University Hospitals Dorset
NHS Foundation Trust

Integrated Performance Report

Reporting month: November 2025

Meeting Month : December 2025

Contents

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Executive Summary

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November saw a continued increase of anticipated pressures typically associated with winter, against a backdrop of a challenged wider system with regards to No Criteria Position (NCtR). Despite the pressure we have maintained an improved length of stay; increased our use of SDECs to pull from Emergency Departments and avoid admission and continued to increase referrals to hospital at home. In addition, and following collaborative work with our Ambulance Partner SWAST, we have also improved our ambulance handover times.

Our elective position remains strong with sustained performance around our diagnostic services and improvement in our delivery of the cancer standards. Our focus is currently on reducing the number of patients waiting over 52 weeks for treatment.
The National Oversight Framework Q2 segmentation was published in November. UHD has been placed into segment 3 in the September 2025 NHSE ranking, with a rank of #71/134 acute and specialist providers and an average metric score of 2.37 (previous quarter 2.36)

Proactive Management of Risks.
We are actively mitigating the potential impacts of constrained patient flow across our key domains:

- **Quality & Safety:** Our priority is to safeguard patient safety and experience. We are implementing targeted flow initiatives to minimise the risk of increased waiting times and protect our elective procedure rates from cancellation.
- **Financial**: We are maintaining financial discipline by managing capacity escalation costs. Our focus remains on delivering our elective and cancer recovery programme efficiently to mitigate any financial and patient waiting times impact risk from activity shortfalls.
- **People & Wellbeing:** Protecting our workforce is paramount. Our winter planning prioritises sustainable rostering and the wellbeing support needed to manage demand without over-reliance on high-cost temporary staffing.
- **Strategic Performance:** Our elective recovery programme remains on track, demonstrating our resilience. We are strategically balancing capacity to protect this progress while responding to urgent care needs, thereby safeguarding our reputation for both planned and emergency care.

Forward Look: Prepared and Focused
We recognise the challenging operational environment that winter brings and the impact that seasonal viruses have for both patients and staff. We have a winter plan guided by our Trust strategic deployment reviews and we are confident that our focused actions and continued prioritisation will ensure we maintain stability and delivery against our key objectives through the coming months.

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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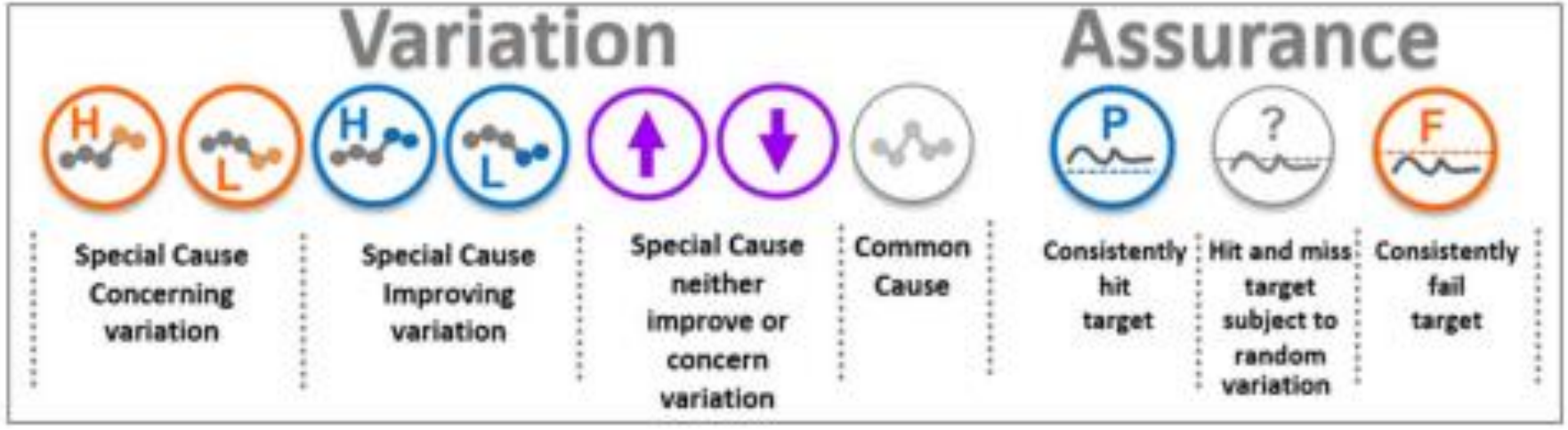

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (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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2025/26 IPR Matrix

VARIATION	ASSURANCE: Pass - the target sits within the process limits and will be achieved if no change (P)	ASSURANCE: "Flip flop" - the target may or may not be achieved (?)	ASSURANCE: Fail - the target sits outside the process limits and will not be achieved without change (F)	No Target
special cause variation , IMPROVEMENT (H / L)	31 day cancer standard			Ambulance handovers - average handover time UHD
common cause or normal variation no significant change observed (same)	% Patients waiting <18 weeks for 1st attendance UHD - % waiting over 6 weeks	Faster Diagnosis Standard (FDS) 28 days In Month Sickness Absence * Mortality Reviews HSMR In Month - UHD (Source: HED) SHMI – Summary Hospital Level Mortality Indicator *	RTT Performance against trajectory for 18 week standard (92%)* % Patients waiting >52 weeks (1% std) against trajectory * 62 day cancer standard * 4 hour safety standard * Theatre utilisation (capped) Number of Early Resolutions % of total complaints closed within 35 days	Under 18's RTT pathways Patients >12hrs in dept * Vacancy Rate at end of each month Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays * hospital assocoiated infections - MRSA hospital assocoiated infections - CDiff hospital assocoiated infections - E Coli Number of complaints per 1000 contacts for clinical services Number of Complaints Received
special cause variation , DETERIORATION (H / L)				Community Health Services SITREP % over 52 weeks

National Oversight Framework

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UHD has been placed into **segment 3** of the NHS Oversight Framework (NOF) in the September 2025 NHSE ranking, with a rank of #71/134 acute and specialist providers and an average metric score of 2.37 (previous quarter 2.36)

Scores and ranks are refreshed quarterly (1 is best)

Domain	Domain Score (September 2025)	Segment	Direction of Travel since last segmentation	Prevoius score (initial segmentation July 2025)
Access to Services	2.68	3	⟷	Domain score 2.68 / Segment 3
Effectiveness and Experience of Care	2.43	3	⟷	Domain score 2.44 / Segment 3
Patient Safety	2.40	2	⟷	Domain score 2.49 / Segment 2
People and Workforce	2.22	2	⟷	Domain score 2.13 / Segment 2
Finance and Productivity	1.20	1	⟷	Domain score 1.07 / 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
Adam Morris – Interim Group Director of Operations – Medical

Committees:
Finance and Performance Committee

Performance at a Glance

Population & System

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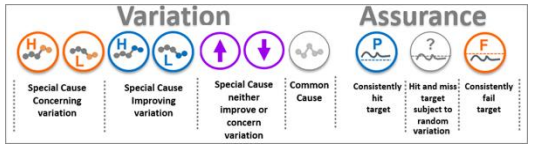

UHD Elective Care

KPI	Latest month	Measure	Target	Variation	Assurance
RTT Total Waiting List Size	Nov 25	62984	66662		
RTT Performance against trajectory for 18 week standard (92%)	**Nov 25**	**63.6%**	**65.6%**		
Patients waiting >52 weeks	Nov 25	1713	828		
% Patients waiting >52 weeks (1% std) against trajectory	**Nov 25**	**2.7%**	**1.2%**		
Patients waiting >65 weeks	Nov 25	1	0		
% Patients waiting <18 weeks for 1st attendance	Nov 25	76.1%	72.3%		
Under 18's RTT pathways	**Nov 25**	**4717**	**-**		
UHD - Total Diagnostic Waiting List	Nov 25	10529	-		
UHD - % waiting over 6 weeks	**Nov 25**	**1.8%**	**5.0%**		
UHD - % waiting over 13 weeks	Nov 25	0.3%			
Community Health Services SITREP % over 52 weeks	**Nov 25**	**64.6%**	**-**		
Faster Diagnosis Standard (FDS) 28 days (75% std)	**Oct 25**	**78.8%**	**78.8%**		
31 day standard (96% std)	Oct 25	96.6%			
62 day standard (85% std)	**Oct 25**	**72.2%**	**85.0%**		
Trauma Admissions	Nov 25	369	-		
% of NOF patients operated on within 36 hrs (admission from ED)	Nov 25	74.0%	85.0%		
% Outpatient appointments with procedures	Nov 25	22.4%			
UHD - Total Outpatient - Virtual (%)	Nov 25	15.8%	25.0%		
UHD Outpatient DNA rate	Nov 25	5.7%	5.0%		
Theatre utilisation (capped)	Nov 25	80.5%	85.0%		
UHD Theatre case opportunity	Nov 25	11.1%	15.0%		

UHD Urgent and Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance
Arrival time to initial assessment	Nov 25	20	15		
Clinician seen <60 mins %	Nov 25	26%	-		
Patients >12hrs from DTA to admission	Nov 25	358	0		
Patients >12hrs in dept	**Nov 25**	**1246**	**-**		
4 hour safety standard	**Nov 25**	**67.4%**	**70.1%**		
Ambulance handovers - average handover time UHD	Nov 25	26.6	-		
Ambulance handovers - average handover time RBH	Nov 25	28.5	-		
Ambulance handovers - average handover time Poole	Nov 25	24.5	-		
Ambulance handover >60mins breaches	Nov 25	61			
Ambulance handovers	Nov 25	4423	-		
Bed Occupancy (capacity incl escalation)	Nov 25	94%	85%		
Stranded patients: Length of stay 7 days	Nov 25	532	-		
Stranded patients: Length of stay 14 days	Nov 25	335	-		
Stranded patients: Length of stay 21 days	Nov 25	233	108		
Non-elective admissions	Nov 25	6692	-		
> 1 day non-elective admissions	Nov 25	3981	-		
Same Day Emergency Care (SDEC)	Nov 25	2711	-		
Conversion rate (admitted from ED)	Nov 25	29.1%	30.0%		

Elective Access - RTT

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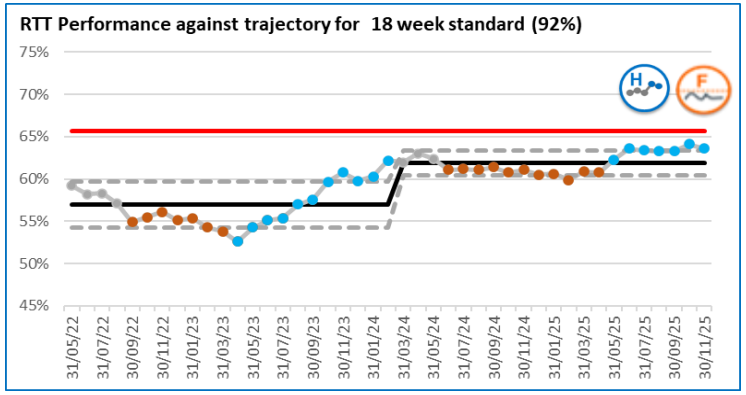
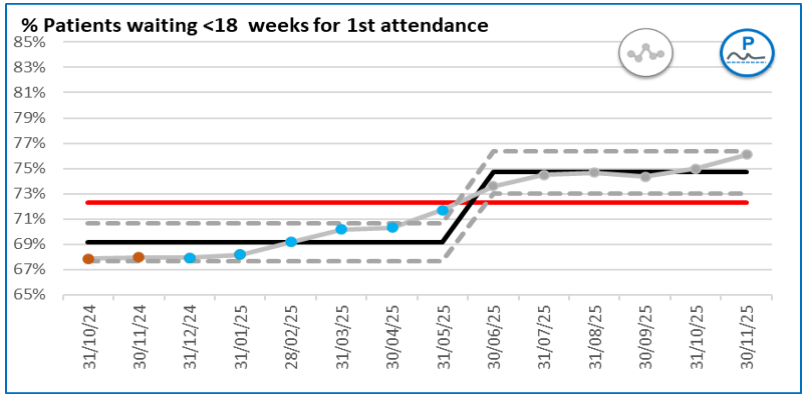
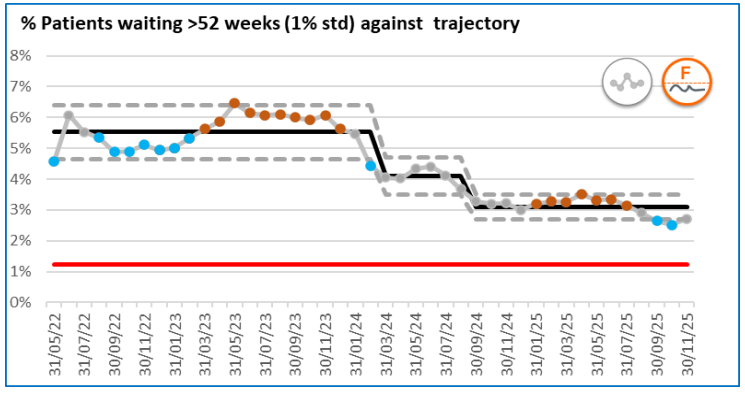
November 25
63.6%
Variance/Assurance
H F
Targeting (Internal)
65.6%
Business Rule
Full CMS



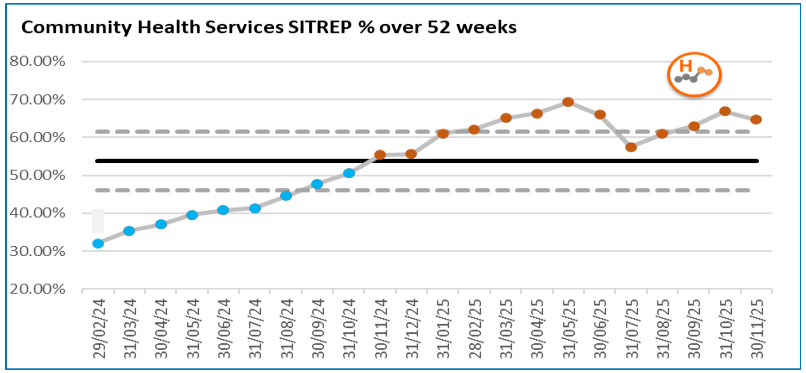
November 25
76.1%
Variance/Assurance
P
Targeting (Internal)
72.3%
Business Rule
Note performance



November 25
2.7%
Variance/Assurance
F
Targeting (Internal)
1.2%
Business Rule
Full CMS



November 25
64.6%
Variance/Assurance
H
Targeting (Internal)
Business Rule
Note performance



Summary

RTT performance maintains special cause improvement since June 2025, whilst November performance is below plan by 2%; adversely impacted by a significant reduction of the total waiting list this month (-2,127) though WL validation (3.7k below plan)

76.1% of patients received either a first OPA or diagnostic test within 18 weeks of referral; exceeding the March 2026 plan trajectory (73%). This has resulted in a significant increase to the admitted waiting list. The drive to increase outpatient activity for longwaiters has also resulted in a similar increase in admitted waits for patients waiting >52 weeks. An overall increase of 74 >52ww is within process limits but above target.

The Trust was successful in eliminating waits >65 weeks except for 1 patient waiting a corneal graft.

>52 weeks for Community Health (neurodevelopmental) services is above the upper process control limit and requires intervention.

Actions

- Bring forward plans to reduce the number of 52-week breaches by reallocating ERF funding from Q4 to Q3.
- Increase validation of the waiting list in line with the national 'validation sprint' Q3 initiative, maintaining an increase in removals >5% above baseline levels.
- Submit bid for additional national funding to reduce 52 week waits and RTT performance.
- Implement changes following recent clinic template standardisation audit to increase clinic slot capacity; due to complete in December 2025.
- Review demand management for neurodevelopmental services.
- Maintain 95% of elective activity during industrial action in December.

Assurance & Timescale for Improvement

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

Timescales:

- Elimination of all 65 week waits by end December
- Reduce variation to plan for % of waiting list >52 week waits, to 0 by end March 2026 and return to RTT performance planned trajectory by December 2025.
- Currently exceeding March 2026 target for waits for 1st activity and no known risks.
- Increase bookings for patients waiting neuro-developmental assessment.

Elective Access - Cancer

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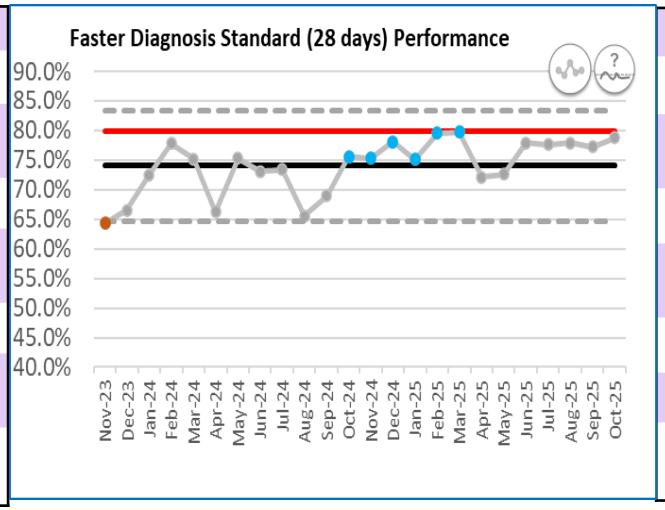
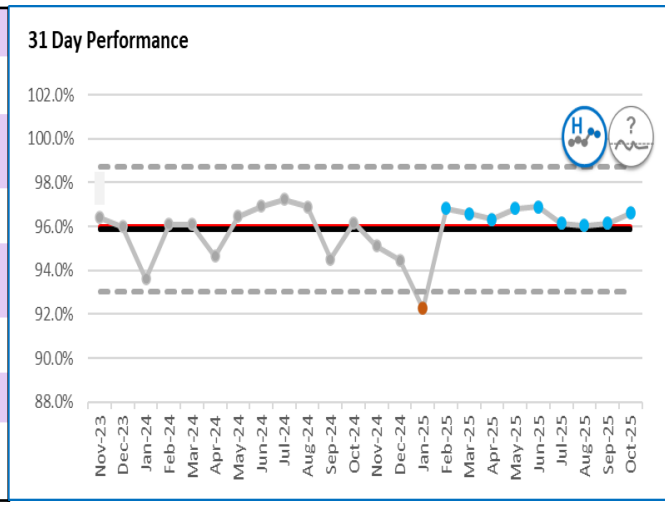
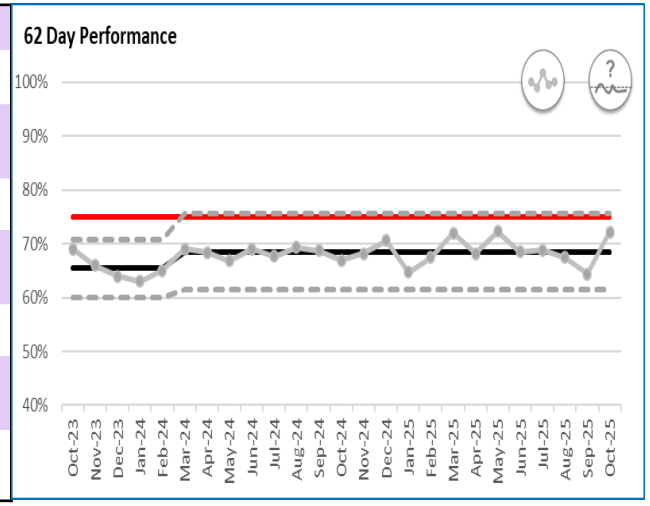
Oct 25
78.8%
Variance/ Assurance
Targeting (Internal)
78.75%
Business Rule
Note performance



Oct 25
96.6%
Variance/ Assurance
Targeting (Internal)
96.0%
Business Rule
Note performance



Oct 25
72.2%
Variance/ Assurance
Targeting (Internal)
72.8%
Business Rule
Full CMS



Summary

FDS Performance for Oct-25 was above the national standard (75%) and the Trust's Operational Plan (78.75%). The process is showing common cause variation, suggesting that the variation is inherent to the current system and no special cause is influencing the data. Performance was above the mean for 5 consecutive months.

31 Day Oct-25 performance achieved the 96.0% national standard for the ninth consecutive month, achieving 96.6%. The SPC chart indicates special cause improvement, signifying a statistically significant upward shift in the process mean and evidence of sustained improvement.

62 Day Oct-25 performance fell slightly short of the Trust operational plan (72.8%) and the national recovery target (75%). The SPC chart shows common cause variation, suggesting that the variation observed is inherent to the current process, however the target is within the process limits and therefore achievable.

Actions

- **Colorectal** – clinical audit underway until Jan 26 with the cancer alliance and Colorectal nursing team to support moving to the best practice timed pathway.
- **Breast** – additional Radiology Saturday sessions to support Breast Radiologist shortages where possible.
- **Urology** – Targeted actions identified to improve the diagnostic pathway for Prostate patients who require active monitoring which will enable Urology to meet the 62D standard.
- **Skin** – an extension in Q4 of the summer insourcing plan with 18 weeks to provide additional fast track and treatment capacity.
- **Gynaecology –** treatment capacity shifting to pre 62 days following a focused reduction of the over 62 Day PTL.
- **All sites** – investment in pre-op assessment capacity to support 62D improvement.

Assurance & Timescale for Improvement

- On track to meet the 80% target for the 28 Day Faster Diagnosis Standard by March 2026.
- A 7.6% improvement in 62D performance from September was delivered, ensuring progress towards the March 26 target.
- 9 consecutive months of achieving the 31 Day standard, with no known risks for the remainder of 2025/2026.
- The over 62 Day PTL has remained below 220 patients throughout 2025/2026 with the end of November position reporting 173 patients. A trajectory is in place by tumour site to reduce this by 50% by March 2026.

Health Inequalities and Primary Prevention

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

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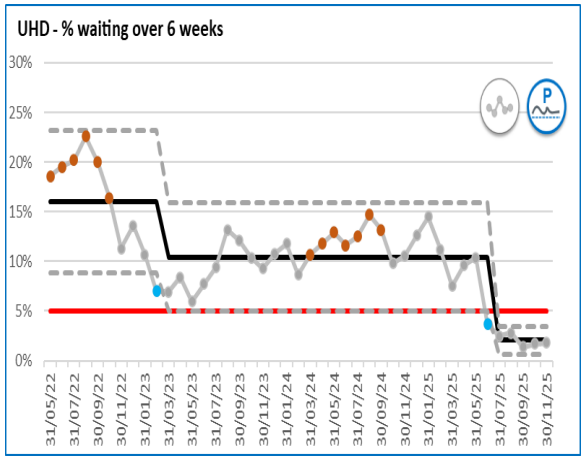
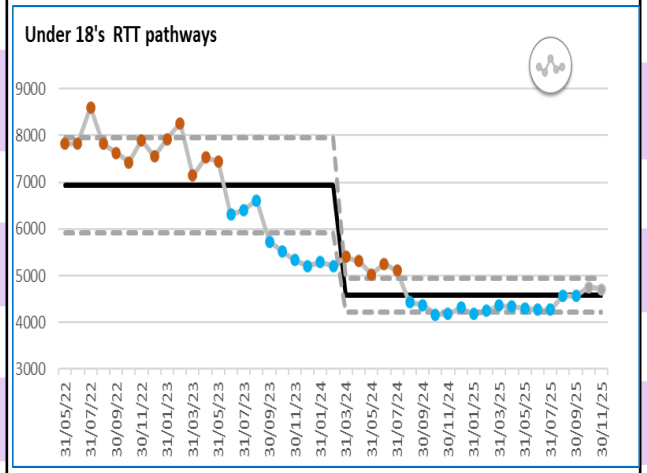
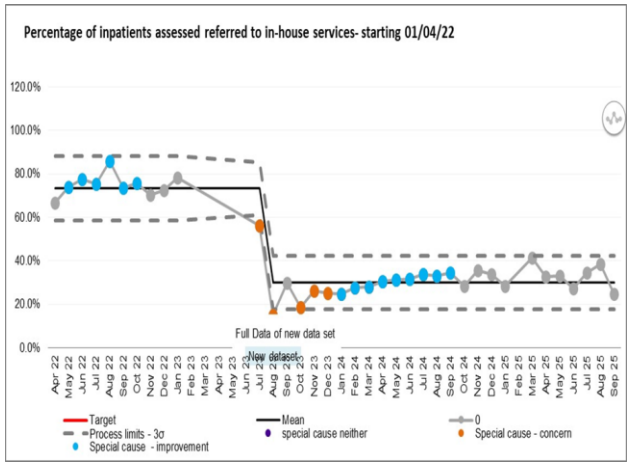
Nov 25
1.8%
Variance/ Assurance
Targeting (Internal)
5%
Business Rule
Note Performance



Nov 25
4,717
Variance/ Assurance
Targeting (Internal)
Business Rule



Sep 25
24.6%
Variance/ Assurance
Targeting (Internal)
Business Rule



Summary	Actions	Assurance & Timescale for Improvement
There is consistent achievement of the Trust DM01 (Diagnostics) target. Performance in November was just 0.8% above the national constitutional standard, with the Trust remaining closest of all Trusts in the South-West region to the national standard and in the top decile nationally. The RTT waiting list for patients <18 yrs demonstrates common cause variation but remains within process control limits and is 0.1% above the RTT performance for all age groups. The average weeks waiting at the point of treatment for people in IMD 1-2 (most deprived) shows a +1 week variation compared to people from IMD 3-10 in the second month of the Quarter. Children within the 20% most deprived groups, on average have 2 weeks less to wait compared to adults. This is an improvement. No variation exists in the total waiting list when analysing by ethnicity. However, children from community minority groups are waiting an average of 8 weeks. In contrast, waiting times for White British children is on average 11 weeks. UHD Tobacco Service –The latest data remains September - referrals 390, with 76% of patients seen following referral. 28 Day Quit Outcomes – Sep 2025 –24.6%	Diagnostics: • Increase capacity for Cystoscopy in the short term to clear backlog • Continue use of 18 Weeks Support for endoscopy pending opening of the new Endoscopy build in 2026.	Recover cystoscopy >13 week breaches by end December 2025 The target for DM01 performance has been achieved for six consecutive months and now the aim is to continue with sustainable improvement below 5% for the rest of 2025/26.

Operational Productivity

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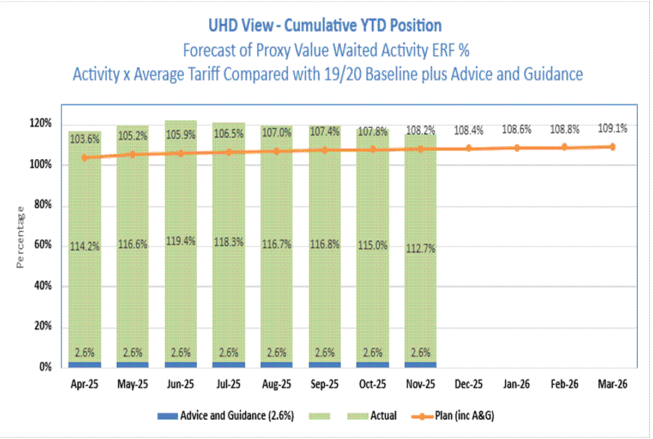
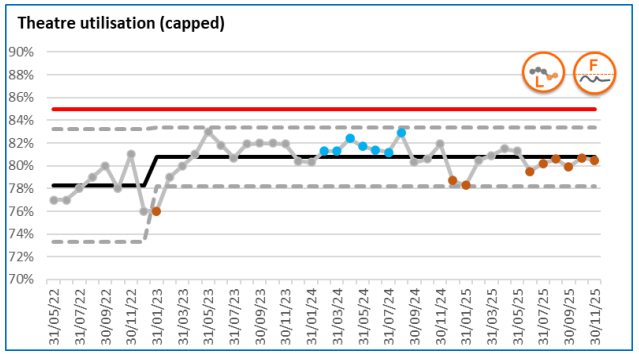
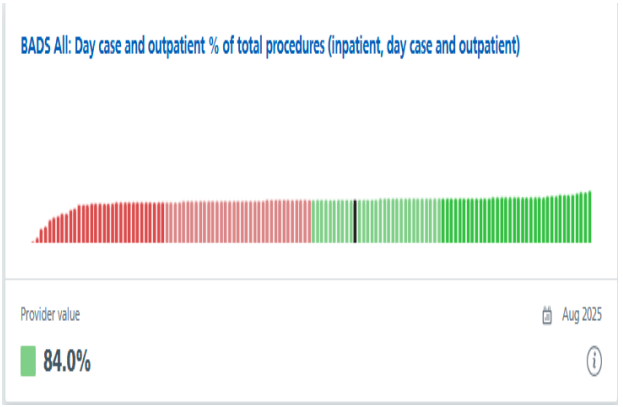
Nov 25
115.3% YTD
Variance/ Assurance
Targeting (Internal)
108.2%
Business Rule
Note Performance



Nov 25
80.5%
Variance/ Assurance
Targeting (Internal)
85%
Business Rule
Verbal CMS



July 25
84%
Variance/ Assurance
Targeting (Internal)
Business Rule



British Association of Day Case Surgery – BADS
Procedures included updated October 2025 nationally

Summary

- Year to date 115.3% (value weighted) elective activity has been delivered compared to the 2019/20 baseline period. This is above the operational plan trajectory (108.2%).
- Capped theatre utilisation is below trajectory and the national target (85%), whilst notable improvements have been made amongst some specialities in month, overall performance reduced by 0.2%. Contributing factors:
  - Reduced utilisation impacted by cancellations: patients unfit, acute medical reasons; prioritisation of emergency cases, patient DNAs; and 15 patients no longer required the procedure
  - A business continuity incident at RBCH impacted Derwent with loss of activity and short notice movement of capacity to daycases.
  - Hospital flow and capacity challenges; appropriate bed not available or day case ward capacity prioritised for OPS/medical patients
- Daycase rates are below the 85% target at 84%, noting latest data reported is August 2025, and an improvement on July position
- The month 5 (latest nationally reported data) estimated 25/26 implied productivity growth compared to month 5 2024/25 is 4.0%, placing UHD as having the 4th highest productivity growth in the South West Region.

Actions

Theatre improvement programme – key areas of focus:

- Reducing cancellations by specialities, particularly for pooled lists
- List profiling Elective activity and Emergency activity accurately
- Continued Clinician booking profiles under review within Head & Neck services to promote list optimisation. Notable improvement in month > 3% overall
- Gynaecology focus - accurate theatre scheduling, list management and earlier list booking
- Optimisation of pre-op assessment capacity
- Winter plan and Hospital Flow programmes in place to manage winter pressures on capacity and flow.

- All BADS procedures are being listed as day case by default to improve the data capture of procedures.
- Implementation of a single pathway for Laparoscopic hysterectomies.

Assurance & Timescale for Improvement

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

Theatre improvement programme relaunched in September 2025 and A3 improvement plans developed for each specialty performing below the national target to affect delivery of the planned capped theatre utilisation target. Chief Operating Officer review of the programme is to take place in Q3.

Aiming to improve the BADS day case rate – Quarter 3, with a focus on reducing variation.

Urgent and Emergency Care

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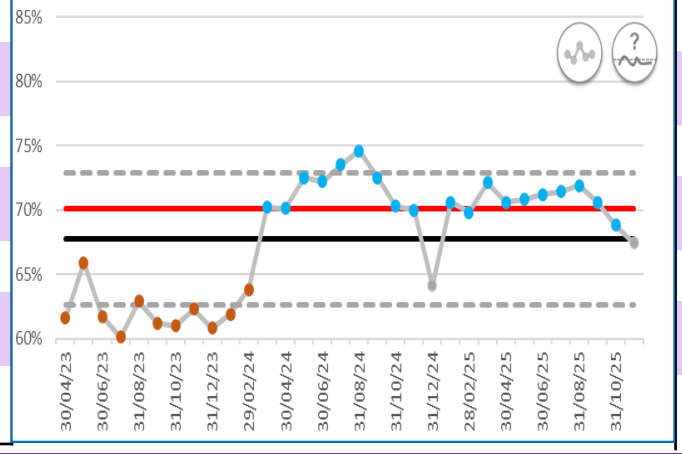
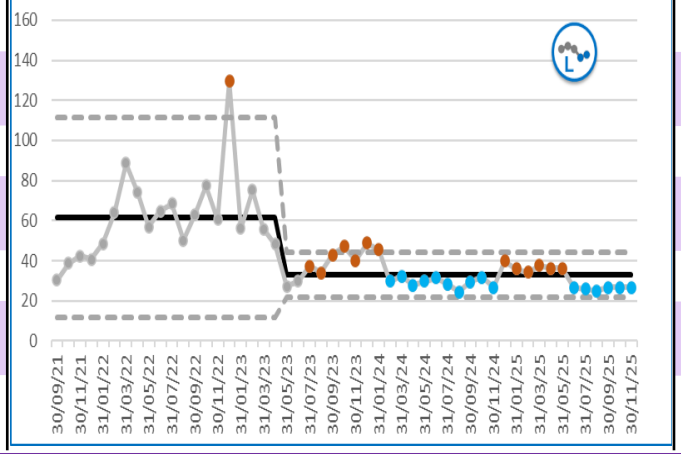
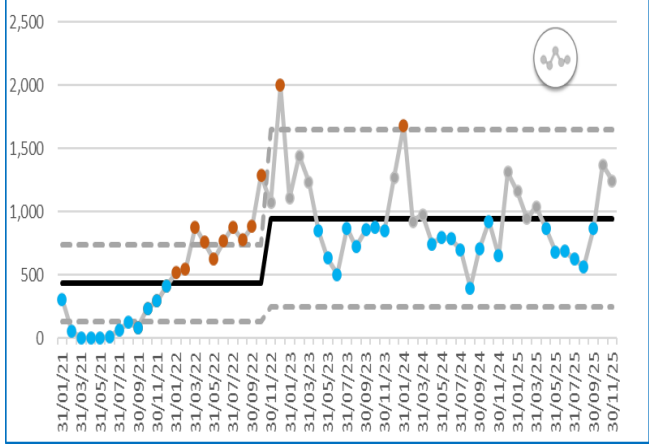
Nov 25	4 hour safety standard	Nov 25	Ambulance handovers - average handover time UHD	Nov 25	Patients >12hrs in dept
67.4%		26.6 minutes		1,246	
Variance/ Assurance		**Variance/ Assurance**		**Variance/ Assurance**	
Targeting (Internal)		**Targeting (Internal)**		**Targeting (Internal)**	
68.7%					
Business Rule		**Business Rule**		**Business Rule**	
Note performance		Note performance		Verbal CMS	

Summary

- The Trust's position against the standard was finalised at 67.4%, failing to meet the improvement trajectory of 70.07%. The national target (78%) remains outside of process control limits, therefore will not be achieved without change or intervention to underlying processes.
- Average handover time is improving and one data points from demonstrating special cause improvement. Following the implementation of the Timely Handover Process (THP) the target falls within process limits. BH site is now below 30 mins driving further improvement to an average of 27 mins. THP however demands that the trust has sufficient occupancy to maintain outflow to avoid corridor care.
- Number of patients within the department for more than 12 hours has risen sharply with target within process limits. There is strong correlation between the bed occupancy associated with increased No Criteria to Reside (NCtR). In addition, a lack of community provision of acute mental health beds and high prevalence of patients presenting with mental health difficulties, has contributed to the increase.

Actions

- Cultural plan continues to be progressed across the departments in parallel to improvement plans.
- Four improvement cycles scheduled for 8th Dec – SDEC, RATs, ACA and escalation focusing on process – streaming earlier in pathway, fewer hand-offs, timelier seen times.
- Executive supported bi-weekly enhanced meetings.
- Ongoing focus on NCtR recovery actions including increasing social worker provision and focus on pathway 1. System commitment to increasing P1 provision that will also benefit P2 pathway. .
- System have signed up to an improvement trajectory to deliver <110 by end of March 2026 with clear targets per pathway and responsible organisation.
- Work continues with the wider system to embed the Mental Health Action card. Meeting scheduled w/c 15th Dec 26.
- Surgical SDEC plan in progess to address reduction in starts, supported by FutureCare Porgramme.

Assurance & Timescale for Improvement

- Revised 4-hour improvement trajectory outturning 78% compliance by March 2026.
- All driver metrics linked to underlying processes are aligned to outturn 78% by March 2026.
- Continued increase in SDEC starts through Nov 25.
- Hospital @ Home increased occupancy to 91% (6% increase vs Oct).
- Sustained improvement against ambulance handover average of 30 mins with BH site improvement driving handover time to 27 mins and achieving trajectory..
- NCtR trajectory requires 23 weekday discharges and 10 per weekend day to deliver 110 by end of April 26.
- Non-elective LOS remains below same period 25/26

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Our People

Melanie Whitfield
Chief People Officer

Operational Leads:
Irene Mardon- Deputy Chief People Officer

Committees:
People and Culture Committee

Performance at a Glance
Our People

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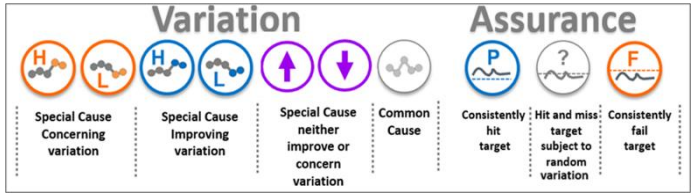
NHS Foundation Trust

UHD Workforce

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Vacancy Rate at end of each month	Oct 25	6.6%	7.5%			7.1%	4.7%	9.5%
In Month Sickness Absence	**Nov 25**	**5.3%**	**4.0%**			**4.9%**	**3.9%**	**5.9%**
Mandatory Training Compliance at end of each month	Nov 25	87.6%	90.0%			88.5%	87.1%	89.8%
Agency Pay as Proportion of Total Pay	Nov 25	0.7%	3.2%			3.4%	2.2%	4.6%

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 / Vacancy Rate

University Hospitals Dorset
NHS Foundation Trust

Operational Plan Monitoring

Staff Type	Plan/Actual	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Substantive	Actual	9098.1	9070.4	9085.4	9039.3	9106.2	9094.1	9145.1	9176.2				
	Plan	9086.0	9099.0	9072.3	9064.3	9055.3	9095.4	9057.3	9035.0	9012.7	8990.3	8968.0	8968.0
Bank	Actual	643.3	647.5	669.5	678.2	651.2	627.6	636.0	672.2				
	Plan	609.0	591.0	564.0	565.0	560.0	640.9	630.5	620.2	609.9	599.5	589.2	589.2
Agency	Actual	135.8	148.1	129.3	83.4	87.8	90.7	101.4	85.5				
	Plan	158.0	135.0	135.0	136.0	135.0	139.0	141.0	146.0	151.0	144.0	128.0	116.7

Staff Type	Plan/Actual	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total Staff	Actual	9877.2	9866.1	9884.2	9800.9	9845.2	9812.3	9882.5	9933.9				
	Plan	9853.0	9825.0	9771.3	9765.3	9750.3	9875.3	9828.8	9801.2	9773.5	9733.9	9685.2	9673.9

October 25

6.6%

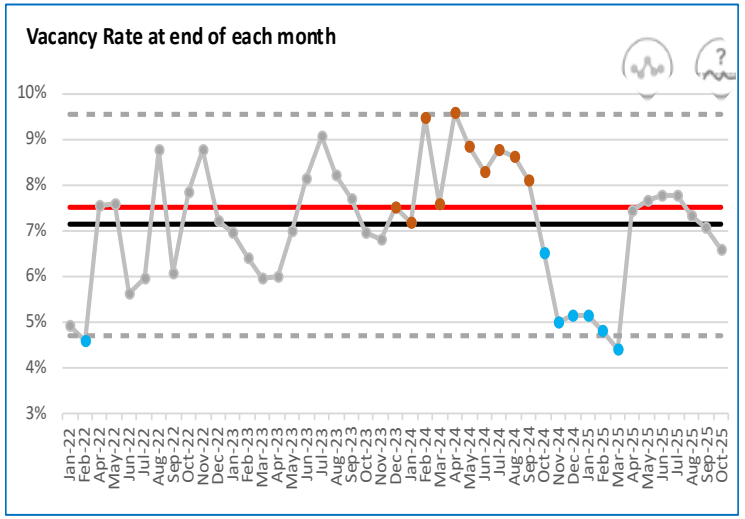
Variance/ Assurance

Targeting (Internal)

7.5%

Business Rule

Verbal CMS



Summary

In M08 UHD was 132.7wte behind the total workforce in month plan: 9933.9wte usage against a plan of 9801.2wte.
Vacancy rates have reduced to 6.6%
Time to Hire continues to fall week-on-week and has reduced by 6.5 days over the last two reporting periods, now at 51.56 days against the 30-day target.
Current Workforce Controls and Vacancy Review Panel (VRP) processes are not delivering the expected impact, with limited influence on vacancy demand.
The A&C recruitment pipeline remains high, with 36.88 WTE in external recruitment, and progress against the 25/26 A&C reduction target is significantly behind plan. Only 27% (36.04 WTE) of the required reduction has been achieved with four months remaining, limiting the Trust's ability to deliver the planned workforce and financial savings trajectory.

Actions

Continue strengthening SLAs for shortlisting and interview scheduling as further progress is constrained by slow employment-check processing. Continue to implement system-supported checks, tighten SLAs and monitor performance against new KPIs to close the gap.
A redesign of the VRP process is underway to strengthen governance, improve the quality of submissions, and ensure the controls support tighter workforce and financial management.

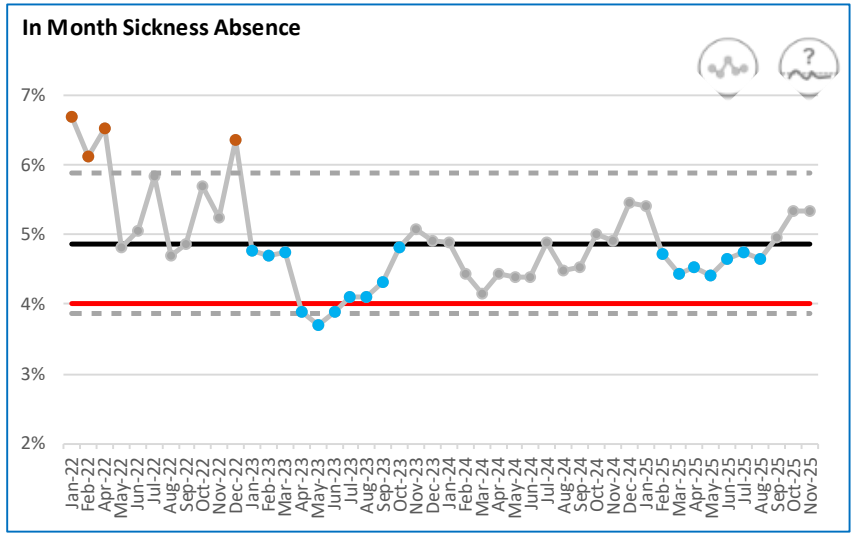
Assurance & Timescale for Improvement

Ongoing monitoring against revised H2 trajectory.
Mapping of further workforce considerations (i.e., CDC expansion, 4.5% bank to substantive conversion for inpatient areas and recruitment against approved business cases) and impact on M12 planned v forecast position.
Regular review and updating of risks aligned to achieving 25/26 operating plan and escalations at appropriate Care Group Boards. SDR meetings and Sustainability Services Meetings

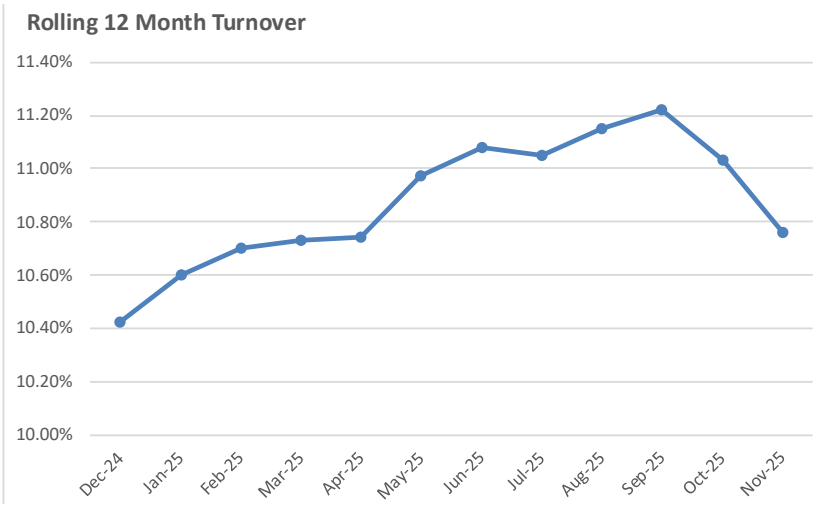
Sickness Absence Rate / Turnover

University Hospitals Dorset
NHS Foundation Trust

November 25
5.3%
Variance/ Assurance
Targeting (Internal)
4.0%
Business Rule
Verbal CMS



November 25
10.8%
Variance/ Assurance
N/A
Targeting (Internal)
10%
Business Rule
Verbal CMS



Summary

M08 sickness absence rate (5.3%) is higher than M08 2024 (4.9%). The top three reasons for sickness absence are anxiety/stress/depression/other psychiatric illness, back problems and other musculoskeletal problems.

Short term sickness absence equates to 3.37% of absence, with long term sickness absence (over one month) accounting for 1.96% of absence.

The Operations function had the highest percentage of sickness absence in M08 (6.89%) with the majority of absence within the estates and ancillary groups.

Fit for the Future: The 10 Year Health Plan for England sets out the target for NHS bodies to reduce sickness absence rates to 4.1%.

Rolling turnover for M08 (10.8%) is broadly in line with M08 2024 rolling rate of 10.6%.

Actions

HR Business Partners are working in collaboration with Care Groups/Corporate/Operations functions to undertake a structured A3 'Patient First' deep dive into areas of high sickness absence. This approach will provide a clear diagnosis of underlying causes and enable the development of focused, evidence-based and prioritised action plans tailored to each service. Findings and proposed interventions will be reviewed through Care Group and corporate governance routes, with the aim of achieving a sustained reduction in sickness absence across the Trust. Relating wider factors such as good attendance management, alignment with temporary staffing rates, training and education and efficiency of processes, will also be part of a structured deep dive.

Turnover data will be further analysed to understand trends, reasons and onward employer destination.

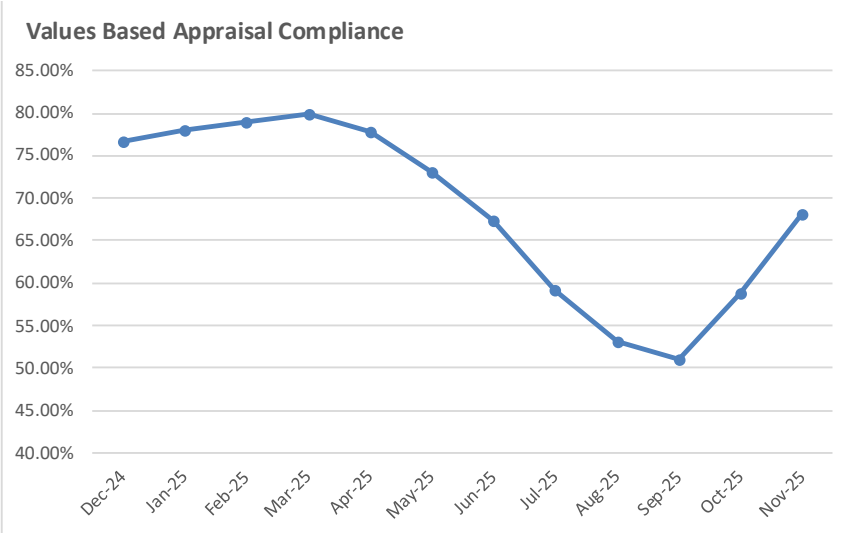
Assurance & Timescale for Improvement

A reduction of sickness absence is not typically expected during the winter period, given the seasonal increase in flu and other related pressures. Trends will be monitored with this seasonal context in mind. A3 plans will be developed during M9 with clear plans and trajectories in place by M10.

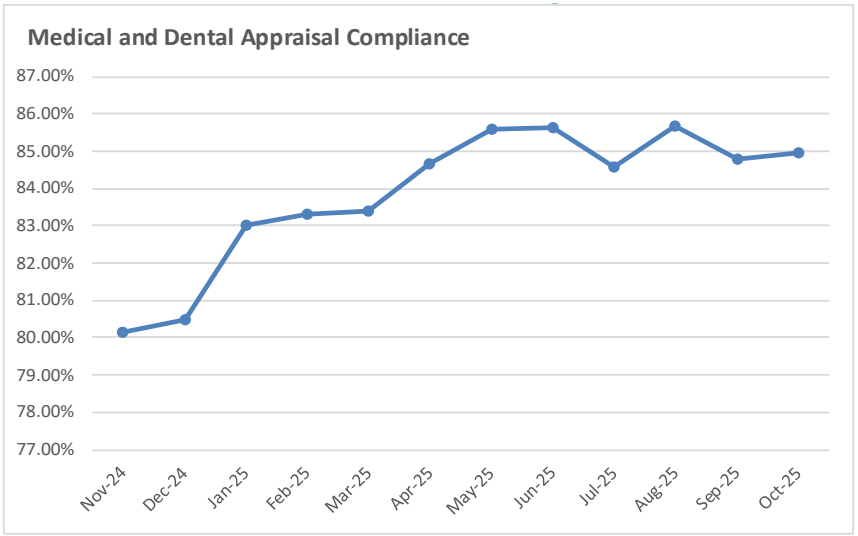
Appraisal Rates

University Hospitals Dorset

November 25
68.1%
Variance/Assurance
N/A
Targeting (Internal)
90%
Business Rule
Full CMS



November 25
84.8%
Variance/Assurance
N/A
Targeting (Internal)
90%
Business Rule
Full CMS



Summary	Actions	Assurance & Timescale for Improvement
Following a period of decline, appraisal rates have been improving across September - December. As of 3.12.25 the compliance is 68.5%. We are aware that operational challenges account for low compliance in certain areas, primarily clinical teams.	All teams to ensure all staff have protected time to ensure compliance is always achieving the 90% target structured appraisal is completed. Focus on values-based appraisal through a Trust-wide improvement project in 2026. Appraisal essentials sessions continue to be offered monthly, with good uptake and representation from across the care groups. Q4 deep dive on Staff Survey results for appraisal questions to better understand wider staff experience and make informed improvements as a result.	Q4 All trust teams to ensure improvement in levels achieving compliance rate enabling all staff to have had an appraisal. Monitoring monthly compliance to enable us to be proactive and responsive in our support offer. Continuing with monthly 'Appraisal Essentials' sessions and monitoring attendance. Continuing to publish guidance and signposting to support in our internal comms.

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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Patient Safety Incidents (All) per 1,000 beddays	Nov 25	36.90	-			37.11	30.65	43.57
Patient Safety Incidents (Moderate +) per 1,000 beddays - Closed only	Nov 25	0.40	-			0.45	0.06	0.84
Medication Incidents (All) per 1,000 beddays	Nov 25	4.90	-			4.98	3.20	6.77
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays	**Nov 25**	**0.60**	**-**			**0.32**	**0.05**	**0.60**
Inpatient Falls (Moderate +) per 1,000 beddays	Nov 25	0.10	-			0.16	-0.04	0.37
Hospital Associated Infections - MRSA	**Nov 25**	**2**	**-**			**0**	**-1**	**2**
Hospital Associated Infections - MSSA	Nov 25	3	-			4	-1	9
Hospital Associated Infections - C Diff	**Nov 25**	**10**	**-**			**8**	**-1**	**17**
Hospital Associated Infections - E Coli	**Nov 25**	**11**	**-**			**10**	**0**	**20**
Hospital Associated Infections - Kleb	Nov 25	2	-			4	-3	11
Hospital Associated Infections - Pseudo	Nov 25	6	-			2	-2	5
Hand Hygiene Compliance	Nov 25	94.8%	-			96.3%	94.3%	98.3%
Infection Control Mandatory Training Compliance	Nov 25	89.9%	-			89.5%	88.9%	90.1%

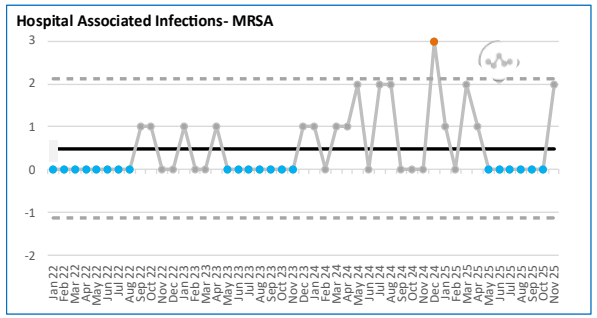
NHS Staff Survey Results will be reported annually

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

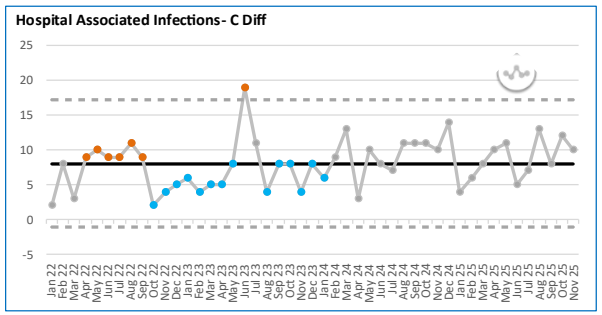
Hospital Associated Infections

University Hospitals Dorset
NHS Foundation Trust

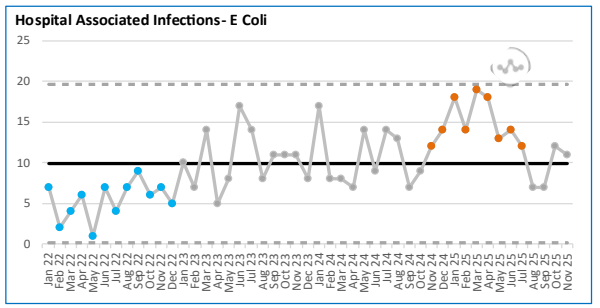
November 25
2
Variance/ Assurance
Targeting (Internal)
-
Business Rule
N/A



November 25
8
Variance /Assurance
Targeting (Internal)
-
Business Rule
N/A



November 25
6
Variance /Assurance
Targeting (Internal)
-
Business Rule
N/A



Summary

November 2025:
Hospital associated MRSA bacteraemia – 2
Hospital associated MSSA bacteraemia – 3
Clostridiodes difficile hospital associated cases - 10
Escherichia coli bacteraemia cases – 11
Klebsiella cases – 2
Pseudomonas cases – 6
COVID-19 outbreaks – 1 (1 Bay closed)

Actions

Decolonisation protocol for Neonates under review following x1 case in November
Neonatal unit supported with education and HH improvements
Review of IPC infection matrix for supporting clinical decision making at ward and site team level
Ongoing ward Hand Hygiene audits
PSIRF review for MRSA bacteraemia in Neonate
MSSA cases under investigation – initial review likely linked to peripheral lines.
Gram-negative bacteraemia – ongoing reviews in progress

Assurance & Timescale for Improvement

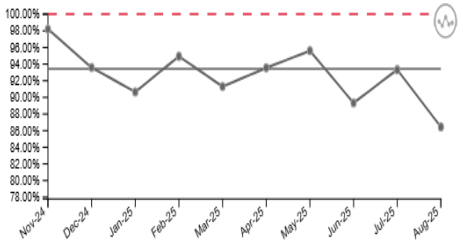
Respiratory panel LFD testing in ED has made a difference in admission prevention of sub-acute patients. Currently in use in admission units.
Monitoring of Influenza and respiratory infections ongoing
Learning shared at the monthly care group IPC meetings.
IPC team have developed an IPC resource pack currently on pilot in T&O.
Catheter improvement programme addressing catheter insertion and ongoing care.

eMortality Consultant Review Compliance
HSMR < 100

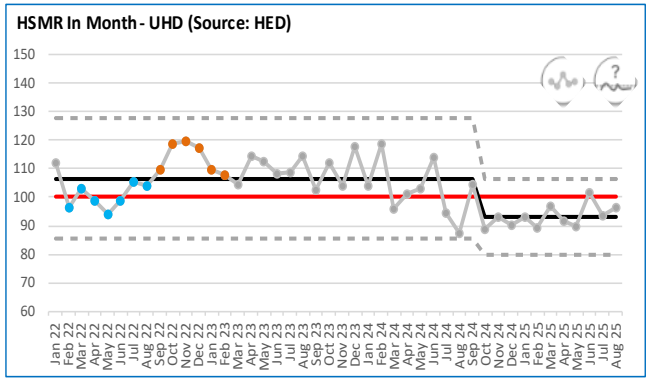
University Hospitals Dorset
NHS Foundation Trust

August 25
86.4%
Variance/ Assurance
Targeting (Internal)
100%
Business Rule
Full CMS

Mortality Reviews

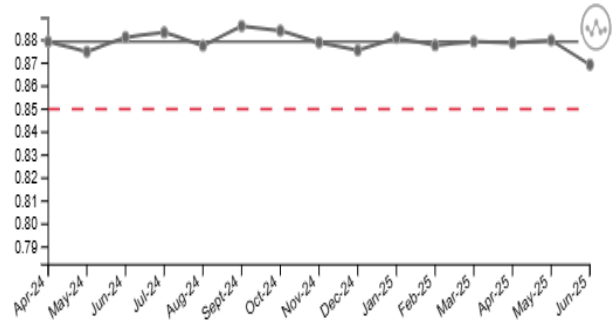


August 25
96.5
Variance /Assurance
Targeting (Internal)
100
Business Rule
N/A



June 25
0.87
Variance /Assurance
Targeting (Internal)
1
Business Rule
Verbal CMS

SHMI – Summary Hospital Level Mortality Indicator

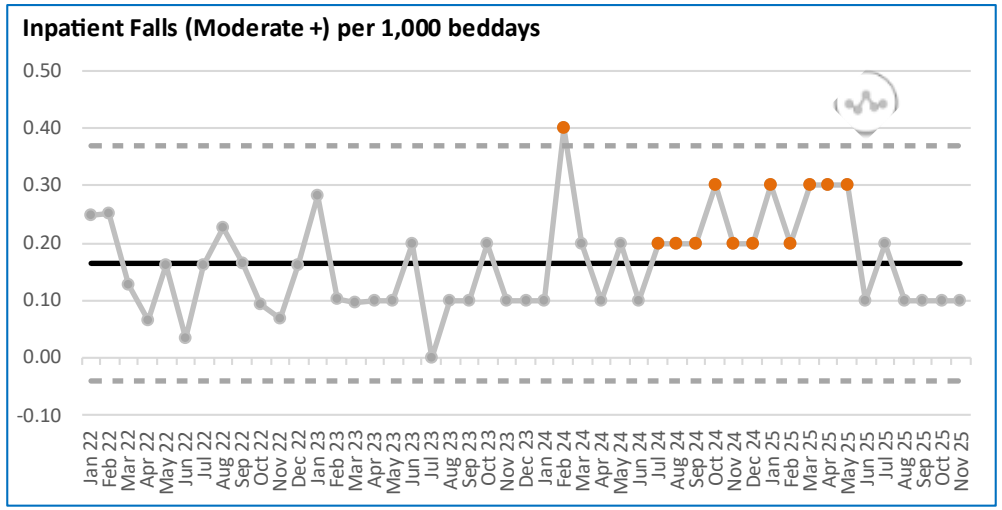


Summary	Actions	Assurance & Timescale for Improvement
E-Mortality review compliance remains below target at 86.4%	Continued education and engagement of consultants Working to ensure that the reviews are completed by the most appropriate team for learning e.g. ITU Ongoing issues around identifying the correct consultant delay reviews.	Significant improvement noted already, particularly in medicine. Barriers to surgical teams are being worked through with good effect by working with individuals with lower compliance
HSMR in month remains within range. Regularly below target of 100 since October 2024 with expected variation. In month HSMR for August 2025 has remained below 100 and within expected variation. SHMI remains below target and stable at 0.87.	Audit of mortality coding in progress to review codes and accuracy. HED alerts reviewed through newly developed standardised process to ensure any concerns are identified. A continued upward trend in HSMR in month will warrant further review.	UHD is in the top 15 trusts of the 119 trusts included in the SHMI reporting.

Patient Safety – Falls

University Hospitals Dorset
NHS Foundation Trust

November 2025
0.10
Variance/ Assurance
Targeting (Interna)
-
Business Rule
N/A



Summary

Statistical process control remains within expected variation. In November 2025, the overall inpatient falls rate was **6.3 per 1,000 bed days, which is within expected limits.**

Three inpatient falls resulted in moderate or greater physical harm, equating to **0.1 per 1,000 bed days - within expected variation**.

Nine falls (4%) were initially classified as moderate harm or above but were later **downgraded** following SWARM review or negative scan results.

94% of all falls were recorded as Low or No Harm, while 4% were submitted without a harm level—predominantly during afternoo

Actions

PSIRF Learning: SWARM reviews completed for all falls incidents causing moderate or greater harm; no new Trust-wide learning identified. LERNs remain pending Matron sign-off and final Duty of Candour completion.
Falls Steering Group meeting: December not quorate due to care group-wide attendance. Monthly meetings have been forward-scheduled from January 2026 to re-establish the new structure.
Falls Policy Review: UHD Falls Policy and SOPs on lying and standing BP and Red WZF are under review for approval by the Falls Steering Group before submission to PPG.
L&S BP: eObs functionality to record lying and standing BP readings in line with RCP guidelines is nearly complete. Teaching materials on conservative management of postural hypotension are currently being drafted.

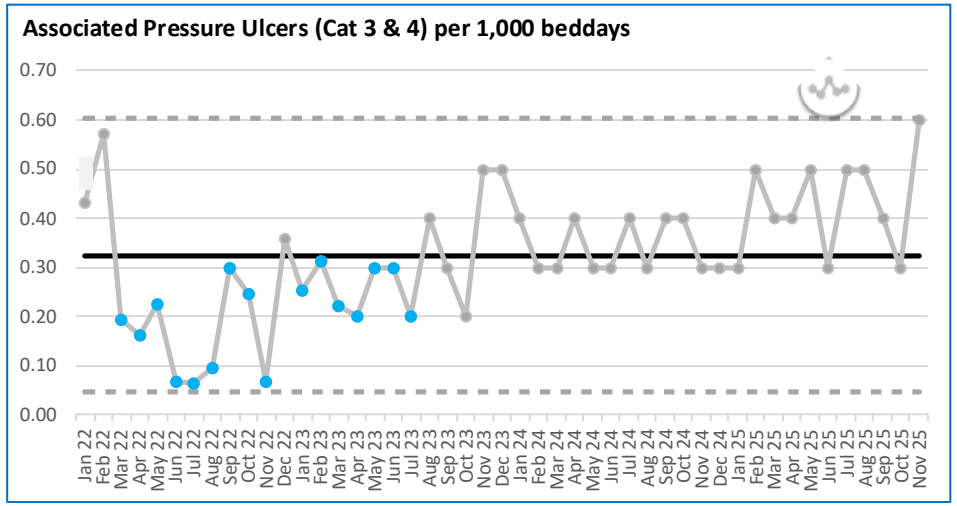
Assurance & Timescale for Improvement

- **Falls Steering Group:** Monthly meetings scheduled from January 2026 to embed new structure.
- **Assessment Redesign:** Falls and Safer Activity assessments in PDSA planning stage; small-scale implementation targeted for March–April 2026.
- **Digital Integration:** eObs functionality for lying/standing BP recording to launch February 2026, aligned with Safer Activity work.
- **Footwear Initiative:** Promotion of patients' own footwear during February 2026 Safer Activity launch to reduce reliance on non-slip socks.
- **Walking Aid Access:** Improvements currently on hold.
- **Post-Fall Response:** Updated Grab Pack including post-fall debrief/huddle launching January 2026.

Patient Safety – Pressures Ulcers

University Hospitals Dorset
NHS Foundation Trust

November 2025
0.60
Variance/ Assurance
Targeting (Internal)
Business Rule
N/A



Summary

Statistical process control remains within usual variation during November 2025.

- Category 3: 17 patients acquired 17 pressure ulcers
- Category 4: 0 patients acquired a Category 4

This equates to a rate of 0.6 per 1,000 bed days.

Actions

- The Trustwide aSSKINg bundle has been rolled out across the Medical Care Group with plans to implement this within Surgical Care Group in January 2026.
- A total of 160 Registered Nurses have attended face to face pressure ulcer prevention training during 2025,
- The Skin Integrity Group will launch the 'Be a Zero Hero' campaign in January 2026 as part of Fundamentals of care (relating to zero pressure for pressure ulcer prevention)
- Ward walk rounds have been conducted to launch the Moisture or Pressure differential diagnosis tool (RBH)
- Dome booked for information day on 27th January 2026
- Standard Operating Procedure for investigation of hospital acquired pressure damage at final stages of development and review

Assurance & Timescale for Improvement

Learning response significant harms

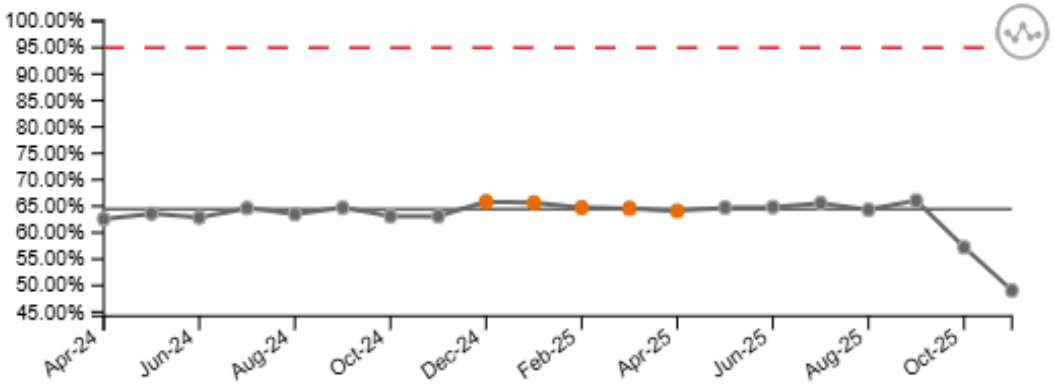
- Incidents where patients have acquired Category 4 pressure damage have been escalated for further investigation by way of an After Action Review
- Incidents of significant harm (Category 3) will be reviewed by way of a Multi-disciplinary Team Meeting to review case and ensure learning is shared

Patient Safety – VTE Prophylaxis

University Hospitals Dorset
NHS Foundation Trust

November 2025
49.1%
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

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

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Perinatal Quality Surveillance

Maternity and Neonatal Dashboard

	Provider	UHD			
MetricName	Latest Date	Value	Target	Variation	Assurance
No. of women delivered (all births)	Oct 25	333			
No. women delivered (unregistrable baby/babies only)	Oct 25	8			
Number of women delivered (multiple births where at least one unregistrable and one registrable)	Oct 25	0			
Number of babies born	Oct 25	342			
No. of registrable babies born	Oct 25	334			
Total number of bookings	Oct 25	366			
% bookings completed <10 weeks gestation	Oct 25	79.2%	65%		
% of women on continuity of carer pathway by 29 weeks' gestation	Oct 25	6.27%			
% of Black and Asian women on continuity of carer pathway by 28 weeks' gestation	Oct 25	81.8%			
% of women (IMD-1) placed on a continuity of carer pathway	Oct 25	0%			
% of babies receiving breast milk at first feed	Oct 25	81.4%	72%		
% babies receiving breast milk at discharge from midwifery care to HV/GP (10 - 28 days PN)	Oct 25	74.4%			

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 ,10 weeks
- Avoidable term admissions to Neonatal unit **ATAIN** slight increase noted this month

Key Areas of Focus

- **Workforce –sickness** rates and staff morale
- Readmitted babies to hospital within the first 30 days of life- well-being clinic now commenced in November
- Apgar score less than 7 at 5 minutes
- Babies below 34 week's gestation who have their umbilical cord clamped on or after one minute of birth

University Hospitals Dorset
NHS Foundation Trust

Perinatal Quality Surveillance

Maternity and Neonatal Dashboard

MetricName	Provider Latest Date	UHD Value	Target	Variation	Assurance
Maternal death - number of deaths of women during or up to 1 year following the end of pregnancy (irrespective of place/circumstances of death)	Nov 25	0			
Number of women admitted to ITU associated with birth up to 28 days post-natal (any birth, not including any other trust birth)	Nov 25	0			
% of term babies admitted to NNU	Nov 25	5.78%	5%		
% of babies <3rd birthweight centile, born >37+6 weeks	Nov 25	20%			
No. of Hypoxic-Ischemic Encephalopathy (HIE) incidents	Nov 25	0			
% of babies born < 32 weeks gest. age with Germinal matrix/ intraventricular haemorr. / Post haemorr. Vent. Dil. / Cystic peri. leuk.	Nov 25	0%			
Rate per 1,000 babies born at term with an Apgar score <7 at 5 minutes (CQIMApgar)	Nov 25	20.1	13		
No. of still births per month	Nov 25	0			
No. of neonatal deaths < 28 Days	Nov 25	1			
Annual rate of stillbirths per 1,000 births - rolling 12mths	Nov 25	4.01	2.5		
Rate per 1,000 of live birth babies who died within 28 days of birth - rolling 12mths	Nov 25	3.20			

Perinatal Quality Surveillance

Maternity and Neonatal Dashboard

MetricName	Provider Latest Date	UHD Value	UHD Target	UHD Variation	UHD Assurance
% of babies who died below 32 weeks gestation, or 44 weeks post-menstrual age (whichever occurs sooner)(rolling 12-month period)	Nov 25	10%			
% infants born outside of a NICU: singleton 27 weeks' gestation or multiples <28 weeks' gestation or birthweight <800g any gestation	Nov 25	0%			
% babies born <34 weeks' gestation who receive full course of AN steroids within 1 week of birth	Nov 25	36.6%	55%		
% of babies born before 30 weeks' gestation who receive magnesium sulphate within the 24 hours prior to birth	Nov 25	75%	90%		
% of babies born below 34 weeks' gestation who have their umbilical cord clamped at or after on minute after birth	Nov 25	66.7%	75%		
% of babies born below 34 weeks of gestation who have a first temperature which is both between 36.5-37.5oC and measured within one hour of birth	Nov 25	79.6%	80%		
% of babies born below 34 weeks of gestation who receive their own mother?s milk in the first 2 days of life	Nov 25	53.8%	60%		
% of women smoking at booking	Nov 25	7.51%			
% of women smoking at delivery (previous month)	Nov 25	5.41%	6%		
% of women with a CO measurement at time of booking	Nov 25	96.5%	95%		
% of women with a CO measurement at time of 36 weeks' gestation	Nov 25	93.9%	95%		
Midwifery sickness rate (% FTE days absent)	Nov 25	8.39%	3%		
Midwifery turnover - % midwives leaving (rolling 12-month period)	Nov 25	8.14%			
Midwife vacancy rate	Nov 25	2.78%			

Maternity and Neonatal Care

University Hospitals Dorset
NHS Foundation Trust

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 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	Matters for Board information and awareness	Progress in achievement of maternity improvement plan
MBRRACE reportable cases: There was one neonatal death in November which was reportable to MBRRACE and will follow the PMRT process. **MNSI** There were no new MNSI cases in October 2025 and no ongoing or outstanding MNSI cases.	**Patient Safety Incident Response Framework** (PSIRF) has been implemented in maternity. In November there was no new incidents requiring escalation through PSIRF. Ongoing After -action review L159852- 6.2 L Major Obstetric Hemorrhage (MOH) following a Cat 2 EMCS (Emergency caesarean section) and Hysterectomy in theatre, then transfer to ITU. After Action Review (AAR) carried out by the Patient safety team in October. Feedback and questions have been received from the patient and her partner. Currently graded as 'Moderate physical harm' pending review. **Top incidences LFPSE:** • Term admission to NICU 3.9% • PPH –27.7 per 1000 • Insufficient number of healthcare professionals **Safety champions reviews this month:** • Monthly safety champions report	CQC action plan - **Advise** Recent inspection in September – Awaiting draft report – initial recommendations action plan in place for baby abduction/security and safe staffing rosters. Maternity incentive scheme year 7 - Release of year 7 in April. Standards increased –assurance processes continue ICB mid-point assessment –on target to achieve MIS . Insight and 3-year delivery plan - **Assure** Actions for year 3 in place progress being made 2024 CQC Maternity Survey results published, and the results show continuing improvement since 2022. 2025 survey expected in December. Staff survey shown overall staff satisfaction -action plan in place for each area to individualize the improvements in 2025. Staff survey for 2025 closed end of November –good maternity response rate Culture improvement plan – Focus on behaviour charter work underway with perinatal leadership team in updating plan for 2025/2026

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	Nov 25	94.1%	-			92.5%	90.2%	94.8%
Complaints Received	Nov 25	82	-			70	35	105
Mixed Sex Accommodation Breaches	Nov 25	0	-			7	-11	25

Survey Results will be reported annually

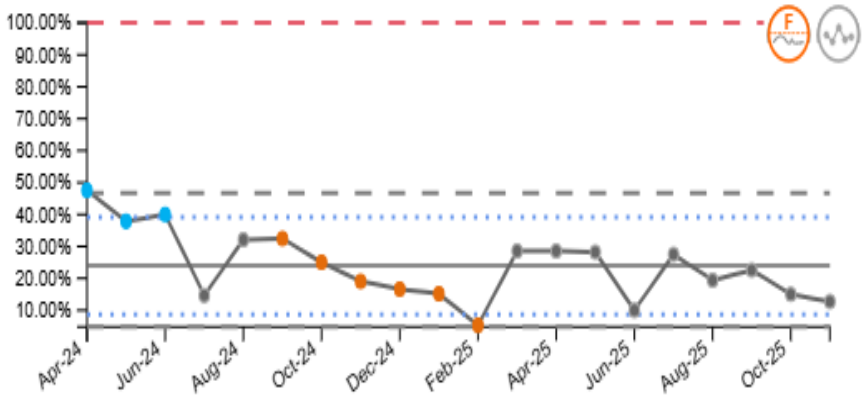
- To increase Have Your Say Survey feedback rates by 30%
- 5% improvement in employees who see patient care as a top priority for UHD

Patient Experience

University Hospitals Dorset
NHS Foundation Trust

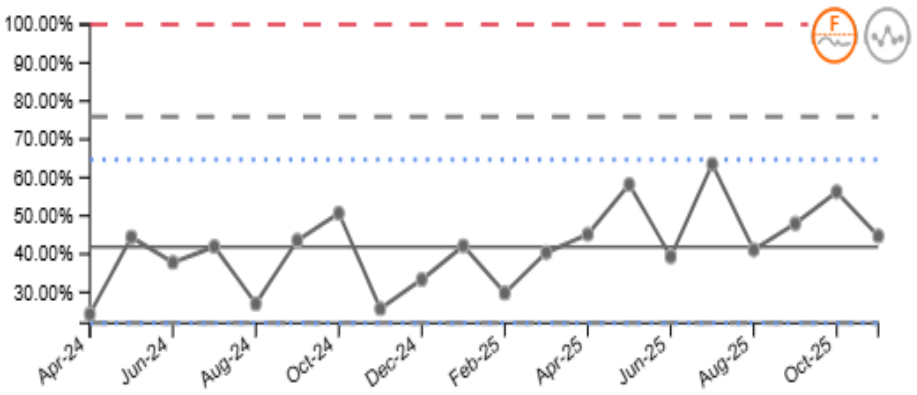
November 25
12.8%
Variance/ Assurance
F
Targeting (Internal)
100%
Business Rule
Verbal CMS

% of Early Resolutions closed within 10 days



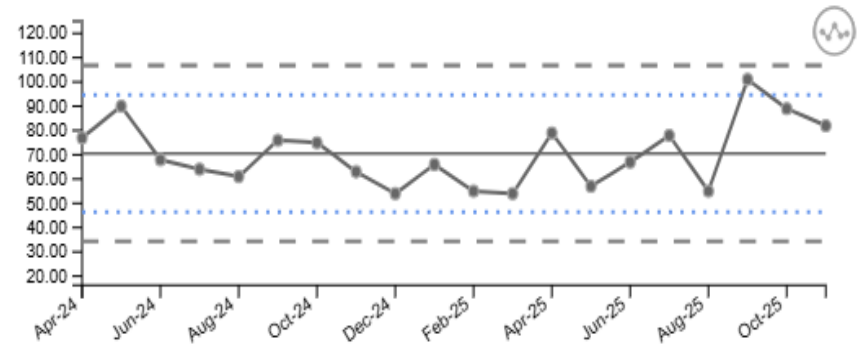
November 25
44.7%
Variance/ Assurance
F
Targeting (Internal)
100%
Business Rule
Full CMS

% of total complaints closed within 35 days



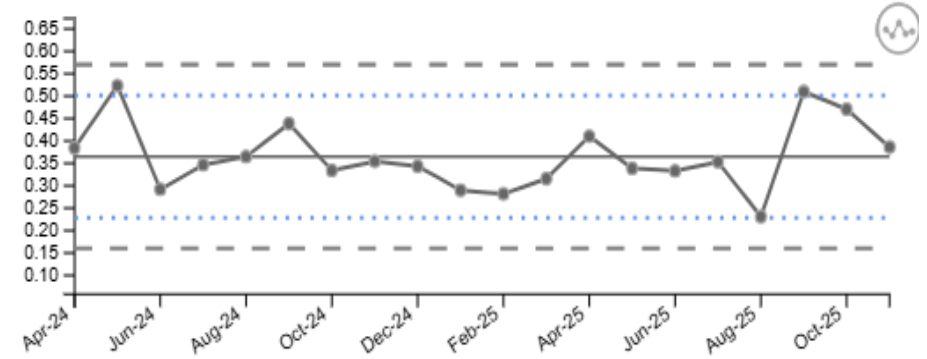
November 25
82
Variance/ Assurance
Targeting (Internal)
-
Business Rule
Note Performance

Number of complaints received



November 25
0.39
Variance/ Assurance
Targeting (Internal)
-
Business Rule
Verbal CMS

Number of complaints per 1000 contacts for clinical services



Summary	Actions	Assurance & Timescale for Improvement
PALS concerns received = 463 Formal complaints = 41 Early Resolution Complaints = 41 Average Complaint response time = 33.72 days	Decrease in number of PALS concerns logged in month due to sickness absences in the team. Focus on reducing complaint response timescales continues	Complaints manager continues to meet weekly with the care groups to discuss the open complaints and any assistance needed to progress them.

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	Forecast Outturn Plan	Forecast Outturn Actual	Forecast Outturn Variance
Revenue Control Total	Nov-25	1,324	1,347	23	(6,453)	(6,425)	28	0	(13,605)	(13,605)
Capital Control Total	Nov-25	13,203	11,435	1,768	103,582	83,886	19,696	180,441	180,441	0
Efficiency Programme	Nov-25	6,936	4,329	(2,607)	39,270	38,707	(563)	69,625	53,613	(16,012)
Cash Balance	Nov-25	66,591	73,602	7,011	66,591	73,602	7,011	74,976	74,976	0
Better Payment Practice Code	Nov-25	95.0%	96.7%	1.7%	95.0%	95.2%	0.2%	95.0%	95.0%	0.0%

Efficiency Improvement Programme

University Hospitals Dorset
NHS Foundation Trust

November 25
77%
Variance/ Assurance

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	(5,625)	2,850	(2,776)	(8,551)	4,428	(4,123)	52%	4,760	56%	1,858	2,405	(4,288)	50%
Medical	(8,064)	6,411	(1,653)	(12,524)	9,324	(3,200)	74%	9,836	79%	5,887	1,487	(5,150)	59%
WCCSS	(7,507)	5,270	(2,237)	(11,318)	8,267	(3,051)	73%	8,576	76%	5,169	459	(5,690)	50%
Operations	(1,282)	2,856	1,574	(1,875)	3,413	1,538	182%	3,447	184%	1,153	142	(580)	69%
Corporate	(2,615)	4,405	1,790	(3,875)	5,841	1,966	151%	5,888	152%	3,144	254	(477)	88%
Trust Wide	(11,515)	16,275	4,760	(23,497)	21,701	(1,796)	92%	21,764	93%	8,577	322	(14,598)	38%
Dorset wide schemes	(2,662)	640	(2,022)	(7,986)	640	(7,346)	8%	640	8%	0	0	(7,986)	0%
UHD	**(39,270)**	**38,707**	**(564)**	**(69,625)**	**53,613**	**(16,012)**	**77%**	**54,911**	**79%**	**25,787**	**5,069**	**(38,769)**	**44%**

Summary

Efficiency improvement delivery to the end of November is £0.6 million behind plan. The trust has identified savings opportunities of £54.9 million, however when adjusted to reflect the risk of delivery in year, this is reduced to £53.6 million. Whilst this representing an improvement in month of £0.7 million; it remains £16.0 million short of the full year savings requirement.

Actions

Further enhancing of local controls following a detailed review of the national 'grip and control' checklist in September has, and will continue to support improvements in this forecast. NHS England undertook a deep dive into our efficiency programme in October, to provide additional external assurance and to learn from the output of similar reviews undertaken elsewhere in the South West. We expect to receive full feedback from NHS England in December.

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.

Financial Management – YTD Variance to budget

University Hospitals Dorset
NHS Foundation Trust

November 25
(£13,605)
Variance/ Assurance
F
Targeting (Internal)
£0
Business Rule
Full CMS

Summary I&E	Year to date			Unmitigated Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Patient Care Income	559,357	565,378	6,021	836,927	845,949	9,022
Other Operating Income	36,700	38,021	1,321	54,428	58,221	3,792
Charitable Income	2,496	2,214	(282)	3,488	3,224	(264)
Total Income	**598,552**	**605,613**	**7,060**	**894,843**	**907,393**	**12,550**
Employee expenses	(401,992)	(402,283)	(292)	(600,908)	(606,747)	(5,839)
Clinical supplies expenses	(48,136)	(49,726)	(1,590)	(71,991)	(73,670)	(1,679)
Drugs expenses	(59,919)	(60,795)	(876)	(88,575)	(88,884)	(310)
Purchase of healthcare and social care	(9,958)	(14,271)	(4,313)	(13,547)	(19,925)	(6,378)
Depreciation and amortisation expense	(23,700)	(23,955)	(255)	(36,005)	(36,005)	(0)
Clinical negligence expense	(12,599)	(12,488)	111	(18,898)	(18,059)	839
Premises & fixed plant	(22,428)	(21,605)	823	(34,378)	(33,305)	1,073
Other operating expenses	(18,514)	(25,739)	(7,225)	(105,636)	(81,974)	23,662
Operating Expenses	**(597,245)**	**(610,861)**	**(13,616)**	**(969,937)**	**(958,569)**	**11,368**
Net finance costs	(8,735)	(8,569)	167	(11,603)	(11,140)	463
Other adj to control total basis	975	7,392	6,417	86,698	48,712	(37,986)
Control Total Surplus/ (Deficit)	**(6,453)**	**(6,425)**	**28**	**0**	**(13,605)**	**(13,605)**

November 25
£180,194
Variance/ Assurance
P
Targeting (Internal)
£180,194
Business Rule
Verbal Update

Capital	Year to date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Estate Schemes	12,586	6,975	5,611	19,139	19,139	0
IT Schemes	5,689	5,468	221	10,844	10,844	0
Medical Equipment	3,336	479	2,857	6,053	6,053	0
Total Operational CDEL	**21,611**	**12,922**	**8,689**	**36,036**	**36,036**	**0**
Total Donated Assets	**1,098**	**1,098**	**0**	**1,540**	**1,540**	**0**
DDP - Digital Pathology	203	203	0	203	203	0
ELR - Elective Recovery	86	90	(4)	1,891	1,891	0
EPR - Front Line Digitisation	876	339	537	2,784	2,784	0
NHP - FBCa / Enabling / FBCB	10,397	10,234	163	33,498	33,498	0
NHP - NHP - FBCA & Enabling Works	9,028	9,028	0	30,327	30,327	0
NHP - NHP - FBCB	1,369	1,206	163	3,171	3,171	0
SOL - Renewables - Solar Partnership Schem	14,818	8,425	6,393	21,141	21,141	0
STPW1 - Beach & PH Theatres (ESL & C2)	0	0	0	0	0	0
UEC - Urgent Emergency Care	0	0	0	0	0	0
Total Central PDC	**80,873**	**69,866**	**11,007**	**142,618**	**142,618**	**0**
UHD Capital Total	**103,582**	**83,886**	**19,696**	**180,194**	**180,194**	**0**

Summary

I&E : The Trust reported deficit is £6.4 million at Month 8, £28,000 better than plan. However, the unmitigated forecast is a deficit of £13.6 million.
The Trust now has a detailed plan to recover the year-to-date deficit and deliver within the full year budget – noting the risk to delivery posed by the significant operational pressures the trust is currently experiencing.
Capital : The Trust reported capital expenditure of £83.9 million, being £19.7 million lower than plan year to date. We are forecasting delivery of the programme within the funding envelope but there remains risk within this, due to the agreed purchase of Wessex fields having put pressure on the local CDEL.

Actions

I&E : The plan requires acceleration of identified efficiency schemes currently expected to deliver in 2026/27, a further tightening of workforce controls including considerable reduction in bank expenditure, together with a range of smaller mitigations.

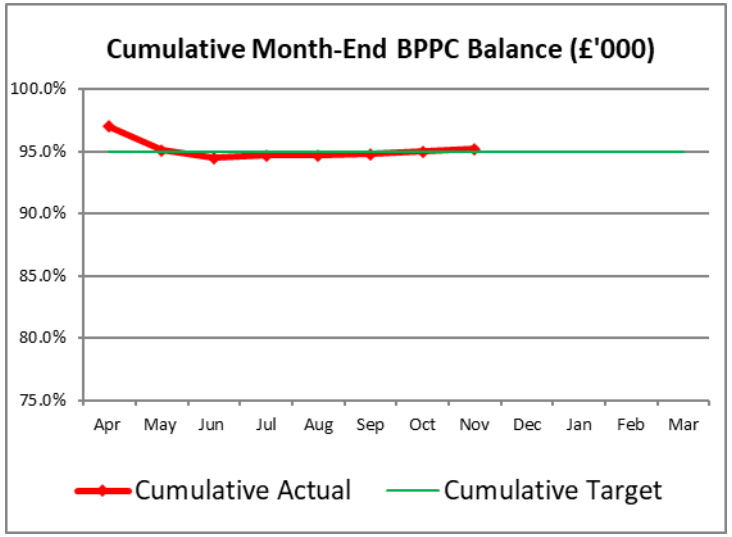
Capital : Work is underway to secure additional capital funding and to re-prioritise / re-profile existing schemes to accommodate this additional commitment. Work is ongoing to accelerate national programmes and agree potential reprofiling opportunities

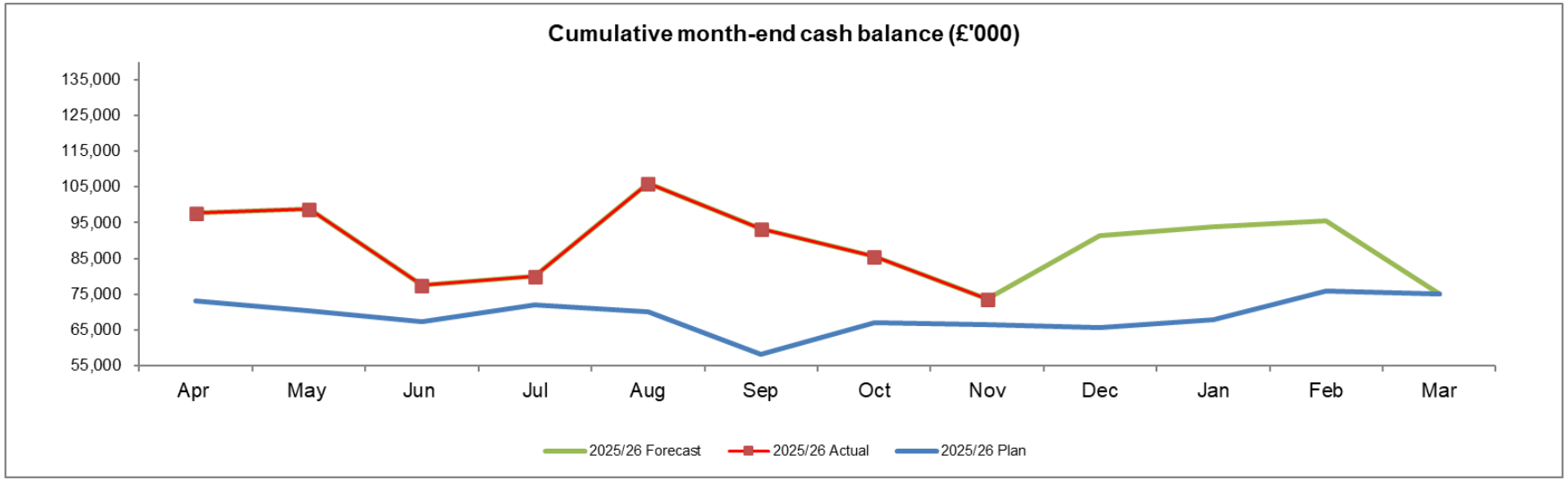
Assurance & Timescale for Improvement

I&E : The actions listed including non recurrent funding from NHS England to mitigate the financial impact of ceasing the Wholly Owned Subsidiary mean the Trust has a detailed plan to deliver within the full year budget. However, the Trust is currently experiencing significant operational pressures, including caring for 224 patient who no longer require acute care (90 more than the ICS agreed trajectory). There remains considerable risk, therefore, in the delivery of the full year plan
Capital : Ongoing work with partners in Dorset, together with Regional Capital team and National Programme leads to explore options, to be concluded by December 2025

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 currently delivering performance of 95.2%, above the national standard of 95% and was above target within November showing further signs of recovery. **Cash :** As at October 2025 the Trust is holding a consolidated cash balance of £73.6 million which is fully committed against the Trust's reconfiguration programme. This current balance represents 31 days of operating expenditure.	**Public Sector Payment Policy :** It is anticipated that this will be maintained above the target, with ongoing support to areas with slow invoice approvals to ensure performance moves above the target in future months. **Cash :** With the increasing system and regional focus on the forecasting of cash flow we are strengthening our internal processes around the forecasting and internal reporting of cash flow for future months	**Public Sector Payment Policy :** It is expected that the actions ongoing to support BPPC performance will result in performance above the target 95% to the end of the financial year. **Cash** : ongoing work with system partners to identify and implement best practice cash flow forecasting and reporting mechanisms, to be complete by December 2025

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%	Dec 26		This is to monitor move of A&G to Consultant Connect			
ICE for Ordering vs paper		95%	Mar 26		This is move of ICE to paperless requesting			
ICE results acknowledgement	Jan 00	90%	Mar 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 rates (5.7%) remain below the process mean however the lower process limit is above the target and there is some evidence of an increasing trend in the data, but this is not yet statistically significant.	Evaluation of the Trust's pilot of DrDoctor DNA predictor to take place in Quarter 3 prior to full roll out. Monitoring to of DrDoctor data to support evidence of ongoing reduction in DNA.	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 meeting has taken place to review current status and analysis of postage and printing spend.	Productivity leads to support workflow and cost reviews in the specialties to identify potential areas for transition to digital. Comms being created to promote this project.	This is a project under Transforming and Valuing Administration.
Advice & Guidance is the take up of Consultant Connect as the new process for A&G through ERS. Currently there are 6 specialties live with consultant connect.	Dermatology have been live for some time. In November Urology, Gastro & Rheumatology went live. And in December Cardiology and Gynaecology have now also gone live. The next specialties are being worked up to progress this.	Advice & Guidance Task & Finish Group progressing this project.
ICE Ordering and Results Acknowledgement – Single Task & Finish Group to focus on moving this to electronic only.	Week two of the pilot and E3, SDEC Ward 2 all show a slight reduction in electronic requesting at the beginning of week 2. This collates with equipment issues/resolution (took 5 days to resolve). The remaining areas in the pilot which equates to 8 other areas all show an increase in electronic requesting.	Task & Finish Group for ICE Paperless Reporting and Reporting to Monitor and Track this. Overall target for paperless reporting & requesting by end March 2026.
No of Attendances Streamed away via NHS S&R Tool – need to clarify the metrics we intend to monitor for this change.	NHS S&R is now fully live and deployed so need to confirm metrics for monitoring.	The Task and finish group has now been stood down as this is in Business as Usual