard | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **RESPONSIVE** | | | | | | | | | | | | | | | | |
| RTT | 18 week performance % | 92% | 54.3% | 53.8% | 52.6% | 54.3% | 55.1% | 55.4% | 57.0% | 57.6% | 59.7% | 60.8% | 59.8% | 60.3% | 61.3% | |
| | Waiting list size | 76,589 (Jan 24) | 72,522 | 72,770 | 74,557 | 74,500 | 74,483 | 75,884 | 73,727 | 73,726 | 70,914 | 69,158 | 68,967 | 67,983 | 66,909 | RAG based on trajectory |
| | No. patients waiting 52+ weeks | 4,054 (Jan 24) | 3,861 | 4,100 | 4,380 | 4,813 | 4,574 | 4,613 | 4,501 | 4,426 | 4,199 | 4,196 | 3,879 | 3,722 | 2,967 | RAG based on trajectory |
| | No. patients waiting 65+ weeks | | 1,147 | 1,070 | 1,249 | 1,242 | 1,053 | 1,122 | 1,293 | 1,234 | 1,331 | 1,271 | 1,313 | 1,220 | 840 | |
| | No. patients waiting 78+ weeks | 0 | 274 | 96 | 112 | 97 | 32 | 34 | 43 | 43 | 47 | 59 | 57 | 86 | 45 | RAG based on trajectory |
| | No. patients waiting 104+ weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | RAG based on trajectory |
| Theatre | Theatre utilisation (capped) – main | 98% | 71% | 65% | 72% | 73% | 73% | 73% | 74% | 75% | 75% | 74% | 71% | 73% | 74% | |
| | Theatre utilisation (capped) - DC | 91% | 67% | 57% | 69% | 74% | 73% | 72% | 72% | 74% | 74% | 75% | 75% | 76% | 73% | |
| | NOFs (Within 36hrs of admission - NHFD) | 85% | 24% | 67% | 54% | 33% | 37% | 37% | 31% | 47% | 43% | 56% | 60% | 73% | 62% | |
| Outpatients | **Outpatient metrics** | | | | | | | | | | | | | | | |
| | Overdue Follow up Appts | | 34,756 | 34,302 | 31,778 | 31,057 | 30,594 | 29,622 | 27,619 | 27,946 | 27,493 | 26,506 | 26,733 | 26,506 | 25,844 | |
| | % DNA Rate | 5% | 6.5% | 7.1% | 7.6% | 6.5% | 6.1% | 6.2% | 6.3% | 6.2% | 6.3% | 5.9% | 6.2% | 5.9% | 5.5% | |
| | Patient cancellation rate | | 10.8% | 9.2% | 8.9% | 11.3% | 11.6% | 11.0% | 11.3% | 11.6% | 11.8% | 11.2% | 12.3% | 11.3% | 11.1% | |
| | % non face to face (telemedicine) attendances | 25% | 21.3% | 18.5% | 18.6% | 18.6% | 17.5% | 17.4% | 17.5% | 17.1% | 17.0% | 17.3% | 17.4% | 17.5% | 17.1% | |
| DM 01 | **Diagnostic Performance (DM01)** | | | | | | | | | | | | | | | |
| | % of >6 week performance | 1% | 7.4% | 7.0% | 8.4% | 6.0% | 7.7% | 9.4% | 13.2% | 12.1% | 10.4% | 9.3% | 10.8% | 11.8% | 8.7% | |
| Cancer | 28 day faster diagnosis standard | 75% | 71.0% | 75.4% | 71.2% | 70.2% | 71.9% | 60.1% | 54.7% | 64.7% | 67.0% | 64.3% | 66.6% | 72.5% | 77.2% | Feb cancer position predicted |
| | 62 day standard | 85% | 61.9% | 65.4% | 67.0% | 62.7% | 60.2% | 63.0% | 57.1% | 60.2% | 68.9% | 65.8% | 64.4% | 62.7% | 60.3% | |
| Emergency Dept | 4 hour care standard | | | | 56.8% | 66.4% | 61.7% | 60.1% | 62.9% | 61.2% | 61.0% | 62.3% | 60.8% | 61.9% | 63.8% | |
| | Arrival time to initial assessment | 15 | 15.0 | 13.0 | 16.0 | 19.0 | 22.0 | 24.0 | 16.0 | 16.0 | 21.0 | 19.0 | 19.0 | 20.0 | 20.0 | |
| | Clinician seen <60 mins % | | 25.7% | 26.1% | 31.6% | 27.6% | 35.6% | 20.3% | 27.2% | 26.1% | 27.7% | 32.2% | 31.9% | 31.3% | 33.0% | |
| | Patients >12hrs from DTA to admission | 0 | 294 | 211 | 220 | 82 | 13 | 59 | 2 | - | - | 70 | 294 | 483 | 202 | |
| | Patients >12hrs in dept | | 1443 | 1238 | 849 | 637 | 504 | 871 | 723 | 857 | 882 | 851 | 1271 | 1681 | 927 | |
| SWAS | Ambulance handovers | | 3360 | 3988 | 4007 | 4102 | 4015 | 4268 | 4447 | 4238 | 4433 | 4295 | 4456 | 4394 | 3974 | |
| | Ambulance handover 30-60mins breaches | | 663 | 829 | 721 | 625 | 684 | 750 | 824 | 874 | 1046 | 1139 | 1248 | 1238 | 876 | |
| | Ambulance handover >60mins breaches | | 882 | 900 | 698 | 345 | 383 | 615 | 588 | 677 | 805 | 551 | 711 | 733 | 270 | |
| Patient Flow | Bed Occupancy (capcity incl escalation) | 85% | 94.1% | 94.5% | 93.6% | 92.3% | 94.4% | 94.6% | 93.5% | 95.3% | 95.8% | 96.7% | 95.3% | 96.4% | 92.4% | |
| | Stranded patients: | | | | | | | | | | | | | | | |
| | Length of stay 7 days | | 582 | 543 | 523 | 502 | 480 | 474 | 476 | 500 | 502 | 526 | 534 | 566 | 551 | |
| | Length of stay 14 days | | 387 | 355 | 337 | 322 | 294 | 295 | 308 | 310 | 318 | 331 | 339 | 370 | 363 | |
| | Length of stay 21 days | 108 | 269 | 255 | 235 | 223 | 199 | 202 | 220 | 211 | 220 | 220 | 231 | 266 | 255 | |
| | Non-elective admissions | | 5165 | 6203 | 5690 | 6288 | 6347 | 6223 | 6233 | 6141 | 6551 | 6519 | 6214 | 6538 | 6135 | |
| | > 1 day non-elective admissions | | 3202 | 3881 | 3612 | 3826 | 3783 | 3863 | 3821 | 3779 | 4065 | 3934 | 3909 | 3981 | 3673 | |
| | Same Day Emergency Care (SDEC) | | 1963 | 2316 | 2078 | 2458 | 2560 | 2358 | 2410 | 2310 | 2393 | 2458 | 2157 | 2391 | 2295 | |
| | Conversion rate (admitted from ED) | 30% | 27.79% | 28.30% | 29.70% | 29.90% | 31.60% | 28.70% | 28.60% | 30.70% | 32.50% | 32.90% | 30.50% | 28.47% | 29.30% | |

# Statistical Process Control (SPC) – Explanation of Rankings



Variation / Assurance legend:

**Variation**
- Special Cause Concerning variation
- Special Cause Improving variation
- Special Cause neither improve or concern variation
- Common Cause

**Assurance**
- Consistently hit target
- Hit and miss target subject to random variation
- Consistently fail target

## Assurance

| Variation/Performance | P (Consistently hit target) | ? (Hit and miss) | F (Consistently fail) | (No target) |
|---|---|---|---|---|
| **H (Special Cause Concerning, high)** | **Excellent — Celebrate and Learn**<br>• This metric is improving.<br>• Your aim is high numbers and you have some.<br>• You are consistently achieving the target because the current range of performance is above the target. | **Good — Celebrate and Understand**<br>• This metric is improving.<br>• Your aim is high numbers and you have some.<br>• Your target lies within the process limits so we know that the target may or may not be achieved. | **Concerning — Celebrate but Take Action**<br>• This metric is improving.<br>• Your aim is high numbers and you have some.<br>• HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change. | **Excellent — Celebrate**<br>• This metric is improving.<br>• Your aim is high numbers and you have some.<br>• There is currently no target set for this metric. |
| **L (Special Cause Improving, low)** | **Excellent — Celebrate and Learn**<br>• This metric is improving.<br>• Your aim is low numbers and you have some.<br>• You are consistently achieving the target because the current range of performance is below the target. | **Good — Celebrate and Understand**<br>• This metric is improving.<br>• Your aim is low numbers and you have some.<br>• Your target lies within the process limits so we know that the target may or may not be achieved. | **Concerning — Celebrate but Take Action**<br>• This metric is improving.<br>• Your aim is low numbers and you have some.<br>• HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change. | **Excellent — Celebrate**<br>• This metric is improving.<br>• Your aim is low numbers and you have some.<br>• There is currently no target set for this metric. |
| **(Common Cause)** | **Good — Celebrate and Understand**<br>• This metric is currently not changing significantly.<br>• It shows the level of natural variation you can expect to see.<br>• HOWEVER you are consistently achieving the target because the current range of performance exceeds the target. | **Average — Investigate and Understand**<br>• This metric is currently not changing significantly.<br>• It shows the level of natural variation you can expect to see.<br>• Your target lies within the process limits so we know that the target may or may not be achieved. | **Concerning — Investigate and Take Action**<br>• This metric is currently not changing significantly.<br>• It shows the level of natural variation you can expect to see.<br>• HOWEVER your target lies outside the current process limits and the target will not be achieved without change. | **Average — Understand**<br>• This metric is currently not changing significantly.<br>• It shows the level of natural variation you can expect to see.<br>• There is currently no target set for this metric. |
| **H (Special Cause Concerning, high)** | **Concerning — Investigate and Understand**<br>• This metric is deteriorating.<br>• Your aim is low numbers and you have some high numbers.<br>• HOWEVER you are consistently achieving the target because the current range of performance is below the target. | **Concerning — Investigate and Take Action**<br>• This metric is deteriorating.<br>• Your aim is low numbers and you have some high numbers.<br>• Your target lies within the process limits so we know that the target may or may not be missed. | **Very Concerning — Investigate and Take Action**<br>• This metric is deteriorating.<br>• Your aim is low numbers and you have some high numbers.<br>• Your target lies below the current process limits so we know that the target will not be achieved without change | **Concerning — Investigate**<br>• This metric is deteriorating.<br>• Your aim is low numbers and you have some high numbers.<br>• There is currently no target set for this metric. |
| **L (Special Cause Concerning, low)** | **Concerning — Investigate and Understand**<br>• This metric is deteriorating.<br>• Your aim is high numbers and you have some low numbers.<br>• HOWEVER you are consistently achieving the target because the current range of performance is above the target. | **Concerning — Investigate and Take Action**<br>• This metric is deteriorating.<br>• Your aim is high numbers and you have some low numbers.<br>• Your target lies within the process limits so we know that the target may or may not be missed. | **Very Concerning — Investigate and Take Action**<br>• This metric is deteriorating.<br>• Your aim is high numbers and you have some low numbers.<br>• Your target lies above the current process limits so we know that the target will not be achieved without change | **Concerning — Investigate**<br>• This metric is deteriorating.<br>• Your aim is high numbers and you have some low numbers.<br>• There is currently no target set for this metric. |
| **(No data)** | | | | **Unknown — Watch and Learn**<br>• There is insufficient data to create a SPC chart.<br>• At the moment we cannot determine either special or common cause.<br>• There is currently no target set for this metric |

6

# Quality Outcomes & Safety
# Patient Experience



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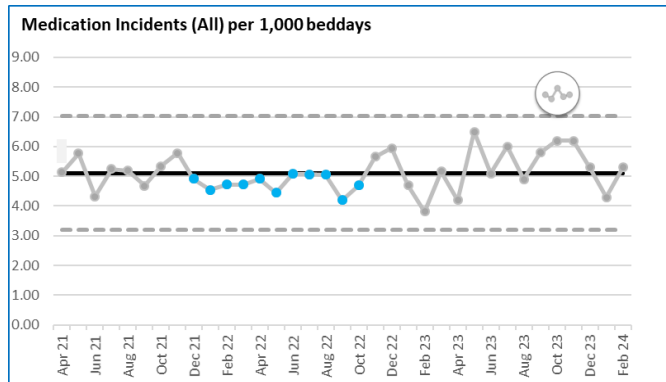Chief Nursing Officer/ Deputy CEO
**Dr Peter Wilson**
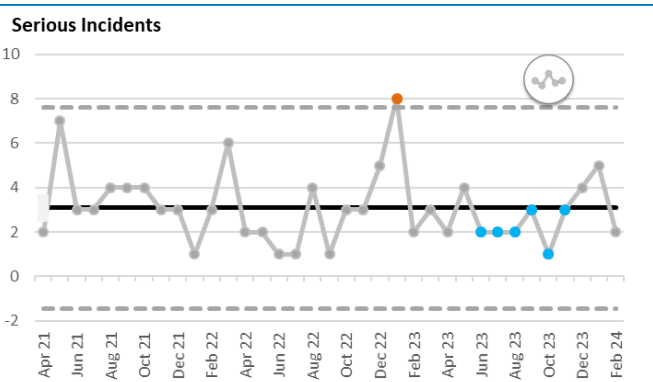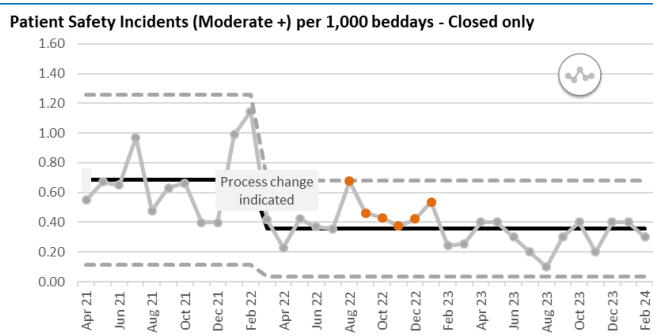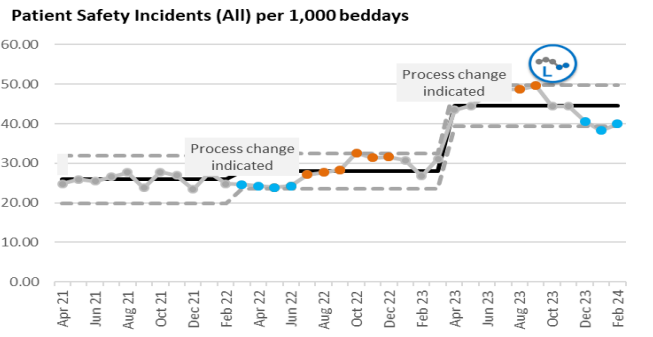Chief Medical Officer

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

**Committees:**
Quality Committee

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

# Quality (1) – Safe



Patient Safety Incidents (All) per 1,000 beddays



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



Serious Incidents



Medication Incidents (All) per 1,000 beddays

## Background/target description

To improve patient safety.

## Performance

- No significant trends or changes in IPR reported metrics in month (Nov 23 - Feb 24 position).
- Redesign of IPR and Quality Dashboard metrics to report on PSIRF themes and trends in progress.
- Successful transition to new Learning from Patient Safety Events (LFPSE) Forms and national platform on the 30/11/23.   LFPSE redefines the definition of a patient safety incident and therefore the Trust reporting profile has changed in the last few months.
- The Quality and Risk Team continue to provide awareness training across the Trust on the new forms and the importance of reporting and learning from patient safety events, including near misses and potential LERN issues.

## Key Areas of Focus

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

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# Quality (2) – Safe

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



**Inpatient Falls (Moderate +) per 1,000 beddays**



**Hospital Associated Infections - C Diff**



**Hospital Associated Infections - MSSA**
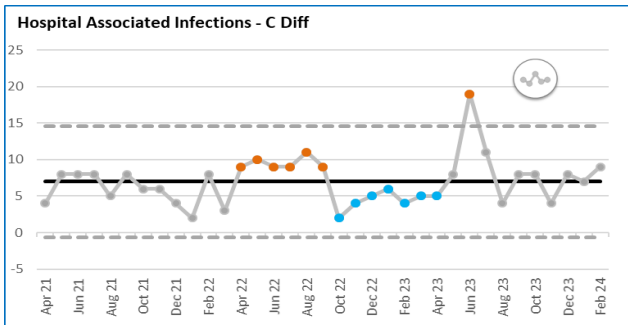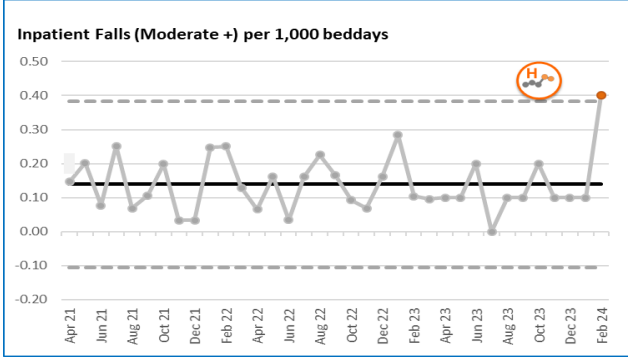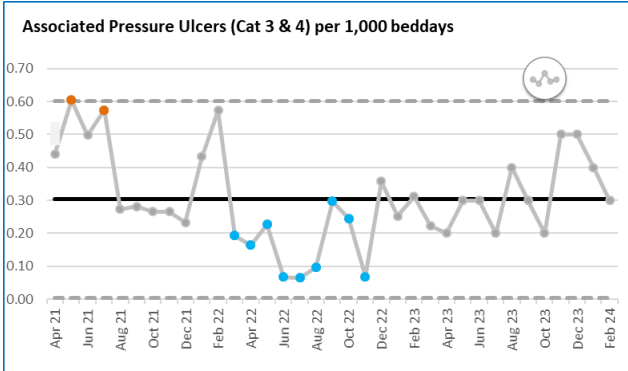


## Background/target description

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

## Performance

### Clinical practice:
- There have been seven new category three pressure ulcers reported in month, which are following the appropriate investigation. Common cause variation continues.
- There has been an increase in the number of serious*  falls incident in month with seven falls reported (three moderate, three severe and one death), these falls will follow the appropriate follow-up as per the patient safety framework investigation. High variation special cause identified. the falls are currently reviewing this.

### Infection Prevention and Control
- Reduction in *Escherichia coli* blood stream infections by 50% in February 2024 in comparison to January 2024. No immediate themes identified to assist in identifying achievement in reduction. The IPC team continue to review cases and monitor.
- *Clostridioides difficile* cases in February 2024 have increased slightly, with two areas noted to have periods of increased incidence. One outbreak identified however limited to two cases. Observational audits and ward monitoring completed by IPC.
- Steady decline in COVID-19 and Influenza A case numbers across February 2024
- The team continue to assess themes as part of the PSIR Framework, including management of urinary catheters, intravenous cannulae and C*lostridioides difficile* relapses.

## Key Areas of Focus

- Continue to work with ward teams on Falls and Tissue viability improvement plans
- Infection Control Team reviewing the venous infusion phlebitis (VIP) assessment tool compliance with care groups.

### HCAI Trends by month

| Organism | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| C Diff | 5 | 6 | 8 | 19 | 11 | 4 | 8 | 8 | 4 | 8 | 6 | 9 |
| E Coli | 14 | 7 | 8 | 17 | 14 | 9 | 11 | 11 | 11 | 17 | 17 | 8 |
| MRSA | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| MSSA | 1 | 5 | 6 | 8 | 4 | 4 | 5 | 5 | 4 | 3 | 3 | 6 |

*Categorised as Moderate or Severe

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# Quality (3) – Caring


**Friends & Family Test**
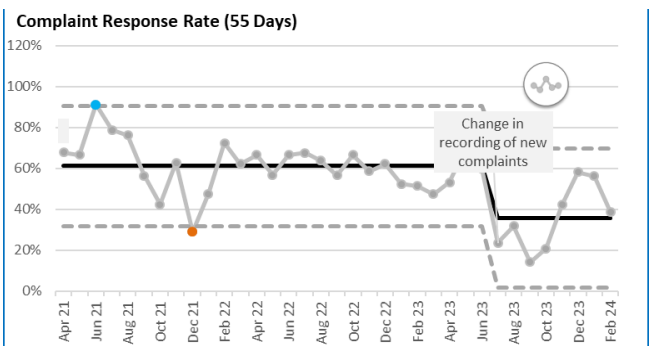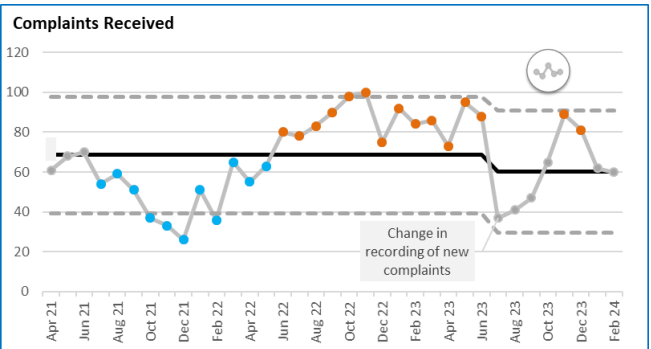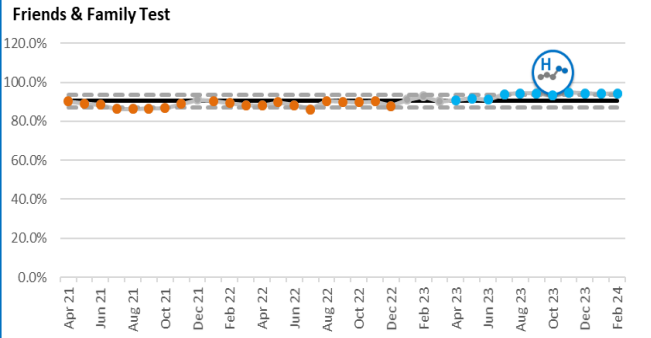
**PALS and Complaints Data for February 2024:**

**Overview:**

- 482 PALS concerns raised
- 39 new formal complaints
- 23 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in February was 84.


**Complaints Received**

Complaints and PALS themes include communication and not meeting fundamentals of care. The top 5 issues are being discussed through the PEG with Trust wide actions to address through the Nursing Midwifery and Professions Forum and Ward Leaders meetings.

The number of open complaints over 55 days continue to be prioritised within the complaints team and care groups and has continued to decrease, as identified in the SPC chart as a special cause improving variation.

**Friends and Family Test (FFT)**
**FFT results:** Testing of the UHD text messaging exclusively delivered SMS messaging from 01 January 24, seeing a sustained number of FFT responses being received. More clinical areas are now receiving FFT results. The Trust overall positive score has been above the upper control for eight consecutive months and remains above the average score. Seen in the SPC chart as special cause improved variation. To note, the interface between ED Aygle and BI has not yet been realised, meaning that ED responses to FFT are currently low.


**Complaint Response Rate (55 Days)**

**Mixed Sex Accommodation Breaches**
There were 18 occurrences of MSA in February 2024 affecting 28 patients overall – continued monitoring of areas continues with care group matrons.

# Quality (4) – Effective & Mortality



HSMR In Month - UHD (Source: HED)



SHMI Rolling 12 Month Jan 2022 - Sep 2023 (NHS Digital)
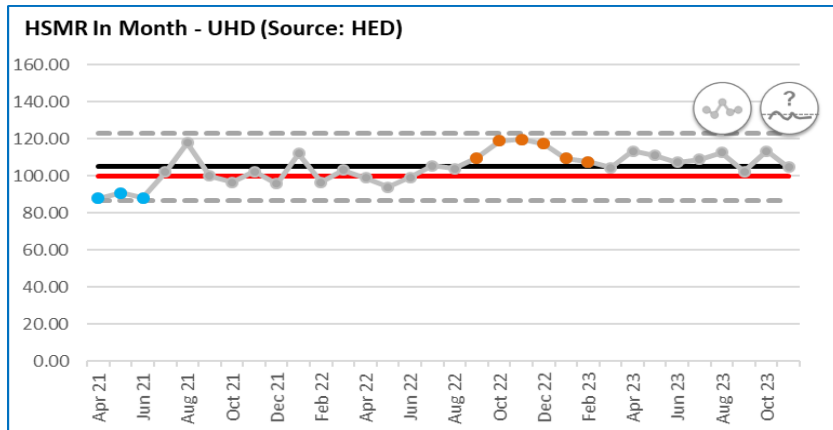
The headline figure for mortality reporting is UHD trustwide HSMR. This is the key metric for the Quality: Outcomes and Safety central theme of Patient First.

The other main mortality metric is SHMI. This does not alter by data supplier and is set by NHS Digital over the previous year.

Both are significantly influenced by the fact that we are unusual in having two hospices in our trust. These raise our HSMR as people are dying in our trust rather that outside. The reduce our SHMI as people are not dying in the 30 days after leaving our trust but rather in our trust.

Our rolling HSMR over the last year is 110 and 93 once palliative care has been removed. Our SHMI is 0.87 and 100.39 without palliative care.

We are learning how to use the HED data most effectively and will be setting up alerts in the next month and also doing a deep dive into our pneumonia data which is our leading cause of death.

The lack of admin for the learning from death review process has been escalated at SDR as this limits our ability to review and learn from deaths.

# Quality (5) – Well Led

### Risks 12+ on Register



### Risks 15+ on Register



### Red Flags Raised
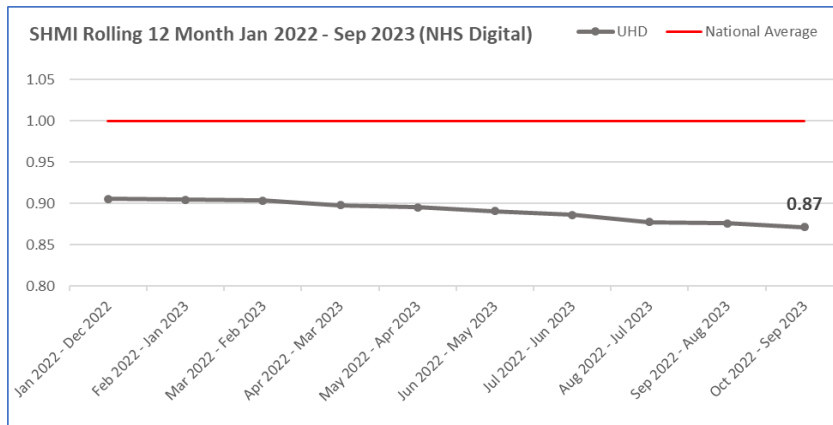


### CHPPD (Registered Nurses & Midwives)
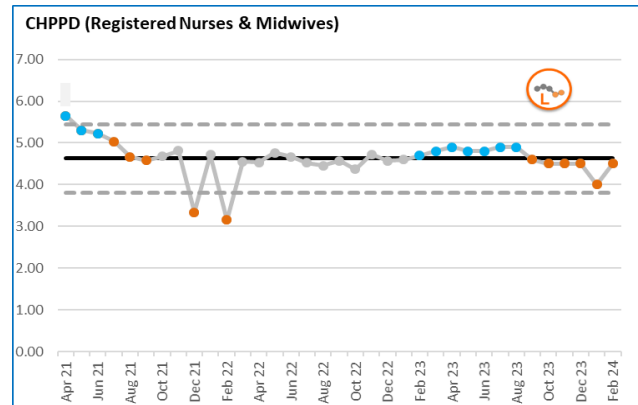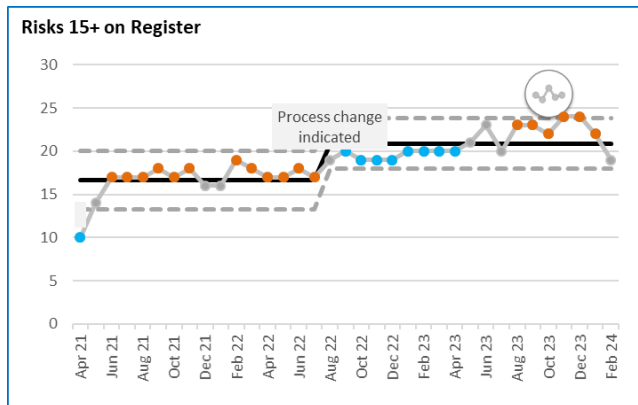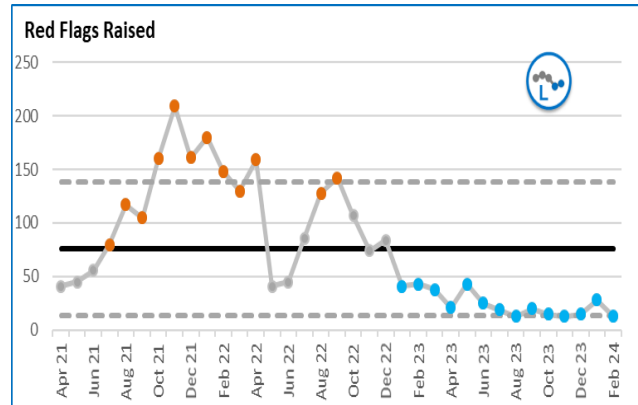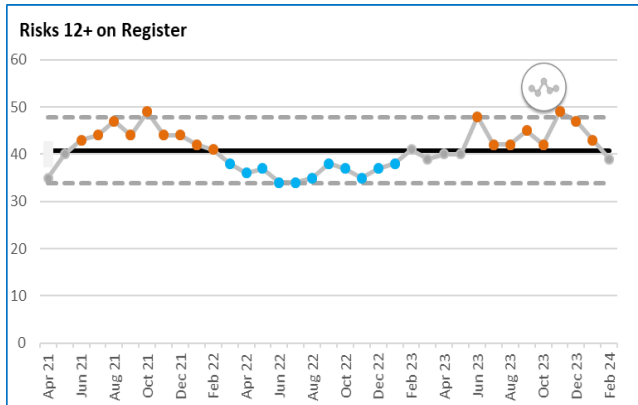


## Performance

- February CHPPD for registered nurses and midwives combined is 4.5. Guidance for organisational level CHPPD for registered nurses and midwives advises this should be >3.
- The Red Flag data for February was 13 raised in month (zero 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

- Historic (pandemic) Heat map for safe staffing switched off and allocate SafeCare now in use across both sites.

- Separate risk report provide to TMG, QC and Board
- Exec reviews of 12+ risks in progress
- Board seminar on risk held 5/2. Action plan to review and amend Trust Risk management strategy, risk appetite and risk tolerance statements agreed.

### Safe Staffing (Rota Fill Rates and CHPPD) - Total (Day & Night Combined) February 2023/24

| Hospital Site name | Patient Count | Registered Nurses/Midwives | | | |
| --- | --- | --- | --- | --- | --- |
| | | Total monthly planned staff hours | Total monthly actual staff hours | Fill Rate % | CHPPD |
| Poole Hospital | 15992 | 82250.2 | 75568.7 | 91.9% | 4.7 |
| Bournemouth & Christchurch | 16474 | 75439.2 | 71314.7 | 94.5% | 4.3 |
| UHD Total | 32466 | 157689.3 | 146883.4 | 93.1% | 4.5 |

# 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

## Maternity Perinatal Quality Surveillance Scorecard

| Perinatal Quality Surveillance scorecard | Metric | Alert (national standard/ average where available) | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Perinatal | Red flags: 1:1 care in labour not provided | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 3rd/4th degree tear overall rate | >3.5% | 3.1% | 2.70% | 4.2% | 3.9% | 4.6% | 1.0% | 4.5% | 3.8% | 1.7% | 2.2% | 2.3% |
| | Obstetric haemorrhage >1.5L | >2.6 % | 2.10% | 3.0%% | 3.7% | 4.4% | 3.5% | 3.36% | 3.3% | 2.1%% | 5.4% | 3.9% | 4.8% |
| | Term admissions to NNU | National <6%, Regional <5% | 5.9% | 6.50% | 5.50% | 4.30% | 4.50% | 6.10% | 6.80% | 5.40% | 4.90% | 6.10% | 4.70% |
| | Apgar < 7 at 5 minutes | <1.2 % | 2.3% | 0.0% | 1.10% | 0.70% | 0.0% | 1.6% | 2.8% | 2.9% | 1.4% | 1.9% | 0.9% |
| | Stillbirth number | Actual | 4 | 2 | 1 | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 0 |
| | Stillbirth number/rate (per 1,000) per quarter | <2.5 /1000 | | | 7 | | | 2 | | | 3 | 0 | 0 |
| Workforce | Rostered consultant cover on Delivery Suite - hours pw | <72 | 72 | 72 | 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 | 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 | 1:21 | 1:21 | 1:21 |
| | Midwife/band 3 to birth ratio (in post) | 1:23 | 1:25 | 1:24 | 1:24 | 1:25 | 1:22 | 1:22 | 1:23 | 1:26 | 1:22 | 1:22 | 1:21 |
| Feedback | Number of compliments (Smiles via Badgernet) | | 42 | 37 | 41 | 66 | 51 | 32 | Moving to new system | | | 40 | 36 |
| | Number of concerns (PALS) negative | | 0 | 0 | 4 | 3 | 0 | 2 | 1 | 1 | 1 | 0 | 5 |
| | Complaints | 3 | 2 | 3 | 2 | 2 | 0 | 0 | 3 | 2 | 2 | 1 | 1 |
| | FFT Repsonse  from November 23 | | 43% | 46% | 87% | 80% | 62% | 125% | 100% | 430 | 276 | 297 | 307 |
| Training | UHD Mandatory training - women's health | 90% | 82% | 84% | 88% | 6% | 88% | 88% | 86% | 86% | 85% | 87% | 88% |
| | PROMPT/Emergency skills all staff groups | 90% | 82% | 82% | 84% | 86% | not known | 85.2% | 74% | 79% | 82% | 86% | 88% |
| | K2/CTG training all staff groups | 90% | 91.76% | 96%% | 94% | 96% | 95% | 95% | 84% | 87% | 86% | 86% | 86% |
| | CTG competency assessment all staff groups | 90% | 91.76% | 96%% | 94% | 96%% | 95% | 95% | 84% | 87% | 86% | 86% | 86% |
| | Core competency framework compliance | 90% | 84% | 87% | 89% | 86% | 84% | 85% | 93.50% | 90.00% | 91.00% | moved to ccf2 | moved to ccf2 |
| | Coroner Reg 28 made directly to the Trust | al <6%, Regiona | N | N | N | N | N | N | N | N | N | N | N |
| | 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) | 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 >1.5 litres- action plan in place
- Term admissions to NICU
- Apgar's <7 at 5 minutes

## Key Areas of Focus

**Obstetric haemorrhage >1.5L: -** The performance for this metric has been elevated over  the past six months, however improvement was seen in January  from previous month. 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-   Clinical review showed correlation between tears and obstetric haemorrhage . Quality improvements   are being made, and this month showed improvement in 3rd and 4th degree tears.
For awareness National rate of PPH  is rising due to increasing medicalisation of birth. From the national maternity dashboard, we can see that  UHD is not an outlier.

**Term admissions to NNU:** - term admissions to NICU were reduced this month with no avoidable term admissions. A detailed action plan is being reviewed at the monthly ATAIN meetings.

**Apgar's <7 at 5 min-** following a QI project, there has been a reduction in cases in February.  The cases have been reviewed and were scored and managed correctly.

**Training:** Immediate actions have been taken to improve MDT PROMPT training within the next 12 weeks.(end of March). Overall compliance now 88%.

# 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 | Feb 24 | 2.3% | 3.5% | | ? | 3.1% | -1.7% | 7.9% |
| Obstetric haemorrhage  >1.5L | Feb 24 | 4.8% | 2.6% | | ? | 3.6% | 0.4% | 6.7% |
| Term admissions to NNU % | Feb 24 | 4.7% | 6.0% | | ? | 5.5% | 2.5% | 8.6% |
| | | | | | | | | |



3rd / 4th degree tear  - overall rate



Obstetric haemorrhage  >1.5L
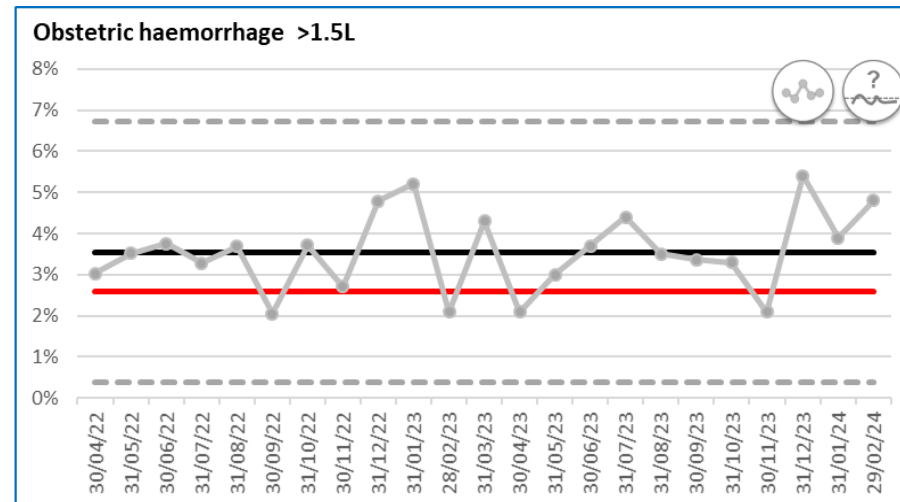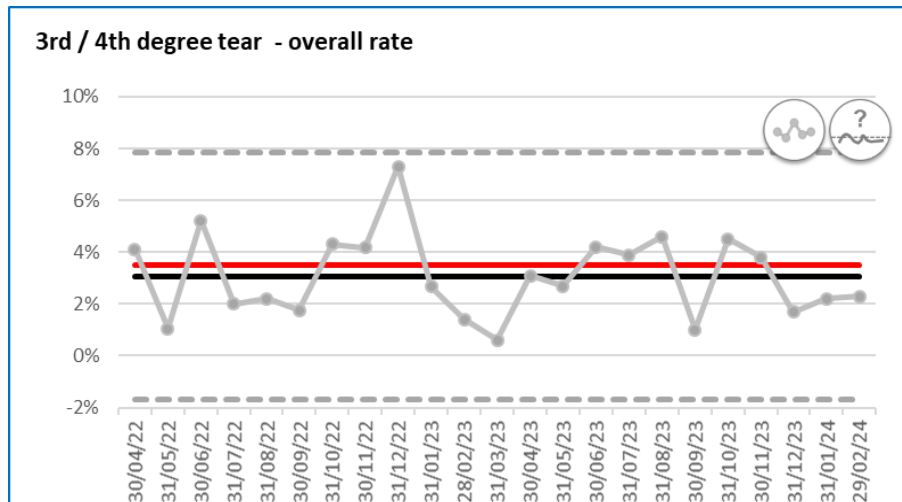
# Maternity (2)

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 |

## 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 |
|---|---|---|
| **MBRRACE reportable cases:**<br><br>There have been  0  reportable cases for MBRRACE in February<br><br><br>**PMRT**<br>There have been 2 cases reviewed in February.  Both cases, care was graded as  good.<br><br><br>**MNSI**<br>There were new 2 cases in February:<br>1.Baby born in poor condition following 11-min shoulder dystocia<br>2.Indirect maternal death in ITU at 17 weeks, due to massive subarachnoid hemorrhage (IUD prior to maternal death) | **Patient Safety Incident Response Framework**  (PSIRF)<br><br>PSIRF is being implemented in maternity and our top  3 areas identified for thematic reviews are<br>1.Stillbirth<br>2. Term admissions to NICU  - 6 months deep dive presented to ICB and safety champions in November ongoing action plan.<br>3. PPH greater than 1.5 liters initial quality improvement commenced.<br><br>**Other reports submitted in February through safety champions/quality committee.**<br><br>CQC Maternity Survey 2023 | **MIS year 5 - All safety standards not met declaration to be submitted by the 1st of February**<br>Work continues  on all safety standards with monthly assurance meetings to monitor compliance.<br>**For the standards partially  met,  there has been further progress made in February. Full Report to be shared in March.**<br>**Safety action 4 -** Obstetric Staffing needs to provide a robust locum induction as per RCOG standards. We are working with the medical recruitment team to finalise an induction pack (for long term and short-term locums) that is embed guidance from RCOG on the management of the temporary staffing.<br>An Audit in place to ensure learning is captured if Consultants have not attended as per RCOG guidance roles and responsibilities .<br>**Safety action 6 -** Saving Babies Lives Care Bundle 3 – Quarter 2 assessment with ICB showed 79% compliance, however 50% not met in element 4 fetal monitoring  therefore standard not met.  Quarter 3 assessment  in February,  further  improvements seen,  awaiting assessment outcome for reporting.<br>Peer Review compliance has improved to 87% in February.<br>**Safety action 8 -** In house training,  This remained a challenge in February due to sickness, workforce gaps .The Standard of 90% was  not met for all staff groups,  however improvement has seen from January 86% to 88% in February. MDT action plan in place.<br>**MIS year 6 Requirements to be launched – 2nd April 2024.** |

# Performance at a glance
# Quality - Key Performance Indicator Matrix

## Quality IPR

| KPI | Latest month | Measure | Target | Variation | Assurance | α | Mean | Lower process limit | Upper process limit |
|---|---|---|---|---|---|---|---|---|---|
| Associated Pressure Ulcers (Cat 3 & 4) per 1,000 | Feb 24 | 0.30 | - | | | | 0.30 | 0.01 | 0.60 |
| Inpatient Falls (Moderate +) per 1,000 beddays | Feb 24 | 0.40 | - | | | | 0.14 | -0.11 | 0.38 |
| Medication Incidents (Moderate +) per 1,000 bed | Feb 24 | 0.10 | - | | | | 0.04 | -0.08 | 0.17 |
| Medication Incidents (All) per 1,000 beddays | Feb 24 | 5.30 | - | | | | 5.11 | 3.20 | 7.02 |
| Patient Safety Incidents (All) per 1,000 beddays | Feb 24 | 39.90 | - | | | | 44.53 | 39.37 | 49.69 |
| Patient Safety Incidents (Moderate +) per 1,000 | Feb 24 | 0.30 | - | | | | 0.36 | 0.04 | 0.68 |
| Serious Incidents | Feb 24 | 2 | - | | | | 3 | -1 | 8 |
| Never Events | Feb 24 | 0 | - | | | | 0 | -1 | 1 |
| Hospital Associated Infections - MRSA | Feb 24 | 0 | - | | | | 0 | -1 | 1 |
| Hospital Associated Infections - MSSA | Feb 24 | 6 | - | | | | 4 | 0 | 8 |
| Hospital Associated Infections - C Diff | Feb 24 | 9 | - | | | | 7 | -1 | 15 |
| Hospital Associated Infections - E Coli | Feb 24 | 8 | - | | | | 8 | -1 | 17 |
| HSMR In Month - UHD (Source: HED) | Nov 23 | 104.70 | 100.00 | | | | 104.81 | 86.69 | 122.93 |
| Mixed Sex Accommodation Breaches | Feb 24 | 28 | - | | | | 6 | -12 | 24 |
| Complaints Received | Feb 24 | 60 | - | | | | 60 | 29 | 91 |
| Complaint Response Rate (55 Days) | Feb 24 | 39% | - | | | | 36% | 2% | 70% |
| Friends & Family Test | Feb 24 | 94.2% | - | | | | 90.4% | 87.2% | 93.6% |
| Patient Deaths in Hospital | Feb 24 | 233 | - | | | | 230 | 164 | 296 |
| Deaths Within 36hrs of Admission | Feb 24 | 38 | - | | | | 36 | 12 | 59 |
| Deaths Within Readmission Spell (5 day readmi | Feb 24 | 26 | - | | | | 20 | 5 | 35 |
| Risks 12+ on Register | Feb 24 | 39 | - | | | | 41 | 34 | 48 |
| Risks 15+ on Register | Feb 24 | 19 | - | | | | 21 | 18 | 24 |
| Red Flags Raised | Feb 24 | 13 | - | | | | 76 | 13 | 138 |
| CHPPD (Registered Nurses & Midwives) | Feb 24 | 4.50 | - | | | | 4.63 | 3.81 | 5.44 |



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

Assurance: Consistently hit target | Hit and miss target subject to random variation | Consistently fail target
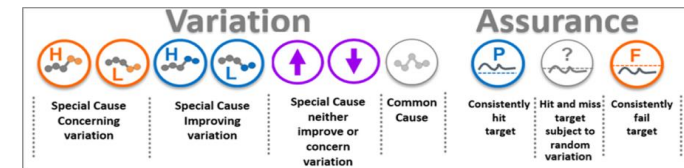
# Our People

**Tina Ricketts**
Chief People Officer

**Operational Leads:**
Irene Mardon - Deputy Chief People Officer
Lisa White – Associate Director of HR Operations

**Committees:**
People and Culture Committee

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

# Well Led - Workforce (1)

**In Month Sickness Absence**



**Vacancy Rate at end of each month**
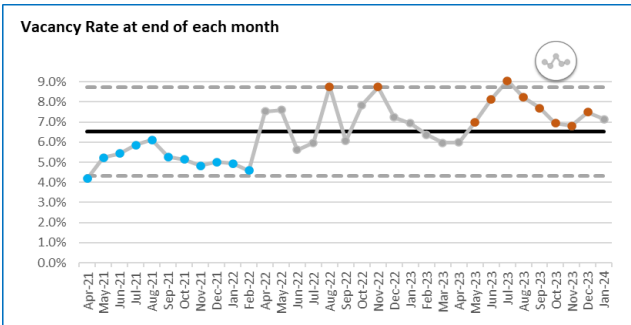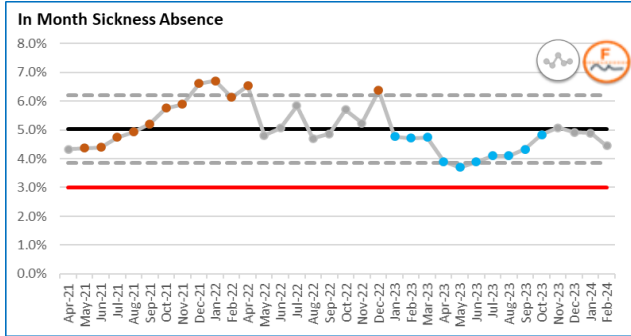


## Performance

### Sickness Absence and Wellbeing
- In month sickness absence for February 2024 was at 4.5%, this is an improvement on previous month from 4.9%. Latest rolling 12 month rate (as at end of February 2024) is 4.4% which is a very slight improvement on the previous month.
- Anxiety/stress/depression was the top reason for absence in February, slightly higher than Cold, Cough, Flu (risk 1493).

### Vacancy Rate
- Vacancy rate is reported a month in arrears to allow for reconciliation with the ledger. Latest vacancy position is 7.14% (as at 31st January 2024), which is an improvement from December 2023 at 7.5% (following data adjustments).
- In February there was a total of 168 appointments made, which included 82 internal appointments. This compares to 246 appointments in January. There were 96 permanent staff leavers in month.
- 241 adverts for staff (under agenda for change terms) were posted in February, on a par with the number advertised in January. 27 posts were advertised for Medical staff, more than twice the number posted in January
- The number of job offers made in February was 202 for non- medical roles, compared to 225 in January. There were 16 medical roles offered in addition.
- 76.4% of occupational health preplacement assessments were safely cleared to work, within the KPI of 5 working days, this is a 24% improvement from January.

### Healthcare Support Worker Recruitment
- Healthcare support worker vacancies are currently at 178 WTE, this is consistent with the level of vacancies reported last month. For NHS Direct Support reporting, a lower vacancy figure of 128 WTE is recorded due to the Trust identifying that 50 WTE of the overall vacant posts are occupied by Apprentice Nurses, who work clinically as Healthcare Support Workers for 60% of their working week. We are targeting this staff group with the "lets talk recruitment" approach to make the application and selection process as simple as possible.

# Well Led - Workforce (2)

**Temporary Hours Filled by Bank**



## Performance

- We have seen an overall decrease in agency spend from 5.31% in M10 to 5.15% in M11.
- Agency spend has decreased in the Medical Care Group from 10.86% to 10.01%, the Surgical Care Group has seen an increase from 3.21% to 3.49%. Women's, Children, Cancer and Support Services Care Group has reduced from 3.64% to 3.37% in M11.
- The number of hours filled by agency staff has reduced again this month

NB: Fill rate for bank and agency spend now measures use across all systems where previously it has only been taken from Allocate (E rostering) - all months have been updated

## Key Areas of Focus

- Risk 1492: Work is in train for further rate reductions, together with removal of Tier 4 agency usage.

**Temporary Hours Filled by Agency**



**Trustwide Agency % of Total Pay**



**Agency % of Total Pay by Clinical Care Group - Current Year x Month**

19

# Well Led - Workforce (3)



Mandatory Training Compliance at end of each month
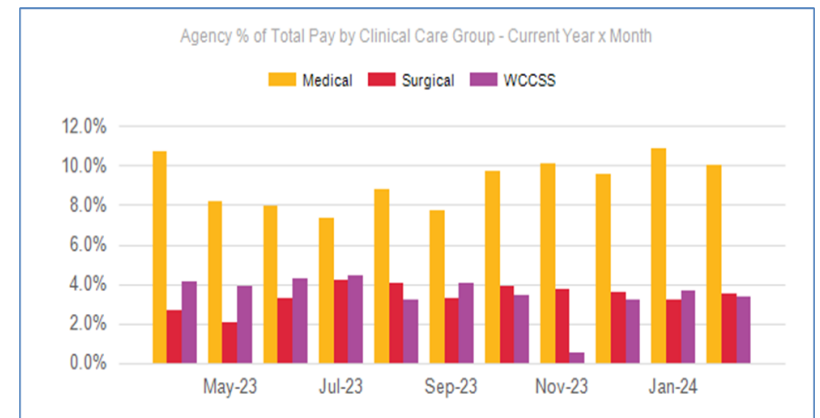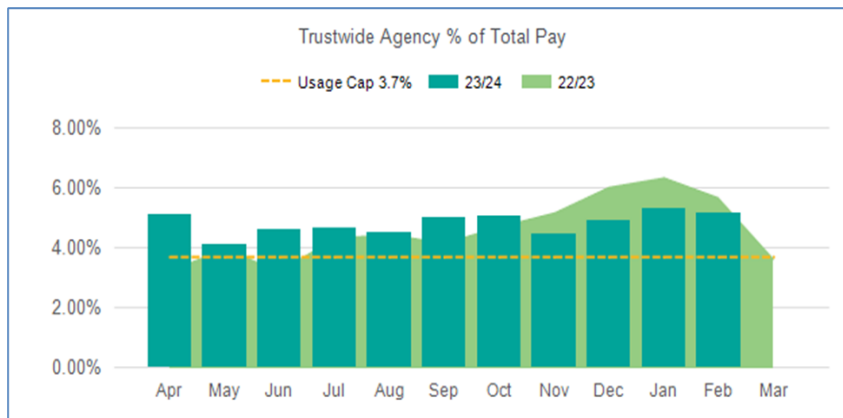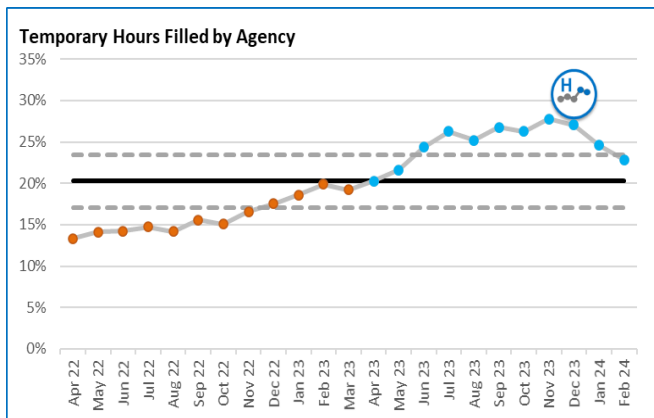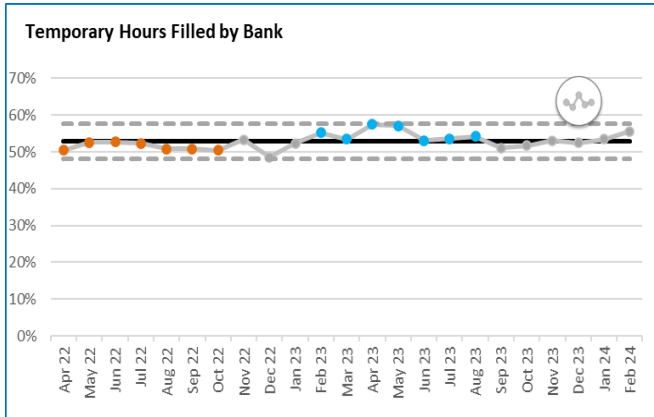
## Performance
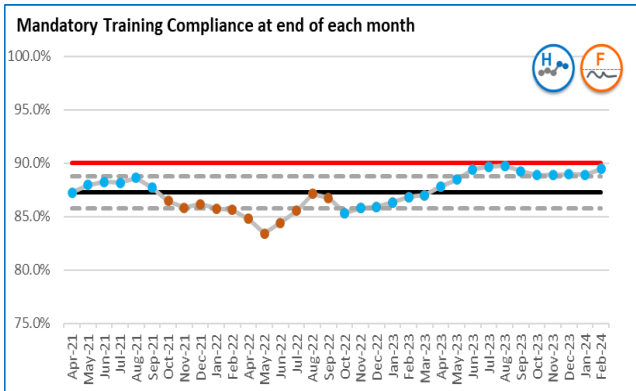
- Mandatory Training compliance has increased slightly to 89.4% as at end of February 2024 just under the target of 90%.
- The appraisal season restarts in April. Appraisal compliance for values based as at end of February is at 64.0% against 59.5% in March 2023. Medical & Dental compliance is at 58.8% and does not restart until April.

## Turnover

- The rolling 12 month staff turnover rate (excluding fixed term temp) is at 11.1% (as at end of February 2024), which is the same as last month; however, the trend remains downward year to date.
- The Medical and Dental data cleanse project is complete from a staffing perspective, some establishment data is still required from Finance to ensure budgets are up to date in ESR. This final element is due to be completed by 31.3.24.

## Key Areas of Focus

- Information Governance is currently below the 95% national compliance required – currently it is 89.0%.



Rolling 12 Month Turnover



Values Based Appraisal Compliance



Medical and Dental Appraisal Compliance
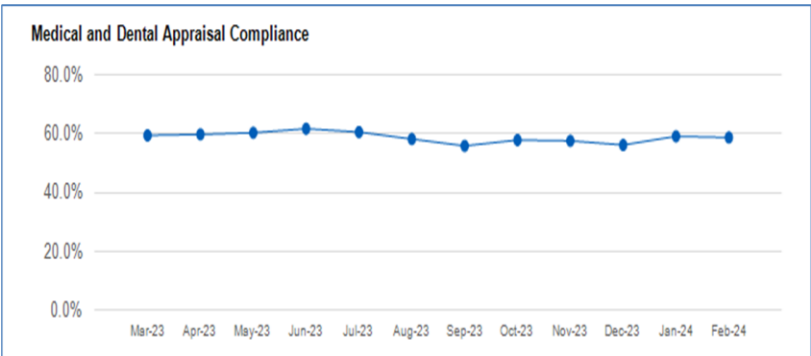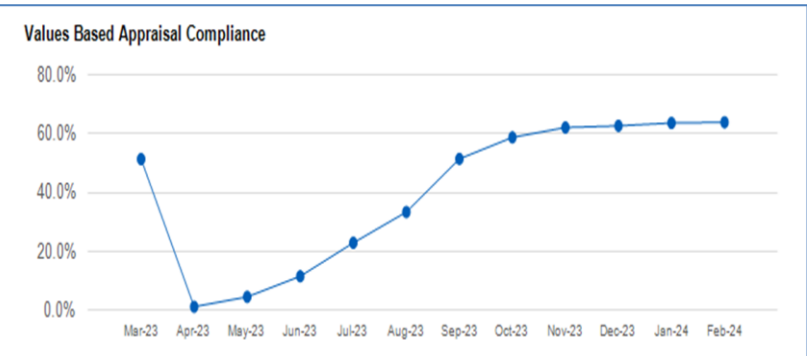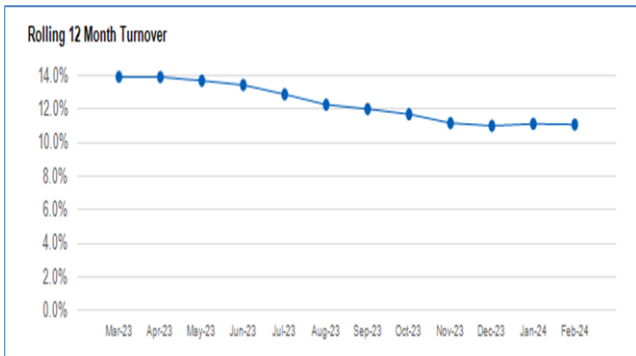
# Performance at a glance
## Well Led - Key Performance Indicator

### UHD Workforce

| KPI | Latest month | Actual | Target | Variation | Assurance | Mean | Lower process limit | Upper process limit |
|---|---|---|---|---|---|---|---|---|
| Vacancy Rate at end of each month | Jan 24 | 7.1% | - | | | 6.5% | 4.3% | 8.7% |
| In Month Sickness Absence | Feb 24 | 4.5% | 3.0% | | F | 5.0% | 3.8% | 6.2% |
| Mandatory Training Compliance at end of each month | Feb 24 | 89.4% | 90.0% | H | F | 87.2% | 85.7% | 88.8% |
| Temporary Hours Filled by Bank | Feb 24 | 55.6% | - | | | 53.6% | 47.3% | 60.0% |
| Temporary Hours Filled by Agency | Feb 24 | 22.9% | - | | | 23.2% | 19.1% | 27.3% |
| Agency Pay as Proportion of Total Pay | Feb 24 | 5.2% | | | ? | 4.7% | 3.1% | 6.3% |



Variation / Assurance legend: Special Cause Concerning variation, Special Cause Improving variation, Special Cause neither improve or concern variation, Common Cause; Consistently hit target, Hit and miss target subject to random variation, Consistently fail target
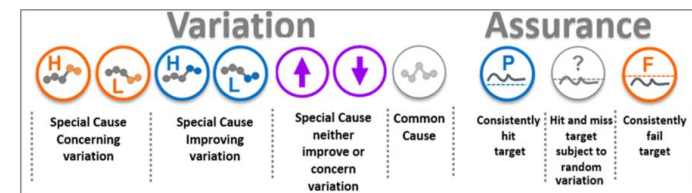
# Population Health and System Working

**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

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

# Responsive – (Elective) Referral to Treatment)

## UHD - Total Waiting List Size



## UHD - Patients waiting >65 weeks



### Referral To Treatment
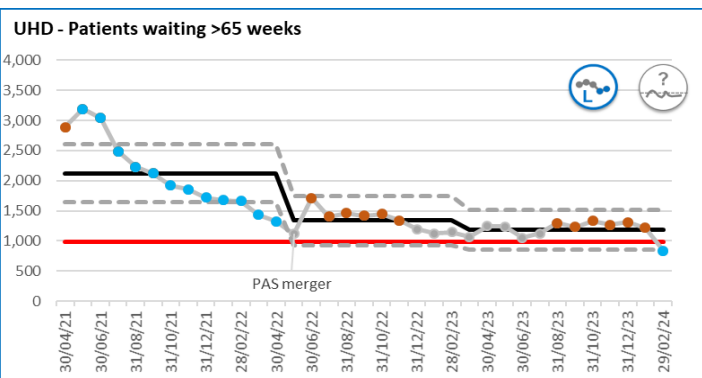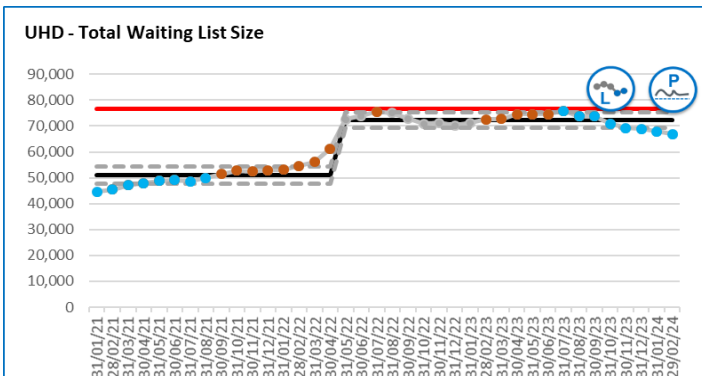
| | Standard | UHD | % of pathways with a DTA |
|---|---|---|---|
| 18 week performance % | 92% | 61.3% | |
| Waiting list size (and trajectory) | 76,780 | 66,909 | 21% |
| Waiting List size % variance compared to trajectory | | -12.9% | |
| No. patients waiting 26+ weeks | | 16,319 | 33% |
| No. patients waiting 40+ weeks | | 7,335 | 36% |
| No. patients waiting 52+ weeks (and % of waiting list) | 4.4% | 2,967 | 40% |
| No. patients waiting 65+ weeks (and % of waiting list) | 1.3% | 840 | 45% |
| No. patients waiting 78+ weeks (and % of waiting list) | 0.1% | 45 | 84% |
| No. patients waiting 104+ weeks (and % of waiting list) | 0.0% | 0 | |
| % of Admitted pathways with a P code | | 98.74% | |

## 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

- The Trust is consistently achieving the target to reduce the total Referral to Treatment (RTT) waiting list. The size of the waiting list fell to 66,909 at the end of February 2024. This is 9,781 below the operational planning trajectory (76,780) and an in-month reduction of 1,074 (8.1% reduction since March 2023). Following national guidance, the community paediatrics waiting list is now reported through a separate community waiting list, which accounts for the in-month reduction in February. This also drove an improvement in RTT performance from 60.3% in January 61.3% and the Trust remains above the Southwest Regional average.
- Five days of industrial action by Junior Doctors in February 2024 resulted in the loss of capacity for: 68 ordinary inpatient cases; 149 daycases; and 508 outpatient appointments. 2.6% of elective capacity has been lost to IA year-to-date.
- The operational plan trajectories were developed on the basis of no further industrial action in Quarters 3 and 4 of 2023/24. Consequently, the Trust missed the February trajectory for eliminating >78-week waits but did deliver a significant reduction from 86 at the end of January 2024 to 45 in February.
- >65-week waits also reduced and triggered a special cause variation. This was in part due to the movement of patients >65 weeks on the community paediatric waiting list out of the RTT waiting list, and an underlying reduction in 65 week breaches.
- A sustained reduction in the cohort of patients who will breach 65-week waits if not seen or treated by March 2024 continues, with 1,158 remaining at the end of February (compared to 2,522 in January). This is a 97% reduction since 31 March 2023.
- The planned trajectory for March 2024 is 276.

## Key Areas of Focus

- Delivery of capacity plans to reduce 78 week waits to 0 by March 2024 and 65 week waits in line with the trajectory above, including additional capacity in surgery, gynaecology, dermatology, and respiratory medicine.
- Rescheduling appointments/operations for patients impacted by industrial action in February 2024
- Increasing productivity within core capacity. This includes reducing missed appointments (DNAs) and improving theatre and outpatient session utilisation rates.

# Responsive – (Elective) Diagnostic Waits



**UHD - Total Diagnostic Waiting List**
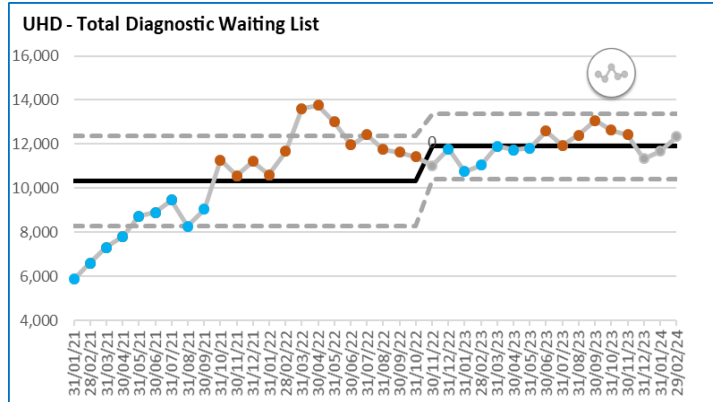


**Diagnostic Performance (DM01)**

% of >6 week performance  (6+ Weeks / Total)   1%   1071/12337   **8.7%**



**UHD - % waiting over 6 weeks**



**UHD - % waiting over 13 weeks**
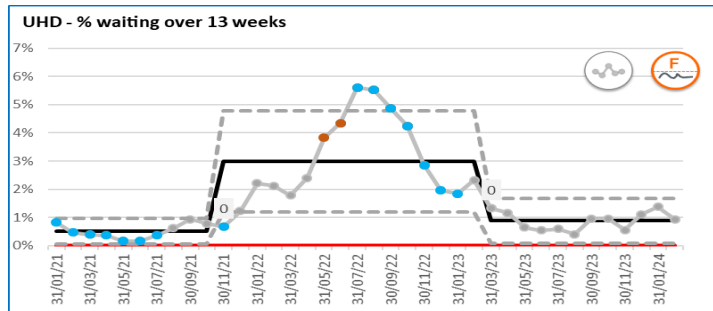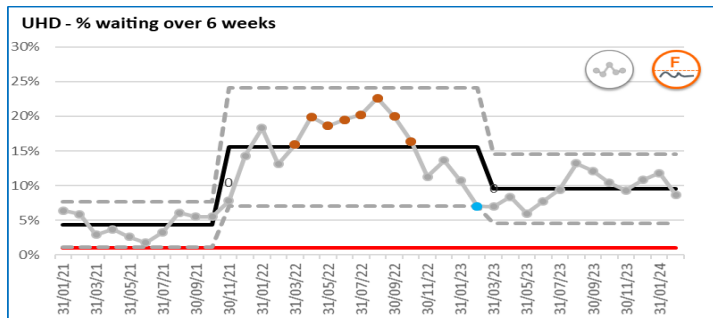
## Data Description and Target

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

## Performance

Maintenance of overall diagnostics performance (DM01) has been delivered, despite pressures resulting from industrial action and bed occupancy. February 2024 performance improved to 8.7% compared with 11.8% at the end of January 2024. Performance remains within the upper and lower process control limits, however further improvement is required to meet the 1% target. An increase in the diagnostic waiting list is reflective of increased urgent suspected cancer referrals and elective activity in 2023/24. There are currently 115 patients waiting more than 13 weeks for a diagnostic test.

**Endoscopy** performance improved to  8.7% at the end of February (11.8% at the end of January) but still didn't meet the target, predominately due to the impact of industrial action.

- There is ongoing use of 18weeks insourcing, the InHealth mobile endoscopy unit and waiting list initiatives (WLIs).

**Echocardiography** performance has improved to 13.4% in February, from 21.4% in January, predominately due to less inpatient escalation within the cardiology bed base.

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

**Neurophysiology** performance improved to 24.6% in February from 29.3% in January.

- 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 to 5.9% in February, from 8.2% in January, predominately due to recovery of ultrasound performance.

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

## Key Areas of Focus

- **Endoscopy:** InHealth mobile unit  - notice has been served, scheduled for removal 31/03/24. Plan in place for activity to be re-provided. Dr Doctor is being integrated with e-Camis for Endoscopy for ongoing management of bookings to ensure high utilisation.
- **Echocardiography:** DrDoctor is being integrated with TomCat to access the appointment reminder function for patients. Onboarding of new insourcing agency staff continues.
- **Radiology**: Mobile MRI scanner will remain at AECC full-time until end of March 2024. Additional ultrasound sessions to commence at Christchurch in March (140 patients per week).
- Cardiology have provided additional sessions via locum cover to begin recovery of the cardiac imaging position.
- Dr Doctor is being integrated with Soliton for Radiology with ongoing management of bookings to ensure high utilisation and low DNAs.
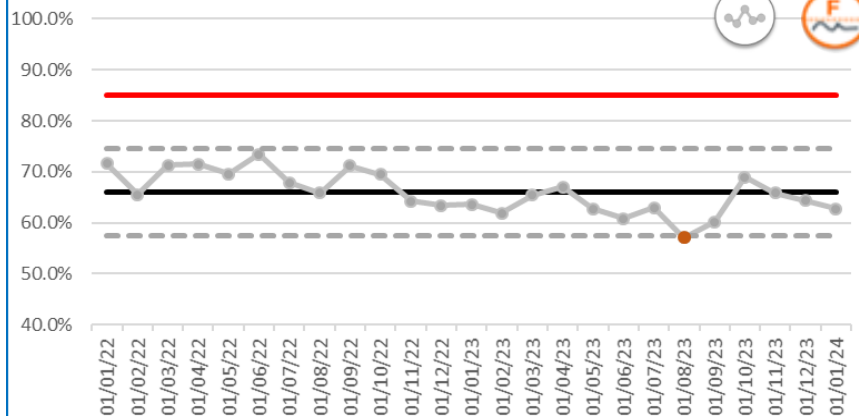
## 28 Day Faster Diagnosis Standard (Target 75%)
### Finalised UHD January Performance (72.5%)

**Faster Diagnosis Standard (FDS) 28 Days**
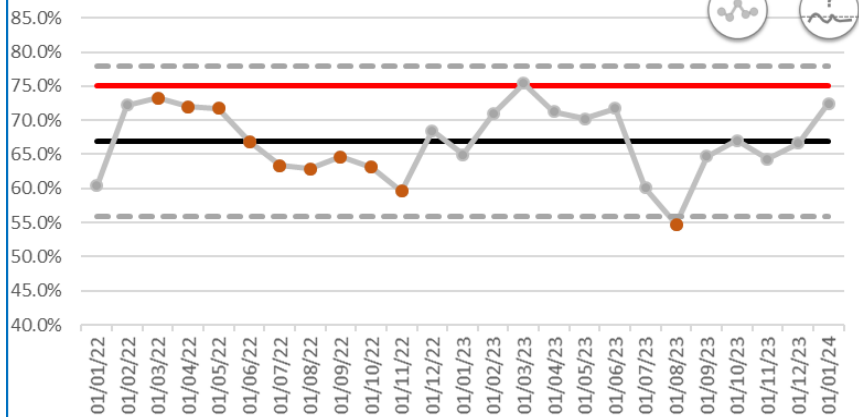
## 62-Day Standard (Target 85%)
### Finalised UHD January Performance (62.7%)

**62 Day Performance**

## 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.
- The proportion of patients who have a cancer diagnosis, and who have had a decision made on their first or subsequent treatment, who then start that treatment within 31 days.

## Finalised January Performance

- **28 Day Faster Diagnosis Standard** - Performance increased in January by 5.9% to 72.5% meeting the month's trajectory. Performance remains within the process control limits, which demonstrate the standard can be met within the current processes. The improved performance is mainly due to a reduction in waits in Gynaecology and Dermatology (skin). 7 out of 14 tumour sites achieved the standard. Colorectal achieved a 5% improvement in month but remains the main tumour site affecting overall performance.
- **62 Day Standard** - Performance in January 2024 compared to December 2023 decreased by 1.7% to 62.7%, however this demonstrates normal variation within the process control limits. The main breach reasons were capacity both at the front end of the pathway and for surgical treatments. Capacity for treatments was reduced due to industrial action in month.
- **31 Day Standard** - The 96% performance target in January 2024 was not achieved mainly due to surgical treatment capacity (Breast, Gynaecology and Skin). This is expected to meet the standard again from February 2024.
- **Patient Treatment List (PTL) Over 62 Days** - The total number on the PTL over 62 days decreased to 236 in January (5 less compared with December and 14 below the month's trajectory of 250).

## Provisional February Performance (un-finalised)

- **28 Day Faster Diagnosis Standard** – Performance in month is currently 77.6% which is 3.6% above the February trajectory of 74.0% and meets the national standard.
- **62 Day Standard** - Performance in month is currently 62.7%, however this is expected to increase as further treatments are reported.
- **31 Day Standard** - Performance in month has recovered and is currently achieving the 96.0% standard.
- **Patient Treatment List (PTL) Over 62 Days**- The total number of patients over 62 days has shown a further reduction in February with a reported month end position of 202 against a trajectory of 235. Work is ongoing with the Care Groups to continue to reduce the number of patients over 62 days, with weekly clinical reviews of the longest waiters. It is expected the March 2024 target of no more than 220 patients will be achieved.

## Key Areas of Focus

The priority areas of focus for Quarter 4 2023/24 are Colorectal, Gynaecology, Iron Deficiency Anaemia (IDA) and Skin.

**Key areas of focus for the 4 most challenged tumour sites include:**

**Colorectal:**
- Deep dive into the capacity challenges at the front end of the pathway.
- Service to complete an up-to-date capacity and demand model to enable an improved performance position.

**Gynaecology:**
- Undertake a post implementation audit of the Post Menopausal Bleeding post HRT pathway throughout Q4 to evaluate its impact on referrals and patient experience.
- Further communication and engagement with Primary Care to be provided to ensure the new PMB post HRT pathway is maximised as a referral route.
- Additional weekend hysteroscopy sessions planned throughout Q4 to provide additional capacity to improve performance.

**Iron Deficiency Anaemia (IDA):**
- Service to complete a deep dive and recovery plan to support the Upper GI position.

**Skin:**
- Insourcing solution sourced to provide additional Urgent Suspected Cancer Referral (USCR) capacity throughout Quarter 4 2023/24.
- Ensuring a financial plan is received from NHS Dorset to support the go live of tele-dermatology within the Trust.

**Cross tumour sites:**
- Development of the 24/25 Cancer Improvement Programme, including the development of a clinical strategy.
- 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 including breast one stop clinics.

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### Over 62 Day PTL (Target January: 250)
### Finalised UHD January Performance: 236



PTL Over 62 Days - All Sites

### High Level Performance Indicators

| Cancer Standards | Standard | Final Jan-24 | Provisional Feb-24 |
|---|---|---|---|
| 28 Day Faster Diagnosis Standard | 75% | 72.5% | 77.6% |
| 31 Day Standard | 96% | 93.6% | 96.4% |
| 62 Day standard | 85% | 62.7% | 62.3% |

**UHD Theatre case opportunity**



**Theatre utilisation (capped) - main**



**Theatre utilisation (capped) - DC**
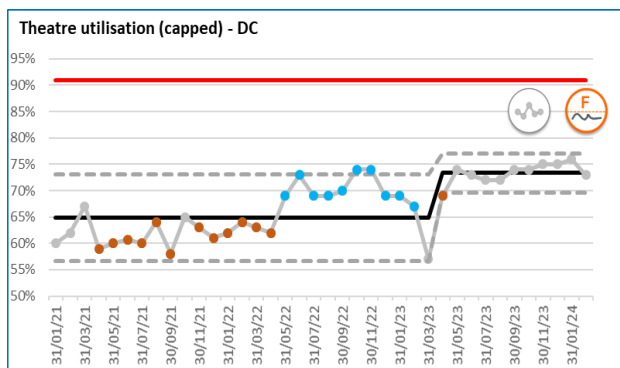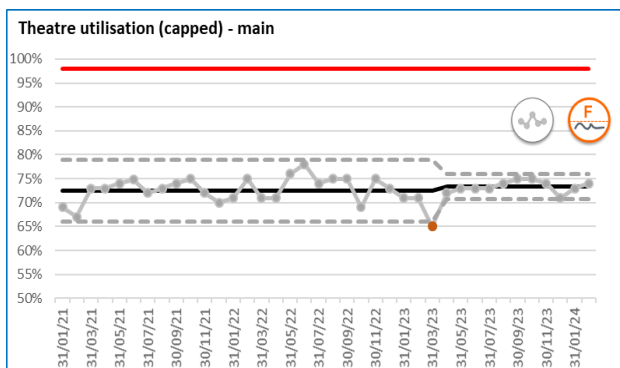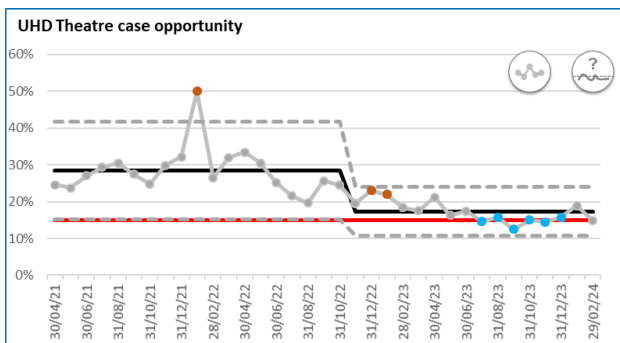


## Data Description and Target

Trust is 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

- Ongoing industrial action continues to impact metrics improvement journey, however an improved bed position in Feb 24 meant fewer cancellations and un-used theatre capacity.
- The SPC chart demonstrates that the case opportunity target can be achieved within the current process.
- As shown, capped utilisation within main theatres will not achieve 85% with target sitting above current upper process limit, noting however much less variation and greater control in the process with reported capped @ 76% capped and uncapped at 81.5%. Intended utlisation @ Feb was 82.7%.
- As of the 28th Feb the average late start time reduced to 25 minutes (all specialities) a reduction of 5 mins in month.
- Capped utilisation within Day Case lists shows some improvement. Process limit still remains below the target, indicating further work is needed to deliver a process capable of sustaining the target utilisation. However, the chart is indicating less variability, some improvement and greater control.
- Ongoing increase in the number of sessions run and associated activity, in line with staff trajectory.
- Average cases per list has plateaued.
- Early finishes showing improvement however this metric remains variable and not triggering special cause variation.

**Underlying issues:**
- The impact of industrial action can be seen across a number of key metrics.
- Despite sustained improvement in late starts, Orthopaedic lists remain below 65%. Utilisation % is low due to early finishes and booking processes.

## Key Areas of Focus

- Ongoing improvement work looking at Orthopaedic lists including early finishes and booking processes / procedure times that underpin list scheduling.
- Pursuing an opportunity to use 'process mining,' software to more effectively identify areas of opportunity.
- Enhanced functionality has gone live that links the scheduling tool to the virtual Pre Op platform. Implementation plan initiated to roll out across specialties.
- Live theatre reporting and performance screens.
- On the day theatre process and re-focussing on 'Golden Patient, and a 'Good day in theatres.'
- Continued development and support of new starters.
- Capacity & demand outputs now being rolled out across specialties to not only inform future schedule but also to evidence several areas of template changes to better align to demand.

| Referral Rates (MRR Return) | | Standard | This Year | Trust Perf |
|---|---|---|---|---|
| GP Referral Rate year on year | | -0.5% | 113424 | -1.5% |
| Total Referrals Rate year on year | | -0.5% | 171843 | -2.8% |

| Outpatient metrics | | | | |
|---|---|---|---|---|
| Overdue Follow Up Appointments (Cons-Led Only) | | | | 25844 |
| New Attendances | | | | 20465 |
| Follow-Up Attendances | | | | 30372 |
| % DNA Rate | (Total DNAs / New & Flup Atts) | 5% | 2962 / 50837 | 5.5% |
| Hospital cancellation rate | (Hospital Canx / Total Booked Appts) | | 12089 / 74116 | 16.3% |
| Patient cancellation rate | (Patient Canx / Total Booked Appts) | | 8228 / 74116 | 11.1% |

| Reduction in face to face attendances (acute only) | | | | |
|---|---|---|---|---|
| % telemed/video attendances | (Total Non F-F / Total Atts) | 25% | 8686 / 50837 | 17.1% |



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 December continues to represent normal variation.  The Trust plans to switch on text reminders across all clinics on March 25th, unless a clinically led opt-out rationale is provided by specialty teams (currently 54% of all clinics have text reminders switched on), this is expected to have a positive impact on reducing DNAs further.

17.1% of attendances were delivered via telemedicine/video in February. Current process control intervals demonstrate the target will not be met unless process improvement is made. Work is underway to ensure all activity is being captured on our patient administration systems, including video consultations. The Trust will be moving to Dr Doctor for video consultations from 1st April 2024. Training and user access is being provided prior to go live date.

The number of patients overdue their target date for a follow up appointment reduced by 662 in February 2024. The reduction was less than forecasted due to the impact of industrial action on delaying follow up appointments. Further 'Quick Question' validation exercises are being undertaken this month.

## Key Areas of Focus

- Provide tools to care groups to continue to review clinic utilisation rates and complete template reviews by specialty and monitor progress. Roll out plan with care groups being developed.
- Delivery of outpatient productivity improvements, which support a reduction in DNA rates, increased use of Patient Initiated Follow Ups (PIFU) and increased clinic utilisation rates.
- Embedding the outpatient performance dashboard (including all Outpatient KPIs) into performance management practices at Care Group and speciality level.  Plan to launch Outpatients Care group Forums in mid/late April 2024.
- Continuing to promote telemedicine/video and the benefits for patients.
- Progress e-outcomes project.  Currently delayed while critical testing issues are resolved.
- Deliver transfer of virtual consultation platform to DrDoctor – 31 March 2024
- Scoping of clinic room capacity review on Bookwise complete. Plan to use this as the single system for clinic room capacity management within the Trust. Funding requirements to be established.
- Undertake review of reasons for 6 week cancellations, processes and SOPs aiming to reduce number of hospital cancellations under 6 weeks.
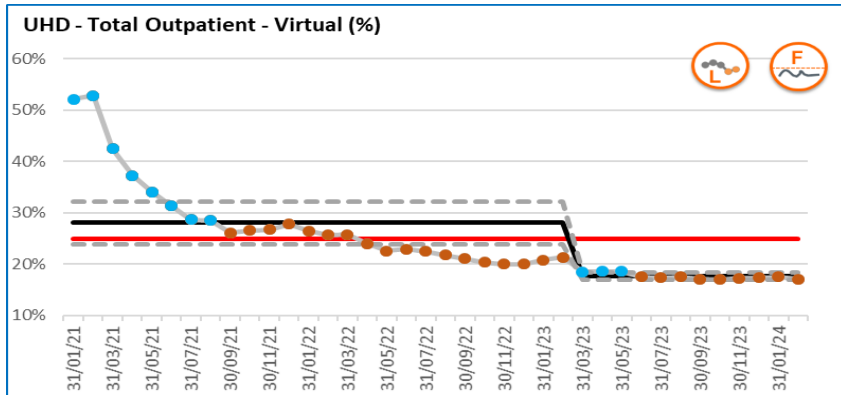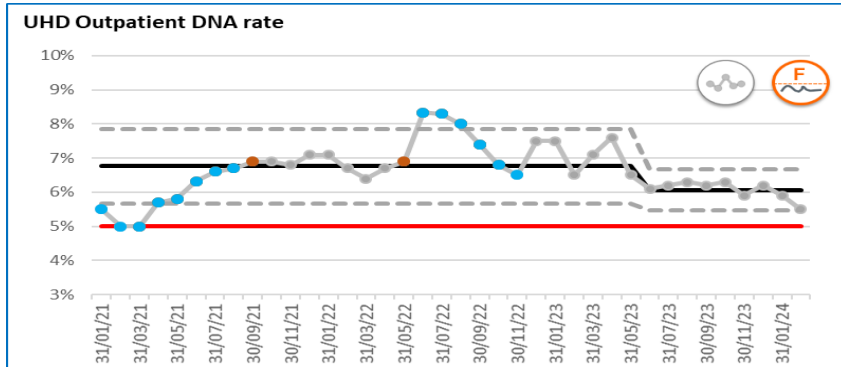
# Responsive - (Elective) Screening Programmes

## Breast Screening

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

| BREAST SCREENING | STANDARD | ACHIEVED |
|---|---|---|
| Round Length within 36 months | 90.00% | 99% |
| 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 (Oct - Dec)* | 70% | 68.4% |

**Background/target description**
To ensure the breast screening access standards are met.
**Performance:**
- All monthly targets have been successfully met which is excellent.
- Uptake for the Oct-Dec QTR has increased
- **Underlying issues:**
- Radiology staff pressures are increasing due to retirement, resignation and maternity leave as well as a vacancy. This is on the risk register.
- Radiography staffing levels are impacting the rate of screening and it is essential to increase and maintain a higher volume to keep on track and effectively manage the expected pressures following the covid recovery. A regular throughput of between 2500 – 3000 per month is essential meet the round length target going forward. At the current low rate of screening breaches will be experienced in the round length towards the end of summer 2024.

**Actions:**
- Now that an active text messaging service in place there is confidence that "uptake" will improve further
- An open appointment invitation process is now in place to help manage the low screening rates and the round pressures we are expecting to minimise breaches.
- Efforts are being made to re-establish our Christchurch Hospital site and a new site with Tesco Castle Lane.

## Bowel Screening

| Bowel Screening Standard | Target | Trust February Performance |
|---|---|---|
| SSP Clinic Wait Standard (14 days) | 95% | 100% |
| Diagnostic Wait Standard (14 days) | 90% | 99.28% |

**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 99.28% in February 2024.

**Underlying issues:**
- One screener at DCH is due to leave in April 2024. This reduction in capacity has been partly mitigated but there will be a reduction in capacity. Succession plan being worked through but will take time for aspirant screeners to gain accreditation.
- Next phase of age extension due April 2024

**Actions:**
- Deliver plans with Dorset County to use additional insourcing capacity in 23/24
- Review insourcing plan for UHD for remainder of 23/24
- Support accreditation process for 2 potential new screeners and identify other endoscopists where possible

# Health Inequalities

## Median Weeks (elective) waiting by Deprivation Group
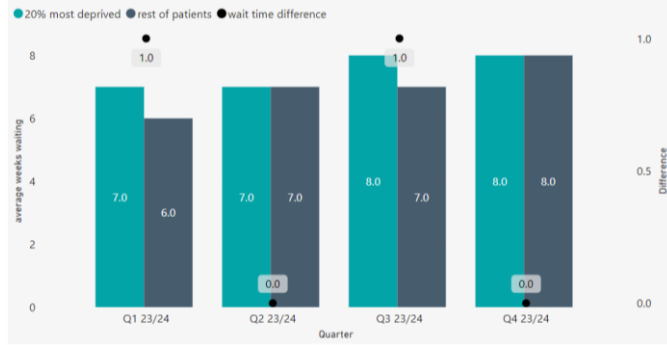


## Median Weeks (elective) waiting by Ethnicity Group
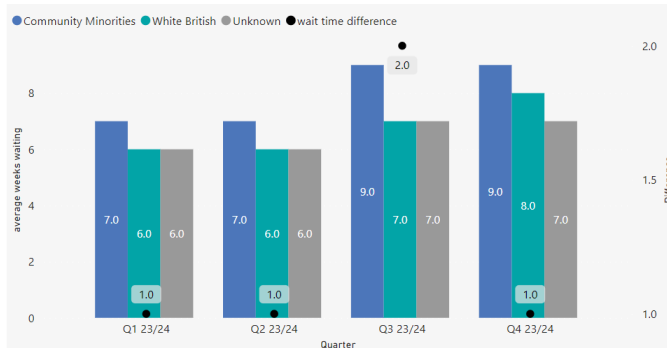


## Emergency Department attendances by Deprivation Group
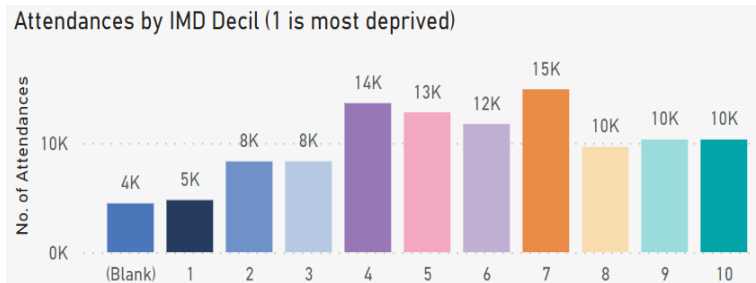


### Data Description and Target

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.
Emergency department admissions by Index of Multiple Deprivation (IMD) decile

### Performance

**Waiting list by Index of Multiple Deprivation (IMD)** Analysing elective waits in Quarter 4, 8.4% 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 no variation between patients from the 20% most deprived group and the rest of the population treated.

**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. The level of variation between 0-19yrs and older age bands has decreased from 5.5 weeks in Quarter 3 2023/24 to 5.1 weeks in Q4 to date. Ongoing monitoring during the quarter is in place.

**Waiting list by ethnicity:** 10.8% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies a 1 week variation between patients within community minority groups and White British populations in Quarter 4. This is an improved position compared to Q3 2023/24.

**Emergency dept. attendances by Index of Multiple Deprivation (IMD)** Attendances are lowest in deprivation deciles 1-3.

### Key Areas of Focus

The Trust Health Inequalities group are working to:
- Deliver against the duties outlined within the NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) to collect, analyse and publish information on health inequalities.
- 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 through Patient First.
- Expand the data that's captured on the Dorset DiiS 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 Matrix

## UHD Elective Care

| KPI | Latest month | Measure | Target | Variation | Assurance | Mean | Lower process limit | Upper process limit |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| UHD - Total Waiting List Size | Feb 24 | 66909 | 76780 | ⬇ | P | 72254 | 69289 | 75220 |
| UHD - Patients waiting >104 weeks | Feb 24 | 0 | 0 | ~ | P | 0 | 0 | 0 |
| UHD - Patients waiting >78 weeks | Feb 24 | 45 | - | ⬇ | | 605 | 370 | 839 |
| UHD - Patients waiting >65 weeks | Feb 24 | 840 | 980 | ⬇ | ? | 1187 | 861 | 1512 |
| UHD - Patients waiting >52 weeks | Feb 24 | 2967 | - | ⬇ | | 3862 | 3080 | 4644 |
| UHD - Patients waiting >52 weeks non admitted | Feb 24 | 1229 | 0 | ⬇ | F | 2935 | 2226 | 3644 |
| UHD - RTT Performance against 18 week standard | Feb 24 | 61.3% | 92.0% | ~ | F | 59.0% | 55.6% | 62.5% |
| | | | | | | | | |
| UHD - Total Diagnostic Waiting List | Feb 24 | 12337 | - | ~ | | 11901 | 10414 | 13388 |
| UHD - % waiting over 6 weeks | Feb 24 | 8.7% | 1.0% | ~ | F | 9.6% | 4.6% | 14.5% |
| UHD - % waiting over 13 weeks | Feb 24 | 0.9% | - | ~ | F | 0.9% | 0.1% | 1.7% |
| UHD - Faster Diagnosis Standard (FDS) 28 days | Jan 24 | 72.5% | 75.0% | ~ | ? | 67.0% | 58.2% | 75.8% |
| UHD 62 day standard | Jan 24 | 62.7% | | ~ | F | 63.4% | 54.1% | 72.7% |
| Trauma Admissions | Feb 24 | 349 | - | ~ | | 365 | 303 | 427 |
| % of NOF patients operated on within 36 hrs of admission | Feb 24 | 62.0% | 85.0% | ~ | F | 47.5% | 14.1% | 80.8% |
| | | | | | | | | |
| UHD - Total Outpatient - Virtual (%) | Feb 24 | 17.1% | 25.0% | ⬇ | F | 17.6% | 16.9% | 18.3% |
| UHD Outpatient DNA rate | Feb 24 | 5.5% | 5.0% | ~ | F | 6.1% | 5.5% | 6.7% |
| Theatre utilisation (capped) - main | Feb 24 | 74.0% | 98.0% | ~ | F | 73.4% | 70.7% | 76.0% |
| Theatre utilisation (capped) - DC | Feb 24 | 73.0% | 91.0% | ~ | F | 73.4% | 69.6% | 77.1% |
| UHD Theatre case opportunity | Feb 24 | 14.8% | 15.0% | ~ | ? | 17.3% | 10.7% | 24.0% |



Variation / Assurance legend:
- Special Cause Concerning variation
- Special Cause Improving variation
- Special Cause neither improve or concern variation
- Common Cause
- Consistently hit target (P)
- Hit and miss target subject to random variation (?)
- Consistently fail target (F)

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# Responsive – (Emergency) Ambulance Handovers



**Ambulance handover >60mins breaches**



Poole Hospital



Royal Bournemouth Hospital
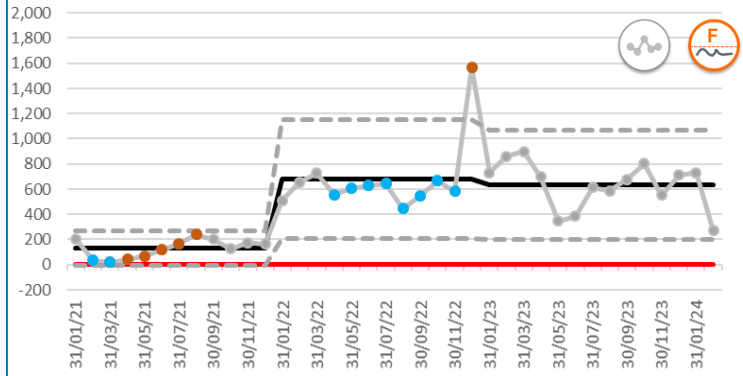
## Data Description and Target

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

- There was a continued decrease in Ambulance handovers in February of 3974 vs 4394 in January 2024. This amounts to approximately 5 less ambulances per day cross site, though was predominantly driven by the Bournemouth site which saw 66 Ambulances per day vs 72 in January. However, both sites still received significantly more Ambulances than in February 2023 by approximately 13 a day cross site.

- Handover performance for Ambulances waiting longer than 60 minutes significantly improved down to 270 from 733 in January and is an improvement on performance for the same period in 2023. This is 6.8% of handovers vs 16.7% in January 2024.

- Based on the 15-minute ambulance handover standard Poole reported a total of 432 hours lost, and RBH 571 hours in February.
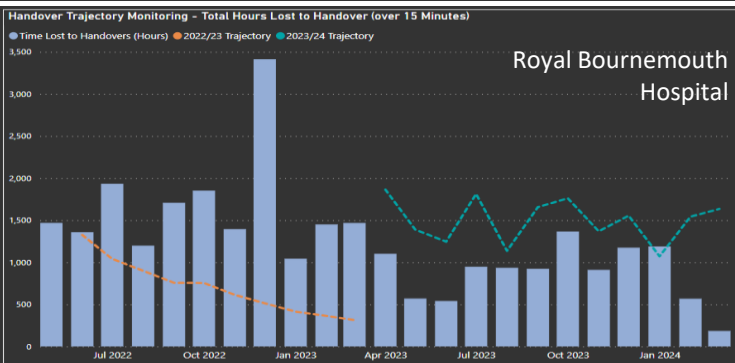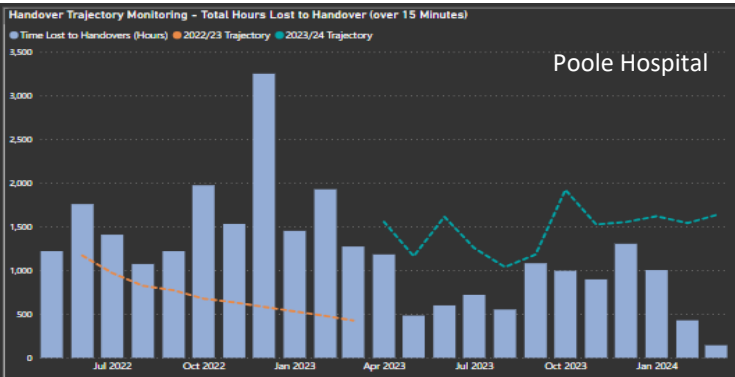
## Key Areas of Focus

- XCAD (Ambulance reporting system) went live as planned for ED in December 2023, we have started to see an increase in the data accuracy, especially when patients are cohorted by SWAST in the corridor.

- The Trust risk register relating to Ambulance Handover remains at 15 with focus on supporting cohorting of patients with SWAST to enable prompt and safe handover.

- This has been challenging to sustain due to increased numbers of patients presenting with COVID/RSV. Subsequent impact resulting in a delayed handover until appropriate Infection Prevention and Control compliant clinical space can be made available as ED/Ambulance corridors would be unsuitable. This risk has been reducing through January into February though inability to take handover due to capacity constraints or inability to isolate still remain key drivers for delay reasons.

# Responsive (Emergency) Care Standards



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

| | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 hour actual | 56.8% | 66.40% | 61.70% | 60.10% | 62.90% | 61.20% | 61.10% | 62.30% | 60.80% | 61.90% | 63.80% | |
| 4 hour trajectory | 60.0% | 63.0% | 63.0% | 65.0% | 65.0% | 67.0% | 68.5% | 62.5% | 64.0% | 66.0% | 71.0% | 76.0% |



Arrival time to initial assessment



Clinician seen <60 mins %



Patients >12hrs in dept



Patients >12hrs from DTA to admission

## 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 delivered 63.8% against the revised trajectory of 71% in February. The run rate for the month continued to see a steady improvement with a total reduction in number of escalated beds as well as increased access to SDEC. Both sites were no longer bedded by month end releasing 12 trollies cross site.

- Total attendances for February were slightly reduced alongside Ambulances but are still significantly higher than February 2023. This is driven by February as a shorter month with 456 attendances per day vs 455 in January.
- Arrival time to initial assessment remained relatively static for the third consecutive month at 20 minutes, however mean time in the department decreased by 45 minutes to 301 minutes vs 346 in January.
- This is a significant improvement from this time last year however the number is still driven largely by admitted flow and the on-going challenging bed position delaying moves out of the department.
- Decision to admit improved slightly by 15 minutes to 262 down from 277 in January
- Total number of patients waiting more than 12 hours from decision to admit also saw a significant decrease to 927 back to performance in November which was 843.
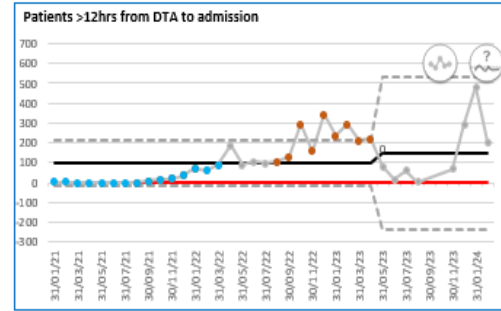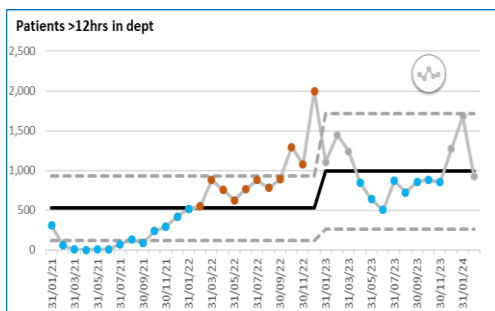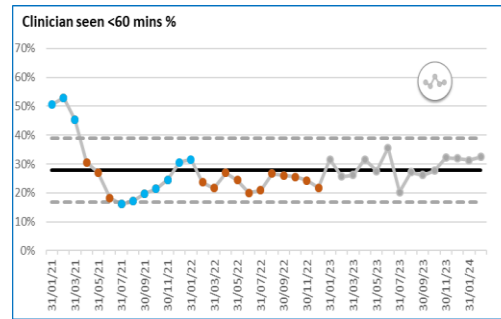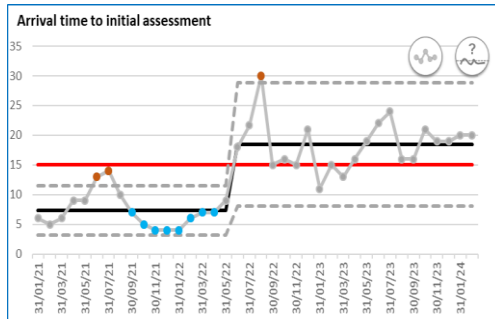
## Key Areas of Focus

Actions taken in Q3 focused on supporting and increasing senior decision-making capacity within the non-admitted function of the emergency department. As a department Non-Admitted performance continues to improve and was 68.5% by month end, averaging 64.2% up from 61.5% in January. Performance ranged from 60%-70% over the last 4 weeks also reducing margin of variation. Admitted performance has averaged 26.7% up from 17.3% in January, range 19%-33%.

Review of UTC service provision cross site is on-going with, slot utilisation and direct streaming from ED continues to increase up to 220 per week from 140 in January.

# 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

Febuary performance for time to theatre for fractured neck of femur (# NoF) patients: 81% achieving surgery within 36 hours of being fit for surgery and 62% operated on within 36 hours from admission.

- Overall trauma admissions sustained with 349 in February including 77 with a fractured neck of femur (NoF).
- 14 of the 77 NoF's were unfit for surgery on admission.
- 14 Shaft of femur (SoF) fractures admitted in February with 12 requiring surgery, 4 patients with a # NOF required a THR.
- 8 patients required 2 trips to theatre, equating to an additional 10 theatre cases .
- The barn theatres are working well. Ongoing work to review case mix and paediatric capacity.

### Key Areas of Focus

- e-Trauma , Go live completed 15th January 2024.  Digital ED link to Virtual Fracture Clinic (VFC) has ceased due to Agyle implementation, which will delay e-trauma VFC implementation. Risk register updated, contextual link to be implemented.
- eTrauma now includes Venous thromboembolism (VTE) assessment element
- Hand Hub has commenced operating 2 sessions per week with 15 patients through service releasing 10 main theatre sessions
- Trauma outliers continue to remain low. Increase in medical outliers impacting admitting capacity
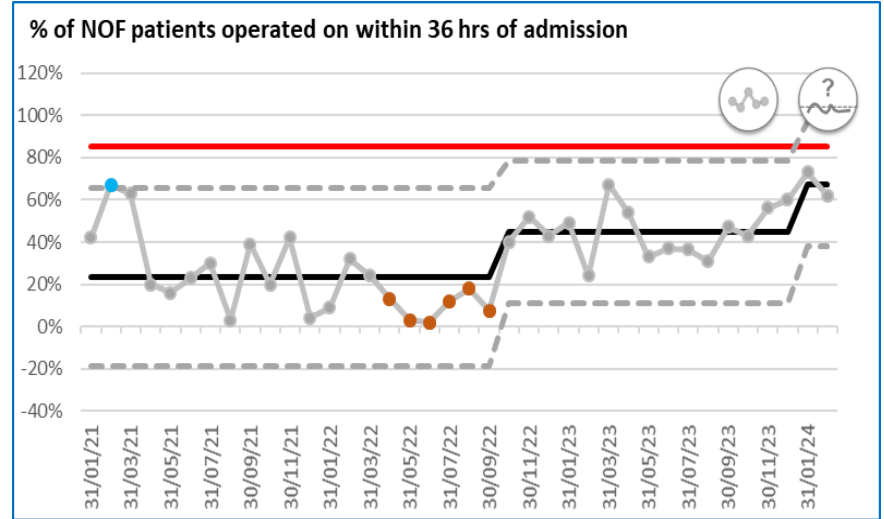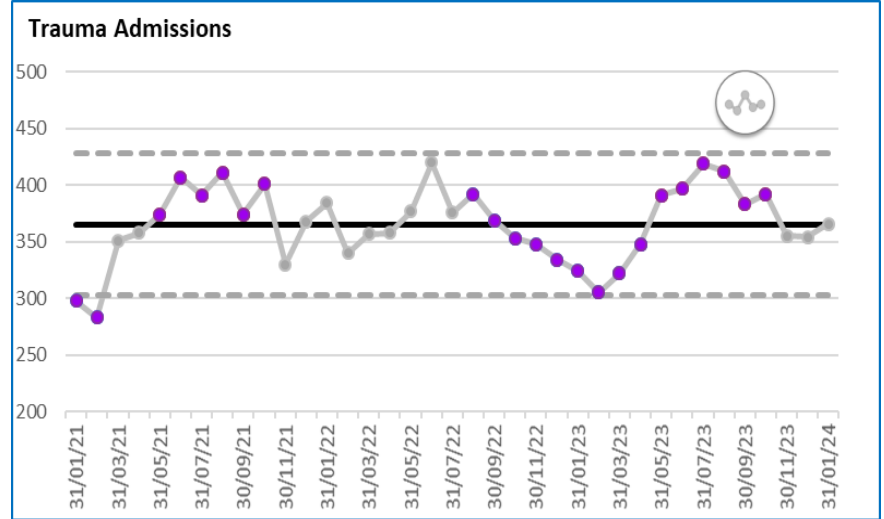
# Responsive – (Emergency) Patient Flow

**Same Day Emergency Care (SDEC)**



**Bed Occupancy (capacity incl escalation)**



**Conversion rate (admitted from ED)**
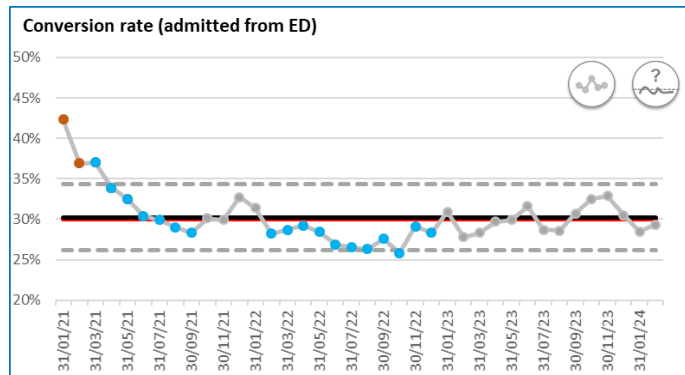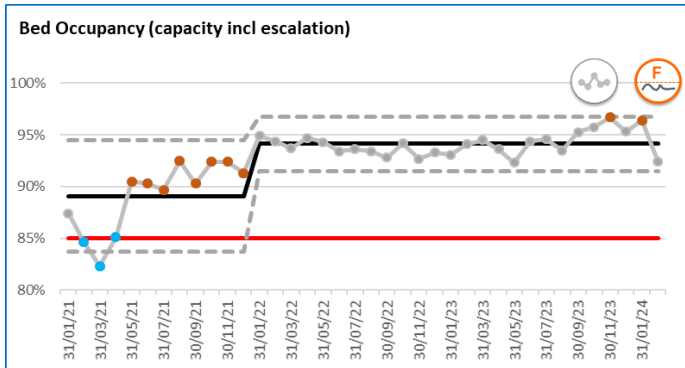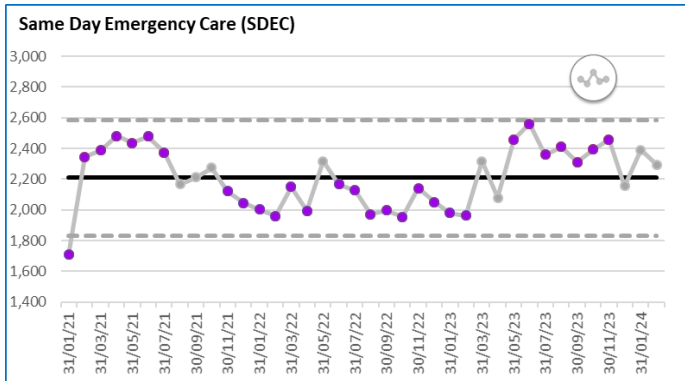


## Data Description and Target

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 remained high in February at an average of 1055 adult beds occupied, which is 97.2% of planned beds open (1085).

The average number of escalation beds open in February saw reduction to just under 70, which is c25% fewer than the January average. Despite this there were significant delays with patients waiting for beds at times in ED, with an average of 18 per day waiting for beds every morning.

No Criteria to Reside (NCtR) continues to impact occupancy and escalation. NCtR again decreased as an average in February to 226 with ongoing reduction in early March to just over 200 – however as noted in the next slide this is not due to increased discharges.

## Key Areas of Focus

- At ICB level a 5-point plan has been agreed for Q4 and is being monitored through the weekly meeting with system partners, at the time of reporting there has been no impact on Dorset wide NCtR numbers or the discharge profile for complex discharges.

- UHD had completed phase 1 of the 3 phase plan to reduce escaltion. This 3-phase plan drives the closure of escalation over the last 6 weeks of Q4 with prioritisation focused on re-instating services displaced by escalation – SDEC, TIU, Day case areas. UHD will then 'hold the line' on not reopening the escalation capacity, with the ask to system partners to create flow to prevent ED crowding and Ambulance Delays. Phase 1 has delivered the reduction required to re-establish SDEC.

- Same Day Emergency Care (SDEC) continues to make progress but is not achieving the 12 hours per day, 7 days a week standard in all areas. This is a core element of the UHD recovery plan, with Care Groups clear on the work required.

- Virtual Ward capacity and occupancy continues to grow, with >50 patients occupying a Virtual Ward bed sustained throughout February. On average there were 84 patients per week being admitted, with over 1300 Occupied Bed Days recorded.

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



Stranded patients: Length of stay 7 days



Stranded patients: Length of stay 14 days



Stranded patients: Length of stay 21 days



% No C2R not Discharged daily postion
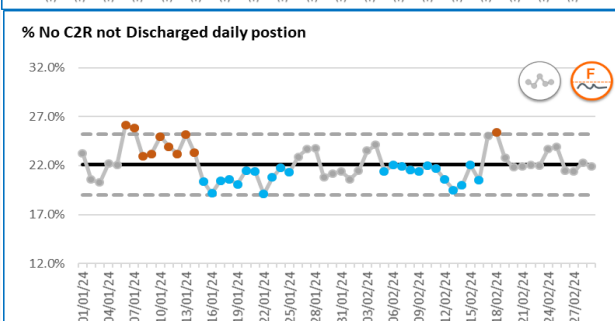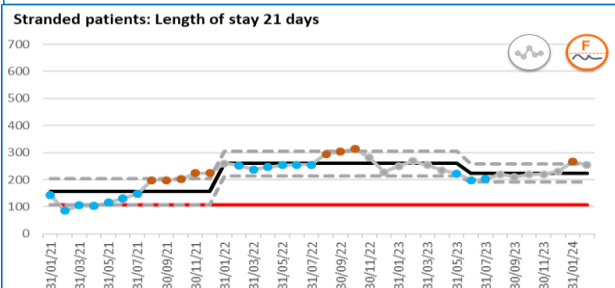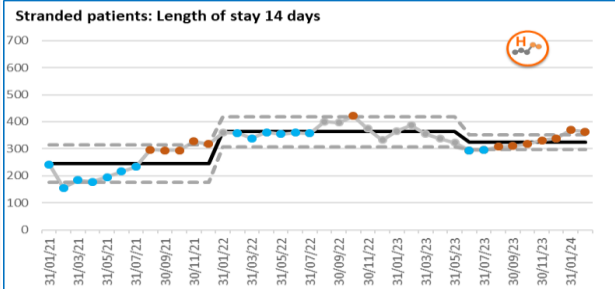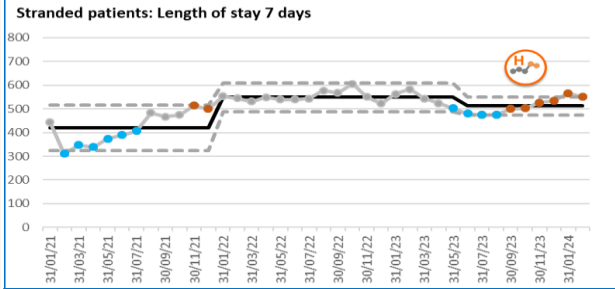
## Data Description and Target

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 50% by the end of Q2 substantially missed, currently no ICS baseline or trajectory has been established for 24/25.

## Performance

21+ day length of stay position shows wards are far from the target of a maximum of 108 patients.  In February the average number was 25, which is an improvement of 11 compared to January.

UHD has been consistently showing as an outlier in the South-West with a higher percentage of bed base occupied by patients with NCtR. February has seen improvement; however, this remains at 22%, with the number of patients reducing to an average of 226 in February, and close to 200 at month end (sustained in the first week of March).  Analysis of the discharge profile for February shows that the improvement has not been achieved by higher numbers of discharges with support.  This number remains challengingly low at an average of 17 a day, falling to an average of 7 at weekends.  Further analysis of those discharged home with support (pathway 1) confirms that 40% of those discharged are supported by a service directly provided or commissioned by UHD, rather than community health or social care providers.

UHD has delivered phase one of our capacity de-escalation plan in February.  This has seen the number of escalation beds in use reduce from 96 on 1st February to 69 at month end.  The first week of March has followed with 59 beds open by the end of the first week.  This has allowed services to be re-established on both sites including the medical Same Day Emergency Care Services (SDEC) and the Poole Treatment Investigation Unit (TIU).  As part of 24/25 operational planning UHD is being asked to establish 40 additional core beds.  These will largely be drawn from current escalation capacity and will feature in the UHD Capacity Plan to be received in TMG in March.

In terms of the new Discharge Ready Date metric this is currently captured for c69.8% of patients as at 13th March 2023.

## Key Areas of Focus

Every patient with a LoS of over 100 days is reviewed at a weekly meeting with system partners to ensure all actions are being progressed to achieve the discharge, community health care partners are joining this meeting moving forward.
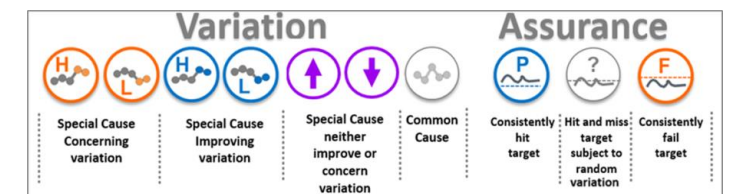
As part of the UHD Capacity plan patients who have been in hospital longer than 21 days with a criteria to reside will be reviewed and tracked.

Focused work is progressing towards using EDR as discharge planning date for P1/2 patients, with ambition to reduce LoS by 5-8 days for this group of patients

# 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 | Feb 24 | 20 | 15 | ⟳ | ? | 18 | 8 | 29 |
| Clinician seen <60 mins % | Feb 24 | 33% | - | ⟳ | | 28% | 17% | 39% |
| Patients >12hrs from DTA to admission | Feb 24 | 202 | 0 | ⟳ | ? | 151 | -233 | 535 |
| Patients >12hrs in dept | Feb 24 | 927 | - | ⟳ | | 989 | 260 | 1718 |
| 4 hour safety standard | Feb 24 | 63.8% | 76.0% | ⟳ | F | 62.1% | 56.6% | 67.6% |
| Ambulance handovers | Feb 24 | 3974 | - | ⟳ | | 4239 | 3760 | 4718 |
| Ambulance handover 30-60mins breaches | Feb 24 | 876 | - | H/L | | 866 | 588 | 1145 |
| Ambulance handover >60mins breaches | Feb 24 | 270 | 0 | ⟳ | F | 633 | 197 | 1070 |
| | | | | | | | | |
| Bed Occupancy (capacity incl escalation) | Feb 24 | 92% | 85% | ⟳ | F | 94% | 91% | 97% |
| Stranded patients: Length of stay 7 days | Feb 24 | 551 | - | H/L | | 512 | 474 | 550 |
| Stranded patients: Length of stay 14 days | Feb 24 | 363 | - | H/L | | 325 | 298 | 353 |
| Stranded patients: Length of stay 21 days | Feb 24 | 255 | 108 | ⟳ | F | 225 | 193 | 257 |
| UHD NCTR % - all delays | Feb 24 | 41.0% | - | ⟳ | | 46.9% | 40.1% | 53.6% |
| | | | | | | | | |
| Non-elective admissions | Feb 24 | 6135 | - | H/L | | 5986 | 5128 | 6843 |
| > 1 day non-elective admissions | Feb 24 | 3673 | - | ⟳ | | 3754 | 3178 | 4330 |
| Same Day Emergency Care (SDEC) | Feb 24 | 2295 | - | ⟳ | | 2210 | 1834 | 2587 |
| Conversion rate (admitted from ED) | Feb 24 | 29.3% | 30.0% | ⟳ | ? | 30.2% | 26.2% | 34.3% |

## Variation | Assurance

| Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target |
|---|---|---|---|---|---|---|

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# Sustainable Servicers

**Pete Papworth**
Chief Finance Officer

**Operational Lead:**
Andrew Goodwin, Deputy Chief Finance Officer

**Committees:**
Finance and Performance Committee

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

# Finance

| FINANCIAL INDICATORS | Year to date | | |
|---|---|---|---|
| | Budget £'000 | Actual £'000 | Variance £'000 |
| Control Total Surplus/ (Deficit) | (1,945) | (10,954) | (9,009) |
| Capital Programme | 98,855 | 79,365 | 19,490 |
| Closing Cash Balance | 65,096 | 126,025 | 60,929 |
| Public Sector Payment Policy | 95.0% | 90.4% | (4.6)% |



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



Cumulative Month-End Cash Balance (£'000)

2023/24 Forecast    2023/24 Plan    2023/24 Actual



Cumulative Month-End BPPC Balance (£'000)

Cumulative Actual    Cumulative Target
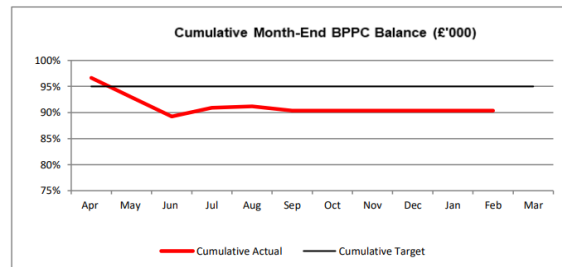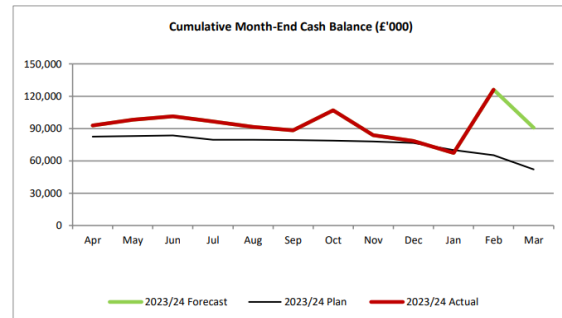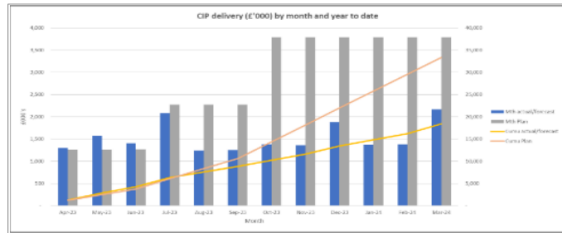
## Commentary

At the end of February 2024 the Trust has reported a deficit of £10.9 million against a planned deficit of £1.9 million representing an adverse variance of £9 million. This is mainly due to a reduction in elective income of £1.2 million reflecting lower than planned activity; energy cost inflation of £4.7 million; and unfunded escalation costs of £5.7 million. Premium cost pay overspends within Care Groups have been partially off-set by additional bank interest and reduced depreciation charges.

Efficiency savings of £16 million have been achieved against a target £25.8 million. Current savings plans total £18.4 million representing a shortfall of £15 million and a recurrent shortfall of £21.4 million. In addition to targeting further savings for the current year, increasingly, the focus is shifting to the development of plans for next financial year.

Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £12 million within this, the Trust is required to deliver a break-even financial outturn supported by further efficiency savings, increased ERF Income, and additional ICB funding support resulting from ICB specific and ICS-wide efficiencies. Whilst all parties continue to strive to achieve the revised forecast of £12m, there remains considerable risk in this and we are not collectively confident in our ability to achieve this. Further work is ongoing to improve this position.

A formal request has been submitted to the national capital team to re-profile £19.1 million of capital funding into future years. This reflects the current forecast expenditure profile of the acute re-configuration (STPW1) programme. This request has been supported but further re-profiling requests are not allowable. Despite the current underspend against capital CDEL of £7.9m, the Trust expects to meet the CDEL limit at the end of the financial year.

| CAPITAL | Year to date | | |
|---|---|---|---|
| | Budget £'000 | Actual £'000 | Variance £'000 |
| Estates | 10,843 | 6,784 | 4,059 |
| IT | 9,306 | 6,267 | 3,039 |
| Medical Equipment | 3,861 | 3,094 | 767 |
| Donated Assets | 1,306 | 1,207 | 99 |
| Strategic Capital | 73,539 | 62,013 | 11,526 |
| Total | 98,855 | 79,365 | 19,490 |

As at 29 February 2024 the Trust is holding a consolidated cash balance of £126 million which is fully committed against the future Capital Programme. The increase in the cash balance is driven by the drawdown of capital funding of £42.9m relating to nationally funded programmes (STPW1 £19m, NHP £11m, CDC £9m, other £4m). In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.1% against the national standard of 95%. Financial Services continue to work closely with relevant teams to identify further mitigating actions
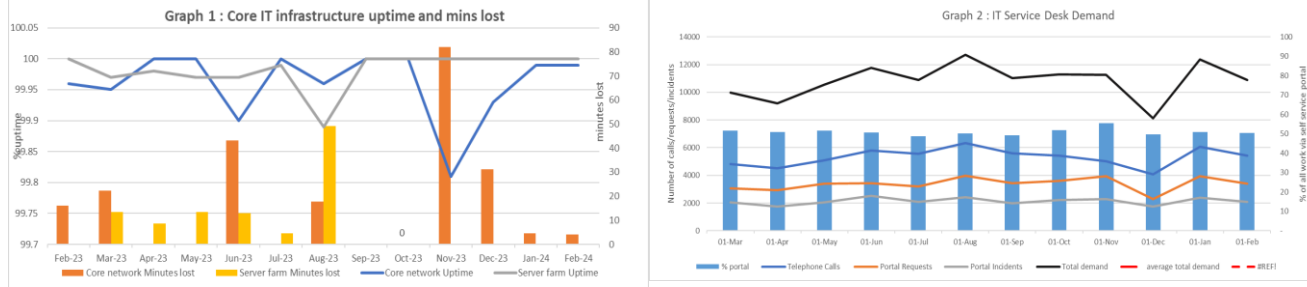
# Digital Dorset / Informatics

**Pete Papworth**
Chief Finance Officer

## Business as usual / Service Management



Graph 1 : Core IT infrastructure uptime and mins lost



Graph 2 : IT Service Desk Demand

## Projects / Developments / Security / IG



Graph 3 : Project Profile

### Table 4: Information Asset Compliance

**All Active Assets**

| Status | Total | % |
|---|---|---|
| Draft Only (Pending Updates) | 17 | 5.80% |
| Awaiting IAO Review/Approval | 118 | 40.27% |
| Awaiting IG Review/Approval | 44 | 15.02% |
| DSPT Compliant (2023/24) | 114 | 38.91% |
| Total | 293 | |

### Table 5: Training Statistics

**Total Trained in February: 539**



Total Trained by Course Delivery Mode February 2024



Total Trained by Course Name - February 2024

### Table 6: Cyber Security - Obsolete systems

| | Supported | Obsolete | Mitigated | Unsupported |
|---|---|---|---|---|
| Windows Desktops | 98.5% | 1.5% | 0.0% | 1.5% |
| Windows Servers | 76.5% | 23.5% | 18.1% | 5.5% |

### Table 7: FOI compliance



FOI - Information Governance starting 01/10/21
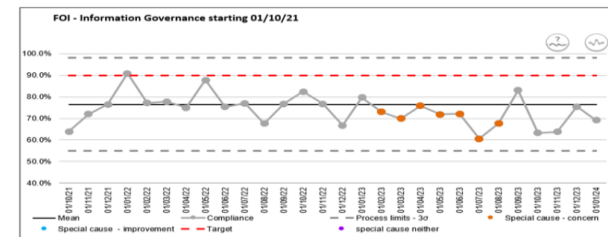
**Commentary**

**Graph 1:** Minimal issues on Core infrastructure for February 2024.

**Graph 2:** The Service Desk demand remains within the bounds of expected variation

**Graph 3.** Progress continues to be made on the IT projects moving forward with clear governance on all programmes of work.

**Table 5** shows the staff trained by system in February.

**Table 6:** The percentage of servers now supported reduced significantly in November due to the end of mainstream support for Windows Server 2012. The vast majority are being mitigated or planned in early 2024.

**Table 7** shows a Statistical Process Control chart for the UHD Freedom of Information Act Compliance. A special cause reduction in performance was noted earlier in the year and the recovery of this is being monitored by the Information Governance Steering Group.

**Key Note - IPR Format and content under review within Informatics.**

### Table 8 UHD Scanning Bureau Stats February 2024

| | Poole | RBH | Total |
|---|---|---|---|
| Hugh Symons Scanned - Notes - Images | 112,156 | 418,708 | 530,864 |
| Hugh Symons Scanned - Loose Paper - Images | - | 9,888 | 9,888 |
| Scanned In House - Notes - Images | 343,952 | 106,288 | 450,240 |
| Scanned in House - Loose Paper - Images | 0 | 194 | 194 |
| Case Note Tracking Errors Found | 195 | 24 | 219 |
| Incorrrect Uploaded Notes - Number of Patients | 0 | 0 | - |
| Incorrect Filing in Notes - Number of Patients | 110 | 172 | 282 |
| Number of Blank Outpatient Case Notes Prepared / Delivered / Returned / Shredded | 2,756 | 967 | 3,723 |

**Commentary**

**Table 8** Shows the scanning stats and record errors found in this process - an image is one side of a piece of paper.

**Table 9** Subject Access Requests continue to come into the team with increasing complexity - the current database is calculating breaches incorrectly which is being resolved.

**Graph 10** Shows data quality errors continuing to be made

**Table 11** Shows key applications system outages.

### Table 9 SUBJECT ACCESS REQUESTS

**Table 9 Subject Access Requests**

| Compliance by Date of Receipt - Stats (Home) | | | |
|---|---|---|---|
| Month | Total | Compliant | Breach |
| 2024 (01) January | 290 | 285 | 5 |
| 2023 (12) December | 222 | 218 | 4 |
| 2023 (11) November | 241 | 239 | 2 |

**Graph 10: Demographic Data Quality - NHS Numbers, Merges & Deceased Status**
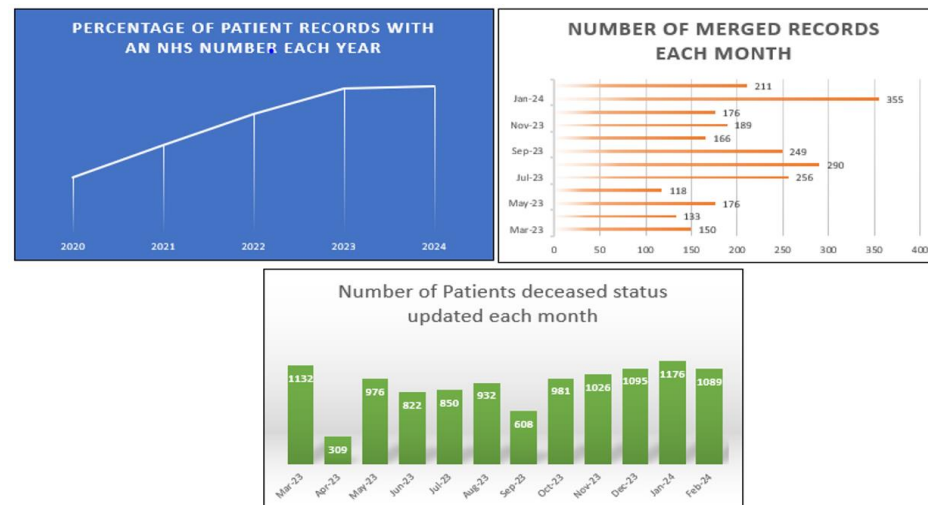


### Table 11 Key Application Unplanned Downtime

20th February 2024 12-3pm
EPR Down - Slow and Responsive
Caused by a surge of messages
following an issue
with BI servers.
Actions have been taken to
prevent recurrence

**COUNCIL OF GOVERNORS - PART 1 MEETING**

**Meeting Date:  03 April 2024**

**Agenda item:  6.1**

| Subject: | Outcome of the Lead Governor and Deputy Lead Governor election |
|---|---|
| Prepared by: | Klaudia Zwolinska, Corporate Governance Assistant |
| Presented by: | Rob Whiteman, Trust Chair |

| Strategic themes that this item supports/impacts: | Systems working and partnership ☐<br>Our people ☒<br>Patient experience ☐<br>Quality:  outcomes and safety ☐<br>Sustainable services ☐<br>Patient First programme ☐<br>One Team:  patient ready for reconfiguration ☐ |
|---|---|
| BAF/Corporate Risk Register: (if applicable) | N/A |
| Purpose of paper: | Decision/Approval |
| Executive Summary: | The purpose of this document is to present the outcome of the Lead Governor and Deputy Lead Governor election taking place in February 2024 and March 2024 in accordance with the process approved by the Council of Governors at its January 2024 meeting.<br>The Council of Governor is asked to approve the election of Michele Whitehurst as a Lead Governor, with the Deputy Lead Governor election in progress at the time of submission of this report (verbal update on outcome to be presented). |
| Background: | **Context:**<br>Trust Constitution – under the Trust's Constitution, the Lead Governor is a Governor appointed by the Council of Governors through the process agreed with the Company Secretary Team whom main responsibility is to communicate directly with NHS England in certain circumstances. The other roles and responsibilities of the Lead Governor in the Trust Constitution include, but are not limited to:<br>• Presiding the Council of Governors meeting under specific circumstances when the Trust Chair, Vice Chair or other Non-Executive Director are unable (Annex 5, paragraph 7) |

| | |
|---|---|
| | • Being the first point of contact if a Governor would like to seek an advice or raise a concern (Annex 6, paragraph 5.2)<br>• Presenting the report of the work of the Council of Governors at the Annual Members' Meeting (Annex 8, paragraph 7.7).<br><br>Code of Governance for NHS Providers Trusts – the role and responsibilities of the Lead Governor are listed in Appendix B to the above document and include, but are not limited to:<br>• Facilitating direct communication between NHS England and the Trust, this being initiated by either the Council of Governors or NHS England<br>• Being an established point of contact for NHS England for an efficient communication<br>• Understanding the role and responsibilities of NHS England regarding its regulatory overview of the foundation trust to enable effective communication with the Council of Governors.<br><br>NHS foundation trust annual reporting manual 2023/24 – this provides for certain information about the nominated Lead Governor to be included in the Annual Report.<br><br>**Summary of the process**<br>At the January 2024 Council of Governors meeting, the Council approved the process for the Lead Governor and Deputy Lead Governor election. The election took place between February 2024 and March 2024.<br>Governors were asked to express their interest in being considered for each role (firstly for the Lead Governor role, follow up by the Deputy Lead Governor role) providing supporting statements. Based on that, the Council of Governors was asked to anonymously vote for their chosen candidates. The votes were verified and counted.<br><br>**Elections outcome:**<br>Lead Governor – Michele Whitehurst (uncontested election)<br>Deputy Lead Governor – to be confirmed |
| **Key Recommendations:** | To note the outcome of the Lead Governor and Deputy Lead Governor election. |
| **Implications associated with this item:** | Council of Governors ☒<br>Equality, Equity, Diversity & Inclusion ☐<br>Financial ☐<br>Health Inequalities ☐<br>Operational Performance ☐<br>People (inc Staff, Patients) ☐<br>Public Consultation ☐<br>Quality ☐<br>Regulatory ☒<br>Strategy/Transformation ☐<br>System ☐ |

| | Compliance requirement with the Trust Constitution and Code of Governance for NHS Provider Trusts. |
|---|---|
| **CQC Reference:** | Safe ☐<br>Effective ☐<br>Caring ☐<br>Responsive ☐<br>Well Led ☒<br>Use of Resources ☐ |

| **Report History:**<br>**Committees/Meetings at**<br>**which the item has been**<br>**considered:** | **Date** | **Outcome** |
|---|---|---|
| N/A | N/A | N/A |

| **Reason for submission to the**<br>**Board (or, as applicable,**<br>**Council of Governors) in**<br>**Private Only (where relevant)** | Commercial confidentiality ☐<br>Patient confidentiality ☐<br>Staff confidentiality ☐<br>Other exceptional reason ☐ |
|---|---|

**COUNCIL OF GOVERNORS - PART 1 MEETING**

**Meeting Date:  04 April 2024**

**Agenda item:  6.2**

| Subject: | Nominations, Remuneration and Evaluation Committee (NREC) membership |
|---|---|
| Prepared by: | Klaudia Zwolinska, Corporate Governance Assistant |
| Presented by: | Rob Whiteman, Trust Chair |

| | |
|---|---|
| **Strategic themes that this item supports/impacts:** | Systems working and partnership ☐<br>Our people ☒<br>Patient experience ☐<br>Quality:  outcomes and safety ☐<br>Sustainable services ☐<br>Patient First programme ☐<br>One Team:  patient ready for reconfiguration ☐ |
| **BAF/Corporate Risk Register: (if applicable)** | N/A |
| **Purpose of paper:** | Decision/Approval |
| **Executive Summary:** | The purpose of this document is to present the outcome of the recent appointment process for three membership vacancies for the Committee. |
| **Background:** | **Context:**<br>The Council of Governors is required to establish a committee to carry out specified functions relating to:<br>• the assessment, shortlisting and selection for interview of candidates for the role of Trust Chair and Non-Executive Directors; and making recommendations to the Council of Governors as to potential candidates for appointment as Trust Chair or other Non-Executive Director<br>• the performance monitoring of the Trust Chair and other Non-Executive Directors and making reports in relation to the same to the Council of Governors from time to time on such performance<br>• To review the structure, size and composition of the Board of Directors from time to time and make recommendations to the Council of Governors<br>• The consideration of the remuneration and allowances and other terms and conditions of office of the Trust Chair and Non-Executive Directors, and making recommendations to the Council of Governors. |

| | NREC is to be comprised of one Governor from each of the public constituencies, one appointed Governor and one Governor from a staff constituency. The term of office is three years and members are allowed two three years terms in total. |
| --- | --- |
| | **Summary of the appointment process:**<br>Since the last appointment in March 2021, the following vacancies as a member of NREC arose for each of the:<br>• Bournemouth constituency<br>• Christchurch, East Dorset and Rest of England constituency<br>• appointed Governor.<br><br>The Governors from the mentioned public constituencies and appointed Governors were asked to express their interest in NREC membership and to send a supporting statement to highlight their suitability for the role.<br>There was only one candidate for each of the public constituencies. At the time of the appointment process there was no expression of interest from appointed Governors.<br><br>**Appointment outcome:**<br>Sharon Collett (Bournemouth constituency) and Sandy Wilson (Christchurch, East Dorset and Rest of England constituency) were both appointed for a second term.<br><br>After the appointment process was finalised and Council of Governors was informed about the outcome, Beryl Ezzard, appointed Governor for Dorset County and former member of NREC whom terms of office expired on 29 February 2024, expressed her interest in continuing her membership.<br><br>The Council of Governors is asked to consider and if thought fit approve Beryl Ezzard membership of NREC for another three year term outside of the appointment process. |
| **Key Recommendations:** | To consider and if thought fit approve the appointment of Sharon Collett, Beryl Ezzard and Sandy Wilson as members of NREC. |
| **Implications associated with this item:** | Council of Governors ☒<br>Equality, Equity, Diversity & Inclusion ☐<br>Financial ☐<br>Health Inequalities ☐<br>Operational Performance ☐<br>People (inc Staff, Patients) ☐<br>Public Consultation ☐<br>Quality ☐<br>Regulatory ☒<br>Strategy/Transformation ☐<br>System ☐ |

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

| Report History: Committees/Meetings at which the item has been considered: | Date | Outcome |
| --- | --- | --- |
| 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 | ☐ |
| --- | --- | --- |
| | Patient confidentiality | ☐ |
| | Staff confidentiality | ☐ |
| | Other exceptional reason | ☐ |

**COUNCIL OF GOVERNORS - PART 1 MEETING**

**Meeting Date: 04 April 2024**

**Agenda item: 6.4**

| Subject: | Annual Review of the Governance Cycle |
|---|---|
| Prepared by: | Klaudia Zwolinska, Corporate Governance Assistant |
| Presented by: | Yasmin Dossabhoy, Associate Director of Corporate Governance |

| Strategic themes that this item supports/impacts: | Systems working and partnership ☐<br>Our people ☒<br>Patient experience ☐<br>Quality: outcomes and safety ☐<br>Sustainable services ☐<br>Patient First programme ☐<br>One Team: patient ready for reconfiguration ☐ |
|---|---|
| BAF/Corporate Risk Register: (if applicable) | N/A |
| Purpose of paper: | Decision/Approval |
| Executive Summary: | The Council of Governors' governance cycle is to be reviewed and approved by the Council of Governors on an annual basis.<br><br>A draft governance cycle for 2024/25 is attached for review and, if thought fit, approval by the Council of Governors. |
| Background: | The Council of Governors' governance cycle is used to guide agendas for each of the meetings throughout the year and to structure the focus on particular governance aspects during the year. |
| Key Recommendations: | To consider and, if thought fit, approve the governance cycle in the form presented or with such amendments as the Council of Governors considers appropriate. |
| Implications associated with this item: | Council of Governors ☒<br>Equality, Equity, Diversity & Inclusion ☐<br>Financial ☐<br>Health Inequalities ☐<br>Operational Performance ☐<br>People (inc Staff, Patients) ☐<br>Public Consultation ☐<br>Quality ☐ |

| | Regulatory | ☐ |
| | Strategy/Transformation | ☐ |
| | System | ☐ |
| **CQC Reference:** | Safe | ☐ |
| | Effective | ☐ |
| | Caring | ☐ |
| | Responsive | ☐ |
| | Well Led | ☒ |
| | Use of Resources | ☐ |

| **Report History: Committees/Meetings at which the item has been considered:** | **Date** | **Outcome** |
|---|---|---|
| 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 | ☐ |
| | Patient confidentiality | ☐ |
| | Staff confidentiality | ☐ |
| | Other exceptional reason | ☐ |

# UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
## COUNCIL OF GOVERNORS GOVERNANCE CYCLE
### APRIL 2024-APRIL 2025

| REGULAR REPORTS | LEAD |
|---|---|
| Chair's Update (Part 1) | Chair |
| Chief Executive's Update (Part 1) | CEO |
| Integrated Performance Report (Part 1) | Chief Officers |
| Feedback from the Nominations, Remuneration and Evaluation Committee (Part 1/Part 2) | Chair |
| Updates from the Council of Governor Informal Groups (Part 1):<br>• Constitution Review Group<br>• Effectiveness Group<br>• Membership and Engagement Group<br>• Quality Group | Informal Group Facilitator |
| Feedback from Governor Observers (Part 1/Part 2) | Governor Observers |
| Update from Part 2 meeting of the Board of Directors (Part 2) | Chair |

| ANNUAL REPORTS | QUARTER | LEAD |
|---|---|---|
| Annual Report/Statement on the work of the Nominations, Remuneration and Evaluations Committee (Part 1) | Q1 - April 2024<br><br>April 2025 | Chair/Co Sec |
| Governor response to the Quality Account (Part 2) | Q1 - [June] July 2024[1] | CNO |
| Annual Review of the Register of Interests (Part 1) | Q1 - May 2025 | Co Sec |
| Annual Review of the Governance Cycle (Part 1) | Q1 - April 2024<br><br>April 2025 | Co Sec |
| Schedule of Meetings for following year (Part 1) | Q1 - April 2024<br><br>April 2025 | Chair/Co Sec |
| Convening of the Annual Members' Meeting (Part 1) | Q1 – May 2024 | Co Sec |
| Summary of Operational Plan (Part 1) | Q2- July 2024 | CEO/CSTO |
| Outcome of the Chair's and Non-Executive Directors' annual performance evaluation (Part 2) | Q1 - May 2024 | Chair/SID |

[1] N.B. Given national timelines for submission of Quality Account, this is likely to necessitate an Extraordinary Meeting of the Council of Governors in June

| | | |
|---|---|---|
| Approve recommendations from Nominations, Remuneration and Evaluation Committee on Chair's and Non-Executive Directors' remuneration/ allowances/ terms & conditions (Part 1) | Q2 - July 2024[2] | Chair/SID |
| Trust's Annual Report & Accounts (Part 1) | Q2 - July 2024 | CFO |
| Financial Accounts – Audit from External Auditors (Part 1) | Q2 - July 2024 | External Auditors |
| Annual Audit Committee Report and consult on Terms of Reference (Part 1) | Q2 - July 2024 | Chair Audit Committee |
| Board Assurance Framework Annual Report (past year) (Part 1) | Q2 - July 2024 | CNO |
| Board Assurance Framework (new year) (Part 1) | Q2 - July 2024 | CNO |
| Annual Effectiveness of External Audit Process (Part 2) | Q3- October 2024 | CFO |
| Quality Account (six months review) (Part 1) | Q3 - October 2024 | CNO |
| Annual Patient Experience Report (to include Complaints) (Part 1) | Q3 - October 2024 | CNO |
| Report on the Annual Members' Meeting (Part 1) | Q3 - October 2024 | Chair/ Co Sec |
| Council of Governors' Assessment of Collective Performance (Part 1) | Q4 – January 2025 | Chair/Co Sec |
| Annual External Audit Plan (Part 2) | Q1 - April 2025 | CFO |
| Board Assurance Framework (six monthly report) (Part 1) | Q4 - January 2025 | CSTO/CNO |
| Operational Plan (Part 2) | Q1 - May 2025[3] | CEO/CSTO |

| AD HOC REPORTS | LEAD |
|---|---|
| Review/update the Constitution – October 2024 (next date by October 2027) | Chair/Co Sec |
| Statement on Engagement with the Board of Directors (last received January 2024) – January 2027 | Chair |
| Agree with Nominations, Remuneration and Evaluations Committee the process for nomination of new Chair and Non-Executive Directors | Chair/SID |
| Appoint Chair and Non-Executive Directors | Chair/SID and CPO |
| Approval of appointment of Chief Executive | Chair |

[2] This is subject to national dependencies
[3] Ditto re need for Extraordinary Meeting of the Council of Governors in March

| | |
|---|---|
| Process of performance evaluation for the Chair and Non-Executive Directors<br><br>(last reviewed January 2024) | Chair/Co Sec |
| Council of Governors to lead and agree with Audit Committee the criteria for the appointment/reappointment and removal of the Trust's Auditors<br><br>(appointed from April 2023) | Chair Audit Committee/CFO |
| Letter of Engagement from the Auditors | Chair/CFO |
| Review policy for composition of Council of Governors and Non-Executive Directors<br><br>(Council of Governors as part of Constitution review.<br><br>Non-Executive Directors last completed October 2022) | Chair |
| Review Membership Strategy | Co Sec |
| Review the Terms of Reference of the Nominations, Remuneration and Evaluations Committee<br><br>(scheduled July 2024) | Co Sec |
| Register of Interests as required when updated in year | Co Sec |
| Process for Lead and Deputy Lead Governor – every two years unless required sooner. Next due January 2026 | Co Sec |

CEO = Chief Executive Officer

CNO = Chief Nursing Officer

CFO = Chief Finance Officer

CPO = Chief People Officer

CSTO = Chief Strategy and Transformation Officer

SID = Senior Independent Director

Co Sec = Company Secretary

**April 2024**

## COUNCIL OF GOVERNORS - PART 1 MEETING

### Meeting Date:  04 April 2024

**Agenda item:  8.1**

| Subject: | Informal Governors Groups Membership Update |
|---|---|
| Prepared by: | Klaudia Zwolinska, Corporate Governance Assistant |
| Presented by: | Rob Whiteman, Trust Chair |

| Strategic themes that this item supports/impacts: | Systems working and partnership ☐<br>Our people ☒<br>Patient experience ☐<br>Quality:  outcomes and safety ☐<br>Sustainable services ☐<br>Patient First programme ☐<br>One Team:  patient ready for reconfiguration ☐ |
|---|---|
| BAF/Corporate Risk Register: (if applicable) | N/A |
| Purpose of paper: | Decision/Approval |
| Executive Summary: | The purpose of this document is to extend the membership of the Informal Governors Effectiveness Group by adding Governor Colin Blebta and to extend the membership of the Informal Governors Groups to other Governors. |
| Background: | The informal Governors' Groups were reviewed in 2023. This included creating two new Groups, an Effectiveness Group alongside the Constitution Review Group. Together with the Membership and Engagement Group (MEG) and Quality Group, the four groups provide a forum for Governors to discuss various subjects and support their statutory roles and responsibilities.<br><br>Governor Colin Blebta attended the Effectiveness Group meeting on 20 February 2024 as an observer. After the meeting he expressed an interest to become a formal member of the Group. His skill set and interest would contribute to the efficient work of the Group. |
| Key Recommendations: | To consider and, if thought fit, approve Colin Blebta's membership of the Effectiveness Group.<br><br>With new Governors now having had an opportunity to consider those Informal Governors Groups in which they are interested in joining, it is also proposed to open the existing vacancies up |

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

(Top of page, continuation of previous text: "to other Governors.  The Company Secretary Team will circulate the process for this to the Council of Governors.")

| Report History: Committees/Meetings at which the item has been considered: | Date | Outcome |
| --- | --- | --- |
| Council of Governors | 26/10/2023 | The Council of Governors approved the proposed membership of the four Informal Governors Groups. |

| Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant) | Commercial confidentiality | ☐ |
| --- | --- | --- |
| | Patient confidentiality | ☐ |
| | Staff confidentiality | ☐ |
| | Other exceptional reason | ☐ |

# COUNCIL OF GOVERNORS - PART 1 MEETING

## Meeting Date:  04 April 2024

**Agenda item:  8.2**

| | |
|---|---|
| **Subject:** | Council of Governors 2024/25 Events Calendar |
| **Prepared by:** | Klaudia Zwolinska, Corporate Governance Assistant |
| **Presented by:** | Yasmin Dossabhoy, Associate Director of Corporate Governance |

| | |
|---|---|
| **Strategic themes that this item supports/impacts:** | Systems working and partnership ☐<br>Our people ☒<br>Patient experience ☐<br>Quality:  outcomes and safety ☐<br>Sustainable services ☐<br>Patient First programme ☐<br>One Team:  patient ready for reconfiguration ☐ |
| **BAF/Corporate Risk Register: (if applicable)** | N/A |
| **Purpose of paper:** | Decision/Approval |
| **Executive Summary:** | The purpose of this paper is to present the proposed Governors engagement events for 2024/25 discussed at the Informal Council of Governors' Membership and Engagement Group (MEG) at its February 2024 meeting, which each applicable constituency is recommending for approval. |
| **Background:** | One of the Council of Governors' duties is to represent the views of the members and the broader public.<br><br>At the MEG meeting in February 2024, each of the public constituencies and staff constituency were asked to present their proposed engagement events and activities for 2024/25.<br><br>Considering the above, the proposed events and activities should support achieving the objectives included in the 2023/26 Membership and Engagement Strategy and be aligned with Transforming Care Together programme presented to the Council of Governors at the development session in February 2024.<br><br>The Council of Governors is asked to review the 2024/24 events list and, if thought fit, approve it. |

| Key Recommendations: | To consider and, if thought fit, approve the Council of Governors 2024/25 event calendar. |
|---|---|
| Implications associated with this item: | Council of Governors ☒<br>Equality, Equity, Diversity & Inclusion ☐<br>Financial ☐<br>Health Inequalities ☐<br>Operational Performance ☐<br>People (inc Staff, Patients) ☐<br>Public Consultation ☐<br>Quality ☐<br>Regulatory ☐<br>Strategy/Transformation ☐<br>System ☐<br><br>It is beneficial that the Council of Governors have regular interaction with members and the public through various activities to support fulfilling their statutory duties. |
| CQC Reference: | Safe ☐<br>Effective ☐<br>Caring ☐<br>Responsive ☐<br>Well Led ☒<br>Use of Resources ☐ |
| | |

| 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 ☐<br>Patient confidentiality ☐<br>Staff confidentiality ☐<br>Other exceptional reason ☐ |
|---|---|

| Bournemouth | Christchurch | Poole | Staff |
|---|---|---|---|
| 8 February 2024 – Talk – Verwood TWG | Ideas – membership quiz, members' social event, events in schools, target GPs, get text into GPs screens, focus contacts on orgs such as Rotary so not targeting individually | Presentation to St Clements' Ladies Fellowship – any second or fourth Tuesday afternoon – 2pm to 3:30pm | Trolley walkabouts across three hospital sites where staff Governors introduce themselves and talk to staff on duty |
| 21 February 2024 – Meet your Governor – Listening Event, Atrium at RBH | Investigate Blue Light Event | | Surgeries – staff Governors to hold a regular slot |
| 3 April 2024 – Talk – Hengistbury Residents' Association | Investigate Yoga in the Park | | Importance of being visible and having regular information stands |
| 10 April 2024 – Health Talk – Orthopaedics, Prof Robert Middleton – St Saviours Church | Investigate Ellingham Show | | Staff Governor to lead an event once a year where a limited number of colleagues could join them for a run, walk etc. Funding request for refreshments from UHD Charity |
| 15 May 2024 – Listening Event – Westbourne Arcade | Investigate RNLI as venue | | Cake sale led by staff Governors for a good cause |
| July 2024 – World of Love Festival | Ideas for talks:<br>• Virtual wards<br>• Orthopaedics<br>• Dermatologist | | |
| 2 October 2024 – Talk – Winterbourne Kingston Women's' Institute | | | |
| December 2024 – Christmas event in the Atrium at RBH | | | |

**COUNCIL OF GOVERNORS - PART 1 MEETING**

**Meeting Date:  04 April 2024**

**Agenda item:  8.3**

| | |
|---|---|
| **Subject:** | Feedback from Council of Governor Informal Groups |
| **Prepared by:** | Klaudia Zwolinska, Corporate Governance Assistant |
| **Presented by:** | Group members |

| | |
|---|---|
| **Strategic themes that this item supports/impacts:** | Systems working and partnership ☐<br>Our people ☒<br>Patient experience ☐<br>Quality:  outcomes and safety ☐<br>Sustainable services ☐<br>Patient First programme ☐<br>One Team:  patient ready for reconfiguration ☐ |
| **BAF/Corporate Risk Register: (if applicable)** | N/A |
| **Purpose of paper:** | Information |
| **Executive Summary:** | The purpose of this document is to highlight the work of the four Informal Governors Groups since the Council of Governors meeting held in January 2024 when the feedback was last provided. |
| **Background:** | Currently the Governors have an opportunity to be a member of one of the four Informal Governors Groups.<br><br>Constitution Review Group – the Group currently include four members, met three times since the last Council of Governors meeting and made significant progress in reviewing the current Trust Constitution. The Group considered the following:<br>• The composition of the Council of Governors, including the review of the staff constituency and appointed Governors, as well as considering introducing patients constituency<br>• The changes to the additional provisions of the Council of Governors and proposed updates to the communication and conflict resolution process between the Council of Governors and Board of Directors<br>• The review of the Stading Orders of the Council of Governors focusing on governance and good practices at the Council of Governors meetings. |

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<u>Effectiveness Group</u> – the Group currently consists of four members and has met twice since the last Council of Governors meeting. The Group discussed the following:

- The positive feedback received regarding the new Governors induction held in December 2023 and areas for further improvement.
- The overall comments regarding the Council of Governors annual assessment of collective performance and recommendation for the 2024 process.
- The plan based on the received responses from the assessment of collective performance. This includes but it is not limited to development sessions opportunities, training opportunities and identifying any issues that Governors might have and proposing the solutions.

<u>Membership and Engagement Group</u> – the Group currently have five members and met once since the last Council of Governors meeting. At its meeting, the Group considered the following:

- Key objectives in the Membership Engagement Strategy 2023/2026
- Outcomes from the Board/CoG Development Sessions in June 2023 and February 2024
- Demographic data
- A list of 2024/25 Governors events proposed by the public constituencies and presented to the Council of Governors for approval
- A list of activities to support engagement with the staff proposed by the staff Governors
- Ways of linking with younger people through engagement with the secondary schools and colleges
- Sue Comrie, appointed Governor for Volunteers, provided an update on volunteers' activities.

<u>Quality Group</u> – the Group only had one meeting and currently consist of two members. At its meeting the Group discussed incident reporting and role of the patient safety partners. There is an opportunity here to extend the membership to include newly elected Governors and those Governor who have not made a choice yet.
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| **Key Recommendations:** | To review and note the feedback from Council of Governor Informal Groups. | |
|---|---|---|
| **Implications associated with this item:** | Council of Governors | ☒ |
| | Equality, Equity, Diversity & Inclusion | ☐ |
| | Financial | ☐ |
| | Health Inequalities | ☐ |
| | Operational Performance | ☐ |
| | People (inc Staff, Patients) | ☐ |
| | Public Consultation | ☐ |
| | Quality | ☐ |
| | Regulatory | ☐ |
| | Strategy/Transformation | ☐ |

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

| | System | ☐ |
|---|---|---|
| **CQC Reference:** | Safe | ☐ |
| | Effective | ☐ |
| | Caring | ☐ |
| | Responsive | ☐ |
| | Well Led | ☒ |
| | Use of Resources | ☐ |
| | | |

| **Report History: Committees/Meetings at which the item has been considered:** | **Date** | **Outcome** |
|---|---|---|
| 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 | ☐ |
|---|---|---|
| | Patient confidentiality | ☐ |
| | Staff confidentiality | ☐ |
| | Other exceptional reason | ☐ |

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

# Attendance at Council of Governors Part 1

| | | 27 April 2023 | 27 July 2023 | 28 September 2023 Extraordinary | 26 October 2023 | 11 January 2024 |
|---|---|---|---|---|---|---|
| **Present** | Rob Whiteman | ✓ | ✓ | ✓ | ✓ | A |
| | Lesley Baliga | ✗ | ✓ | – | – | – |
| | Daniel Banfield | ✗ | ✗ | ✗ | ✗ | – |
| | Mandi Barron | ✓ | ✓ | ✓ | ✓ | – |
| | Robert Bufton | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Sharon Collett | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Sue Comrie | – | ✓ | A | ✓ | A |
| | Steve Dickens | ✓ | ✓ | A | ✓ | ✓ |
| | Beryl Ezzard | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Richard Ferns | – | – | ✓ | ✓ | ✓ |
| | Rob Flux | ✓ | ✓ | ✓ | A | ✓ |
| | Paul Hilliard | ✓ | ✗ | ✓ | ✓ | ✓ |
| | Marjorie Houghton | ✓ | ✓ | ✓ | ✓ | – |
| | Dimitri Ilic | ✓ | ✓ | – | – | – |
| | Susanne Lee | ✓ | ✓ | ✓ | A | ✓ |
| | Andrew McLeod | A | ✓ | A | ✓ | A |
| | Keith Mitchell | ✓ | ✓ | A | ✓ | ✓ |
| | Markus Pettit | ✓ | A | ✓ | A | – |
| | Patricia Scott | ✓ | ✓ | ✓ | ✓ | – |
| | Jeremy Scrivens | ✓ | ✓ | A | ✓ | ✓ |
| | Diane Smelt | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Carrie Stone | ✓ | A | A | A | ✓ |
| | Kani Trehorn | ✗ | ✓ | ✓ | ✓ | A |
| | Michele Whitehurst | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Sandra Wilson | ✓ | ✓ | A | ✓ | ✓ |
| | Colin Blebta | – | – | – | – | – |
| | Colin Hamilton | – | – | – | – | A |
| | Mark Haslam | – | – | – | – | ✓ |
| | Elizabeth McDermott | – | – | – | – | ✓ |
| **In Attendance** | Karen Allman | – | ✓ | – | ✓ | – |
| | Louise Bate | – | – | – | – | – |
| | Yasmin Dossabhoy | – | ✓ | ✓ | – | ✓ |
| | Judy Gillow | ✓ | ✓ | ✓ | – | ✓ |
| | Andrew Goodwin | – | – | – | ✓ | – |
| | Siobhan Harrington | ✓ | ✓ | – | ✓ | – |
| | Matt Hodson | – | – | – | ✓ | ✓ |
| | Duncan Laird | – | ✓ | – | – | ✓ |
| | Sarah Locke | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Irene Mardon | ✓ | – | – | ✓ | – |
| | Judith May | ✓ | – | – | – | – |
| | 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 | Y | Y |

**Key**

| | | | |
|---|---|---|---|
| ✗ (red) | Not in Attendance | ✓ (green) | In attendance |
| A | Apologies | – (grey) | N/A |
| D | Delegate Sent | | |