



**University Hospitals Dorset**  
NHS Foundation Trust

**University Hospitals Dorset NHS Foundation  
Trust**

**Council of Governors Meeting – Part 1**

**Thursday 11 January 2024**

**16:30 – 18:00**

**Boardrooms, Poole Hospital**

**& via Microsoft Teams**

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

**UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**

The next meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 16:30 on Thursday 11 January 2024 in the Boardrooms at Poole Hospital and via Microsoft Teams.

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

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

**AGENDA – PART 1**

**16:30 on Thursday 11 January 2024**

Time	Item		Method	Purpose	Lead
<b>16:30</b>	<b>1</b>	Welcome, Introductions, Apologies & Quorum	<b>Verbal</b>		<b>Chair</b>
	<b>2</b>	Declaration of Interests	<b>Verbal</b>		<b>Chair</b>
<b>16:35</b>	<b>3</b>	<b>MINUTES</b>			
	<b>3.1</b>	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 26 October 2023	<b>Paper</b>	<b>Approval</b>	<b>Chair</b>
	<b>3.2</b>	Matters Arising – Action List	<b>Paper</b>	<b>Review</b>	<b>Chair</b>
<b>16:40</b>	<b>4</b>	<b>CHAIR AND CHIEF EXECUTIVE UPDATES</b>			
	<b>4.1</b>	Chair's Update	<b>Verbal</b>	<b>Information</b>	<b>Chair</b>
	<b>4.2</b>	Chief Executive Officer's Update	<b>Verbal</b>	<b>Information</b>	<b>CEO</b>
<b>16:50</b>	<b>5</b>	<b>INTEGRATED PERFORMANCE REPORT AND RISK</b>			
	<b>5.1</b>	Integrated Quality, Performance, Workforce, Finance and Informatics Report	<b>Paper</b>	<b>Assurance</b>	<b>Executive Leads</b>
	<b>5.2</b>	Board Assurance Framework – Six-Month Report	<b>Paper*</b>	<b>Assurance</b>	<b>Executive Leads</b>
<b>17:05</b>	<b>6</b>	<b>GOVERNANCE</b>			
	<b>6.1</b>	Statement on Engagement with the Board of Directors	<b>Paper</b>	<b>Approval</b>	<b>JG</b>
	<b>6.2</b>	Patient Experience and Engagement Strategy	<b>Paper</b>	<b>Information</b>	<b>Deputy CNO</b>
	<b>6.3</b>	Transformation Update	<b>Verbal</b>	<b>Information</b>	<b>CSTO</b>
	<b>6.4</b>	Council of Governors Assessment of Collective Performance	<b>Paper<sup>R</sup></b>	<b>Approval</b>	<b>CoSec</b>
	<b>6.5</b>	Proposed process for Lead and Deputy Lead Governors election	<b>Paper</b>	<b>Approval</b>	<b>CoSec</b>

	<b>6.6</b>	Fit and Proper Persons	<b>Paper</b>	<b>Information</b>	<b>CoSec/ ACPO</b>
<b>17:30</b>	<b>7</b>	<b>COMMITTEE AND GOVERNOR GROUP UPDATE</b>			
	<b>7.1</b>	Rotation of Governor Observers for 2024 Board Committees meetings	<b>Paper</b>	<b>Approval</b>	<b>JG</b>
	<b>7.2</b>	Feedback from the Nominations, Remuneration and Evaluation Committee: <ul style="list-style-type: none"> <li>Methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation</li> </ul>	<b>Paper</b>	<b>Approval</b>	<b>Lead Governor</b>
	<b>7.3</b>	Feedback from Council of Governor Informal Groups: <ul style="list-style-type: none"> <li>Constitution Review Group</li> <li>Effectiveness Group</li> <li>Membership and Engagement Group</li> <li>Quality Group</li> </ul>	<b>Verbal<sup>R</sup></b>	<b>Information</b>	<b>Group members</b>
	<b>7.4</b>	Feedback from Governor Observers	<b>Verbal</b>	<b>Information</b>	<b>Governors</b>
<b>17:45</b>	<b>8</b>	Urgent Motions or Questions	<b>Verbal</b>		<b>Chair</b>
	<b>9</b>	Any Other Business	<b>Verbal</b>		<b>Chair</b>
<b>18:00</b>	<b>10</b>	<b>Date of Next Council of Governors Meeting:</b> Future Meetings: Thursday 4 April 2024, Thursday 4 July 2024 and Thursday 3 October 2024.			

\* late paper

<sup>R</sup> Associated item in Reading Room

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### **Items for Next Council of Governors Part 1 Agenda**

#### **Standing Reports**

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

#### **Annual Reports**

- Annual Report/Statement on the work of the Nominations, Remuneration and Evaluations Committee
- Annual Review of the Register of Interests
- Annual Review of the Governance Cycle
- Schedule of Meetings 2025
- Convening of the Annual Members' Meeting

#### **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

CoSec – Company Secretary Team

ACPO – Acting Chief People Officer

JG – Judy Gillow, Non-Executive Director

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

## AGENDA – PART 2 PRIVATE MEETING

**18:15 on Thursday 11 January 2024**

Time		Item	Method	Purpose	Lead
<b>18:15</b>	<b>11</b>	Welcome, Introduction, Apologies & Quorum	<b>Verbal</b>		<b>Chair</b>
	<b>12</b>	Declaration of Interests	<b>Verbal</b>		<b>Chair</b>
<b>18:20</b>	<b>13</b>	<b>MINUTES</b>			
	<b>13.1</b>	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 26 October 2023	<b>Paper</b>	<b>Approval</b>	<b>Chair</b>
	<b>13.2</b>	Matters Arising – Action List	<b>Verbal</b>	<b>Review</b>	<b>Chair</b>
<b>18:30</b>	<b>14</b>	<b>GOVERNANCE</b>			
	<b>14.1</b>	Update from the Part 2 meeting of the Board of Directors held on 3 January 2024	<b>Verbal</b>	<b>Information</b>	<b>Chair</b>
	<b>14.2</b>	Feedback from meeting of the Nominations, Remuneration and Evaluations Committee (NREC): <ul style="list-style-type: none"> <li>Recommendation from NREC on Non-Executive Directors' remuneration / allowances / terms and conditions</li> </ul>	<b>Paper</b>	<b>Information</b>	<b>Lead Governor</b>
	<b>14.3</b>	Feedback from Governor Observers (not already covered in Part 1)	<b>Verbal</b>	<b>Information</b>	<b>Governor Observers</b>
	<b>15</b>	Any Other Business	<b>Verbal</b>		<b>Chair</b>
	<b>16</b>	Reflections on the Meeting	<b>Verbal</b>		<b>Chair</b>
<b>19:00</b>	<b>17</b>	<b>Date of Next Council of Governors Meeting:</b> Future Meetings: Thursday 4 April 2024, Thursday 4 July 2024 and Thursday 3 October 2024.			

\* late paper

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

### **Standing Items**

- Update from Nominations, Remuneration and Evaluations Committee
- Update from Board Part 2 meeting

### **List of abbreviations:**

CEO – Chief Executive Officer  
CNO – Chief Nursing Officer

CFO –Chief Finance Officer  
CoSec – Company Secretary Team

#### Other abbreviations

CDEL – Capital Delegated Expenditure Limit  
CIP – Cost Improvement Programme  
ED – Emergency Department  
HSMR – Hospital Standardised Mortality Ratio  
ICB – Integrated Care Board  
ICS – Integrated Care System  
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  
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SWAST – South West Ambulance Service NHS Foundation Trust

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

Minutes of the meeting of the Council of Governors held on Thursday 26 October 2023 at 16:30  
in the Boardrooms at Poole Hospital and via Microsoft Teams

Present:	Rob Whiteman	Trust Chair ( <i>Chair</i> )
	Mandi Barron	Appointed Governor: Bournemouth University
	Robert Bufton	Public Governor: Poole and Rest of Dorset
	Sharon Collett	Public Governor: Bournemouth, Lead Governor
	Sue Comrie	Appointed Governor: Volunteers Service
	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
	Paul Hilliard	Appointed Governor: BCP Council
	Marjorie Houghton	Public Governor: Bournemouth
	Andrew McLeod	Public Governor: Poole and Rest of Dorset
	Keith Mitchell	Public Governor: Bournemouth
	Patricia Scott	Public Governor: Poole and Rest of Dorset
	Jeremy Scrivens	Public Governor: Christchurch, East Dorset and Rest of England
	Diane Smelt	Public Governor: Bournemouth
	Kani Trehorn	Staff Governor: Nursing and Midwifery
	Michele Whitehurst	Public Governor: Poole and Rest of Dorset, Deputy Lead Governor
	Sandy Wilson	Public Governor: Christchurch, East Dorset and Rest of England
In attendance:	Karen Allman	Chief People Officer
	Louise Bate	Healthwatch Dorset
	Andrew Goodwin	Deputy Chief Finance Officer
	Siobhan Harrington	Chief Executive
	Matt Hodson	Deputy Chief Nursing Officer
	Sarah Locke	Deputy Company Secretary
	Judith May	Director of Operational Performance and Oversight
	Helena McKeown	Non-Executive Director
	Paula Shobbrook	Chief Nursing Officer
	Klaudia Zwolinska	Corporate Governance Assistant

<b>CoG 097/23</b>	<p><b>Welcome, Introductions, Apologies &amp; Quorum</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies were received from the following members:</p> <ul style="list-style-type: none"> <li>• Rob Flux, Staff Governor: Admin, Clerical and Management</li> <li>• Markus Pettit, Staff Governor: Estates</li> <li>• Carrie Stone, Public Governor for Poole and Rest of Dorset</li> </ul> <p>Rob Whiteman welcomed Richard Ferns back to the Council of Governors and Louise Bate from Healthwatch Dorset.</p>
<b>CoG 098/23</b>	<p><b>Declarations of Interest</b></p> <p>No existing interests in the matters to be considered were declared. In addition, no further interests were declared.</p>

CoG 099/23	<p><b>For Accuracy and to Agree: Minutes of the Council of Governors Meeting Part 1 held on 27 July 2023 and the Extraordinary Meeting of the Council of Governors Part 1 held on 28 September 2023</b></p> <p>The minutes of the Council of Governors Meeting Part 1 held on 27 July 2023 and the minutes of the Extraordinary Meeting of the Council of Governors Part 1 held on 28 September 2023 were APPROVED as an accurate record.</p>
CoG100/23	<p><b>Matters Arising – Action List</b></p> <p><b>CoG065/23</b> <i>Discuss further opportunities to support Staff Governors</i> – Rob Whiteman explained that the current policy did not provide allocated time for Staff Governors to complete their Governor duties. Having reflected on the previous year, Rob Whiteman and Siobhan Harrington acknowledged that this required review and had agreed that departments with Staff Governors should be able to backfill to allow the Staff Governor to fulfil their duties. This was a procedure that had been in place at one of the legacy trusts. This would be implemented with the aim of encouraging more staff to stand as Governors in the future. Action CLOSED.</p>
CoG101/23	<p><b>Chair's Update</b></p> <p>Rob Whiteman provided the Chair's update, highlighting that staff worked incredibly hard under considerable pressure. There was a challenge to maintain the current performance levels during a difficult winter period. Industrial action continued to impact the achievements of performance indicators, and therefore, some indicators were lower than against the planned trajectories. He continued to attend meetings with system partners and like other Non-Executive Directors, he had visited a number of service areas.</p> <p>The Council of Governors NOTED the Chair's Update.</p>
CoG102/23	<p><b>Chief Executive Officer's Update</b></p> <p>Siobhan Harrington provided the Chief Executive Officer's Update, highlighting:</p> <ul style="list-style-type: none"> <li>• Ahead of the meeting she had visited the elderly care wards to discuss race and discrimination as part of the "See ME First" campaign;</li> <li>• The current environment was challenging, particularly in respect of the emergency care pathway, but progress was being made. There had been good improvement in the elective pathway towards having no patients waiting more than 78 weeks. This was expected to take a further two months, subject to industrial action;</li> <li>• The most recent industrial action had a greater impact than had been previously experienced. The number of patients in hospital with No Criteria to Reside (NCtR) remained too high, again impacted by the industrial action. She praised the work of the teams to tackle this heading into the winter period;</li> <li>• There had also been an impact on the financial position, which was currently £12.4m off-plan. This was primarily due to inflation, unfunded escalation beds and the industrial action. A longer-term financial plan, for the Dorset system and the Trust was being developed. The templates across the wards and the Emergency Department had been reviewed with further investment which consequently impacted the financial position;</li> <li>• The implementation of the Patient First quality improvement programme continued, which would aim to reduce the bureaucracy around meetings, become more data-driven and support consistent working across the Trust. 200 Trust leaders had received their training and five clinical areas would form part of the first wave of implementation. The Chief Executive of NHSE had been made aware of this work;</li> <li>• Staff survey completion was currently at 51% with four weeks remaining compared with the previous year's final completion rate of 46.5%;</li> <li>• Uptake of the vaccination programme had been low and staff continued to be encouraged to receive their vaccinations;</li> </ul>

	<ul style="list-style-type: none"> <li>David Broadley, Medical Director for Integrated Care had begun in post, working with the Executive Team. The Chief Medical Officer had now filled all posts within his team, and a new Chief People Officer had been recruited with a start date to be confirmed.</li> </ul> <p>Sue Comrie queried whether volunteers were able to complete the staff survey. Siobhan Harrington confirmed that although the staff survey now included bank staff this did not extend to volunteers.</p> <p>On the uptake of vaccinations, Jerry Scrivens questioned whether this could be made mandatory. Karen Allman explained that this was not the case but staff were encouraged to have them by outlining the benefits to themselves, their families, and patients. Rob Whiteman added that during the pandemic, the Government had sought legal advice and modelled the benefits of having mandatory vaccinations but found that these would have been outweighed by those that would exit the workforce as a result. Mandatory vaccinations would be a national and not a local decision.</p> <p>Building on this discussion, Sue Comrie asked how the vaccination uptake had compared to the previous year. Karen Allman confirmed that vaccination rates were higher at this stage last year. Siobhan Harrington added that there had been weekend sessions for staff to book into, a vaccination trolley visiting ward areas and drop-in sessions held on the different sites where staff have queued to receive their vaccinations. Lately, there had been supply issues with the Covid vaccine.</p> <p>Robert Bufton queried whether the low vaccine uptake would have an impact on staff absences during the winter period and asked what the current guidance was for staff. Paula Shobbrook responded that Covid was now treated as endemic like other winter viruses. There was close Infection, Prevention and Control oversight of areas with outbreaks and messaging to staff and patients was to not attend the hospital when experiencing symptoms or if they were unwell. No routine testing were being carried out, in line with national guidance; there was no indication that this guidance would be changing.</p> <p>Kani Trehorn asked whether there would be more discretion during the winter period to protect sick days, particularly in respect of Covid. Karen Allman responded that the Trust followed national guidance and compared itself with its peers. The Trust was not an outlier for sickness absence, and there had been a positive reduction in long-term and short-term sickness absence. There was an enhanced Occupational Health service provided to support staff, including psychological support, manager support on return to work, Covid clinics and other health and well-being support.</p> <p>Andrew McLeod shared his positive experience of using the Trust's vaccination programme.</p> <p>Sandy Wilson reflected on ways in which the Trust could determine the reasons for the low uptake. She also suggested that Patient First be revisited with Governors following the Governor elections.</p> <p>Concerning the Patient First methodology, Steve Dickens asked how far through the Trust this was cascade and how this would be affected by the financial position. Siobhan Harrington responded that the whole Trust would be involved as this was the way to change culture and create a movement that was more cognisant of aspects such as financial spending, providing safe care and looking after staff.</p> <p>The Council of Governors NOTED the Chief Executive Update.</p>
CoG103/23	<p><b>Integrated Quality, Performance, Workforce, Finance and Informatics Report</b></p> <p>Judith May, Paula Shobbrook, Karen Allman and Andrew Goodwin presented the Integrated Performance Report.</p> <p>Reflecting on the number of homeless people using the Trust as a place of refuge, Diane Smelt asked these numbers were captured and if there was a homelessness strategy. Helena McKeown added that this could fall under the</p>

umbrella of health inequalities, oversight of which was through the Population Health & System Committee. Paula Shobbrook responded that this data was not captured within the IPR. However, there was now a Nurse Consultant in post who had a focus on working on homelessness with the Integrated Care Board (ICB). She was personally unaware of a homelessness strategy. Rob Whiteman suggested that this would fall under the local authorities as part of their statutory duties around homelessness. Kani Trehorn commented on the Homeless Care Team at the Trust, whom she dealt with regularly in her role.

Robert Bufton expressed his interest in the Population Health & System Committee, explaining his work with the charity "We Are With You".

Marjorie Houghton asked how many patients were currently in hospital with NCtR. Rob Whiteman responded that there were around 200 patients currently. He noted that Dorset was an outlier on this metric and outlined the factors contributing to this. Siobhan Harrington added that there were two particular areas of focus, firstly ensuring there were appropriate plans and procedures in place for criteria-led discharge. Secondly, two days that week were scheduled for the local authorities, the ICB and a senior team from the Trust to discuss and agree on a plan for all 200 NCtR patients. This was a level of planning that had not been undertaken before and there would be valuable learning.

Referring to the 1200 patients waiting over 65 weeks, Michele Whitehurst questioned if these were new patients or follow-up patients. Judith May explained that these were a mix of patients who could be awaiting elective care, may have had an outpatient appointment, diagnostic appointment or waiting for an appointment for surgery. Michele Whitehurst further asked if the way follow-up patients were managed had changed. Judith May responded that there was a range of avenues for follow-up patients; the waiting list was being validated to ascertain if appointments were still required, starting with those that were overdue a follow-up appointment. A patient-initiated follow-up (PIFU) had been introduced which allowed the patient to contact the Trust if they felt they needed a further appointment. Specialties were also reviewing the "first to follow up" ratios to ensure that they were meeting clinical guidelines and utilising resources effectively. Michelle Whitehurst raised that she had received feedback Parkinson's Disease Society who had reported that a number of the patients felt that they had been lost to follow-up. Judith May agreed to review cases related explicitly to Parkinson's.

**ACTION:**

To ascertain whether any patients with Parkinson's Disease had been lost to follow-up.

**Judith May**

In response to a question from Beryl Ezzard, Rob Whiteman confirmed that Dorset Council were included in the discussions around NCtR. Beryl Ezzard informed the Council of Governors that there was a policy in place at Dorset Council that had been agreed by Cabinet for a reablement building to be constructed next to Dorchester Hospital. She also emphasised that the local authorities should be informed of the number of homeless people using the Trust as a refuge. Paula Shobbrook agreed and stated that this was part of the work of the Discharge Team, who liaised closely with the Councils.

Robert Bufton noted that patients with NCtR had been a concern for some time with a number of initiatives that had been put in place. He suggested a small working group be convened to discuss the potential creation of residential homes. Rob Whiteman responded that this was something that had been discussed and previously attempted, but it was not successful as this created further pressures on workforce around the system. Siobhan Harrington raised that the NCtR numbers had reduced slightly over the previous year and she was optimistic that the meeting with key stakeholders would create more significant change.

Michele Whitehurst celebrated the newly qualified midwives starting in post, which had featured in the Trust's social media coverage.

	<p>Andrew McLeod questioned if Dorset was an outlier for NCtR patients due to its elderly population and if learning could be gained from other areas. Rob Whiteman felt this was unlikely as other regions, such as Devon, had similar demographics. It was likely to be multifactorial and agreed that there was learning to be gained from other systems. Siobhan Harrington added that Dorset was part of national work around discharge where the national team would share best practices and review improvements to be made.</p> <p>The Council of Governors NOTED the Integrated Quality, Performance, Workforce, Finance and Informatics Report.</p>
<b>CoG104/23</b>	<p><b>Quality Account (six-month review)</b></p> <p>Paula Shobbrook explained that the Quality Account priorities had been incorporated into Patient First. This was an example area where there was a transition to stopping the processes that had been carried out previously and moving into a new way of working, using Patient First as the driver for improvement and monitoring.</p> <p>The Council of Governors would continue to be involved, through the Associate Director of Quality, Governance &amp; Risk, by providing updates and maintaining engagement; input from the Council of Governors in this was valued.</p> <p>The Council of Governors NOTED the Quality Account (six-month review).</p>
<b>CoG105/23</b>	<p><b>Annual Complaints Report</b></p> <p>Paula Shobbrook presented the Annual Complaints Report, which had previously been presented to the Board of Directors. There had been several changes to ways of working in patient experience and she thanked the Council of Governors for the feedback that they had provided. The strategic objective related to patient experience was being developed with a number of workstreams in progress, including the development of the Patient Experience Strategy.</p> <p>The Council of Governors NOTED the Annual Complaints Report.</p>
<b>CoG106/23</b>	<p><b>Report on Annual Members' Meeting</b></p> <p>Rob Whiteman outlined the learning from the Annual Members' Meeting (AMM) which had initially been planned on a Saturday with an aim to increase the number of members attending. However, this had resulted in a decrease in number of attendees and therefore the rescheduled AMM reverted to a weekday. He particularly praised the Understanding Health Talk on oral/maxillofacial surgery that followed the AMM, which highlighted the importance of prevention. He suggested Governors share any thoughts on improvement for the 2024 AMM with the Company Secretary Team.</p> <p>Sharon Collett added that the talk was also intended to be shared with educational institutions and asked anyone with links to students to share this. She also noted that Bournemouth University had offered to do a series of Understanding Health Talks with clinicians from the Trust. The Chief Medical Officer supported this but it would need to be agreed with Membership and Engagement Group (MEG) involvement.</p> <p>The Council of Governors NOTED the Report on the Annual Members' Meeting.</p>
<b>CoG107/23</b>	<p><b>Trust Constitution – extension of review period</b></p> <p>The Council of Governors APPROVED the Extension to the Review Period of the Trust Constitution to October 2024.</p>
<b>CoG108/23</b>	<p><b>Council of Governors' Meeting Dates 2024</b></p> <p>The Council of Governors APPROVED the 2024 Meeting Dates for the Council of Governors Groups.</p>
<b>CoG109/23</b>	<p><b>Council of Governor Groups Terms of Reference</b></p> <p>Sandy Wilson questioned that the groups were not Governor led and instead would be facilitated by the Company Secretary team. Rob Whiteman responded that Governors were asked to express interest in chairing the groups but there</p>

	<p>had been no expressions of interest received. This would be reviewed alongside the next review of the terms of reference.</p> <p>The Council of Governors APPROVED the Council of Governors Groups Terms of Reference.</p>
<b>CoG110/23</b>	<p><b>Membership of the Council of Governor Groups</b></p> <p>In addition to the paper provided, Rob Whiteman updated that it was proposed that Richard Ferns become a member of the Membership and Engagement Group and Sharon Collett a member of the Effectiveness Group.</p> <p>The Council of Governors APPROVED the Membership of the Council of Governor Groups.</p>
<b>CoG111/23</b>	<p><b>Feedback from Nominations, Remuneration and Evaluation Committee (NREC)</b></p> <p>There was no feedback from the Nominations, Remuneration and Evaluation Committee to be provided in Part 1 of the Council of Governors meeting.</p>
<b>CoG112/23</b>	<p><b>Feedback from Governor Observers</b></p> <p>Marjorie Houghton praised the competencies and leadership of the Non-Executive Directors, in addition to the operational teams. Rob Whiteman thanked Marjorie Houghton for her comments and would pass on the positive feedback.</p> <p>Kani Trehorn added that she had observed the Quality Committee, which she had found interesting and detailed but was unsure whether observers were allowed to question or share ideas. Rob Whiteman explained that this was at the discretion of the Committee Chairs but that the priority was the business of the Committee. He suggested that if there were any questions prior to the meeting, then these could be raised to the Committee Chairs through the Company Secretary team.</p> <p>Referring to the Patient First programme, Steve Dickens raised the length and detail of Committee meeting packs and asked when a reduced level of reporting would be seen. Siobhan Harrington planned for this to be from April 2024 but with improvements beginning in January 2024. She agreed with the need for focus and prioritisation.</p> <p>The Council of Governors NOTED the Feedback from the Governor Observers.</p>
<b>CoG113/23</b>	<p><b>Healthwatch Dorset</b></p> <p>Louise Bate gave a presentation to the Council of Governors outlining the role of Healthwatch in the local area.</p> <p>Diane Smelt raised that there was a carers system within the hospital that worked closely with the 'Call for Concern' Team. The Patient Engagement Team had a dedicated officer for carers. Carers were given forms, badges, tokens for the car park amongst other things. Diane Smelt agreed to share the relevant contact information with Louise Bate following the meeting.</p> <p>Sharon Collett thanked Healthwatch for supporting Governor events. She asked that Governors be kept apprised of any opportunities to support engagement, particularly with the younger population. Louise Bate added that Healthwatch had previously recruited young volunteers who visited youth clubs to hear views on services.</p> <p>The Council of Governors NOTED the presentation from Healthwatch Dorset.</p>
<b>CoG114/23</b>	<p><b>Any Other Business</b></p> <p>In their final meetings as Governors, Rob Whiteman thanked Marjorie Houghton, Patricia Scott, Markus Pettit and Mandi Barron for their contributions to the Council of Governors.</p> <p>He also extended his thanks to Karen Allman in her final meeting as Chief People Officer.</p>

	<b>The date and time of the next meeting of the Council of Governors was announced as Thursday 11 January 2024 at 16:30 in Boardrooms at Poole Hospital and via Microsoft Teams.</b>
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### Council of Governors Part 1 Action List - January 2024

Minute Ref.	Meeting Date	Action	Lead	Due Date	Progress	Status
<b>CoG103/23</b>	26/10/2023	To ascertain whether any patients with Parkinson's Disease had been lost to follow-up.	Judith May	Jan-24	Verbal to be provided in the meeting.	In progress

## COUNCIL OF GOVERNORS - PART 1 MEETING

**Meeting Date: 03 January 2024**


### Agenda item: 5.1






<b>Subject:</b>	Integrated Performance Report (Safety, quality, experience, workforce and operational performance)
<b>Prepared by:</b>	Executive Directors, Alex Lister, Leanna Rathbone, Judith May, David Mills, Fiona Hoskins, Dr. Matthew Hodson, Irene Mardon, Jo Sims, Andrew Goodwin
<b>Presented by:</b>	UHD Chief Officers
<b>Strategic themes that this item supports/impacts:</b>	<div>Systems working and partnership <input checked="" type="checkbox"/></div> <div>Our people <input checked="" type="checkbox"/></div> <div>Patient experience <input checked="" type="checkbox"/></div> <div>Quality: outcomes and safety <input checked="" type="checkbox"/></div> <div>Sustainable services <input checked="" type="checkbox"/></div> <div>Patient First programme <input checked="" type="checkbox"/></div> <div>One Team: patient ready for reconfiguration <input checked="" type="checkbox"/></div>
<b>BAF/Corporate Risk Register: (if applicable)</b>	BAF Risks 1-7 Trust Integrated Performance report for November 2023 - Appendix A
<b>Purpose of paper:</b>	Assurance
<b>Executive Summary:</b>	<p>November has continued to be an extremely busy month across the organisation. While Emergency Department (ED) attendances are consistent with October 2023, increases in crowding in both EDs particularly during the later part of the month. The revised 4-hour trajectory was not achieved by a margin of 0.2%, driven by a very challenging last weekend in the month, which correlates with the stepped increase in NCtR described below for the last week of November.</p> <p>November 2023 saw a stepped increase in the numbers of patients in beds at UHD with 'No Criteria to Reside' (NCtR). Similar increases have been seen in Dorset County, Mental Health Beds and Community beds with the core commissioning beds with reduced flow. We continue our internal actions and are working closely with partners to support the ambitions to reduce length of stay (CTR &amp; NCtR) and NCtR patients waiting for ongoing care but this has remained difficult to achieve.</p> <p>There was an increase in the number of escalation beds being opened during November 2023, with an average of 31 escalation beds open at Poole and 18 at RBH. Agreement was reached that 40 of the escalation beds would be funded by the ICB and is now in the ICS financial forecast.</p> <p>With increased pressure in the emergency departments, alongside a high bed occupancy and high NCtR rates, on the day operating theatre cancellations have increased, impacting on theatre list utilisation and waits for treatment. November 2023 saw an small increase in 78 week waits, although a reduction in the overall 65 week waits was realised.</p>

	<p>Rapid cancer faster diagnosis recovery plans have supported improvement in October 2023 against the standard, including improvements in Dermatology and the start of a change in Gynaecology. Positive movements were also seen in relation to the total referral to treatment (RTT) waiting list size, RTT performance and diagnostic (DM01) performance.</p> <p>The impact of energy cost inflation, overall unfunded escalation capacity and a reduction in the elective income reflecting lower than planned activity drive the challenging financial position, resulting in a year-to-date adverse variance of £12.8 million. Included within the November position is £6.9 million of additional income to fund the financial impact of Industrial Action. This represents the Trust's share of the nationally announced £800 million financial support.</p> <p>Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £31.7 million after inclusion of the additional national funding for Industrial Action. This has subsequently been revised down to a forecast deficit of £12 million after inclusion of a number of further financial efficiency opportunities. The individual organisational allocations are still being finalised, however the Trust is expecting to achieve a financial break-even position supported by additional savings, additional ERF income and further funding support from Dorset ICB. There remains considerable risk within this position and focused effort will be required by all NHS partners to achieve the revised outturn projection.</p>
<b>Background:</b>	<p>The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums the ability if needed to deep dive into a particular area of interest for additional information and scrutiny.</p> <p>As part of our commitment against the CQC Well-Led Framework we continue to develop the format and content of the IPR by:</p> <ul style="list-style-type: none"> <li>• Extending best practice use of Statistical Process Control (SPC) Charts.</li> <li>• Greater focus on key indicators as part of our Patient First roll-out programme linked to the Trust Strategic priorities.</li> <li>• Providing SPC training to operational leads who compile the narrative against the data included within the report.</li> </ul> <p><b>Note: Behind every single metric is a patient</b></p>
<b>Corporate cross organisational (1 Alert)</b>	<p><b><u>Areas to Alert (1)</u></b></p> <p><b>Alert (1) NHS Oversight Framework 2023/24 Quarter 2 – Segmentation Review outcome was notified to the Trust and the Trust remains in Segment 3.</b></p> <p>NHS England and the Dorset ICB conducted a segmentation review in October 2023 under the NHS Oversight Framework. A 'light touch' risk-based approach was taken to the Quarter 2 review, with a focus on identifying areas of improvement or deterioration against the Quarter 1 areas of concern, as well as identifying, by exception, any new areas requiring further consideration.</p> <p>For University Dorset Hospitals NHS Foundation Trust, the areas reviewed related to:</p> <ul style="list-style-type: none"> <li>• Elective – 78ww Long Waits</li> <li>• Quality – Maternity Safety Support Programme</li> <li>• CQC - Poole site: Requires Improvement rating - November 2022</li> <li>• Finance - Agency spend</li> </ul>

	<p>On 30th October, the Regional Support Group (RSG) agreed that segment 3 for the Trust would remain unchanged for Quarter 2, 2023/24 and the Trust was notified of this outcome on 30 November 2023.</p> <p>The Quarter 3 segmentation review will commence in January 2024; however, the intention is to adopt a pragmatic approach recognising the need for organisations to focus on Winter therefore NHSE will undertake another 'light touch' risk-based approach in both Quarter 3 and Quarter 4.</p>																																							
<p><b>Urgent &amp; Emergency Care (1 Advise)</b></p>	<p><b>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.</b></p> <p><b>Advise (1): Performance against the 4-hour standard for November 2023 is 62.3% against a revised trajectory of 62.5%. The trajectory is required to achieve 76% by March 2024.</b></p> <ul style="list-style-type: none"><li>• ED crowding has contributed to a challenging month. Although there have been improvements in performance across several of the ED metrics</li><li>• Key headlines are that whilst attendances remained static there was a cross-site increase in acuity which saw a corresponding impact on the ED admitted conversion rate.</li><li>• Flow out of the department during the month became more challenged resulting.</li><li>• Ambulance Handover performance improved, particularly at the RBH site, however almost 1800 hours were lost at UHD in November.</li></ul> <p>The IPR provides detailed performance against the national Urgent &amp; Emergency Care standards.</p> <div><p>4 hour Performance Trajectory vs Actual Performance for 23/24 to November</p><table><thead><tr><th></th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th><th>Feb-24</th><th>Mar-24</th></tr></thead><tbody><tr><td>4 hour actual</td><td>56.8%</td><td>66.40%</td><td>61.70%</td><td>60.10%</td><td>62.90%</td><td>61.20%</td><td>61.10%</td><td>62.30%</td><td></td><td></td><td></td><td></td></tr><tr><td>4 hour trajectory</td><td>60.0%</td><td>63.0%</td><td>63.0%</td><td>65.0%</td><td>65.0%</td><td>67.0%</td><td>68.5%</td><td>62.5%</td><td>64.0%</td><td>66.0%</td><td>71.0%</td><td>76.0%</td></tr></tbody></table></div> <p>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.</p> <p>Key areas of focus:</p> <ul style="list-style-type: none"><li>• SDEC availability now on a 1:3 basis for Medicine, this is set to increase again as staff come on-line in December.</li><li>• The review of UTC service provision cross-site to maintain and protect 111 booked capacity to improve the emergency departments ability to stream is moving to implementation.</li><li>• Continuing focus on recruitment and retention to work to template clinical staffing levels</li></ul>		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%					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%
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<p><b>Occupancy, Flow &amp; Discharge (2 Advise)</b></p>	<p><b>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.</b></p> <p><b>Advise (1) UHD/ICS continues to be one of the most challenged organisation/system for No Criteria to Reside (NCtR) in the South West and that links to the overall Dorset ICS position regionally</b></p> <ul style="list-style-type: none"> <li>• November 2023 saw a stepped increase in the numbers of patients in beds at UHD with 'No Criteria to Reside' (NCtR). Whilst there had been a positive impact on reported performance in Q2, November saw a progressive deterioration of patients in UHD beds with 90 more on the 30th November than reported on the 1st, an increase of &gt;30%.</li> <li>• Both sites continued to operate escalation beds in November 2023.</li> <li>• The ICB and system partners ambition to achieve a 30% reduction in the number of patients with NCtR by the end of Q2 was not achieved. This ambition to reduce the numbers increases further from November and is needed to deliver the Trust winter plan.</li> <li>• Across the ICS, we have identified a number of additional actions: <ul style="list-style-type: none"> <li>○ Ongoing work for complex pathways where there is no commissioned care in Dorset currently.</li> <li>○ There will be concurrent Multi-Agency Discharge Events at all three acute hospitals in Dorset on 13th December, followed by a focus on Mental Health and Community Hospitals on 14th December and core bed unblocking event of the 15<sup>th</sup> December to create additional flow needed to decompress sites ahead of winter surge and planned Junior Doctors Industrial Action and to support getting our patients 'Home for Xmas' where it is safe to do so.</li> <li>○ An internal (UHD) Length of stay reduction programme for CTR and NCtR patients with each directorate is now established, with the top 30 longest stay patients reviewed weekly at a corporate level, and with system partners and all pathway 0 reviews happening daily.</li> </ul> </li> </ul> <p><b>Advise (2): NHSE have requested that "a discharge ready date metric was published for the Trust in November, and the Trust Board is regularly reviewing this metric as part of a performance dashboard to drive improvement"</b></p> <ul style="list-style-type: none"> <li>• UHD have been publishing this metric via a COSMOS report.</li> <li>• Currently reporting that this metric is in place for c.68.4% of inpatients, however the denominator is being reviewed and will see an increase in compliance.</li> <li>• The exception management process is being implemented to focus targeted improvement.</li> </ul>
<p><b>Surge, Escalation and Ops Planning (1 Assure)</b></p>	<p><b>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.</b></p> <p><b>Assure (1): Winter plans 2023/24 finalised</b></p> <ul style="list-style-type: none"> <li>• The UHD Winter plan has been approved by Trust Board in November 2023.</li> </ul>

	<div data-bbox="1409 91 1497 125" data-label="Page-Header">  </div> <div data-bbox="1214 125 1497 163" data-label="Page-Header"> University Hospitals Dorset NHS Foundation Trust </div> <div data-bbox="515 129 978 174" data-label="Section-Header"> <h2>Our Winter Plan 23/24</h2> </div> <div data-bbox="528 208 1096 246" data-label="Section-Header"> <h3>UHD Leading Well – Our Approach</h3> </div> <div data-bbox="528 277 936 315" data-label="Section-Header"> <h3>National Regional Picture</h3> </div> <div data-bbox="521 347 1206 387" data-label="Section-Header"> <h3>Creating the capacity to meet the demand</h3> </div> <div data-bbox="521 418 1102 459" data-label="Section-Header"> <h3>Looking after our People &amp; patients</h3> </div> <div data-bbox="528 492 1437 533" data-label="Section-Header"> <h3>Communication – Preparing Our People &amp; Communities</h3> </div> <ul style="list-style-type: none"> <li>• UHD is working with system partners on the wider plan, to both seek further mitigation for flow and capacity challenges and with the introduction of the new nationally mandated OPEL framework and associated escalation processes.</li> <li>• The Trust has now received recognition of 40 unfunded beds for 23/24 but has not yet secured the additional investment requested of 700K for winter.</li> </ul>
<b>Referral to Treatment (RTT) (2 Assure)</b>	<p><b>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.</b></p> <p><b>Assure (1) A further reduction in the total RTT waiting list was delivered in November 2023. Both the revised H2 operational planning trajectories for 78 and 65 week waits were also met.</b></p> <ul style="list-style-type: none"> <li>• The total waiting list in November 2023 reduced to 69,158 (5% reduction since March 2023). The waiting list size was last below seventy thousand in April 2022. In line with this, RTT performance also improved to 60.8%.</li> <li>• 59 over 78-week waits were reported at the end of November, compared to 47 in October. Whilst this is an increase in breaches, the Trust delivered below its forecasted position.</li> <li>• November 65-week waits decreased to 1,271 and the H2 planned trajectory was also met (trajectory 1,376).</li> <li>• There is a sustained reduction in the cohort of patients who will breach 65-week waits if not seen or treated by March 2024, with the cohort size of 5,183 remaining at the end of November (-1,743 compared to October). This is an 87% reduction in the cohort since 31 March 2023.</li> <li>• As expected, the reduction in this cohort is slowing as a greater proportion of capacity is taken up by cancer and urgent elective (P1-3) patients.</li> <li>• Junior Doctors' industrial action scheduled in December 2023 has the potential to put at risk the long waiter trajectories for December and January 2024.</li> </ul>

	Planning requirement	Oct 23	November 23	
	Referral to treatment 18-week performance	59.7%	60.78% 	National Target 92%
	Eliminate > 104 week waits	0	0	Plan Trajectory 0 by February 23
	Eliminate >78 week waits	47	59 	Plan Trajectory 0 by 31 March 2023
	Eliminate >65 week waits	1,331	1,271 	Plan trajectory 1376 November 2023
	Hold or reduce >52+ weeks	4,199	4,196 	Plan Trajectory 4,045 by November 2023
	Stabilise Waiting List size	70,914	69,158 	Plan trajectory 76,207 November 2023
	<p>Improvement actions are detailed within the Integrated Performance report and include:</p> <ul style="list-style-type: none"> <li>• Prioritising patients at risk of breaching 65 weeks before March 2024 for a first outpatient appointment or first contact before 31 December 2023.</li> <li>• 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.</li> <li>• Productivity improvement trajectories are in place for the remainder of 2023/24 related to theatre utilisation rates and outpatient efficiency. There is continued improvement and reduced variability in performance against the case opportunity target for theatres (15%), which was achieved in month. Theatre utilization rates however remain below the national target (85%). An improvement in outpatient DNA rates have also been seen in November at 5.9%. Further expansion of DrDoctor text reminders and targeted review of variations in DNAs against deprivation and ethnicity groups, will support future performance.</li> </ul> <p><b>Assure (2): The percentage of fractured NOF patients operated on within 36 hours of admission demonstrated a third month of successive improvement in November 2023</b></p> <p>November performance for time to theatre for fractured neck of femur (# NoF) patients improved, whereby 79% of patients achieved surgery within 36 hours of being fit for surgery and 56% of patients were operated on within 36 hours from admission. Overall trauma admissions remained elevated with 355 admissions in November including 72 with fractured neck of femur (NoF).</p>			



**Cancer Standards  
(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 Cancer Faster Diagnosis Standard (FDS) in October 2023 demonstrated improvement to 67%, with the 62 day cancer standard also showing significant improvement at 68.9%.**

- Following instigation of rapid FDS improvement plans for Gynaecology and Dermatology the Trust's performance increased by 2.3% to 67% in October. Dermatology met the FDS standard in October and Gynaecology showed an improved performance (current performance 56.5% against 19.1% in October).
- The Trust continues to deliver against the regional expectations on reducing the over 62-day backlog. The final position for October 2023 was 279 compared to 325 in September 2023. A trajectory is in place to reduce further to 220 by March 2024.
- 62D performance also improved to 68.9% in October 2023 due to improvements at the front end of the pathway.
- 31D performance was achieved in October reporting 96.7%. The provisional performance for November is 96.3% (target 96%).

KPI	Target	Jul 23 FINAL	Aug 23 FINAL	Sep 23 FINAL	Oct 23 FINAL
Combined FDS Standard	75%	60.1%	54.7%	64.7%	67.0%
Combined 31 Day Standard	96%	97.9%	96.6%	94.7%	96.7%
Combined 62 Day Standard	85%	63.0%	57.1%	60.2%	68.9%

- Dermatology, Gynaecology and Colorectal pathways need to ensure there are sustainable plans in place as part of their recovery and Executive-led enhanced support meetings have been held to facilitate this.
- Improvement actions are detailed within the IPR and include:
  - Insourcing support to reduce the fast track backlog in Gynaecology which has reduced the waits to first outpatient appointment to date from 48 days in September to 16 days in November with further improvements planned.
  - New post-menopausal bleeding pathway clinics in Gynaecology went live on 20<sup>th</sup> November 2023 with 18 patients referred direct for ultrasound in the first two weeks. A clinical audit of the pathway is scheduled for January 2024.
  - The first pilot photo clinic for skin urgent suspected cancer referrals also went live in November 2023.
  - The Trust is progressing its strategy for Tele-dermatology after a successful expression of interest for Skin Analytics AI solutions in Dorset. The Pilot is expected to go live in January 2024.

**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.**

**Assure (1) The DM01 standard has achieved 90.7% of all patients being seen within 6 weeks of referral; 9.3% of diagnostic patients seen >6weeks in November.**

***1% of patients should wait more than 6 weeks for a diagnostic test***



	<table><tr><th>October</th><th>Total Waiting List</th><th>&lt; 6weeks</th><th>&gt; 6 weeks</th><th>Performance</th></tr><tr><td>UHD</td><td>12,413</td><td>11,571</td><td>1,157</td><td>9.3%</td></tr></table> <p>UHD remains one of the top performing trusts for diagnostics in the south-west region. Nevertheless, there are challenges related to workforce capacity in Echocardiology, Neurophysiology and Radiology (imaging). Mitigating actions are in place to maintain a high level of performance.</p>	October	Total Waiting List	< 6weeks	> 6 weeks	Performance	UHD	12,413	11,571	1,157	9.3%
October	Total Waiting List	< 6weeks	> 6 weeks	Performance							
UHD	12,413	11,571	1,157	9.3%							
Health Inequalities	<p><b>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.</b></p> <p><b>Waiting list by Index of Multiple Deprivation (IMD)</b> Analysing RTT activity in Quarter 3, 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 one week variation between patients from the 20% most deprived group and the rest of the population treated.</p> <p><b>Waiting list by ethnicity:</b> 10.7% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies two-week variation between patients within community minority groups and White British populations in Quarter 3 to date.</p> <p><b>Waiting list by age band:</b> 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 has remained stable in the age band 0-9 years in Q3 but the variation between 10-19 year olds and 20+ age bands has decreased. Paediatric waiting times in oral surgery, ENT and community paediatrics contribute to this variation. Improvement actions are in place to increase capacity and reduce waiting times in these areas.</p>										
Maternity (1 Advise)	<p><b>Advise (1) There are 3 areas currently flagging as red RAG rated:</b></p> <ul style="list-style-type: none"><li>• 3rd /4th degree tears although within normal variance range</li><li>• Apgar &lt;7 at 5 minutes-increased over last two months</li><li>• Prompt Training -below 90% compliance</li></ul> <p>Improvement actions are detailed within the IPR.</p>										
Infection Prevention and Control: (3 Advise)	<p><b>Quality, Safety, &amp; Patient Experience Key Points</b></p> <p><b>Strategic goals: To achieve top 20% of Trusts in the country for mortality (HSMR)</b> <b>To reduce moderate/severe harm patient safety events by 30% through the development of an outstanding learning culture</b></p> <p><b>Advise (1) Methicillin-susceptible <i>Staphylococcus aureus</i> (MSSA) -</b> There has been no further trends noted and this remains under surveillance.</p> <p><b>Advise (2) <i>Clostridioides difficile</i> Cases</b> In November 2023 our <i>Clostridioides difficile</i> cases have reduced, we have had no periods of increased incidence or outbreaks. The team will continue to monitor.</p> <p><b>Advise (3) Hospital Associated cases trend</b></p>										

	HCAI Trends by month												
	Organism	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
	MRSA	0	1	0	0	1	0	0	0	0	0	0	0
	MSSA	3	3	1	1	4	6	8	4	4	5	5	4
	C Diff	5	6	4	5	5	8	19	11	4	8	8	4
	E Coli	5	10	7	14	5	8	17	14	8	11	11	11

- We continue to see cases of COVID-19 identified in November 2023, in both patients and staff which have resulted in ward closures.
- The team continue to assess themes as part of the PSIR Framework, including management of urinary catheters, Intravenous cannulae and clostridium difficile relapses.
- Infection Prevention and Control Nurse Consultant now in post and working well with the team.

Clinical Practice Team

(3 Advise, 1 Assure)

Clinical Practice Team:

The Associate Professor for Nursing Practice has now started and will have managerial oversight of the clinical practice team.

Advise (1) Moving and Handling - Essential Core Skills

The ability to meet the face-to-face level two training requirements for clinical staff continues. The risk register entry remains at 10 (moderate). The development of an eLearning Level 2 package is being progressed; there have been unforeseen challenges which the team are working through to get this completed.

Falls prevention & management:

Assure (1)

There has been a decrease in the number of serious falls incidents in month with two reported; of these one was a moderate and one severe fall. The incidents are following the appropriate scoping and investigation process through the new patient safety investigation framework. A deep dive and review of falls was also presented to the November 2023 Quality Committee.

Advise (2) Tissue Viability:

The ability of the service to meet the increased demand remains on the risk register entry 1821 and rated as 9 (moderate), an action plan has been updated.

There remains a significant number of complex patients being referred to the service. The TVN team continue with temporary staffing to support this demand.

Advise (3) Pressure Ulcers:

There has been an in-month increase in the number of reported pressure ulcers with twelve new category three pressures ulcers, which are following the appropriate investigation process and learnings identified.

The lead Tissue Viability Nurse is working with care groups to review how ward learning is shared though the pressure ulcer screening tool following an incident, this needs further embedding.

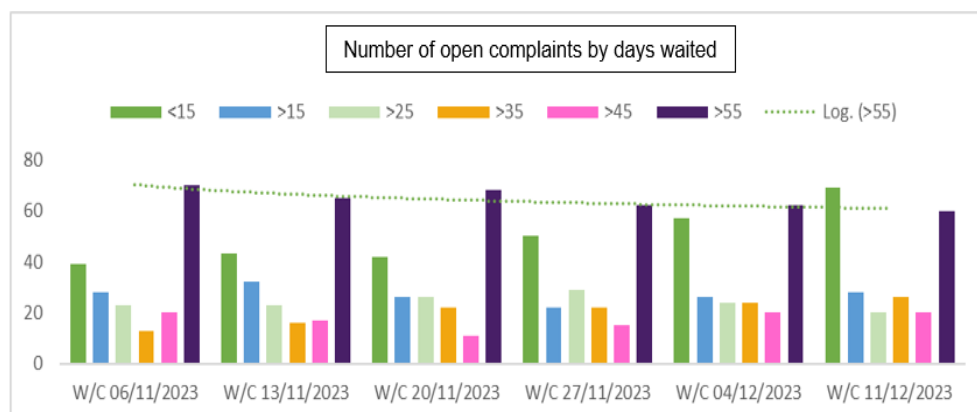
## Patient Experience (3 Advise)

**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.**

### Patient Experience and Engagement Team Overview:

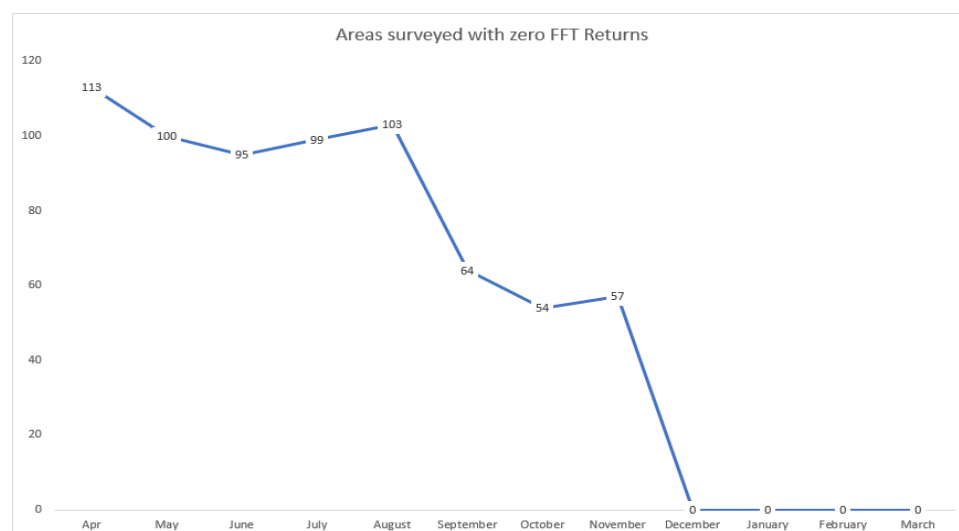
#### Advise (1) PALS and Complaints Data for November 2023: Overview:

- 522 PALS concerns raised
- 50 new formal complaints (remain within our control measures)
- 39 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in November was 70.



#### Friends and Family Test (FFT)

**Advise (2) FFT results:** Testing of the UHD text messaging service continued during November seeing a continued increase in the 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 five consecutive months.



#### Advise (3) Mixed Sex Accommodation Breaches

There were 7 occurrences of MSA in November 2023 affecting 7 patients overall – continued monitoring of areas is in place with care group matrons.

<b>Nurse Staffing:</b> (1 Advise, 1 Assure)	<b>Care Hours per Patient Day (CHPPD)</b> <b>Advise (1) November 2023</b> CHPPD for registered nurses was 4.5 at an organisational level. <b>Red Flag Reporting</b> <b>Assure (1)</b> Thirteen red flags were raised in month for UHD. Of note no red flags were raised within maternity services. All red flags were mitigated with no critical staffing incidents.
<b>Workforce Performance:</b>	<b>Strategic goal: To significantly improve staff experience, engagement and retention</b>
<b>CPO Headlines:</b>	
<b>People Operations:</b> (3 Alert)	<b>Industrial Action</b> <b>Alert (1)</b> Junior Doctor strike action by the British Medical Council ('BMA') and the Hospital Consultants and Specialists Association ('HCSA') will take place from 7am on 20 <sup>th</sup> December 2023 until 7am on 23 <sup>rd</sup> December 2023. The second period of strike action will take place from 7am on 3 <sup>rd</sup> January 2024 until 7am on 9 <sup>th</sup> January 2024.  <b>Alert (2)</b> The British Medical Association ('BMA') is currently balloting Consultants for strike action. The deadline for receipt of ballot papers is 18 <sup>th</sup> December 2023. If mandated, the industrial action(s) is expected to take place within the period from 1 January 2024 to 17 June 2024.  <b>Alert (3)</b> A consistent Dorset approach for recruitment decisions has recently been agreed. As a Trust we are adapting our processes in line with this approach.
<b>Occupational Health and Wellbeing</b> (1 Advise)	<b>Staff Vaccination Programme</b>  <b>Advise (1)</b> Staff autumn vaccination uptake for front line staff is 36% Covid and 39% Flu. Uptake is down compared to this time last year which saw covid 54.9% and Flu 50.4%.  The vaccination program has been extended to 31 <sup>st</sup> January 2024. Drop-in clinics are planned in Occupational Health on Poole and Bournemouth sites until this date.
<b>Workforce Systems</b> (2 Assure)	<b>Right to Work Project</b>  <b>Assure (1)</b> The audit of Right Work checks for all staff to ensure they are all fully aligned against our legal compliance, is progressing well. The work is leading to many refinements to our current processes and procedures in respect of ensuring full compliance with the multiple requirements of Right to Work checks for non-UK Nationals.  <b>Roster Improvement Project</b> <b>Assure (1)</b> All 56 Inpatient new templates have been loaded into Health Roster from the 5 <sup>th</sup> February 2024, except for Intensive care and the Emergency Department, which are scheduled for 4 <sup>th</sup> March 2024, due to having 6-week templates in place.

<p><b>Temporary Workforce</b> (1 Advise, 1 Alert)</p>	<p><b>Bank Engagement</b></p> <p><b>Advise (1)</b> In addition to the National NHS Staff Survey, a national Agency staffing Behavioural Insight Survey was conducted in November 2023 by NHS England and the results will be shared once received.</p> <p><b>Alert (1) Agency Activity</b> Due to a National focus on identify fraud for nurses, the process for verification of temporary nursing workers reporting for duty now includes the commencement of ID photograph being uploaded onto our systems. This process will be reviewed and rolled out for other staff groups</p>
<p><b>Organisational Development</b> (2 Advise)</p>	<p><b>Leadership &amp; Talent</b></p> <p><b>Advise (1)</b> UHD Building Effective Teams month in November was a success, with 14 virtual masterclasses attended by over 460 members of staff.</p> <p><b>Freedom to Speak Up</b> <b>Advise (2)</b> Concerns have been raised by 248 staff with the Freedom to Speak Up team since April 2023 (to end of November 2023). Freedom to Speak Up month in October <b>#breakingboundaries</b> saw a 75% increase of referrals from previous month.</p>
<p><b>Trust Finance Position</b> (1 Alert, 5 Advise)</p>	<p><b>Strategic goal: To return to recurrent financial surplus from 2026/27</b></p> <p><b>Alert (1): Forecast Outturn Risk</b> Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £31.7 million after inclusion of the additional national funding for Industrial Action. This has subsequently been revised down to a forecast deficit of £12 million after inclusion of a number of further financial efficiency opportunities. The individual organisational allocations are still being finalised, however the Trust is expecting to achieve a financial break-even position supported by additional savings, additional ERF income and further funding support from Dorset ICB. There remains considerable risk within this position and focused effort will be required by all NHS partners to achieve the revised outturn projection.</p> <p><b>Advise: Revenue Position</b> At the end of November 2023, the Trust has reported a deficit of £16.8 million against a planned deficit of £4 million representing an adverse variance of £12.8 million. This is mainly due to a reduction in elective income of £6.7 million reflecting lower than planned activity; energy cost inflation of £2.9 million; and unfunded escalation costs of £3.1 million. Premium cost pay overspends within Care Groups have been partially offset by additional bank interest and reduced depreciation charges. Included within the November position is £6.9 million of additional income to fund the financial impact of Industrial Action. This represents the Trusts share of the nationally announced £800 million financial support.</p> <p><b>Advise: Cost Improvement Programme</b> Efficiency savings of £12.7 million have been achieved as at 30 November against a target £18.2 million. This includes non-recurrent savings of £7.8 million. The full year savings requirement is £33.3 million which represents a significant challenge. Current savings plans total £18.3 million representing a shortfall of £15 million and a recurrent shortfall of £21.5 million. Mitigating this shortfall continues to be the key financial focus for the Trust.</p> <p><b>Advise: Capital Programme</b> The Trust continues to forecast the capital expenditure consistent with the full year budget, however a request has been made to the national capital team</p>

	<p>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. Should this request not be supported, the Trust would be a considerable risk as this funding cannot be drawn down in advance of spend and would therefore be lost.</p> <p><b>Advise: Cash</b> As at 30 November 2023 the Trust is holding a consolidated cash balance of £83.8 million which is fully committed against the future Capital Programme. The balance attracts Government Banking Services interest of 5.14% at current rates, together with a PDC offset benefit of 3.5%.</p> <p><b>Advise: Public Sector Payment Policy</b> In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.3% against the national standard of 95%, however in month performance is improving at 94.6%. Financial Services continue to work closely with relevant teams to identify further mitigating actions.</p>																				
<b>Key Recommendations:</b>	Members are asked to note the content of the report																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Financial</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>System</td><td><input checked="" type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality and Diversity	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input checked="" type="checkbox"/>	System	<input checked="" type="checkbox"/>
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Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Trust Management Group	December 2023	Pending
Quality Committee (Quality)	December 2023	Pending
Finance & Performance Committee (Operational / Finance Performance)	December 2023	Pending
Board of Directors – Part 1	December 2023	Pending

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





# Integrated Performance Report

Reporting month: November 2023

Meeting Month: Dec/Jan 2023

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# Achievements

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

- ❖ The latest headline HSMR for July 2023 is 96.98, this has shown special cause improvement for a second consecutive month and maintaining an HSMR of below 100 achieved for the first time in more than a year last month.
- ❖ Friends and Family Test (FFT) : Testing of the UHD text messaging service continued during November seeing a continued increase in the 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 five consecutive months.
- ❖ Successful transition to new Learning from Patient Safety Events (LFPSE) Forms and national platform on the 30/11/23.
- ❖ Fewer patients are waiting for elective care and the referral to treatment time had reduced.
- ❖ No patients are waiting over 2 years for treatment and fewer patients are waiting over 65 weeks.
- ❖ A reduction in the number of patients overdue a follow up outpatient appointment
- ❖ An improvement in theatre utilisation rates (main and day case); to 74% and 75% respectively in November 2023 compared to April 2023
- ❖ More patients are receiving same day emergency care.
- ❖ UHD is consistently performing in the top two Trusts in the south west for diagnostic (DMO1) performance.

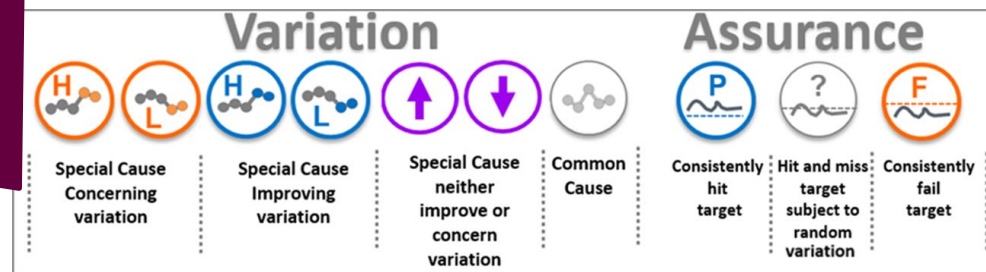
## Performance at a Glance Indicators (1)

		standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	
SAFE																
Quality	Pressure Ulcers (Cat 3 & 4)		3	9	11	7	7	5	10	8	3	12	7	7	11	
	Inpatient Falls (Moderate +)		2	5	9	3	3	4	2	5	1	3	4	6	3	
	Medication Incidents (Moderate +)		1	0	0	2	0	0	0	1	1	2	2	2	6	
	Patient Safety Incidents		1218	1205	1170	1043	1215	1080	1198	1151	1256	1245	1281	1232	1223	
	Hospital Acquired Infections	MRSA		0	0	1	0	0	1	0	0	0	0	0	0	0
		MSSA		2	3	3	1	1	4	6	8	4	4	5	5	4
		C Diff		4	5	6	4	5	5	8	19	11	4	8	8	4
E. coli			7	5	10	7	14	5	8	17	14	8	11	11	11	
EFFECTIVE																
Mortality	HSMR (all Latest Jun 23 (source Dr Foster)		118.7	115.4	107.8	103.8	101.3	106.2	102.4	96.8	97					
	Patient Deaths YTD		256	294	273	217	259	238	228	215	196	227	200	252	232	
	Deaths within 36hrs of Admission		37	50	38	37	32	36	41	34	33	43	25	35	40	
	Deaths within readmission spell		17	24	23	23	16	22	21	18	26	31	20	27	20	
CARING																
	Complaints Received		100	75	92	84	86	73	95	91	37	41	47	65	89	
	Complaint Response Rate (55 Days)		58.7%	62.3%	52.5%	51.4%	47.4%	45.5%	45.5%	38.5%	24.1%	26.3%	10.9%	17.4%	40.0%	
	Friends & Family Test		90.2%	87.8%	91.1%	92.7%	90.3%	90.9%	91.8%	91.0%	93.8%	94.4%	94.4%	95.1%	94.8%	
WELL LEAD																
Safety	Risks 12 and above on Register		35	37	38	41	38	38	40	43	43	43	45	43	45	
	Risks 15 and above on Register		19	19	20	20	19	19	20	21	20	22	23	23	23	
	Red Flags Raised*		74	84	41	43	38	21	43	25	19	13	20	15	13	
People	Turnover		14.7%	14.8%	14.9%	14.7%	13.9%	13.8%	13.7%	13.4%	12.9%	12.3%	12.1%	11.7%	11.2%	
	Vacancy Rate		8.75%	7.2%	7.0%	6.4%	6.0%	6.0%	7.0%	8.1%	9.1%	8.2%	7.7%	6.94%		
	Sickness Rate		5.2%	6.4%	4.8%	4.7%	4.8%	3.9%	3.7%	3.9%	4.1%	4.1%	4.3%	4.8%	4.6%	
	Statutory and Mandatory Training		85.80%	85.92%	86.31%	86.81%	86.98%	87.84%	88.45%	89.41%	89.70%	89.75%	89.25%	88.88%	88.92%	
	Appraisal Compliance - Values Based		49.09%	50.94%	52.10%	52.82%	53.56%	1.22%	4.66%	11.97%	23.80%	34.82%	53.33%	60.82%	63.79%	
	Appraisal Compliance - Medical & Dental		57.67%	57.91%	59.08%	60.82%	59.52%	60.07%	60.61%	62.03%	60.91%	58.25%	55.9%	57.66%	57.29%	
	Temporary Hours Filled by Bank		53.4%	48.5%	52.4%	55.3%	53.5%	57.6%	57.1%	53.1%	53.6%	54.2%	51.0%	51.8%	53.1%	
	Temporary Hours Filled by Agency		16.6%	17.5%	18.6%	19.9%	19.2%	20.3%	21.6%	24.4%	26.3%	25.2%	26.8%	26.2%	27.8%	
	Agency Pay as Proportion of Total Pay		5.2%	6.0%	6.4%	5.7%	3.6%	5.1%	4.1%	4.6%	4.7%	4.5%	5.0%	5.1%	4.5%	

## Performance at a Glance Indicators (2)

	standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	
<b>RESPONSIVE</b>															
RTT	18 week performance %	92%	56.1%	55.1%	55.4%	54.3%	53.8%	52.6%	54.3%	55.1%	55.4%	57.0%	57.6%	59.7%	60.8%
	Waiting list size	76,207 (nov 23)	71,161	70,259	71,230	72,522	72,770	74,557	74,500	74,483	75,884	73,727	73,726	70,914	69,158
	No. patients waiting 52+ weeks	4,045 (nov 23)	3,634	3,472	3,565	3,861	4,100	4,380	4,813	4,574	4,613	4,501	4,426	4,199	4,196
	No. patients waiting 65+ weeks		1,342	1,195	1,127	1,147	1,070	1,249	1,242	1,053	1,122	1,293	1,234	1,331	1,271
	No. patients waiting 78+ weeks	0	487	473	395	274	96	112	97	32	34	43	43	47	59
	No. patients waiting 104+ weeks	0	37	25	10	0	0	0	0	0	0	0	0	0	0
Theatre	Theatre utilisation (capped) - main	98%	75%	73%	71%	71%	65%	72%	73%	73%	73%	74%	75%	75%	74%
	Theatre utilisation (capped) - DC	91%	74%	69%	69%	67%	57%	69%	74%	73%	72%	72%	74%	74%	75%
	NOFs (Within 36hrs of admission - NHFD)	85%	52%	43%	49%	24%	67%	54%	33%	37%	37%	31%	47%	43%	56%
	<b>Outpatient metrics</b>														
	Overdue Follow up Appts		32,757	33,369	34,863	34,756	34,302	31,778	31,057	30,594	29,622	27,619	27,946	27,493	26,506
	% DNA Rate	5%	6.5%	7.5%	7.5%	6.5%	7.1%	7.6%	6.5%	6.1%	6.2%	6.3%	6.2%	6.3%	5.9%
DM 01	Patient cancellation rate		10.5%	12.3%	10.6%	10.8%	9.2%	8.9%	11.3%	11.6%	11.0%	11.3%	11.6%	11.8%	11.2%
	% non face to face (telemedicine) attendances	25%	20.0%	20.2%	20.8%	21.3%	18.5%	18.6%	18.6%	17.5%	15.7%	17.3%	16.9%	16.9%	17.1%
	<b>Diagnostic Performance (DM01)</b>														
	% of >6 week performance	1%	11.0%	13.6%	10.7%	7.4%	7.0%	8.4%	6.0%	7.7%	9.4%	13.2%	12.1%	10.4%	9.3%
	28 day faster diagnosis standard	75%	59.6%	68.4%	65.0%	71.0%	75.4%	71.2%	70.2%	71.9%	60.1%	54.7%	64.7%	67.0%	66.1%
	62 day standard	85%	64.3%	63.4%	63.6%	61.9%	65.4%	67.0%	62.7%	60.2%	63.0%	57.1%	60.2%	68.9%	63.7%
SW Emergency Dept	4 hour care standard							56.8%	66.4%	61.7%	60.1%	62.9%	61.2%	61.0%	62.3%
	Arrival time to initial assessment	15	15.0	20.5	11.0	15.0	13.0	16.0	19.0	22.0	24.0	16.0	16.0	21.0	19.0
	Clinician seen <60 mins %		24.3%	21.8%	31.6%	25.7%	26.1%	31.6%	27.6%	35.6%	20.3%	27.2%	26.1%	27.7%	32.2%
	Patients >12hrs from DTA to admission	0	157	343	234	294	211	220	82	13	59	2	-	-	70
	Patients >12hrs in dept		1074	2000	1108	1443	1238	849	637	504	871	723	857	882	851
	Ambulance handovers		3855	3545	3602	3360	3988	4007	4102	4015	4268	4447	4238	4433	4295
AST	Ambulance handover >60mins breaches		583	1568	728	882	900	698	345	383	615	588	677	805	551
	Bed Occupancy (capcity incl escalation)	85%	92.7%	93.3%	93.1%	94.1%	94.5%	93.6%	92.3%	94.4%	94.6%	93.5%	95.3%	95.8%	96.7%
	<b>Stranded patients:</b>														
	Length of stay 7 days		550	522	564	582	543	523	502	480	474	476	500	502	526
	Length of stay 14 days		375	332	366	387	355	337	322	294	295	308	310	318	331
	Length of stay 21 days	108	281	228	250	269	255	235	223	199	202	220	211	220	220
Patient Flow	Non-elective admissions		5817	5956	5693	5165	6203	5690	6288	6347	6223	6233	6141	6551	6519
	> 1 day non-elective admissions		3676	3905	3673	3202	3881	3612	3826	3783	3863	3821	3779	4065	3934
	Same Day Emergency Care (SDEC)		2141	2050	1979	1963	2316	2078	2458	2560	2358	2410	2310	2393	2458
	Conversion rate (admitted from ED)	30%	29.10%	28.30%	30.90%	27.79%	28.30%	29.70%	29.90%	31.60%	28.70%	28.60%	30.70%	32.50%	32.90%

# Statistical Process Control (SPC) – Explanation of Rankings



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



# Quality Outcomes & Safety Patient Experience



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

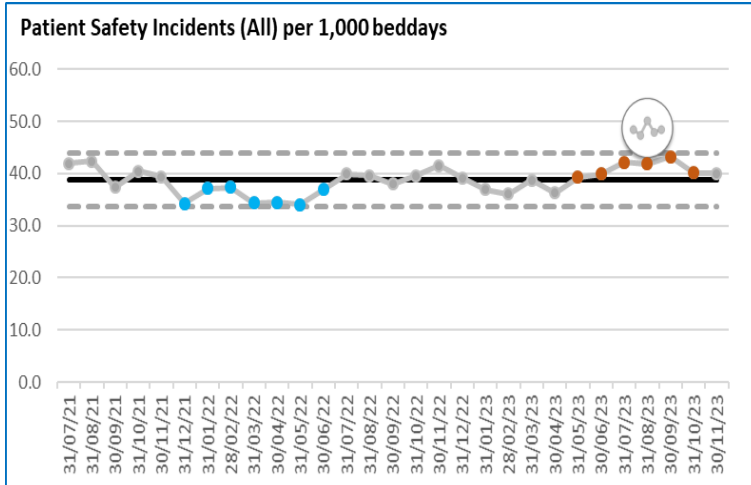
## Operational Leads:

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

## Committees:

Quality Committee

# Quality (1) – Safe



## Background/target description

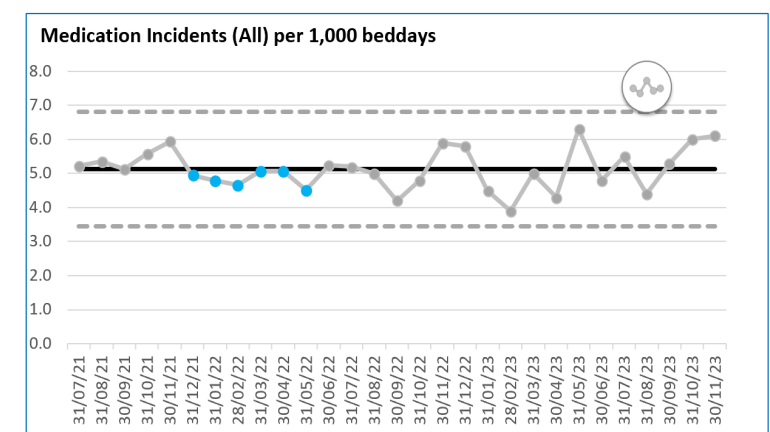
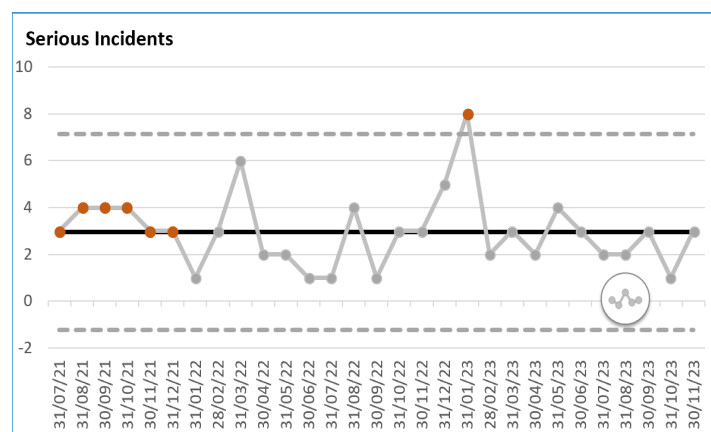
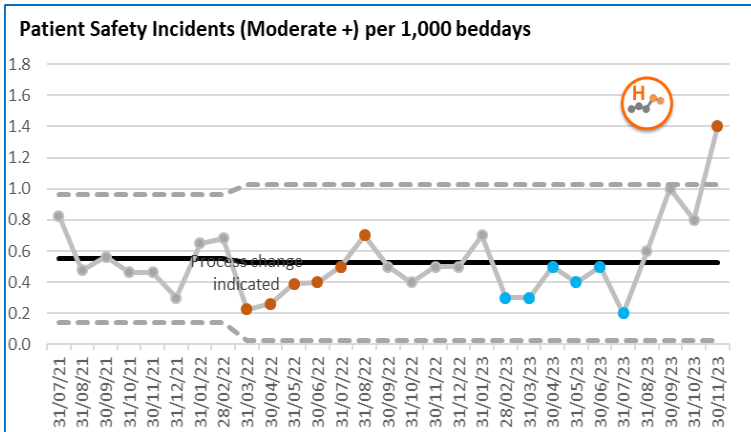
To improve patient safety.

## Performance

- No significant trends or changes in IPR reported metrics. November 23 Patient safety incidents (graded moderate and above) per 100.000 bed days is unvalidated data and is likely to significantly reduce once scoping meetings and initial reviews have been completed.
- PSIRF plan discussed and approved at Board in November 2023.
- 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 is likely to change over the next few months. This will be closely monitored by the Quality and Risk Team who 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

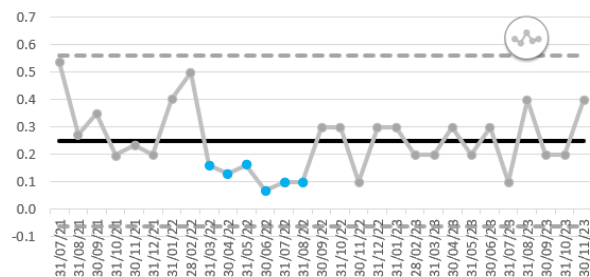
Full report on learning from completed investigations to be included in CMO report to Quality Committee and Board.



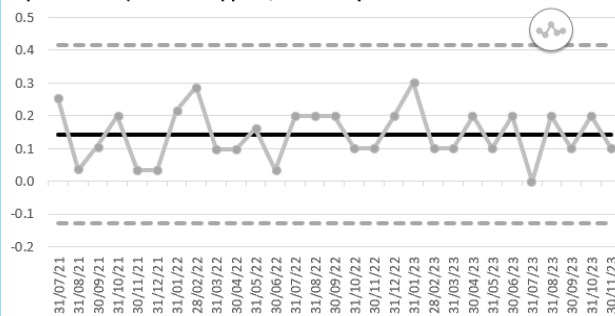
## Quality (2) – Safe



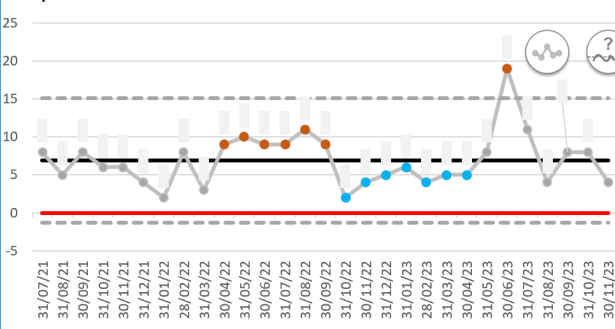
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays



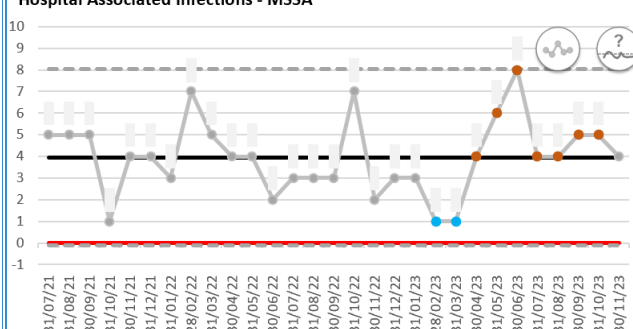
Inpatient Falls (Moderate +) per 1,000 beddays



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 has been twelve new category three pressures ulcers reported in month, which are following the appropriate investigation.
- There has been a decrease in the number of serious falls incident in month with two falls reported (one severe and one moderate), both falls will follow the appropriate follow-up.

#### Infection Prevention and Control

- Methicillin-susceptible *Staphylococcus aureus* (MSSA) - the team continue to monitor Methicillin-susceptible Staphylococcus aureus cases no further trends have been identified and follow the appropriate investigation.
- *Clostridioides difficile* Cases In November 2023 have reduced with no periods of increased incidence or outbreaks. Infection Control continue to monitor.
- We continue to see cases of COVID-19 identified in November 2023, in both patients and staff which have resulted in ward closures.
- The team continue to assess themes as part of the PSIR Framework, including management of urinary catheters, Intravenous cannulae and clostridium difficile relapses.

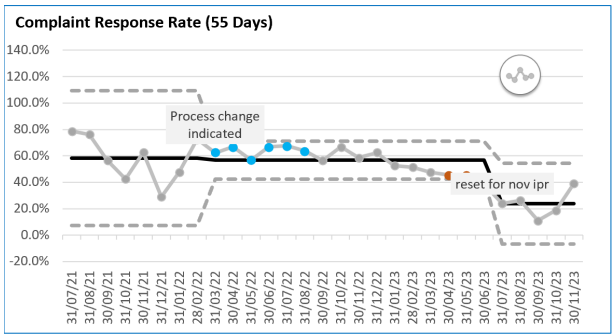
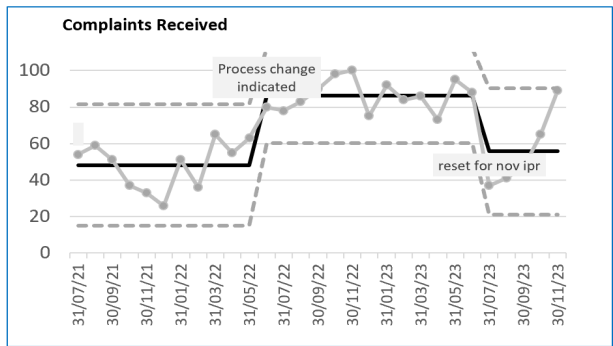
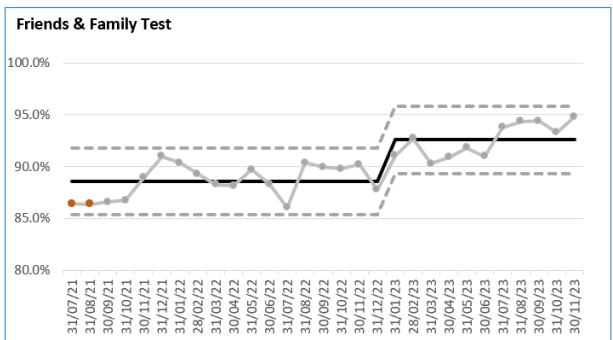
### Key Areas of Focus

- 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	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
MRSA	0	1	0	0	1	0	0	0	0	0	0	0
MSSA	3	3	1	1	4	6	8	4	4	5	5	4
C Diff	5	6	4	5	5	8	19	11	4	8	8	4
E Coli	5	10	7	14	5	8	17	14	8	11	11	11

# Quality (3) – Caring



## PALS and Complaints Data for November 2023:

### Overview:

- 522 PALS concerns raised
- 50 new formal complaints (remain within our control measures)
- 39 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in November were 70.
- Key themes identified as highlighted in the front sheet

Complaints received has increased, with a increased PALS activity also being seen. 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.

The number of open complaints over 55 days continue to be prioritised within the complaints team and care groups and has continued to decrease.

### Friends and Family Test (FFT)

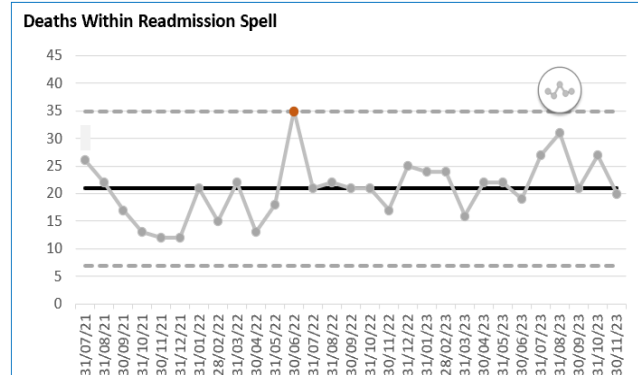
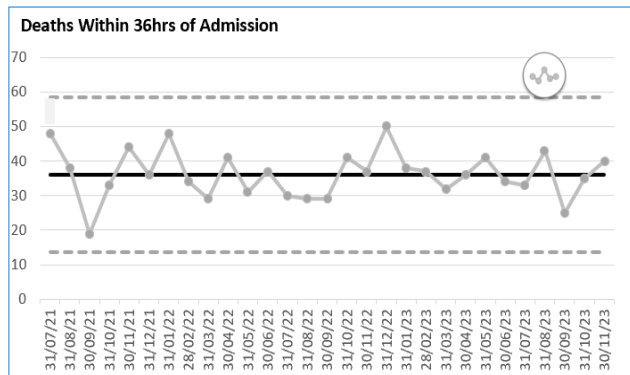
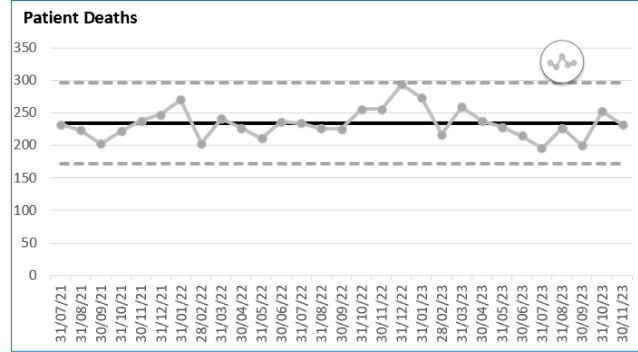
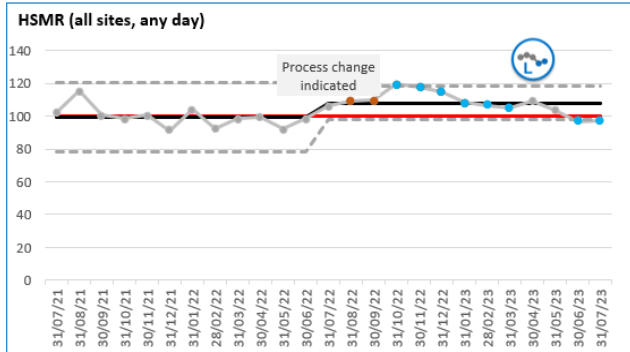
**FFT results:** Testing of the UHD text messaging service continued during November seeing a continued increase in the number of FFT responses being received. More clinical areas are now receiving FFT results. The Trust overall positive score has been above the upper control for five consecutive months.

### Mixed Sex Accommodation Breaches

There were 7 occurrences of MSA in November 2023 affecting 7 patients overall – continued monitoring of areas continues with care group matrons.



## Quality (4) – Effective & Mortality



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 mortality dashboard is live and freely available and of note, all mortality data is at least 5 months old.

[QR.PBI111 Mortality Dashboard - Power BI Report Server \(uhd.nhs.uk\)](https://uhd.nhs.uk/QR.PBI111/MortalityDashboard)

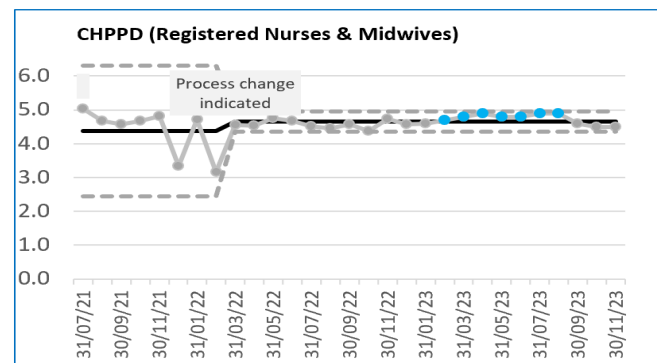
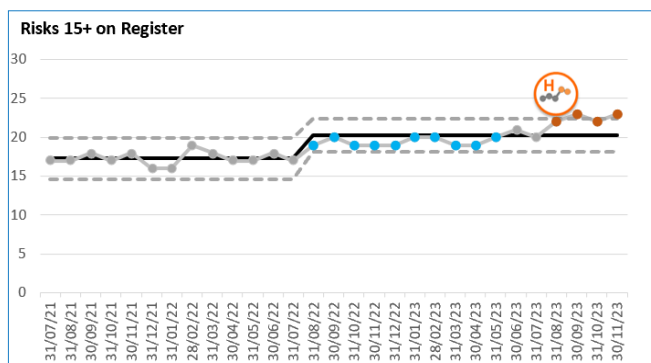
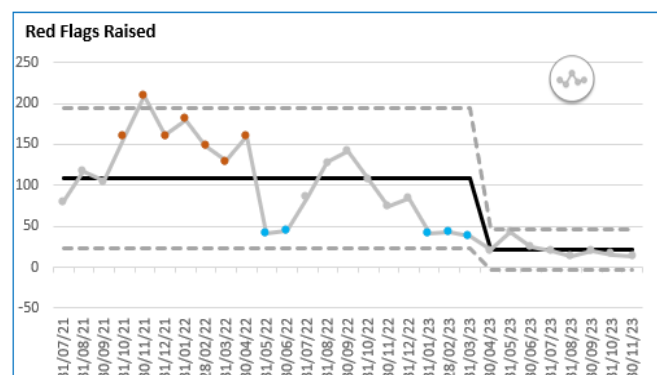
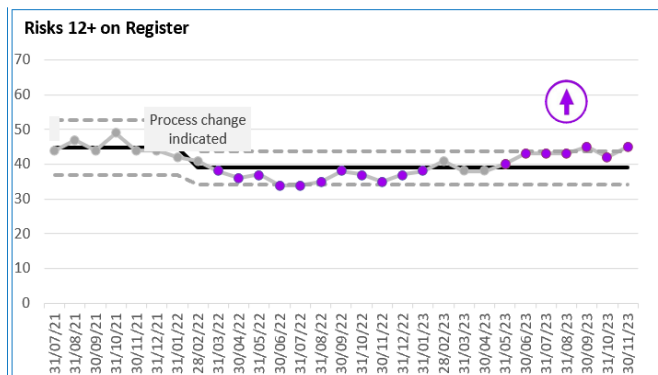
The HSMR has dropped for two consecutive months and is 96.98 for July

There are three mortality alerts which are being investigated

- Acute and unspecified renal failure
- Septicaemia except in labour
- Secondary malignancies

There is also evidence that our palliative care coding of non-elective admissions has dropped sharply and this may contribute to the above alerts by not recording in the coding that the care was with a palliative intent. This is being reviewed with the coding team

# Quality (5) – Well Led



## Performance

- November CHPPD for registered nurses and midwives was 4.5. Guidance for organisational level CHPPD for registered nurses and midwives advises this should be >3.
- The Red Flag data for October 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

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

## Safe Staffing (Rota Fill Rates and CHPPD) - Total (Day & Night Combined) November 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	16764	78073.5	77176.7	98.9%	4.6
Bournemouth & Christchurch	16712	73445.4	74086.6	100.9%	4.4
<b>UHD Total</b>	<b>33476</b>	<b>151518.9</b>	<b>151263.3</b>	<b>99.8%</b>	<b>4.5</b>

# 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
Perinatal	Red flags: 1:1 care in labour not provided	0	0	0	0	1	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%
	Obstetric haemorrhage >1.5L	>2.6 %	2.10%	3.0%	3.7%	4.4%	3.5%	3.36%	3.3%	2.1%
	Term admissions to NNU	National <6%, Regional <5%	5.9%	6.50%	5.50%	4.30%	4.50%	6.10%	6.80%	5.40%
	Apgar < 7 at 5 minutes	<1.2 %	2.3%	0.0%	1.10%	0.70%	0.0%	1.6%	2.8%	2.9%
	Stillbirth number	Actual	4	2	1	0	0	2	2	1
	Stillbirth number/rate (per 1,000) <u>per quarter</u>	<2.5 /1000			7			2		
Workforce	Rostered consultant cover on Delivery Suite - hours pw	<72	72	72	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per week	<58	58	58	58	58	58	58	58	58
	Midwife/band 3 to birth ratio (establishment)	01:23	01:21	01:21	01:21	01:21	01:21	01:21	01:21	01:21
	Midwife/band 3 to birth ratio (in post)	01:23	01:25	01:24	01:24	01:25	01:22	01:22	01:23	01:26
Feedback	Number of compliments (Smiles via Badgernet)		42	37	41	66	51	32		
	Number of concerns (PALS) negative		0	0	4	3	0	2	1	1
	Complaints	3	2	3	2	2	0	0	3	2
	FFT Repsonse -returns as % of deliveries not mandated now )		43%	46%	87%	80%	62%	125%	100%	
Training	UHD Mandatory training - women's health	90%	82%	84%	86%	88%	88%	88%	86%	86%
	PROMPT/Emergency skills all staff groups	90%	82%	82%	84%	86%	not known	85.2%	74%	79%
	K2/CTG training all staff groups	90%	91.76%	96%	94%	96%	95%	95%	84%	87%
	CTG competency assessment all staff groups	90%	91.76%	96%	94%	96%	95%	95%	84%	87%
	Core competency framework compliance	90%	84%	87%	89%	86%	84%	85%	93.50%	90.00%
	Coroner Reg 28 made directly to the Trust	al <6%, Region	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)

### 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:**

- 3rd /4th degree tears
- Apgar <7 at 5 minutes-increased over last two months
- Prompt Training -below 90 % compliance

### Key Areas of Focus

**3<sup>rd</sup> /4<sup>th</sup> degree tears** - learning identified and action plan in place to address OASI bundle compliance is being monitored .

**Obstetric haemorrhage >1.5L:** - The performance for this metric has been elevated for the past six months, a review has commenced using the Patient Safety Incident Response Framework (PSIRF) a Thematic 'Review' and the update on the report and the findings will follow. Clinical review showed correlation between tears and obstetric haemorrhage . Quality improvements being made, and this month showed improvement For awareness National rate of PPH rising due to increasing medicalisation of birth.

**Term admissions to NNU:** - Improvements seen this month one avoidable term admission identified and learning being shared.

**Apgars <7 at 5 min-** review of cases in November showed accurate assessments and further ongoing training continues

**Training:** Immediate action taken, additional training in November. A higher number of staff became out of date in October, however due to sickness full improvement not made and therefore not meeting 90% requirement. Action plan to be presented to board.

# Maternity (SPC)



**Executive Owner:** Paula Shobbrook (Chief Nursing Officer)

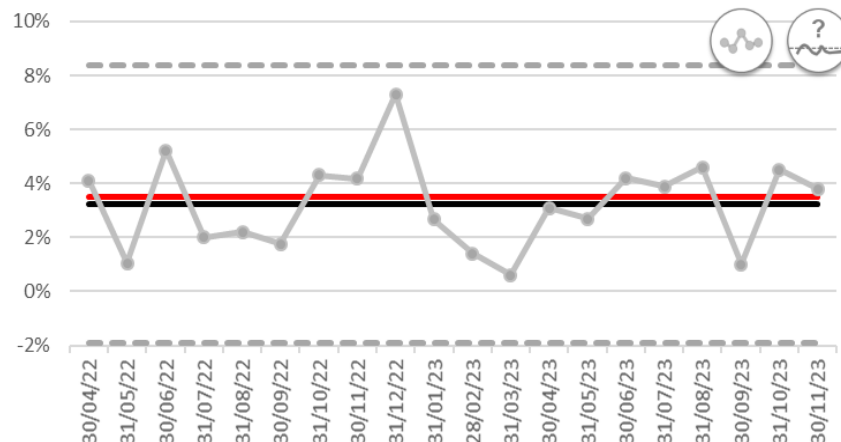
**Management/Clinical Owner:** Sarah Macklin (GDO) / Lorraine Tonge

Director of Midwifery / Mr Alex Taylor Clinical Director

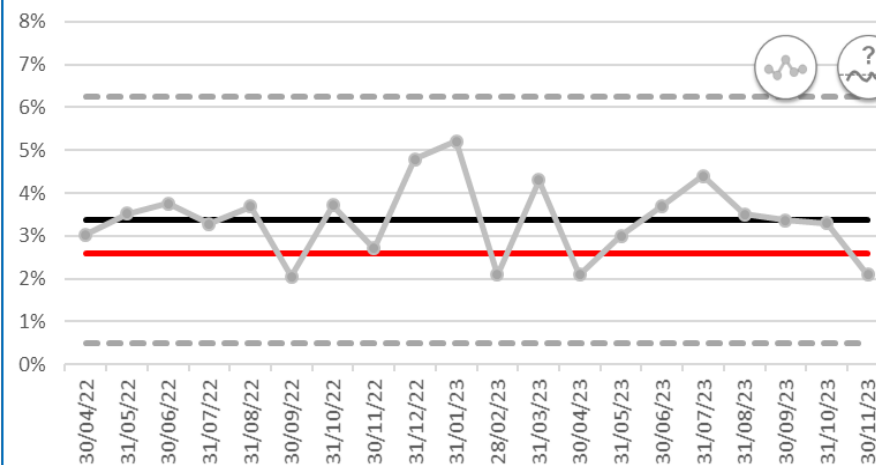
## Maternity - Areas of Focus

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
3rd / 4th degree tear - overall rate	Nov 23	3.8%	3.5%			3.2%	-1.9%	8.4%
Obstetric haemorrhage >1.5L	Nov 23	2.1%	2.6%			3.4%	0.5%	6.3%
Term admissions to NNU %	Nov 23	5.4%	6.0%			5.6%	2.5%	8.7%

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
<p><b><u>MBRRACE reportable cases:</u></b>  <b>There have been 2 reportable cases for MBRRACE in November 1 early stillbirth and 1 MTOP (reportable as over 24 weeks)</b></p> <p><b><u>PMRT</u></b>            An external review with the team from Somerset occurred November. This external review relooked at all PMRT cases from January 1<sup>st</sup> to May 31<sup>s</sup> and grades the care. Initial feedback was that there was no additional learning or themes identified and one case was regraded however learning already implemented.            We will continue to continually increase awareness of the importance of reduced fetal movements and seeking medical attention.</p>	<p><b>Patient Safety Incident Response Framework (PSIRF)</b>            PSIRF is being implemented in maternity and our top 3 areas identified for thematic reviews are</p> <ol style="list-style-type: none"> <li>1. Stillbirth</li> <li>2. Term admissions to NICU - 6 months deep dive presented to ICB and safety champions.</li> <li>3. PPH greater than 1.5 liters initial quality improvement commenced.</li> </ol> <p><b>Other incident to note from November report</b>            There are 2 HSIB and a board report to share with the Board this month.            Key learning discussed with safety champions</p>	<p><b>MIS year 5 - All safety standards not met</b>            Work continues on all safety standards with monthly assurance meetings to monitor compliance.</p> <p><b>Standards not met</b>  <u>Safety action 4</u> 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 embed guidance from RCOG on the management of the temporary staffing.</p> <p><u>Safety action 6</u>            Saving Babies Lives Care Bundle 3 – Quarter 2 assessment with ICB showed 73% compliance., however 50% not met in one element therefore standard not met.</p> <p><u>Safety action 8</u> - In house training, This remained a challenge in November due to the change over of the junior medical staff and new midwives in post. Additional training occurred however standard not met for all staff groups.</p> <p><b>Other areas we are improving are:</b>  <u>Safety action 9</u>- We are working closely with the ICB to ensure that we have a live digital monitoring Maternity and Neonates Dashboard that supports the monitoring of the performance and delivery of a safe service</p>



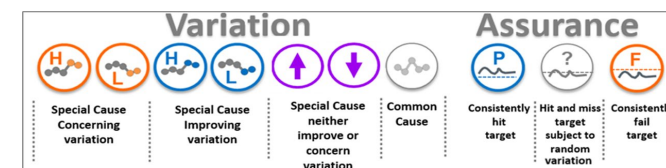
# Performance at a glance

## Quality - Key Performance Indicator Matrix



### UHD Quality

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays	Nov 23	0.4	-	📉		0.2	-0.1	0.6
Inpatient Falls (Moderate +) per 1,000 beddays	Nov 23	0.1	-	📉		0.1	-0.1	0.4
Medication Incidents (Moderate +) per 1,000 beddays	Nov 23	0.2	-	📉		0.1	-0.1	0.2
Medication Incidents (All) per 1,000 beddays	Nov 23	6.1	-	📉		5.1	3.4	6.8
Patient Safety Incidents (All) per 1,000 beddays	Nov 23	40.0	-	📉		38.7	33.6	43.8
Patient Safety Incidents (Moderate +) per 1,000 beddays	Nov 23	1.4	-	📈		0.5	0.0	1.0
Serious Incidents	Nov 23	3		📉		3	-1	7
Never Events	Nov 23	1	-	📉		0	-1	1
Hospital Associated Infections - MRSA	Nov 23	0	0	📉	📉	0	0	1
Hospital Associated Infections - MSSA	Nov 23	4	0	📉	📉	4	0	8
Hospital Associated Infections - C Diff	Nov 23	4		📉	📉	7	-1	15
Hospital Associated Infections - E Coli	Nov 23	11	0	📉	📉	8	-1	17
Risks 15+ on Register	Nov 23	23	-	📈		20	18	22
HSMR (all sites, any day)	Jul 23	97.0	100.0	📉	📉	108.1	98.2	118.0
Mixed Sex Accommodation Breaches	Nov 23	7	0	📉	📉	4	-14	22
Complaints Received	Nov 23	89	-	📉		56	21	90
Complaint Response Rate (55 Days)	Nov 23	40.0%		📉		24.9%	-9.0%	58.9%
Friends & Family Test	Nov 23	94.8%	-	📉		92.6%	89.3%	95.9%
			0					
Patient Deaths	Nov 23	232	-	📉		234	172	296
Deaths Within 36hrs of Admission	Nov 23	40	-	📉		36	14	59
Deaths Within Readmission Spell	Nov 23	20		📉		21	7	35
Risks 12+ on Register	Nov 23	45		📈		39	34	44
Red Flags Raised	Nov 23	13		📉		21	-4	46
CHPPD (Registered Nurses & Midwives)	Nov 23	4.5		📉		4.7	4.3	5.0



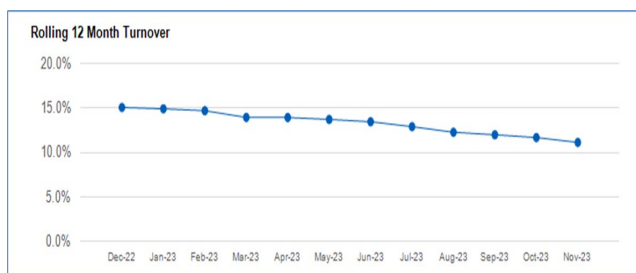
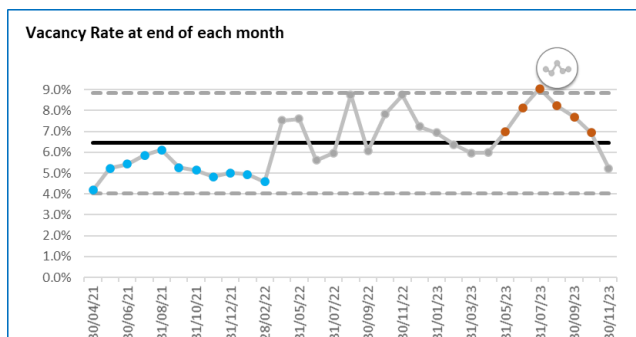
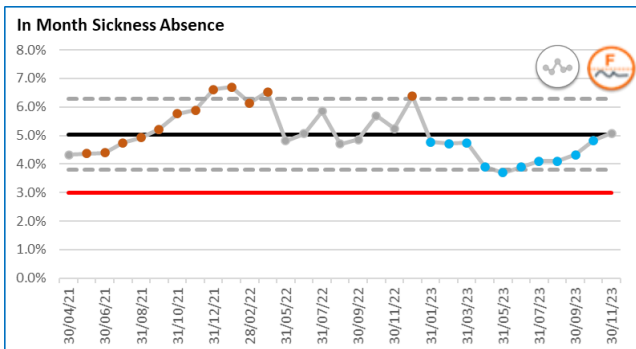
# Our People

**Irene Mardon**  
Acting Chief People Officer

**Operational Leads:**  
Lisa White - Acting Deputy Chief People Officer

**Committees:**  
People and Culture Committee

# Well Led - Workforce (1)



## Performance

### Sickness Absence and Wellbeing

- In month sickness absence for November 2023 was at 5.1%, this is up on previous month. Latest rolling 12 month rate (as at end of November 2023) is 4.56% which is a slight reduction on the previous month.
- (Risk 1493) Stress/ anxiety/ depression remains the top reason for absence.
- In November, 210 Occupational Health management referrals were received - the waiting time has improved from 4 weeks to currently 3 weeks. Steps are in place to continue to support the return to the KPI of 10 days.
- Staff physiotherapist wait times reduced to 6 days for an urgent appointment and 20 days for routine. KPI- 5 days for urgent, 10 days for routine. Physiotherapist recruitment is in train to improve our performance against the KPIs .
- UHD Winter Wellbeing Guides for Line Managers and staff have been published and communicated. This provides staff wellbeing information and signposting to internal and external support services.

### Vacancy Rate

- A consistent Dorset approach for recruitment decisions has recently been agreed. As a Trust we are adapting our processes in line with this approach.
- Vacancy rate is reported a month in arrears to allow for reconciliation with the ledger. Latest vacancy position is 6.94% (as at 31st October 2023), this includes any changes made in arrears.
- In November, the number of new joiners (agenda for change staff) to the Trust was 134, whilst slightly down from 141 the previous month, this remains high when compared across the year. Additionally, there were 3 new medical joiners.
- The number of applications for advertised posts (for agenda for change staff) remains high, at 3,797 for 299 posts. This is an increase of 282 applications from October. In November, 258 offers were made. For medical staff, offers were made to 36 staff.
- NHSI financial support for International Nurse Recruitment beyond December 2023 has not been confirmed at this stage. This impacts our ability to plan our training offering for the Objective Structured Clinical Examination (required to obtain nursing registration in the UK).

### HCSW Recruitment

- There are 59 HCSW (Health Care Support Workers) in the recruitment pipeline.
- HCSW vacancies are currently at 184 WTE compared to 218.51WTE vacancies reported last month.
- The deadline for meeting our target of reducing the number of HCSW vacancies by 25%, has been extended to 30 March 2024.
- A forecast and action plan indicating how we will achieve this objective has been submitted to NHS Direct Support. In addition to weekday recruitment events, a larger scale HCSW recruitment day is planned for 20<sup>th</sup> January 2024.

### Turnover

- Rolling 12 month Turnover rate (excluding fixed term temp) is at 11.15% (as at end of November 2023), which is a slight reduction on last month and continues a downward trend we have seen for over a year now.

Data continues to adjust as the ESR establishment work and data cleanse process continues. The Medical and Dental data cleanse project is on track for completion on the 31st December with a current completion rate of 63%.



# Well Led - Workforce (2)



## Performance

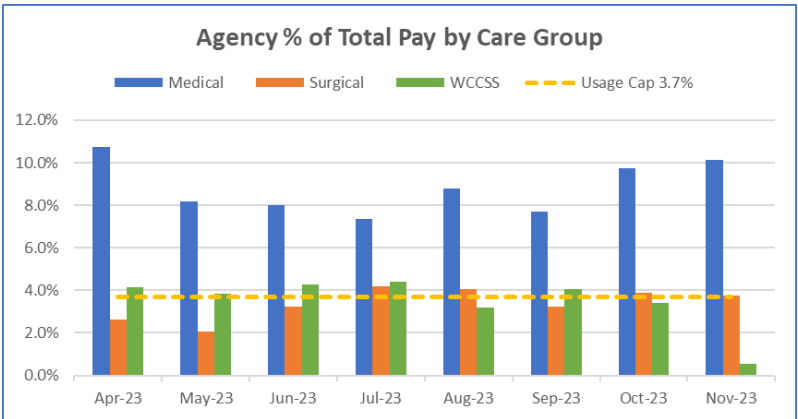
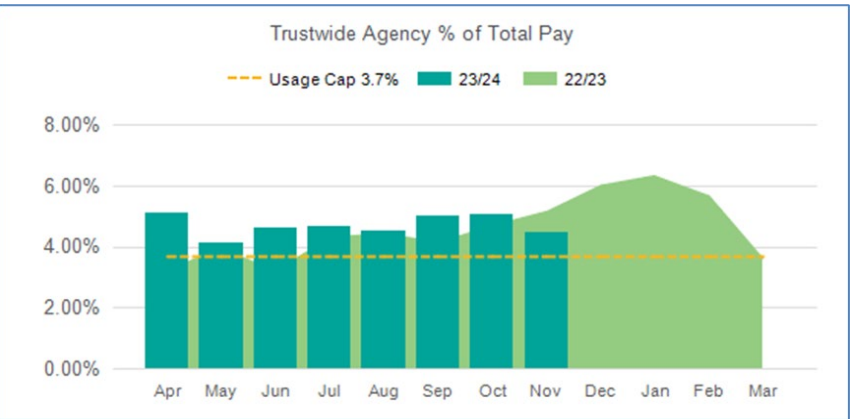
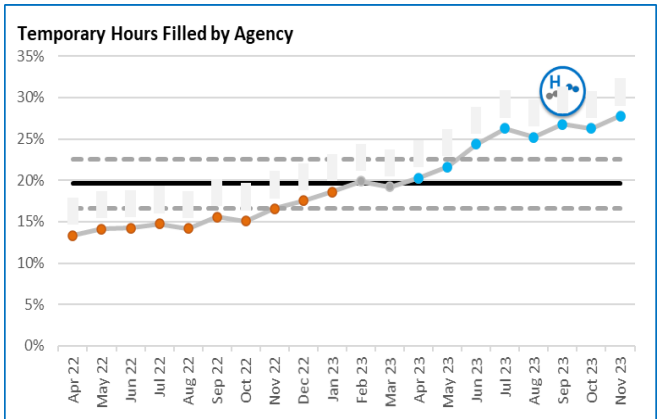
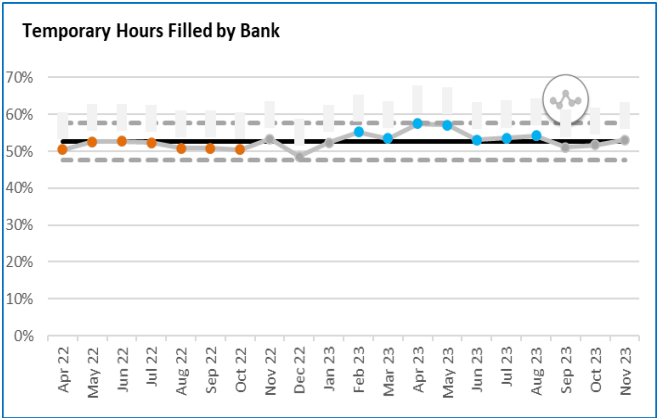
### Underlying issues:

- Risk 1492: A Dorset review is underway at system and Trust level to review agency rates to ensure consistency and efficiency.
- A marginal improvement and reduction in agency spend from 5.06% in M07 to 4.48% in M08.
- Agency spend has increased in the Medical Care Group M7 9.75% to 10.12% in M8, The Surgical Care Group was 3.89% in M7 and now 3.73% in M8. Women's, Children, Cancer and Support Services Care Group was 3.42% in M7 and now 0.53% in M8 following a YTD adjustment, it is anticipated that next month will return to normal levels.
- 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

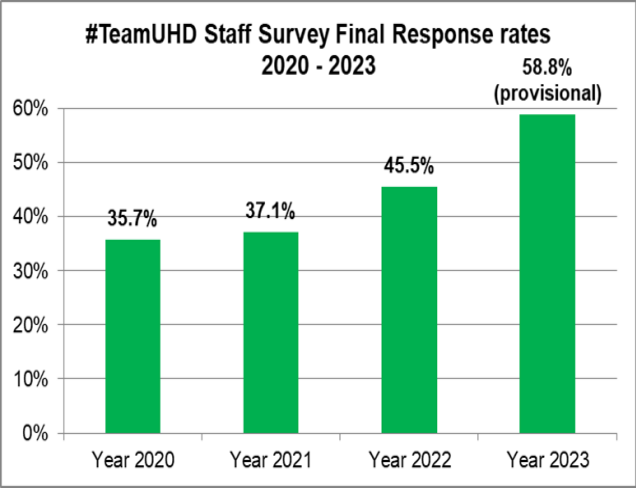
## Key Areas of Focus

### Agency Activity

- Due to a National focus on identify fraud for nurses, the process for verification of temporary nursing workers reporting for duty now includes the commencement of ID photograph being uploaded onto our systems. This process will be reviewed and rolled out for other staff groups.



# Well Led - Workforce (3)

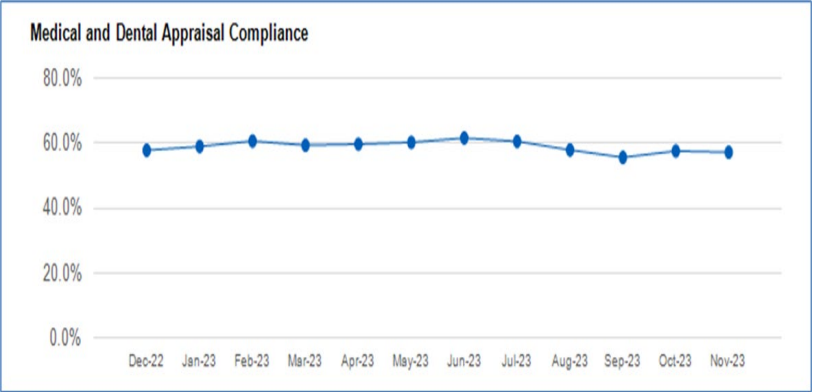
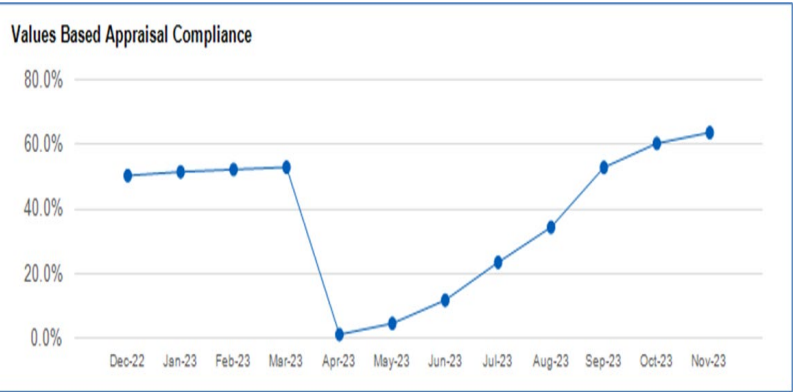
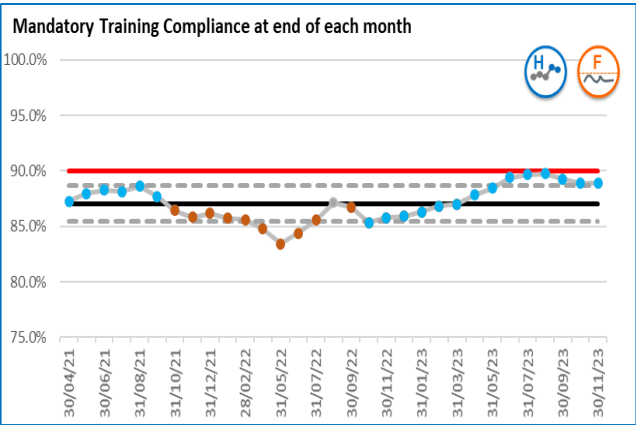


## Performance

- The 2023 UHD Substantive Staff Survey has a provisional response rate of 58.8% - this may alter after quality checks i.e. blank surveys submitted, staff becoming ineligible due to leaving the Trust during the live survey period. The Bank Survey has a provisional response rate of 31.5%. For both surveys, UHD is above the national average in terms of numbers of responses. The initial survey results will be available by 15 December 2023.
- Mandatory Training has remained at 88.9% as at end of Nov 2023 and is still under the 90% target across all sites.
- The appraisal season for Values Based restarts in April. Appraisal compliance for values based as at end of November is 63.8%. Values Based compliance at end of last year (March 2023) was 59.5% so we are ahead of last year. Medical & Dental is at 57.3% and does not restart in April.

## Key Areas of Focus

Information Governance is currently below the 95% national compliance required – currently it is 88.9% (same as previous month)



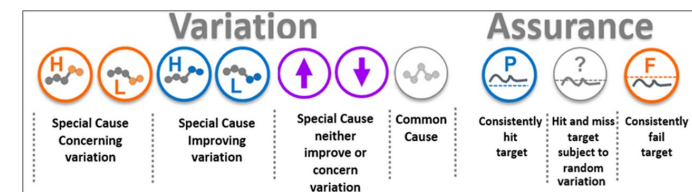
# Performance at a glance

## 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	Nov 23	5.2%	-			6.4%	4.0%	8.8%
In Month Sickness Absence	Nov 23	5.1%	3.0%			5.0%	3.8%	6.3%
Mandatory Training Compliance at end of each month	Nov 23	88.9%	90.0%			87.1%	85.4%	88.7%
Temporary Hours Filled by Bank	Nov 23	53.9%	-			53.6%	47.0%	60.2%
Temporary Hours Filled by Agency	Nov 23	27.6%	-			22.8%	18.7%	26.8%
Agency Pay as Proportion of Total Pay	Nov 23	4.5%				4.6%	2.9%	6.3%



# Population Health and System Working



**Mark Mould**  
Chief Operating Officer

## **Operational Leads:**

Judith May – Director of Operational Performance and Oversight

Alex Lister – Deputy Chief Operating Officer

Abigail Daughters – Group Director of Operations – Surgery

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

Leanna Rathbone – Group Director of Operations – Medical

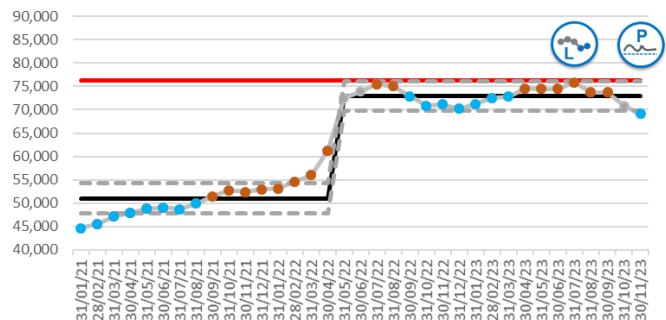
## **Committees:**

Finance and Performance Committee

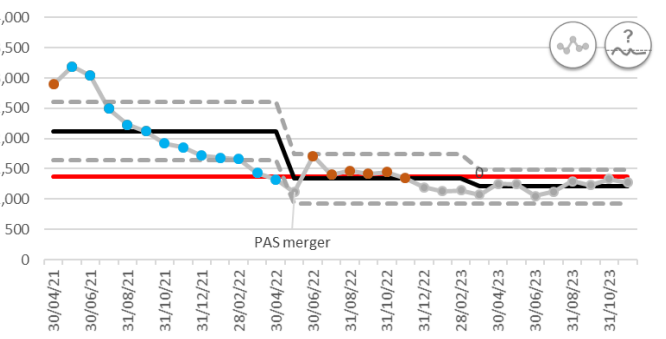
# Responsive – (Elective) Referral to Treatment



UHD - Total Waiting List Size



UHD - Patients waiting >65 weeks



## 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 69,158 at the end of November 2023. This is 7,049 below the operational planning trajectory (76,207) and an in-month reduction of 1,756. In line with this, the RTT performance increased above 60%, having last performed at this level in March 2022.
- 75% of patients with a wait >12 weeks have had their pathway validated (Target 90%) and 98% of waits >26 weeks are validated. Validation of waits > 12 weeks continues in order to meet the national target.
- 59 over 78-week waits were reported at the end of November 2023, compared to 47 in October. Whilst this is an increase in breaches, the Trust delivered below its forecasted position (65).
- >65-week waits decreased in November 2023 to 1,271 meaning the planned trajectory was met (plan 1,376). This metric is not changing significantly, and performance remains within the process control limits. However, we are continuing to see a sustained reduction in the cohort of patients who will breach 65-week waits if not seen or treated by March 2024, with the cohort size of 5,183 remaining at the end of November (-1,743 compared to October). This is an 87% reduction in the cohort since 31 March 2023.
- Junior Doctors' industrial action scheduled in December 2023 will put at risk the trajectory for the current month.

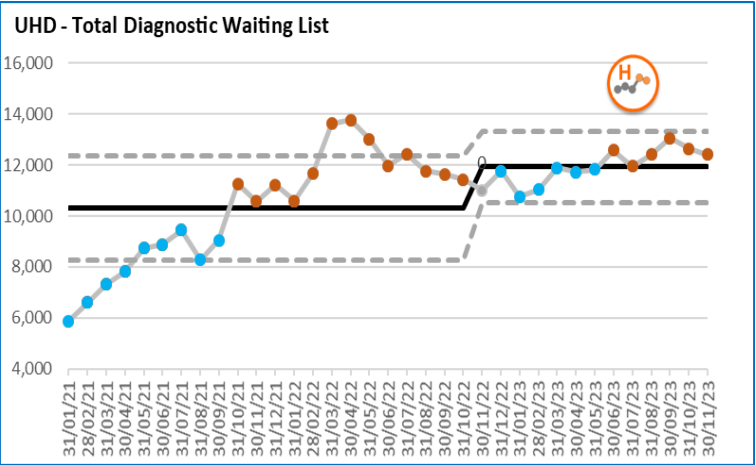
## Key Areas of Focus

- Prioritising patients at risk of breaching 65 weeks before March 2024 for a first outpatient appointment or first contact by 31 December 2023. Including additional appointments in gynaecology, neurology, dermatology, respiratory medicine, and community paediatrics.
- Planning for industrial action to minimise the impact on long waiters due to cancellations or the requirement to reschedule urgent elective or cancer patients.
- Increasing in the number of theatre sessions scheduled in December and theatre utilisation of these theatres; prioritising this capacity for specialties who have the greatest capacity challenge for 65 week waits.
- Delivering additional capacity for cancer 2-week waits, targeted to reduce the impact of increased cancer referrals on routine elective capacity.
- Increasing productivity within core capacity. This includes wait-in-line reviews in surgery, validation hubs, reducing did not attends (DNAs) and a review of outpatient clinic utilisation.

### Referral To Treatment

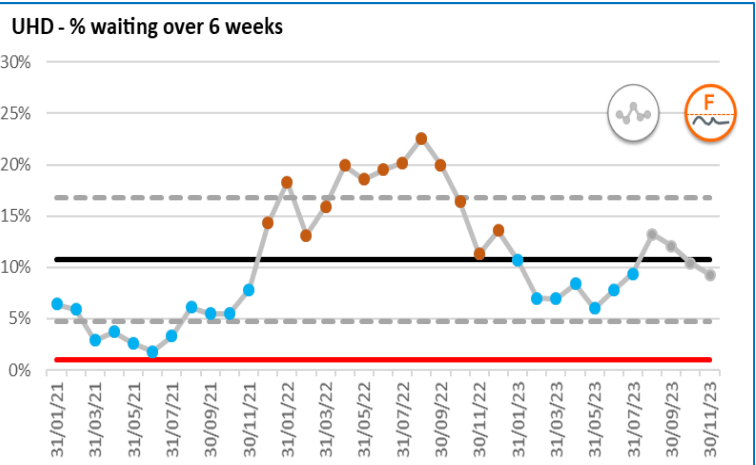
	Standard	Merged Trust	% of pathways with a DTA
18 week performance %	92%	60.78%	
Waiting list size (and trajectory)	76,017	69,158	19%
Waiting List size % variance compared to trajectory	0%	-9.0%	
No. patients waiting 26+ weeks		17,241	28%
No. patients waiting 40+ weeks		8,440	29%
No. patients waiting 52+ weeks (and % of waiting list)	6.1%	4,196	30%
No. patients waiting 65+ weeks (and % of waiting list)	1.8%	1,271	32%
No. patients waiting 78+ weeks (and % of waiting list)	0.1%	59	31%
No. patients waiting 104+ weeks (and % of waiting list)	0.0%	0	-
% of Admitted pathways with a P code		97.71%	

# Responsive – (Elective) Diagnostic Waits



Diagnostic Performance (DM01)

% of >6 week performance	(6+ Weeks / Total)	1%	1157/12413	9.3%
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## Data Description and Target

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

## Performance

Improvement in overall diagnostics performance (DM01) had been delivered to below the mean. November performance was 9.3% compared to 10.4% at the end of October. 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.

**Endoscopy** performance improved to 6.6% at the end of November (9.0% at the end of October).

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

**Echocardiography** performance has stabilised, 16.3% in October and 16.2% in November.

- 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.

**Neurophysiology** improved from 23.6% in October to 19.4% in November.

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

**Radiology** performance has improved since October (8.4%) and is now at 7.6% in November.

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

## Key Areas of Focus

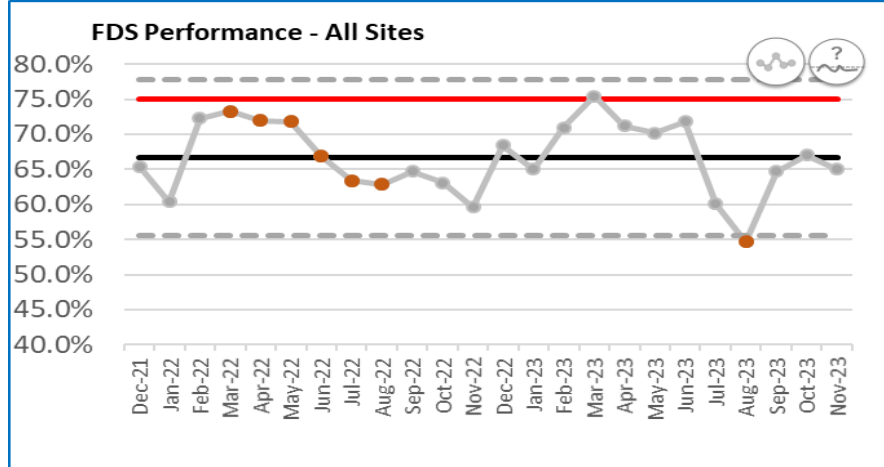
- **Endoscopy:** InHealth mobile unit notice has been served, planned removal 31/03/24.
- Dr Doctor is being integrated with e-Camis for Endoscopy for ongoing management of bookings to ensure high utilisation (currently at 88%) and low DNAs - scheduled to commence in December 2023.
- **Echocardiography:** DrDoctor is being integrated with TomCat to access the appointment reminder function for patients. Onboarding of new insourcing agency staff continues.
- **Radiology:** Additional Ultrasound WLI's continuing and mobile MRI scanner will remain at AECC full-time until end of March 2023.
- Agency Sonographers (via Healthshare) commenced Ultrasound services in Beales 4<sup>th</sup> December (280 slots per week).
- Reviewing cardiac MRI provision for Dorset County Hospital patients (circa 20 slots/month). Maternity leave cover secured for MRI cardiologist. Scoping potential private providers to support in interim.
- Dr Doctor is being integrated with Soliton for Radiology with ongoing management of bookings to ensure high utilisation and low DNAs, scheduled to commence in December 2023.



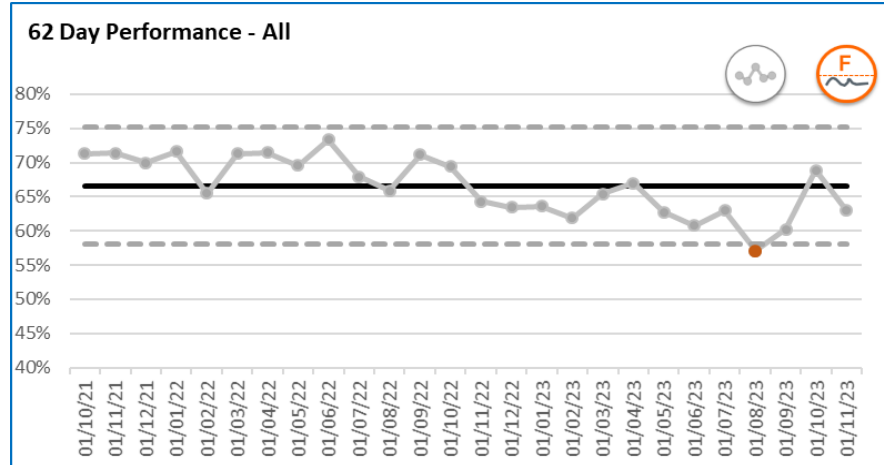
# Responsive (Elective) Cancer FDS & 62 Day Standard



## 28 Day Faster Diagnosis Standard (Target 75%) Finalised UHD October Performance (67.0%)



## 62-Day Standard (Target 85%) Finalised UHD October Performance (68.9%)



## Data Description and Target

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

## Finalised October Performance

- 28 Day Faster Diagnosis Standard - Performance in October 2023 increased by 2.3% to 67.0% compared with September, which met the revised operational plan trajectory. 9 out of 14 tumour sites achieved the target. The main tumour sites affecting performance in October were colorectal and gynaecology.
- Dermatology met the FDS standard in October and Gynaecology showed an improved performance. Community dermatology photo clinics and a new pathway for women with post-menopausal bleeding in Gynaecology have both been launched in November 2023.
- 62 Day performance in October increased by 8.7% to 68.9% when compared to September. The main breach reasons were due to capacity issues at the front end of the pathway for colorectal, gynaecology and skin. Surgical cancellations due to the industrial action also increased the number of breaches in the month.
- The total number on the UHD Patient Treatment List (PTL) over 62 days decreased by 46 to 279 in October against the March 2024 target of 220.

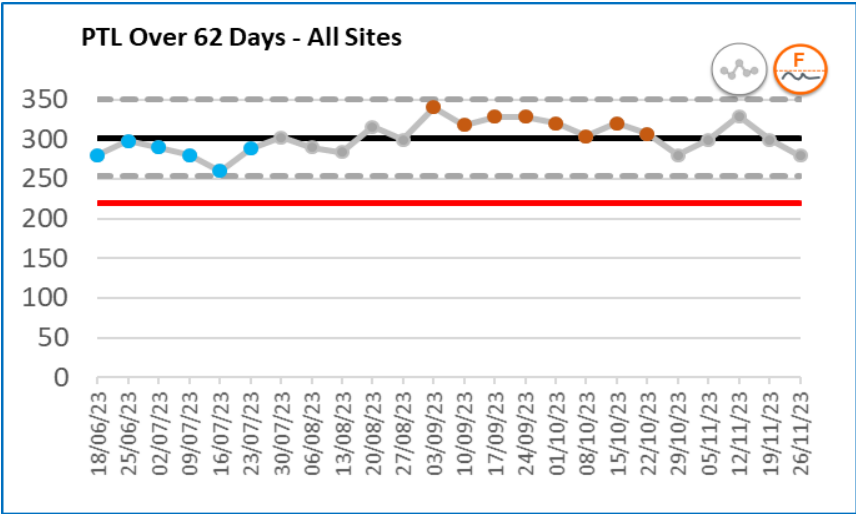
## Predicted November Performance (un-finalised)

- 28 Day Faster Diagnosis Standard - November's performance is currently at 66.1% against the revised trajectory of 68.5%. The main reason for the decrease in performance is 1st OPA capacity within skin and colorectal. Enhanced support meetings are in place, led by the Chief Operating Officer and Chief Medical Officer.
- 62 Day performance - The provisional performance for November is currently 63.7% - there are a number of skin treatments awaiting histological confirmation which will increase the final performance for the month. The main reasons for the deterioration in this month's performance are a high number of skin breaches due to surgical capacity at Christchurch.
- The total number of patients over 62 days remained at 279 in November. Work is ongoing with the Care Groups to reduce the number of patients over 62 days including weekly clinical reviews of all long waiters.

# Responsive (Elective) Cancer over 62 Day Breaches



62 Day Breaches (Target October: 220)  
Finalised UHD October Performance: 279



## High Level Performance Indicators

Cancer Standards	Standard	Final	Predicted
		Oct-23	Nov-23
28 Day Faster Diagnosis Standard	75%	67.0%	66.1%
31 Day Standard	96%	96.7%	96.7%
62 Day standard	85%	68.9%	63.7%

## Key Areas of Focus

The priority areas of focus for the next quarter are Skin, Colorectal and Gynaecology particularly with further industrial action scheduled in December 2023 and January 2024.

### Key areas of focus include:

#### Dermatology:

- Consider insourcing solutions to provide additional fast track capacity throughout the quarter.
- Finalisation of the tele-dermatology plan within UHD, whilst supporting system wide tele-dermatology projects, which support demand management.
- First photo clinic commenced in November with plans for pilot to continue.

#### Gynaecology:

- The Gynae PMB (Post Menopausal Bleeding) post HRT pathway went live on 20 November with a number of patients already being referred. Audit of effectiveness to be completed in January 2024.
- To maintain the improved FDS and backlog position that has been realised in November 2023.
- Service to complete an up to date capacity and demand model.

#### Colorectal:

- Cessation of the FIT <10 pathway at UHD. This will move to Primary Care in Q4 2023/24.
- Service to complete an up to date capacity and demand model to enable an improved performance position.

#### Urology:

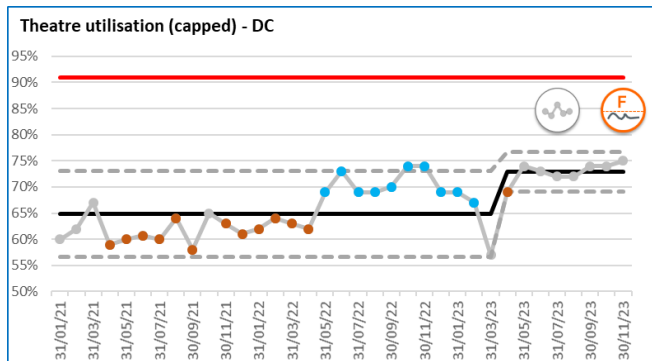
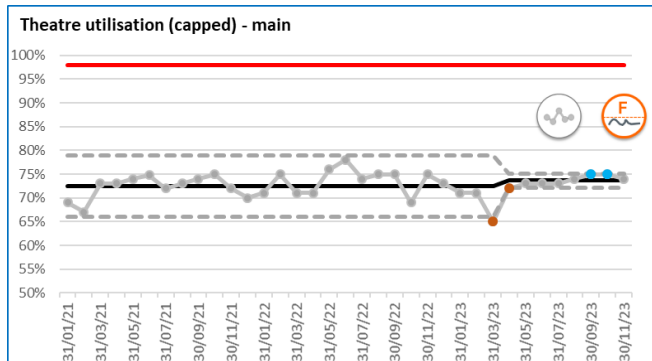
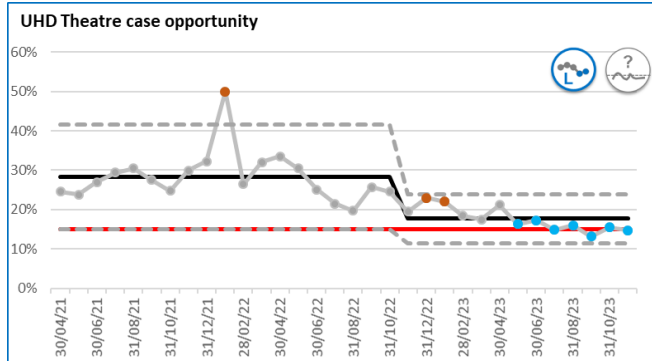
- Moving the Urology service to an Advanced Clinical Practitioner (ACP) led diagnostic pathway.

#### Cross tumour sites:

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



# Responsive (Elective) Theatre Utilisation



## Data Description and Target

Trust 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

- There is continued improvement with less variability in performance. SPC chart is demonstrating case opportunity target can be achieved within current process. Target 15% case opportunity achieved in month.
- As shown, capped utilisation within main theatres will not achieve 85% with target sitting above current upper process limit, noting however an improved position.
- The improvement is in-part being driven by an improved Orthopaedic performance with both late starts and capped utilisation triggering special cause variation (improvement), noting that utilisation in Orthopaedics remains below target @ 60%.
- Capped utilisation within Day Case lists remains static with the upper process limit remaining 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 and greater control.
- The number of cases has triggered special cause variation (improvement) driven by an increase in Orthopaedic and Urology activity. Orthopaedic activity increased by 9% in month to 65% of the template, following some improvements in staffing levels.

## Underlying issues:

- On the day cancellations have increased alongside bed occupancy, impacting list utilisation.
- Ongoing staffing shortages across theatres remains a barrier to providing a full template for all surgical specialities, noting improvement as above.
- Orthopaedic lists remain challenged impacting wider efficiency markers, noting improvement in several areas outlined above.
- High utilisation variability across Oral Surgical lists whilst the upper process limit is closer to target – performance variable.

## Key Areas of Focus

- Capacity & Demand work commenced.
- Targeted work underway to focus on orthopaedic and oral utilisation, including booking habits to improve list utilisation and reduce case opportunity.
- Profiling theatre activity factoring in new starters and improved workforce position has been completed for both Orthopaedic and Surgical lists.
- The implementation of MyPreOp and linkage to the CCS tool to support Pre-Op Assessment.
- The awaited output of the NHSE review of theatres will form the foundation of the improvement programme and next steps to delivering sustained improvement in theatre productivity.

# Responsive (Elective) Outpatients



Referral Rates (MRR Return)	Standard	This Year	Trust Perf
GP Referral Rate year on year	-0.5%	83245	-3.4%
Total Referrals Rate year on year	-0.5%	125980	-5.9%

Outpatient metrics			
Overdue Follow Up Appointments (Cons-Led Only)			26506
New Attendances			21574
Follow-Up Attendances			32736
% DNA Rate	(Total DNAs / New & Flup Atts)	5%	3399 / 54310 6.9%
Hospital cancellation rate	(Hospital Canx / Total Booked Appts)		12514 / 79046 15.8%
Patient cancellation rate	(Patient Canx / Total Booked Appts)		8823 / 79046 11.2%

Reduction in face to face attendances (acute only)			
% telemed/video attendances	(Total Non F-F / Total Atts)	25%	9300 / 54310 17.1%

## 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 November continues to represent normal variation. A review of all clinics with live appointment reminders is underway and further work is being undertaken to explore the reasons behind higher DNA rates using DrDoctor tool for quick responses.

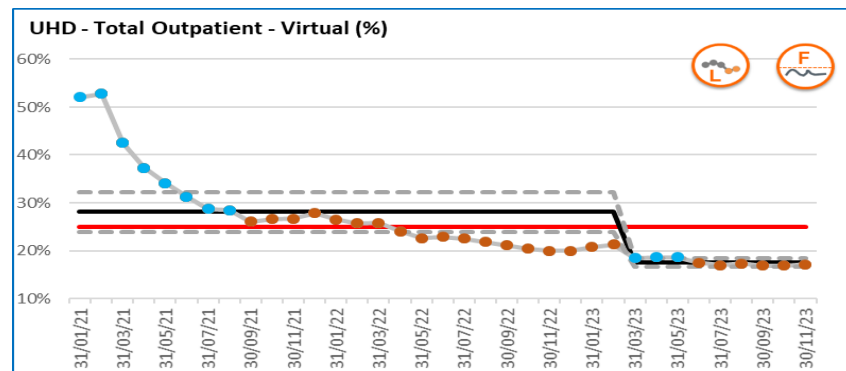
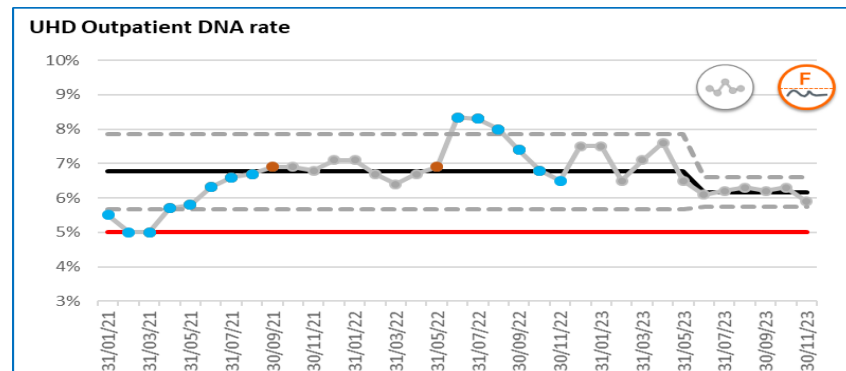
17.1% of attendances were delivered via telemedicine/video, which shows no improvement in 2023/24 to date. Work is underway to review activity to ensure all activity is being captured on our patient administration systems including video consultations. The Trust will be moving to DrDoctor for video consultations from April 2024, the change programme and communications to support this are being developed.

The number of patients overdue their target date for a follow up appointment decreased in November. The use of "quick question" to patients via Dr Dr continues to support prioritisation of patients.

The new General Manager has started in post and a re-refresh of priorities and scoping of the transformation work is underway with the new leadership team. There is a risk looking forward to December and January that more clinics will be cancelled due to planned industrial action.

## Key Areas of Focus

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



# Responsive - (Elective) Screening Programmes



## Breast Screening

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

BREAST SCREENING	STANDARD	ACHIEVED
Round Length within 36 months	90.00%	94.5%
Screening to first offered assessment appointment within 3 weeks	98.00%	100%
Screening to Normal Results within 14 days	95.00%	99%
Longest Wait Time (Months)	36	36
UPTAKE – QTR 2 (Apr – June)*	70%	58%

### Background/target description

To ensure the breast screening access standards are met.

#### Performance:

- All targets have been successfully met due to an increase in screening volume in October and November. The increased volume is essential for us to maintain a successful round smoothing process in order to manage the expected pressures following our covid recovery and meet our round length target going forward.
- The quarterly uptake figure has reduced to 58% which is lower than anticipated.

#### Underlying issues:

- Poor uptake is due to the poor attendance of the prevalent women who historically have very low uptake. The new text service will have a very positive effect on our ability to target this cohort of women.

#### Actions:

- The excellent health promotion work taking place and increasing reach of our facebook page will help raise the uptake rate.
- A new text messaging service is now in place. Using a combination of DrDoctor and GOV.UK we can send non responder and appointment reminder texts. Further integration project work has been requested to enable the development of regular automated appointment reminder texts utilising the DrDoctor service. The text service has greatly improved our ability to information share across our population and is useful to advise of van moves and unexpected equipment breakdowns.

## Bowel Screening

Bowel Screening Standard      Target      Trust November Performance

SSP Clinic Wait Standard  
(14 days)

95%

100%

Diagnostic Wait Standard  
(14 days)

90%

96%

### 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 96% in November 2023.

#### Underlying issues:

- BCSP accredited Clinical Endoscopist at PGH has given notice and one screener at DCH is due to leave in April 24. Succession plan being worked through but likely to take time for aspirant screeners to gain accreditation which will impact capacity.
- Next phase of age extension due April 2024

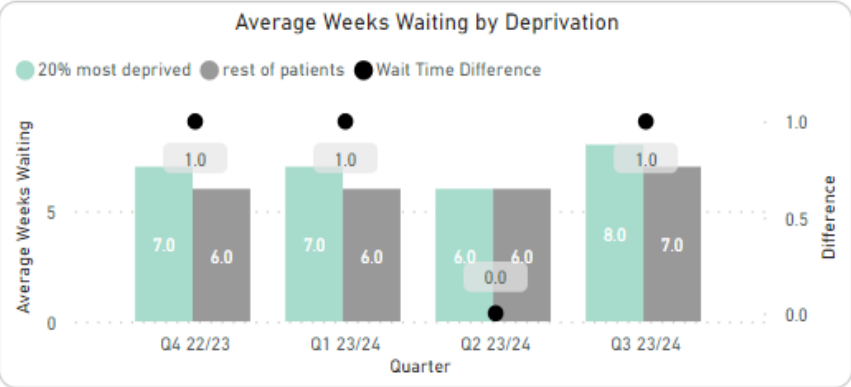
#### Actions:

- Finalise plans with Dorset County to use additional insourcing capacity in 23/24
- Review insourcing plan for UHD for remainder of 23/24 in context of industrial action
- Support accreditation process for 3 potential new screeners and identify other endoscopists where possible

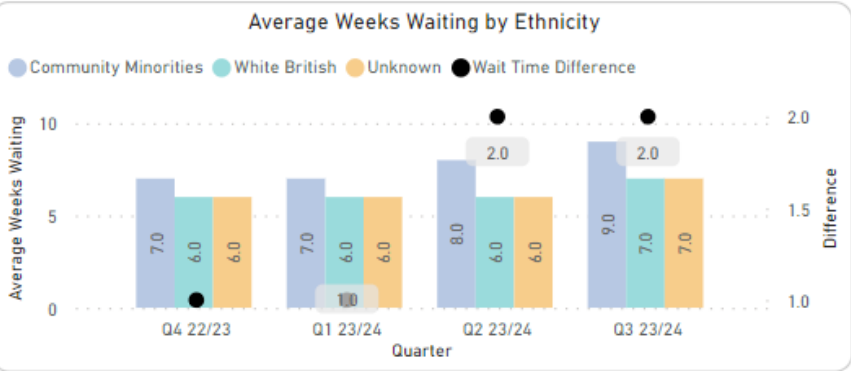
# Health Inequalities



## Median Weeks waiting by Deprivation Group



## Median Weeks waiting by Ethnicity Group and Age



Average Weeks Waiting by Age

Age Band	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
0-9	12.0	11.0	14.0	15.0
10-19	11.0	10.0	11.0	10.0
20-29	7.0	6.0	7.0	8.0
30-39	6.0	6.5	6.0	8.0
40-49	6.0	6.0	7.0	8.0
50-59	6.0	7.0	7.0	8.0
60-69	6.0	7.0	6.0	7.0
70-79	6.0	6.0	6.0	7.0
80+	6.0	5.0	6.0	7.0

## Data Description and Target

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

## Performance

**Waiting list by Index of Multiple Deprivation (IMD)** Analysing RTT activity in Quarter 3, 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 one week variation between patients from the 20% most deprived group and the rest of the population treated.

**Waiting list by ethnicity:** 10.7% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the median weeks waiting by ethnicity grouping identifies two-week variation between patients within community minority groups and White British populations in Quarter 3 to date.

**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 has remained stable in the age band 0-9 years in Q3 but the variation between 10-19 year olds and 20+ age bands has decreased. Paediatric waiting times in oral surgery, ENT and community paediatrics contribute to this variation. Improvement actions are in place to increase capacity and reduce waiting times in these areas.

## Key Areas of Focus

The Trust Health Inequalities group are working to:

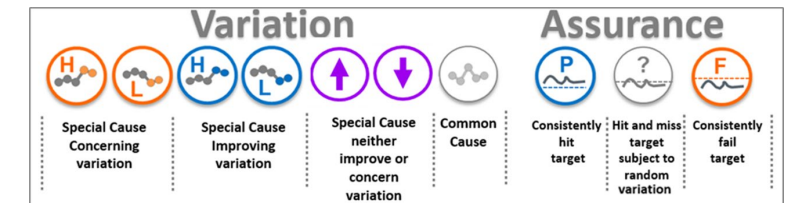
- Deliver the Trust's strategic objectives for population health and system working; with a focus on (i) reducing outpatient DNAs and variation according to IMD and ethnicity and (ii) managing High Intensity Users of emergency care.
- Align its health inequalities programme with the ICS key strategic priorities 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 Indicator



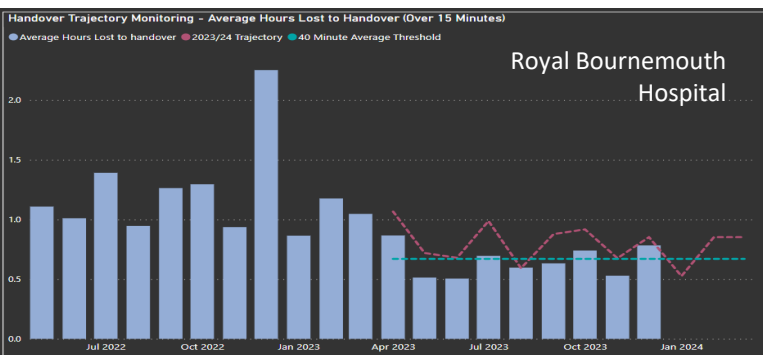
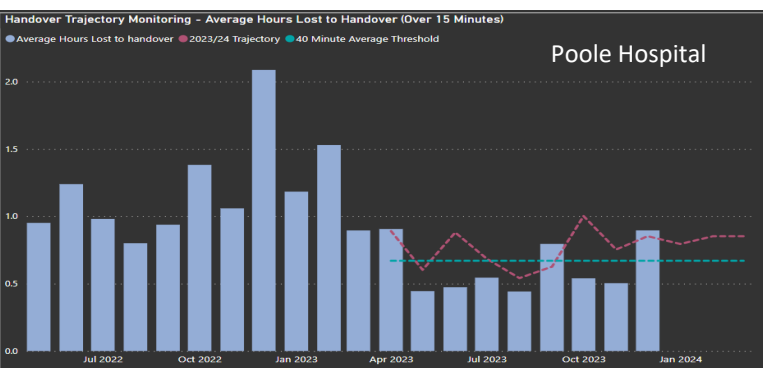
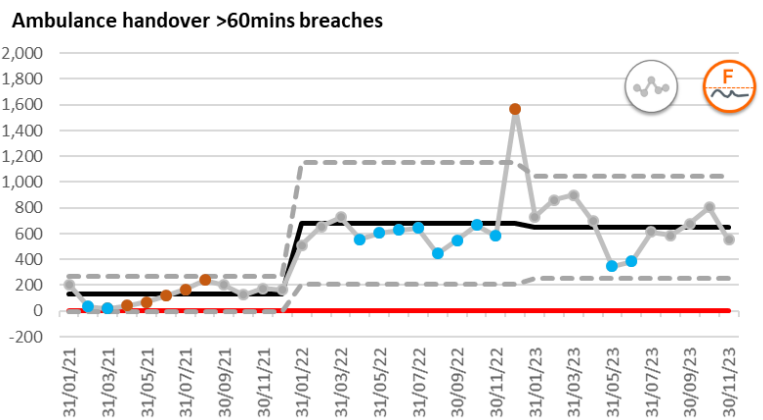
## UHD Elective Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
UHD - Total Waiting List Size	Nov 23	69158	76207			72933	69806	76061
UHD - Patients waiting >104 weeks	Nov 23	0	0			92	28	156
UHD - Patients waiting >78 weeks	Nov 23	59	-			651	402	900
UHD - Patients waiting >65 weeks	Nov 23	1271	1376			1207	931	1484
UHD - Patients waiting >52 weeks	Nov 23	4196	-			3891	3137	4646
UHD - Patients waiting >52 weeks non admitted	Nov 23	2936	0			2360	1640	3079
UHD - RTT Performance against 18 week standard	Nov 23	60.8%	92.0%			58.9%	55.4%	62.5%
UHD - Total Diagnostic Waiting List	Nov 23	12413	-			11929	10529	13329
UHD - % waiting over 6 weeks	Nov 23	9.3%	1.0%			10.8%	4.8%	16.7%
UHD - Faster Diagnosis Standard (FDS) 28 days	Oct 23	67.0%	75.0%			69.4%	58.2%	80.5%
UHD 62 day standard	Oct 23	68.9%	85.0%			69.5%	60.3%	78.7%
Trauma Admissions	Nov 23	355	-			366	301	431
% of NOF patients operated on within 36 hrs of admission	Nov 23	56.0%	85.0%			31.5%	-9.3%	72.3%
UHD - Total Outpatient - Virtual (%)	Nov 23	17.1%	25.0%			17.6%	16.7%	18.5%
UHD Outpatient DNA rate	Nov 23	5.9%	5.0%			6.2%	5.7%	6.6%
Theatre utilisation (capped) - main	Nov 23	74.0%	98.0%			73.6%	72.1%	75.1%
Theatre utilisation (capped) - DC	Nov 23	75.0%	91.0%			72.9%	69.1%	76.7%
UHD Theatre case opportunity	Nov 23	14.8%	15.0%			17.7%	11.5%	`





# Responsive – (Emergency) Ambulance Handovers



## Data Description and Target

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

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

## Performance

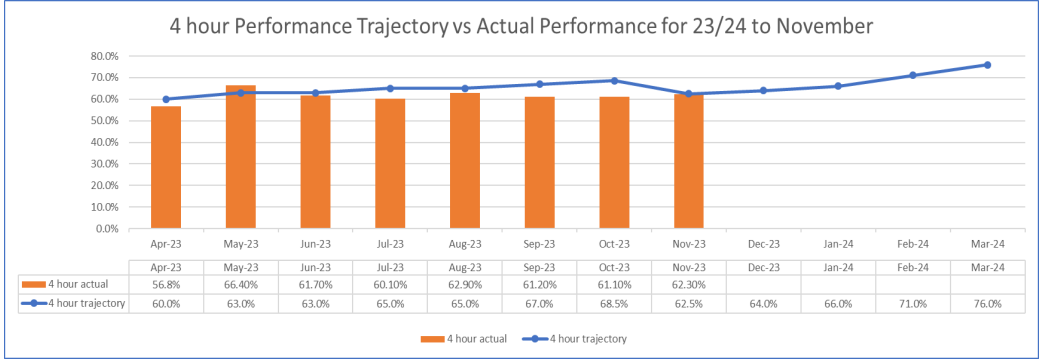
**SWAST system malware attack July 18th - resolution due to be in place end of October. This was deferred by SWAST due to data issues at pilot sites. New date identified for 14th December to go live in ED first only.**

- Ambulance arrivals dropped back down again in November to 4,295 vs 4,433 in October. Though this still remains increasingly more than preceding months, this results in a variation of 4-5 conveyances less per day cross site. Poole conveyances remained static; the drop was predominantly driven by the RBH site.
- Performance improved for the number of Ambulances waiting longer than 60 minutes back down to 551 vs 805 in October, again this performance improvement was driven by the RBH site which had seen a particularly challenging month in October. This is relative in performance as compared to the same period last year.
- As a Trust, this resulted in an improvement in the total number of handovers that were over 60 minutes dropping to 13%, down from 18% in October.
- Reported lost hours for November saw a continuous minor improvement at the PH site from 898 down from 996, this was mirrored at RBH, down to 910 from 1,366 in October.
- This compares on par with the Dorset region, which saw a decrease from 2,624 in November to 2,065. This was mirrored in the SWAST region in its entirety seeing a decrease in time lost to handovers from 40,213 in October to 35,188 in November.

## Key Areas of Focus

- Discrepancy in lost hours reported due to system issues with SWAST Mobimed continues to be an issue with a planned solution due to go live in December 2023 having been deferred from October.
- The Trust risk register and associated risk relating to Ambulance Handover has been reviewed and increased back to 15 to reflect what has been several challenging months as the system has been impacted by seasonal variance.
- With this in mind, there is an internal focus on quality and safety with delivery of corridor care. This does support more rapid handover, with the aim to maintain quality of care and the right care for patients once handed over to the organisation.

# Responsive (Emergency) Care Standards



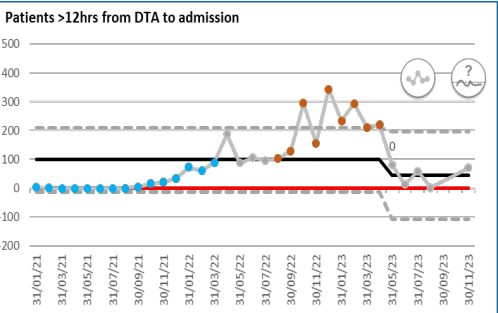
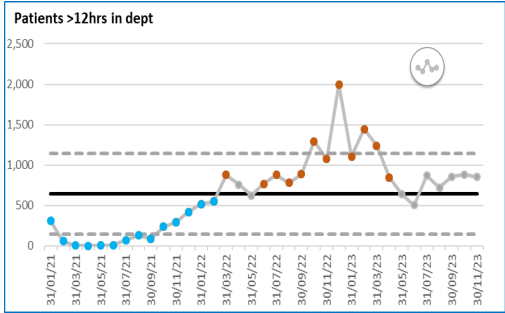
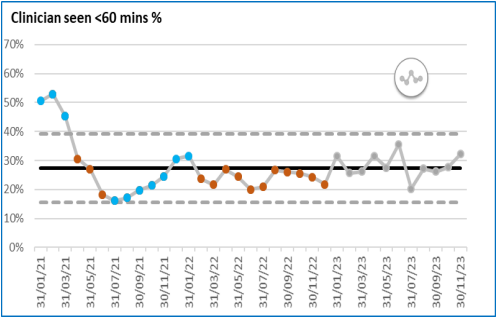
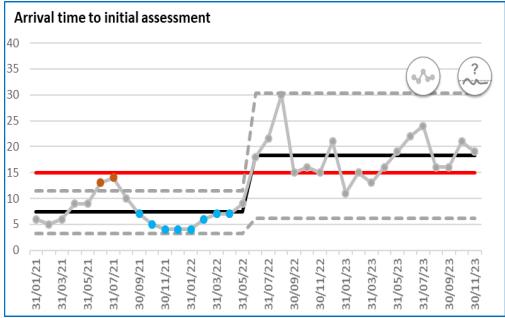
## Data Description and Target

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 62.3% against the revised trajectory of 62.5% in November. The run rate for the month had been 62.9%, however after a particularly challenging last weekend of November for admitted flow, unfortunately this performance was not sustained and dropped to 62.3%.

- Total attendances for November remained relatively static in November at 13,413 vs 13,954 in October. This is a decrease of 18 attendances a day across the sites.
- Arrival time to initial assessment saw an improvement to 19 minutes from 21, mean time in the department also saw a minor improvement to 299 minutes vs 305.
- This is the lowest meantime since August performance at 287 minutes and is an improvement from this time last year of 328 minutes.
- Similarly, the total number of patients spending more than 12 hours similarly improved to 843 from 882 in November and remains a consistent and significant improvement on the same period last year.
- Admitted flow continues to be challenging, arrival time to decision whilst it saw a minor improvement from October, it remains high at 263 minutes vs 270 minutes.
- To note, the total number of patients waiting more than 12 hours from decision to admit saw a minor increase from 73 to 92.



## Key Areas of Focus

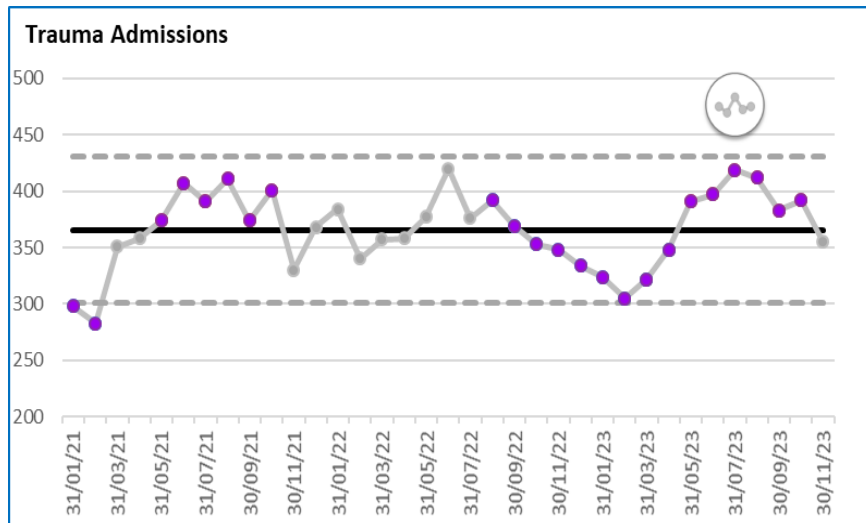
SDEC availability now on a 1:3 basis for Medicine, this is set to increase again as staff come on-line in December.

Actions taken in early November focused on supporting and increasing senior decision-making capacity within the non-admitted function of the emergency department. The intended impact of which was to improve time to decision and mean time within the department. Whilst still bedding in, a small improvement has been seen in the initial weeks though winter pressures and admitted flow remain the biggest challenge.

Review of UTC service provision cross site is on-going with November seeing increased slot utilisation and direct streaming from ED to UTC.



# 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.

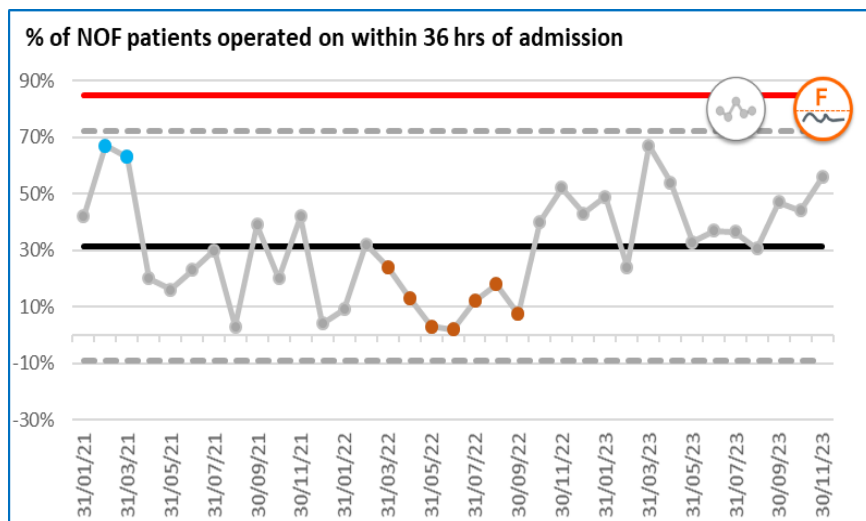
## Performance

November performance for time to theatre for fractured neck of femur (# NoF) patients: 79% achieving surgery within 36 hours of being fit for surgery and 56% with surgery within 36 hours from admission.

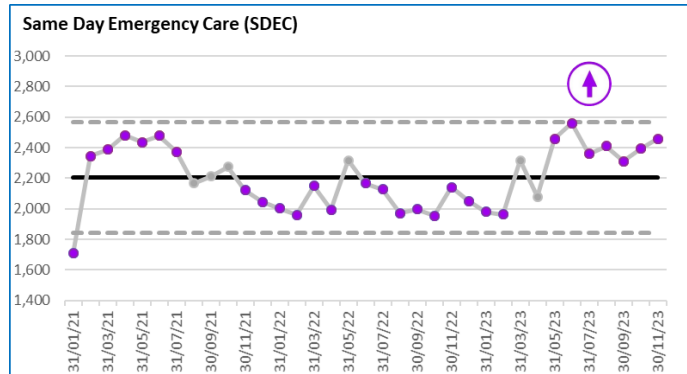
- Overall trauma admissions sustained at high levels with 355 in November including 72 with a fractured neck of femur (NoF).
- 14 (18%) of the 72 NoF's were unfit for surgery on admission
- 15 Shaft of femur (SoF) fractures admitted in November with 14 requiring surgery, 7 patients with a # NOF required a THR
- 12 patients required 2 trips to theatre, equating to an additional 17 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 delayed until January 2024 due to UHD IT capacity. Digital ED link to Virtual Fracture Clinic (VFC) has ceased due to Agyle implementation, which will delay e-trauma VFC implementation. Risk register updated as increase in delays in fracture clinic reviews is causing capacity issues.
- Liaison with Trust operational flow project around timely admission and discharge (TAD) continues to support reduction in high level of Medically Ready for Discharge patients across trauma (20%). Trauma escalation in place to identify additional operating capacity. Escalation policy under review to incorporate eTrauma.
- Pre alert process to re-launch once key training complete (Fib Block on ward). Ringfencing of #NOF admission beds sustained.
- Trauma outliers continue to remain low.



# Responsive – (Emergency) Patient Flow



## Data Description and Target

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

## Performance

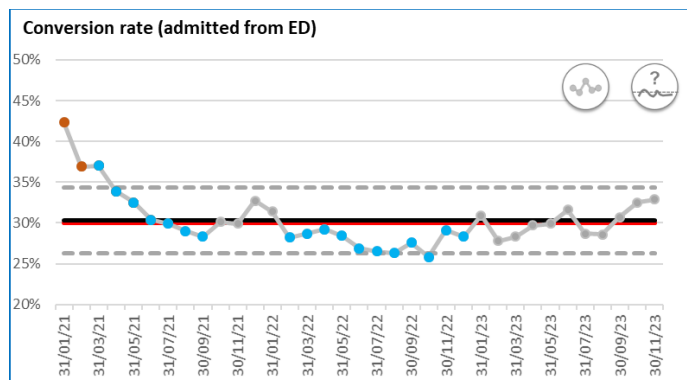
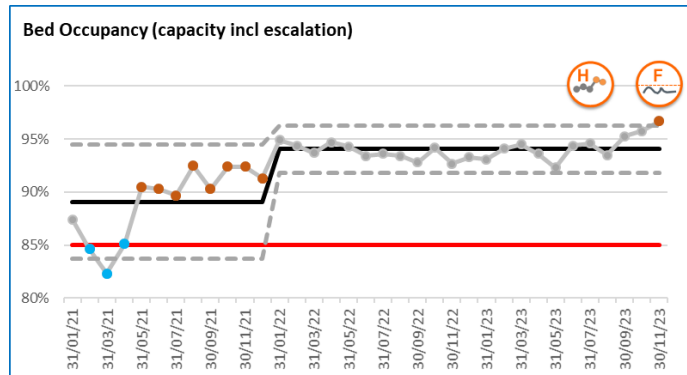
Bed occupancy increased in month and continues to include high levels of escalation throughout November. As an average adult bed occupancy was 102% of open core capacity. With escalation occupancy remained 97.2% which contributes to poor and inefficient flow.

Additional surge capacity has been required to support an increased conversion rate from ED, high occupancy, maintaining elective activity and emergency care demand. An average of 31 escalation beds were open at Poole in November, and 18 at RBH.

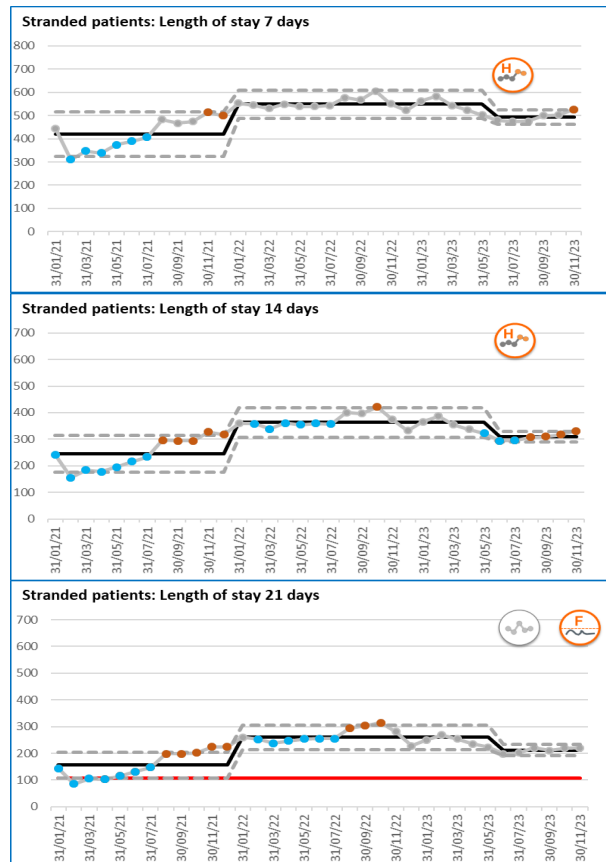
High occupancy continued to be impacted by high numbers of patients with No Criteria to Reside (NCtR). NCtR increased significantly to >235 on average in November, an increase in the average of 35 from last month. The monthly trend shows worsening position as the month progressed with 261 recorded on 30th November

## Key Areas of Focus

- The Trust has implemented the new OPEL framework as part of the Dorset System. These metrics have reset the reported escalation levels and established automated data feeds to remove variation. Shadow reporting commenced in the last week of November with new terminology and thresholds embedding through the Dorset System Control Centre (SCC).
- In November we undertook a flow reset week. The key objective was to use our existing policies and procedures and apply them consistently as intended. This has seen a change in the operational position of the day, with clear actions and accountability developing in the site meetings – this will continue into December as an ethos.
- There will be concurrent Multi-Agency Discharge Events at all three acute hospitals in Dorset on 13th December, followed by a focus on Mental Health and Community Hospitals on 14th December to create additional flow needed to decompress sites ahead of winter surge and planned Junior Doctors Industrial Action.
- Same Day Emergency Care (SDEC) has made good progress but is not achieving the 12 hours per day, 7 days a week standard in all areas. Work with the teams is ongoing towards delivering this.



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



## Data Description and Target

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

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

Additionally for November Trusts were asked by NHS England to confirm that a Discharge Ready Date metric is published and reviewed by the Trust Board. This is published by UHD and will be reported via this IPR moving forward.

## Performance

November 21+ day length of stay position shows wards are far from the target of a maximum of 108 patients with a reported 220 patients over this period as an average (range 205-241). The SPC analysis confirms that current processes will not deliver the ambition, with significant external support required to progress. However, of note the longest stay patient at UHD was successfully discharged in November following very complex work across system's health and social care partners, after a stay of over 2 years.

UHD has been consistently showing as an outlier in the South West with a higher percentage of bed base occupied by patients with NCtR, November has seen a deterioration to c24%, with the number of patients still waiting in beds at UHD consistently >200 increasing through November. The ICB ambition to achieve a 50% reduction by the end of Q2 has been substantially missed and would require c140 additional discharges to deliver the target of 120.

The challenge of delayed patients in beds remains the key issue both in terms of UHD position in the South West, and operational pressures and ongoing levels of escalation (>50 unfunded beds – peaking at >70 in Early December, with an additional 50 in EDs waiting for beds).

In terms of the new Discharge Ready Date metric this is currently captured for c68.4% of patients as at 13th December 2023.

## Key Areas of Focus

Every patient with a LoS of over 100 days (80 for RBH) is reviewed at a weekly meeting with system partners to ensure all actions are being progressed to achieve the discharge. Processes now in place would prevent the extremely long length of stay noted above.

In November we undertook a flow reset week. This has seen a change in the operational position of the day, with clear actions and accountability developing in the site meetings – this will continue into December as an ethos.

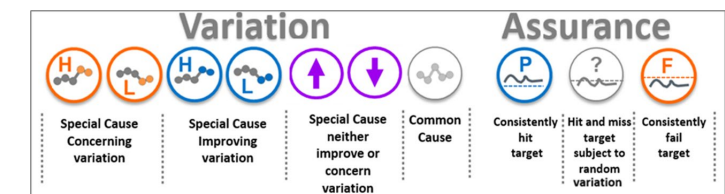
The Discharge Ready Metric will improve as the methodology is refined, and the metric is embedded. Alongside this exception management process is being implemented to focus targeted improvement however this will be Q4 23/24 due to competing demands and absence of key leaders for this programme.

# 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	Nov 23	19	15			18	6	30
Clinician seen <60 mins %	Nov 23	32%	-			27%	16%	39%
Patients >12hrs from DTA to admission	Nov 23	70	0			45	-107	198
Patients >12hrs in dept	Nov 23	851	-			645	145	1146
4 hour safety standard	Nov 23	62.3%	76.0%			62.1%	56.0%	68.2%
Ambulance handovers	Nov 23	4295	-			4005	3508	4503
Ambulance handover >60mins breaches	Nov 23	551	0			650	254	1047
Bed Occupancy (capacity incl escalation)	Nov 23	97%	85%			94%	92%	96%
Stranded patients: Length of stay 7 days	Nov 23	526	-			493	462	524
Stranded patients: Length of stay 14 days	Nov 23	331	-			309	290	329
Stranded patients: Length of stay 21 days	Nov 23	220	108			212	191	234
UHD NCTR % - all delays	Nov 23	37.0%	-			47.4%	40.4%	54.4%
Non-elective admissions	Nov 23	6519	-			5959	5107	6811
> 1 day non-elective admissions	Nov 23	3934	-			3745	3150	4340
Same Day Emergency Care (SDEC)	Nov 23	2458	-			2204	1844	2565
Conversion rate (admitted from ED)	Nov 23	32.9%	30.0%			30.3%	26.3%	34.3%



# Sustainable Servicers



**Pete Papworth**  
Chief Finance Officer

**Operational Lead:**

Andrew Goodwin, Deputy Chief Finance Officer

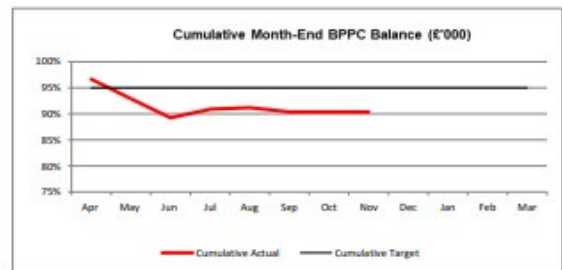
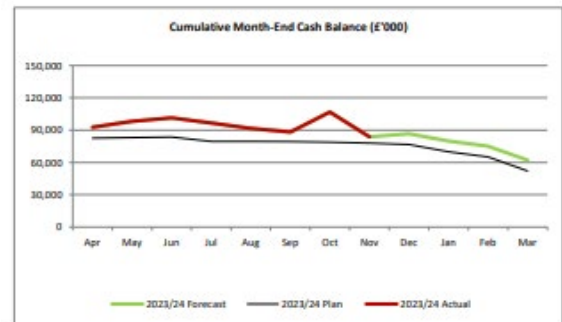
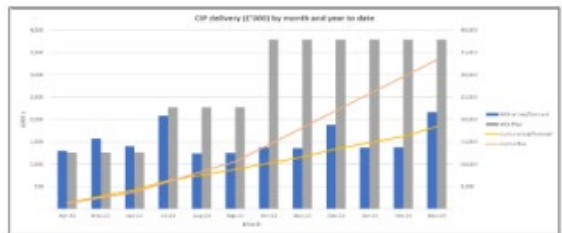
**Committees:**

Finance and Performance Committee





FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	(3,970)	(16,750)	(12,780)
Capital Programme	87,164	51,392	35,772
Closing Cash Balance	77,914	83,751	5,837
Public Sector Payment Policy	95.0%	90%	(4.6)%



## Commentary

At the end of November 2023 the Trust has reported a deficit of £16.8 million against a planned deficit of £4 million representing an adverse variance of £12.8 million. This is mainly due to a reduction in elective income of £6.7 million reflecting lower than planned activity; energy cost inflation of £2.9 million; and unfunded escalation costs of £3.1 million. Premium cost pay overspends within Care Groups have been partially off-set by additional bank interest and reduced depreciation charges. Included within the November position is £6.9 million of additional income to fund the financial impact of Industrial Action. This represents the Trusts share of the nationally announced £800 million financial support.

Efficiency savings of £12.7 million have been achieved as at 30 November against a target £18.2 million. This includes non recurrent savings of £7.8 million. The full year savings requirement is £33.3 million which represents a significant challenge. Current savings plans total £18.3 million representing a shortfall of £15 million and a recurrent shortfall of £21.5 million. Mitigating this shortfall continues to be the key financial focus for the Trust.

Following approval by all organisational Boards; in line with the H2 planning requirements, the Dorset ICS submitted a forecast outturn deficit of £31.7 million after inclusion of the additional national funding for Industrial Action. This has subsequently been revised down to a forecast deficit of £12 million after inclusion of a number of further financial efficiency opportunities. The individual organisational allocations are still being finalised, however the Trust is expecting to achieve a financial break-even position supported by additional savings, additional ERF income and further funding support from Dorset ICB. There remains considerable risk within this position and focused effort will be required by all NHS partners to achieve the revised outturn projection.

The Trust continues to forecast the capital expenditure consistent with the full year budget, however a request has been made 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. Should this request not be supported, the Trust would be a considerable risk as this funding cannot be drawn down in advance of spend and would therefore be lost.

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	8,836	5,167	3,669
IT	6,768	3,530	3,238
Medical Equipment	2,808	1,653	1,155
Donated Assets	432	656	(224)
Strategic Capital	68,320	40,386	27,934
Total	87,164	51,392	35,772

As at 30 November 2023 the Trust is holding a consolidated cash balance of £83.8 million which is fully committed against the future Capital Programme. The balance attracts Government Banking Services interest of 5.14% at current rates, together with a PDC offset benefit of 3.5%. In relation to the Public Sector Payment Performance the Trust is currently delivering performance of 90.3% against the national standard of 95%, however in month performance is improving at 94.6%. Financial Services continue to work closely with relevant teams to identify further mitigating actions.

# Digital Dorset / Informatics

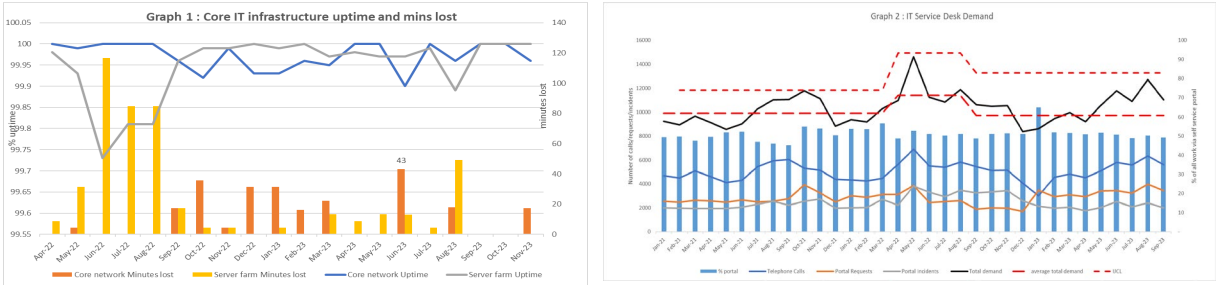


**Peter Gill**  
Chief Information Officer





Business as usual / Service Management



Projects / Developments / Security / IG

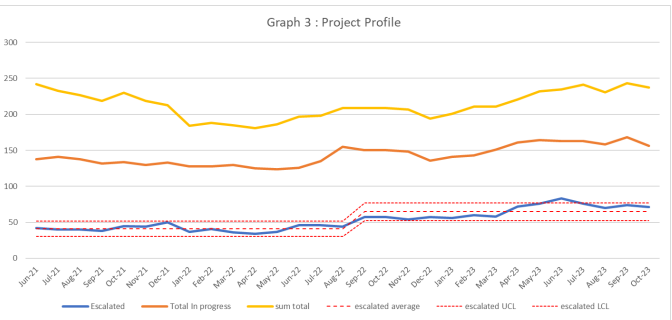


Table 4: Information Asset Compliance  
All Active Assets

Status	Total	%
Draft Only (Pending Updates)	19	6.74%
Awaiting IAO Review/Approval	207	73.40%
Awaiting IG Review/Approval	16	5.67%
DSPT Compliant (2023/24)	40	14.18%
Total	282	

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

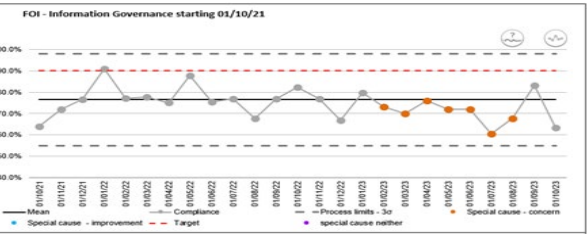


Table 5: Training Statistics

Total Trained in November: 199



Commentary

**Graph 1:** Minimal issues on Core infrastructure for November 2023.

**Graph 2:** The Service Desk demand remains within the bounds of common cause variation .

**Graph 3.** Progress continues to be made on the IT projects moving forward - change Freeze in December will reduce go lives for that month.

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

**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.

**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.

## COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 11 January 2024

Agenda item: 5.2

<b>Subject:</b>	Board Assurance Framework (BAF) – 6 month report
<b>Prepared by:</b>	Catherine Hurst, Programme Manager
<b>Presented by:</b>	Richard Renaut, Chief Strategy and Transformation Officer

Strategic themes that this item supports/impacts:	Systems working and partnership	☒			
	Our people	☒			
	Patient experience	☒			
	Quality: outcomes and safety	☒			
	Sustainable services	☒			
	Patient First programme	☒			
	One Team: patient ready for reconfiguration	☒			
BAF/Corporate Risk Register:	All				
Purpose of paper:	Assurance				
Executive Summary:	The 6 month review report provides the background and process for the BAF risks process, in line with the UHD Risk Management Strategy.				
	The latest update to the BAF risks on a page are available at Appendix 1 of the report. The main report provides a summary of the current position which has been copied into the cover paper for ease of reference				
	BAF	Title	Exec lead	Risk Rating as at 30/11/23	Target Risk Rating
	1 (1074)	Risk of not meeting the patient national constitutional standards for Planned Care (No patients waiting more than 65 weeks on RTT pathway by March 2024.	COO	16	6
	2 (1460, 1429)	Risk of not meeting the patient national constitutional standards for Emergency Care.	COO	20	6
	3 (1492, 1811)	Risk of not significantly improving staff experience and retention over the next 3 years (and not being in the NHS staff survey results top 20% of comparator trusts)	CPO	12	4
4 (1920)	Risk that not every team is empowered to make improvements using patient	CNO	8	6	

		feedback, in order that all patients at UHD receive quality care, which results in a positive experience for them, their families and/or carers.			
	5 (1922)	Risk of not improving hospital mortality and being in the top 20% of trusts in the country for HSMR over the next 3 years	CMO	8 (was 10) ↓	6
	6 (1923)	Risk of not managing patient safety in a manner that decreases unwarranted variation leading to worsening outcomes.	CMO	8 ↔	6
	7 (1595)	Risk of not returning to recurrent financial surplus from 2026/2027.	CFO	16 ↔	8
	8 (1924)	Risk of not successfully and sustainably adopting the patient first approach across UHD	CEO	16 (was 9) ↑	6
	9 (1784)	Risk of not integrating teams and services and then reconfiguring to create the planned and emergency hospitals.	CSTO	16 ↔	12
	10 (1950, 1872 (20), 1378 (15), 1805 (12))	Risk that the Trust's Electronic Patient Record not fit for purpose for UHD and this contributes to the three risks identified in BAF Risk 10.	CFO	20 ↔	6
<b>Background:</b>	<p>The report is provided in accordance with the UHD Risk Management Strategy.</p> <p>To provide details of the BAF risks.</p>				
<b>Key Recommendations:</b>	To note				
<b>Implications associated with this item:</b>	<p>Council of Governors <input type="checkbox"/></p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Financial <input checked="" type="checkbox"/></p> <p>Operational Performance <input checked="" type="checkbox"/></p> <p>People (inc Staff, Patients) <input checked="" type="checkbox"/></p> <p>Public Consultation <input type="checkbox"/></p> <p>Quality <input checked="" type="checkbox"/></p> <p>Regulatory <input checked="" type="checkbox"/></p> <p>Strategy/Transformation <input checked="" type="checkbox"/></p> <p>System <input checked="" type="checkbox"/></p>				
<b>CQC Reference:</b>	<p>Safe <input checked="" type="checkbox"/></p> <p>Effective <input checked="" type="checkbox"/></p> <p>Caring <input checked="" type="checkbox"/></p> <p>Responsive <input checked="" type="checkbox"/></p> <p>Well Led <input checked="" type="checkbox"/></p> <p>Use of Resources <input checked="" type="checkbox"/></p>				

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
All Committees in December reviewed their BAF risks	Various	

Appendix 1 - BAF 6 month review report

Appendix 2 –BAF 23/24 : November Update (for reading room)

## **UNIVERSITY HOSPITAL DORSET NHS FOUNDATION TRUST**

### **BOARD ASSURANCE FRAMEWORK 6 MONTH REPORT**

#### **1. BACKGROUND**

- 1.1 The Board Assurance Framework (BAF) forms part of the Trust's risk management strategy and policy and is the framework for the identification and management of risks to the strategic objectives of the organisation.
- 1.2 The effective application of board assurance arrangements to produce and maintain a BAF will help the board consider collectively the process of securing assurance using a formal process that promotes good organisational governance and accountability, the specific benefits include:
  - Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient;
  - Identifying areas where assurance activities are not present, or are insufficient for your needs (assurance gaps);
  - Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
  - Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
  - The ability to better focus existing assurance resources
- 1.3 The BAF process identifies both internal risks to the Trust and those in the wider system in which the Trust has a role. The Board will have overall ownership for the formulation and mitigation of risks that are included in the BAF and the Board's sub-committees will oversee individual relevant elements as part of the review of the overall management of risks identified on the merged Trust's risk register which fall within the remit of the individual Board sub-committees

#### **2. OVERVIEW of BAF RISKS 2023/24**

- 2.1 In line with Patient First and confirmation of the Trust's strategic objectives for 2023/24, the BAF risks on a page were developed in June 2023. The risks identify effective controls and measures to monitor progress. All BAF risks are reviewed monthly by the Exec lead and presented to the relevant Board subcommittee in line with the meeting frequency as identified below. The Audit Committee





2.2 The table below is a summary of the BAF risks for 2023/24:-

BAF on a page	Exec Owner	Committee	Lead/Author	Update/Review
BAF Risk 1 - RTT	COO	FPC	Judith May	Monthly
BAF Risk 2 - UEC	COO	FPC	Alex Lister	Monthly
BAF Risk 3 – Staff Experience	CPO	PCC	Irene Mardon	Bi-Monthly
BAF Risk 4 - Patient Experience	CNO	QC	Matt Hodson	Monthly
BAF Risk 5 - Mortality	CMO	QC	Jo Sims	Monthly
BAF Risk 6 - Patient Safety	CNO	QC	Jo Sims	Monthly
BAF Risk 7 - Sustainable finances	CFO	FPC	Andrew Goodwin	Monthly
BAF Risk 8 – Patient First	CEO	PCC	Deb Matthews	Quarterly
BAF Risk 9 - Integration	CSTO	FPC	Catherine Hurst	Monthly
BAF Risk 10 – Single EPR	CFO	FPC	Sarah Hill	Monthly

### 3. CURRENT POSITION

3.1 The latest BAF update report (that went to December Committee meetings) is attached at Appendix 1.

3.2 A summary of the current position can be found below:-

BAF	Title	Exec lead	Risk Rating as at 30/11/23	Target Risk Rating
1 (1074)	Risk of not meeting the patient national constitutional standards for Planned Care (No patients waiting more than 65 weeks on RTT pathway by March 2024.	COO	16 	6
2 (1460, 1429)	Risk of not meeting the patient national constitutional standards for Emergency Care.	COO	20 	6
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4 (1920)	Risk that not every team is empowered to make improvements using patient feedback, in order that all patients at UHD receive quality care, which results in a positive experience for them, their families and/or carers.	CNO	8 	6



<b>5 (1922)</b>	Risk of not improving hospital mortality and being in the top 20% of trusts in the country for HSMR over the next 3 years	CMO	<b>8 (was 10)</b> ↓	<b>6</b>
<b>6 (1923)</b>	Risk of not managing patient safety in a manner that decreases unwarranted variation leading to worsening outcomes.	CMO	<b>8</b> ↔	<b>6</b>
<b>7 (1595)</b>	Risk of not returning to recurrent financial surplus from 2026/2027.	CFO	<b>16</b> ↔	<b>8</b>
<b>8 (1924)</b>	Risk of not successfully and sustainably adopting the patient first approach across UHD	CEO	<b>16 (was 9)</b> ↑	<b>6</b>
<b>9 (1784)</b>	Risk of not integrating teams and services and then reconfiguring to create the planned and emergency hospitals.	CSTO	<b>16</b> ↔	<b>12</b>
<b>10 (1950, 1872 (20), 1378 (15), 1805 (12))</b>	Risk that the Trust's Electronic Patient Record not fit for purpose for UHD and this contributes to the three risks identified in BAF Risk 10.	CFO	<b>20</b> ↔	<b>6</b>

## 7. CONCLUSION

- 7.1 In line with the UHD risk management strategy, an effective process is in place to ensure the BAF risks are reviewed on a monthly basis by the Execs and the respective Committees.
- 7.2 The BAF risks on a page are updated on a monthly basis with the following progress: -
- What's going well : action plan and future opportunities;
  - What are the current challenges (including future risks); and
  - How are the challenges being managed.

### Appendix 1 – BAF 23/24 : November Update

## COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 11 January 2024

### Agenda item: 6.1

<b>Subject:</b>	Statement on Engagement with the Board of Directors
<b>Prepared by:</b>	Klaudia Zwolinska, Corporate Governance Assistant ( <i>cover sheet</i> ) and Yasmin Dossabhoy, Associate Director of Corporate Governance ( <i>cover sheet and revisions to engagement policy</i> )
<b>Presented by:</b>	Judy Gillow, Non-Executive Director
<b>Strategic themes that this item supports/impacts:</b>	<div> Systems working and partnership <input type="checkbox"/>  Our people <input checked="" type="checkbox"/>  Patient experience <input type="checkbox"/>  Quality: outcomes and safety <input type="checkbox"/>  Sustainable services <input type="checkbox"/>  Patient First programme <input type="checkbox"/>  One Team: patient ready for reconfiguration <input type="checkbox"/> </div>
<b>BAF/Corporate Risk Register: (if applicable)</b>	Not applicable
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	<p>The purpose of the Engagement Policy/Statement on Engagement is to set out a policy for establishing effective communication mechanisms between the Board of Directors and Council of Governors.</p> <p>An updated version of the Engagement Policy is attached for consideration, and if thought fit, approval by the Council of Governors.</p>
<b>Background:</b>	<p><b>Context: Code of Governance</b>  Under the Code of Governance for NHS Provider Trusts (version effective April 2023):  <i>The council of governors should establish a policy for engagement with the board of directors for those circumstances where they have concerns about the performance of the board of directors, compliance with the provider licence or other matters related to the overall wellbeing of the NHS foundation trust and its collaboration with system partners..</i></p> <p><b>Context: Trust's Constitution</b>  Annex 6: Governors and Directors: Communication and Conflict of the Trust's Constitution:  <i>...describes the processes intended to ensure a successful and constructive relationship between the</i></p>

	<p><i>Council of Governors and the Board of Directors. It emphasises the importance of informal and formal communication and confirms the formal arrangements for communication within the Trust. It suggests an approach to informal and formal communications between the Council of Governors and the Board of Directors.</i></p> <p>and at section 5 to Annex 6:</p> <p><i>The Council of Governors adopts a policy to proactively engage with the Board of Directors in those circumstances where they have concerns. The Council of Governors is encouraged to ensure its interaction and relationship with the Board of Directors is appropriate and effective.</i></p> <p>The Engagement Policy/Statement on Engagement with the Board of Directors was last reviewed in 2020.</p>																				
<b>Key Recommendations:</b>	To consider and if thought fit approve the Engagement Policy/Statement on Engagement with the Board of Directors (prior to its presentation to the Board).																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input type="checkbox"/></td></tr> <tr><td>System</td><td><input type="checkbox"/></td></tr> </table>	Council of Governors	<input checked="" type="checkbox"/>	Equality and Diversity	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Operational Performance	<input type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input type="checkbox"/>	System	<input type="checkbox"/>
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Use of Resources	<input type="checkbox"/>																				

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

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

ENGAGEMENT POLICY:

THE COUNCIL OF GOVERNORS AND  
THE BOARD OF DIRECTORS

1. INTRODUCTION

- 1.1 This Engagement Policy has been developed in recognition of the recommendations in the ~~NHS Foundation Trust~~ Code of Governance for NHS Provider Trusts (Appendix B.52.6) to address engagement between the Board of Directors and the Council of Governors. The principles in this policy may be applied to engagement between the Council of Governors and committees of the Board of Directors.
- 1.2 The engagement between the Council of Governors and the Board of Directors is enshrined within the Constitution Annex 6, Section 6: Governors and Directors: Communication and Conflict. This describes the processes intended to ensure a successful and constructive relationship between the Council of Governors and the Board of Directors. It emphasises the importance of informal and formal communication, and confirms the formal arrangements for communication within the Trust. It suggests an approach to informal and formal communications between the Council of Governors and the Board of Directors.

2 Purpose

- 2.1 This Engagement Policy outlines the mechanisms by which the Council of Governors and Board of Directors will interact and communicate with each other to support ongoing interaction and engagement, ensure compliance with the Regulatory Framework and specifically provide for those circumstances where the Council of Governors has concerns about:
- 2.1.1 the performance of the Board of Directors;
- 2.1.2 compliance with the Trust's Provider Licence; or
- 2.1.3 other matters related to the overall wellbeing of the Trust and its collaboration with system partners.

3 Definitions

- 3.1 In this Policy the following definitions shall apply:

<u>2006 Act</u>	<u>means the National Health Service Act 2006 (and includes all amendments, replacements or re-enactments made to or any regulations, statutory guidance or directions made under it).</u>
Board of Directors	means the Board of Directors as constituted in accordance with the Constitution
Chairman	means the chairman of the Trust appointed in accordance with the Constitution
Chief Executive	means the Chief Executive (and Accounting Officer) of the Trust appointed in accordance with the Constitution
Company Secretary	means the Company Secretary of the Trust or any other person appointed to perform the duties of the

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Constitution	secretary of the Trust
Council of Governors	means the Constitution of the Trust
Director	means the Council of Governors of the Trust as constituted in accordance with the Constitution
Governor	means a <del>director</del> <u>member of</u> the Board of Directors
Independent Regulator	means a member of the Council of Governors, being either an elected or an appointed Governor
Lead Governor	<del>he independent regulator of foundation trusts known as Monitor, as provided by Section 61 of the 2012 Act</del>
Provider Licence	means one Governor appointed by the Council of Governors to communicate directly with <del>Monitor-NHS England</del> in certain circumstances
Senior Independent Director	means the Trust's provider licence <u>and which forms part of the oversight arrangements for NHS foundation trusts granted by the Independent Regulator under section 87 of the NHS Act 2006</u>
Trust	means the Non-Executive Director appointed by the Board of Directors <u>in accordance with the Constitution</u>
	means the University Hospitals Dorset NHS Foundation Trust

#### 4 Informal Communications

- 4.1 Informal and frequent communication between the Governors and the Directors is an essential feature of a positive and constructive relationship designed to benefit the Trust and the services it provides.
- 4.2 The Chair~~man~~ shall use reasonable endeavours to encourage effective informal methods of communication including:
- i) participation of members of the Board of Directors in the induction, orientation and training of Governors;
  - ii) development of ~~special interest~~ relationships between Non-Executive Directors and Governors such as through Board and Council of Governor Development Sessions;
  - iii) discussions between Governors and the Chair~~man~~ and/or the Chief Executive and/or Directors through the office of the Chief Executive or a nominated officer;
  - iv) involvement in membership recruitment and briefings at public events organised by the Trust.

#### 5 Formal Communications

- 5.1 Some aspects of formal communication are defined by the constitutional roles and responsibilities of the Council of Governors and the Board of Directors respectively.
- 5.2 Formal communications initiated by the Council of Governors and intended for the Board of Directors will be conducted as follows:

**DRAFT v0.1 – 3 January 2024**

- i) specific requests by the Council of Governors will be made through the Chair~~man~~ to the Board of Directors;
  - ii) any Governor has the right to raise specific issues to be put to the Board of Directors at a duly constituted meeting of the Council of Governors through the Chair~~man~~ but if the Chair~~man~~ declines to raise any such issue the said Governor may nonetheless still raise it provided two thirds of the Governors present approve his request to do so. The Chair~~man~~ shall then raise the matter with the Board of Directors and provide the response to the Council of Governors;
  - iii) joint meetings will take place between the Council of Governors and the Board of Directors as and when appropriate as determined by the Chair~~man~~ (in his capacity as the Chair~~man~~ of both the Board of Directors and the Council of Governors.
- 5.3 The Board of Directors may request the Chair~~man~~ to seek the views of the Council of Governors on such matters as the Board of Directors may from time to time determine.
- 5.4 Communications between the Council of Governors and the Board of Directors may occur with regard to, but shall not be limited to:
- i) the Board of Directors' proposals for the strategic direction of the Trust and the annual business plan, including information on ICS plans, decisions and delivery that directly affect the organisation and its patients;
  - ii) the Board of Directors' proposals for developments;
  - iii) Trust performance;
  - iv) involvement in service reviews and evaluation relating to the Trust's services; and
  - v) proposed changes, plans and developments for the Trust not covered by paragraph 5.4 above.
- 5.5 Some or all of the Board of Directors shall also present to the Council of Governors the Annual Accounts, the Annual Report including the Quality Account and any report of the Auditors in accordance with the terms of the Constitution and of the 2006 Act.
- 5.6 The following formal methods of communication may also be used as appropriate ~~with the consent of both the Council of Governors and the Board of Directors:~~
- i) attendance by ~~the~~ Directors at a meeting of the Council of Governors;
  - ii) provision of formal reports or presentations by Executive Directors to a meeting of the Council of Governors;
  - iii) inclusion of appropriate minutes for information on the agenda of a meeting of the Council of Governors;
  - iv) reporting the views of the Council of Governors to the Board of Directors through the Chair~~man~~, the Vice Chair~~man~~ or the Senior Independent Director.



## 6 Other Communication

6.1 The Governors are welcomed to Part 1 meetings of the Board of Directors. There is an item on each Part 1 agenda "Questions from the Governors". These are requested by the Chair~~man~~, enabling individual governors to put questions to the Board of Directors. Verbal responses will be supplied as far as reasonable at the time of the meeting ~~and reported in a subsequent edition of the Governors' newsletter~~. The Chair~~man~~ has discretion to manage this item in the light of other Board of Directors' business. It is also a matter for Governors as to whether the question is for a formal Board of Directors' meeting or can be raised through the informal route. ~~Board time is set aside for informal discussion between individual Governors and Board Members prior to commencement of the Part 1 meetings~~. Shortly following a Board of Directors' meeting a briefing meeting takes place with the Chair~~man~~ and Governors with the purpose of informing the Governors as far as reasonable about the discussions conducted under the private session of the Board of Directors meetings. ~~Approved Part 2 minutes of the Board of Directors are made available to Governors on a confidential basis. Where able, Executive and Non-executive Directors may exceptionally attend these briefings to support the Chair~~man~~ and impart further information if required. The Chairmen-Chairs of the committees of the Board of Directors are also to periodically attend meetings or briefings annually to discuss the work of the committees to assist the Council of Governors in their duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.~~

6.2 A ~~weekly~~ newsletter ~~from the Chair~~man~~, Chief Executive and Company Secretary~~ will also be sent to Governors containing relevant information and updates.

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## 7 Senior Independent Director

7.1 The Senior Independent Director (SID) can act as an alternative source of advice to Governors from the Chair~~man~~.

7.2 The SID shall be available to Governors if they have concerns that contact through normal channels has failed to resolve any issues which have been raised or for which such contact is inappropriate.

## 8 Raising Concerns/ Dispute Resolution Procedure

8.1 The Council of Governors adopts a policy to proactively engage with the Board of Directors in those circumstances where they have concerns. The Council of Governors is encouraged to ensure its interaction and relationship with the Board of Directors is appropriate and effective. Governors can raise concerns with the Company Secretary who may in the first instance be able to resolve the matter informally.

8.2 Where the Company Secretary has been unable to resolve the matter, the Lead Governor shall be the first point of contact when Governors wish to seek advice and/or raise issues and who acts as the Council of Governors lead representative to the Chair~~man~~ on Governor matters.

8.3 In the event of a dispute arising between the Council of Governors and the Board of Directors, the Chair~~man~~ (or Vice-Chair~~man~~ if the dispute involves the Chair~~man~~) will endeavour to resolve the dispute informally, through discussions within the Council of Governors.

**DRAFT v0.1 – 3 January 2024**

- 8.4 Within twenty-eight days of the Council of Governors of the Board of Directors resolving that a dispute exists with the other, the Company Secretary shall call a joint meeting to be held as soon as reasonably practicable within three months of the resolution. The joint meeting shall be held under the Trust's Board of Directors' Standing Orders, but the provisions of the Standing Orders of the Council of Governors in relation to interests shall apply to Governors attending the joint meeting as they apply to a Council of Governors meeting.
- 8.5 The joint meeting shall be chaired by the Chair~~man~~ and the agenda shall be agreed with the Chief Executive. The joint meeting shall either recommend to each of the constituents the formula for resolving the dispute which each shall receive and consider formally as soon as practicable, or, if possible, shall agree the relevant issues and the possible way forwards.
- 8.6 If either constituent resolves to refer the issue to mediation, the Lead Governor and a second nominated Governor on behalf of the Council of Governors and the Chief Executive and the Vice-Chair~~man~~ of the Board of Directors shall meet within twenty-eight days of such resolution to agree a mediator. In default of agreement, either constituent may resolve to refer the dispute for resolution by ~~Monitor~~NHS England.
- 8.7 On the satisfactory completion of this disputes process the Board of Directors and the Council of Governors, as appropriate, shall implement any agreed actions.
- 8.8 The existence of the dispute shall not prejudice the duty of the Board of Directors in the exercise of the Trust's powers on its behalf.
- 8.9 Nothing in this procedure shall prevent the Council of Governors, if it so desires, from informing ~~Monitor~~NHS England that, in the Council of Governors' opinion, the Board of Directors has not responded constructively to concerns of the Council of Governors and that the Trust is not meeting the conditions of its provider licence. The Lead Governor will act as the conduit between the Council of Governors and ~~Monitor~~NHS England.

**9. Supporting Documents or Relevant References**

- 9.1 ~~Monitor-NHS England – The NHS Foundation Trust~~ Code of Governance for NHS provider trusts (July 2014October 2022);  
Monitor – Director-governor interactions in NHS foundation trusts: a best practice guide for boards of directors  
~~Monitor – Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors (August 2013);~~  
NHS England - Addendum to your statutory duties – reference guide for NHS foundation trust governors (October 2022)

UDHFT Code of Conduct for Board of Directors;  
UDHFT Code of Conduct for the Council of Governors.

**10. Conclusion**

- 10.1 This policy will be made available to the Board of Directors and the Council of Governors.

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Appendix A

The procedure for any such mediation shall be as follows:

- 1.3.1 A neutral person, being an \*accredited mediator, (the "**Mediator**") shall be chosen by agreement between the two parties. Alternatively, either party may within seven days from the date of the proposal to appoint a mediator, or within seven days of notice to any party that the chosen mediator is unable and unwilling to act, apply to the Centre for Dispute Resolution ("**CEDR**") to appoint a Mediator.
- 1.3.2 The parties shall within seven days of the appointment of the Mediator agree a timetable for the exchange of all relevant and necessary information and the procedure to be adopted for the mediation. If appropriate, the parties may at any stage seek from CEDR guidance on a suitable procedure.
- 1.3.3 All negotiations and proceedings in the mediation connected with the dispute shall be conducted in strict confidence and shall be without prejudice to the rights of the parties in any future proceedings.
- 1.3.4 All information (whether oral or in the form of documents, tapes, computer disks etc) produced for, during, or as a result of, the mediation will be without prejudice, privileged and not admissible as evidence or discoverable in any litigation or arbitration relating to the dispute. This does not apply to any information which would in any event have been admissible or discoverable in any such litigation or arbitration.
- 1.3.5 The Mediator's reasonable fees and other expenses of the mediation will be borne by the Foundation Trust. The Foundation Trust will bear the reasonable costs and expenses of the participation in the mediation.
- 1.3.6 If the parties reach agreement on the resolution of the dispute that agreement shall be reduced to writing and shall be binding upon the relevant parties.
- 1.3.7 For a period of ninety days from the date of the appointment of the Mediator, or such other period as the parties may agree, neither party may commence any proceedings in relation to the matters referred to the Mediator.
- 1.3.8 If the parties are unable to reach a settlement at the mediation and only if both parties so request and the Mediator agrees, the Mediator will produce for the parties a non-binding recommendation on terms of settlement. This will not attempt to anticipate what a court might order but will set out what the Mediator suggests are appropriate settlement terms in all of the circumstances. Such opinion shall be provided on a without prejudice basis.
- 1.3.9 Subject to Conditions 1.3.6 and 1.3.7, should either party decide to pursue the dispute in a court, the Foundation Trust shall not be liable for any of the costs or expenses in relation to such proceedings.

## COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 11 January 2024

### Agenda item: 6.2

<b>Subject:</b>	Patient Experience and Engagement Strategy 2023-2025
<b>Prepared by:</b>	Laura Northeast Head of Patient Experience & Dr. Matthew Hodson Deputy Chief Nursing Officer
<b>Presented by:</b>	Matthew Hodson – Deputy Chief Nurse

<b>Strategic themes that this item supports/impacts:</b>	<p>Systems working and partnership <input type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input checked="" type="checkbox"/></p> <p>Quality: outcomes and safety <input type="checkbox"/></p> <p>Sustainable services <input type="checkbox"/></p> <p>Patient First programme <input checked="" type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input type="checkbox"/></p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	BAF 4 – Patient Experience
<b>Purpose of paper:</b>	Review and Discussion
<b>Executive Summary:</b>	<p>The Patient Experience and Engagement Strategy 2023-2025 sets out the Trust strategic plan for the delivery of the Patient First patient experience strategic objective.</p> <p>It describes the vision of the organisation and sets out and describes four CARE objectives related to the Patient First Programme.</p> <p>These objectives are:</p> <ol style="list-style-type: none"> <li>1. Enabling our patients to provide <b>C</b>ontinuous feedback on the services UHD provide</li> <li>2. Identification of <b>A</b>reas that need development.</li> <li>3. <b>R</b>ecognising the people the Trust services through engagement activities to reduce health inequality.</li> <li>4. Maintaining and developing <b>E</b>xcellent partnerships with health, social and voluntary sector across the ICS.</li> </ol> <p>This strategy has been designed with people who use and work in UHD services, members of our community. Healthwatch Dorset, the ICS Engagement leads network and the Dorset Public Participation Group all helped to shape the strategy.</p>

<b>Background:</b>	As part of the implementation plan within the development of the Patient First Patient Experience A3 was a corporate project to deliver a patient experience strategy which has been designed with our patients and public to set out activities UHD will undertake to deliver this strategic patient experience vision.
<b>Key Recommendations:</b>	Endorsement for internal and external publication
<b>Implications associated with this item:</b>	<div> <div>Council of Governors</div> <div>Equality and Diversity</div> <div>Financial</div> <div>Operational Performance</div> <div>People (inc Staff, Patients)</div> <div>Public Consultation</div> <div>Quality</div> <div>Regulatory</div> <div>Strategy/Transformation</div> <div>System</div> </div> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input checked="" type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>
<b>CQC Reference:</b>	<div> <div>Safe</div> <div>Effective</div> <div>Caring</div> <div>Responsive</div> <div>Well Led</div> <div>Use of Resources</div> </div> <div> <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> </div>

<b>Report History: Committees/Meetings at which the item has been considered:</b>	<b>Date</b>	<b>Outcome</b>
UHD Trust Board  Patient Experience Group Trust Management Group Clinical Governance Group Dorset ICB PPG Quality Committee	03/01/2024	Approved at Board 3 January 2024 (Note a section on transformation will be added and also as suggestion that the CARE objectives be called CARE Principles to take to PEG for approval of suggested change)

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

## 2023-2025





“At University Hospitals Dorset NHS Foundation Trust, we are committed to improving the experience of all that are involved in our services, this includes our patients, carers and families.

We work in partnership with our staff and patients, and alongside community partners across Dorset to identify opportunities to improve our services.

We listen to our patients' feedback and ensure we understand what matters to them. When care has not met expectations, we are committed to addressing what could be improved.”

**Professor Paula Shobbrook**

Chief nursing officer,  
University Hospitals Dorset



“This strategy builds on the work of our legacy organisations and sets out the trust's intention to ensure that people have the best possible experience of person-centred care, while in the care of University Hospitals Dorset.

It describes the vision for the trust on patient experience and the expectations of staff to continuously improve in response to patient and service user feedback.”

**Dr. Matthew Hodson MBE**

Deputy chief nursing officer,  
University Hospitals Dorset



# Why this is important

**Experience of care, clinical effectiveness** and **patient safety** make the three key components of quality care in the NHS. Delivering high quality care means improved outcomes for patients and greater staff satisfaction (NHS England, 2017).

At University Hospitals Dorset (UHD) we have committed to putting the 'Patient First' and improving their experience is one of the trust's strategic aims.

This Patient Engagement and Experience Strategy is aligned to the trust's Quality Strategy and NHS Dorset's Together - Working With People and Communities Strategy, 2022.

The UHD Patient Experience Group (PEG) will monitor the progress of this strategy and provide assurance to the Quality Committee.

Each care group will share learning based on feedback and discuss best practice at the PEG, and a report of activity will be provided in the trust's Annual Account.

Our staff will be supported to deliver the key principles of this strategy while demonstrating our trust values. By embedding a culture of continuous improvement, driven through patients' feedback about our services, we will achieve our ambition of delivering high quality, person-centered care, for all who use our services.

## Our key principles

- Listen to our patients, carers and families
- Use feedback to inform continuous improvement
- Work with patients and community partners across Dorset to inform transformation of services



# Your hospital, your care, addressing health inequality

Different groups in our community can be subject to avoidable differences in healthcare due to things such as income, where they live, ethnicity, sexuality or those who have health or social concerns that might make them more isolated from their communities (Kings Fund, 2022).

At UHD we need to understand the variances in access, experience and health outcomes and work with colleagues across Dorset to ensure inequality is reduced.

Patient engagement is a term used to describe involvement of patients and carers in the following:

- their own care
- service redesign
- setting priorities

To understand what patients need from hospital services we need to harness their views and experiences. Working collaboratively with other health and care providers in the Dorset system, we are able to ensure services are joined up for patients.

UHD works with engagement leads across Dorset and shares and receives insights on what patients have said about their experience and future needs. We have an active programme of work on reducing health inequalities for the population of Dorset and are seeking to build on this in 2023-25. We plan to further engage with those most at risk of health inequalities to shape future work.

## The benefits of working together include:

- Improved understanding
- Improving services, safety, and help people to be more healthy
- Go beyond our duty to involve
- Reduce health inequalities
- Make things fairer for everyone

NHS Dorset, 2023

# Where are we now?

We have contact with over **751,000\*** people each year through our outpatient hospital services, including appointments, emergency department attendances and day cases.

We care for a further **64,000\*** patients each year on our wards.

During 2022-2023 financial year we received **984** complaints.

Over **5,000** people used the patient advice service to provide feedback, make enquires and send compliments to staff.

\* Figures from 2021/2022 rounded down to nearest thousand

We gather feedback through various methods including text messaging, volunteer facilitated feedback, QR codes and through our website and external sources such as 'Care Opinion'.

We use patient feedback from the national Friends and Family Test (FFT), national patient surveys, local surveys, focus groups and complaint themes to make changes.

We have a Patient Engagement Network where patients are involved in designing and redesigning services. We have patients as members of quality improvement and trust groups ensuring patients voices are heard. We have volunteers whose role can include acting as a Patient Safety Partner in line with Patient Safety Incident Response Framework. (NHS England, 2023)

We record, watch and listen to patient stories at Board meetings. We also use patient stories when we are discussing changes in selected procedures or policies, and for improvement projects.

Our governors are elected volunteers who represent members of the community to ensure their voices are heard. They act as an ambassador of the trust. The governors host community information and health events where they speak with members of the public. They often visit areas of deprivation where people at most risk of health inequality may reside.



# What do we want to achieve?

We know there is variation in the way that teams use patient feedback about their experience at UHD. This means we are not consistently able to understand the views of our patients and their family and carers.

We want all staff to be able to easily access and understand what patients feel about the service they deliver. We want to see that departments are empowered to continuously improve based on feedback from the people who use their services.

We have a responsibility to engage with the community in such a way that people who may be at risk of health inequality are able to say what they need from NHS services to level up equality.

Our ambition is to be in the top 20% of all NHS trusts in the country for patient experience. This will be monitored and measured through the CQC National Inpatient Survey.

We want to be rated as 'outstanding' by the CQC for the 'caring' domain.

We want to see a 25% reduction in the number of complaints we receive and a 25% increase in compliments made about staff.

To achieve this, we have set some patient experience **CARE** objectives.



## Our vision

**All patients at UHD receive high quality care, which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.**



# Our values, trust and patient experience **CARE** objectives

## Our trust's strategic objectives for 2023-2024:

- See our patients sooner
- Be a great place to work
- Improve patient experience by acting on feedback
- Save lives by improving patient safety
- Use every NHS pound wisely
- Start on our Patient First journey
- Work as one team, fit for future changes

Listening to, and importantly acting on, feedback will help achieve all the strategic objectives set out above. Patient insights often highlight cost saving, efficiency and safety improvements.

Including patients as part of our team ensures inclusion and that patient-centred care is at the heart of what we do.

Involving patients, families and staff is essential following a patient safety incident. We will work with the trust risk team to ensure these insights are acted upon and improvements made for safety and experience.

As part of the Patient First journey, our patient experience **CARE** objectives further expand on the trust objective of 'improving patient experience' by acting on feedback.

## **C**ontinuous Feedback **A**reas for Improvement **R**ecognising People **E**xcellent Partnerships

These **CARE** objectives link to our trust values. The following pages describe what activities and measures will be taken to achieve these objectives.

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

**We CARE**



Our staff tell us that they don't always know what patients think of the services they provide. Not all departments gather enough feedback from the Friends and Family Test (FFT) to understand what their experience is to make improvements.

## Objective 1

# Continuous Feedback

We will increase the volume of feedback we receive from our patients and ensure this is easily accessible and understandable by all staff.

The Friends and Family Test

"We need your feedback"



### We will achieve this by:

- 1 Increasing the number of FFT Text messages that are sent and include more departments across all our hospitals.
- 2 Increasing the number of methods we use to gather FFT by:
  - Increasing use of QR codes on leaflets and letters
  - Increase volunteer assisted feedback
  - Design and place feedback stations across the trust
- 3 Ensure that staff have feedback that is easy to access and that this is displayed in each department, for all staff to see and understand.
- 4 Develop innovative ways to gather feedback from young children.
- 5 Make improvements based on feedback and share changes.
- 6 Develop a compassionate engagement framework to listen to patients, carers and families involved in patient safety incidents.

We are **listening to understand**

We **CARE**

Changes are already made to the way services are delivered based on feedback. However, we see familiar themes through complaints and patient experience feedback that appear to not be addressed fully at department level.

## Objective 2

# Areas for Improvement

We will ask our patients what they need from our services to enable continuous improvement through a regularly monitored survey.

### We will achieve this by:

- 1 Increasing the use of the 'Have your Say' (HYS) survey.
- 2 Ensuring that HYS questions are meaningful and provide information that departments require.
- 3 Include the NHS National Survey Programme scale of 1-10 to measure satisfaction with the service our trust provides.
- 4 We will monitor improvement through trust-wide assurance monitoring by 15 steps challenge, peer review and ward accreditation.
- 5 Departments will publish 'You said We Did' to demonstrate change in response to feedback.
- 6 Appoint Patient Safety Partners to support our patient safety and quality improvement programmes.

**We are** **always improving**

**We CARE**

There are areas of severe deprivation in the community we serve. The people most at risk of health inequality are less likely to provide feedback. The trust does not routinely analyse feedback against health inequality mapping, e.g. socio-economic insights.

## Objective 3

# Recognising People

We will engage with the local community and ask them 'what matters to you?' and use this information to make change. We will take measures to include all members of our community, especially those who are at risk of health inequality.

### We will achieve this by:

- 1** Outreach into the community, attend parent and child groups, community meetings, carers forums and also through the programme of engagement work of our trust governors.
- 2** Provide accessible digital feedback links that can be translated into multiple languages and be read aloud.
- 3** Use links to faith leaders, Healthwatch and the Dorset Public Participation Group to hear from the community, especially those at risk of health inequality.
- 4** Analyse feedback received against groups at risk of health inequality.
- 5** Ask specialist clinical teams to act as a conduit to groups e.g. learning disability, homelessness and Mental Health.
- 6** Ask the members of the trust - 'what matters to you?'

**We are inclusive**

**We CARE**

We do not routinely use information that has already been gathered by community partners. This is a missed opportunity to use insights that will help to triangulate information the trust receives.

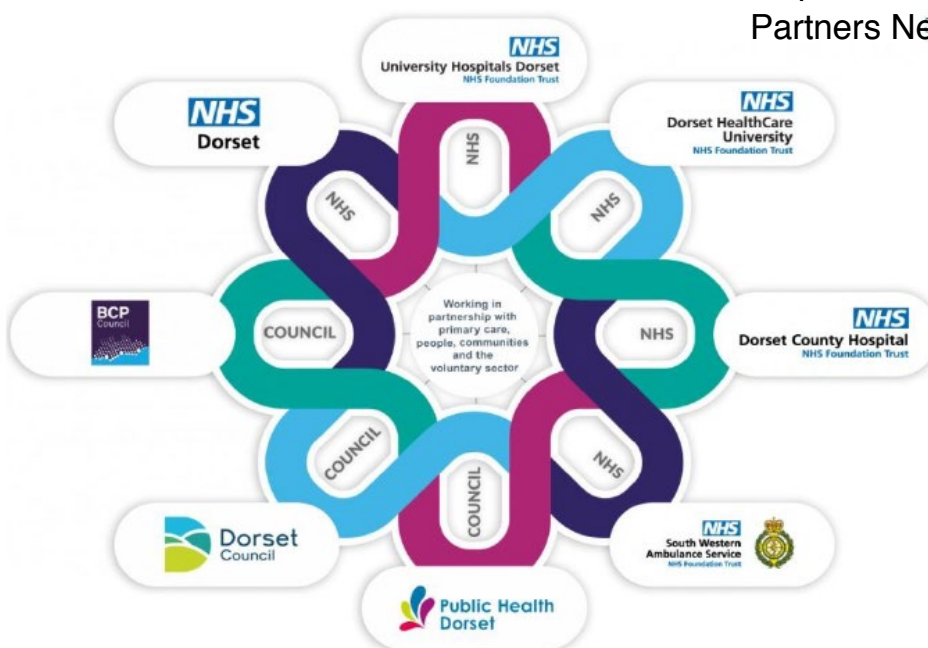
## Objective 4

# Excellent Partnerships

We will use information and insights gathered from different sources, including community partners from the Dorset ICB, to inform continuous improvement and research.

### We will achieve this by:

- 1 Being an active member of the NHS Dorset Engagement leads network.
- 2 Help with centralising and indexing insights shared across Dorset.
- 3 Be involved in community networking events with system partners.
- 4 Engage with members of the Dorset Public Participation Group and Healthwatch using their diverse membership to act as a link to community insight.
- 5 Support our patient safety partners to be part of the Dorset Patient Safety Partners Network.



We are **one team**

We **CARE**

# Get involved

There are various ways you can get involved in the trust:

- volunteering
- becoming a member of the trust
- give your feedback if you have used the services of UHD

Please use a mobile phone to scan the code below or email **patientexperienceteam@uhd.nhs.uk** and let us know how you would like to be involved and we will help you.

## Become a UHD trust member

It is free to join, you will receive regular newsletters and information and be able to give your views on proposed changes.



## Give us your feedback

Have you or a loved one received care at University Hospitals Dorset? Tell us your story.



## Become a volunteer

We have various roles that help our patients and staff to enhance our patients experience. Volunteers also help with improvement projects.



# References

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**NHS Dorset, 2022. Together - Working With People and Communities.**

Available at [www.nhsdorset.nhs.uk](http://www.nhsdorset.nhs.uk)

**NHS England, 2022. Engaging Patients and Carers.**

Available at [www.england.nhs.uk](http://www.england.nhs.uk)

**NHS England 2023. Patient Safety Incident Response Framework.**

Available at [www.england.nhs.uk](http://www.england.nhs.uk)

**The Kings Fund, 2022. What are Health Inequalities?**

Available at [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

With special thanks to Healthwatch Dorset and members of NHS Dorset Engagement Group, helping our community to shape and design this strategy.



If you would like this information in large print, easy read or in a different language please contact [patientexperienceteam@uhd.nhs.uk](mailto:patientexperienceteam@uhd.nhs.uk)



# Patient Experience and Engagement Strategy 2023-2025

**We CARE**

## **C**ontinuous Feedback

Increase opportunities for patients, friends, family and carers to tell us what is important to them.

## **A**reas for Improvement

Empower teams to make and monitor change based on patient feedback.

## **R**ecognising People

Listen to the community to understand what matters to them. Engage with those most at risk of inequality.

## **E**xcellent Partnerships

Working with other organisations across Dorset to ensure we have a joined up approach to engagement.

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

# We are #TeamUHD

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: @UHD\_NHS   : @UHDDTrust   : @uhd\_nhs



## COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 11 January 2024

### Agenda item: 6.4

<b>Subject:</b>	Council of Governors Assessment of Collective Performance
<b>Prepared by:</b>	Klaudia Zwolinska, Corporate Governance Assistant
<b>Presented by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance

<b>Strategic themes that this item supports/impacts:</b>	<p>Systems working and partnership <input checked="" type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input checked="" type="checkbox"/></p> <p>Quality: outcomes and safety <input checked="" type="checkbox"/></p> <p>Sustainable services <input type="checkbox"/></p> <p>Patient First programme <input type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input checked="" type="checkbox"/></p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	Not applicable
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	<p>The purpose of this report is to outline:</p> <ul style="list-style-type: none"> <li>the outcome of the Council of Governors Assessment of collective performance questionnaire; and</li> <li>areas suggested by Governors for future development.</li> </ul> <p>based on responses received to a survey distributed to Governors in December 2023.</p> <p>Highest rated questions:</p> <p>The Council of Governors operates in a way that ensures all views are heard and everyone can contribute to meetings. <b>100% compared with 85% the previous year.</b></p> <p>The quality of papers and presentations to the Council of Governors are effective. <b>100% compared with 85% the previous year</b></p> <p>The role and responsibilities of the Senior Independent Director are clear. <b>100% compared with 77% the previous year.</b></p> <p>Governors can ask relevant questions on the report and accounts. <b>100% compared with 92% the previous year.</b></p>

	<p>The Council of Governors understands its role in approving, with the board of directors, any amendments to the Trust's Constitution. <b>100% compared with 85% the previous year.</b></p> <p>Governors have opportunities to observe non-executive directors at the Board and other meetings. <b>100% compared with 85% the previous year.</b></p> <p>Lowest rated questions: The Council of Governors and its groups (Membership Engagement Group, Quality Group, Effectiveness Group) are effective. (Constitution Review Group has not yet met and therefore not included). <b>37.5% compared with 65% the previous year.</b></p> <p>The Council of Governors has agreed overall development plans to ensure that it is equipped to meet future challenges and these being effective. <b>50% compared with 62% the previous year.</b></p> <p>The Council of Governors meets at the most appropriate times to allow maximum participation. <b>50% compared with 62% the previous year.</b></p> <p>The annual appraisal process by the Council of Governors of the performance of Chair and non-executive director is effective. <b>50% compared with 77% the previous year.</b></p>
<p><b>Background:</b></p>	<p>As part of NHS England Code of Governance for NHS provider trusts (effective 2023), section C: Composition, succession and evaluation:</p> <p><i>C4.8 Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:</i></p> <ul style="list-style-type: none"> <li><i>• holding the non-executive directors individually and collectively to account for the performance of the board of directors</i></li> <li><i>• communicating with their member constituencies and the public and transmitting their views to the board of directors</i></li> <li><i>• contributing to the development of the foundation trust's forward plans.</i></li> </ul> <p><i>The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.</i></p> <p>There were 8 respondents to the survey (with respondents required to confirm on a scale whether they strongly agreed to strongly disagreed to statements presented). In addition, there was an option to provide free text comment on what had gone well and what could</p>

be improved. Actions have already been implemented in response to some of this feedback (outlined below) with consideration to be given to further suitable steps to be taken.

**The Council of Governors has the right mix of skills, experience, knowledge, and diversity in the context of its statutory duties and challenges facing the Trust:**

You said: Over 60% of respondents agreed with the above statement. The continuing theme was that the Council of Governors needs younger Governors and more diversity. There was very positive feedback regarding the development activities and opportunities to interact with Non-Executive Directors (NEDs). Increased flexibility for working Governors to fulfil their duties was also very welcomed.

Over 60% of respondents agreed that the Governors had the tools, skills and knowledge required to perform their role. There was less feedback regarding the issues with IT compared to last year's questionnaire, which is very positive. It was suggested that the Governors would benefit from regular updates from NHS Providers and additional sessions regarding the hospital transformation.

We have done: With the help of Staff Governor Rob Flux, a device exchange programme was introduced to support Governors with their IT issues. Additional Council of Governors development sessions were scheduled for 2024 to fulfil the Governors' needs for training.

Governors continue to be provided with opportunities to attend update sessions from NHS Providers.

**Effective collective working**

You said: 70% of respondents agreed that the Council of Governors works effectively together. The themes from the feedback were that the new ways of working should be implemented to reflect public expectations, and more work is required to build teamwork.

100% of respondents agreed that the Council of Governors operates to ensure all views were heard and everyone can contribute to meetings. The feedback regarding the chairing of Council of Governors' meetings was mixed. It was mentioned that the time constraints limited the discussion, and that meetings sometimes felt rushed.

**Effectiveness of the Council of Governors and its groups**

You said: Almost 40% of respondents agreed that the Informal Governors' Groups were effective. However, nearly the same percentage of respondents neither agreed nor disagreed with the above statement. The particular reasons given were that the Groups had recently changed their format, and two new Groups were

created (the Effectiveness Group and the Constitution Review Group).

It was noted that the Governors would benefit from opportunities to observe the groups they are not members of.

There was mixed feedback specifically about the Membership and Engagement Group with one respondent commenting that the Group had “not performed well this year”, another commenting that it “aspires to operate in the interests of members but does not fulfil this” with others commenting positively about the groups as a whole.

We did: Governors were invited to observe the Groups should they wish to do so (and there were observers present at the Membership and Engagement Group meeting that took place in December 2023).

#### **Effective communication with members and other stakeholders**

You said: Over 60% of respondents agreed that the Council of Governors communicates effectively with, listens to, and responds to members and other stakeholders. The themes included the type of events that the governors held. The opportunity for Governors to work as one group rather than individual constituencies was commented upon.

We have done: Part of the remit of the Effectiveness Group (under its Terms of Reference approved by the Council of Governors) is to evaluate the effectiveness of activities, events and progress on the actions agreed to be taken in relation to membership based on the Membership and Engagement Strategy.

#### **Overall development plans**

You said: There were divided responses to whether the Council of Governors had agreed on overall development plans to ensure it was equipped to meet future challenges and whether these were effective.

A question about the new Governors’ induction programme was also included, with the response being overwhelmingly positive.

We have done: The new Governors’ induction took place in December 2023 – with the Effectiveness Group having contributed to the review and revision of the programme - and received very positive comments. Less presentations and more interactivity was well received. The feedback form was sent to all attendees, and a summary of the responses will be shared.

#### **Timing of meetings of the Council of Governors**

You said: Half the responses confirmed that the Council of Governors meets at the most appropriate times to allow maximum participation.

We have done: The meeting schedule for 2024 has been published to give an early opportunity for planning and, therefore, maximum attendance, especially for working



people. For the Groups, consideration may be given to adjusting the timing to suit members that are working.

**Processes in place to ensure sufficient debate for major decisions**

You said: 75% of respondents agreed that the processes for sufficient debate were effective. It was mentioned that the discussion could sometimes be limited because of time constraints. Also, 75% of respondents agreed that the quality of debate around individual issues and the time available was of a high standard. However, more time for meaningful conversation would be welcome.

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

You said: Over 60% of respondents agreed that the general information provided on the Trust and its performance is accurate, timely and clear. The theme of this statement was that the papers need to be circulated early enough to allow time to read and understand the information in the meeting pack.

**The administrative arrangements relating to the Council of Governors meetings and its groups are effective**

You said: Over 80% of respondents agreed with the above statement. The themes from the responses were very positive regarding the Company Secretary Team's work to support Governors. Feedback was provided that meeting minutes and action logs should be available quickly. Responses regarding the quality of papers and presentations to the Council of Governors were very positive (100%), praising the work of the Company Secretary Team.

We have done: UHD Governors MS Teams channel had been rearranged, so all required and relevant information is available in one place.

**Governors make use of the development opportunities available to them**

You said: 75% of respondents agreed with the above statement, giving the Company Secretary Team positive feedback for providing opportunities for development sessions. Attendance at the face-to-face sessions could be higher.

We have done: Governors have been able to attend the NHS Providers Conference in London and participate in the 15 Steps Challenge organised by the Patient Experience Team in 2023. They have also been given the opportunity to attend another NHS Providers event in January 2024, although take up has been low.

**Role and responsibilities of the Senior Independent Director and Lead Governor are clear**

You said: 100% and over 80% of respondents respectively agreed with the above statement. Based on

the feedback, more interaction with the Senior Independent Director would be welcomed.

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

You said: Over 80% of respondents agreed with the above statement. The document itself received mixed feedback: for some respondents, it was an excellent and informative document, and for some, it needed simplifying, and the jargon required to be explained. In addition, 100% of respondents agreed they could ask relevant questions about the report and accounts. However, further training explaining the details included in the report and account would be beneficial.

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

You said: 100% of respondents know their role in approving the amendments to the Trust's Constitution with the board of directors. In addition, 75% of respondents agreed that the Governor's approval process was efficient and effective when the Constitution was amended.

We have done: The Constitution Review Group has been established, working alongside the Trust Chair and members of the Board to review and update the Constitution.

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

You said: Over 80% of respondents agreed they had been briefed on the Trust's strategy. More input would be welcome before the document's approval.

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

You said: Over 60% of respondents agreed that there was a sufficient opportunity. It was mentioned that more informal meetings with NEDs would help to build good relationships.

All respondents agreed with the separate question that Governors have opportunities to observe non-executive directors at the Board and other meetings.

**Annual appraisal process by the Council of Governors of the performance of the Chair and Non-Executive Directors**

You said: 50% of respondents agreed that this was effective. It was mentioned that more interactions with NEDs were required to appraise them effectively. Please see the separate paper about the methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation.

	<p><b>Governors' role in approving significant transactions</b></p> <p><u>You said:</u> Feedback received indicated a training opportunity in this area.</p> <p>The survey also included open questions relating to development and training opportunities.</p> <p><b>Conclusion:</b></p> <p>Based on the overall responses received, there was positive support for the effectiveness of the Council of Governors, with several opportunities noted.</p>																				
<b>Key Recommendations:</b>	The Council of Governors is asked to consider and if thought fit approve the outcomes from its Annual Effectiveness Review, noting the opportunities suggested by respondents for further consideration.																				
<b>Implications associated with this item:</b>	<table border="0"> <tr><td>Council of Governors</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input type="checkbox"/></td></tr> <tr><td>System</td><td><input type="checkbox"/></td></tr> </table>	Council of Governors	<input checked="" type="checkbox"/>	Equality and Diversity	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Operational Performance	<input type="checkbox"/>	People (inc Staff, Patients)	<input type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input type="checkbox"/>	System	<input type="checkbox"/>
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Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
None	N/A	N/A

<b>Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)</b>	<table border="0"> <tr><td>Commercial confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
Commercial confidentiality	<input type="checkbox"/>								
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Staff confidentiality	<input type="checkbox"/>								
Other exceptional reason	<input type="checkbox"/>								

## COUNCIL OF GOVERNORS - PART 1 MEETING

**Meeting Date: 11 January 2024**

### Agenda item: 6.5

<b>Subject:</b>	Proposed process for Lead and Deputy Lead Governors election
<b>Prepared by:</b>	Klaudia Zwolinska, Corporate Governance Assistant and Yasmin Dossabhoy, Associate Director of Corporate Governance
<b>Presented by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance

<b>Strategic themes that this item supports/impacts:</b>	<p>Systems working and partnership <input type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input type="checkbox"/></p> <p>Quality: outcomes and safety <input type="checkbox"/></p> <p>Sustainable services <input type="checkbox"/></p> <p>Patient First programme <input type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input type="checkbox"/></p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	Not applicable
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	<p>The purpose of this paper is to present to the Council of Governors for consideration and, if thought fit, approval of, the process for the election of the Lead and Deputy Lead Governor.</p> <p>The paper also includes a description of the role and person specification.</p>
<b>Background:</b>	<p>The term of office for the current Lead Governor and Deputy Lead Governor will come to an end in April 2024.</p> <p>The attached process document is identical to the process (and paper) approved by the Council of Governors in 2022, save for the following proposed amendments:</p> <ul style="list-style-type: none"> <li>• Change of the term of the Lead Governor and Deputy Lead Governor from two years to three years (to align to the length of Governors' potential term of office)</li> <li>• Amendment of references to the "Deputy Company Secretary" to the "Company Secretary Team" and "Corporate Governance Assistant", as applicable</li> </ul>

- Amendment of references to NHS Improvement to NHS England
- Update of the timetable for the election process.

Annex B to the Code of Governance for NHS Provider Trusts provides that:

*4.1 The lead governor has a role in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chair or the trust secretary, if one is appointed.*

*4.2 It is not anticipated that there will be regular direct contact between NHS England and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a lead governor should be nominated and contact details provided to NHS England, and then updated as required. Any of the governors may be the lead governor.*

*4.3 The main circumstances where NHS England will contact a lead governor are where we have concerns about the board leadership provided to an NHS foundation trust, and those concerns may in time lead to our use of our formal powers to remove the chair or non-executive directors. The council of governors appoints the chair and non-executive directors, and it will usually be the case that we will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand our concerns.*

*4.4 NHS England does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, we will often wish to have direct contact with the NHS foundation trust's governors, but quickly and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand our role, the available guidance and the basis on which we may take regulatory action. The lead governor will then be able to communicate more widely with other governors. Similarly, where individual governors wish to contact us, this would be expected to be through the lead governor.*

*4.5 The other circumstance where NHS England may wish to contact a lead governor is where, as the*

	<p><i>regulator, we have been made aware that the process for the appointment of the chair or other members of the board, or elections for governors or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, while complying with the trust's constitution, may be inappropriate. In such circumstances, where the chair, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide us with a point of contact.</i></p> <p>The Monitor publication "<i>Your statutory duties: A reference guide for NHS foundation trust governors</i>" (August 2013) sets out the following:</p> <p><i>Monitor has asked all NHS foundation trusts to nominate a "lead governor". This individual will liaise between Monitor and the council of governors where, for example, we have concerns about the leadership provided to an NHS foundation trust or in circumstances where it would be inappropriate for the chair to contact us, or vice versa (for example, regarding concerns about the appointment or removal of the chair). However, the term "lead governor" has created some confusion. Monitor did not intend the person holding this role to "lead" the council of governors or assume greater power or responsibility than other governors. We recognise that many NHS foundation trusts have broadened the original intention of this role and given greater responsibility or power to their lead governor. Every trust can decide how best to structure its own council; we continue to require only that the lead governor act as a point of contact between Monitor and the council of governors when needed. Directors and governors alike should always remember that the council of governors as a whole has the responsibilities and powers in statute, and not individual governors. Where NHS foundation trusts choose to broaden the lead governor's role, directors and the council of governors should agree what it should and should not include. The council of governors should vote on or otherwise decide who the lead governor will be; directors (including the chair) should not be involved in this process.</i></p> <p>Under Annex 4: Additional Provisions – Council of Governors, paragraph 8.1, <i>the Council of Governors Council of Governors shall appoint one of the Governors to be Lead Governor of the Council of Governors via a process agreed with the Council of Governors and the Company Secretary.</i></p>
<b>Key Recommendations:</b>	To consider and if thought fit approve the proposed process for Lead and Deputy Lead Governors' election.
<b>Implications associated with this item:</b>	Council of Governors <input checked="" type="checkbox"/>



	Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>
<b>CQC Reference:</b>	Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>

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

<b>Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)</b>	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
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## **PROCESS FOR THE APPOINTMENT OF A LEAD GOVERNOR and DEPUTY LEAD GOVERNOR**

### **1. INTRODUCTION – THE CONTEXT**

Governors provide an important link between the Trust, the members and the stakeholders. They have an interest in the wider health community and the views of all people who live in the Trust's catchment areas. Governors represent the interests of the members of the Trust as a whole and the interests of the public. The Lead Governor holds an important role in being the key contact for the Governors. They also hold an essential role of working with the Chair of the Trust in the development of partnership working between the Board and the Council of Governors.

### **2. TERM OF OFFICE**

The appointment as Lead Governor and Deputy Lead Governor, respectively, shall be for a period of three years or the earlier of: (a) such Lead Governor (or in the case of the Deputy Lead Governor, the Deputy Lead Governor) ceasing to be a member of the Council of Governors; and (b) resignation by such person of the position of Lead Governor or Deputy Lead Governor by giving notice to the Trust Chair and Associate Director of Corporate Governance in writing.

### **3. PROCESS**

The Trust's Constitution states that the Council of Governors shall appoint one of the governors to be Lead Governor via a process agreed with the Council of Governors and the Company Secretary. The process proposed is as follows:

- The Company Secretary Team will request expressions of interest from members of the Council of Governors.
- Any Governor can stand to be Lead Governor or Deputy Lead Governor (including, but not limited to, any person currently holding either of such roles).
- The Governors who have expressed an interest in becoming Lead Governor or Deputy Lead Governor shall submit to the Company Secretary Team a short statement (300 words maximum) on how they are suited to the role.
- The Company Secretary Team shall circulate by email all statements received to members of the Council of Governors.
- Governors will return their vote via voting form provided by the Company Secretary Team.
- The result of the ballot will be reported formally at the next Council of Governors meeting.
- The above will be based on a 'first past the post' approach and the Governors with the highest number of votes will be appointed as Lead Governor and Deputy Lead Governor in their respective elections. (For the avoidance of doubt, although a Governor may stand to be Lead Governor or Deputy Lead Governor, the same individual may not hold both roles concurrently).
- In the event of a hung vote, the Trust Chair would have the casting vote for both elections.
- Candidates will be able to withdraw from the process at any time.

#### **4. PERSON SPECIFICATION FOR LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR OF THE COUNCIL OF GOVERNORS**

##### **The Role**

The main duties of the Lead Governor are to:

- Facilitate a good working relationship among Governors with the support of the Company Secretary/Associate Director of Corporate Governance.
- Provide additional assurance to Governors gained through meetings with the Trust Chair.
- Provide a regular link to the Trust Chair and reflect the views of Governors on issues affecting the Trust and the Governors' role.
- Contribute, along with the other members of the Council of Governors, to the process agreed with, and for the annual appraisal of the Trust Chair led by the Senior Independent Director.
- Act as a point of contact for NHS England should the regulator wish to contact the Council of Governors on an issue for which the normal channels of communication are not appropriate. This should only happen in exceptional circumstances.
- Be the conduit for raising with NHS England any Governor concerns that the Foundation Trust is at risk of significantly breaching the Conditions of its Provider Licence, having first made every attempt to resolve any such concerns locally.
- Be a point of contact when Governors wish to seek advice and/or raise issues.
- Chair such parts of meetings of the Council of Governors which cannot be chaired by the Trust Chair, Vice Chair or another Non-Executive Director if there is a conflict of interest in relation to the business being discussed.

The main duties of the Deputy Lead Governor are to deputise for the Lead Governor as above when required.

##### **The Person Specification**

Any Governor can stand to be Lead Governor or Deputy Lead Governor.

To be able to fulfill this role effectively the Lead Governor and the Deputy Lead Governor should:

1. Have the confidence of Governor colleagues.
2. Be willing to challenge respectfully and constructively.
3. Have the ability to influence and negotiate.
4. Be able to present a well-reasoned argument.
5. Be committed to the success of University Hospitals Dorset NHS Foundation Trust.
6. Have the ability to Chair meetings.
7. Understand the role of NHS England and the basis on which NHS England may take regulatory action.
8. Demonstrate an understanding of the Trust's Constitution, the role of the Council of Governors, the Nomination Remuneration and Evaluation Committee and the Council of Governor Informal groups.
9. Be able to commit the time necessary to undertake the role.

## Proposed Timetable for the Lead Governor

Process	Start Date	Completion Date	Responsible Person
Company Secretary Team to contact all members of the Council of Governors to request a formal expression of interest in the role of the Lead Governor.		1 February 2024	Corporate Governance Assistant
Any Governor that wishes to put themselves forward as the Lead Governor must submit an expression of interest to the Company Secretary Team.	<b>2 February 2024</b>	<b>9 February 2024</b> <b>One week</b>	<b>All Governors</b>
The Company Secretary Team will contact the Governors that submitted an expression of interest to formally request a short statement (300 words maximum) on how they are suited to the role.		9 February 2024	Corporate Governance Assistant
The Governors who expressed an interest shall submit their statement to the Company Secretary Team.	<b>12 February 2024</b>	<b>19 February 2024</b> <b>One week</b>	<b>Only those Governors who submitted an expression of interest</b>
The Company Secretary Team will send all statements received to the Council of Governors via email.		21 February 2024	Corporate Governance Assistant
Governors will be given one week within which to review all of the statements and to return their vote for the Lead Governor via email. All Governors have a right to vote.	<b>21 February 2024</b>	<b>28 February 2024</b> <b>One week</b>	<b>All Governors</b>
The Company Secretary Team will acknowledge receipt of any votes on the day of receipt. If for any reason this is not possible, all acknowledgements of receipt will be sent one day past the closing date.		29 February 2024	Corporate Governance Assistant
The votes will be collated and counted on a “first past the post approach”. In the event of a hung vote, the Trust Chair will have the deciding vote.		1 March 2024	Associate Director of Corporate Governance and the Trust Chair
The results of the vote will be sent to the Council of Governors.		4 April 2024	Corporate Governance Assistant
The results of the ballot will be formally noted at the next Council of Governors meeting.		4 April 2024	Corporate Governance Assistant

## Proposed Timetable for the Deputy Lead Governor

Process	Start Date	Completion Date	Responsible Person
Company Secretary Team to contact all members of the Council of Governors to request a formal expression of interest in the role of the Deputy Lead Governor.		4 March 2024	Corporate Governance Assistant
Any Governor that wishes to put themselves forward as the Deputy Lead Governor must submit an expression of interest to the Company Secretary Team.	<b>5 March 2024</b>	<b>12 March 2024</b> <b>One week</b>	<b>All Governors</b>
The Company Secretary Team will contact the Governors that submitted an expression of interest to formally request a short statement (300 words maximum) on how they are suited to the role.		12 March 2024	Corporate Governance Assistant
The Governors who expressed an interest shall submit their statement to the Company Secretary Team.	<b>13 March 2024</b>	<b>20 March 2024</b> <b>One week</b>	<b>Only those Governors who submitted an expression of interest</b>
The Company Secretary Team will send all statements received to the Council of Governors via email.		21 March 2024	Corporate Governance Assistant
Governors will be given two weeks within which to review all of the statements and to return their vote for the Deputy Lead Governor via email. All Governors have a right to vote.	<b>22 March 2024</b>	<b>29 March 2024</b> <b>One week</b>	<b>All Governors</b>
The Company Secretary Team will acknowledge receipt of any votes on the day of receipt. If for any reason this is not possible, all acknowledgements of receipt will be sent one day past the closing date.		1 April 2024	Corporate Governance Assistant
The votes will be collated and counted on a "first past the post approach". In the event of a hung vote, the Trust Chair will have the deciding vote.		2 April 2024	Associate Director of Corporate Governance and the Trust Chair
The results of the vote will be sent to the Council of Governors.		4 April 2024	Corporate Governance Assistant
The results of the ballot will be formally noted at the next Council of Governors meeting.		4 April 2024	Corporate Governance Assistant

January 2024

## COUNCIL OF GOVERNORS - PART 1 MEETING

**Meeting Date: 11 January 2024**

### Agenda item: 6.6

<b>Subject:</b>	Fit and Proper Persons
<b>Prepared by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance Irene Mardon, Acting Chief People Officer
<b>Presented by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance Irene Mardon, Acting Chief People Officer

<b>Strategic themes that this item supports/impacts:</b>	<p>Systems working and partnership <input type="checkbox"/></p> <p>Our people <input checked="" type="checkbox"/></p> <p>Patient experience <input checked="" type="checkbox"/></p> <p>Quality: outcomes and safety <input type="checkbox"/></p> <p>Sustainable services <input type="checkbox"/></p> <p>Patient First programme <input type="checkbox"/></p> <p>One Team: patient ready for reconfiguration <input type="checkbox"/></p>
<b>BAF/Corporate Risk Register: (if applicable)</b>	Not associated to any one specific BAF/Corporate Risk Register risk
<b>Purpose of paper:</b>	Review and Discussion
<b>Executive Summary:</b>	<p>The purpose of this paper is to highlight the key changes to the Fit and Proper Person Test (FPPT) as provided in NHS England's FPPT Framework and implementation of these changes within the Trust.</p> <p>Key changes include:</p> <ul style="list-style-type: none"> <li>• Implementation of a national self-attestation pro-forma as part of the initial and annual FPPT checks on Board members.</li> <li>• Standardised Board member reference template; and a procedure to be followed when a Board director leaves an organization.</li> <li>• Enhanced local recording of FPPT checks on the Electronic Staff Record (ESR), enabling reports to be run at a local level as an audit trail of completed testing and sign off.</li> </ul>
<b>Background:</b>	The "fit and proper person" requirement was introduced by Government through Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 5 sets out the requirements for a FPPT, applying to directors and those performing



functions of (or equivalent or similar functions to) a director in NHS organisations registered with the CQC. Grounds of unfitness are specified in Part 1 of Schedule 4 to the Regulated Activities Regulations.

A Government commissioned review (the Kark review) of the scope, operation and purpose of the FPPT was undertaken in 2019. Tom Kark KC, in the foreword to his review, stated that:

*Good hospitals run well because they have good, focussed leadership and well-trained and enthused staff who are enabled to focus on providing good, safe and compassionate care for their patients. We are well aware of the extremely tight financial constraints upon the system and the fact that many hospitals struggle to provide the quality and quantity of care required by their populace within the financial envelope provided. However, the limited purpose of this review is to focus upon the Fit and Proper Person Test (FPPT), to determine whether or not in its current form it is working, and how it might be adapted to ensure better leadership and management and prevent the employment of directors who are incompetent, misbehave or mismanage...*

*The culture and management of each hospital Trust flows from the management team. Thus, the quality and culture of the management team is of the greatest significance to the ethos and success of the hospital, the effectiveness, and the working conditions (in the widest sense) of its staff, and ultimately the care, comfort, and safety of the patients to whom the Trust provides health services.*

Responding to the recommendations in the Kark Review, NHS England developed a FPPT Framework to “strengthen/reinforce individual accountability and transparency for Board members, thereby enhancing the quality of leadership within the NHS”. The FPPT Framework also takes into account the requirements of the Care Quality Commission (CQC) relating to directors being fit and proper for their roles.

The FPPT Framework became effective from 30 September 2023, to be implemented by all Boards going forward from that date. Full implementation is expected by 31 March 2024.

The FPPT Framework applies to the Board members of NHS organisations, irrespective of voting rights or contractual terms. Deputies are included within the scope of the FPPT Framework if they act up to cover a Board member’s role for six weeks or more. The Framework recognizes that some organisations may

want to extend the FPPT assessment to other key roles – for example, to those individuals who may regularly attend Board meetings (which could include Associate Non-Executive Directors) or otherwise have significant influence on board decisions. However, the annual submission requirement (referenced below) is limited to Board members only.

Trust Chairs are accountable for taking all reasonable steps to ensure that the FPPT process is effective and the desired culture of their organization is maintained to support an effective FPPT regime. They are also responsible for ensuring that the organization conducts and keeps under review a FPPT to ensure Board members are – and remain – suitable for their role. The FPPT Framework states that “ultimate accountability for adhering to [the] framework will reside with the chair of an NHS organisation”.

### **New Board appointments or promotions**

A documented “full FPPT assessment” will be needed for organisations recruiting or promoting an individual to a Board director position.

The additional checks include seeking references using a standard Board member reference template. For new appointments from outside the NHS, employers should seek the necessary references to validate a period of six consecutive years.

No new appointments to the post of Board member should be made unless the relevant appointee can demonstrate that they have met the FPPT requirements.

### **Annual checks and self-attestations**

Each Board member will need to complete an annual pro-forma self-attestation to confirm their compliance with the FPPT requirements. It is suggested that this be completed alongside the appraisal process. Annual appraisals of the past three years will be used to guide Board member references (please see below). A Board member appraisal framework is due to be published by March 2024; appraisals should make use of the NHS Leadership Competency Framework (NHS LCF). The NHS LCF covers the following six competence categories:

- Setting strategy and delivering long term transformation.
- Leading for equality.
- Driving high quality, sustainable outcomes.
- Providing robust governance and assurance.
- Creating a compassionate and inclusive culture.
- Building trusted relationships with partners and communities.

In assessing whether a Board member has the competence, skills and experience to be considered fit and proper, the assessment will:

- Have regard to formal training and development the Board member has undergone or is undergoing.
- Take account of the organization (its size and how it operates) and the activities the Board member should perform.
- Consider whether the Board member has sufficient time to perform and meet the responsibilities associated with their role.

Consistent failure to undergo required training in a timely manner may mean that a Board member is not fit and proper.

The FPPT Framework includes provision related to reasonable adjustments in assessing if a Board member can properly perform tasks to the required level of competence and skill for the post to which they are appointed.

Self-attestations are also needed as part of the full FPPT assessment.

In relation to the review of the Trust Chair's FPPT, the Senior Independent Director or Vice-Chair is to review and ensure that the Trust Chair is meeting the requirements of the FPPT.

The annual FPPT submission, summarising the results of the FPPT for all Board members is to be sent to the NHS England regional director; the FPPT is carried out on an individual Board member basis, with the Trust Chair providing the overall summary of the FPPT outcome for the Board in the annual submission. The first annual submission to the regional director should be sent by June 2024.

The FPPT Framework highlights that it is good practice for the Trust Chair to present a report on completion of the annual FPPT to the Board in a public meeting and to the Council of Governors for Non-Executive Directors for information. In addition, the Council of Governors should be informed of a satisfactory initial FPPT assessment for a new Trust Chair and for Non-Executive Director appointments.

#### **Retention of personal data relating to the FPPT assessment**

Personal data relating to the FPPT assessment will be retained in local record systems and specified data fields in ESR. The FPPT Framework confirms that the information in such records will not routinely be accessible beyond an individual's own organization. Access will also be provided to relevant individuals within the CQC at a local level where necessary for their roles. ESR is not a "public register" and there is not access to it by the public. The FPPT Framework includes an example of a Board member privacy template (at

Appendix 6) and sets out the information that ESR will hold.

The FPPT Framework suggests that it is good practice for NHS organisations to report on the high-level outcome of the FPPT assessments in the annual report or elsewhere on their website.

### **Board member references**

A new standard reference has been introduced. ESR data is used to populate the reference whenever a Board director leaves their role (even if not moving to a new role or in circumstances where no reference is requested). The reference should be retained in a locally accessible folder on a career-long basis. The Trust Chair is to write and sign off on all Non-Executive Director references, while the Chief Executive Officer is to write and sign off on all Executive Director references (supported with provision of the relevant information from ESR).

NHS organisations should aim to provide a reference to another NHS organisation within 14 days from the date the request was made. The FPPT Framework also includes provision to revise a reference where new information comes to light.

### **Internal audit/external review**

The FPPT Framework provides that:

- NHS organisations should have an internal audit every three years to assess the processes, controls and compliance supporting the FPPT assessments.
- NHS organisations should consider inclusion of FPPT process and testing in the specification for any commissioned well led/Board effectiveness reviews.

### **Council of Governors**

The FPPT Framework also provides that it should be considered alongside the “Your Statutory Duties – A reference Guide for NHS Foundation Trust Governors” and Trust Constitutions; the Council of Governors should:

- Continue to make Trust Chair and Non-Executive Director appointments, in accordance with the Trust’s Constitution. This will now include consideration of the initial FPPT assessment.
- Continue to receive performance information for the Trust Chair and other Non-Executive Directors.
- Be informed of the outcome were there any Non-Executive Board member (including the Trust Chair) FPPT assessment as “not fit and proper”.

### **Further information**

The FPPT Framework ([NHS England » NHS England fit and proper person test framework for board members](#)) has been published alongside:

	<ul style="list-style-type: none"> <li>• Eight appendices, including templates, checklists and a privacy notice.</li> <li>• FAQs: <a href="#">NHS England » Fit and proper person test: frequently asked questions</a></li> <li>• Additional guidance for Chairs providing a summary of the requirements and actions Trust Chairs will need to take: <a href="#">NHS England » Guidance for chairs on implementation of the Fit and Proper Person Test for board members</a></li> <li>• Further guidance summarising the processes for conducting testing, entering information into ESR and signing off the FPPT: <a href="#">NHS England » Fit and Proper Person Test for board members: guidance on electronic staff record</a></li> </ul>																				
<b>Key Recommendations:</b>	To review and note the update, with a further update to be provided to the Board in March 2024 and Council of Governors in April 2024.																				
<b>Implications associated with this item:</b>	<table> <tr><td>Council of Governors</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Equality and Diversity</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Financial</td><td><input type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input type="checkbox"/></td></tr> <tr><td>System</td><td><input type="checkbox"/></td></tr> </table> <p>Council of Governors – should be provided with information described as to be presented to the Council above; Equality and Diversity – please see above in relation to reasonable adjustments.</p>	Council of Governors	<input checked="" type="checkbox"/>	Equality and Diversity	<input checked="" type="checkbox"/>	Financial	<input type="checkbox"/>	Operational Performance	<input type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input type="checkbox"/>	System	<input type="checkbox"/>
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<b>Report History: Committees/Meetings at which the item has been considered:</b>	<b>Date</b>	<b>Outcome</b>
Board of Directors	03/01/2024	Noted

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

## COUNCIL OF GOVERNORS - PART 1 MEETING

**Meeting Date: 11 January 2024**

### Agenda item: 7.1

<b>Subject:</b>	Rotation of Governor Observers for 2024 Board Committee meetings
<b>Prepared by:</b>	Klaudia Zwolinska, Corporate Governance Assistant and Yasmin Dossabhoy, Associate Director of Corporate Governance
<b>Presented by:</b>	Judy Gillow, Non-Executive Director
<b>Strategic themes that this item supports/impacts:</b>	<div> Systems working and partnership <input type="checkbox"/>  Our people <input checked="" type="checkbox"/>  Patient experience <input type="checkbox"/>  Quality: outcomes and safety <input type="checkbox"/>  Sustainable services <input type="checkbox"/>  Patient First programme <input type="checkbox"/>  One Team: patient ready for reconfiguration <input type="checkbox"/> </div>
<b>BAF/Corporate Risk Register: (if applicable)</b>	Not applicable
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	The purpose of this paper is to present to the Council of Governors for review, and if thought fit, the proposed opportunity for Governors to observe Board Committees in 2024.
<b>Background:</b>	<p>The National Health Service Act 2006 (as amended), Trust's Constitution and Code of Governance for NHS Provider Trusts (Code of Governance), outline the responsibilities of the Council of Governors to hold Non-Executive Directors (NEDs) to account for the performance of the Board.</p> <p>The Code of Governance (B2.16) provides that:</p> <p><i>All directors – Executive and NEDs - have a responsibility to constructively challenge during Board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. In particular, NEDs should scrutinize the performance of the Executive management in meeting agreed goals and objectives, request further information if necessary, and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and quality controls, and system of risk</i></p>



	<p><i>management and governance, are robust and implemented.</i></p> <p>One of the opportunities introduced in 2023 – as an enhancement to the previous approach – was to give all Governors the opportunity to observe NEDs at Board Committees (and building on feedback from the 2022 Council of Governors Assessment of Collective Performance). Previously, one Governor was aligned to a specific Committee throughout the year.</p> <p>After receiving very positive feedback from Governors about this opportunity to observe the work of the Board Committees in 2023, it is proposed that this be continued and Governors be invited to observe Board Committee meetings in 2024.</p> <p>It is proposed that initially, Governors be able to choose up to 4 Committees for the year depending on their area of interest and available slots. There will be an opportunity for up to two Governor observers at each Committee. This is reflected in the Terms of Reference for the relevant Committees which provide that:</p> <p><i>There may be up to two governors attending each meeting as observer(s). Observers are not members of the Committee. These governor(s) will have been nominated to attend by the Council of Governors.</i></p> <p>As with last year, Governors will receive a form with an opportunity to select the Committees that they would prefer to attend.</p> <p>Subject to this approach being approved by the Council of Governors, a Governor selecting to observe a particular Committee (subject to the limits above) will be treated as Governors having been nominated by the Council of Governors.</p> <p>(Please note that as the meeting of the Population Health and System Committee that was due to take place in December 2023 was moved to January 2024, the Governor observers for that meeting have been carried through to the January 2024 meeting).</p> <p>It is proposed that any further ad hoc availability will be emailed to Governors and slots allocated on a first-come, first-served basis.</p>																				
<b>Key Recommendations:</b>	To consider and if thought fit approve the rotation of Governor Observers for 2024 Board Committee meetings and process set out above.																				
<b>Implications associated with this item:</b>	<table> <tr> <td>Council of Governors</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Equality and Diversity</td><td><input type="checkbox"/></td></tr> <tr> <td>Financial</td><td><input type="checkbox"/></td></tr> <tr> <td>Operational Performance</td><td><input type="checkbox"/></td></tr> <tr> <td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr> <td>Quality</td><td><input type="checkbox"/></td></tr> <tr> <td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Strategy/Transformation</td><td><input type="checkbox"/></td></tr> <tr> <td>System</td><td><input type="checkbox"/></td></tr> </table>	Council of Governors	<input checked="" type="checkbox"/>	Equality and Diversity	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Operational Performance	<input type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input type="checkbox"/>	System	<input type="checkbox"/>
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	Responsive	<input type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input type="checkbox"/>

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

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

<b>Audit Committee</b>	Thursday 18 January 2024 9am	-	Monday 18 March 2024 9am	-	Thursday 23 May 2024 9am	-	Thursday 18 July 2024 9am	-	-	Thursday 17 October 2024 9am	-	-
Name 1												
Name 2												
<b>Charitable Funds Committee</b>	-	Monday 5 February 2024 9am	-	-	Wednesday 8 May 2024 9am	-	-	Monday 5 August 2024 9am	-	-	Monday 4 November 2024 9am	-
Name 1												
Name 2												
<b>Finance &amp; Performance Committee</b>	Monday 22 January 2024 9am	Monday 26 February 2024 9am	Monday 25 March 2024 9am	Monday 22 April 2024 9am	Wednesday 29 May 2024 9am	Monday 24 June 2024 10am	Monday 29 July 2024 9am	Wednesday 28 August 2024 9am	Monday 23 September 2024 9am	Monday 28 October 2024 9am	Monday 25 November 2024 9am	Monday 16 December 2024 9am
Name 1												
Name 2												
<b>Joint Audit and Finance &amp; Performance Committee</b>			-	-	-	TBC	-	-	-	-	-	-
Name 1												
Name 2												
<b>People &amp; Culture Committee</b>	-	Wednesday 14 February 2024 11am	-	Wednesday 10 April 2024 11am	-	-	Wednesday 10 July 2024 11am	-	Wednesday 10 September 2024 11am	-	-	Wednesday 11 December 2024 11am
Name 1												
Name 2												
<b>Population Health &amp; System Committee</b>	Wednesday 24 January 2024 2pm	-	Wednesday 13 March 2024 9am	-	-	Wednesday 12 June 2024 9am	-	Wednesday 14 August 2024 9am	-	Wednesday 9 October 2024 9am	-	-
Name 1	Michele Whitehurst											
Name 2	Sandy Wilson											
<b>Quality Committee</b>	Tuesday 23 January 2024 1pm	Tuesday 27 February 2024 12noon	Tuesday 26 March 2024 1pm	Tuesday 16 April 2024 1pm	Tuesday 28 May 2024 1pm	Tuesday 25 June 2024 1pm	Tuesday 30 July 2024 1pm	Tuesday 27 August 2024 1pm	Tuesday 24 September 2024 1pm	Tuesday 29 October 2024 1pm	Tuesday 26 November 2024 1pm	Tuesday 17 December 2024 1pm
Name 1												
Name 2												

## COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 11 January 2024

### Agenda item: 7.2

<b>Subject:</b>	Methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation
<b>Prepared by:</b>	Yasmin Dossabhoy, Associate Director of Corporate Governance
<b>Presented by:</b>	Sharon Collett, Lead Governor
<b>Strategic themes that this item supports/impacts:</b>	<div> Systems working and partnership <input type="checkbox"/>  Our people <input checked="" type="checkbox"/>  Patient experience <input type="checkbox"/>  Quality: outcomes and safety <input type="checkbox"/>  Sustainable services <input type="checkbox"/>  Patient First programme <input type="checkbox"/>  One Team: patient ready for reconfiguration <input type="checkbox"/> </div>
<b>BAF/Corporate Risk Register: (if applicable)</b>	None
<b>Purpose of paper:</b>	Decision/Approval
<b>Executive Summary:</b>	<p>The Council of Governors should take the lead on agreeing a process for the evaluation of the Trust Chair and Non-Executive Directors. Guidance on this is available through various sources such as the Code of Governance for NHS Provider Trusts, the Framework for conducting annual appraisals of NHS Provider Chairs and Appraisal Good Practice for Non-Executive Directors.</p> <p>The purpose of this paper is:</p> <ul style="list-style-type: none"> <li>To summarise the relevant guidance; and</li> <li>To set out the proposed methodology for the evaluation of the Trust Chair and Non-Executive Directors.</li> </ul>
<b>Background:</b>	<p><b>Context: Code of Governance</b></p> <p>Under the Code of Governance for NHS Provider Trusts (version effective April 2023):</p> <p><i>There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, <u>the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors</u>. The governors should bear in mind that it may be desirable to use the senior</i></p>

independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts (section C.4.5) and

Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders (section B.2.11) and

The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified (section C.4.6).

In addition:

The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board. (C.5.5)

**Context: Framework for conducting annual appraisals of NHS Provider Chairs (the Framework)**

There is a national framework for conducting annual appraisals of NHS Provider Chairs: <https://www.england.nhs.uk/non-executive-opportunities/wp-content/uploads/sites/54/2021/03/Chair-Appraisal-Framework-April-2021-1.pdf>

A summary of the process set out in the Framework is in Appendix 1.

Steps include:

- Appraisal preparation: the Trust Chair and the Senior Independent Director (SID) will meet to review the contents of the assessment template (Please see link to the Framework above which includes the template).
- Multi-source assessment: Assessments of the Chair's effectiveness should be sought from a range of key stakeholders who represent the Trust and external partner organisations. In previous years (prior to merger), this has included all Governors and members of the Board of Directors being asked to complete a confidential assessment of the Chair (in the form set out in the Framework). Given the importance of system working and as indicated by the Framework, it is proposed that other stakeholders should include the integrated care system chair and other key stakeholders agreed between the Chair and the SID.
- Evaluation: the SID will complete an evaluation of stakeholders' views alongside the Chair's own assessment.

- Appraisal output: the collective evaluation of the multisource assessment should form the basis of the appraisal discussion between the Chair and the SID. Key points are to be formally recorded in the assessment template.

The Trust has a “one appraisal for all” form which also includes specific reflection by the appraisee of how they have demonstrated the Trust’s values. As these are specific to the Trust, they are not directly captured within the Framework template. Therefore, for any elements of the Trust’s own appraisal format not captured in the Framework template, it is proposed that those be completed in addition as part of the Chair’s appraisal.

**Context: Appraisal Good Practice Guide for Non-Executive Directors**

Trusts can determine the appraisal approach most relevant to their local circumstances. However, NHS England has published an Appraisal Good Practice Guide and forms to support Non-Executive Director appraisals. This includes the following general principles:

- *New appointees should be informed that they will be formally appraised by the Trust chair on at least an annual basis and of the standards against which they will be assessed*
- *Appraisals should look forward, not just back, and take account of the future needs of the organisation, any learning and development identified and the aspirations of the individual*
- *Any performance issues should be identified and discussed robustly but constructively. There should be clarity about the support NEDs will receive to help them improve*
- *All documentation relating to the appraisal should be completed during, or shortly after, the appraisal and signed by both parties*
- *Where there is no agreement, the Chair’s assessment should stand with the NEDs disagreement noted*
- *Any fundamental differences may, however need to be escalated to NHS England*
- *Documentation should be simple, purposeful and easy to use.*

As with the 2022/23 appraisals, it is proposed that the process will include:

- Appraisal preparation: each Non-Executive Director will prepare an appraisal form (using the Trust’s “one appraisal for all” template, but modified to reflect the applicability for NEDs).
- Feedback: the Trust Chair (supported by the Associate Director of Corporate Governance, as requested) will solicit feedback from Governors and other stakeholders in relation to each Non-Executive Director’s performance.



- Evaluation: the Trust Chair and each Non-Executive Director will meet on a one to one basis to discuss performance and personal/professional development. A set of objectives and development plan for the coming year should be agreed.
- Reporting to the Committee and the Council of Governors: a report summarizing the outcome of the appraisals will be shared with the Committee and subsequently with the Council of Governors.

Feedback from the SID in relation to the Trust Chair appraisal for 2022/23 was that it would be beneficial for the SID to be provided with the description from the collated feedback providers of the applicable group (e.g. system partner) from which the response had been received (and otherwise still anonymised). It is proposed that this be taken into account in 2023/24.

The Council of Governors is also asked to note that the Leadership Competency Framework (LCF), which is due to be published imminently will “form the core of board appraisal frameworks, alongside appraisal of delivery against personal and corporate objectives”. The annual attestation by Board members as part of Fit and Proper Persons tests is expected is expected by NHS England to be undertaken at the same time as the annual appraisal process and assessment of the six competency domains in the LCF will be used to guide the Board member’s development plan for the coming year. It is anticipated that a Board member appraisal framework will be published ahead of the 2023/2024 appraisal process to support this.

#### Process timeline adopted in 2022/23

Action	Due Date
Council of Governors approval of methodology/ process for evaluation of Chair and Non-Executive Directors	<i>February 2023</i>
Meetings were arranged by Trust Chair and SID for appraisal discussions to take place	<i>July 2023</i>  Note: The Company Secretary recommends that the appraisal process for 2023/24 is completed <b>by no later than mid-May 2024.</b> NHS Fit and Proper Persons (FPPT) guidance recommends that each Board member complete

		<p>the annual pro-forma self-attestation to confirm their compliance with the FPPT requirements alongside the appraisal process. There are also FPPT requirements that need to be completed (please see FPP paper in the meeting materials)</p> <p>The annual FPPT submission, summarising the results of the FPPT for all Board members is to be sent to the NHS England regional director <b>by June 2024</b>.</p>
	<p>Based on the appraisal discussion meetings having been arranged for July 2023, all Non-Executive Directors were sent:</p> <ul style="list-style-type: none"> <li>○ The Trust's appraisal discussion form;</li> <li>○ The Trust's preparation form to assist in preparing for the discussion in advance of the meeting</li> </ul>	<p><i>June 2023 (based on the timing of the appraisal discussion meetings having been arranged by the Trust Chair and SID for July 2023).</i></p> <p>Please see recommendation above in relation to earlier timeline for the meetings to take place for 2024.</p>
	<p>Multi-source feedback from partners, Board members and Governors for Chair appraisal</p>	<p><i>Mid-June 2023 to 11 July 2023</i></p> <p>Please see recommendation above in relation to earlier timeline for the meetings to take place for 2024 (and also earlier timeline for requests for feedback to be made).</p>
	<p>Outcome of the Trust Chair's and Non-Executive Directors' annual performance evaluation presented to Council of Governors</p>	<p><i>July 2023</i></p> <p>For 2024, it is likely that an additional meeting of the Council of Governors will need to be scheduled for this item. The Trust Chair and SID are reviewing the proposed timeline.</p>

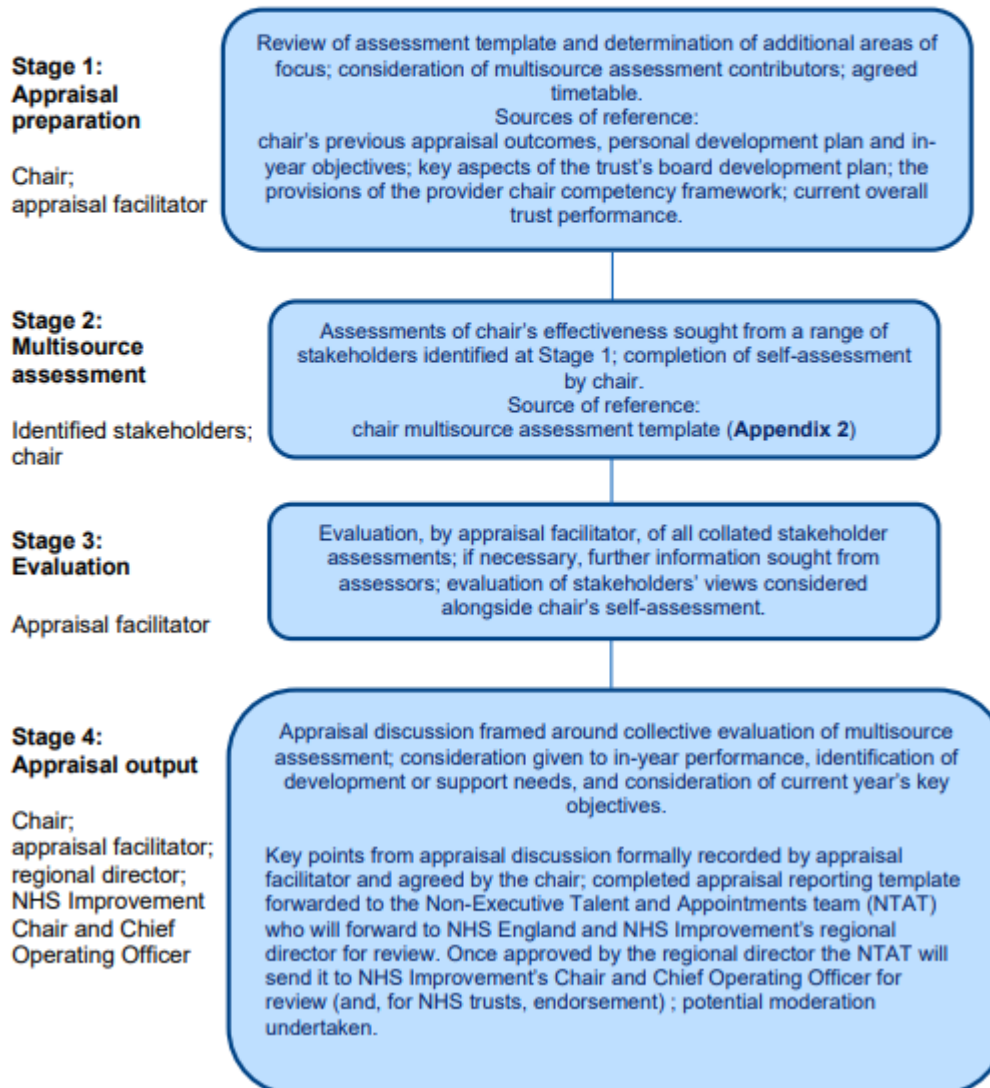
	NHS provider chair appraisal reporting template to be submitted to NHS England	July 2023
<b>Key Recommendations:</b>	The Council of Governors is asked – pending the publication of the NHS England Board member appraisal framework - to consider and if thought fit to approve the proposed methodology for the Trust Chair and Non-Executive Directors' 2023/24 performance evaluation outlined above.	
<b>Implications associated with this item:</b>	Council of Governors <input checked="" type="checkbox"/> Equality and Diversity <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>	
<b>CQC Reference:</b>	Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>	

Report Committees/Meetings at which the item has been considered:	History: at	Date	Outcome
Nominations, Remuneration and Evaluation Committee		02/01/2024	<p>Recommended to the Council of Governors for approval.</p> <p>Completion by the Trust Chair of those aspects of the Trust form of appraisal related to Trust values (in addition to the NHS England form) was considered important.</p> <p>Some aspects of Trust-wide appraisal form not applicable for NEDs (and as with 2022/23 will be modified accordingly). The Trust-wide appraisal form attached is in its unamended form.</p> <p>Support to be provided to Governors by the Trust Chair on how Governors can contribute to feedback for NEDs (and process for this for the 2023/24 appraisals). Recognised that Governors</p>

		<p>do not all have the same levels of contact with each NED and therefore to contribute based upon their observations.</p> <p>NEDs to provide a summary of their work//performance during the year to Governors. Timing of this to be included in the proposed timeline being reviewed by the Trust Chair and SID.</p> <p>Benefits of the Trust Chair and NEDs receiving constructive feedback was discussed. Also, the importance of having forward-looking objectives (as already captured in the forms).</p> <p>Feedback from system partners, Board and Governors provided to the SID should continue to be anonymised.</p> <p>Appraisal-lite for NEDs who joined in October 2023.</p>
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Reason for submission to the Council of Governors in Private Only (where relevant)	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>

# Appendix 1: Process for annual appraisal of NHS provider chairs – summary flowchart



# Appraisal Discussion Form

*Appraisals are an ideal opportunity to make sure that your contact information is up-to-date on ESR, including email address (whether this is your work one or your personal one). Please take some time to double check this information and update it if necessary.*

Your name	
Your job title	
Department/Ward	
Care Group / Directorate	

Name of Appraiser	
Job Title of Appraiser	
Date of Appraisal	

## Reflect

- Before your appraisal, take time to reflect on where you are in your role and what you want for your future.
- Use the Preparation Form to help with this and prepare for your appraisal discussion.

## Review

- In discussion with your appraiser you will:
  - review your past objectives
  - consider the behaviours you have demonstrated
  - discuss your current role and future aspirations

## Plan

- With your appraiser consider the overall team objectives.
- Discuss and agree your individual work place objectives and personal development plan



Summary of Discussions

Looking back over the last period – summary of discussion

(Optional examples include: Feedback received, learning, workplace examples; involvement in groups i.e. networks, champions)

Review of last year’s objectives

What I needed to deliver	When I needed to do this by	What went well	What I learnt	Achieved?

## Trust Values

Value	Examples of behaviour (for full details refer to the UHD Behaviour Framework)	Summary of discussion
<b>We are caring</b>	Being approachable and friendly to everyone, smiling and making eye contact. I am kind, caring, respectful and compassionate - seeking to understand the needs of others Exceeding expectations and helping others	<b>How have I demonstrated the trust values this year?</b>
<b>We are one team</b>	Working collaboratively with others to ensure excellent quality care. Offering help and support and encouragement in difficult times, learning from others and celebrating success. Working efficiently and flexibly to make the best use of available resources and supporting the team.	
<b>We are listening to understand</b>	Communicating clearly and effectively, overcoming barriers and understanding the impact on others. Listening to fully understand different points of view Recognising and openly valuing the contributions and opinions of others.	
<b>We are open and honest</b>	Being honest with other and offering constructive feedback, sharing experiences and learning. Speaking openly about experiences and encouraging others to do the same, creating an environment where it is safe to speak out. Contributing an open reporting and learning culture by supporting others when things go wrong.	
<b>We are always improving</b>	Striving to do my best, developing myself and trying new ways of doing things and learning from others. Actively seeking to remove obstacles and barriers, and making suggestions to improve my service(s). Considering the impact any changes and decisions have on the budget and other stakeholders.	
<b>We are inclusive</b>	Valuing the diversity and differences of everyone by treating people with fairness, respect and dignity; without favouritism or discrimination. Challenging behaviours and practices that exclude others. Promoting a sense of belonging and inclusivity, where everyone has a voice and is able to contribute.	

Based on your discussion above, have you identified any development needs?

## Part 1: My current role and my health and wellbeing

## Thinking about now and my future

## Part 2: My future aspirations

How are you? How do you feel?

How is work going? What do you need in order to do your job effectively

What challenges/obstacles are you faced with? What ideas do you have to overcome these?

What could be done to improve your working life?

What would you like to achieve in your current role?

Would you like your role to evolve or change?  
If so, how?

What are your future aspirations?

### **Only if applicable;-**

If you are looking for another role, based on your performance in your current role (i.e. the review of your objectives and behaviours) agree with your appraiser your readiness for this.

Now ☐ 6 – 12 months ☐ 2 – 3 years ☐

Based on your discussion above, what development do you need?

What support do you need?

If you manage other people, what are you doing to support the health and wellbeing of your team members?

# My Objectives

## The Trust's 2023/24 strategic objectives

### UHD Patient First Triangle (2023-24)

**True North**  
The point of all we do is to serve our patients & communities.

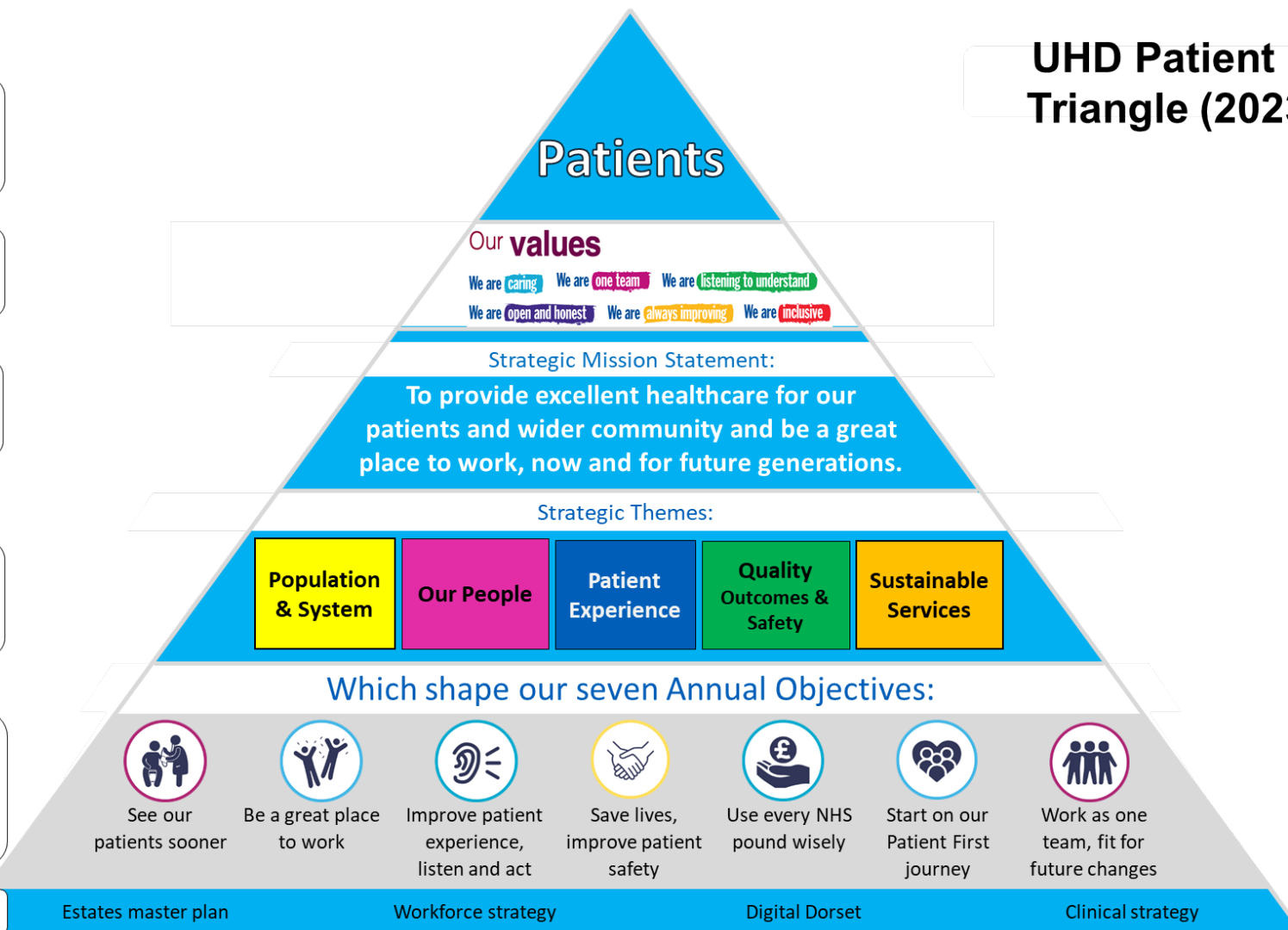
**Our Values**  
Who do we want to be?

**Our Mission**  
What do we want to achieve?

**Strategic Themes**  
Five long term areas of focus that will help us achieve our mission.

**Annual Objectives**  
Our objectives for every member of staff, and reviewed every year (see table for details).

**Enabling programmes**  
Multi year, UHD wide.



Themes	Vision	Objectives 2023/4 - Break through levels of improvement
<b>Population health and system working</b>	To meet the patient national constitutional standards for Planned and Emergency care. supporting inequalities in outcome and access and improving productivity and value.	<b>See our patients sooner</b> Over 76% of patients treated within the 4 hours safety standard; To have no patients waiting in excess of 65 weeks on an RTT pathway.
<b>Our people</b>	To be a great place to work attracting and retaining the best talent. NHS Staff Survey results in top 20% within three years.	<b>Be a great place to work</b> Improve our NHS Staff Survey Results for: "I would recommend my organisation as a great place to work" > 62%; Staff Engagement Score >7/10, both by March 2024
<b>Patient experience</b>	All patients at UHD receive quality care, which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.	<b>Improve patient experience, listen and act</b> A 5% improvement in employees who see patient care as a top priority for UHD; to increase the FFT (Friends & Family Test) and HYS (Have Your Say) feedback rates by 30%
<b>Quality (Outcome and safety)</b>	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios - SMR) and Patient Safety Incidents (PSIs)	<b>Save lives, improve patient safety</b> 1. HSMR <100, 2. Reduce PSI by 5%, 3. Improve staff survey safety culture questions by 5%
<b>Sustainable services</b>	To maximise value for money enabling further investment in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	<b>Use every NHS pound wisely</b> To develop and fully deliver recurrent financial efficiencies of £33m (4.4%) consistent with the 2023/24 budgeted Cost Improvement Programme target.
<b>Patient First Programme</b>	To successfully and sustainably adopt the Patient First approach	<b>Start on our 'Patient First' journey</b> To deliver year one, of transitioning to the Patient First programme.
<b>One Team: Patient ready reconfiguration</b>	To integrate teams and services, then to reconfigure, and so create the planned and emergency hospitals.	<b>Work as one team, fit for future changes</b> For every service to agreed their plan to integrate and start delivery to be "move in" and "patient ready" for the future.

### **My team's 2023/24 objectives [update as appropriate]**

This year our team will.....

### **My work place objectives (Tasks or projects relating to Trust and Team objectives)**

<b>What I need to deliver</b>	<b>How this will be measured</b>	<b>When I need to do this by</b>	<b>What support I might need</b>

## Personal Development Plan

Have you met the clinical/professional/technical requirements for your role as outlined in your job description? (If relevant, please attach your professional standards portfolio)	Yes <input type="checkbox"/> No <input type="checkbox"/>
'Is your brain green?' – A reminder to review your core skill requirements. Also consider other professional training or development requirements as well as any department specific training?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**My personal development objectives** (this includes skills, knowledge and/or behaviours that need developing in order to achieve your work place objectives and/or future aspirations)

What do I want/need to learn?	What will I do to achieve this? (Consider all types of learning methods)	What resources or support will I need?	What will my success criteria be? (Link to workplace objectives if appropriate)	When I need to do this by

<b>APPRAISER-</b> Record any overall comments	Signed
	Date
<b>APPRAISEE-</b> Record of overall comments	Signed
	Date



Attendance at Council of Governors Part 1

		27 April 2023	27 July 2023	28 September 2023 Extraordinary	26 October 2023
Present	Rob Whiteman				
	Lesley Baliga				
	Daniel Banfield				
	Mandi Barron				
	Robert Bufton				
	Sharon Collett				
	Sue Comrie			A	
	Steve Dickens			A	
	Beryl Ezzard				
	Richard Ferns				
	Rob Flux				A
	Paul Hilliard				
	Marjorie Houghton				
	Dimitri Ilic				
	Susanne Lee				
	Andrew McLeod	A		A	
	Keith Mitchell				
	Markus Pettit		A		A
	Patricia Scott				
	Jeremy Scrivens			A	
	Diane Smelt				
	Carrie Stone		A	A	A
	Kani Trehorn				
	Michele Whitehurst				
	Sandra Wilson			A	
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

Key

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