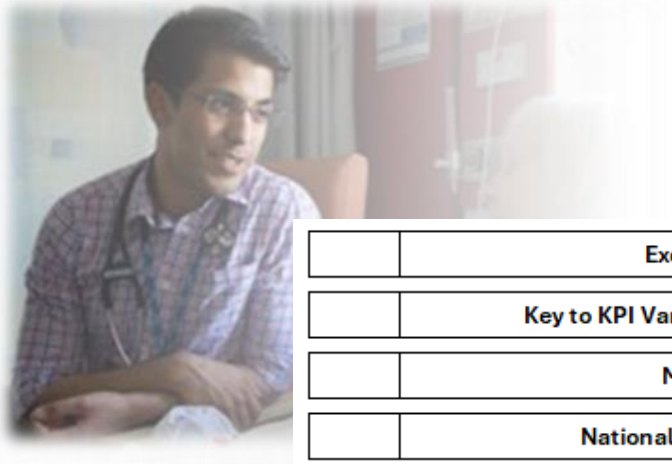
University Hospitals Dorset
NHS Foundation Trust

Integrated Performance Report

Reporting month: May 2026

Meeting Months : June / July 2026



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Executive Summary

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Forward Look: Maintaining Momentum
May marks a meaningful step forward in UHD's improvement journey. The NHS Oversight Framework results for Quarter 4 2025/26 provide important external validation of that progress, with UHD rising 17 places nationally from 87th to 70th, and an improved average metric score of 2.34 against 2.51 in Quarter 3. While the Trust remains in segment 3, this is the most significant single-quarter ranking improvement UHD has recorded and reflects the breadth of work now embedded across the organisation on behalf of our patients.

The month brought real reasons for confidence across the domains that matter most to patients. The 4-hour standard was met at 70.2%, ahead of trajectory. RTT performance exceeded operational plan at 66.9%, with 65-week waits eliminated and 52-week waits below 1%. Fewer patients experienced moderate or greater harm from falls compared to the same period last year. Maternity continues to perform strongly, with 15 consecutive months of neonatal admission rates below regional and national targets, and 95.2% of black and Asian women on a continuity of care pathway. SDEC is keeping more patients out of hospital who do not need to be there, and theatre utilisation at 82.9% means more patients are receiving planned surgery without delay.
The areas requiring continued focus are clear. Patients who are medically ready to leave hospital are waiting too long for community and social care provision, with NCtR at around 230 against a target of 110. This is a system-level challenge with direct consequences for the patients who remain with us beyond their clinical need, and for those waiting to come in. Cancer performance in Q1 has not met national recovery targets, and while structured recovery plans are in place and improvements are expected from June onwards, we are acutely aware of what these numbers mean for individual patients waiting for a diagnosis or treatment. The financial position requires disciplined delivery throughout the remainder of the year.

The Clinical Vision of Flow programme, launched in May with 130 colleagues, provides a platform through which we will improve the experience of every patient moving through our urgent, emergency and elective pathways. We will report openly to the Board on progress throughout the year ahead.

To provide excellent healthcare for our patients and wider community and be a great place to work, now and for future generations

Key to KPI Variation and Assurance Icons

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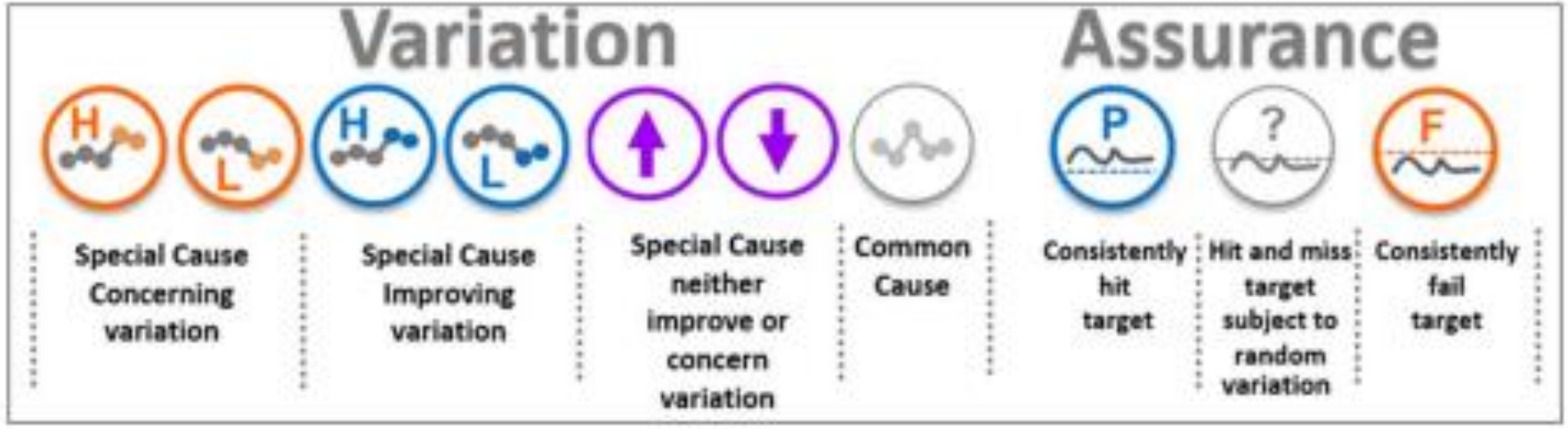

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Further Reading / other resources The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

Matrix Summary

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2026/27 IPR Matrix

VARIATION	ASSURANCE: Pass - the target/trajectory within the process limits and will be achieved if no change (P)	"Flip Flop" - the target may or may not be achieved (?)	Fail - the target/trajectory outside the process limits and will not be achieved without change (F)	No Target
special cause variation, IMPROVEMENT (H / L)				**SHMI – Summary Hospital Level Mortality Indicator ***
common cause or normal variation no significant change observed (same)		**RTT Performance against trajectory for 18 week standard (92%)*** **% Patients waiting >52 weeks (1% std) against trajectory *** Faster Diagnosis Standard (FDS) 28 days **% Patients waiting <18 weeks for 1st attendance** **4 hour safety standard ***	**62 day cancer standard *** DM01 - % waiting over 6 weeks Theatre utilisation (capped) HSMR In Month - UHD (Source: HED) **In Month Sickness Absence ***	Ambulance handovers - average handover time UHD **Patients >12hrs in dept *** **Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays *** **hospital associated infections - MRSA** **hospital associated infections - CDiff** **hospital associated infections - E Coli** Mortality Reviews % of total complaints closed within 35 days Number of Early Resolutions Number of Complaints Received
special cause variation, DETERIORATION (H / L)		RTT total PTL 31 day cancer standard Vacancy Rate at end of each month		Under 18's RTT pathways **Community Health Services SITREP % over 52 weeks**

**scored in NOF*

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

National Oversight Framework

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UHD has been placed into **segment 3** of the NHS Oversight Framework (NOF) in **Quarter 4, 2025/26** (published June 2026), with with a rank of #70/134 acute and specialist providers (an improved position) and an average metric score of 2.34 (previous quarter 2.51).

Scores and ranks are refreshed quarterly (Segment 1 is best)

Domain	Domain Score (March 2026)	Segment	Direction of Travel since last segmentation	Prevoius score (Dec 2025)
Access to Services	2.57	3	↑	Domain score 2.91 / Segment 4
Effectiveness and Experience of Care	2.49	3	↑	Domain score 2.56 / Segment 4
Patient Safety	1.78	1	↑	Domain score 2.13 / Segment 2
People and Workforce	2.17	2	↔	Domain score 2.19 / Segment 2
Finance and Productivity	1.95	2	↓	Domain score 1.54 / Segment 1

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Population & System

Mark Mould
Chief Operating Officer

Operational Leads:
Judith May – Director of Operational Performance and Oversight
Mark Major – Deputy Chief Operating Officer
Abigail Daughters – Group Director of Operations – Surgery
Lisa Clarke – Group Director of Operations – Women's, Children, Cancer and Support Services
Leanna Rathbone- Group Director of Operations – Medicine

Committees:
Finance and Performance Committee

Performance at a Glance

Population & System

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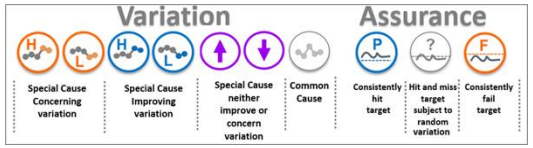

UHD Elective Care

KPI	Latest month	Measure	Target	Variation	Assurance
RTT Total Waiting List Size	May 26	67497	66447		
RTT Performance against trajectory for 18 week standard (92%)	**May 26**	**66.9%**	**66.8%**		
Patients waiting >52 weeks	May 26	672	602		
% Patients waiting >52 weeks (1% std) against trajectory	**May 26**	0.996%	**0.91%**		
Patients waiting >65 weeks	May 26	0	0		
% Patients waiting <18 weeks for 1st attendance	May 26	76.4%	73.3%		
Under 18's RTT pathways	**May 26**	**5394**	-		
UHD - Total Diagnostic Waiting List	May 26	12709	12587		
UHD - % waiting over 6 weeks (1% std)	**May 26**	**13.7%**	**7.4%**		
UHD - % waiting over 13 weeks	May 26	1.3%			
Community Health Services SITREP % over 52 weeks	**May 26**	**77.0%**	-		
Faster Diagnosis Standard (FDS) 28 days (75% std)	**Apr 26**	**67.2%**	**79.25%**		
31 day standard (96% std)	Apr 26	91.0%	96.0%		
62 day standard (85% std)	**Apr 26**	**65.8%**	**73.6%**		
Trauma Admissions	May 26	399	-		
% of NOF patients operated on within 36 hrs (admission from ED)	May 26	67.0%	85.0%		
% Outpatient appointments with procedures	May 26	26.3%			
UHD - Total Outpatient - Virtual (%)	May 26	16.8%	25.0%		
UHD Outpatient DNA rate	May 26	5.2%	5.0%		
Theatre utilisation (capped)	May 26	82.9%	85.0%		
UHD Theatre case opportunity	May 26	6.2%	15.0%		

UHD Urgent and Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance
Arrival time to initial assessment	May 26	16	15		
Clinician seen <60 mins %	May 26	29%	-		
Patients >12hrs from DTA to admission	May 26	447	0		
Patients >12hrs in dept	**May 26**	**1542**	-		
4 hour safety standard	**May 26**	**70.2%**	**70.0%**		
Ambulance handovers - average handover time UHD	May 26	32.7	-		
Ambulance handovers - average handover time RBH	May 26	33.6	-		
Ambulance handovers - average handover time Poole	May 26	31.6	-		
Ambulance handover >60mins breaches	May 26	302			
Ambulance handovers	May 26	4352	-		
Bed Occupancy (capacity incl escalation)	May 26	93%	85%		
Stranded patients: Length of stay 7 days	May 26	499	-		
Stranded patients: Length of stay 14 days	May 26	317	-		
Stranded patients: Length of stay 21 days	May 26	224	108		
Non-elective admissions	May 26	6624	-		
> 1 day non-elective admissions	May 26	3935	-		
Same Day Emergency Care (SDEC)	May 26	2689	-		
Conversion rate (admitted from ED)	May 26	26.4%	30.0%		
Temporary Escalation Spaces use in ED (average daily - over 45mins)	May 26	21.41	-		

Elective Access - RTT

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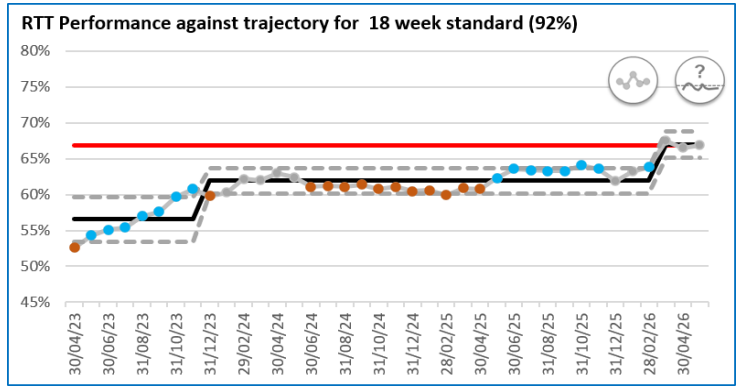
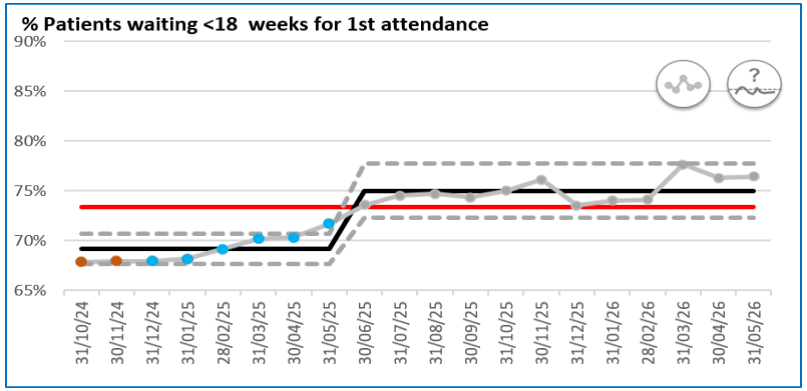
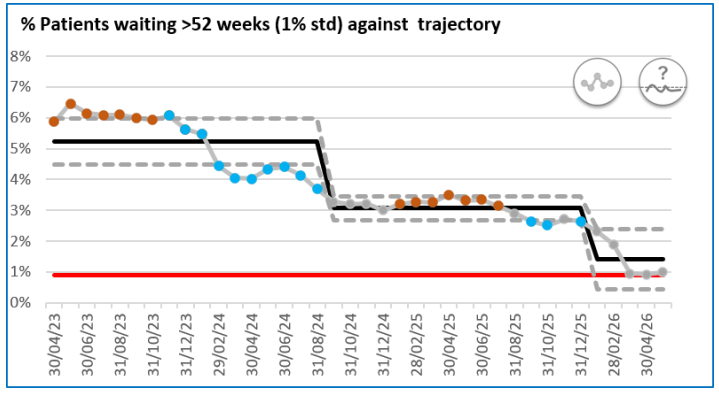
May 26
66.9%
Variance/Assurance
Targeting (Internal)
66.8%
Business Rule
Full CMS



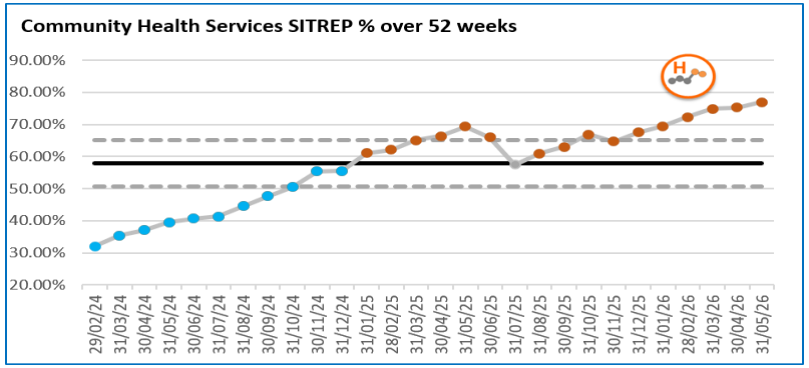
May 26
76.4%
Variance/Assurance
Targeting (Internal)
73.3%
Business Rule
Note performance



May 26
0.996%
Variance/Assurance
Targeting (Internal)
0.91%
Business Rule
Full CMS



May 26
77.0%
Variance/Assurance
Targeting (Internal)
Business Rule
Note performance



Summary

The RTT 18 week performance trajectory for May was met.

- **RTT Waiting list –** Whilst the total waiting list remains above plan the variance to plan reduced to 1.6%.
- **Waits for first attendance (OPA or diagnostic test) within 18 weeks of referral** continue to exceed the planned trajectory; supporting early identification of treatment pathways.
- **% of RTT waits over 52 weeks** were maintained below 1%, achieving the national target. The total number of 52ww however were 70 above plan, due to a reduction in Gynecology capacity in month.

>52 weeks for Community Health (neurodevelopmental) services are above the upper process control limit. The rate of increase in patients exceeding >52weeks is higher than the rate of transfers to Right to Choose providers,.

Actions

Maximise the opportunity to deliver elective activity in Q1.

- Increase treatments by implementing activity plans with trusted in/outsourcing providers and improving internal productivity.
- Continue targeted validation of the waiting list to ensure patients who no longer need to be seen are discharged.
- Continue the expansion of the activity delivered via St Mary's Outpatient Procedural Unit in Q1 26/27, including one stop pathways.
- Community Paediatrics: 1. Continue the transfer of the longest waiting children on a neurodevelopmental pathway to Right to Choose providers (total 622 by end of July). 2.Confirm plan for children 'ageing out' of waiting list to ensure equitable access to adult waiting list. 3.Validation of waiting list. 4. Engagement with DHC regarding profiling tool. 5. Workforce planning for Nurse Medical Prescriber roles to increase long term capacity.

Assurance & Timescale for Improvement

Planned Care Improvement Group providing oversight and weekly performance huddle in place.

Timescales:

- Aim to meet the >52 week waits trajectory by end of Quarter 1 26/27.
- Maintain RTT performance on plan – Q1.
- Reduction in longest waits for patients waiting neuro-developmental assessment in Q1. Improved triage tool implemented. Oversight to be delivered by the School Health Neurodevelopmental Steering Group.

Elective Access - Cancer

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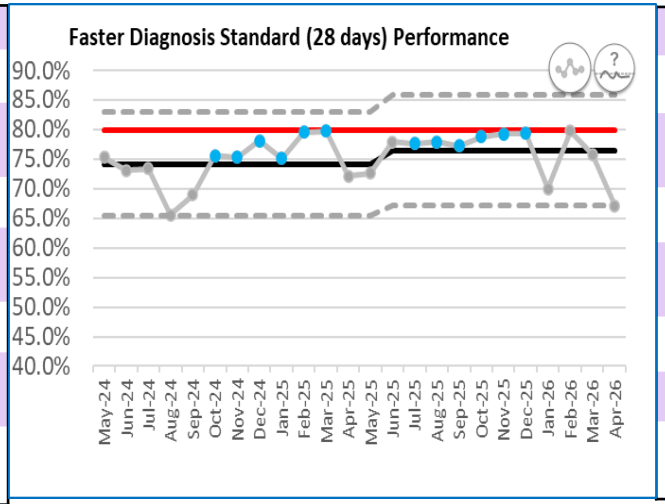
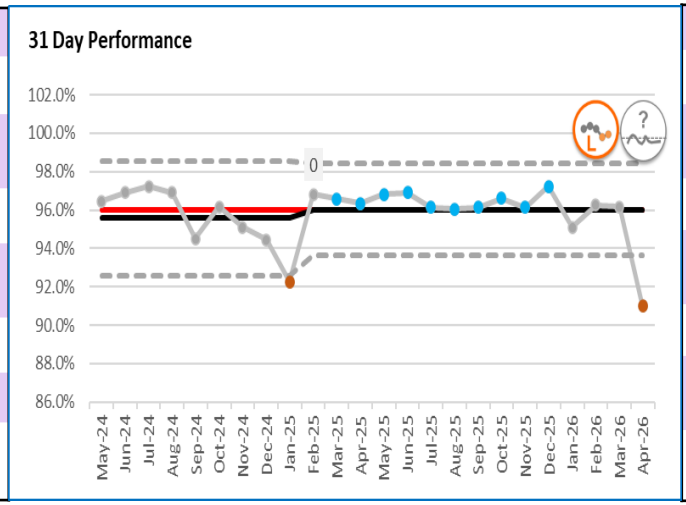
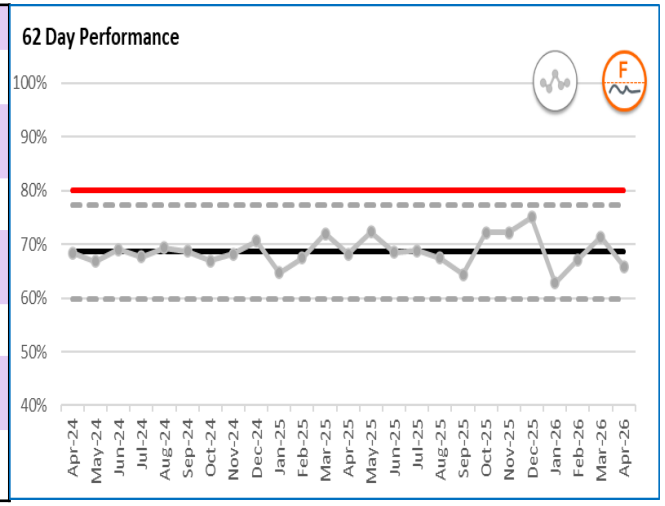
Apr 26
67.2%
Variance/ Assurance
Targeting (Internal)
80.0%
Business Rule
Note performance



Apr 26
91.0%
Variance/ Assurance
Targeting (Internal)
96.0%
Business Rule
Full CMS



Apr 26
65.8%
Variance/ Assurance
Targeting (Internal)
80.0%
Business Rule
Full CMS



Summary

The Trust failed to deliver against all three of the National Cancer standards in April 2026:

FDS 28D Apr-26 performance of 67.2% falling short of the national recovery target and the Trust's operational plan (80%). Performance remains within common cause variation despite not being at this level since Aug-24.

31 Day Apr-26 performance of 91% failed to achieve the 96% national standard. This is the lowest monthly performance the trust has recorded since the combined Cancer Waiting Time Standards were introduced in Oct-23, reflecting the combined challenges of surgical, IR and Chemotherapy capacity affecting Cancer Pathways in-month.

62 Day Apr-26 performance of 65.8%, did not achieve the Trust's operational plan or the national recovery target (80%). Recovery actions continue to support the May-26 position and bring about process changes which will ensure the target is achievable.

The **over 62 Day PTL** remained below 220 patients with the end of April position reporting 201 patients with marginal improvement in May 26 at 198.

Actions

- **Colorectal** – Rapid improvement plan and Business Case in progress in conjunction with the Wessex Cancer Alliance, alongside additional WLI sessions, insourcing and 'Super Saturdays'. Additional insourcing has been delivered but ongoing staff sickness has impacted the pace of recovery.
- **Urology** – Action plan in development with the Wessex Cancer Alliance to improve MRI capacity and subsequently the performance against the 62D standard.
- **Skin** – 18 weeks contracted for 26/27 to support capacity whilst the ICB confirm their commissioning intentions.
- **Gynecology** – additional clinics in Q1&2 and new Consultant starting in June and 2nd in Sept to support FDS. Introduction of Penthrox in clinic from June 26 to improve access to treatments.
- **Breast** –. A new Breast Pain service will launch at the start of Q2 of 26/27.
- **All sites** – review of PTL management with enhanced weekly Exec level support and improvement plans and trajectories in place.

Assurance & Timescale for Improvement

- Cancer governance and reporting arrangements have been updated with a weekly Cancer Improvement Group now in place and a new Cancer Board being implemented in June 26.
- Expecting a challenged but improved position for the 31 day, FDS and 62 Day standards in May.
- Overall performance for Q1 of 26/27 is expected to be challenging following industrial action and holiday periods.
- Bi-weekly tumour site level communications on key actions are being circulated to services, as well as daily escalation of individual cases.
- Gynaecology recovery action for the FDS standard to be realised in Q2
- Impact of Colorectal improvement plan on track for Q4 26/27 following approval in principle of Business Case in June 26.
- Wessex Cancer Alliance (WCA) will be supporting the urology recovery plan through various improvement activities and pathway work

Health Inequalities and Primary Prevention

Diagnostic Access , RTT Under 18's waiting and Smoking Referrals

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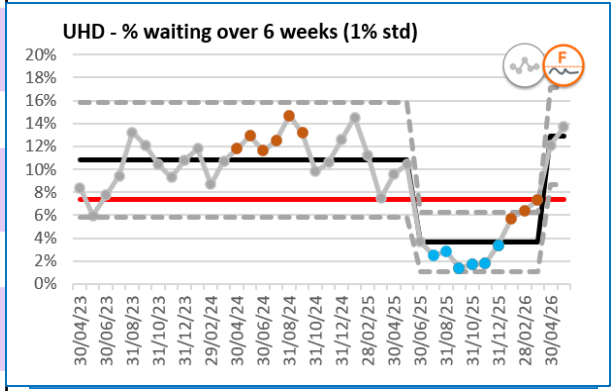
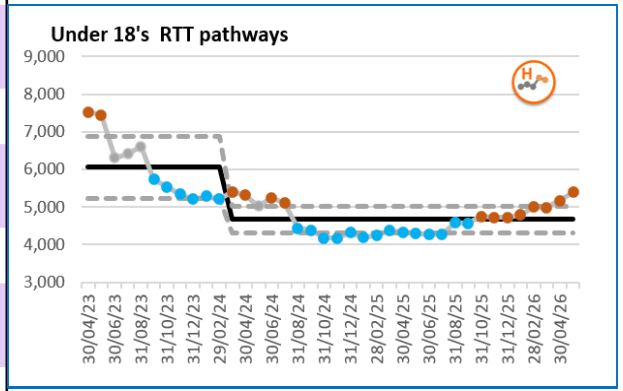
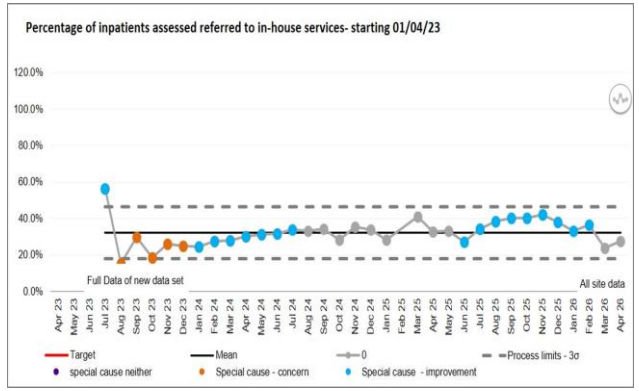
May 26
13.7%
Variance/ Assurance
Targeting (Internal)
7.5%
Business Rule
Note Performance



May 26
5,165
Variance/ Assurance
Targeting (Internal)
Business Rule
Full CMS



Apr 26
27.38%
Variance/ Assurance
Targeting (Internal)
Business Rule
Note Performance



Summary

DM01 (Diagnostics) performance showed further deterioration against the target at 6.2% above plan. Performance in May was impacted by a spike in cardiology referrals in March/April with ongoing reduced outsourcing capacity for echocardiology. Capacity was also challenged in neurophysiology and endoscopy along with a depleted bookings admission team and higher complexity colonoscopy procedures restricting improvement in endoscopy. Imaging (1.6%) and physiological measurement (1.7%) both exceeded the internal target.

The RTT waiting list size for patients <18 yrs demonstrates >7 points of special cause variation at the upper process control limit. RTT performance however at 69.2%, is higher than all age groups. The average weeks waiting at the point of treatment for people in IMD 1-2 (most deprived) shows no variation compared to people from IMD 3-10 in Quarter 1 to date 2026/27. Children within the 20% most deprived groups, on average have 1 weeks less to wait compared to those in IMD 3-10. When analysing by ethnicity for all age groups, patients from community minority groups on average wait 1 week less than white British groups. Children from community minority groups are waiting an average of 4 weeks less.

UHD Tobacco Service – The latest data is May 2026 - referrals 283 with 81% (229/283) of patients seen Following referral. 28 Day Quit Outcomes – Apr 2026 – 12.3%

Actions

Diagnostics actions: Endoscopy:

- New Endoscopy Unit is on schedule to open in Quarter 2.
- Training and of additional staff to undertake booking processes
- Continuation of insourcing and use of Wimborne Hospital to maximise capacity for lists.

In Echocardiology, new staff have been recruited alongside additional insourcing planned for Quarter 2. Both services have a phased recovery plan in place focused on restoring utilisation, strengthening the booking function (endoscopy), stabilising clinical capacity, and deploying targeted additional activity.

Analysis completed to understand the RTT waiting list trends for Under18yrs olds. Specialties requiring deep dive include ENT, Orthopaedics, Paed Surgery and Paed Gastroenterology. Review underway.
Orthopaedics has been impacted by short term loss of capacity within the consultant and therapy workforce. Recruitment is underway and additional sessions scheduled.

Assurance & Timescale for Improvement

DM01: Recovery plans are in place for cardiology, neurophysiology and endoscopy with oversight managed through the Planned Care Improvement Group.

Orthopaedic paed waits – improvement expected Q2.

Operational Productivity

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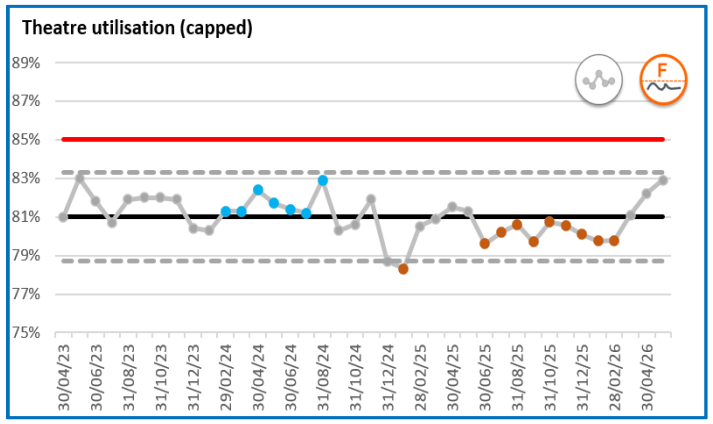
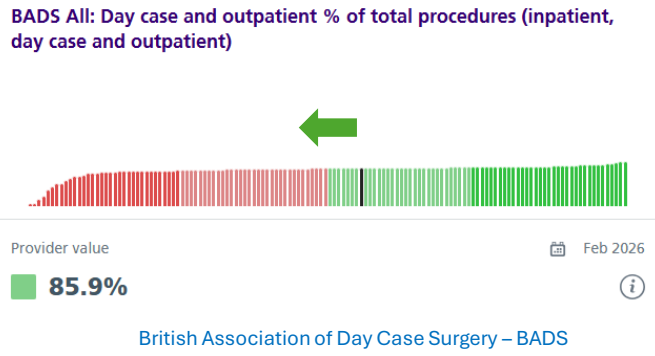
Month 1 freeze activity vs annual plan.

Activity POD	M1 Plan	M1 Actual	% Variance
1st outpatients	20,747	19,823	96%
Follow-up outpatients	25,064	23,857	95%
Elective day cases	7,427	7,515	101%
Elective inpatients	1,175	875	74%

May 26
82.9%
Variance/ Assurance
Targeting (Internal)
85%
Business Rule
Verbal CMS



Feb 26
85.9%
Variance/ Assurance
Targeting (Internal)
85%
Business Rule
Note Performance



Summary

- **Capped theatre utilisation** improved to 82.9% moving above the process mean for a second month. The case opportunity is also well below the 15% target at 6.2%. A structured theatre improvement programme is supporting this performance improvement.
- **BADS Daycase rate** (Feb 2026) is 85.9%, maintaining performance above the national target (85%). Within this, Day cases were above National average (63% vs 45.8%) and outpatient procedures below (22.9% vs 36.8%).
- **Implied productivity growth:** The month 10, 25/26 implied productivity growth (latest nationally reported data) compared to month 10 2024/25 is 2.1%, returning the Trust's performance above the national >2% growth target. Costed Weighted activity has increased by 2.9% conversely expenditure growth increase of 0.8%
- **Elective activity** in April (post freeze date) was below plan for Outpatient First and follow up appointments and for elective inpatients. Day cases exceeded plan. Industrial action adjacent to Easter impacted the type and volume of activity able to be scheduled.

Actions

Theatre improvement programme – key areas of focus:
- Data validation completed daily to ensure accurate recording of elective vs emergency patients within theatre lists.
- Review of shadow patients process to ensure patients are identified prior to operating date.
- Deep dive into reasons behind patients not being fit on day of surgery.
- Review of SSD and theatre process, with the aim to have equipment on site >36hrs before surgery to eliminate short notice issues
- Patient optimisation 'waiting well' during pre-operative period.

Day case improvement programme - key areas of focus:
- Implement day case as default across surgery
- Reduce clinical variation and increase pathway alignment across surgery
- Reconfigure pathways in day surgery to improve efficiency and clinical outcomes
- Expansion of outpatient procedural pathways at St Mary's hospital, increasing one stop pathways.

Assurance & Timescale for Improvement

The Planned Care Improvement programme provides oversight to elective activity, and Theatre Improvement and Daycase programmes.

The Theatre improvement programme is delivering oversight of the improvement plans for specialties. 2026/27 trajectories have been reset. Aim to deliver >85% standard consistently from December 2026. Five workstreams:
- Peri- Operative Medicine
- List Planning and Scheduling
- Workforce Optimisation
- Data and Governance
- Estates and Equipment

Maintain BADS day case rate – current performance delivered above >85% national target.

Urgent and Emergency Care

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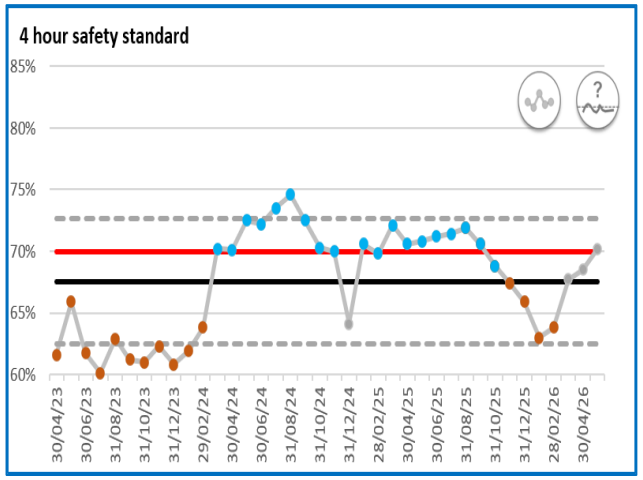
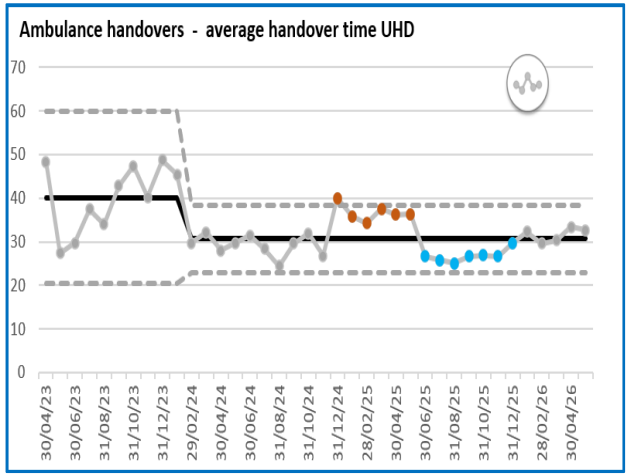
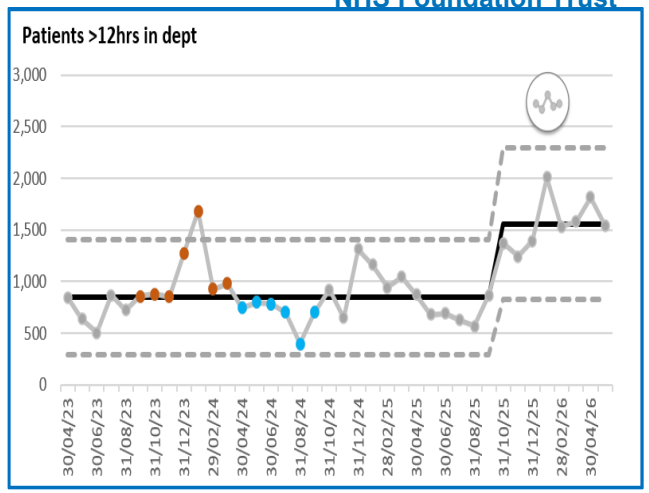
May 26
70.2%
Variance/ Assurance
Targeting (Internal)
70.0%
Business Rule
Verbal CMS



May 26
32.7 minutes
Variance/ Assurance
Targeting (Internal)
Business Rule
Note performance



May 26
1542
Variance/ Assurance
Targeting (Internal)
Business Rule
Full CMS



Summary

- The Trust delivered 70.2% in May against a target of 70%.
- There was a slight drop off in attendances, 596 a day vs 624 in April.
- There was also a small increase in Type 3 activity of circa 700 attendances driven by predominantly by UTC but MIUs also saw a small increase.
- Whilst decision to admit time remained relatively static, time to triage dropped from 22.4 minutes to 16.2- the lowest since August 2025. As well as mean time in the department dropping at both sites by 20 minutes.
- Number of patients waiting over 12 hours within the department also dropped from 9% to 7.3%.
- There was some improvement in admitted performance increasing to 25%.
- Non admitted performance also increased to 81.1% from 80.4% showing ongoing improvement.
- Ambulance handover times continues to see marginal improvment at 28minutes.
- The number of NCTR averaged 223 in May, significantly off trajectory. The benefit of an improved P0 position has been more than offset by the increase in P1 patients, delayed through a reduction in capacity. BCP have written to UHD informing of their intention to withdraw the Trusted Assessor service which alongside a lack of D2A beds / service and CHC no longer assessing in the hospital, creates a challenging space for patients with the most complex needs, to be discharged to a more and supportive care setting.

Actions

- Pilot has gone live with the 111 Service to enable the clinical triage of activity to either a virtual contact or to stream away from ED to better utilise capacity.
- Review of medical workforce to expedite reconfiguration proposal to meet increased demand and senior decision making at RBH site.
- Business case being presented to the system UEC delivery group for decision around i) short term funding to support complex discharges and ii) assessment out of hospital (D2A). This will establish a funding route out of hospital for patients with complex needs who remain within an acute bed. In addition the case advocates for an increase in P1 capacity to mitigate in part the withdrawal of hours and the apparent impact on NCtR number.
- Ongoing focus on NCtR recovery actions including review of trajectory, with four priority areas requiring coordinated effort and agreement from system partners.
- Board paper drafted with actions attributed to reducing NCTR, risk register updated to align.
- Clinical Vision of flow event has launched, with a 130 attendees. Follow ups with a writing committee and the associated trust governance are underway to establish the trust program aligning with patient flow.
- A site flow PDSA has begun focusing on quality and outcomes to create capacity through greater ownership to optimise discharge potential to create flow through the organisation. This is being followed up with some patient process mapping.
- Improvement cycles in place across Specialist Medical wards and about to roll out to Older People's wards. This will create a blue-print forward processes including Board / Ward rounds and discharge planning and will standardise the approach across the Trust. Focus for the next reporting period will be to continue to roll out to the wider Trust.
- GIRFT standards and processes being embedded in relation to Corridor care and greater than 24 hrs wait, with a structured judgement review underway. Governance for reporting themes has been set underway, working through how this aligns and informs.

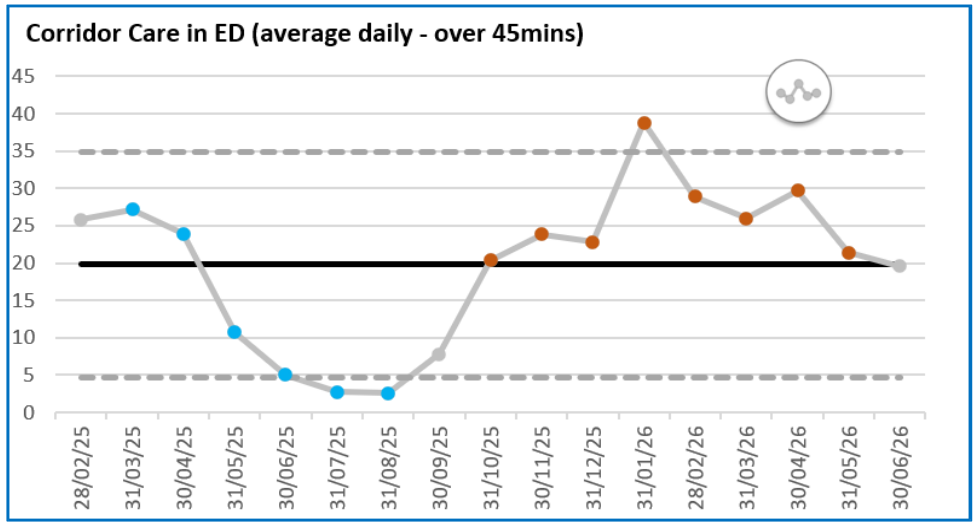
Assurance & Timescale for Improvement

- Front Door: Same-Day Emergency Care (SDEC) now supports 20% more patients attending hospital, without needing to admit them. Despite hospital attendances increasing by 6% compared to last year, admissions have decreased by 1%. This has been supported by improvements in SDEC.
- Transfers of Care Hub continues to develop and mature in line with the ward rollout program to wrap around the broader systems and processes.
- 30% reduction in P2 referrals following the establishment of a triage process converting to pathway 1.
- Case for interim care budget to support complex pathways being presented to UEC Group 10th June.
- Executive escalation process in place enhancing the visibility of the commissioning gaps and approach to discharge across Dorset.
- Clinical Vision of Flow programme commenced in May 26. This programme will deliver benefit across all pathways with focus on Criteria to Reside will positively impact NCtR.

Corridor Care

University Hospitals Dorset
NHS Foundation Trust

May 26
21 per day 664 total
Variance/ Assurance
Targeting (Internal)
Business Rule
Note performance



June 26
20 per day 587 total
Variance/ Assurance
Targeting (Internal)
Business Rule
Note performance

Summary	Actions	Assurance & Timescale for Improvement
Corridor care, (previously temporary escalation space care) has been published nationally for the first time by NHSE (May postion). Statistics » Corridor Care – Urgent and Emergency Care Daily Situation Reports NHSE recognise that this metric is immature and have therefore classified the data in this report as "experimental." The data is collected as part of the UEC Daily SitRep, Guidance for the collection was refined after it was first issued in March. Nationally, data quality and completeness work is ongoing. The national ambition is to end corridor care Within the South West Region , UHD ranked 7 out of 13 trusts in May 2026. Daily rates in the SW Region ranged from 4 –32 per day. The SPC chart show that the volume of corridor care periods has dropped below the mean and moved from special cause variation (concern) to common cause variation indicating some improvement on previous months.	Within slide 13	Within slide 13

University Hospitals Dorset
NHS Foundation Trust

Our People

Operational Leads:
Irene Mardon- Deputy Chief People Officer

Committees:
People and Culture Committee

Performance at a Glance
Our People

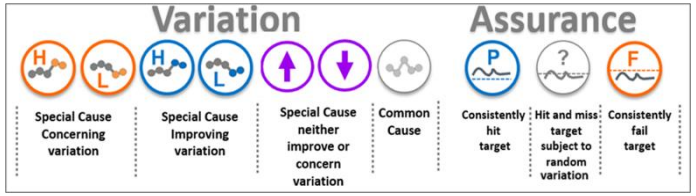
University Hospitals Dorset
NHS Foundation Trust

UHD Workforce

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Vacancy Rate at end of each month	Apr 26	10.7%	7.5%	H	?	7.4%	5.2%	9.6%
In Month Sickness Absence	May 26	4.6%	4.0%		F	4.7%	4.1%	5.3%
Mandatory Training Compliance at end of each month	May 26	86.0%	90.0%	L	?	89.1%	87.9%	90.2%
Agency Pay as Proportion of Total Pay	May 26	0.7%	3.2%	L	P	2.5%	1.8%	3.2%

NHS Staff Survey Results will be reported annually

- "Staff engagement score >7/10"
- "I would recommend my organisation as a place to work" > 62% by March 2024
  National Education and Training Survey overall satisfaction score



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

Workforce monitoring - Actual vs plan

University Hospitals Dorset
NHS Foundation Trust

Operational Plan Monitoring

Staff Type	Plan/Actual	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Substantive	Actual	9147.1	9170.1										
	Plan	9229.8	9252.2	9317.1	9322.8	9305.2	9288.6	9280.5	9272.4	9264.3	9251.2	9239.2	9226.1
Bank	Actual	664.6	590.7										
	Plan	579.8	557.2	540.4	537.3	540.4	546.6	552.9	559.2	565.5	568.5	559.2	534.1
Agency	Actual	55.2	60.0										
	Plan	83.8	78.1	72.2	70.2	69.6	68.2	67.7	70.0	75.0	73.9	68.0	63.5

Staff Type	Plan/Actual	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Total Staff	Actual	9866.8	9820.8										
	Plan	9893.4	9887.5	9929.6	9930.2	9915.2	9903.4	9901.0	9901.6	9904.8	9893.7	9866.3	9823.6

Summary

- In M2, UHD total workforce was 9820.8 whole time equivalent (wte), a favourable variance of 66.8 against in-month plan.
- M2 substantive workforce had a favourable variance of 82.1wte to in-month plan.
- Bank usage returned an adverse variance of 33.5wte against planned usage.
- Agency usage had a favorable variance of 18.1wte against an in-month plan of 78.1wte.

Actions

The '*Workforce Operational Efficiency and Reduction plan*' (WOERP) has been updated to increase specificity in the targets for the Clinical Workforce Transformation i.e. reducing medical spend by 8%.

The 15% reduction in bank spend and the 30% agency spend has been factored into the WTE planned figures for the 26/27 financial year and is being monitored at Trust, Care Group and Directorate level by the HR Business Partners and the workforce team.

Assurance & Timescale for Improvement

Strategic A3s have been drafted for the three elements of temporary staffing within WOERP (15% bank usage reduction, 30% agency usage reduction and the removal of off-framework usage). Additionally, there is a planned rework of the sign-off process of off framework authorisation through Heads of Nursing. The re-launch of revised process has been tentatively agreed with a timeline set for the week commencing 22nd June.

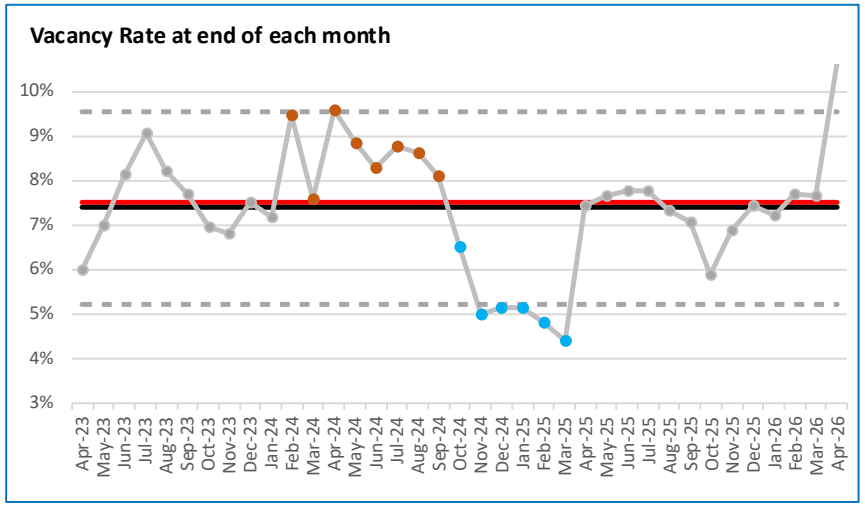
In support of the workforce redesign strand of WOERP the following progress has been made:

- Initial session has been held with an overview of the model hospital data to compare national workforce metrics as a benchmark against UHD activity.
- Business case workforce growth tracker is being shared from finance and monitored on a monthly basis.

Workforce monitoring - Vacancy Rate

University Hospitals Dorset
NHS Foundation Trust

April 26
10.7%
Variance/ Assurance
Targeting (Internal)
7.5%
Business Rule
Verbal CMS



Summary

Vacancy Position – April 2026

Reporting against Establishment (Cosmos / ESR) shows a vacancy rate of 10.66% (1,070.48 WTE), representing a major increase from the previous month.

There are 743.92 WTE live vacancies active on the Recruitment system across the Trust, representing posts approved for recruitment and in progress.

Not reported in this figure are 40 WTE vacancies aligned to the Healthset programme – where internal recruitment is currently being prioritised. Not all these posts will be fulfilled with UHD employees, with successful candidates remaining employed by their existing Trust.

Actions

- Continue to strengthen workforce and recruitment oversight through the Vacancy Review Panel (VRP), supporting prioritisation and alignment to Trust-wide workforce plans.
- Continue embedding of Recruitment Service Level Agreements (SLAs) and KPIs, strengthening accountability and consistency across the end-to-end recruitment process.
- Maintain focus on Time to Hire improvement, supporting timely conversion of the increased volume of live vacancies, with performance monitored through routine reporting.
- Healthset EHR recruitment is now live, with a phased internal and system-wide approach underway to support programme delivery.

Assurance & Timescale for Improvement

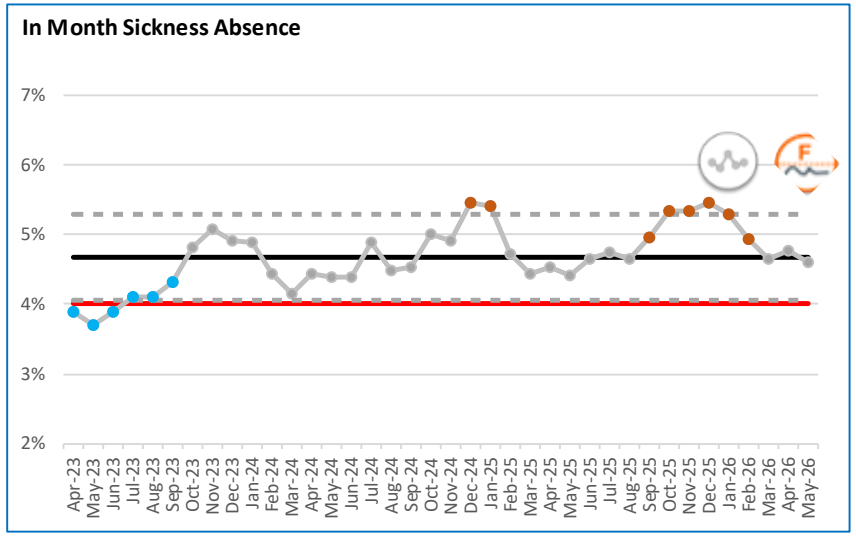
- Revised Vacancy Review Panel (VRP) arrangements remain in final design, and will further strengthen vacancy control, prioritisation and consistency of decision-making once implemented.
- Recruitment performance improvements are supporting delivery of vacancies, providing confidence in the Trust's ability to respond to increased establishment over time.

Sickness Absence Rate / Turnover

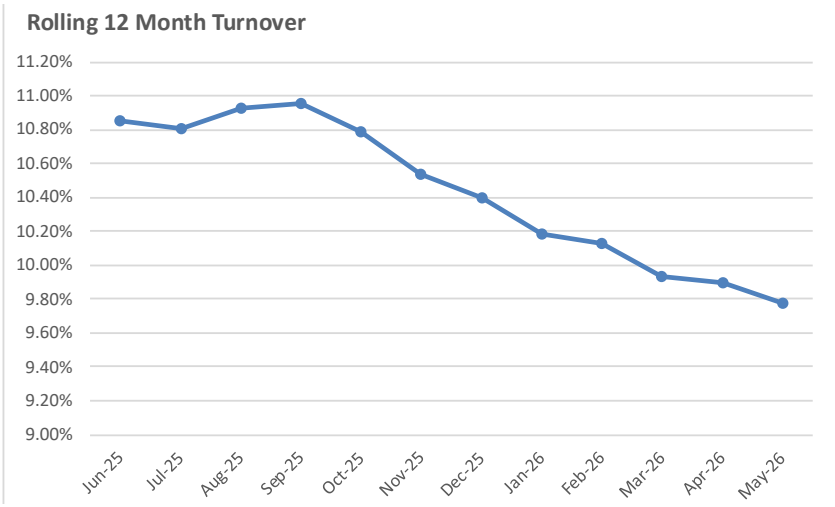
University Hospitals Dorset
NHS Foundation Trust

May 26
4.6%
Variance/ Assurance

Targeting (Internal)
4.0%
Business Rule
Verbal CMS



May 26
9.8%
Variance/ Assurance
N/A
Targeting (Internal)
10%
Business Rule
Verbal CMS



Summary

- In month sickness absence for M2, slightly decreased from last month by 0.16%, decreasing to 4.60%. This consisted of 2.69% short term sickness absence and 1.91% long term sickness absence.
- Across care groups and functions: Operations – 6.54%, Surgical – 4.64%, Medical – 4.92%, WCCSS – 3.92% and Corporate – 3.87%.
- The top 3 reasons for sickness were 1) anxiety/ stress/ depression/ other psychiatric illnesses (1.2%), 2) MSK (0.5%) and 3) cold/ cough/ flu (0.4%) plus other (not classified elsewhere) (0.4%).
- Turnover slightly decreased M2 to 9.8%.

Actions

Sickness absence management continues to be a focus across the organisation. The Managing Attendance Policy and Procedure is currently under review, with a target completion date of 30 September 2026. HR continues to support managers in managing absence within their teams. delivering bite-sized training sessions and providing data. This supports managers to identify employees with high levels of absence and ensure that both short and long term absence cases are managed appropriately and in accordance with the policy and procedure.

Turnover remains stable, again noting a slight month 2 reduction. The focus remains in areas with the highest rates, however, it is worth noting that in recent months, the number of leavers has significantly declined, i.e. within Outpatients. Targeted actions in the Discharge Team to improve retention, along with staff survey reviews for wider services continuing.

Assurance & Timescale for Improvement

All Trusts must demonstrate progress to reduce sickness absence rates to 4.1% by March 2027.

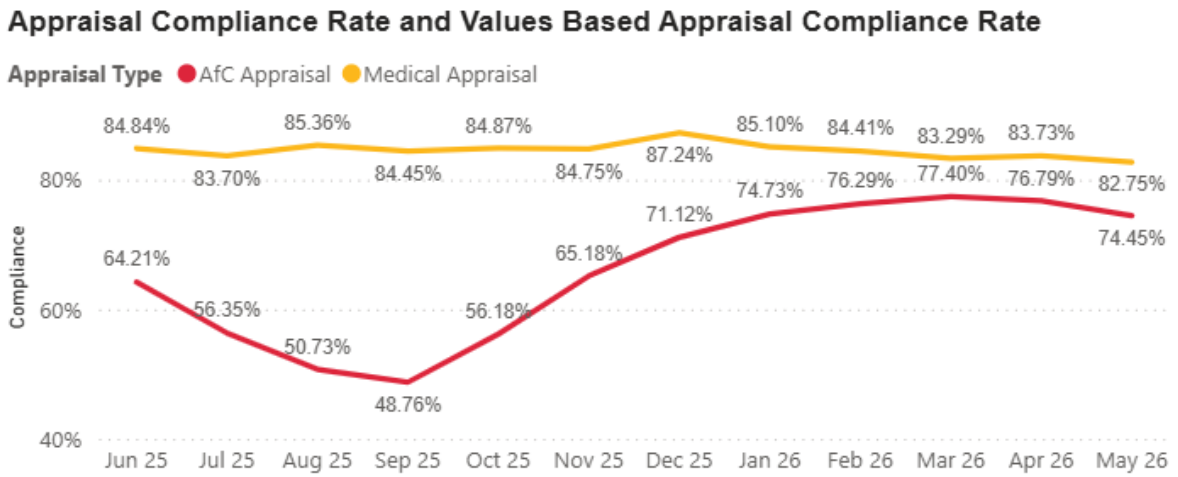
March 2026 – March 2027 trajectory in place to achieve 4.1% by March 2027. Monitored through NHSE.

Performance on track with favourable M2 position against the agreed trajectory to achieve a sickness absence target of 4.7% in M2.

Appraisal Rates

University Hospitals Dorset
NHS Foundation Trust

AFC Appraisal May 26
74.45%
Variance/ Assurance
N/A
Targeting (Internal)
90%
Business Rule
Full CMS



Medical Appraisal May 26
82.75%
Variance/ Assurance
N/A
Targeting (Internal)
90%
Business Rule
Full CMS

Summary

•The rate of AFC appraisal compliance for Month 2 has decreased from 77.31% to 74.45%. Additionally, Medical appraisal has decreased from 83.73% to 82.75%.

•AfC Compliance is lowest in the medical care group at 65.8% and highest within WCCSS at 80.8%.

•Compliance is highest amongst our Healthcare Scientist staff group and lowest amongst Admin and Clerical staff.

•Monthly Appraisal Essentials briefings continues. 21 appraisers attended this month with 25% of attendees completing the more comprehensive formal appraisal skills training.

Actions

•The procurement of a a new UHD learning management system during 2026, will incorporate an appraisals module, anticipated implementation is Q4.

•Further to the development of the A3 focused on appraisal improvement, a task and finish group has been set up to scope actions.

•HR Business Partners remain aligned to support continued work to improve compliance within care groups and corporate functions.

•A targeted approach for appraisal training is taking place for areas with low compliance.

Assurance & Timescale for Improvement

- Appraisal rates continue to be monitored for compliance to 90% with additional improvement actions to increase compliance.

University Hospitals Dorset
NHS Foundation Trust

Quality Outcomes & Safety

Sarah Herbert
Chief Nursing Officer

Dr Peter Wilson
Chief Medical Officer

Operational Leads:
Vivian Alividza – Deputy Chief Nursing Officer

Jo Sims – Associate Director Quality, Governance and Risk
Lorraine Tonge – Director of Midwifery
James Balmforth – Clinical Director
Darren Jose – Interim Care Group Director of Operations, Women's, Children, Cancer and Support Services

Committees:
Quality Committee

Performance at a Glance
Quality Outcomes & Safety

University Hospitals Dorset
NHS Foundation Trust

Quality IPR

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Patient Safety Incidents (All) per 1,000 beddays	May 26	43.60	-			38.01	31.80	44.22
Patient Safety Incidents (Moderate +) per 1,000 beddays - Closed only	May 26	0.20	-			0.47	0.11	0.83
Medication Incidents (All) per 1,000 beddays	May 26	4.80	-			5.06	3.19	6.92
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays	**May 26**	**0.50**	-			**0.40**	**0.13**	**0.66**
Inpatient Falls (Moderate +) per 1,000 beddays	May 26	0.20	-			0.18	-0.06	0.42
Hospital Associated Infections - MRSA	**May 26**	**1**	-			**1**	**-2**	**3**
Hospital Associated Infections - MSSA	May 26	6	-			5	-1	10
Hospital Associated Infections - C Diff	**May 26**	**14**	-			**9**	**-1**	**19**
Hospital Associated Infections - E Coli	**May 26**	**10**	-			**11**	**1**	**22**
Hospital Associated Infections - Kleb	May 26	2	-			5	-2	11
Hospital Associated Infections - Pseudo	May 26	3	-			2	-2	6
Hand Hygiene Compliance	May 26	0.0%	-			90.5%	81.9%	99.1%
Infection Control Mandatory Training Compliance	May 26	0.0%	-			79.4%	64.9%	93.8%

NHS Staff Survey Results will be reported annually

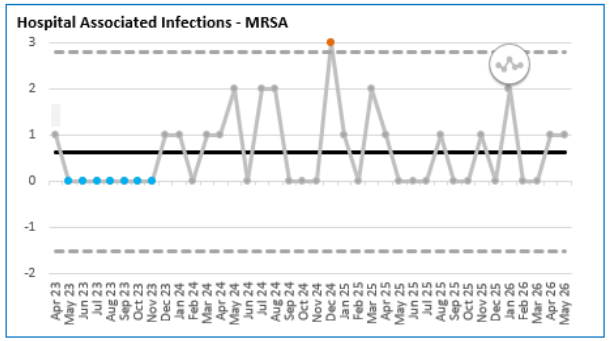
- Improved NHS Staff Survey culture questions by 5% - raising concerns sub-score

Hospital Associated Infections

University Hospitals Dorset
NHS Foundation Trust

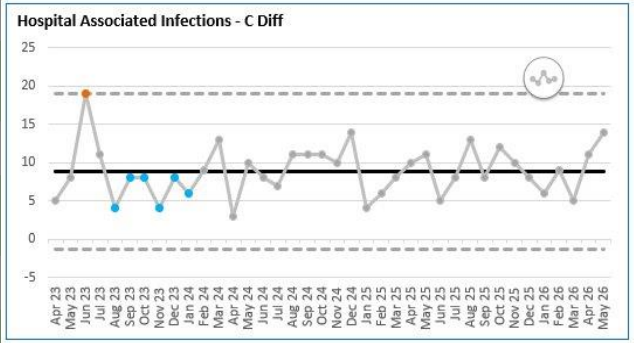
May 26
1
Variance/ Assurance

Targeting (Internal)
-
Business Rule
N/A



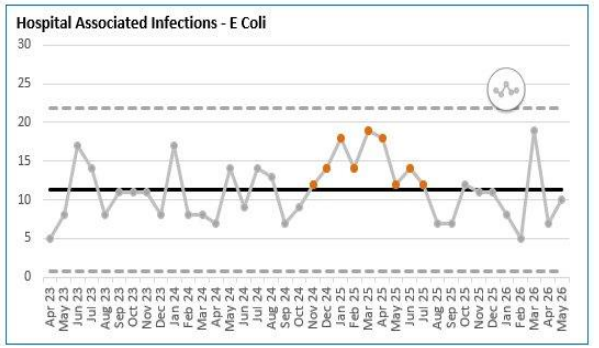
May 26
14
Variance /Assurance

Targeting (Internal)
-
Business Rule
N/A



May 26
10
Variance /Assurance

Targeting (Internal)
-
Business Rule
N/A



Summary

May 2026:
Hospital associated MRSA bacteraemia – 1 x HOHA
Hospital associated MSSA bacteraemia – 7 (4 x COHA, 2 x HOHA)
Clostridiodes difficile hospital associated cases – 14 (0 x HOHA)
Escherichia coli bacteraemia cases – 9 (2 x COHA, 7 x HOHA)
Klebsiella cases – 2 (2 x HOHA)
Pseudomonas cases – 3 (2x COHA, 1 x HOHA)

Outbreaks – 1

Actions

Ongoing ward Hand Hygiene audits, now managed via AMaT. Feedback on day to ward staff and full visibility for areas on AMaT dashboard.

Ongoing work with Teams and departments to strengthen Trust adherence to requirement for AARs for HCAI response.

Revision of IPC care group meeting agendas and function to ensure AA reporting and adherence to Governance structure

Assurance & Timescale for Improvement

Learning shared at the monthly care group IPC meetings and Care Group Governance

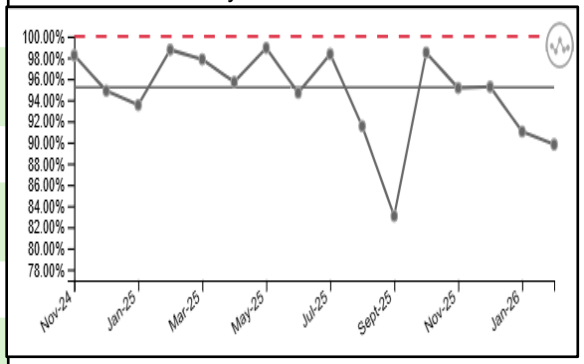
Hand Hygiene Trust wide project revision to improve compliance

eMortality Consultant Review Compliance
HSMR < 100

University Hospitals Dorset
NHS Foundation Trust

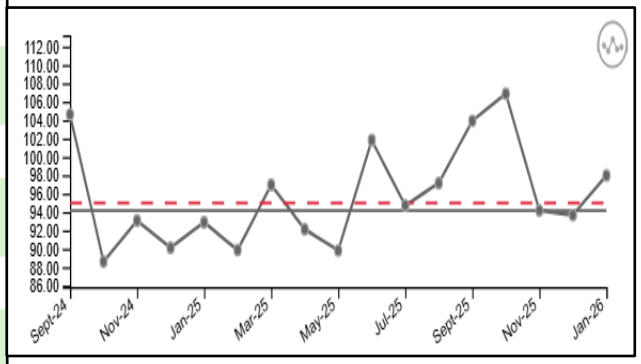
February 26
89.8%
Variance/ Assurance
Targeting (Internal)
100%
Business Rule
Verbal CMS

Consultant Mortality Reviews



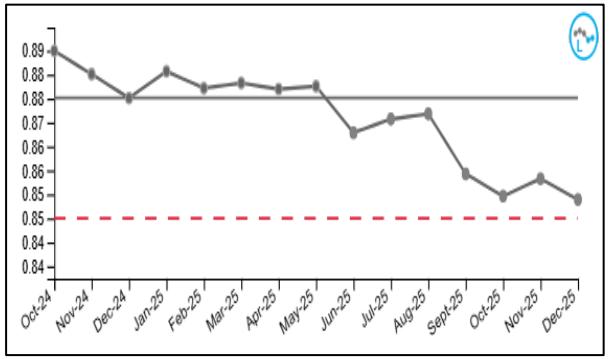
January 26
98.0
Variance /Assurance
Targeting (Internal)
96.0
Business Rule
Verbal CMS

HSMR in month



December 25
0.85
Variance /Assurance
Targeting (Internal)
0.85
Business Rule
Verbal CMS

SHMI – Summary Hospital Level Mortality Indicator



Summary

E-Mortality review compliance remains below target at 89.8%. This is reported 3 months in arrears.

HSMR in month remains within range. Regularly below target of 100 since October 2024 with expected variation.
In month HSMR for January 2026 has remained within expected variation at 98.0.
SHMI remains below national average at 0.8539, however slightly higher than internal target of 0.85.

Actions

Continued education and engagement of consultants
Working to ensure that the reviews are completed by the most appropriate team for learning e.g. ITU
Ongoing issues around identifying the correct consultant delay reviews.
Audit in progress to ensure pathways are correctly followed to identify patients for eLFD review to ensure 30% of all cases are consistently reviewed as per policy.

External audit of mortality coding in progress to review codes and accuracy. Risk (2302) agreed around coding accuracy and potential impact on HSMR
Flow chart to use to address HED alerts presented March MSG for review.

Assurance & Timescale for Improvement

Significant improvement noted, particularly in medicine. Plan for pathway for specific group of ITU patients to be reviewed directly by ITU and further links from ITU M&M to support teams with eLFD forms planned. The aim is for these pathways to be finalised and introduced by April.
Updates to HoW will support clinicians to change owning consultant in real time to improve accuracy of ECamis.

UHD is in the top 10 trusts of the 119 trusts included in the SHMI reporting.

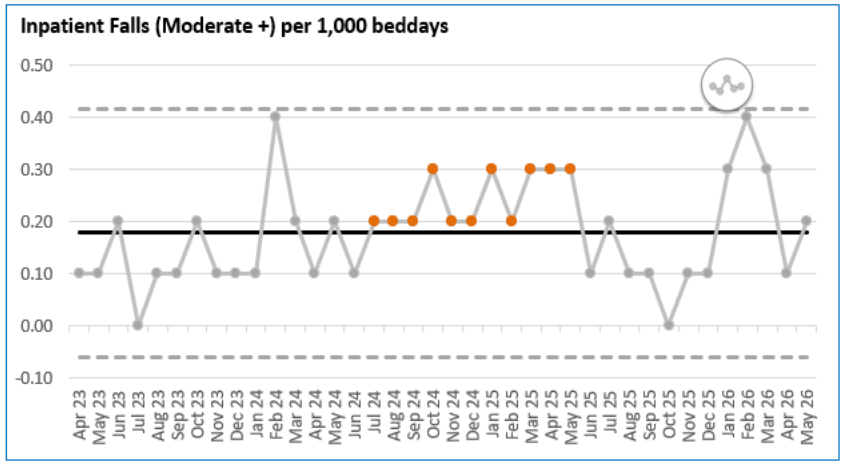
New flowchart will ensure that all alerts are assessed for accuracy and to identify concerns within that patient cohort.

Patient Safety – Falls

University Hospitals Dorset
NHS Foundation Trust

May 2026
0.2
Variance/ Assurance

Targeting (Interna)
-
Business Rule
N/A



Summary

- May 2026 falls are comparable to May 2025; however, significantly fewer resulted in moderate or greater harm this year.
- Overall inpatient fall rate in May 2026: 7.3 per 1000 bed days.
- Three inpatient falls resulted in moderate or greater physical harm, equating to 0.1 per 1,000 bed days. No fatalities reported.
- 94% of falls were recorded as low or no harm.
- 4% of LERNs submitted on incorrect forms or without recorded harm level.
- The activity at the time of the fall was primarily related to toileting or the patient mobilising independently, with staff unable to intervene due to other patient care tasks.

Actions

PSIRF Learning: Four incidents triggered SWARM learning response; All but one is complete, due to delayed identification of the injury.

- **Key themes identified** include ward pressures and competing demands, which limit staff ability to intervene, as well as late bed moves as a contributory factor.
- **Learning highlights include** increasing awareness of appropriate bed rail use and optimal bed height positioning. A trust-wide bed rail audit is planned for Quarter 2, alongside sharing the updated bed rail matrix and rail use guidance with staff.

Falls Steering Group: Regular meetings continue and chaired by the WCCSS GDON: June 2026 meeting focus on approving the updated draft Falls Policy ahead of circulation to care groups and submission to the Policies and Procedures Group.

Assurance & Timescale for Improvement

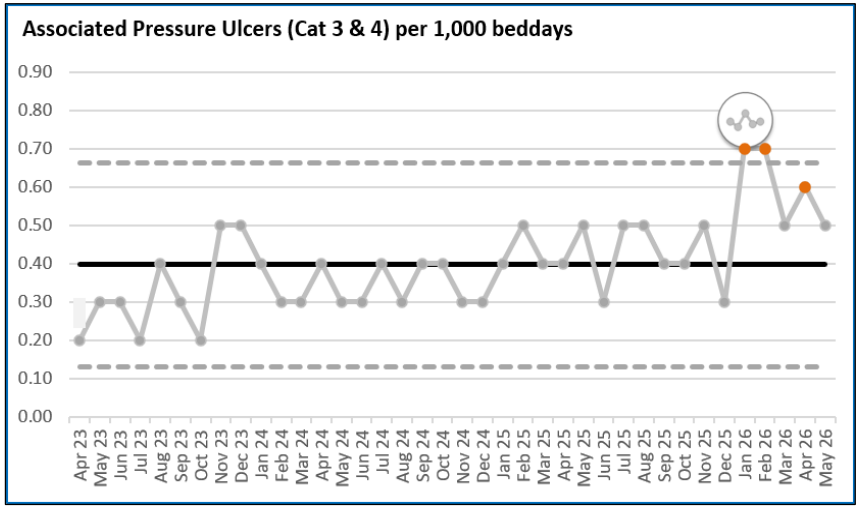
- **PSIRF Learning:** the Falls Steering Group will provide trust-wide oversight of falls incidents and assurance of completion of identified learning, actions and Duty of Candour requirements.
- **Falls Thematic Review 2025** actions: the Falls Steering Group will provide trust-wide oversight of the completion of identified actions.
- **Digital Integration:** eObs functionality for lying/standing BP recording has passed clinical acceptance testing (CAT) phase and is being presented for final sign-off by digital/EHR team.

Patient Safety – Pressures Ulcers

University Hospitals Dorset
NHS Foundation Trust

May 2026
0.4
Variance/ Assurance

Targeting (Internal)
-
Business Rule
N/A



Summary

There were 19 acquired full thickness pressure ulcer in April 2026

- 17 patients acquired pressure damage of Category 3 (one patient developed pressure damage to both sacrum and heels)
- There has been one Category 4 pressure ulcer

- The rate per 1,000 bed days 0.6 /1000 bed days. This represents a shift with 4 consecutive data points above the mean

NB: Pressure ulcer data reported 4-8 weeks in arrears

Actions

- Pressure ulcer event reviews completed for 17 of the 19 incidents identifying themes and learning
- In two cases instance notes not yet available
- One incident escalated for After Action Review
- One incident escalated for agreed learning response
- One incident as nominated enquired (Safeguarding)

Assurance & Timescale for Improvement

- Pressure ulcer steering group now set up and will meet monthly
- Clusters incidents or significant harm- clinical leads will attend Pressure ulcer Panel to report on learning and improvement plans
- After Action Review requested for Category 4 damage

- PSII ongoing (Previous category 4)

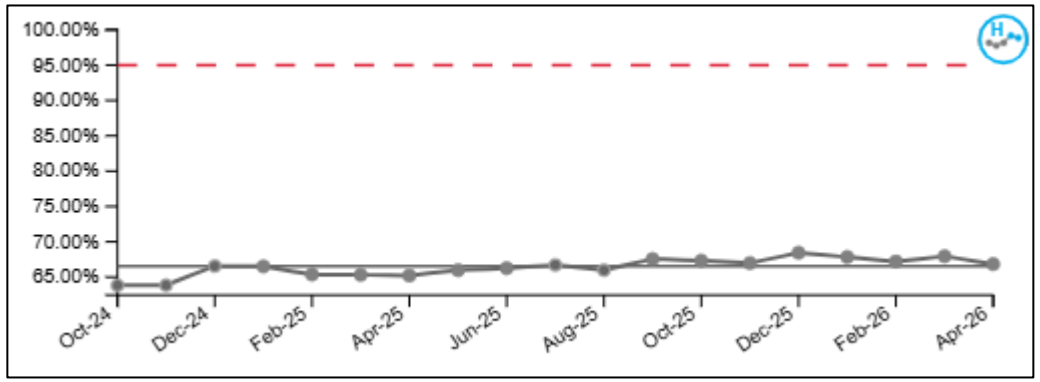
Patient Safety – VTE Prophylaxis

University Hospitals Dorset
NHS Foundation Trust

April 2026
67.6%
Variance/ Assurance

Targeting (Internal)
95%
Business Rule
Full CMS

VTE Prophylaxis Prescribing Compliance



Summary

- VTE risk assessment is mandated in EPMA and Trust achieves national mandated target of 95% however there is no electronic mandation to prescribe using current EPMA
- EPMA does not allow visualisation of what is not prescribed
- Not all patients are on EPMA.
- Trust and NICE Guidelines require VTE prescription within 14 hours which is not always possible due to clinical conditions for example awaiting surgery/procedures or awaiting investigation results i.e CT Head.
- New Trust target set to achieve 95% prescribing compliance
- This metric is now reported 1 month in arrears to take into account coding timescales

Actions

- Issues raised with EPMA
- Creation of Dummy Drugs to allow identification of clinical decision that patient does not require VTE prophylaxis
- Twice daily EPMA reports highlighting patients without prophylaxis issued to all wards and clinical depts
- Improved engagement in Thrombosis Group
- New COSMOS report including VTE risk assessment and prophylaxis prescribing timings
- Updated Patient Information
- Developing Patient Information Videos
- Training update Videos for staff
- Raised on RISK register
- VTE on SDR reporting with actions for improvement.
- TG attend Specialty Governance groups

Assurance & Timescale for Improvement

- RCA reporting of all hospital acquired thrombosis
- Reporting into thrombosis group
- PSIRF
- VTE Thematic review to begin

University Hospitals Dorset
NHS Foundation Trust

Perinatal Quality Surveillance

Maternity and Neonatal Dashboard

			Provider	UHD			
Group	Metric Id	MetricName	Latest Date	Value	Target	Variation	Assurance
Birth	1	No. of women delivered (all births)	May 26	300			
	2	No. women delivered (unregistrable baby/babies only)	May 26	4			
	3	Number of women delivered (multiple births where at least one unregistrable and one registrable)	May 26	0			
	6	Number of babies born	May 26	301			
	7	No. of registrable babies born	May 26	297			
Booking	15	Total number of bookings	May 26	324			
	16	% bookings completed <10 weeks gestation	May 26	78.4%			
Continuity of Carer	17	% of women on continuity of carer pathway by 29 weeks' gestation	May 26	5.50%			
	18	% of Black and Asian women on continuity of carer pathway by 28 weeks' gestation	May 26	95.2%			
	19	% of women (IMD-1) placed on a continuity of carer pathway	May 26	0.262%			
Infant Feeding	35	% of babies receiving breast milk at first feed	May 26	79.2%			
	36	% babies receiving breast milk at discharge from midwifery care to HV/GP (10 - 28 days PN)	May 26	70.8%			
Maternal Morbidity & Mortality	13	Rate per 1,000 Women with >= PPH 1500ml(previous 3 months aggregated)	May 26	34.8			
	14	Rate per 1,000 women with 3rd/4th degree tears (current three months aggregated)	May 26	17.5			

Data and Target

The national PQS Diis Scorecard is rated based on SPC methods and comparison to national targets.

Performance

Areas to note improvement :

- **Bookings** completed before 10 weeks 78.4with target set at 65%
- Avoidable term admissions to Neonatal unit **ATAIN** – 15 months of admission rates below the regional and national target.
- % of black and Asian women on **continuity of care pathway** by 28 weeks 95.2%
- % of women **smoking at delivery** 4% national target <6%

Key Areas of Focus

- **Postpartum Haemorrhage > 1500mls** – 34.8 aggregated 3 months (national target of 30) – Note: we include all PPH cases not just singleton term cases – Monthly SIM training this month focussed on PPH management.
- **Apgar score less than 7 at 5 minutes** –. Deep dive review in April 2026, and quality improvement commenced with positive initial improvements seen in May.
- **Training** compliance for **PROMPT <90 %** for anaesthetic team. Immediate action taken to address and plan t be put in place for the training .

University Hospitals Dorset
NHS Foundation Trust

Perinatal Quality Surveillance

Maternity and Neonatal Dashboard

			Provider	UHD			
Group	Metric Id	MetricName	Latest Date	Value	Target	Variation	Assurance
Maternal Morbidity & Mortality	26	Maternal death - number of deaths of women during or up to 1 year following the end of pregnancy (irrespective of place/circumstances of death)	May 26	0			
	27	Number of women admitted to ITU associated with birth up to 28 days post-natal (any birth, not including any other trust birth)	May 26	0			
Perinatal Morbidity	8	% of term babies admitted to NNU	May 26	3.18%			
	22	% of babies <3rd birthweight centile, born >37+6 weeks	May 26	50%			
	62	Rate per 1,000 babies born at term with an Apgar score <7 at 5 minutes (CQIMApgar)	May 26	12.4			
Perinatal Mortality	11	No. of still births per month	May 26	2			
	12	No. of neonatal deaths < 28 Days	May 26	2			
	20	Annual rate of stillbirths per 1,000 births - rolling 12mths	May 26	2.37			
	41	Rate per 1,000 of live birth babies who died within 28 days of birth - rolling 12mths	May 26	3.43			
Preterm Birth Data	23	No. of singleton babies born <27 weeks' or multiples born <28 weeks' gestation or birthweight <800g	May 26	2			
	33	Rate per 1,000 births which are preterm (< 37 week's gestation)	May 26	47.1			
Treating Tobacco Dependency	9	% of women smoking at booking	May 26	6.79%			
	10	% of women smoking at delivery (previous month)	May 26	4.01%			
	37	% of women with a CO measurement at time of booking	May 26	94.4%			
	38	% of women with a CO measurement at time of 36 weeks' gestation	May 26	85.8%			

Maternity and Neonatal Care

	Overall	Safe	Effective	Caring	Responsive	Well-led
CQC Maternity Ratings UHD Assessment Sept 2025	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

University Hospitals Dorset
NHS Foundation Trust

National position & overview

- **The Perinatal Quality Surveillance Dashboard describes a standard data set for Trust Board overview**
- **The dashboard implementation using the Perinatal Quality Surveillance Tool forms part of our Maternity Safety Self -Assessment and Ockendon 1 requirements**
- **There are several 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

MBRRACE reportable cases:

There was 2 reportable case to MBRRACE in May 2026 –

Stillbirth at 34+1, Known intrauterine growth restriction
Stillbirth at 37+5, Born before arrival (BBA), social input -. Non engagement with maternity services.

No immediate care issues identified, and both cases will be assessed through PMRT.

There were X 2 Neonatal deaths following Medical termination of pregnancy (MTOP) <22/40 born with signs of life. These do not meet PMRT criteria but have been reported to MBRRACE.

MNSI

There were one case reported to MNSI in May 2026.

#1 Stillbirth at 37+5, Born before arrival (BBA), social input -. Non engagement with maternity services.

Matters for Board information and awareness

Patient Safety Incident Response Framework (PSIRF)
has been implemented in maternity.
There were no Mat Neo incidents which required escalation for discussion at care group PSIRF Rapid review meetings in May.

Ongoing PSII:
1. #2 - Major Obstetric Hemorrhage (MOH) 6.2Lfollowing a Cat 2 EMCS (Emergency caesarean section) and
Hysterectomy in theatre followed by a transfer to Intensive care unit .
After Action Review (AAR) carried out by the Patient safety team in October. PSII investigation commenced in December
by one of the Patient Safety Investigators following a TOR meeting – Investigator currently sick and replacement now in
place. Currently graded as 'Moderate physical harm' pending review and PSII commenced
2. #3 - Major Obstetric Hemorrhage (MOH) 5.5L ITU admission. Action Planning Meeting in May 26, and
led by patient safety team.

Top incidences LFPSE (April 2026):

- Post partum hemorrhage >1500mls = 16
- Term admission to neonatal unit = 11
- Readmission of baby
- Shoulder dystocia

Safety champions reviews and assurance this month:
MIS year 8 assurance structure
Apgar score less than 7 at 5 minutes – QI project work

Progress in achievement of maternity improvement plan

CQC action plan -
Recent inspection in September – final report in March 2026 – rated as requires improvement. Initial recommendations and action plan in place for baby abduction/security and safe staffing rosters.

Maternity incentive scheme year 8 -
Release of year 8 awaited in April. New format introduced this year
to include wider MDT involvement and accountability.

CQC Maternity Survey 2025 results published, The results show continuing improvement since 2022. 2025 survey showed a stable position.

Staff survey: Initial results show staff feel confident that the Trust prioritises patient care. Areas to focus – improving staff health and well-being, reducing exhaustion and increase opportunities for teams to meet and discuss effectiveness. Local heat maps disseminated and the team have commenced work in all areas

Culture improvement plan – Release of year 8 awaited in April. New format introduced this year to include wider MDT involvement and accountability

University Hospitals Dorset
NHS Foundation Trust

Patient Experience

Sarah Herbert
Chief Nursing Officer

Operational Leads:
Vivian Alividza – Deputy Chief Nursing Officer

Jo Sims – Associate Director Quality, Governance and Risk
Lorraine Tonge – Director of Midwifery
James Balmforth – Clinical Director
Darren Jose – Interim Care Group Director of Operations, Women's, Children, Cancer and Support Services

Committees:
Quality Committee

Performance at a Glance
Patient Experience

University Hospitals Dorset
NHS Foundation Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Friends & Family Test	May 26	91.6%	-			93.7%	92.0%	95.4%
Complaints Received	May 26	76	-			82	-14	178
Complaint Response Rate (Grade Based Target)	May 26	40%	100%			46%	16%	77%
Mixed Sex Accommodation Breaches	May 26	3	-			7	-5	19

Survey Results will be reported annually

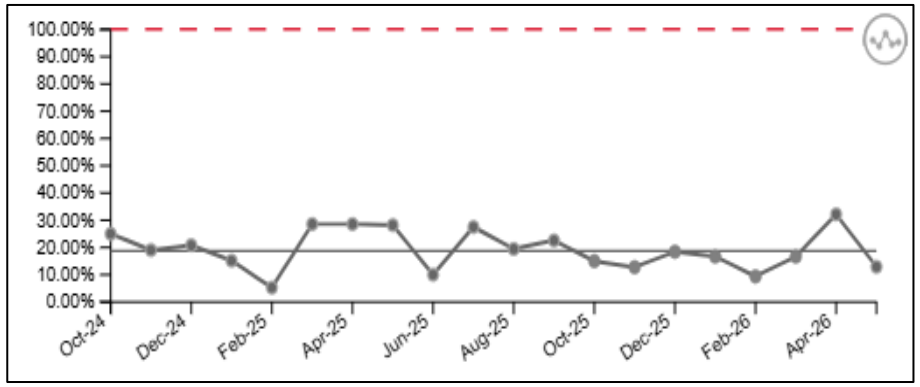
- To increase Have Your Say Survey feedback rates by 30%
- 5% improvement in employees who see patient care as a top priority for UHD

Patient Experience

University Hospitals Dorset
NHS Foundation Trust

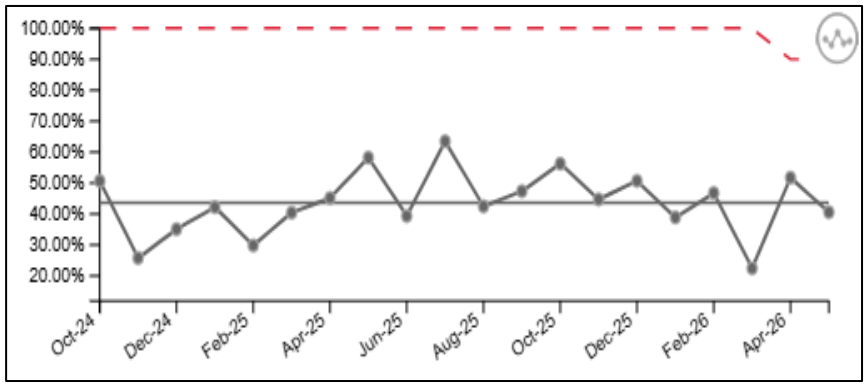
May 26
12.9%
Variance/ Assurance
Targeting (Internal)
100%
Business Rule
Verbal CMS

% of Early Resolutions closed within 10 days



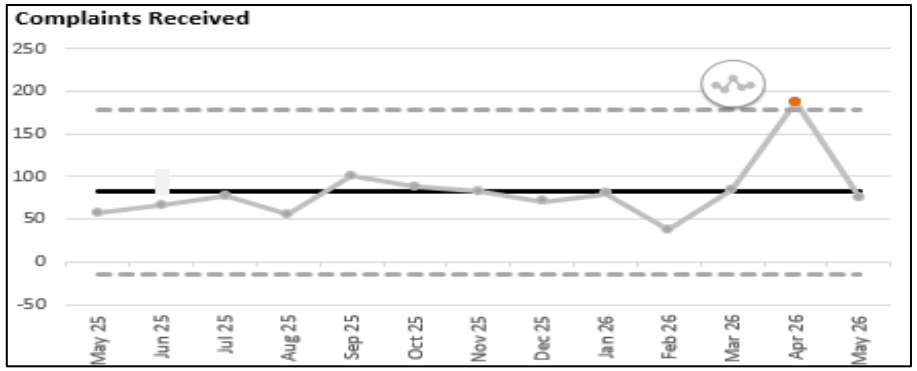
May 26
40.6%
Variance/ Assurance
Targeting (Internal)
90%
Business Rule
Full CMS

% of total complaints closed within 35 days

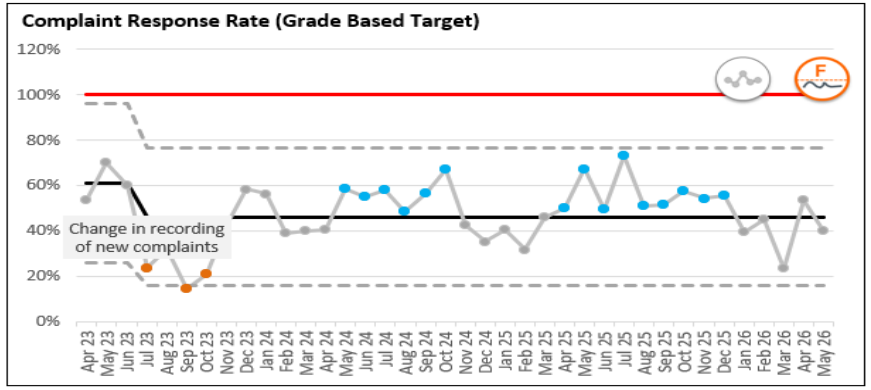


May 26
76
Variance/ Assurance
Targeting (Internal)
-
Business Rule
Note Performance

Number of complaints received



May 26
39.7%
Variance/ Assurance
Targeting (Internal)
-
Business Rule
Verbal CMS



Summary

Formal complaints logged = 34 (April =86)
Early Resolution Complaints = 42 (April = 102). Early staff involvement and local resolution is dependent on competing clinical pressures which lead to delays in closing in 10 days. ERC still require a formal letter as a summary to the patient, where further delays are being seen.
Average Complaint response time = 51.96 days (increase from April = 39.76 days)
PALS contacts = 624 (April = 554)

Actions

PALS enquiries continue to remain high with work ongoing to improve direct communication access to services for patients.
Signposting enquiries from PALS causes duplication of staff involvement and a poorer patent experience.
Complaints process changed alongside trialing the use of AI in the team.
Focus on Early resolution as the preferred method of complaint handling.

Assurance & Timescale for Improvement

Complaints and PALS performance monitored through the Patient Experience Group.
Complaints response time remains a significant concern and the top priority to address, multiple small but significant changes to the process have been made with their impact being continuously monitored and adjusted further in response.

University Hospitals Dorset
NHS Foundation Trust

Sustainable Services

Finance

Pete Papworth
Chief Finance Officer

Operational Lead:
Adrian Tron, Deputy Chief Finance Officer

Committees:
Finance and Performance Committee

Performance at a Glance

University Hospitals Dorset
NHS Foundation Trust

Sustainable Services

Finance

All values £'000 Driver Metric	Latest Month	In Month Plan	In Month Actual	In Month Variance	Year To Date Plan	Year To Date Actual	Year To Date Variance
Revenue Control Total	May-26	(2,374)	(2,626)	(253)	(5,015)	(6,249)	(1,234)
Capital Control Total	May-26	9,255	12,754	(3,499)	13,482	13,497	(15)
Efficiency Programme	May-26	3,536	3,157	(378)	6,976	6,231	(744)
Cash Balance	May-26	56,659	98,394	41,735	56,659	98,394	41,735
Better Payment Practice Code	May-26	95.0%	97.1%	2.1%	95.0%	96.6%	1.6%

Financial Management – YTD Variance to budget

University Hospitals Dorset
NHS Foundation Trust

May 26
£0
Variance/ Assurance

Targeting (Internal)
£0
Business Rule
Verbal Update

Summary I&E	Year to date			Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Patient Care Income	144,874	143,655	(1,219)	869,410		
Other Operating Income	10,177	10,478	301	50,812		
Charitable Income	599	587	(13)	2,722		
Total Income	**155,650**	**154,719**	**(931)**	**922,943**		
Employee expenses	(105,381)	(106,696)	(1,316)	(618,920)		
Clinical supplies expenses	(12,541)	(12,437)	104	(76,622)		
Drugs expenses	(15,591)	(15,097)	494	(91,646)		
Purchase of healthcare and social care	(2,960)	(3,958)	(998)	(16,243)		
Depreciation and amortisation expense	(7,082)	(6,540)	542	(41,434)		
Clinical negligence expense	(3,385)	(3,211)	174	(20,310)		
Premises & fixed plant	(5,635)	(5,683)	(48)	(33,810)		
Other operating expenses	(5,995)	(5,979)	16	(55,864)		
Operating Expenses	**(158,569)**	**(159,601)**	**(1,032)**	**(954,849)**		
Net finance costs	(2,348)	(1,710)	638	(14,085)		
Other adj to control total basis	252	342	91	45,991		
Control Total Surplus/ (Deficit)	**(5,015)**	**(6,249)**	**(1,234)**	**0**		

May 26
£83,231
Variance/ Assurance

Targeting (Internal)
£83,231
Business Rule
Verbal Update

Capital	Year to date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Estate Schemes	266	576	(310)	10,907		
IT Schemes	5,129	5,158	(29)	13,466		
Medical Equipment	692	145	547	3,994		
Total Operational CDEL	**6,087**	**5,879**	**208**	**28,367**		
Total Donated Assets	**108**	**102**	**6**	**2,657**		
CDC - Outpatient Assessment Centre	1,250	9	1,241	13,700		
CIR - Critical Infrastructure Funding	500	(11)	511	1,000		
NHP - New Hospitals Prog - FBCA & Enabling	1,988	5,175	(3,187)	8,001		
NHP - New Hospitals Programme - FBCB	3,549	2,343	1,206	29,156		
MHLDA - MH, Learning Disability & Autism	0	0	0	350		
Total Central PDC	**7,287**	**7,516**	**(229)**	**52,207**		
UHD Capital Total	**13,482**	**13,497**	**(15)**	**83,231**		

Summary

I&E: The Trust delivered a deficit of £6,249 million as at the end of May, being £1,234 million adverse to plan. This included unplanned Industrial Action costs of £518,000, together with lower than planned efficiency savings.

Capital: The Trust reported capital expenditure of £13.5 million during the first two months of the year, consistent with the phased capital programme.

Actions

I&E: The Trust continues to focus on the identification of efficiency schemes. In addition, a full outturn forecast is being developed using the Month 2 outturn, to identify any additional risks and inform additional mitigation plans. NHS England has confirmed that there is no funding for Industrial Action costs which are expected to be mitigated locally.

Capital: The capital programme has been refreshed to account for the final impact of the 2025/26 programme outturn. The updated programme has enabled additional prioritisation of the high-risk estates backlog, off-set by a reduced medical equipment requirement.

Assurance & Timescale for Improvement

I&E: Assurance over the financial performance of the Trust will continue through the Trust Management Group, supported by the Sustainable Service Group and Care Group SDR meetings.

Capital: Assurance over the delivery of the capital programme will continue through the Trust Management Group, supported by the Sustainable Service Group and Capital Management Group.

Efficiency Improvement Programme

University Hospitals Dorset
NHS Foundation Trust

May 26
44%
Variance/ Assurance
F
Targeting (Internal)
100%
Business Rule
Full CMS

	Actual cash Releasing (£000's)			Forecast Cash Releasing (£000's)						Forecast Recurrent Cash releasing (£000's)			
	Year to date			Risk Adjusted			Risk adjusted	Non risk adjusted	Non-Risk adjusted	Risk Adjusted			Risk adjusted
Care Groups	Target	Actual	Variance	Target	Forecast	Variance	% of target	Forecast	% of target	Forecast	FY Impact	Variance	% of target
Surgical	(1,841)	1,407	(434)	(11,534)	6,524	(5,010)	57%	9,835	85%	1,209	469	(9,856)	15%
Medical	(2,324)	1,113	(1,210)	(13,942)	3,374	(10,568)	24%	7,921	57%	1,651	197	(12,093)	13%
WCCSS	(1,969)	1,062	(907)	(11,644)	5,761	(5,883)	49%	6,371	55%	4,536	173	(6,935)	40%
Operations	(392)	411	19	(2,382)	1,374	(1,009)	58%	2,996	126%	437	7	(1,939)	19%
Corporate	(450)	915	464	(2,702)	3,068	365	114%	3,535	131%	1,336	0	(1,366)	49%
Trust Wide	0	1,323	1,323	(26,295)	10,281	(16,014)	39%	15,817	60%	4,765	201	(21,329)	19%
UHD	**(6,976)**	**6,231**	**(744)**	**(68,500)**	**30,380**	**(38,118)**	**44%**	**46,475**	**68%**	**13,934**	**1,047**	**(53,518)**	**22%**

Summary

Up to the end of May the Trust delivered £6.2m of savings, being £0.7 million below the phased plan. The trust has identified savings opportunities of £51.1 million, however when adjusted to reflect the risk of delivery in year, this is reduced to £30.4 million (an increase of £4.8 million from M1). This remains £38.1 million short of the full year savings requirement.

Actions

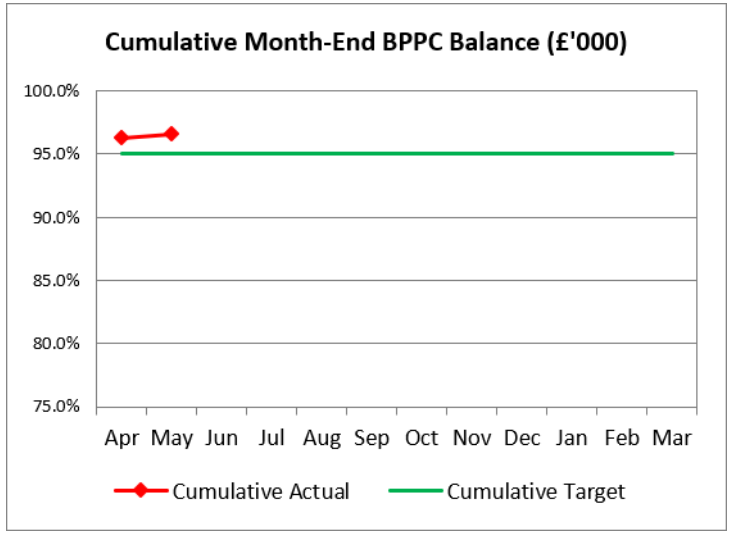
The Trust has strong governance in place in relation to its Efficiency Improvement Programme and has received external assurance over this. The current focus is to identify additional schemes to deliver the 2026/27 savings requirement in full, whilst simultaneously progressing the identified schemes through the gateway process to reduce the risk adjustment.

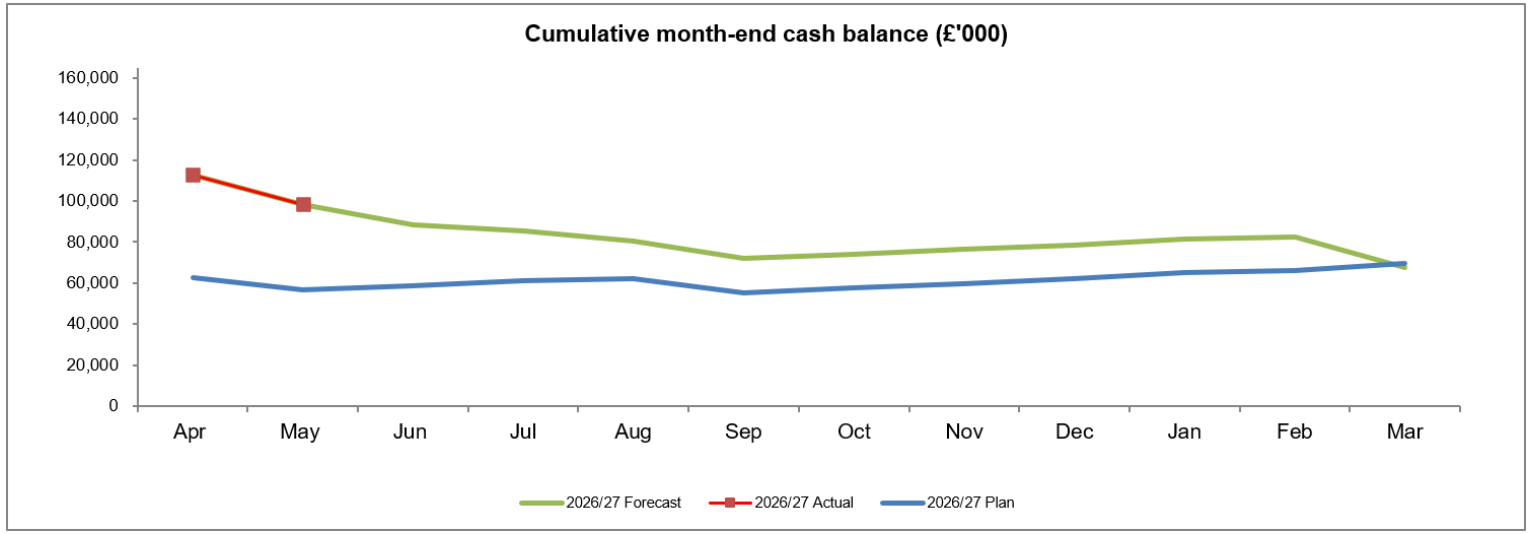
Assurance & Timescale for Improvement

Monitoring of improvements in the identification and delivery of efficiency schemes will continue weekly through the executive team meeting and monthly through Care Group SDR meetings, the Sustainable Services Group and Trust Management Group. The Finance and Performance Committee continue to challenge and closely monitor the Trusts progress in tis area.

Working Capital

University Hospitals Dorset
NHS Foundation Trust





Summary	Actions	Assurance & Timescale for Improvement
Public Sector Payment Policy: In relation to the timely payment of supplier invoices, the Trust is delivered performance of 96.6%, above the national standard of 95%.	**Public Sector Payment Policy:** This remains a key focus for the Trust, with training and support being offered to budget holders where appropriate.	**Public Sector Payment Policy:** Performance will continue to be monitored and assured through the Sustainable Services Group.
Cash: At the end of April, the Trust is holding a consolidated cash balance of £98.4 million. After adjusting for the £29.1 million of capital payables, this represents 28 days of operating expenditure and an underlying cash balance of £69.2 million. This is significantly above the planned level due to additional funding, increased capital creditors and improvements in the Trusts payment processes.	**Cash:** The cash forecast is currently being refreshed to reflect the additional income and the expected timing of payments.	**Cash:** An updated cash forecast will be in place from Month 3 reporting.

University Hospitals Dorset
NHS Foundation Trust

Sustainable Services

Digital

Beverley Bryant
Chief Digital Officer

Digital : Outpatient Transformation & Care Coordination

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
DNA rate against SMS sent	Target needs to be defined - need to review all work related to DNA rate and impact of Dr Doctor							
Digital letters vs paper	Target for all patient letters to go via Synertec so 100% for that but then this is patient choice for Digtial vs Paper							
Uptake of 'Advice & Guidance'		100%	46357		This is to monitor move of A&G to Consultant Connect			
ICE for Ordering vs paper		95%	Aug 26		This is move of ICE to paperless requesting			
ICE results acknowledgement	57%	90%	Aug 26		This is the ICE filing position			
No. of attendances streamed away via NHS S&R tool	Target for this to be calculated as many different measures in this space							

Digital

University Hospitals Dorset
NHS Foundation Trust

Summary	Actions	Assurance & Timescale for Improvement
DNA rate (5.2%) is showing special cause improvement, having fallen below the process mean for the 5th consecutive month. The target (5%) is within the process control limits indicating that it is achievable.	Ongoing roll out of Dr Doctor functionalities to support scheduling is taking place. Integration between the Cardiology booking system (Tomcat) and Dr Doctor was achieved this month to further extend the reach of digital appointment reminders.	DNA and A&G rates are part of a suite of metrics monitored at the Programme Board of the Outpatient Improvement (Corporate) Programme.
Digital Letters Vs Paper – initial scoping has identified opportunities to increase the availability of patient letters digitally. Admin workflow mapping is underway and an analysis of postage and printing spend.	Ongoing review of the use of Synertec / Dr Doctor for the progress of electronic letters. Some elements will need letters to be redesigned / updated as part of the programme. Meeting going in to review the current status of this programme.	This is a project under Transforming and Valuing Administration.
Advice & Guidance is the adoption of Consultant Connect as the new process for A&G and referral management through ERS. All appropriate specialties are now live with consultant connect for A&G and 2 are live with advice and refer ahead of the transition to 10 services having single points of access (SPOA) in place by October 2026.	All specialties are now live on Consultant Connect for Advice & Guidance.	All specialties are now live and therefore this programme will be closed as complete and moved to Business as Usual.
ICE Ordering and Results Acknowledgement – Task & Finish group is now agreeing the Trust wide roll out of electronic requesting on ICE to further support increased adoption of results sign off with accuracy of requesting.	Equipment roll out for ICE requesting is proceeding at pace with the last delivery received. All areas will have their equipment, and we will mandate electronic requesting by August 2026. We should then see the improvement in filing. SDR Patient First metric will be in place in July 2026 once approved by the Patient First Group.	Task & Finish Group for ICE Paperless Reporting and Reporting to Monitor and Track this. Overall target for paperless reporting & requesting is approximately August 2026 based on the roll out of the equipment.
No of Attendances Streamed away via NHS S&R Tool – need to clarify the metrics we intend to monitor for this change.	No further actions other than the tracking on metrics when this data is available	Awaiting the BI Dashboard for the metric monitoring.