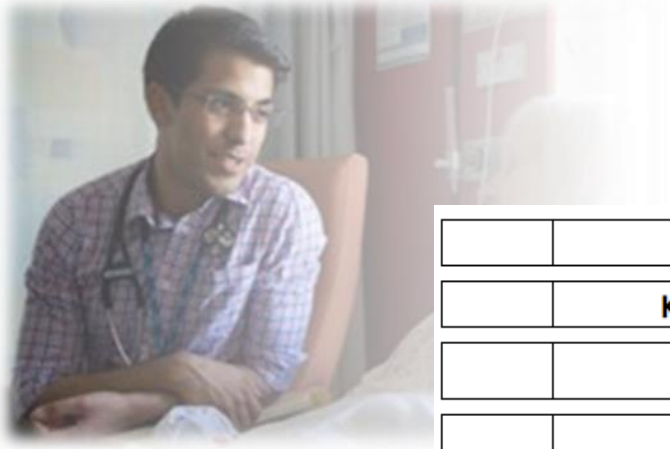
University Hospitals Dorset
NHS Foundation Trust

Integrated Performance Report

Reporting month: February 2026

Meeting Months : March /April 2026



Contents

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NHS Foundation Trust

Executive Summary

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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
Whilst mindful that our winter plans remain in place throughout Feb and March, with our demand forecast indicating ongoing high bed demand, we have started to see several 'green shoots,' emerging.

We continue to recognise the prolonged and challenging environment that we operate within and the pressure on colleagues across the Trust.
We have a winter plan guided by our Trust strategic deployment reviews and are confident that our focused actions and continued prioritisation will ensure we deliver against our key objectives

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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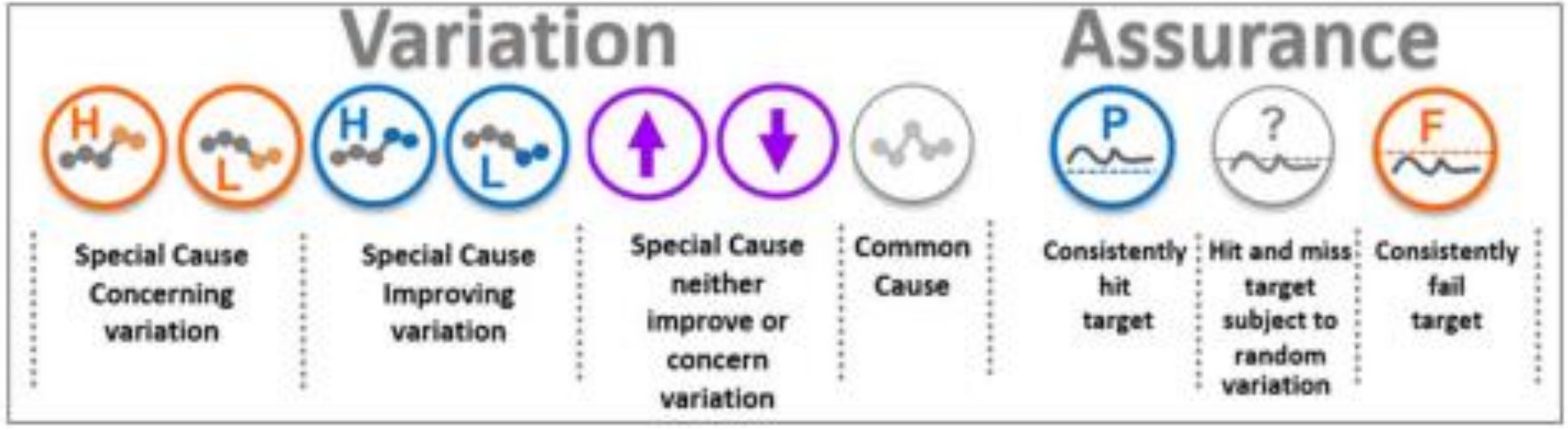

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (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	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	No Target
special cause variation , IMPROVEMENT (H / L)		Faster Diagnosis Standard (FDS) 28 days	% Patients waiting >52 weeks (1% std) against trajectory *	
common cause or normal variation no significant change observed (same)	RTT total PTL **% Patients waiting <18 weeks for 1st attendance**	**62 day cancer standard *** HSMR In Month - UHD (Source: HED) Vacancy Rate at end of each month 31 day cancer standard **UHD - % waiting over 6 weeks**	**RTT Performance against trajectory for 18 week standard (92%)*** Number of Early Resolutions % of total complaints closed within 35 days	Ambulance handovers - average handover time UHD Patients >12hrs in dept * **hospital assocoiated infections - MRSA** **hospital assocoiated infections - CDiff** **hospital assocoiated infections - E Coli** **SHMI – Summary Hospital Level Mortality Indicator *** Mortality Reviews Number of Complaints Received
special cause variation , DETERIORATION (H / L)		**4 hour safety standard *** **In Month Sickness Absence ***	Theatre utilisation (capped)	**Under 18's RTT pathways** **Community Health Services SITREP % over 52 weeks** **Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays ***

** 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 the September 2025 NHSE ranking (pub 11/12/25), 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 (Segment 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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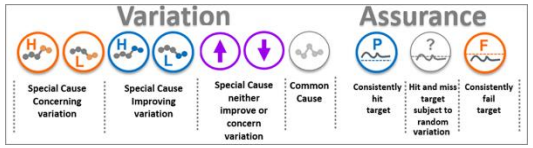

UHD Elective Care

KPI	Latest month	Measure	Target	Variation	Assurance
RTT Total Waiting List Size	Feb 26	66134	67023		
RTT Performance against trajectory for 18 week standard (92%)	**Feb 26**	**63.8%**	**65.1%**		
Patients waiting >52 weeks	Feb 26	1254	759		
% Patients waiting >52 weeks (1% std) against trajectory	**Feb 26**	**1.9%**	**1.1%**		
Patients waiting >65 weeks	Feb 26	0	0		
% Patients waiting <18 weeks for 1st attendance	Feb 26	74.1%	72.2%		
Under 18's RTT pathways	**Feb 26**	**4995**	**4635**		
UHD - Total Diagnostic Waiting List	Feb 26	11296	-		
UHD - % waiting over 6 weeks	**Feb 26**	**6.4%**	**5.0%**		
UHD - % waiting over 13 weeks	Feb 26	0.5%			
Community Health Services SITREP % over 52 weeks	**Feb 26**	**72.3%**	-		
Faster Diagnosis Standard (FDS) 28 days (75% std)	**Jan 26**	**70.0%**	**79.25%**		
31 day standard (96% std)	Jan 26	95.1%	96.0%		
62 day standard (85% std)	**Jan 26**	**62.8%**	**73.6%**		
Trauma Admissions	Feb 26	319	-		
% of NOF patients operated on within 36 hrs (admission from ED)	Feb 26	74.0%	85.0%		
% Outpatient appointments with procedures	Feb 26	23.0%			
UHD - Total Outpatient - Virtual (%)	Feb 26	15.8%	25.0%		
UHD Outpatient DNA rate	Feb 26	5.4%	5.0%		
Theatre utilisation (capped)	Feb 26	79.8%	85.0%		
UHD Theatre case opportunity	Feb 26	9.1%	15.0%		

UHD Urgent and Emergency Care

KPI	Latest month	Measure	Target	Variation	Assurance
Arrival time to initial assessment	Feb 26	23	15		
Clinician seen <60 mins %	Feb 26	31%	-		
Patients >12hrs from DTA to admission	Feb 26	427	0		
Patients >12hrs in dept	**Feb 26**	**1394**	**-**		
4 hour safety standard	**Feb 26**	**63.8%**	**72.5%**		
Ambulance handovers - average handover time UHD	Feb 26	29.6	-		
Ambulance handovers - average handover time RBH	Feb 26	32.1	-		
Ambulance handovers - average handover time Poole	Feb 26	26.8	-		
Ambulance handover >60mins breaches	Feb 26	117			
Ambulance handovers	Feb 26	4016	-		
Bed Occupancy (capacity incl escalation)	Feb 26	94%	85%		
Stranded patients: Length of stay 7 days	Feb 26	534	-		
Stranded patients: Length of stay 14 days	Feb 26	338	-		
Stranded patients: Length of stay 21 days	Feb 26	235	108		
Non-elective admissions	Feb 26	6246	-		
> 1 day non-elective admissions	Feb 26	3580	-		
Same Day Emergency Care (SDEC)	Feb 26	2665	-		
Conversion rate (admitted from ED)	Feb 26	28.3%	30.0%		
Temporary Escalation Spaces use in ED (average daily - over 45mins)	Feb 26	28.93	-		

Elective Access - RTT

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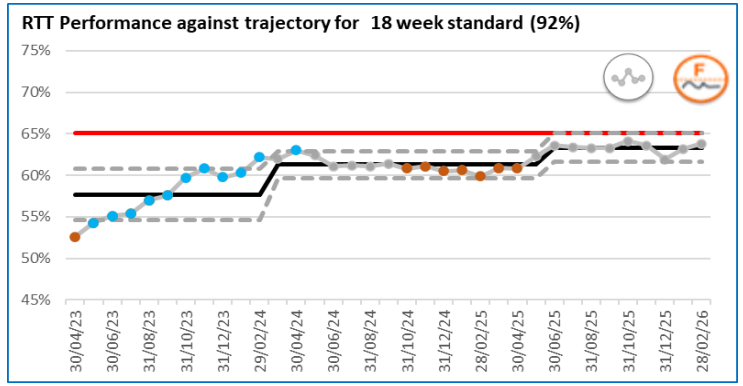
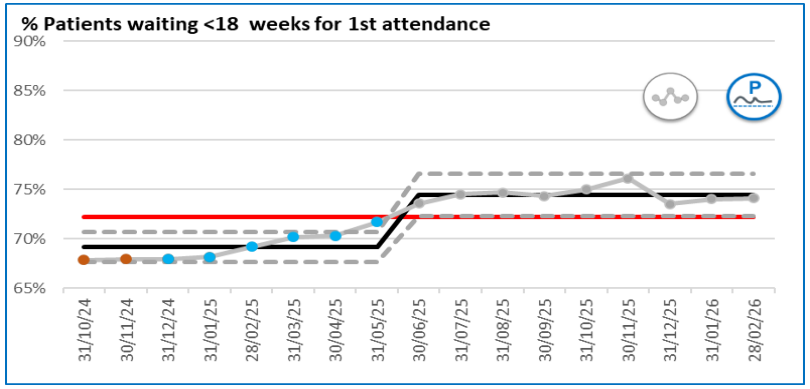
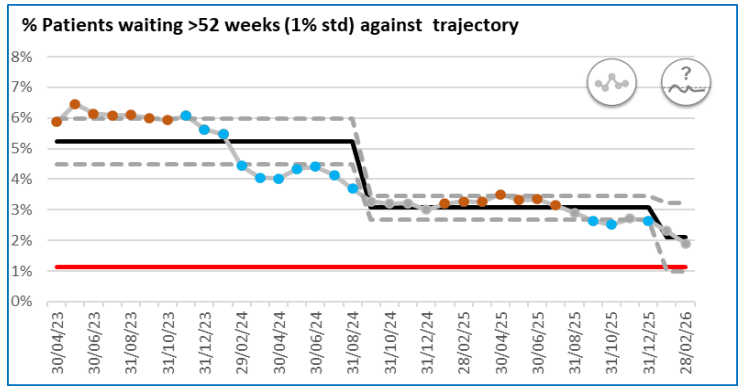
February 26
63.8%
Variance/Assurance
F
Targeting (Internal)
65.1%
Business Rule
Full CMS



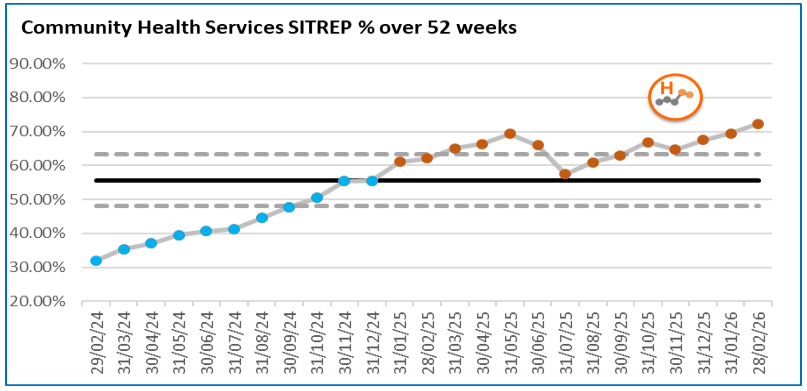
February 26
74.1%
Variance/Assurance
P
Targeting (Internal)
72.2%
Business Rule
Note performance



February 26
1.9%
Variance/Assurance
?
Targeting (Internal)
1.1%
Business Rule
Full CMS



February 26
72.3%
Variance/Assurance
H
Targeting (Internal)
Business Rule
Note performance



Summary

- **RTT performance** variance to plan is 1.3%. The March 2026 target (67.3%) is currently outside of the process control limits; however, the Trust has scheduled additional activity in Quarter 4 to improve against this performance target and improvement in February is evidenced.
- **Waits for first OPA or diagnostic test** within 18 weeks of referral, continue to exceed the planned trajectory; supporting early identification of treatment pathways.
- Elimination of >65 week waits on an RTT pathway was achieved for the third consecutive month and the **% of waits over 52 weeks** is reducing; the total number of breaches fell by 275 in February.
- **>52 weeks for Community Health (neurodevelopmental) services** remain above the upper process control limit and increasing.

Actions

- Deliver an increase of c.2600 Outpatient first appts. during the national RTT Sprint in Q4 2025/26.
- Increase treatments by implementing activity plans with in/outsourcing providers supported by additional national funding to reduce 52 week waits in March.
- Continue targeted validation of the waiting list to ensure patients who no longer need to be seen are discharged.
- Timely completion of administration actions to close RTT pathways following a decision to discharge.
- Continue the transfer of the longest waiting Children on a neurodevelopmental pathway to local Right to Choose providers for assessment, whilst working with the ICB on a sustainable improvement plan.

Assurance & Timescale for Improvement

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

- On track to maintain 0 65 week waits for the remainder of 2025/26
- Reduction in >52 week waits, to <1% of the total waiting list by end March 2026. Plans in place for delivery.
- Return on plan for RTT performance by March 26 with a 1% improvement against the Q4 RTT national sprint funding.
- Currently exceeding March 2026 target for waits for 1st activity and no known risks.
- Reduction in longest waits for patients waiting neuro-developmental assessment commencing March 26

Elective Access - Cancer

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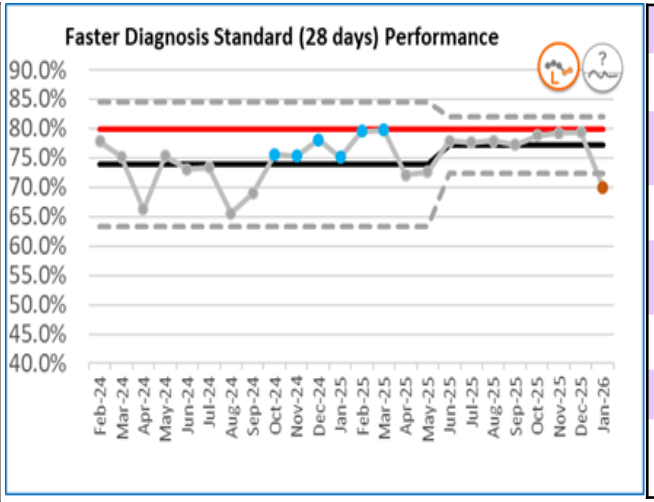
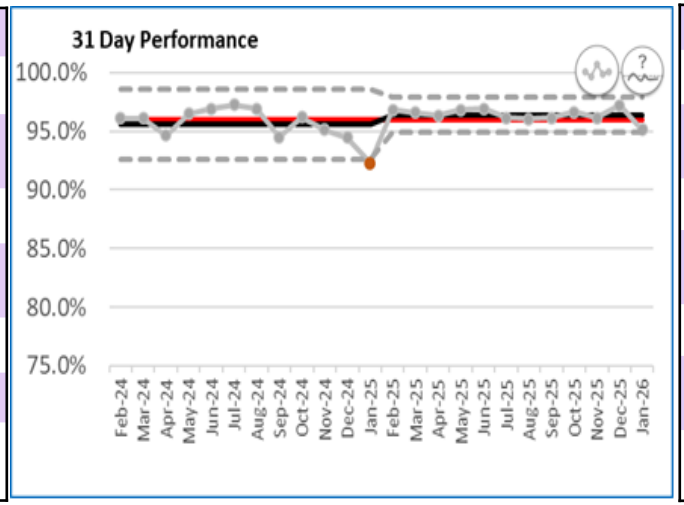
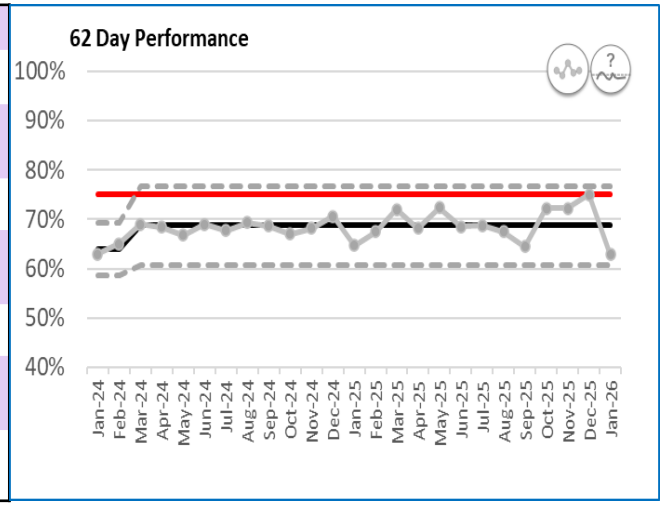
Jan 26
70.0%
Variance/ Assurance
Targeting (Internal)
79.5%
Business Rule
Note performance



Jan 26
95.1%
Variance/ Assurance
Targeting (Internal)
96.0%
Business Rule
Note performance



Jan 26
62.8%
Variance/ Assurance
Targeting (Internal)
74.0%
Business Rule
Full CMS



Summary

FDS Performance for Jan-26 was lower than the national standard (75%) and the Trust's operational plan (79.5%). This performance is currently demonstrating special cause variation of concern. This is driven by Breast and Colorectal capacity challenges due to staff vacancies. Additional recovery activity is scheduled. February's current performance of 79.9% is showing a positive recovery.

31 Day Jan-26 performance failed to achieve the 96.0% national standard mainly caused by the knock-on effect from the Christmas in period with Theatres and Interventional Radiology capacity. This standard is on track to recover in February.

62 Day Jan-26 performance failed to achieved the Trust operational plan (73.6%) 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. Recovery actions are in place to support the Q4 position.

Actions

- **Colorectal** – Rapid improvement plan in progress in conjunction with the Wessex Cancer Alliance, alongside additional WLI sessions.
- **Breast** – additional WLI activity will continue throughout Q4 and into April 26. Mutual aid is also being provided by Dorset County Hospital throughout 18 weeks insourcing. A new Breast Pain service will launch at the end of Q1 of 26/27. The Breast service are identifying additional treatment capacity to support a recovery in their 62 Day position.
- **Skin** – an extension in Q4 of the insourcing plan with 18 weeks to provide additional fast track and treatment capacity.
- **All sites** – investment in additional treatment capacity in February and March 26 to support the March 26 target.

Assurance & Timescale for Improvement

- On track to meet the 80% target for the 28 Day Faster Diagnosis Standard by March 2026.
- Biweekly tumour site communications on key actions are being circulated as well as daily escalation of individual cases.
- Expecting a challenging February position for the 62 Day standard but recovery plans are in place for March with daily escalations on breach management.
- The over 62 Day PTL has remained below 220 patients throughout 2025/2026 with the end of February position reporting 175 patients. A further reduction is expected in March 26.

Health Inequalities and Primary Prevention

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

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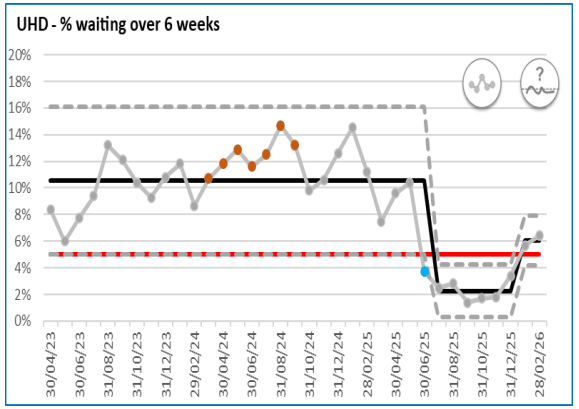
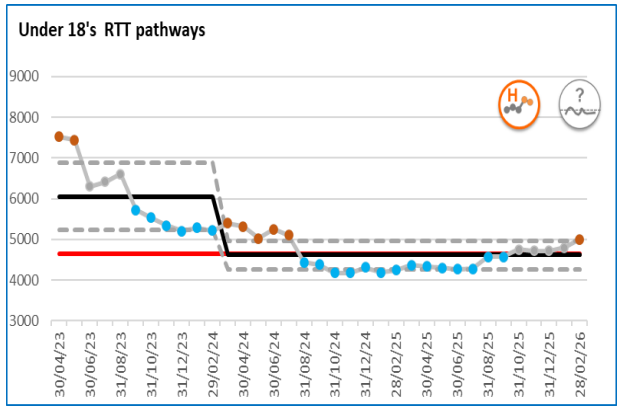
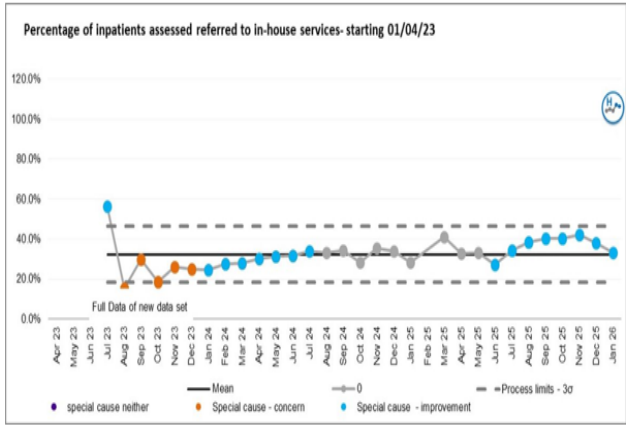
Feb 26
6.4%
Variance/ Assurance
Targeting (Internal)
5%
Business Rule
Note Performance



Feb 26
4,995
Variance/ Assurance
Targeting (Internal)
4635
Business Rule



Feb 26
33.3%
Variance/ Assurance
Targeting (Internal)
Business Rule



Summary	Actions	Assurance & Timescale for Improvement
DM01 (Diagnostics) performance showed further variation against the target at 1.4% above plan. Performance in February was impacted by reduced outsourcing capacity in Cardiology and Endoscopy and a depleted bookings admission team. Imaging achieved the national constitutional standard (<1%) but endoscopy, neurophysiology and cardiology all exceeded 10%. Further capacity challenges in March due to urgent estates work, reduced access to insourcing and short notice staff absences (Endoscopy) are placing the March trajectory at risk. The RTT waiting list size for patients <18 yrs demonstrates special cause variation above the process control limits. RTT performance however at 65.3%, is better than plan and 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 4 to date in 2025/26. Children within the 20% most deprived groups, on average have 1.5 weeks more to wait compared to those in IMD 3-10. When analysing by ethnicity for all age groups, patients from community minority groups wait 1 week less than other ethnic groups and children from community minority groups are waiting an average of 2 weeks less. UHD Tobacco Service –The latest data is January 2026 - referrals 323 with 92.4% of patients seen following referral. 28 Day Quit Outcomes – Jan 2026 –28.8%	Diagnostics: • Increase capacity for endoscopy, cardiology and physiological measurement in the short term to clear backlog waiting lists. • Continue use of 18 Weeks Support for endoscopy pending opening of the new Endoscopy build in 2026. • Undertake an analysis of the waiting list with regards to under 18yr olds to identify root causes of special cause variation.	The target for DM01 performance had been achieved for seven consecutive months but has faltered in the last two months. Recovery plan to be put in place and oversight achieved through the Planned Care Improvement Group. Unplanned staff absences (Endoscopy) are expected to resolve in April.

Operational Productivity

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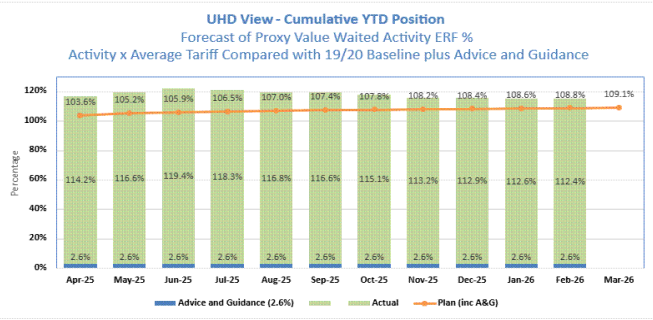
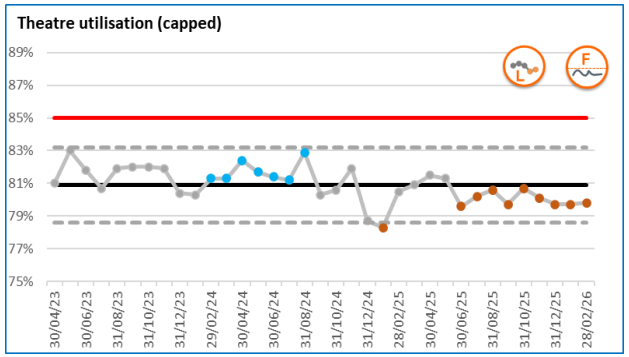
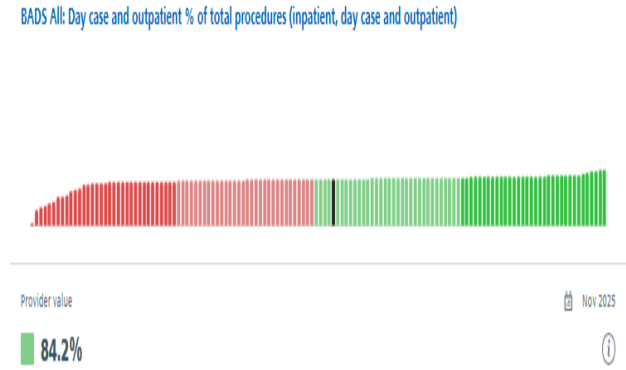
Feb 26
115% YTD
Variance/ Assurance
Targeting (Internal)
108.8%
Business Rule
Note Performance



Feb 26
79.8%
Variance/ Assurance
Targeting (Internal)
85%
Business Rule
Verbal CMS



Oct 25
83.7%
Variance/ Assurance
Targeting (Internal)
85%
Business Rule
Note Performance



British Association of Day Case Surgery – BADS

Summary

- Year to date 115% (value weighted) **elective activity** has been delivered compared to the 2019/20 baseline period. This is above the operational plan trajectory (108.8%).
- **Capped theatre utilisation** is comparable to the process mean at 79.8% and there is reduced variation in performance, nevertheless it remains below the national target (85%). Contributing factors:
  - Hospital flow is impacting on elective cancellations, particularly in relation to Critical Care cases.
  - Increased emergency theatre activity remains a concern and is also impacting on elective delivery.
- **BADS Daycase rate** is 84.2%, marginally below the national target (85%), noting latest data reported is November 2025. Within this, Day cases were above the National average (60.12% vs 45.61%) and below for outpatient procedures (24.49% vs 38%).
- **Implied productivity growth:** The month 8, 25/26 implied productivity growth (latest nationally reported data) compared to month 8 2024/25 is 2.5%, maintaining delivery against the national >2% growth target.

Actions

Theatre improvement programme – key areas of focus:

- Review of planning for Critical Care cases to enable shadow patients to be available to backfill capacity in the event of cancellations.
- Empty theatre sessions converted to additional Emergency theatre lists to support increase in activity and protect elective cases.
- Focused work internally in T&O to support the 'Heraeus' bone cement issue to minimise impact.
- Robust list scheduling incorporating 'locking lists' in advance.
- Reducing cancellations by specialities, particularly for pooled lists.
- Undertake list profiling reviews at speciality level.
- Back filling short notice cancellations.
- Reviewing capacity at Wimborne to ensure fully utilised and explore potential for further opportunities.
- Optimisation of pre-op assessment capacity, including additional insourced capacity during Q4 to support the RTT sprint.
- All BADS procedures are being listed as day case by default to improve the data capture of procedures.
- Procedural suite at St Mary's supporting key specialties.

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.

Maintain BADS day case rate – Quarter 4, with a focus on reducing variation.

Urgent and Emergency Care

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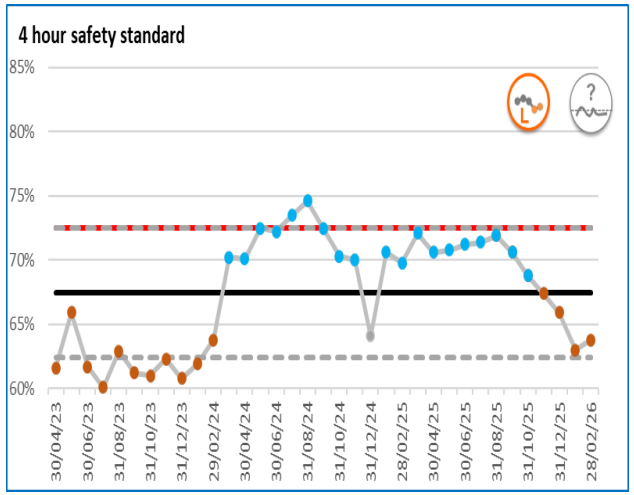
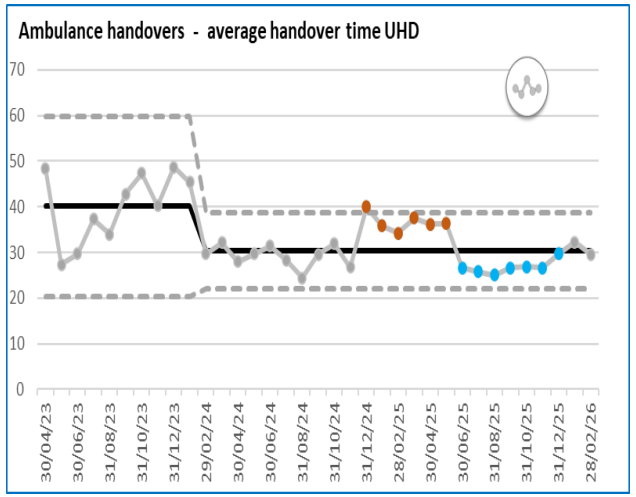
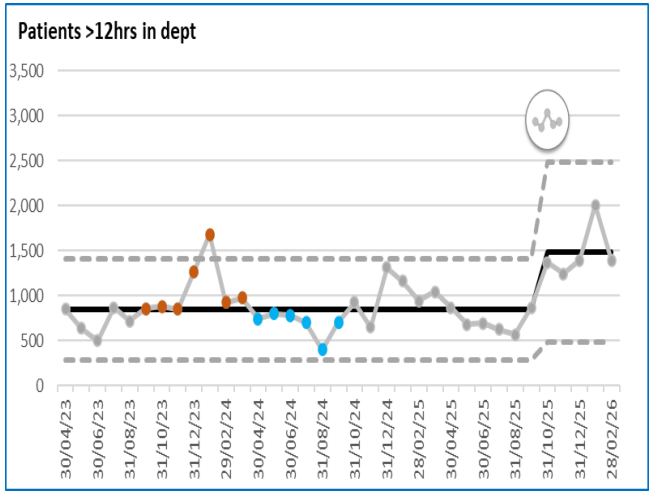
Feb 26
63.8%
Variance/ Assurance
Targeting (Internal)
72.5%
Business Rule
Verbal CMS



Feb 26
29.6 minutes
Variance/ Assurance
Targeting (Internal)
Business Rule
Note performance



Feb 26
1394
Variance/ Assurance
Targeting (Internal)
Business Rule
Full CMS



Summary

- The Trust's position against the standard was finalised at 63.8%, failing to meet the improvement trajectory of 75.1%. The national target (78%) remains outside of process control limits, therefore, will not be achieved without change or intervention to underlying processes.
- No Criteria to Reside (NCtR) position showed some improvement throughout February moving from an average of 232 to 207. The improvement driven by a reduced length of stay (P1 & P2) and reduced number of P0 patients @ midnight. However, the position remains significantly off-plan by c35,increasing occupancy and impacting flow across emergency pathways.
- This modest improvement also supported a slight drop in ambulance handover times to return to an average time of < 30mins.
- Number of patients within the department for more than 12 hours fell due to a slightly improved position as compared to the winter challenges seen in January 26. There is strong correlation between the bed occupancy associated with NCTR, including pathway 0.
- Overcrowding within the emergency continued to be a challenge. This was particularly acute at BH Site.

Actions

- Commenced 4-hour organisational sprint with actions across the entire UEC pathway including: re-configured front door including re-deployment of senior decision makers; transfer support; diagnostics; SDECs and
- Role development continues with focus on standardisation of roles within Emergency Departments.
- Refresh and re-launch of the Internal Professional Standards including early escalation.
- Ongoing focus on NCtR recovery actions including review of trajectory, with four priority areas requiring coordinated effort from system partners. These include faster decision making following timely referrals, ensuring system partners focus on flow through commissioned services and ensuring robust escalation processes within all organisations up to Exec level.
- Increased monitoring of intermediate care capacity and LOS to increase capacity.
- Flow programme being presented to TMG by way of a proposal for a corporate project 2026/27.
- Work is being accelerated as part of Better Care Fund planning to ensure long term commissioned solutions to pathway gaps.
- Care Coordination Programme focusing on ward processes as a key enabler to discharge planning across all pathways and ensuring effective interface with the TOC.
- Pursuing a nationally procured discharge module to enhance action and patient tracking.
- Multi-agency system meetings looking at a Pan-Dorset policy including DCH to ensure a robust mechanism for escalation relating to MH. Mapping exercise against the ED MH Action card.
- Internal work to improve Long Length of stay process.

Assurance & Timescale for Improvement

- P1 NCTR LOS saw a slight decrease (12%) from January through to February. Feb has seen a significant decrease in LOS as flow has improved.
- P2 NCTR LOS saw a substantial decrease (38%) from January into February as flow through the community and local authority beds improved post-Christmas.
- P3 NCTR LOS saw a substantial decrease of a similar order from January to February,
- Sustained improvement in fewer patients on a P0 pathway at midnight.
- Increased intermediate care capacity
- Actual Occupied Bed Day Usage tracking well against improvement trajectory noting increased use in line with winter plan / forecast.
- Number of SDEC starts increased in Feb showing strong performance against improvement trajectory.
- Type 1 seen in 60 mins improved
- DTA in 110 a 4% improvement from last year
- Non-elective LOS remains below same period 25/26
- Actual Occupied Bed Day Usage tracking well against improvement trajectory.
- Increased MCN referrals through January 26.

University Hospitals Dorset
NHS Foundation Trust

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

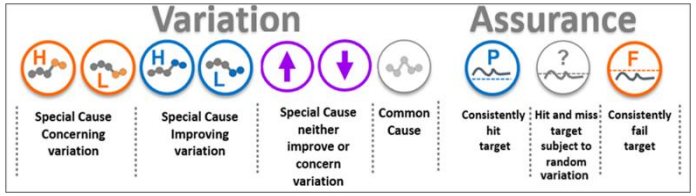
University Hospitals Dorset
NHS Foundation Trust

UHD Workforce

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Vacancy Rate at end of each month	Jan 26	7.2%	7.5%		?	7.3%	5.2%	9.4%
In Month Sickness Absence	Feb 26	4.9%	4.0%		F	4.7%	4.1%	5.3%
Mandatory Training Compliance at end of each month	Feb 26	85.2%	90.0%	L	?	89.3%	88.1%	90.6%
Agency Pay as Proportion of Total Pay	Feb 26	0.7%	3.2%	L	?	2.6%	1.9%	3.4%

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-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	9143.9	9176.6	9155.3	9182.6	9160.4	
	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	644.0	580.1	657.0	
	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	90.0	83.2	57.9	
	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	9881.3	9934.3	9889.3	9845.9	9875.4	
	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

Summary

- In M11 UHD total workforce was 190.16 whole time equivalent (wte) adverse variance to in month plan. Against M12 plan, the adverse variance is 201.44wte.
- M11 substantive workforce: adverse variance of 192.40wte to in month plan and M12 plan.
- Actual bank use against M12 plan shows an adverse variance of 67.78wte.
- Agency usage reduced in M11 to 57.92wte, against an in-month plan of 128wte. Agency use shows a favorable variance of 58.82wte against M12 plan. Following a directive from NHSe to cease use of Band 2/3 agency by 31 January 2026, the use of Band 2/3 agency has reduced to 1.04wte in M11.

Actions

The '*Workforce Operational Efficiency and Reduction plan*' is being reviewed for 2026-27 for when the programme of work will become a corporate project.

Band 2/3 agency wte reduction will be triangulated with the increase in open red flag reports

Assurance & Timescale for Improvement

Ongoing monitoring against H2 trajectory for remaining month of 2025/26.

Workforce team will also monitor and review against M12 forecast outturn position to align against 2026-27 starting position.

A programme manager has been recruited to support the '*Workforce Operational Efficiency and Reduction plan*'.

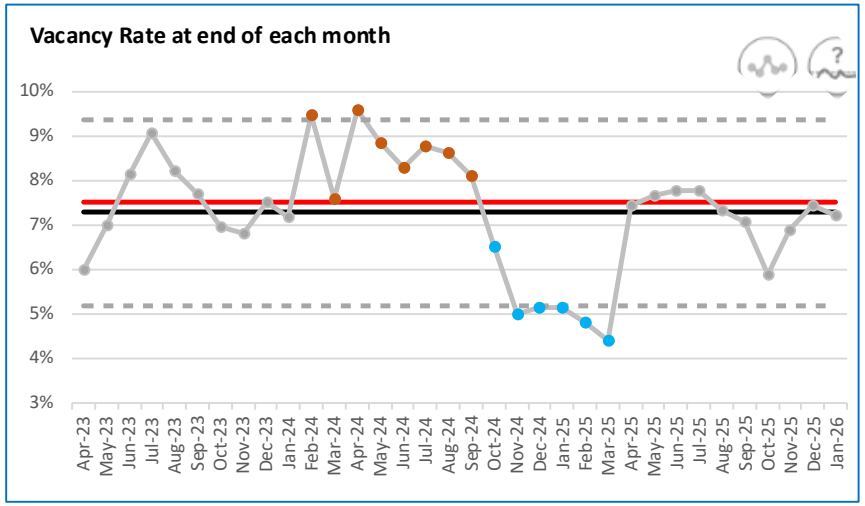
Review and updating of risks aligned to achieving 25/26 operating plan and escalations at appropriate Care Group Boards. SDR meetings and Sustainability Services Meetings.

Workforce monitoring - Vacancy Rate

University Hospitals Dorset
NHS Foundation Trust

January 26
7.2%
Variance/ Assurance

Targeting (Internal)
7.5%
Business Rule
Verbal CMS



Summary

Vacancy Position - January 2026

Reporting against **Establishment** (Cosmos / ESR) shows a vacancy rate of **7.2% (698.23 WTE)**, representing a slight decrease from the previous month.

Alignment to the **2025/26 Workforce Operational Plan,** the Trust is currently **over established** by **193.56 WTE** reporting for the same period. This demonstrates that the Establishment vacancy rate is largely **planned and intentional**, reflecting ongoing efforts to ensure the workforce is aligned to the Workforce Plan trajectory.

Actions

- Work continues to strengthen alignment between the **Workforce Operational Plan** and Establishment (ESR / Cosmos),
- Enhancements in the Vacancy Review Panel (VRP) framework in progress, strengthening governance.
- The Recruitment service continues to implement **targeted Time to Hire improvements,** including streamlining candidate journey steps and reducing delays.
- Newly developed **Recruitment Service Level Agreements (SLA's)** defining expectations and operational accountability were approved at the March's **People and Culture Committee.** A communications campaign will follow to support their implementation.

Assurance & Timescale for Improvement

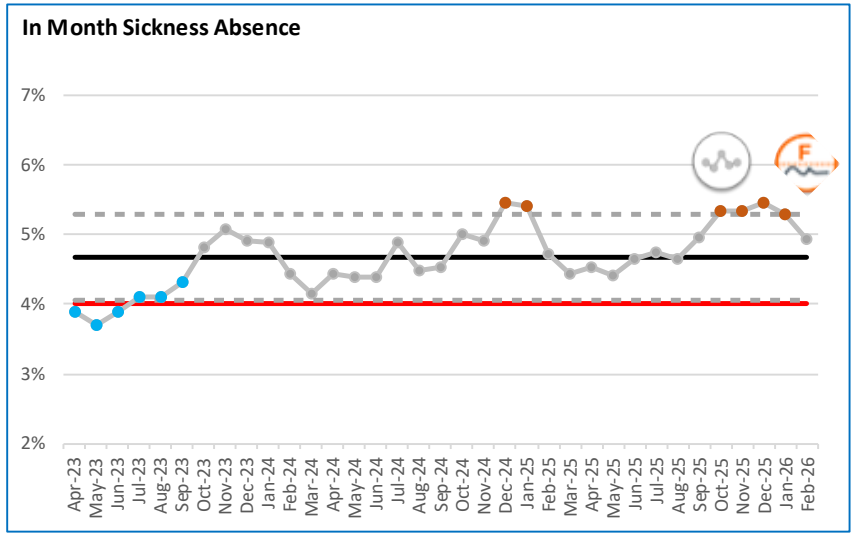
- Work to modernise the Trust's vacancy governance remains on track, with the revised **Vacancy Review Panel (VRP)** framework scheduled for executive review and subsequent implementation by the end of March.
- Progress against **Time to Hire** continues to be monitored through the Provider Workforce Return, reported weekly through the Vacancy Review Panel, and monthly through the People and Culture Committee.
- The approval of the SLA's provides additional assurance.
- Continued reporting of workforce and recruitment activity through the VRP data pack provides additional oversight of how recruitment activity and outcomes aligns with agreed workforce priorities.

Sickness Absence Rate / Turnover

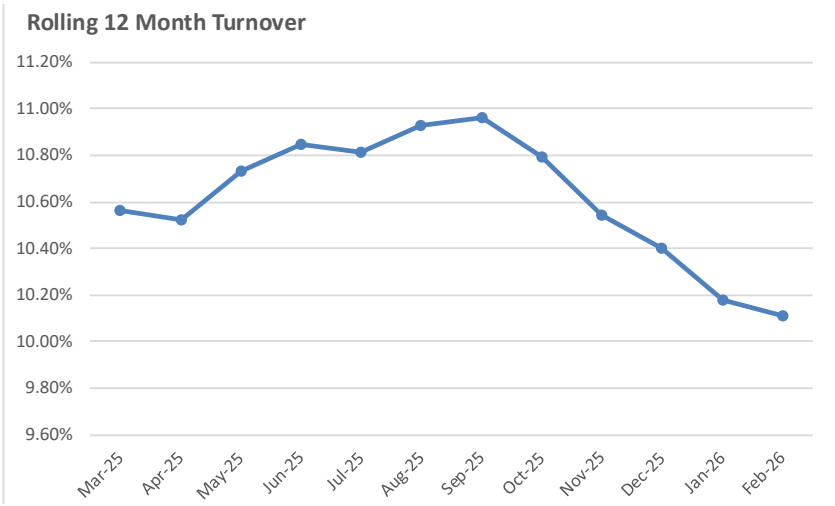
University Hospitals Dorset
NHS Foundation Trust

February 26
4.9%
Variance/ Assurance

Targeting (Internal)
4.0%
Business Rule
Verbal CMS



February 26
10.1%
Variance/ Assurance
N/A
Targeting (Internal)
10%
Business Rule
Verbal CMS



Summary

M11 sickness absence rate (4.9%) is an improved position compared to M10 reported (5.46%).

Across Care Groups and functions: Medical Care Group 5.7%, Corporate 4.4%, Operations 6.2% and Surgical 4.9%

Areas of highest sickness absence rates include Research and Development 9.3%, Cancer Information 8.2%, Outpatients 7.8% Older People & Acute Care 6.9% Facilities 6.6% and Womens Health 6.3%.

The top three reasons for absence in month are: anxiety/stress/ depression/other psychiatric illness, cold, cough flu and Gastrointestinal problems. Back/other musculoskeletal (MSK) problems has moved from within the top three reasons, to fourth.

Turnover for M11 February (10.1%) remained broadly the same as January (10.06%). Areas with higher turnover include Outpatients (17.71%) and discharge and integration directorate (16.13%).

Actions

Oversight of sickness absence in all areas been strengthened through regular senior review, enhanced management capability, with a clear focus on early intervention and consistent application of policy.

Monthly reporting of the highest short and long term absence cases, with case review at Directorate meetings and clear management actions agreed.

Delivery of attendance management training for managers, including reinforcement of early intervention, escalation and appropriate use of leave provisions. Engagement with Band 7 leaders to reinforce process/expectations.

Review of turnover data in higher areas in progress including Outpatients, Urgent & Emergency Care and Older Peoples Assessment Unit to identify themes and risks.

Assurance & Timescale for Improvement

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

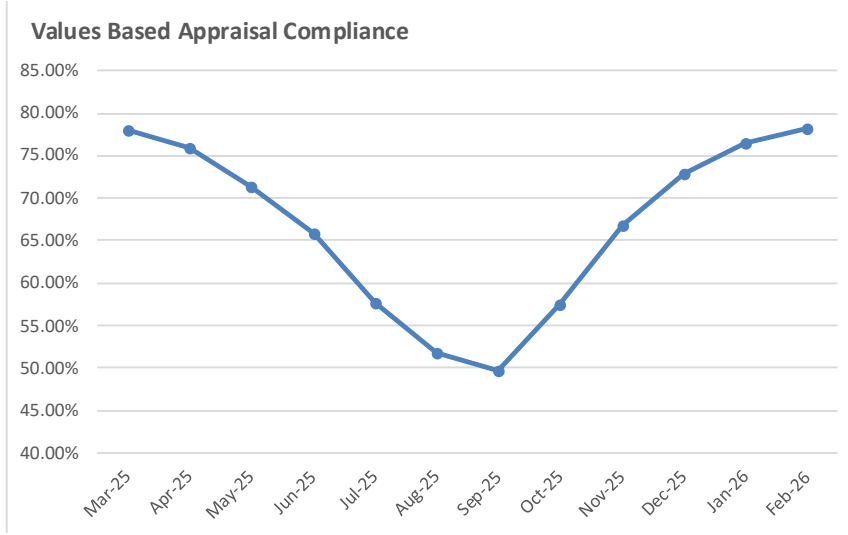
March 2026 – March 2027 trajectory in place to achieve 4.1% by March 2027. Monitored through NHSE.

4.7% target from March 2026 – May 2026.

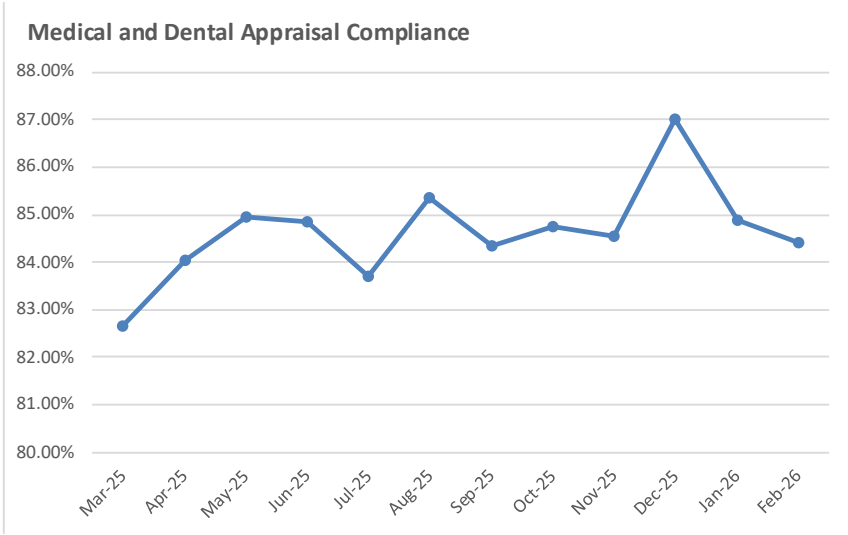
Appraisal Rates

University Hospitals Dorset

February 26
78.2%
Variance/Assurance
N/A
Targeting (Internal)
90%
Business Rule
Full CMS



February 26
84.4%
Variance/Assurance
N/A
Targeting (Internal)
90%
Business Rule
Full CMS



Summary

Appraisal rates continue on an upward trajectory with monthly improvements in compliance since September 2025.
The current completion rate is 78.6% as of 02.03.26.
We are significantly below the national average for appraisal compliance in our 2025 Staff Survey results. Our results have indicated areas of lowest compliance and quality of appraisal and the release of team-level data in March will give us further insights into hot-spots and areas of higher performance.

Actions

Appraisal has been confirmed as a Trust-wide improvement project for 26-27.
The A3 has proposed clear actions to support improvement, including enhanced monthly monitoring by HR BPs, revisiting the appraisal automation project to improve access, and implementing the national standardised appraisal framework.
Next steps will include the development of a working group with key stakeholders to drive forward improvement work.

Assurance & Timescale for Improvement

The launch of the Management and Leadership Framework in Spring 2026 (date to be confirmed) will further support our work through setting clear expectations of managers in terms of appraisal and development conversations.

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	Feb 26	43.20	-			37.61	31.27	43.96
Patient Safety Incidents (Moderate +) per 1,000 beddays - Closed only	Feb 26	0.20	-			0.48	0.12	0.84
Medication Incidents (All) per 1,000 beddays	Feb 26	5.10	-			5.05	3.23	6.87
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays	**Feb 26**	**0.70**	**-**			**0.38**	**0.12**	**0.64**
Inpatient Falls (Moderate +) per 1,000 beddays	Feb 26	0.40	-			0.18	-0.03	0.39
Hospital Associated Infections - MRSA	**Feb 26**	**0**	**-**			**1**	**-2**	**3**
Hospital Associated Infections - MSSA	Feb 26	4	-			5	0	10
Hospital Associated Infections - C Diff	**Feb 26**	**7**	**-**			**9**	**-1**	**19**
Hospital Associated Infections - E Coli	**Feb 26**	**3**	**-**			**11**	**2**	**21**
Hospital Associated Infections - Kleb	Feb 26	3	-			5	-2	12
Hospital Associated Infections - Pseudo	Feb 26	1	-			2	-2	6
Hand Hygiene Compliance	Feb 26	92.5%	-			95.6%	93.6%	97.5%
Infection Control Mandatory Training Compliance	Feb 26	0.0%	-			83.5%	66.0%	101.0%

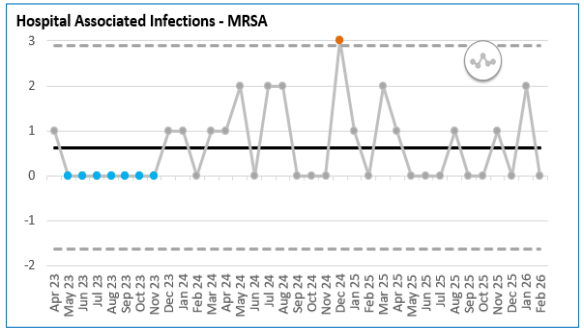
NHS Staff Survey Results will be reported annually

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

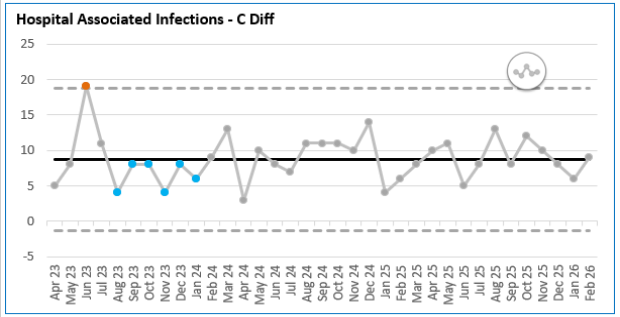
Hospital Associated Infections

University Hospitals Dorset
NHS Foundation Trust

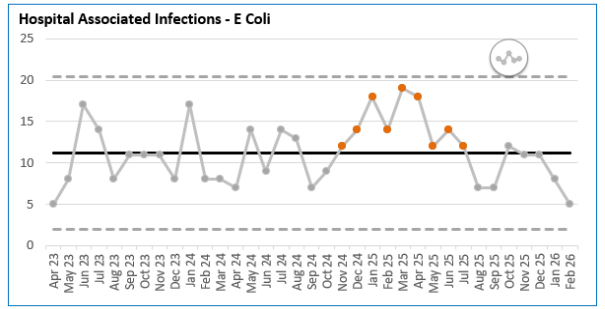
February 26
0
Variance/ Assurance
Targeting (Internal)
-
Business Rule
N/A



February 26
9
Variance /Assurance
Targeting (Internal)
-
Business Rule
N/A



February 26
5
Variance /Assurance
Targeting (Internal)
-
Business Rule
N/A



Summary

February 2026:
Hospital associated MRSA bacteraemia – 0
Hospital associated MSSA bacteraemia – 5 (1 x COHA, 4 x HOHA)
Clostridiodes difficile hospital associated cases – 9 (2 x COHA, 7 x HOHA)
Escherichia coli bacteraemia cases – 5 (2 x COHA, 3 x HOHA)
Klebsiella cases – 3 (3 x COHA)
Pseudomonas cases – 2 (1 x COHA, 1 x HOHA)

Outbreaks – 7

Actions

IPC led management of outbreaks identified across both sites - maintaining patient safety

Ongoing ward Hand Hygiene audits and feedback

Strengthening Trust adherence to requirement for AARs for HCAI response.

AARs completed and in progress for MRSA bactaeramia

Assurance & Timescale for Improvement

Respiratory panel LFD testing remains in use with wider dissemination across Trust areas. Note reporting through ICE at ward level is inconsistent, creating risk of no formal record of diagnosis. Escalated to care groups

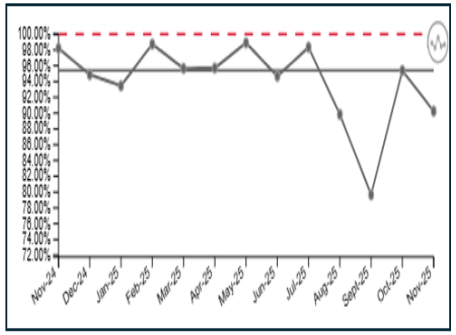
Learning shared at the monthly care group IPC meetings and Care Group Governance

eMortality Consultant Review Compliance
HSMR < 100

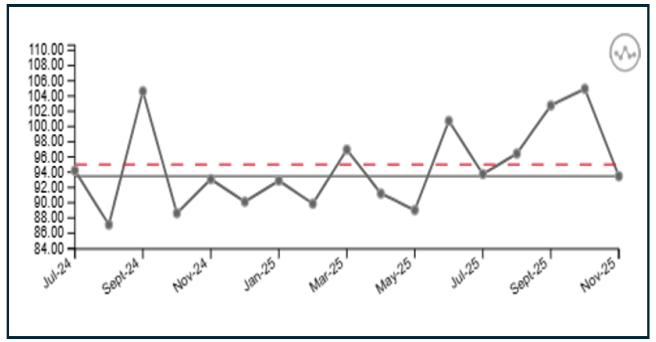
University Hospitals Dorset
NHS Foundation Trust

November 25
90.2%
Variance/ Assurance
Targeting (Internal)
100%
Business Rule
Full CMS

Consultant Mortality Reviews

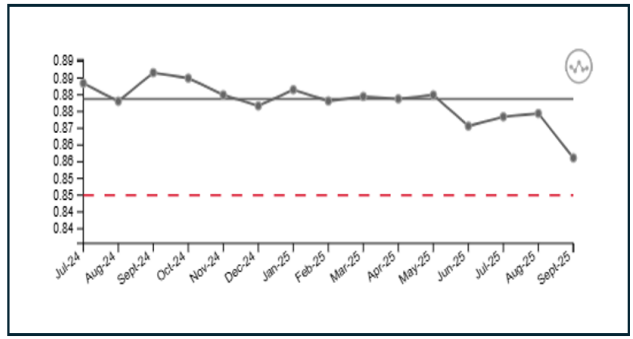


November 25
93.47
Variance /Assurance
Targeting (Internal)
100
Business Rule
N/A



September 25
0.86
Variance /Assurance
Targeting (Internal)
1
Business Rule
Verbal CMS

SHMI – Summary Hospital Level Mortality Indicator



Summary

E-Mortality review compliance remains below target at 70.3%. 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 November 2025 has remained within expected variation at 93.4
SHMI remains below target and stable at 0.86.

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.

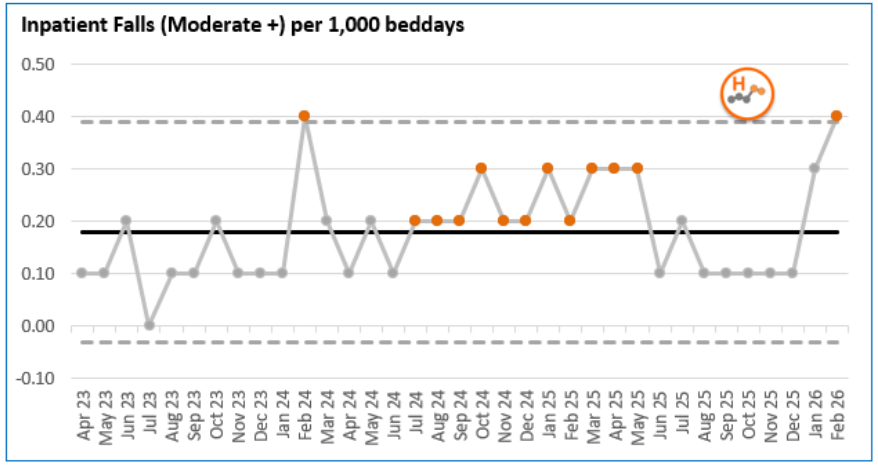
UHD is in the top 15 trusts of the 119 trusts included in the SHMI reporting.

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

February 2026
0.40
Variance/ Assurance
Targeting (Interna)
–
Business Rule
N/A



Summary

- **Falls remain within the expected range on the SPC chart; however, February 2026 recorded the highest of falls so far, this financial year.**
- Overall inpatient fall rate in February 2026: **8.3 per 1000 bed days.**
- Increase of 14 reported inpatient falls compared to January 2026.
- **Twelve inpatient falls resulted in moderate or greater physical harm, equating to 0.4 per 1,000 bed days. No fatalities.**
- 93% of falls were recorded as low or no harm.
- **3% of LERNs submitted on incorrect forms or without harm level.**
- Falls rates statistically lower at 07:00 and 21:00, with peak times remaining 11:00, 16:00 and 00:00.

Actions

PSIRF Learning: Seven SWARM reviews remain outstanding. SWARMs were scheduled in timely manner but were cancelled due to operational pressures at ward level. No new themes or trends. February recorded falls with high proportion related to toileting.
Falls Steering Group: Meeting held in February 2026. Attendance improved but was not fully quorate. Next scheduled for March 2026.
Falls Policy Review: Progress on the Falls Policy rewrite continues to be slower than planned, primarily due to ongoing clinical pressures and staff annual leave.
Safer Activity Launch: The Fundamentals of Care Safer Activity initiative launced March 2026, promoting movement as medicine and encouraging patient activity during admission. The programme also reminds patients and relatives to bring appropriate footwear, reducing reliance on hospital-issued non-slip socks and improving gait stability and infection prevention.

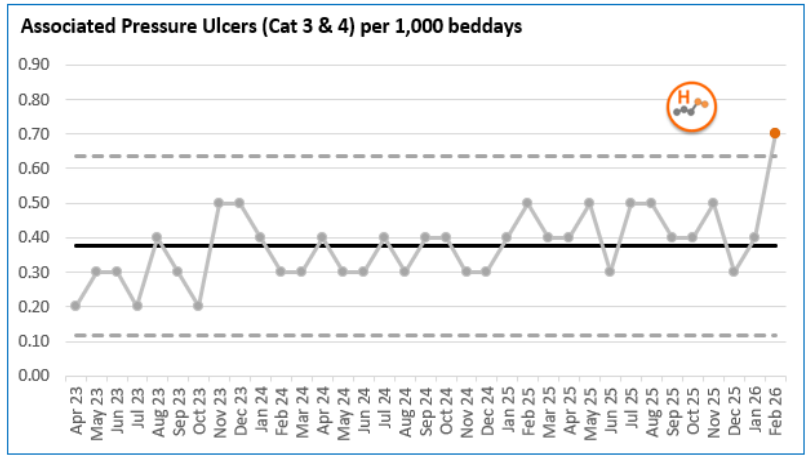
Assurance & Timescale for Improvement

- **PSIRF Learning:** February outstanding SWARM reviews scheduled for completion in March 2026.
- **Falls Assessment Redesign:** An A3 problem statement is being drafted for the Digital Demand Group.
- **Digital Integration:** eObs functionality for lying/standing BP recording launch delayed due to technical issues. At technical testing stage at present.
- **Footwear Initiative:** Safer Activity launch to reduce reliance on non-slip socks. Slippers available for purchase from the stock shop for public.
- **Walking Aid Access:** The 2025 Falls Thematic Review highlighted ongoing issues with patients sharing walking aids at ward level and insufficient storage capacity for unused equipment. Currently on hold – focus Q1 2026.

Patient Safety – Pressures Ulcers

University Hospitals Dorset
NHS Foundation Trust

February 2026
0.70
Variance/ Assurance
Targeting (Internal)
Business Rule
N/A



Summary

Statistical process control shows a significant increase (special cause variation) for the month of January 2026

- 23 patients acquired full thickness pressure damage of Category 3 or 4
- 19 confirmed Category 3 pressure ulcers, 2 patients have unstageable damage which will be potential category 4 and one patient had confirmed category 4 pressure damage with associated osteomyelitis

- This increases our rate of full thickness pressure damage from 0.3/1000 bed days to 0.6/1000 bed days

- NB: Pressure ulcer data reported 4-8 weeks in arrears-
- I have therefore included SPC chart above

Actions

- Escalation for AAR investigation on per patient basis
- Alerted Senior Nursing Team
- Detailed pressure ulcer report written focusing on main leaning points
- Pressure ulcer panel to be commenced (Chair confirmed) with extraordinary meeting.
- Care Group attendance to talk to local incidents and share learning

Assurance & Timescale for Improvement

Learning response significant harms following PSIRF methodology

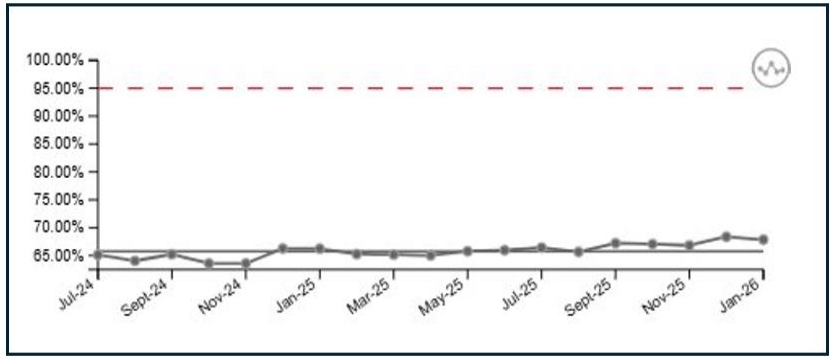
- After Action Reviews requested to be convened
- PSII ongoing (Previous category 4)
- Pressure Ulcer Panel starting March 2026

Patient Safety – VTE Prophylaxis

University Hospitals Dorset
NHS Foundation Trust

January 2026
67.9%
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 takeinto 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

Group	Metric Id	MetricName	Provider Latest Date	UHD Value	Target	Variation	Assurance
Birth	1	No. of women delivered (all births)	Feb 26	840			
	2	No. women delivered (unregistrable baby/babies only)	Feb 26	2			
	3	Number of women delivered (multiple births where at least one unregistrable and one registrable)	Feb 26	0			
	6	Number of babies born	Feb 26	286			
	7	No. of registrable babies born	Feb 26	284			
Booking	15	Total number of bookings	Feb 26	342			
	16	% bookings completed <10 weeks gestation	Feb 26	100%	65%		
Continuity of Carer	17	% of women on continuity of carer pathway by 29 weeks' gestation	Feb 26	10.4%			
	18	% of Black and Asian women on continuity of carer pathway by 28 weeks' gestation	Feb 26	78.1%			
	19	% of women (IMD-1) placed on a continuity of carer pathway	Feb 26	0.977%			
Infant Feeding	35	% of babies receiving breast milk at first feed	Feb 26	78.6%	72%		
	36	% babies receiving breast milk at discharge from midwifery care to HV/GP (10 - 28 days PN)	Feb 26	71.4%			
Maternal Morbidity & Mortality	13	Rate per 1,000 Women with >= PPH 1500ml(previous 3 months aggregated)	Feb 26	36.5	30		
	14	Rate per 1,000 women with 3rd/4th degree tears (current three months aggregated)	Feb 26	15.3	28		
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)	Feb 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)	Feb 26	0			

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 78% with target set at 65%
- Avoidable term admissions to Neonatal unit **ATAIN** – 12 months of admission rates below the regional and national target.
- Rate per 1000 of women with 3rd and 4th degree tears **–** fluctuations seen in rates but well below the national target since October 2023

Key Areas of Focus

- Readmitted babies to hospital within the first 30 days of life- well-being clinic now commenced in November however increase in admissions in December and January.
- Postpartum Haemorrhage > 1500mls – 10 incidents equating to 35.97 per 1000 births (national target of 30) – Note: we include all PPH cases not just singleton term cases – Monthly SIM training commenced this month focussed on PPH management.
- Apgar score less than 7 at 5 minutes – further rise this month and quality improvement commenced.

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)	Feb 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)	Feb 26	0			
Perinatal Morbidity	8	% of term babies admitted to NNU	Feb 26	1.60%	5%		
	22	% of babies <3rd birthweight centile, born >37+6 weeks	Feb 26	100%			
	62	Rate per 1,000 babies born at term with an Apgar score <7 at 5 minutes (CQIMApgar)	Feb 26	25.9	13		
Perinatal Mortality	11	No. of still births per month	Feb 26	0			
	12	No. of neonatal deaths < 28 Days	Feb 26	3			
	20	Annual rate of stillbirths per 1,000 births - rolling 12mths	Feb 26	2.64	2.5		
	41	Rate per 1,000 of live birth babies who died within 28 days of birth - rolling 12mths	Feb 26	2.91			
Preterm Birth Data	23	No. of singleton babies born <27 weeks' or multiples born <28 weeks' gestation or birthweight <800g	Feb 26	0			
	33	Rate per 1,000 births which are preterm (< 37 week's gestation)	Feb 26	84.5	60		
Treating Tobacco Dependency	9	% of women smoking at booking	Feb 26	9.06%			
	10	% of women smoking at delivery (previous month)	Feb 26	5.59%	6%		
	38	% of women with a CO measurement at time of 36 weeks' gestation	Feb 26	85.8%	95%		

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

MBRRACE reportable cases:

There was no reportable cases to MBRRACE in February.

MNSI

#1 - . Concealed pregnancy, approximately 39/40, Call to maternity services when in advanced labour. Baby was born at home with paramedics in poor condition requiring full resuscitation. Baby was bought into RBH then transferred to a tertiary centre for cooling, Sadly care was withdrawn on Day 1 of life and baby passed away.
Referral made to MNSI but rejected as tertiary center have also submitted a referral. MNSI are awaiting confirmation from the family if they want to proceed with the investigation. This case will be jointly reviewed via PMRT with the tertiary center.
There were no ongoing or outstanding MNSI cases in February 2026.

Matters for Board information and awareness

Patient Safety Incident Response Framework (PSIRF) has been implemented in maternity.

In February 2026 there was three incidents requiring escalation through PSIRF and discussed in rapid review. #2 – Ventilated term baby transferred to tertiary center – Learning shared regarding IOL medication and pethidine administration. #1 – Work ongoing for dedicated red emergency services phone on labour ward. #2 – Baby given wrong milk on NICU via NG Tube – wider learning shared with team and staff reflection.

Ongoing PSII
Major Obstetric Hemorrhage (MOH) following a Cat 2 EMCS (Emergency caesarean section) and Hysterectomy in theatre, then transfer to ITU- #3 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 being found. Staff memory capture sessions took place in February 2026.
Feedback and questions have been received from the patient and her partner.
Currently graded as 'Moderate physical harm' pending review and PSII commenced

Top incidences LFPSE:

- Term admission to NICU = 14

Progress in achievement of maternity improvement plan

CQC action plan -
Advise
Recent inspection in September – draft report reviewed February 2026 – awaiting final report - initial recommendations action plan in place for baby abduction/security and safe staffing rosters.

Maternity incentive scheme year 8 -
Release of year 8 awaited and expected in April. All standards from year 7 continue .

2025 CQC Maternity Survey results published, and the results show continuing improvement since 2022. 2025 survey showed a stable position. Promotion of 2026 survey to improve response rates.

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. Awaiting local heat maps for more detailed reports by area.

Culture improvement plan – Focus on behaviour charter work underway with perinatal leadership team in updating plan for 2026

ATAIN Thematic review now signed off and approved locally and through care group – actions assigned.

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	Feb 26	93.4%	-			93.9%	92.4%	95.4%
Complaints Received	Feb 26	38	-			72	21	122
Complaint Response Rate (Grade Based Target)	Feb 26	45%	100%			47%	19%	75%
Mixed Sex Accommodation Breaches	Feb 26	5	-			7	-6	20

Survey Results will be reported annually

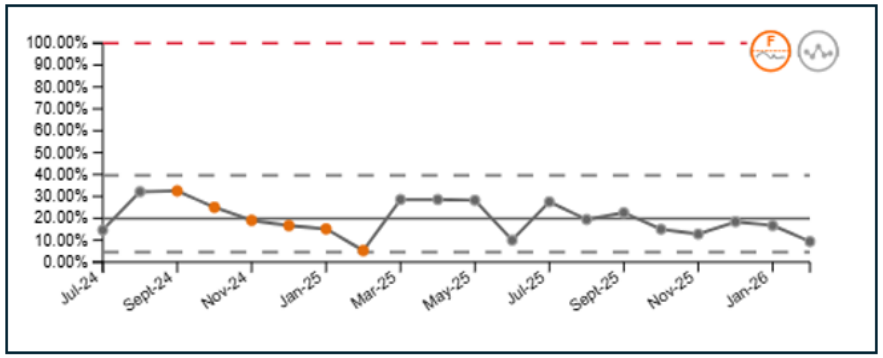
- To increase Have Your Say Survey feedback rates by 30%
- 5% improvement in employees who see patient care as a top priority for UHD

Patient Experience

University Hospitals Dorset
NHS Foundation Trust

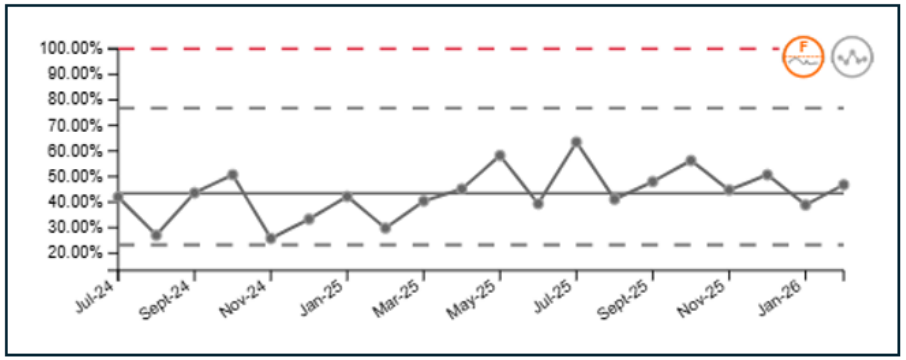
February 26
9.38%
Variance/ Assurance
Targeting (Internal)
100%
Business Rule
Verbal CMS

% of Early Resolutions closed within 10 days



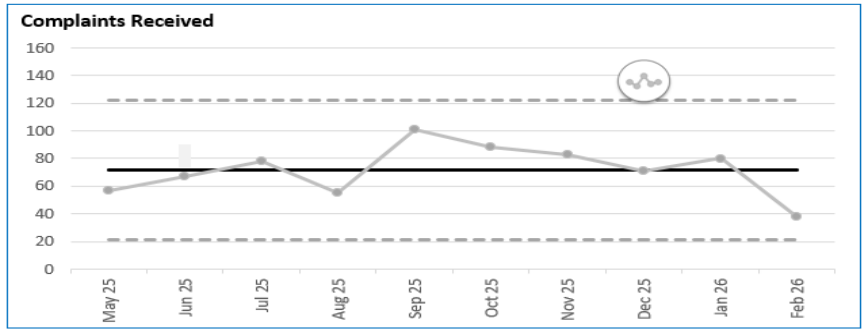
February 26
46.8%
Variance/ Assurance
Targeting (Internal)
100%
Business Rule
Full CMS

% of total complaints closed within 35 days



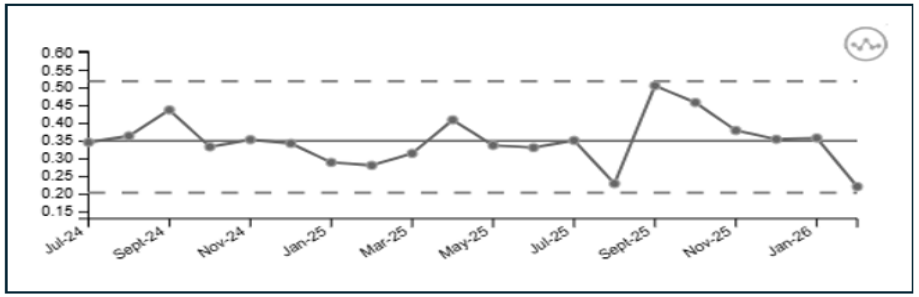
February 26
38
Variance/ Assurance
Targeting (Internal)
-
Business Rule
Note Performance

Number of complaints received



February 26
0.22
Variance/ Assurance
Targeting (Internal)
-
Business Rule
Verbal CMS

Number of complaints per 1000 contacts for clinical services



Summary

PALS concerns received = 427 (Jan = 639)
Formal complaints = 17 (Jan = 49)
Early Resolution Complaints = 20 (Jan = 31)
Average Complaint response time = 40.61 days (decrease from Jan = 41.37 days)

Actions

Number of PALS concerns logged in month has decreased (reflection of staff unavailability in December and January)
Focus on reducing complaint response timescales continues, new way of receiving information from contributors started 09 March.
Countermeasure Summary to be presented at Corporate SDR

Assurance & Timescale for Improvement

Complaints manager continues to meet weekly with the care groups. A review of the complaints process completed and SOP generated. Corporate complaints team are using AI assistance for summary of complaints and rewording staff responses.
PALS cases are triaged and reviewed all throughout working day to ensure serious, reputational or concerns relating to patients currently receiving care are dealt with immeditately

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	Feb-26	1,720	1,724	4	(1,403)	(1,362)	42	0	0	0
Capital Control Total	Feb-26	21,205	25,684	(4,479)	147,180	131,505	15,675	196,787	196,787	0
Efficiency Programme	Feb-26	7,794	4,316	(3,478)	61,793	50,429	(11,364)	69,625	54,820	(14,805)
Cash Balance	Feb-26	76,005	160,262	84,257	76,005	160,262	84,257	74,976	133,271	58,295
Better Payment Practice Code	Feb-26	95.0%	97.5%	2.5%	95.0%	95.5%	0.5%	95.0%	95.0%	0.0%

Efficiency Improvement Programme

University Hospitals Dorset
NHS Foundation Trust

February 26
79%
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	(7,820)	5,038	(2,782)	(8,551)	5,647	(2,904)	66%	4,760	56%	1,813	2,464	(4,274)	50%
Medical	(11,409)	9,466	(1,943)	(12,524)	10,367	(2,157)	83%	9,836	79%	5,959	1,517	(5,048)	60%
WCCSS	(10,365)	7,538	(2,827)	(11,318)	8,559	(2,759)	76%	8,576	76%	5,160	443	(5,715)	50%
Operations	(1,739)	3,606	1,867	(1,875)	3,741	1,866	200%	3,447	184%	1,157	139	(579)	69%
Corporate	(3,569)	5,750	2,181	(3,875)	6,107	2,232	158%	5,888	152%	3,164	254	(457)	88%
Trust Wide	(20,236)	18,392	(1,844)	(23,497)	19,759	(3,738)	84%	21,764	93%	11,183	322	(11,992)	49%
Dorset wide schemes	(6,655)	640	(6,015)	(7,986)	640	(7,346)	8%	640	8%	0	0	(7,986)	0%
UHD	**(61,793)**	**50,429**	**(11,364)**	**(69,625)**	**54,819**	**(14,806)**	**79%**	**54,911**	**79%**	**28,434**	**5,139**	**(36,052)**	**48%**

Summary

Efficiency improvement delivery to the end of February is £11.4 million behind plan. The trust has identified savings opportunities of £55.0 million, however when adjusted to reflect the risk of delivery in year, this is reduced to £54.8 million. Whilst this representing an improvement in month of £0.6 million; it remains £14.8 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. The final report has now been received and is positive overall. It included a small number of recommendations which are being progressed.

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

February 25
£0
Variance/ Assurance
P
Targeting (Internal)
£0
Business Rule
Verbal Update

Summary I&E	Year to date			Mitigated Forecast		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Patient Care Income	773,017	787,505	14,488	839,327	849,860	10,532
Other Operating Income	53,502	55,176	1,675	53,077	54,975	1,898
Charitable Income	3,443	3,033	(409)	3,720	3,324	(395)
Total Income	**829,961**	**845,715**	**15,754**	**896,124**	**908,160**	**12,035**
Employee expenses	(552,133)	(553,183)	(1,050)	(600,427)	(604,948)	(4,521)
Clinical supplies expenses	(66,138)	(67,885)	(1,748)	(72,324)	(75,209)	(2,885)
Drugs expenses	(81,798)	(82,538)	(741)	(89,059)	(90,308)	(1,250)
Purchase of healthcare and social care	(13,060)	(19,615)	(6,554)	(13,307)	(20,592)	(7,286)
Depreciation and amortisation expense	(32,898)	(33,653)	(755)	(36,025)	(37,076)	(1,050)
Clinical negligence expense	(17,323)	(17,212)	111	(18,898)	(18,049)	849
Premises & fixed plant	(31,356)	(30,715)	641	(34,311)	(33,487)	824
Other operating expenses	(108,531)	(39,192)	69,339	(106,869)	(66,069)	40,800
Operating Expenses	**(903,237)**	**(843,994)**	**59,244**	**(971,219)**	**(945,738)**	**25,481**
Net finance costs	(10,886)	(10,998)	(112)	(11,603)	(11,487)	116
Other adj to control total basis	82,759	7,916	(74,843)	86,698	49,067	(37,631)
Control Total Surplus/ (Deficit)	**(1,403)**	**(1,362)**	**42**	**0**	**0**	**0**

February 25
£196,787
Variance/ Assurance
P
Targeting (Internal)
£196,787
Business Rule
Verbal Update

Capital	Year to date			Forecast		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Estate Schemes	14,496	17,673	(3,177)	19,189	19,189	0
IT Schemes	7,662	6,791	871	10,844	10,844	0
Medical Equipment	4,587	797	3,790	6,053	6,053	0
Total Operational CDEL	**26,745**	**25,261**	**1,484**	**36,086**	**36,086**	**0**
Total Donated Assets	**1,529**	**1,196**	**333**	**1,540**	**1,540**	**0**
CDC - Endoscopy Hub Build	6,000	6,000	0	7,066	7,066	0
CDC - Outpatient Assessment Centre	6,000	3,103	2,897	8,456	8,456	0
CIR - Critical Infrastructure Funding	2,097	2,152	(55)	3,450	3,450	0
DDC - Digital Diagnostics	203	181	22	224	224	0
DDP - Digital Pathology	1,491	1,379	112	1,891	1,891	0
ELR - Elective Recovery	816	783	33	6,016	6,016	0
EPR - Front Line Digitisation	0	15	(15)	12,253	12,253	0
DCR - Dorset Care Record (MOU)	0	0	0	1,200	1,200	0
MATER - Maternity Services	0	0	0	41	41	0
NHP - FBCA & Enabling Works	58,127	64,123	(5,996)	60,417	71,968	(11,551)
NHP - FBCB	22,691	16,695	5,996	30,327	18,776	11,551
SOL - Renewables - Solar Partnership Scheme	1,663	1,663	0	3,210	3,210	0
STPW1 - Beach Building & PH Theatres	19,818	8,954	10,864	21,141	21,141	0
UEC - Urgent Emergency Care	0	0	0	3,272	3,272	0
WYFDR - IT NHS App	0	0	0	197	197	0
Total Central PDC	**118,906**	**105,048**	**13,858**	**159,161**	**159,161**	**0**
UHD Capital Total	**147,180**	**131,505**	**15,675**	**196,787**	**196,787**	**0**

Summary

I&E : The Trust reported deficit is £1.4 million at Month 11, £42,000 better than plan.
The Trust now has a detailed plan to recover the year-to-date deficit and deliver within the full year budget with this shown in the mitigated forecast position above.
Capital : The Trust reported capital expenditure of £131.5 million, being £15.7 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 delays to the COAST building.

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 : The re-profiling request was submitted and has been approved by NHSE in relation to the STP Wave 1 funding.

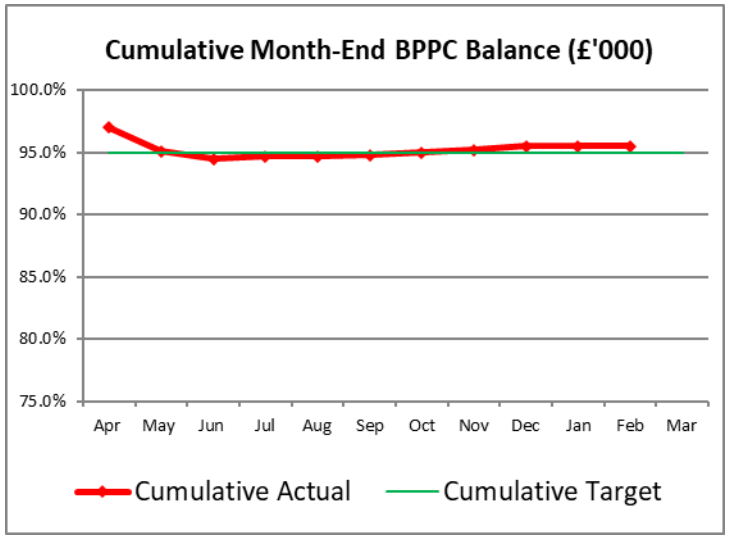
Assurance & Timescale for Improvement

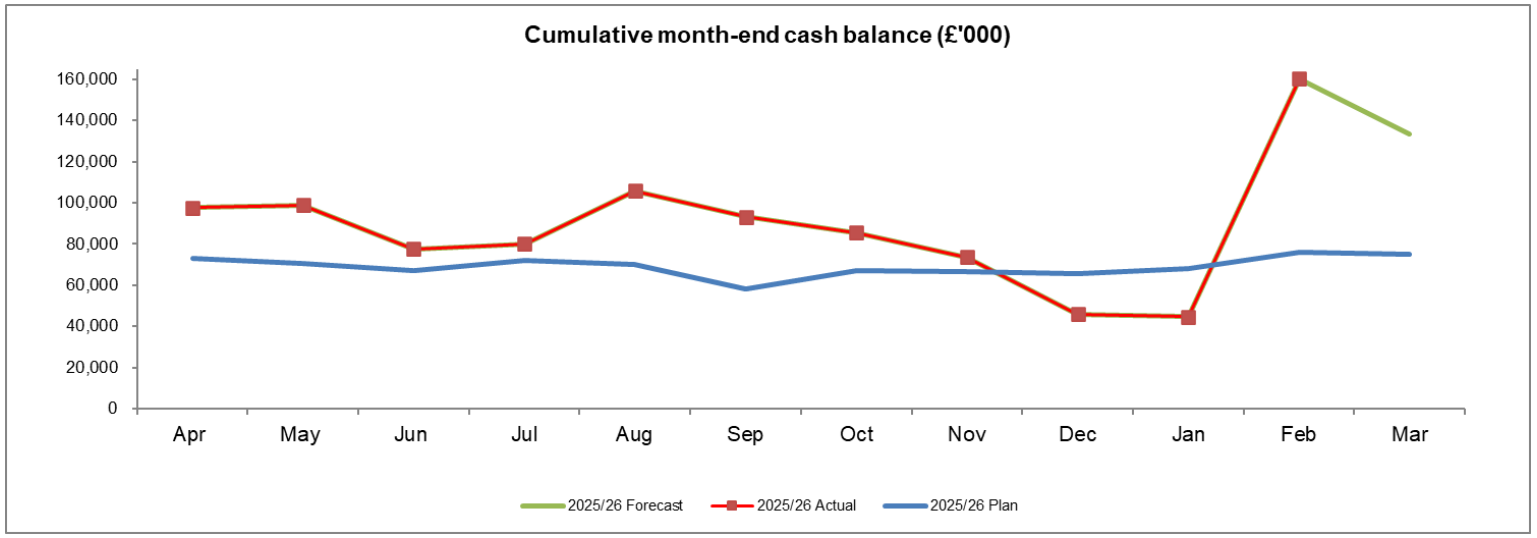
I&E : The Trust has a detailed plan to deliver within the full year budget. The mitigating actions that deliver this will be monitored through the Sustainable Service Group, Care Group SDR meetings, and weekly executive meeting.

Capital : We are forecasting to deliver the programme within the capital funding envelope, the re-profiling request now having been approved by NHSE.

Working Capital

University Hospitals Dorset
NHS Foundation Trust





Summary

Public Sector Payment Policy : In relation to the timely payment of supplier invoices, the Trust is currently delivering performance of 95.5%, above the national standard of 95%.

Cash : As at February 2025 the Trust is holding a consolidated cash balance of £160.3 million which is fully committed against the Trust's reconfiguration programme. This current balance represents 64 days of operating expenditure. The underlying operational cash balance, including PDC draws received in February early due to the NHSE draw cut off for the year, relating to capital spend in March, is £63.4 million or 26 days of operating expenditure.

Actions

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.

Assurance & Timescale for Improvement

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 : The cash balance will reduce in March, as shown in the chart above, as spend in relation to February PDC draws takes place. The NHSE year end process requires us to submit draw requests for March spend within February, which has the temporary effect of increasing cash significantly at February month-end.

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	53%	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 (5.4%) is demonstrating normal variation but fell below the process mean in February for the second consecutive month. The target is marginally outside of the process control limits indicating further intervention is required.	A review of best practice toolkits published by NHSE in February has been undertaken and further adaptions made to the outpatient improvement programme to support a reduction in DNAs.	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 eletronic letters. Some elements will need letters to be redeisgned / updated as part of the programme.	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 9 specialties live with consultant connect.	The roll out of Consultant Connect for Advice & Guidance continues to roll to the specialties with 2 specialties recently completed. Five more specialties are going live on the 16th March. This will leave seven specialties to be rolled out over the next two months.	Advice & Guidance Task & Finish Group progressing this project. The project roll out continues to progress well to meet the end of March date but relies on a lot of setup of smartcards which may add a slight delay in.
ICE Ordering and Results Acknowledgement – Single Task & Finish Group to focus on moving this to electronic only. Week 10 % ICE for Blood science and Microbiology shown above	Pilot areas continue to be paperless for requesting - this is being tracked and reviewed by Care group each week. The remaining pilot areas move paperless in March. Pathology is now paperless reporting. Radiology is 60% paperless reporting with a rapid sign off process to move that to 100%. The Add on form is now live Trust wide for add on tests for Pathology. IT equipment to support Trust wide roll out of electronic requesting is ordered so once delivered this will be further planned.	Task & Finish Group for ICE Paperless Reporting and Reporting to Monitor and Track this. Overall target for paperless reporting & requesting is being reviewed due to the setup required to facilitate the roll out Trust wide.
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.