University Hospitals Dorset NHS Foundation Trust

Council of Governors Meeting - Part 1

Thursday 28 October 2021

16:30 – 17:55

Via Microsoft Teams

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

University Hospitals Dorset
NHS Foundation Trust

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

The meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at **4.30pm** on **Thursday 28 October 2021** via Microsoft Teams

If you are unable to attend please notify the Company Secretary's Team, telephone 0300 019 8723.

Chairman
David Moss

AGENDA – PART 1

Time	Item		Method	Purpose	Lead
16:30	**1**	Welcome, Introduction, Apologies for Absence and Quorum	**Verbal**		**Chair**
	2	Declaration of Interests	**Verbal**		**Chair**
	3	Minutes of the Meeting held on 29 July 2021	**Paper**	**Approval**	**Chair**
	4	CEO Retirement and Recruitment of Replacement	**Verbal**	**Noting**	**CPO**
16.45	**5**	**QUALITY AND PERFORMANCE**			
	5.1	Integrated, Quality, Performance, Workforce and Finance Report	**Paper**	**Assurance**	**Chief Officers**
	5.2	Waiting List Recovery	**Slides**	**Assurance**	**Deputy COO**
	5.3	UHD Annual Report and Accounts October 2020 – March 2021	**Paper**	**Assurance**	**CEO/CFO**
	5.4	External Audit highlights	**Paper**	**Assurance**	**KPMG**
	5.5	Annual Review of the Effectiveness of the External Auditor	**Paper**	**Assurance**	**CFO**
	5.6	Annual Complaints Report	**Paper**	**Assurance**	**Deputy CNO**
17:35	**6**	**GOVERNANCE**			
	6.1	Council of Governors' Informal Groups	**Paper**	**Noting**	**Chair**
	6.2	Report from the Membership and Engagement Group	**Verbal**	**Noting**	**Acting MEG Chair**
	7	Urgent Motions or Questions	**Verbal**		**Chair**
	8	Any Other Business	**Verbal**		**Chair**
17:55	**9**	**Date of next meeting: Thursday 27 January 2022 at 2.00pm The Hamworthy Club or via Microsoft Teams**			
		Note: A glossary of abbreviations that may be used in these papers will be found at the back of this document			

AGENDA – PART 2					
18:00	**10**	Welcome, Introduction, Apologies for Absence and Quorum	**Verbal**		**Chair**
	11	Declaration of Interests	**Verbal**		**Chair**
	12	Minutes of the meeting held on 29 July 2021	**Paper**	**Approval**	**Chair**
	13	Feedback from 29 October 2021 Board Meeting	**Verbal**	**Noting**	**Chair/ CEO**
18:10	**14**	**STRATEGY AND TRANSFORMATION**			
	14.1	ICS Update	**Verbal**	**Discussion**	**CEO**
18:20	**15**	Any Other Business	**Verbal**		**Chair**
	16	Reflections on the Meeting	**Verbal**		**Chair**
18:30		**Date of next meeting: Thursday 27 January 2022 at approximately 2pm The Hamworthy Club or via Microsoft Teams**			

* Late Paper

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS PART 1 – PUBLIC MEETING

Minutes of the meeting of the Council of Governors held on Thursday 29 July 2021 at 15:45 via Microsoft Teams.

Present:	David Moss	Chairman
	Judith Adda	Bournemouth
	Sue Parsons	Bournemouth
	Diane Smelt	Bournemouth
	Sharon Collett	Bournemouth
	Keith Mitchell	Bournemouth
	Andrew McLeod	Poole and Rest of Dorset
	Patricia Scott	Poole and Rest of Dorset
	Christine Cooney	Poole and Rest of Dorset
	Michele Whitehurst	Poole and Rest of Dorset
	David Triplow	Poole and Rest of Dorset
	Robert Bufton	Poole and Rest of Dorset
	Sandra Wilson	Christchurch, East Dorset and Rest of England
	Chris Archibold	Christchurch, East Dorset and Rest of England
	Richard Allen	Christchurch, East Dorset and Rest of England
	Carole Light	Christchurch, East Dorset and Rest of England
	Marie Cleary	Staff Governor: Administration, Clerical and Management
	Cameron Ingham	Staff Governor: Allied Health Professionals, Scientific and Technical
	Conor Morton	Appointed Governor: Volunteers
	Paul Hilliard	Appointed Governor: Bournemouth, Christchurch and Poole Council
	Beryl Ezzard	Appointed Governor: Dorset Council
In attendance:	Caroline Tapster	Non-Executive Director
	Alyson O'Donnell	Chief Medical Officer (for item 12.1)
	Paula Shobbrook	Chief Nursing Officer (joined the meeting for item 12.1)
	Peter Papworth	Chief Finance Officer (for item 12.1)
	Karen Allman	Chief People Officer (for item 12.1)
	Mark Mould	Chief Operating Officer (for item 12.1)
	Fiona Ritchie	Company Secretary
	Zoe Jones	Corporate Governance Manager
	Anneliese Harrison	Interim Deputy Company Secretary (minute taker)
	Christine Hallett	Non- Executive Director (for item 8)
	Peter Gill	Chief Informatics Officer (for item 12.1)
	Philip Green	Non- Executive Director (for item 8)
	Steve Wadams	Consultant Paediatrician (for item 8)
	Karen Fernley	Matron, Paediatrics (for item 8)
	Claire Rogers	Group Director of Nursing, Specialties Care Group (for item 8)
Apologies:		
	Robin Sadler	Christchurch, East Dorset and Rest of England
	Marjorie Houghton	Bournemouth
	David Richardson	Appointed Governor: NHS Dorset CCG

CoG 26/21 Welcome, Introduction and Apologies for Absence

Mr Moss welcomed those attending the meeting and Non- Executive Directors in attendance for the clinical presentation.

CoG 27/21 Clinical Presentation: Paediatrics/ Child Health Service

Steve Wadams and Karen Fernley presented an overview of the Child Health Service at UHD.

The key themes from the presentation were summarised as follows:

- Child Health services are delivered through an integrated hub currently based at Poole Hospital with plans to move to RBH as part of the merger;
- these services cover a large geographical area treating a population of 84,000 children from birth up to the age of 16yrs and in some specific circumstances up to 19yrs;
- the department is made up of a children's unit, outpatient clinics, a neonatal intensive care unit (NICU), a children's community nursing team (CCN), children's therapy service and the child development centre (CDC);
- the department treats a number of children with complex needs within the community and provide Children's Safeguarding for sexual and physical abuse;
- the neonatal unit cares for babies requiring special care with cots for intensive care, high dependency and special care;
- within acute paediatrics there are 26 inpatient beds providing a consultant led service seven days a week that can be accessed by GPs;
- Gully's place provides choices in children's and young people's palliative and end of life care and is a place separate from the ward where families can be supported during difficult times;
- there are a variety of different roles within Child Health including secretaries, psychologists, nurses (specialist, ward, community), doctors, play specialists, child therapists and child dieticians;
- as part of the commissioning from Public Health England school nurses are required to run a chronic fatigue service which is unique to the area;
- there are a number of complex interactions with partners including Dorset Healthcare University NHS FT, Local Authorities, Paediatric Networks, Education, Charities including Julia's House, the Cystic Fibrosis Trust and Gully's to ensure that the best care is provided to these patients.

Some of the challenges that the department had encountered more recently included the impact of Covid- 19 and working within the restrictions and PPE, managing parental and child anxieties about coming into hospital, rolling out virtual consultations and staff redeployment. However staff were proud to have been able to continue to deliver and provide services throughout the pandemic.

More broadly the department highlighted challenges following increases in the demand for mental health services and respiratory virus illnesses following Covid-19 with national and local plans having now been put in place. In addition there was a need to balance the role within the networks as this could sometimes be challenging in gaining a consensus approach and also treating children outside of the child health service footprint where children were sometimes being cared for by adult physicians and to ensure they are seen in the most appropriate environment.

Some of the department's achievements and celebrations included being rated by the CQC as outstanding for caring positive and positive feedback received from peer reviews and audits. There was also a strong focus on education and the department had developed a good reputation in growing the future workforce and investing in education by providing a variety of courses and preceptorships which in turn have been beneficial in terms of recruitment and retention. A number of nurses and doctors were also actively involved in research and

national studies networked across Wessex to help improve outcomes for children.

Governors received an overview of the exciting plans for the new Maternity, Children's, Emergency and Critical Care Centre (MCEC) on the RBH site which would feature a dedicated children's area within the emergency department with improved access to critical care.

It was queried how the department managed the transition from child to adult services for those with complex needs noting that this could be a frightening experience. Steve Wadams emphasised how important it was to have a united team working closely together to support these transitions. In addition there was a specific group to support those children at special schools and that the team implemented the key principles from the national program 'ready steady go' and worked closely with other networks to facilitate transitions for children.

In response to a question about the facilities available for parents with sick children Steve Wadams confirmed that parents were able to stay with their children and the department facilitated this with 19 of cubicles that also had en suite bathrooms.

Further information was also provided about the support for staff working in an emotional environment such as children's health. Steve and Karen emphasised that the team were a united workforce working as a team to support each other with difficult cases. There had been greater focus on support for staff particularly during Covid-19 with group sessions to explore how staff were coping. In addition the daily staff debriefs provided an opportunity for staff to discuss experiences which had been challenging for them and share experiences. There was also access to a counselling team where appropriate.

Governors were also informed about the changes to pathways and admissions for children following the pandemic which reflected the same infection control processes for adult patients. It was noted that there had been a small number of cases with only two children with underlying medical conditions who had been significantly unwell with Covid-19. As of 19th July the Trust was still awaiting guidance for the vaccination of adolescents. In response to a query about future improvements for the department Steve Wadams highlighted that obtaining more feedback would be an area of focus for the new unit to ensure that the department is continuously improving its services for patients.

Given the recent pressures on mental health Governors were also interested to hear about how this service could be improved for children going forwards. This had been significantly challenging from a nursing perspective with an increase in cases and the CAMHS liaison service was already stretched. It was noted that this remained a local and national agenda however it was challenging to resource this from a workforce perspective.

A Governor thanked the team for the care and support they had provided to their daughter throughout their childhood and their recent experiences with the community team which had also been amazing.

David Moss thanked the team for their presentation and commended their passion and enthusiasm for Child Health services.

CoG 28/21 Apologies for Absence and Quorum

The apologies for absence were noted.

CoG 29/21 Declarations of Interest

There were no declarations of interest.

CoG 30/21 Minutes of the meeting held on 29 April 2021

The minutes of the meeting held on 29 April 2021 were **approved** as an accurate record of the meeting.

CoG 31/21 Integrated quality, performance, workforce and finance report

Executive Directors presented a summary of the individual sections within the integrated report.

Mark Mould provided an overview of the operational performance noting that:

- there had been an increase in emergency attendances and ambulance conveyances in June and July meaning that the emergency department was much busier;
- in addition there had been an increase in hospital attendances from people out of area which was reflective of the holiday period;
- ambulance handovers had risen and this was something that the Trust was monitoring to ensure patients weren't staying in hospital longing than necessary;
- occupancy across both Poole and Bournemouth sites had also risen;
- the number of Covid- 19 patients admitted had increased from seven to 32 in July;
- elective waits remained comparable with numbers nationally however there had been a reduction of 2000 patients waiting over 52 weeks and this remained an area of focus;
- 6 week diagnostic performance was 98.2%;
- cancer performance remained strong however there had been a recent increase in referral activity over the last period.

Karen Allman presented the key highlights for workforce performance which included:

- strong compliance across all of the key performance indicators;
- delays in obtaining the vacancy rate which had been impacted by the significant piece of work to bring together the two ESR records and structures;
- an update on sickness absence performance which remained varied but had decreased more recently;
- the work underway to identify the number of staff with post or long Covid-19 symptoms and those still isolating and track and trace issues; and
- the support being provided to staff with access to clinics, psychological and mental health;
- the important role that the Culture Champions had in ensuring that staff were being listened too;
- positive improvements in mandatory training compliance.

Paula Shobbrook provided an update on performance against the quality indicators including:

- the Trust continued to implement IPC guidelines requiring masks, upholding social distancing and maintaining pathways to protect both staff and patients;
- patient and staff safety remained paramount with risk assessments being completed on a regular basis and monitoring staff sickness;
- that despite the operational pressures the fundamentals of care continued to be maintained with a reduction in patient moves at night;
- there was good oversight of quality and performance across the care groups and through the Quality Committee; and
- the quality improvement work underway to help ward teams overcome some of the difficulties presented by the use of PPE to help improve

communication with patients and relatives.

Alyson O'Donnell highlighted the key themes from the Chief Medical Officer's report noting that:

- there had been additional focus on mortality processes to understand the data and ensure there are no patient safety concerns;
- the learning from these reviews would help to further strengthen and inform the current processes; and
- the planning underway for the next phase of the vaccination programme.

Pete Papworth highlighted the key themes for the financial performance noting:

- the allocations and the financial guidance received for the first part of the year and the uncertainty for remaining budgets for 1st October;
- the Trust remained broadly on plan however there were considerable risks following changes to the elective recovery fund removing funding for activity over 85%;
- the Trust would continue to monitor this cost pressure and ensure patients were being seen in a timely manner;
- the announcement of the 3% increase in the pay awards;
- the significant overspend in the capital programme and the work underway to mitigate this through reductions in the capital elsewhere;
- the Trust had a strong cash balance that was fully committed on the medium term capital programme supporting the reconfiguration;
- the NHS better payment practice code was slightly behind and this was reflective of some organisational change and was being addressed in relation to the second part of the year;
- it was likely that block contracts would continue with top up payments and a more challenging allocation which would be confirmed in September;
- the upcoming Joint Investment Committee meeting where the full business case for the acute reconfiguration would be presented to the Department of Health and Social Care and NHSE/I and the subsequent recommendation which would be considered by the Treasury.

Peter Gill summarised the key highlights for Informatics noting:

- work was currently underway to track the lost time and impact following some core network outages;
- there had been an increase in the uptake of the Dorset Care Record; and
- the Trust continued to monitor its cyber security defences and obsolete systems which would help to reduce the number of attacks.

Richard Renaut updated Governors on the building works across the Poole and Bournemouth hospitals sites noting that a large crane was due to be erected at Poole. He also drew attention to the closure of the front atrium entrance at Bournemouth Hospital while building works were underway and that signage would be in place redirecting patients and visitors.

A query was raised in relation to bed occupancy and the challenges around discharge particularly in relation to care home places. It was noted that capacity challenges remained within domiciliary care which had been further impacted by the pandemic and the restrictions. The Trust continued to work closely with Local Authority colleagues and in escalating this issue at a Dorset System level however this remained a concern and focus. Paula Shobbrook emphasised that patients remained safe in an acute hospital setting however to avoid deconditioning there were safer environments for patients to be discharged to.

A question was raised in relation to the demand for staff occupational health which remained high. Karen Allman explained that this continued to be monitored and a triage process was now in place with referrals to other services as appropriate.

In response to a query about the risk relating to patient moves it was highlighted that the complexity of patient pathways were compounded by the current pressures and delays with discharges and this was reflected by the high risk score which aimed to encapsulate the risks presented by these factors given the increase in operational pressures.

Further clarification was provided around the number of section 42 safeguarding assessments which should reflect the same level as last year. In addition it was noted that the increase in the number of red flags was reflective of the difference between the reporting from the legacy trusts. However all red flags were mitigated and staff had been moved to cover any gaps to maintain patient safety.

Despite the decrease in waiting times it was queried why the report identified that some patients were still waiting over 52 weeks. Assurance was provided that waiting lists had been reviewed and the reason for the wait was known whether this related to capacity or patient choice and had been clinically validated and prioritised as appropriate.

In response to a governor query about the impact of the staff wellbeing day it was noted that feedback had been positive and had enhanced staff morale.

CoG 32/21 Annual Operating Plan 2021/22

Pete Papworth highlighted that not all organisations had produced a document for 2021/22 given the uncertainty of Covid- 19 and the current landscape within the NHS. He advised that the plan formed a roadmap for the period with information to date. Next steps included communication to staff and developing directorate plans to support achieving the operating plan.

The Chairman noted that the Governor Strategy Group would be involved in the development of the Annual Operating Plan going forwards.

CoG 33/21 Board Assurance Framework October 2020- March 2021

Paula Shobbrook presented the framework for 2020/21 which had been developed around the Trust's strategic objectives and in consideration of the risks to achieving these objectives and provided the Board with an overview of the progress against them.

The objectives were aligned with the risks on the risk register to ensure there was a high level of oversight of risk management processes and this was monitored by both the Audit Committee and the Board of Directors.

The Board Assurance Framework was **noted**.

CoG 34/21 Board Assurance Framework

Governors were informed that the Board Assurance Framework had been updated and approved by the Board of Directors who had noted the progress for the first quarter of the year.

In addition it was highlighted that this document formed a key area of focus for the Internal Auditors and the Trust had received positive feedback on how risk was being managed throughout the organisation.

The Board Assurance framework was **noted**.

CoG 35/21 Strategy Group Terms of Reference

The terms of reference for the Strategy Group were presented noting that this

was likely to evolve over time. The membership for the group would consist of 6 elected public Governors, one staff Governor and one appointed Governor.

It was highlighted that governors who were not currently members of a group or Board Committee would be invited to fill vacancies to ensure that the skills and knowledge of each of the publicly elected governors was recognised.

The terms of reference were **approved**.

CoG 36/21 Quality Group Terms of Reference

The terms of reference were approved.

CoG 37/21 For Information

Governors received a brief update from the Lead Governor on the Governor Focus Conference 2021 and the successful Mudeford Arts Festival event which had been the first public event for UHD governors since the pandemic and thanked those who had been involved and provided their support.

It was noted that further information on the following key items were available to the Council of Governors in the reading room:

- ICS Update
- Sustainability Strategy
- Quality Improvement Strategy
- CoG and NREC Dates 2022

CoG 38/21 Any Other Business

The Chief Nursing Officer described the work she was leading to update the UHD policy for volunteers in the light of current regulations and central guidance. UHD would also be seeking applications from people who wanted to work as volunteers at ward and department level on various aspects of patient engagement in our hospitals.
Governors would also be very welcome to apply for these volunteer roles, but it would be important to recognise that they will be separate and distinct from their role as Governors.
The Chief Nursing Officer undertook to keep Governors updated on this topic at a future governor meeting and via the Governor newsletter.

The meeting closed at 18:00.

Agreed as a correct record of the meeting:

*Chairman*_____ *Date* _____

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28th October 2021

Agenda item: 5.1

Subject:	University Hospitals Dorset (UHD) NHS Foundation Trust Integrated, Quality, Performance, Workforce and Finance Report

Prepared by:	Executive Directors, Donna Parker, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Louise Hamilton-Welsh, Jo Sims, Andrew Goodwin
Presented by:	Executive Directors for specific service areas

Purpose of paper:	To inform the Board of Directors and Sub Committees members on the performance of the Trust during September 2021 and consider the content of recovery plans
Background:	The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into a particular area of interest for additional information and scrutiny. In addition to the 2021/22 H2 priorities and operational planning guidance (outlining the priorities for the year ahead) we have now received the Government's Autumn and Winter Plan as well as the national UEC 10 Point Action Plan. **Planning Guidance - Key Focus areas for H2 are similar to H1** • Supporting the health and wellbeing of staff and taking action on recruitment and retention • Delving the NHS COVID Vaccination programme and meeting the needs of patients with COVID-19 • Accelerate the restoration of elective and cancer care and manage the demand on mental health services • Expand primary care capacity to improve access, local health outcomes and address health inequalities • Transform community and urgent and emergency care to prevent in appropriate attendance, improve timely admission and reduce length of stay • Work collaboratively across systems to deliver on these priorities • Focus on tackling health inequalities remains The Trust Management Group has received a briefing on the H2 Planning guidance and is working through the guidance to determine any further actions needed.
Key points for Board members:	**Areas of Board Focus** Current Ambulance handover delays and the amount of time patients are spending in the emergency department with a large number of patients 'No Reason to Reside' (NRTR) patients contributing to increased occupancy

	across the organisation. Impact on reduced hospital flow, Potential impact on patient safety and experience. Workforce availability to meet escalating capacity levels, driving increased agency costs. Impact on hospital reputation and increased challenge to elective care recovery. The impact this may have on the fundamentals of care in particular deconditioning of patients. **<u>Operational Performance</u>** **Urgent and Emergency Care – National** In support of the National Operational Planning Guidance for 21/22, a national 10 Point Action Plan for Urgent and Emergency Care has been published. This has been fully reviewed and workstream action plans under our UEC Quality & Performance Improvement Programme have been enhanced to ensure a focus on the key priorities of the plan. Specifically for acute hospitals they include a focus on hospital flow and discharge including EDs/ambulance conveyances, Same Day Emergency Care (SDEC) provision and pathways, as well as discharge pathways, processes and capacity. The national UEC metrics, already in place across UHD following the Poole Hospital pilot programme, are also to be adopted nationally. The national plan also incorporates action relating to Infection Prevention and Control and workforce, as well as wider system areas including primary and urgent community care provision, mental health and children's services. **Emergency Care @ UHD** Whilst attendances to our EDs have dropped slightly they remain above 19/20 levels reflecting the shift in pathways via 111 and 'self-presenters' (and 999 particularly prior to August) to the departments. We are therefore continuing to experience significant pressure on the front door. This is exacerbated during times of surge and has been further impacted by the increased bed occupancy seen at both sites also limiting flow out of the departments. This has meant the increased wait for a bed seen in August has continued into September, particularly on the RBH site. Whilst some improvement has been seen in 30+/60+ minute ambulance handover delays, these have remained above acceptable levels. However, some improvement has been seen in timeliness of pathways through the EDs, though remain above the national indicated standards. Our ongoing focus on improving the configuration of our departments, processes and clarity on roles as well as working with our ambulance service colleagues remains a priority. Close working with SWAST has supported a collaborative approach during times of surge and the HALO role, working jointly with the department and Clinical Site teams has worked to maintain safety. Our executive team are providing enhanced support to this work. Furthermore, the 'missed opportunities' audit undertaken by the Regional Emergency Care Intensive Support Team has now been completed, looking at opportunities for alternative pathways for patients presenting to our EDs. We have now approved a number of SDEC schemes for additional investment over winter across our SDEC services, moving towards increased hours/days/provision in line with the national aspirations. We are also working with partners to agree referral pathways, for e.g. from paramedics, 111 etc, and we are looking at the possibility of a single point of access/digital referral system for which we have submitted a regional bid. ***Emergency Departments*** The IPR provides the detailed performance against the new national Urgent

& Emergency Care standards. Headlines include:

- Attendances and ambulance conveyances reduced in September (though attendances remain 2.5% above 2019/20)
- Average occupancy remained high (91% across UHD excluding escalation)
- ED mean time on both sites improved slightly though remained above the national indicated standard
- There were 5 x 12 hour waits from Decision to Admit (DTA) and though a reduction was seen in 12 hour waits from arrival, these remained well above our aspiration
- 30+/60+ min ambulance handover delays reduced but remained well above expected levels.

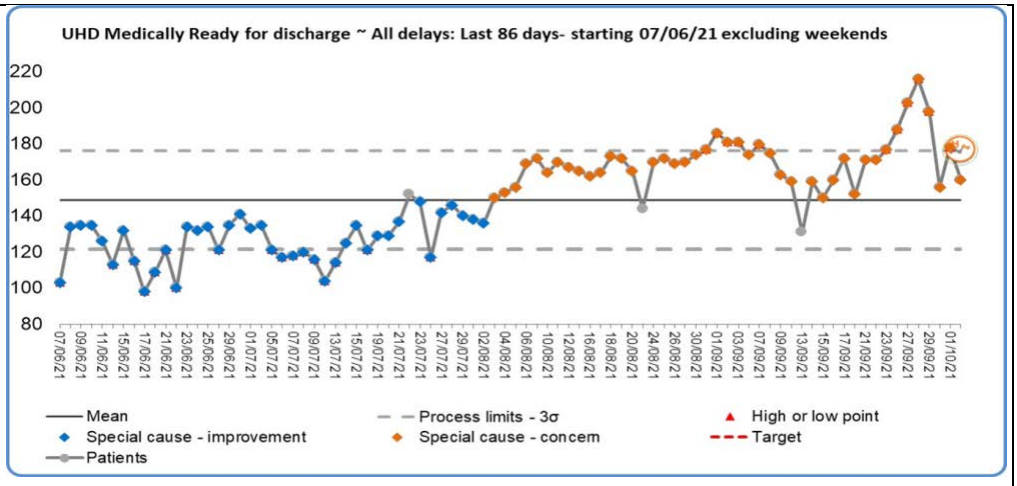
(colours based on change from last month)

		Sep-21		
Standard	**Aim**	**Poole**	**RBCH**	**Combined**
Operational (Field testing standards)				
Mean time in the dept	200 mins	266	278	273
Time to assessment	15 mins	8	7	7
Internal Care Standards				
Time to triage (*RBCH: to assessment*)	15 mins	8	7	7
Time to first clinician seen (*RBCH: to Dr seen*)	60 mins	127	171	151
Time waited for a bed (*RBCH: DTA to left dept*)	60 mins	174	88	127

The above pressures continue to reflect a regional and national picture and there is concern across the Dorset and wider SW Systems that this trend will continue.

Occupancy, Flow and Discharge

Both sites continue to have all escalation beds open in September alongside the majority of infection control closed beds using robust risk assessment and mitigation plans to ensure we optimally offset risks. However, despite this, occupancy remained high. The number of patients ready with No Reason to Reside (NRTR) as well as bed days occupied by patients with a longer length of stay (7/14/21+) remained high in September, with the latter exceeding the national standards as a proportion of all inpatients. Externally we continue to work with partners on the Home First programme and the work of our external strategic partner is now well underway, with system executive away days in place in October and November to further support the development of the discharge to assess model. However, there is recognition that current pressures need some urgent interim actions and a system led rapid decant initiative has taken place over recent weeks to support this. The overall impact and degree of sustainability is yet to be seen. The focus continues to be on reducing pressure on the acute and community hospitals.



Special cause concern has continued throughout September with the average for September at 173 delays per day reflecting the increased challenge in care/community capacity over this period.

Surge, Escalation and Operational Planning

At the time of writing, we have 17 confirmed Covid inpatients, well below the levels experienced in Wave 2 (January/February) and within the 5% national planning requirements. The situation continues to be monitored through our internal response to Covid and operational flow pressures.

At UHD we commenced our full year capacity planning prior to 21/22 and are finalising our Winter plan. This will be presented and iterated with Care Groups and our key Trust clinical and operational committees through October, as well as through the Dorset system process.

Referral to Treatment (RTT)

92% of all patients should wait no more than 18 weeks for treatment

	January 2020	**August 21**	**September 21**	
Waiting List Size	44,508	49,906	51,491	**+6,983 v January 20**
Referral to treatment 18 week performance		**65.4%**	**64.1%**	**+5.9% v Mar 21**
RTT incomplete pathways >52+ weeks		3,408	3,480	**-2,111 v Mar 21**

H2 Requirements

- Eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer (P5/6).
- Hold or where possible reduce the number of patients waiting over 52 weeks.
- Stabilise the waiting list to the level seen at end of September 2021.

Factors impacting on the RTT standard

The high number of RTT waits over 52 weeks is mainly due to lack of theatre/treatment capacity during 2020-21 however this is on an improving trajectory. A rising proportion of these are over 78 weeks, which is the

impact of reduced or ceased activity 18 months ago during the pandemic.

The Trust is current working to a national ambition to eradicate 104 week waits by March 2022.

High level elective care recovery actions include:

- ***Ongoing clinically led waiting list validation* of the active,** follow up and planned waiting lists aimed at clinically prioritising patients and ensuring that episodes for patients who no longer require an appointment or treatment are closed. ENT, OMF, Orthopaedics, General Surgery and Gynaecology validation is now live, with Cardiology commencing in October 21.
- ***Further expansion and improved utilisation of additional internal or insourcing and outsourcing capacity*** to see and treat our longest waiting patients. This includes use of the independent sector, using other NHS and private providers, insourcing using partner organisations and running waiting list initiatives where possible. Additional Oral surgery capacity within the Dorset system commenced in September 21.
- ***High flow clinical assessment facility at Dorset Health Village*** is a project to enable high volumes of outpatients to be seen safely. This facility plans to be operational in December 2021.
- ***Continuing to promote use of digital technology*** to support non-face to face outpatient activity.
- ***Increased use of Patient Initiated Follow Ups and Advice and Guidance***
- ***Dorset wide TIF bids submitted to support elective recovery***

DM01 (Diagnostics report)
1% of patients should wait more than 6 weeks for a diagnostic test

July	Total Waiting List	< 6weeks	>6 weeks	Performance
UHD	9040	8,543	497	**5.5%**

The DM01 standard has achieved 94.5% of all patients being seen within 6 weeks of referral, 5.5% of diagnostic patients seen >6weeks.

High level diagnostic recovery actions include:

- Continuation of additional temporary endoscopy capacity on the RBH site and reviewing all endoscopy activity in the Dorset system
- Working collaboratively across both sites to standardise and reduce waiting times for cardiology, ultrasound, MRI and CT
- Outsourcing Ultrasound to the Independent Sector
- Insourcing radiological reporting to provide additional capacity
- Sharing capacity across sites to reduce the waiting times in endoscopy and echo cardiology.

Cancer Standards

	Measure	Target	Q1 20/21 FINAL	Q2 20/21 FINAL	Q3 20/21 - FINAL	Q4 20/21 - FINAL	Q1 21/22 - FINAL	July 21 - FINAL	Aug 21 - FINAL
UHD	Cancer Two Week Wait	93%	96.7%	97.3%	N/A	N/A	N/A	N/A	N/A
	Cancer Plan 62 Day Standard (Tumour)	85%	79.3%	80.0%	78.6%	77.8%	79.1%	78.8%	77.3%
	62 Day Screening Standard (Tumour)	90%	73.3%	73.3%	94.1%	88.1%	88.1%	83.3%	61.8%
	31 Day First Treatment (Tumour)	96%	96.2%	94.4%	97.0%	96.7%	97.1%	98.1%	96.9%
	Subsequent Treatment - Surgery	94%	89.4%	86.7%	95.4%	90.5%	91.2%	90.7%	94.3%
	Subsequent Treatment - Radiotherapy	94%	98.8%	100.0%	98.7%	99.0%	99.0%	99.0%	95.6%
	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	100.0%	100.0%	99.7%	98.8%	100.0%	96.3%
	Faster Diagnosis	75%	76.3%	77.4%	80.7%	79.1%	76.5%	78.2%	75.2%
	Over 104 days (treated in month)	N/A	18	23.5	26	16.5	30	9	7.5

The rate of fast track referrals continues to be high; however, in September there was a noticeable increase. The total PTL remains elevated. Tumour pathways with greatest pressure on fast track referrals include Colorectal OMF and Breast.

The 28-day FDS target continues to be met, supporting patients' timely diagnosis and treatment planning.

The Trust is also now performing well against the 31 day standard achieving 2 out of 3 performance KPI's for Q1, July and August. 62-day standard: UHD continues to perform above the current national average (74%) but reported a deteriorated position in August of 75.2% which is below the national threshold of 85%.

The number of reported backstops for August is 7.5, which places UHD in the top 3 best performing organisations.

Factors impacting on standard

Demand	• Referral numbers continue to put additional pressure on several services at all stages of the pathway
Clinical Processing Capacity	• Patient choice continues to impact across all specialties - especially causing delays at diagnostic stage in some pathways • Specific challenges in several pathways - due to capacity to manage the increased demand - especially head and neck and breast. • Delays in histopathology reporting turnaround times, mainly affecting patients on a pathway at Poole Hospital.

High level actions ongoing

- Pathway analysis supported by Wessex cancer alliance to identify opportunities - to maximise capacity and improve flexibility - initially focusing on colorectal and head and neck
- ICS wide group reviewing Breast and skin pathways
- Commencing work to move towards a Dorset wide cancer PTL as per National guidance
- One stop opportunities at the start of the pathway to improve time to diagnosis- sarcoma/ lump clinic
- Improving IT support and intra-operability to assist efficacy of processes- working across Dorset
- Escalating issues across the care groups to identify mitigating actions and plan for improvements – where constraints and delays are identified
- Weekly breach and backstop meeting to ensure all patients are regularly reviewed and actions being taken as indicated clinically
- Continuing to pursue the opportunity to introduce LA template biopsies as part of Adapt and Adopt to improve efficacy of the pathway, this would decrease the use of TRUS biopsy (as per National guidance) and free up essential theatre space –moving GA to LA.
- Work on health inequalities
- Working with HEE to investigate the benefit of patient navigators within certain tumour sites –where complex diagnostics are required

Health Inequalities

The Trust continues to support work to tackle health inequalities through the Dorset ICS Health Inequalities in Elective Care Programme. The

programme is in the analysis and cohort selection phase, which has resulted in selection of two cohorts i) People waiting times > 18 weeks and from deprived communities ii) People on Orthopaedic waiting lists. The next stage of the programme is to design an intervention for these groups, which will take place in October 2021. The programme will leave a legacy repeatable model for identifying impactful areas and interventions to reduce health inequalities in Dorset.

Quality, Safety, & Patient Experience

Infection Prevention and Control:

- Covid19 outbreak report now finalised and to be presented to IPC Group and Quality Committee in Quarter Two
- Community cases of COVID-19 in September continue, translating to several hospital admissions but remain at a plateau rather than spike. Admission to Critical care continue.
- No changes to any IPC national guidance – although consultation IPC guidance in our main change is in pathways and social distance.
- Ongoing work with regards to Fit Testing continues within the Task and Finish Group.
- Continue to work with the Dorset IPC Cell and SW IPC Region focus on MSSA.
- Joining a SW collaborative looking at the increase incidents of CDiff across SW – there a rising trend in Dorset both inpatient and community.

Clinical Practice Team:

Moving & Handling training
•Unable to meet the combined training requirements for clinical staff, approx.1500 (200+ increase in last month) staff now out of compliance. Risk Register entry to be reviewed and consider increasing to 12 numerous mitigations in place. Re advertising the Band 3 developmental post to support training.
•A presentation detailing the results of our deep dive into the level 2 (practical) compliance has been forwarded to each care group for inclusion and discussion in their Quality & Risk Group meetings for Q1, to be followed up by Q2 report
•The team are delivering M&H training in clinical areas when appropriate. Other sessions planned for Rheumatology and Poole based theatre team

Falls prevention & management
•Bladder and bowel care continue to be recognised as contributing factors
•A Preventing Futures Death report (Regulation 28) from another trust has been shared highlighting the need to meet NICE guidance regarding the CT imaging of patients with head injuries following a fall. Patients on any anticoagulant must have a CT within 1 hour and if not on anticoagulant must have a CT within 8hrs. Working with Radiology to ensure the process is embedded and adding more detail to the post falls medical assessment review form. UHD policy being drafted so will add in the requirement.

Tissue Viability
New FT Band 7 Tissue Viability Lead now commenced in post

A revised SOP for the use of barrier products for neonates, paediatrics and adults has been drafted and awaiting ratification

	Reinforce the need to perform skin inspections within 6 hrs. of admission as any pressure ulceration noted after that window is recorded as “NEW” as per NHEI reporting guidance A 72hr post wound care plan has been developed and circulated via theaters and surgical areas as an action from an SI where surgical packing was retained A recent event has highlighted the need to refresh surgical staff on the indications for use of the topical negative pressure therapy system and the clinical skill capabilities of the TV team **Patient Experience:** **Friends & Family Test** Across our sites, we received 3,210 FFT responses this month, a steady increase over the last 3 months as the SMS text service has been rolled out across the RBCH site. 86.6% of patients who responded rate their care as good or very good and this is consistent with the previous month’s ratings. **Trend in complaints** The volume of complaints received remains within the expected range for UHD. The number of formally investigated complaints responded to in month has fallen to 28; approximately 50% of the number completed during the previous 3 months. Likewise, the number of complaints addressed through early resolution has also reduced. This can be attributed to significant workforce gaps in the corporate team and the need to extend response times. Turnaround plans are in place with an improvement in response times anticipated by November. The volume of enquires and concerns received via PALS has increased from 429 in August to 481 in September. This has been a steady 20% increase from an average 399 per month during 2020/21. Processes have been reviewed to maintain timeliness and responsiveness and this is work in progress. **Key themes from complaints:** • Inadequate examination and monitoring • Breakdown in communication • Lack of professionalism and disrespect **Safeguarding:** There was a significant rise in section 42 enquiries on the Bournemouth site during quarter 1 and 2. All of these section 42s were fully investigated and a full report written for the CQC on each concern raised. Following this, the adult safeguarding team had a constructive and positive meeting with the CQC in September with no further issues raised. **<u>Workforce</u>** **YTD Indicators to September 2021:**

		21/22 YTD	20/21 YTD	Variance
Turnover		11.8%	12.5%	-0.8%
Vacancy		2.3%		N/A
Sickness Rate		4.9%	4.2%	0.7%
Appraisals	Values Based	23.4%	33.7%	-10.3%
	Medical & Dental	56.1%	62.5%	-6.4%
Statutory and Mandatory Training		88.0%	86.8%	1.2%

September indicators:

		Actual this month	Variance on last month
Turnover		12.1%	-0.3%
Vacancy	(Latest Aug-21)	3.6%	-1.0%
Sickness Rate		5.1%	0.1%
Covid-absence non-sickness		1.1%	0.0%
Appraisals	Values based	48.7%	13.1%
	Medical & Dental	54.4%	-8.4%
Statutory and Mandatory		87.7%	-0.9%

Performance:

The Turnover figure shows minor monthly fluctuations but remains at around 12%. Although Resourcing are working at full capacity to fill posts, we are tracking minor reductions in heads and WTE for clinical staff not including doctors.

Vacancy Rate: The UHD level vacancy rate for August (gap between funded establishment and actual posts being occupied) has been adjusted to 3.56% and we continue to refine ESR data in order to drill this down further.

Overall Sickness levels have increased this month to 5.21% putting greater pressure on the operations across the sites. We are also now showing above the covid-related non-sickness absence at 0.61% which is a reduction from last month.

Value based appraisal levels have seen an uplift this month and we expect there may be a recording lag which will be addressed in coming weeks.

Statutory and Mandatory training compliance continues strong and stable in the high 80's despite ongoing challenges and disruption in training schedules.

CPO Headlines:

HR Operations
The Operational HR team's workload remains high in regard to organisational change and employee relations case work. UHD Policy

development continues to progress; a new Pay Protection Policy was formally ratified on 6th October 2021 and as part of our approach to developing and sustaining a restorative just and learning culture, a triage process has now been included in our Disciplinary Policy. Our intention is to resolve issues informally whenever appropriate. A central recording system has been developed to track and monitor flexible working requests across the trust, following new flexible working rights.

Occupational Health and Enhanced Wellbeing Service
The first of the staff winter resilience clinics was delivered on weekend of 2 October. These will take place at alternate sites until 5 December. 1133 Pfizer boosters and 965 flu vaccinations were administered during the first clinic on Poole site Activity levels within Occupational Health remain high and waiting times for pre-placement and management referrals continue to be far longer than desired. This is having an adverse effect on time to hire and our ability to manage and support staff attendance. An establishment review is currently in progress.

Resourcing
Activity continues very high prompting review of the UHD Medical and General resourcing models to support the sustained increase in demand and the increased complexity in attracting and securing candidates.

Learning and Education
Continue to drive responses to address areas of operational pressure including the focus on overseas nurses and HCAs. Training space is still problematic. Social distancing measures are currently under review to establish whether training/induction spaces can be increased to support the on-boarding and development of our staff.

Workforce Systems:
Operationally the period remains very busy as we continue to manage complex 'business as usual' challenges, support change projects and gear up on customer support and communications.

Temporary Workforce:
We are developing a more resilient and fit for UHD service model to support continuing unprecedented demand across all parts of this service and to allow for more strategic planning and interventions.

Finance

The Trust set a financial break-even budget for the first half of the year (the 'H1' period to 30 September) supported by the continuation of national top-up funding and funding to cover specific COVID costs. The national financial framework during this period included an Elective Recovery Fund (ERF) to support the necessary increases in capacity to see and treat those patients still awaiting planned care. This has been accounted for on a monthly basis, reported as a variance against both expenditure and income budgets.

At the end of September, the Trust is reporting a consolidated deficit of £528,000 against this breakeven plan. Additional expenditure of £8.638 million has been incurred in the Trusts elective recovery programme and, pending national validation, income has been accrued from the Elective Recovery Fund totalling £8.110 million. The unfunded ERF balance of £528,000 reflects the reported deficit as at 30 September. Within this aggregate position, the Surgical Care Group report an adverse variance of £315,000, mainly due to additional medical staffing costs and partially offset

	by reduced activity particularly within Orthopaedics; the Medical Care Group report a favourable variance of £85,000, mainly due to an over achievement in cardiac private patient income together with the cessation of Bowel Scope and Bowel Cancer screening services; and the Specialties Care Group report a favourable variance of £608,000 principally due to vacancies within Pathology and Pharmacy. The Trust set an indicative deficit budget of £32.3 million for the second half of the year (the 'H2' period from 1 October to 31 March) based upon the previous funding regime and Long Term Plan allocations. Following the recent forecast refresh, the deficit position in the second half of the year was revised to £47.9 million, reflecting additional cost pressures including those necessitated by the requirement to open additional bed capacity together with a reduction in CCG funding. However this forecast position excludes the recently announced national funding (block top up funding and funding for COVID-19 costs which together amounted to £42.5 million during the first half of the year) and will therefore be significantly improved once these are included following approval of the H2 Financial Plan and allocations. Cost savings of £1.471 million have been achieved to date against a target of £1.615 million, representing an under achievement of £144,000. Full year savings of £2.230 million have currently been identified of which 63% is non-recurrent. The H2 budget update will include a significant increase in the savings target, and if not achieved recurrently will result in further and considerable pressure on future years budgets. The Trust has set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for the Dorset Integrated Care System. This presents a considerable risk for the Trust and requires very careful ongoing management. As at 30 September capital spend is £20.150 million, being £1.813 million ahead of plan. This overspend largely relates to the phasing of the capital programme and will be closely monitored to mitigate any residual risks to the full year budget. The Trust is currently holding a consolidated cash balance of £61.626 million, which is fully committed in support of the medium-term strategic reconfiguration programme. The variance to the plan relates to the 21/22 payaward paid in September with cash funding due in October together with the actual release of cash through the national Elective Recovery Fund.
Options and decisions required:	No decisions required
Recommendation:	**Members are asked to note:** • The areas of Board focus for discussion
Next steps:	Work will continue in addressing the actions raised as part of the escalation reports and through Trust Management Group.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	**To be a great place to work**, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best. **To ensure that all resources are used efficiently to establish financially and environmentally sustainable services** and deliver key operational standards and targets. **To continually improve the quality of care** so that services are safe, compassionate timely, and responsive, achieving consistently good

	outcomes and an excellent patient experience **To be a well governed and well managed organisation** that works effectively in partnership with others, is strongly connected to the local population and is valued by local people. **To transform and improve our services in line with the Dorset ICS Long Term Plan**, by separating emergency and planned care, and integrating our services with those in the community.
BAF/Corporate Risk Register: (if applicable)	**Risks scoring ≥12:** **UHD 1342** - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak **UHD 1131** – inability to effectively place patients in the right bed at the right time (Flow) **UHD 1387** - Demand for acute inpatient beds will exceed bed capacity (Demand & Capacity) **UHD 1460** – UEC national metrics **UHD 1429** – Ambulance handovers **UHD 1053 –**Long Length of Stay / Discharge to Assess /NRTR **UHD 1430** – ED workforce **UHD 1074** - Risks associated with breaches of 18 week Referral to Treatment and 52 week wait standards **UHD 1292** – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates **UHD 1386** – Cancer waits increasing due to increased referrals. **UHD 1276** – Delayed patient care due to delays in surgery for #NOF patients **UHD1447** - Adverse Outcomes for Orthodontic Patients due to COVID restrictions and lack of additional facilities and manpower **UHD1024** - Risks associated with continuity, capacity and staffing during Pandemic Infectious Disease and seasonal flu **UHD1574 -** Lack of Breast screening staff impacting on waiting times **UHD1437** – Loss of IT Service **UHD1592** - Electronic Prescribing and Medicines Administration Project Delay **UHD1599** - Safety checklist process for all interventional procedures (Never Events) **UHD1260** - Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling **UHD1607** - Failure to maintain Hospital standardised mortality **UHD1640** - Fetal Monitoring equipment **UHD1577** - Unsafe Storage (Fire and Infection Control Compliance) – PH **UHD1591** - Information Asset Management **UHD1202** - Medical Staffing Women's Health **UHD1378** - Lack of Electronic results acknowledgement system **UHD1355** - Lack of integration between the Electronic Referral System (eRS) & Electronic Patient Record (ePR)
CQC Reference:	All 5 areas of the CQC framework

Committees/Meetings at which the paper has been submitted:	**Date**
Trust Board (Full report)	Oct 2021
Quality Committee (Quality)	Oct 2021
Finance & Performance Committee (Operational / Finance Performance)	Oct 2021
Trust Management Group	Oct 2021

University Hospitals Dorset
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT




September 2021

Created October 2021

Performance at a Glance - Key Performance Indicator Matrix

			standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	ytd	ytd var	trend
SAFE																				
Quality	Presure Ulcers (Cat 3 & 4)			12	6	10	8	12	12	13	16	11	15	12	15	8	10	71	-7	
	Inpatient Falls (Moderate +)			5	2	3	5	4	4	5	2	4	6	2	7	1	3	23	1	
	Medication Incidents (Moderate +)			1	2	5	4	9	2	4	4	1	0	1	1	1	6	10	4	
	Patient Safety Incidents (NRLS only)			1379	1341	1654	1581	1537	1492	1239	1006	1029	752	959	1022	1012	871	5645	-1723	
	Hospital Acquired Infections	MRSA		0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	
		MSSA		1	2	3	9	8	4	6	4	3	2	4	5	5	3	22	7	
		C Diff		7	6	1	3	1	2	9	3	4	8	8	8	5	8	41	7	
		E. coli		3	12	5	8	2	11	3	3	4	4	9	8	10	7	42	9	
EFFECTIVE																				
Mortality	SMR Latest Jan 21	(source Dr Foster)		104.042	97.2055	111.664	113.307	96.5075	171.543	119.6	87.4									
	Patient Deaths	YTD		207	185	265	244	249	469	299	217	165	185	170	232	223	202	1177	57	
	Death Reviews	Number		100	81	99	84	86	151	104	62	29	16	7	8	8	0	68		
	Deaths within 36hrs of Admission			30	35	40	36	49	47	39	37	30	29	33	48	38	19	197	-4	
	Deaths within readmission spell			15	13	15	22	25	36	18	16	12	14	10	26	22	17	101	18	
CARING																				
	Complaints Received			57	48	51	56	62	53	53	51	60	68	62	52	57	51	350	106	
	Complaint Response in month			57	48	51	48	49	43	59	59	47	26	64	53	55	28	273	30	
	Section 42's			0	2	0	0	0	0	1	0	0	0	5	0	0	12	17	-5	
	Friends & Family Test			90%	91%	91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	88%	88%	-	
WELL LED																				
Safety	Risks 12 and above on Register			36	38	39	31	32	27	31	34	35	40	43	44	47	44	44	6	
	Red Flags Raised*			31	47	51	43	73	129	51	28	41	45	56	80	117	105	444	313	
	*different criteria across RBCH & PHT																			
	Overall CHPPD			9.5	8.8	9.0	9.4	9.4	8.3	9.4	9.3	5.7	5.3	5.2	5.0	5.2	5.0	5.0	-1.7	
	Patient Safety Alerts Outstanding			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
People	Turnover			10.40%	10.70%	10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	11.50%	12.20%	12.40%	12.10%	11.8%	-0.8%	
	Vacancy Rate *(only up to Oct 2020)*			1.0%	0.7%	1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Sickness Rate			4.2%	4.2%	4.2%	4.4%	4.5%	7.1%	4.9%	7.1%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	4.9%	0.7%	
	Appraisals	Values Based		41.6%	53.5%	57.3%	61.5%	63.9%	63.7%	63.1%	62.9%	4.6%	9.0%	16.7%	25.7%	35.7%	48.7%	23.4%	-10.3%	
		Medical & Dental		52.0%	45.9%	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	61.0%	62.8%	54.4%	56.1%	-6.4%	
	Statutory and Mandatory Training			86.52%	86.96%	88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.90%	88.20%	88.10%	88.60%	87.70%	88.0%	1.2%	

RESPONSIVE

Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)			8	20	25	17	29	36	10	17	14	8	9	11	5	3	50	-37
	Patient Moves Out of Hours (Non-Clinically Justified Only)			58	64	84	106	103	187	75	70	67	72	98	122	65	51	475	48
	ENA Risk Assessment	Falls		62%	61%	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	55%	56%	59%	-2%
	**infection eNA assessment*	Infection*		74%	73%	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	58%	59%	64%	-12%
	went live at RBCH	MUST		64%	64%	63%	65%	61%	57%	63%	63%	69%	66%	65%	61%	59%	60%	63%	0%
	during April 20	Waterlow		61%	61%	61%	61%	60%	52%	59%	60%	65%	62%	62%	57%	55%	56%	59%	-1%
RTT	18 week performance %		92%	49.0%	56.2%	60.4%	63.4%	64.8%	63.0%	59.3%	58.2%	59.6%	63.2%	65.7%	65.2%	65.4%	64.1%		
	Waiting list size		44,508	41,172	43,123	44,320	44,349	44,117	44,615	45,524	47,133	47,984	48,773	49,099	48,687	49,906	51,491		
	Waiting List size variance compared to Mar 2019 %, and Jan 2020 for 21/22		0%	-3%	1.3%	4.1%	4.1%	3.6%	4.8%	6.9%	10.7%	7.8%	9.6%	10.3%	9.4%	12.1%	15.7%		
	No. patients waiting 26+ weeks			16,950	17,001	14,220	12,131	10,738	10,904	11,672	12,408	12,692	12,682	11,972	11,085	10,929	11,508		
	No. patients waiting 40+ weeks			6,395	6,921	7,197	7,799	8,031	7,258	7,006	6,727	6,474	6,151	5,962	5,872	5,971	5,922		
	No. patients waiting 52+ weeks		0	2,050	2,636	2,998	3,242	3,439	4,273	5,325	5,595	4,816	4,156	3,737	3,402	3,408	3,480		
	No. patients waiting 78+ weeks			0	70	92	149	291	542	726	979	1,176	1,268	1,180	1,318	1,635	1,740		
	No. patients waiting 104+ weeks			0	0	0	0	0	0	0	0	9	24	66	101	133	178		
	Average Wait weeks		8.5	20.8	20.6	19.5	18.3	18.6	18.3	18.3	20.1	19.5	19.5	20.1	20.1	20.1	20.1		
Theatre	Theatre utilisation - main		98%	67%	71%	71%	71%	73%	69%	67%	73%	73%	74%	75%	72%	73%	74%		
	Theatre utilisation - DC		91%	70%	73%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%	58%		
	NOFs (Within 36hrs of admission - NHFD)		85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%	39%		
Outpatients	**Referral Rates**																		
	GP Referral Rate year on year +/-	*(20/21 baseline)*	-0.5%										200.1%	127.3%	86.0%	66.7%	50.5%		
		(19/20 baseline)	-0.5%	-45.8%	-37.8%	-34.4%	-32.0%	-28.2%	-29.5%	-29.0%	-22.4%	-12.6%	-10.2%	-8.6%	-10.8%	-10.8%	-10.9%		
	Total Referrals Rate year on year +/-	*(20/21 baseline)*	-0.5%										169.1%	120.5%	87.2%	70.3%	53.5%		
		(19/20 baseline)	-0.5%	-45.3%	-37.1%	-32.2%	-28.7%	-24.5%	-22.8%	-22.2%	-17.2%	-8.9%	-8.0%	-3.9%	-6.2%	-6.0%	-5.6%		
	Outpatient metrics																		
	Overdue Follow up Appts			13,652	13,941	13,722	13,099	13,941	14,883	15,775	15,669	15,404	15,266	15,330	15,389	16,272	16,487		
	Follow-Up Ratio		1.91	1.46	1.44	1.44	1.48	1.44	1.63	1.54	1.44	1.40	1.36	1.37	1.40	1.47	1.48		
	% DNA Rate		5%	5.7%	6.6%	7.0%	6.6%	6.0%	5.5%	5.0%	5.0%	5.7%	5.8%	6.3%	6.6%	6.7%	6.9%		
	Patient cancellation rate			9.2%	9.9%	10.3%	9.5%	10.4%	12.1%	8.8%	5.4%	8.3%	9.1%	10.5%	12.2%	11.7%	13.0%		
	30% reduction in face to face attendances																		
	% telemedicine attendances		25%	52.9%	44.5%	42.0%	43.1%	39.4%	52.1%	52.8%	42.5%	37.3%	34.1%	31.3%	28.7%	28.5%	26.1%		
DM 01	**Diagnostic Performance (DM01)**																		
	% of <6 week performance		1%	19.5%	16.9%	9.8%	1.4%	2.7%	6.4%	5.9%	2.9%	3.7%	2.6%	1.8%	3.3%	6.1%	5.5%		
Cancer	2 week wait (RBH not being monitored)			99.3%	95.4%	-	-	-	-	-	-	-	-	-	-	-	-		
	62 day standard		85%	76.6%	76.1%	77.9%	80.3%	77.5%	78.5%	71.6%	83.2%	76.1%	76.9%	79.8%	78.8%	77.3%	72.3%	*(September predicted)*	
	28 day faster diagnosis standard		75%	80.3%	72.9%	76.6%	86.7%	78.6%	72.5%	80.2%	83.6%	75.9%	77.6%	75.3%	78.2%	75.2%	71.4%	*(September predicted)*	
Emergency Dept	Arrival time to initial assessment		15	5.7	5.7	5.1	5.0	6.0	6.0	5.0	6.0	9.0	9.0	13.0	14.0	10.0	7.0		
	Clinician seen <60 mins %			31.0%	36.2%	39.9%	43.7%	41.8%	50.5%	52.9%	45.2%	30.6%	27.0%	18.3%	16.1%	17.1%	19.8%		
	PHT Mean time in ED		200	227	206	210	230	235	266	235	205	217	229	239	250	274	266		
	RBCH Mean Time in ED		200	211	217	226	219	259	258	222	206	223	228	250	280	297	278		
	Patients >12hrs from DTA to admission		0	0	0	0	7	8	3	1	0	0	0	0	0	0	5		
	Patients >6hrs in dept			1833	1454	1540	1488	2126	2052	698	1072	1674	2110	2735	3656	4349	3679		
	ED attendance Growth (YTD)	*vs 20/21*										94.3%	17.0%	56.1%	45.8%	37.4%	33.2%		
		vs 19/20		-26.0%	-23.2%	-15.7%	-21.2%	-21.8%	-22.6%	-31.4%	-21.1%	-3.0%	-15.0%	9.0%	0.9%	1.7%	2.3%		
SWAST SCAST	Ambulance handover growth (YTD)	*vs 20/21*										43.0%	35.7%	22.9%	14.6%	9.8%	6.1%		
		vs 19/20				-6.7%	-7.5%	-7.0%	-4.7%	-11.9%	-4.4%	7.8%	8.8%	8.9%	7.3%	1.7%	2.4%		
	Ambulance handover 30-60mins breaches			313	228	249	213	261	296	126	190	227	264	341	411	330	290		
	Ambulance handover >60mins breaches			56	52	48	57	103	203	12	20	42	67	117	168	238	203		
Patient Flow	Emergency admissions growth (YTD)	*vs 20/21*										33.2%	17.0%	2.2%	26.7%	21.1%	17.0%		
		vs 19/20		-11.9%	-10.5%	-12.1%	-15.4%	-16.4%	-13.1%	-19.3%	-13.4%	-16.2%	-15.0%	-15.1%	-1.4%	-2.2%	-2.9%		
	Bed Occupancy		85%		85.9%	86.0%	85.4%	85.2%	87.4%	84.6%	82.3%	85.1%	90.5%	90.3%	89.7%	92.5%	90.3%		
	Stranded patients:																		
	Length of stay 7 days				380	394	385	311	443	311	347	338	374	390	407	483	467		
	Length of stay 14 days				197	214	219	155	242	155	184	178	195	216	233	296	294		
	Length of stay 21 days		108		108	126	132	86	144	86	105	103	115	132	148	198	198		
	Non-elective admissions				6089	6279	5673	6034	5231	6034	6130	6355	6463	6366	6486	6119	5972		
	> 1 day non-elective admissions				3796	3932	3554	3686	3521	3686	3737	3873	4025	3885	4108	3950	3756		
	Same Day Emergency Care (SDEC)				2291	2346	2118	2344	1710	2344	2387	2481	2437	2478	2374	2166	2211		
	Conversion rate (admitted from ED)		30%		34.40%	36.10%	38.30%	36.90%	42.30%	36.90%	37.00%	33.90%	32.50%	30.40%	29.90%	29.00%	28.30%		

Quality - SAFE

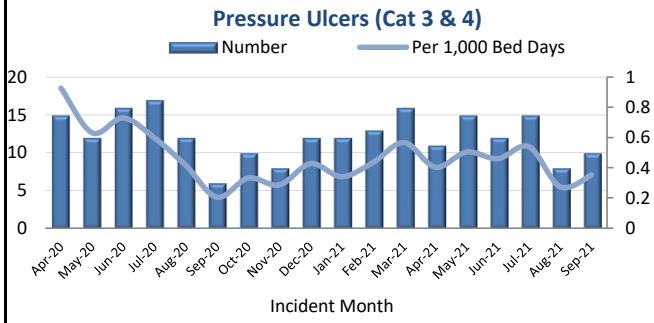
Commentary on high level board position

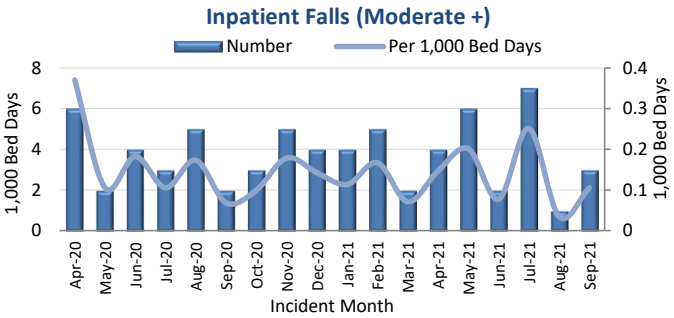
- Ten category 3's reported in month, no category 4's. Mixed aetiology (pressure + moisture) account for 4 incindets. One patient with a cat 2 on admission deteriorated to a cat 3 whilst on the PCPLDL. The remaining incidents were all new incidents.
- Three falls moderate and above reported this month. Two moderate incidents due to fractures sustained. One severe incident reported due to a fractured neck of femur
- Four (4) new Serious Incidents reported in month (September 21). Full report on learning from completed scoping meeting and investigations included in CMO report to Quality Committee and Board.
- No Never events reported in month. YTD figure remains below 20/21 figure.
- Number of patient safety incidents reported to NRLS remains below 20/21. Focus on raising awareness about reporting LERNS across UHD, including near miss and no harm events planned for November 21.

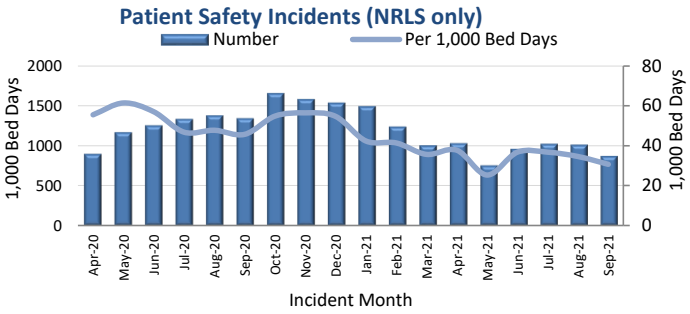
High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Presure Ulcers (Cat 3 & 4)	Number	71	78	-7
	Per 1,000 Bed Days	0.42	0.54	-0.12
Inpatient Falls (Moderate +)	Number	23	22	1
	Per 1,000 Bed Days	0.14	0.15	-0.02
Medication Incidents (Moderate +)	Number	10	6	4
	Per 1,000 Bed Days	0.06	0.04	0.02
Patient Safety Incidents (NRLS only)	Number	5,645	7,368	-1723
	Per 1,000 Bed Days	33.45	51.20	-17.76
Hospital Acquired Infections	MRSA	1	0	1
	MSSA	24	17	7
	C Diff	41	34	7
	E. coli	42	33	9

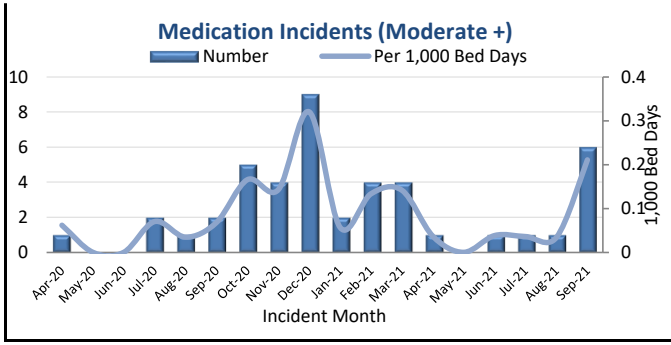
High Level Trust Performance

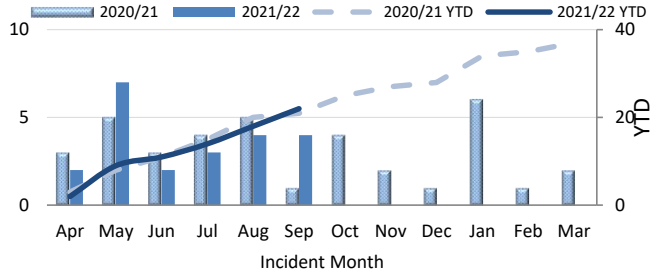


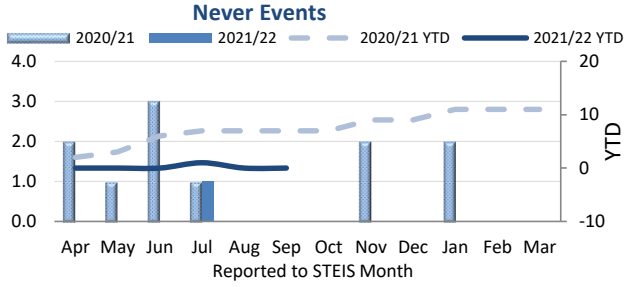




0 (Aug 21) MRSA 0 (Sep 21) | 5 (Aug 21) MSSA 5 (Sep 21) | 5 (Aug 21) C Diff 8 (Sep 21) | 10 (Aug 21) E. coli 7 (Sep 21)







Quality - RESPONSIVE

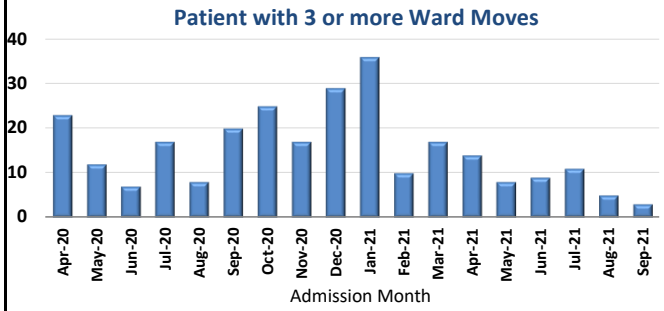
Commentary on high level board position

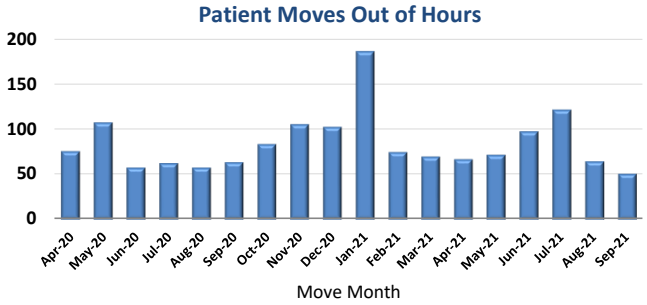
- Reporting on mixed sex accomodation remains on hold nationally, the Trust however continues to aspire to maintain this standard and reporting will be re-started in November 2021
- eNA compliance of the intial assessment completion within 6hrs of admission remains a challenge for admitting areas and shows no change. Discussions are taking place with Matrons to explore ways of improving completion

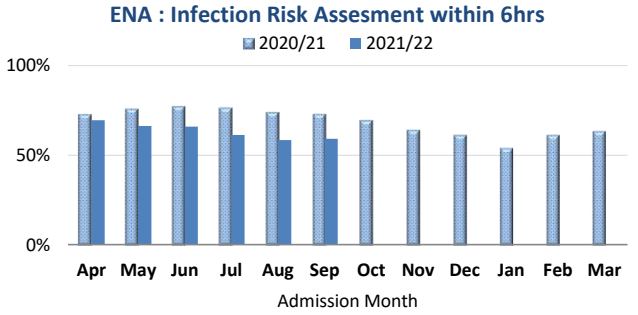
High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	50	87	-37
Patient Moves Out of Hours (Non-Clinically Justified Only)	475	427	48
Mixed Sex Acc. Breaches Suspended Apr-20 onwards due to Covid	0	0	N/A
ENA Risk Assessment			
Falls	59.3%	60.7%	-1.5%
Infection	63.5%	75.2%	-11.7%
MUST	63.4%	63.6%	-0.2%
Waterlow	59.6%	60.3%	-0.7%

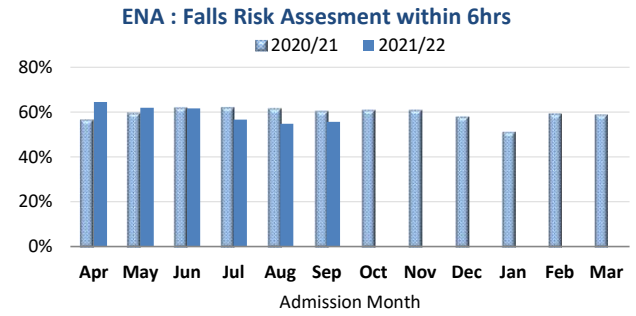
High Level Trust Performance

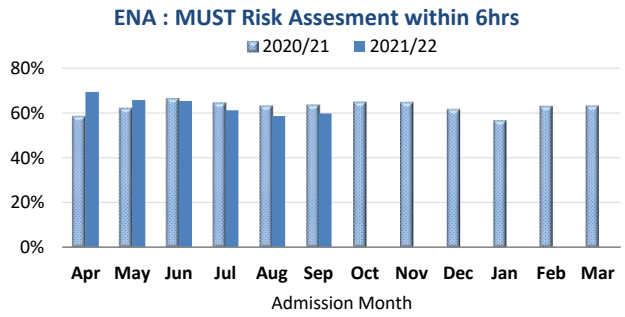


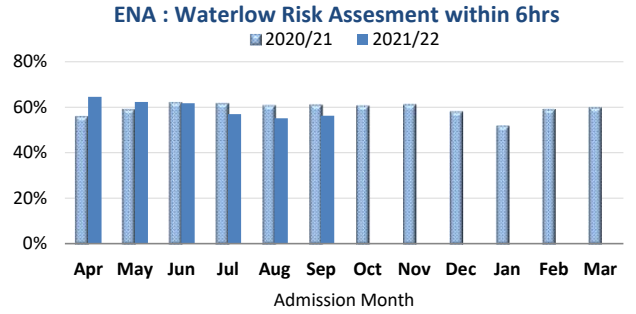




54.7% (Aug 21) Falls 55.6% (Sep 21) | 58.7% (Aug 21) Infection 59.2% (Sep 21) | 58.7% (Aug 21) MUST 59.7% (Sep 21) | 55.0% (Aug 21) Waterlow 56.2% (Sep 21)







Quality - EFFECTIVE AND MORTALITY

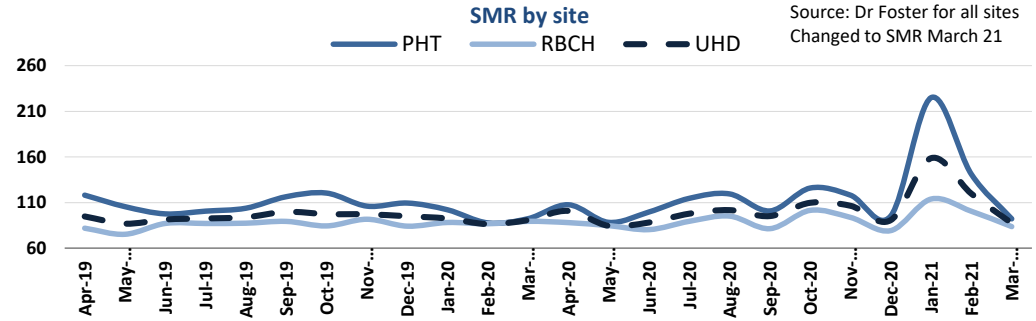
Commentary on high level board position

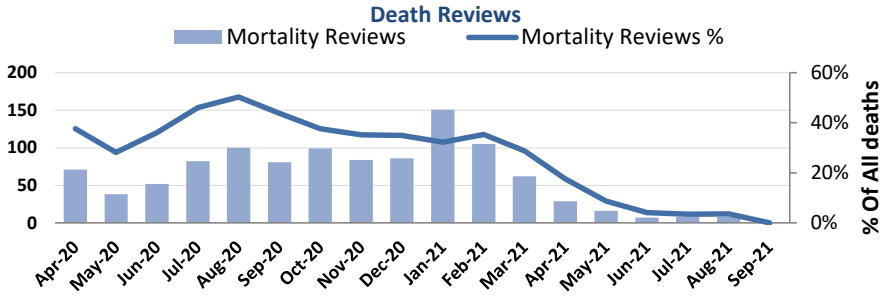
- Please see separate briefing regarding Mortality

High level Board Performance Indicators

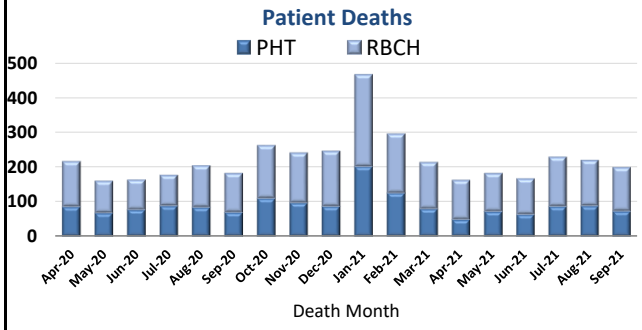
		21/22	20/21	Variance
SMR (Source: Dr Foster for all sites)	Latest (Mar-21 - UHD)	87.4	90.8	
Patient Deaths	YTD	1177	1120	**57**
Death Reviews Note: 3 month review turnaround target	Number	68	424	**N/A**
	Percentage	6%	41%	
Deaths within 36hrs of Admission		197	201	**-4**
Deaths within readmission spell Patient readmitted within 5 days		101	83	**18**

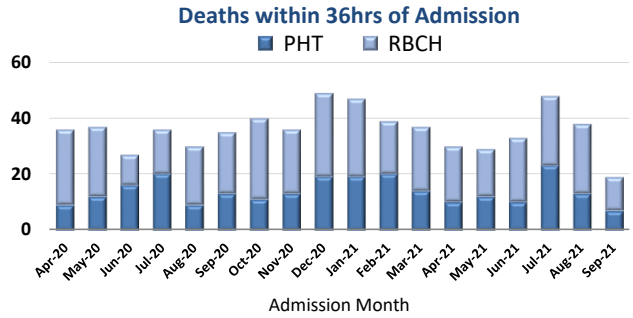
High Level Trust Performance

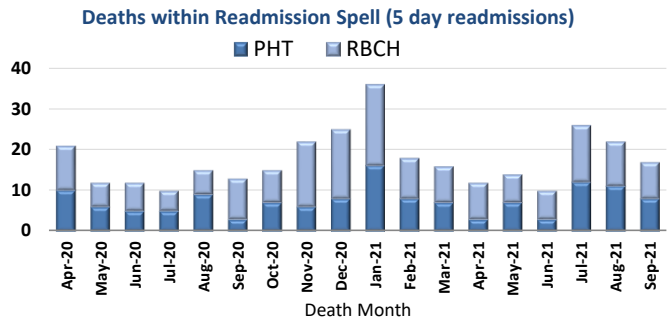




119.7 (Feb 21) SMR 87.4 (Mar 21)	223 (Aug 21) Patient Deaths 202 (Sep 21)	0% (Aug 21) Deaths Reviewed 0% (Sep 21)







Quality - CARING

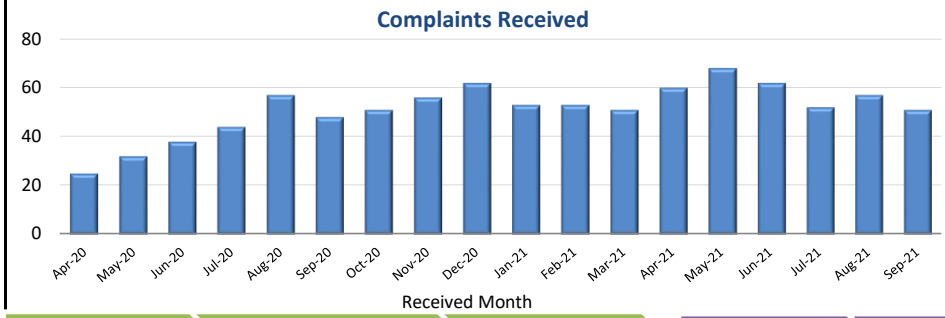
Commentary on high level board position

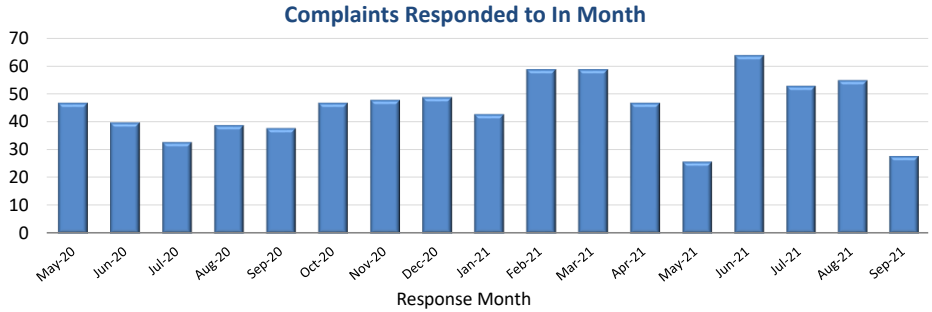
- A steady increase in FFT responses has been seen over the last 3 months as the SMS text service has been rolled out across the RBCH site. 86.6% of patients who responded rate their care as good or very good.
- The number of complaints responded to in month has fallen significantly. This can be attributed to significant workforce gaps in the corporate team. Turnaround plans are in place.
- The volume of PALS enquires and concerns received has seen a 20% increase over the last 12 months. Processes have been reviewed to maintain timeliness and responsiveness and this is work in progress.
- **Key themes from complaints:** inadequate examination and monitoring; breakdown in communication; lack of professionalism and disrespect
- **Safeguarding**: There was a significant rise in section 42 enquiries on the Bournemouth site during quarter 1 and 2. All of these section 42s were fully investigated and a full report written for the CQC on each concern raised. Following this, the adult safeguarding team had a constructive and positive meeting with the CQC in September with no further issues raised.

High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Complaints Received	350	244	106
Complaint Response Compliance	TBC		
Complaint Response in month	273	244	29
Section 42's	12	17	-5
Reported quarterly			
Friends & Family Test	88%	91%	-3%
New guidelines from June 2020			

High Level Trust Performance

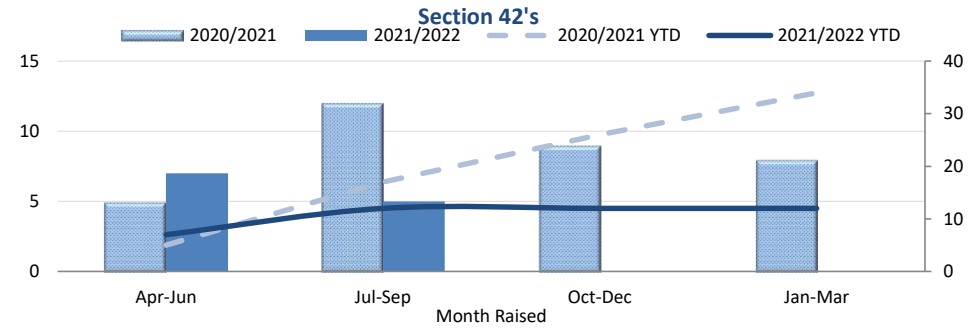


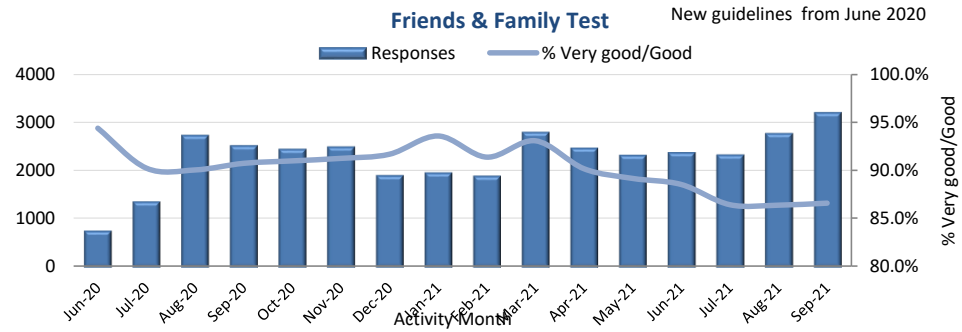


57 (Aug 21) | Complaints Received | 51 (Sep 21)

55 (Aug 21) | Complaint Responses | 28 (Sep 21)

86.4% (Aug 21) | FFT % V.Good/Good | 86.6% (Sep 21)





Quality - WELL LED

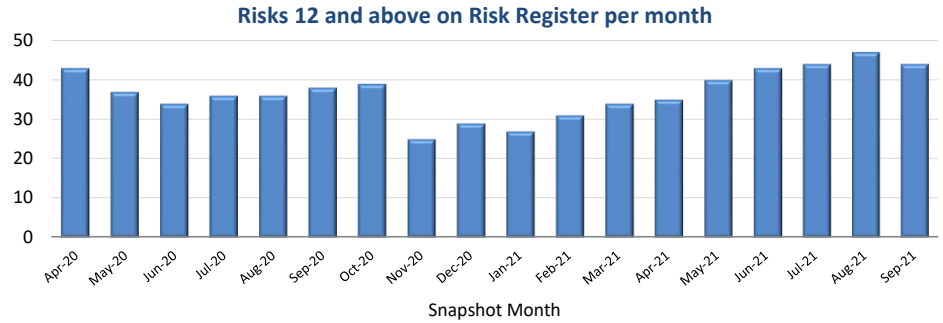
Commentary on high level board position

- Risk register update provided in Quality Committee and Board report
- Heat map risk reports provided to Finance and Performance Committee, Workforce Committee, Quality Committee and Audit Committee.
- All National Patient Safety Alert actions in progress. Monitoring via Medical Devices Safety Group, Medical Gas Group, Quality Governance Group and Quality Committee
- There were 87 red flags raised during September across adult in patient and maternity services on the Poole site with the primary reasons of increased levels of challenging patients and reduced levels of staff availability.

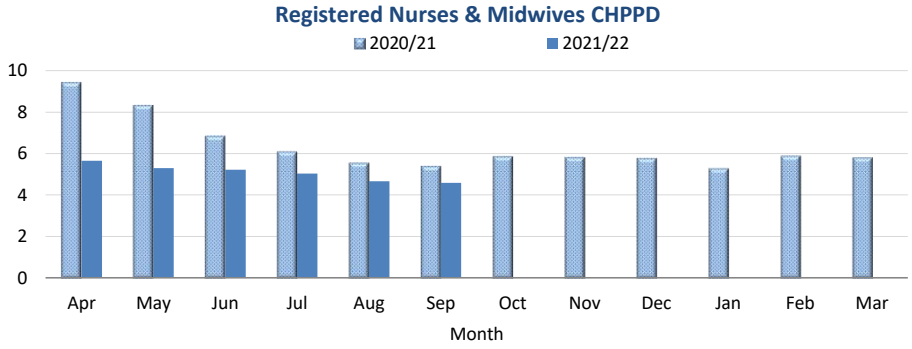
High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Risks 12 and above on Register	44	38	6
Red Flags Raised* *criteria now aligned across UHD	444	131	313
Registered Nurses & Midwives CHPPD	5.0	6.7	-1.7
Patient Safety Alerts Outstanding	0	0	0

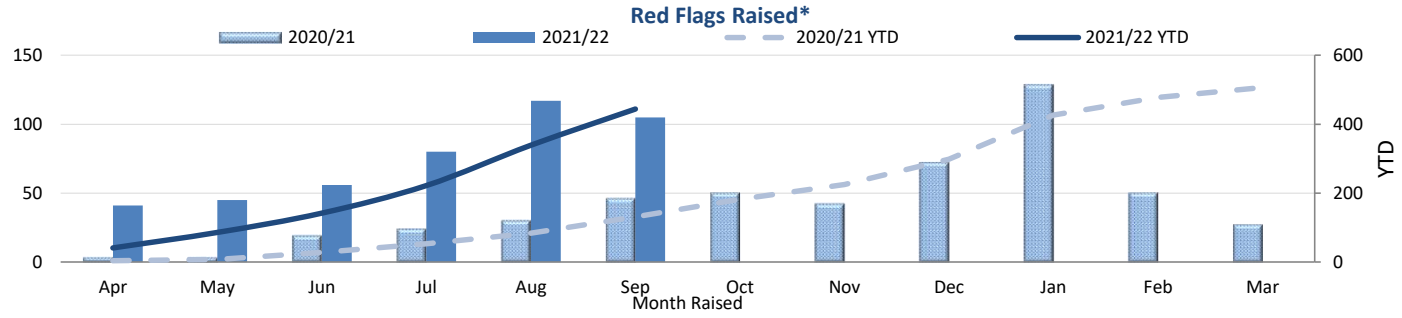
- **High Level Trust Performance**



47 (Aug 21) | Risks 12+ | 44 (Sep 21)



4.67 (Aug 21) | RN & RMN CHPPD | 4.58 (Sep 21)



Workforce

Commentary on high level board position

The Turnover figure shows minor monthly fluctuations but remains at around 12%. Although Resourcing are working at full capacity to fill posts, we are tracking minor reductions in heads and WTE for clinical staff not including doctors.

Vacancy Rate: The UHD level vacancy rate for August (gap between funded establishment and actual posts being occupied) has been adjusted to 3.56% and we continue to refine ESR data in order to drill this down further.

Overall Sickness levels have increased this month to 5.21% putting greater pressure on the operations across the sites. We are also now showing above the covid-related non-sickness absence at 0.61% which is a reduction from last month.

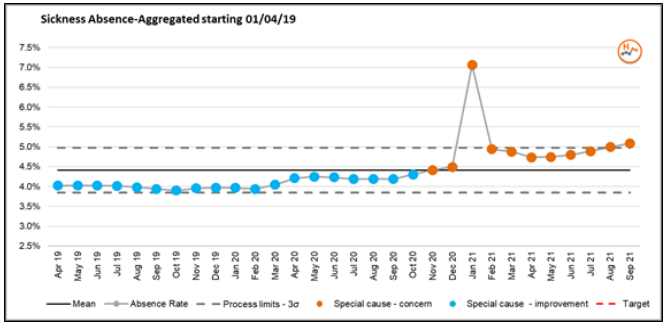
Value based appraisal levels have seen an uplift this month and we expect there may be a recording lag which will be addressed in coming weeks.

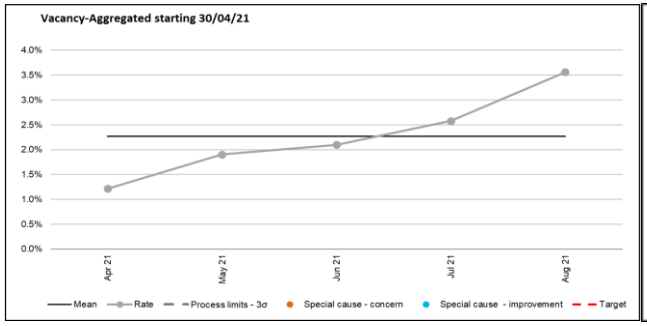
Statutory and Mandatory training compliance continues strong and stable in the high 80's despite ongoing challenges and disruption in training schedules.

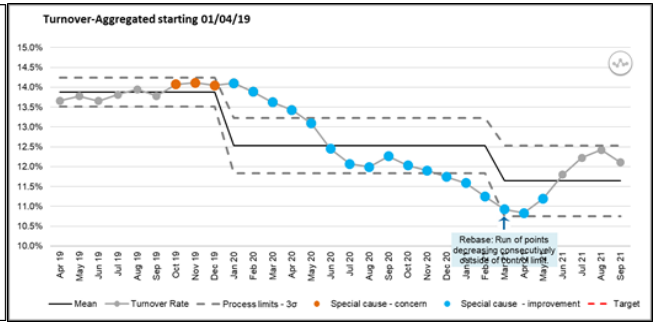
High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Turnover		11.8%	12.5%	-0.8%
Vacancy		2.3%		N/A
Sickness Rate		4.9%	4.2%	0.7%
Appraisals	Values Based	23.4%	33.7%	-10.3%
	Medical & Dental	56.1%	62.5%	-6.4%
Statutory and Mandatory Training		88.0%	86.8%	1.2%

High Level Trust Performance





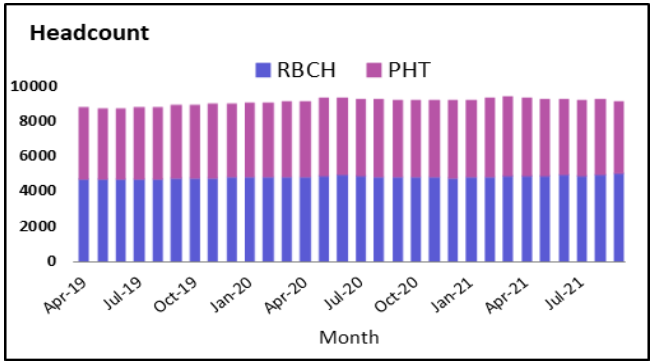


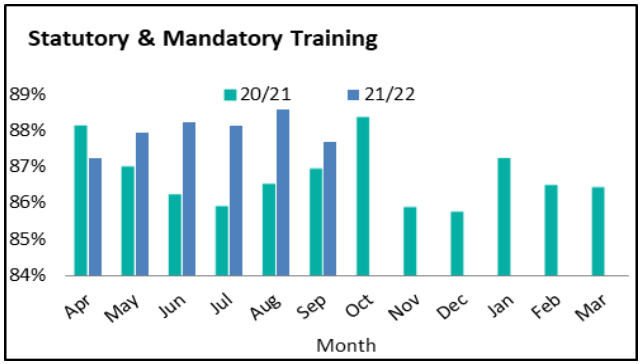
62.8% (Aug21) | Appraisals (Medical) | 54.4% (Sept21)

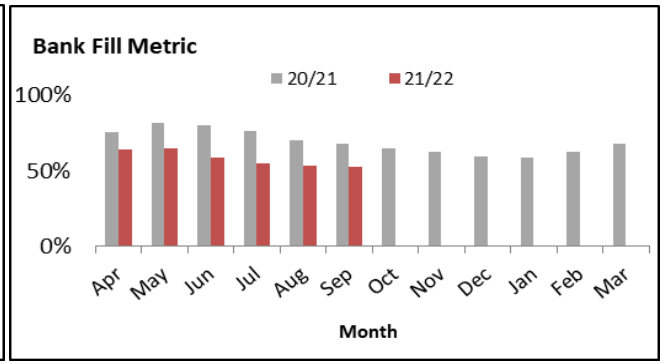
35.7% (Aug21) | Appraisals (Values) | 48.7% (Sept21)

12.4% (Aug21) | Turnover | 12.1% (Sept21)

5.0% (Aug21) | Sickness | 5.1% (Sept21)







Emergency

Commentary on high level board position

UHD continues to experience challenges with Emergency flow due to multiple factors, despite a reduction in attendances. In real terms there were 9 attendances per day less than August 21, though an increase of 5.6% compared to September 19, 2.3% YTD. Note, surge remains a challenge.

Ambulance activity is lower than the same period in 2019 (10.5%), and compared to August 2021 (7 per day). Ambulance delays did improve in month, however, 203 waited greater than 60 minutes (238 in August), with 77% of these occurring at the RBH site. Ambulances being held for more that 30 minutes significantly reduced from 411 in August to 290 in September.
The increased occupancy trend continued and remained a challenge at both sites. Deep dive analysis of the PH activity demonstrates that key metrics mirror similar periods in previous years with the exception of bed waits, which are almost twice as long as previously. Patients with no criteria to reside in hospital beds remains high impacting the efficiency of flow on both sites, manifesting itself as crowding in both Emergency Departments.

Internal metrics continue to show improvement with time to assessment improved to 7 minutes, and almost 4% improvement in patients being seen by a clinician with 60 minutes. However, there is more to do to return to pre pandemic levels and our ongoing ED focused improvement work remains paramount. Numbers of patients spending more than 12 hours in ED reduced by 50% in September, however, 5 breached the 12 hour decision to admit standard.

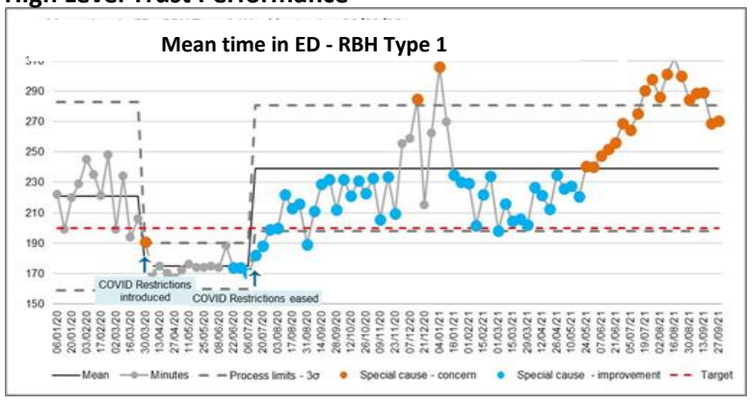
High level Board Performance Indicators

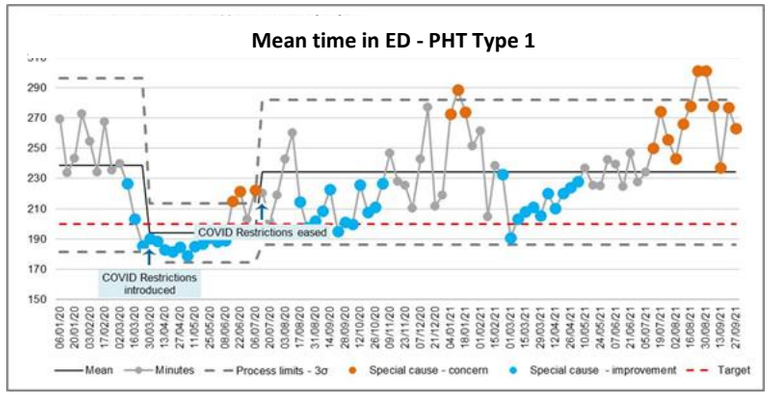
Type 1 ED	Standard	Merged Trust
Emergency Dept		
Arrival time to initial assessment	15	7
Clinician seen <60 mins		19.8%
PHT Mean time in ED	200	266
RBCH Mean Time in ED	200	278
Patients >12hrs from DTA to admission	0	5
% Patients >6hrs in dept		26.3%
YTD ED attendance Growth vs 20/21 (vs 19/20)		33.2% (2.3%)
Ambulance Handover		
YTD Ambulance handover Growth vs 20/21 (vs 19/20)		6.1% (2.4%)
Ambulance handover 30-60mins breaches		290
Ambulance handover >60mins breaches		203
Emergency Admissions		
YTD Emergency admissions growth vs 20/21 (vs 19/20)		17.0% (-2.9%)

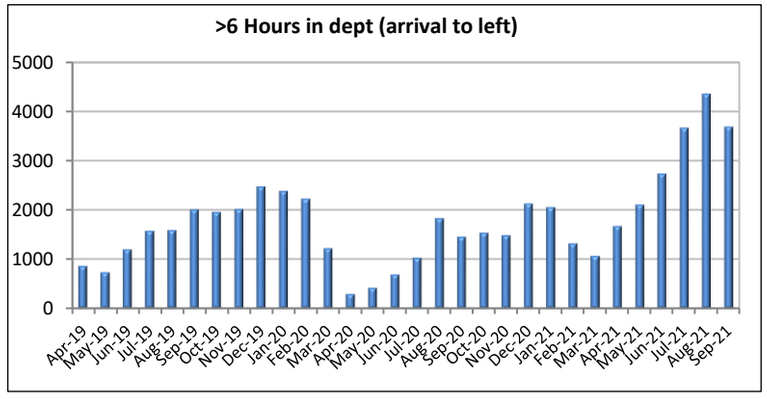
10 mins Aug-21 → Mean time to initial assessment → 7 mins Sep-21

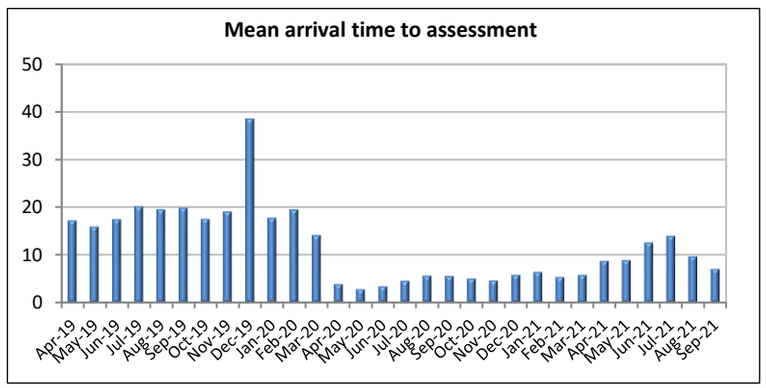
286 mins Aug-21 → Mean time in Dept. RBH & PHT → 273 mins Sep-21

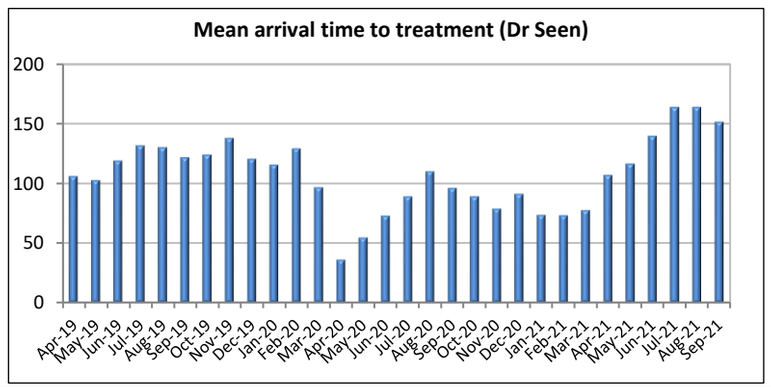
High Level Trust Performance

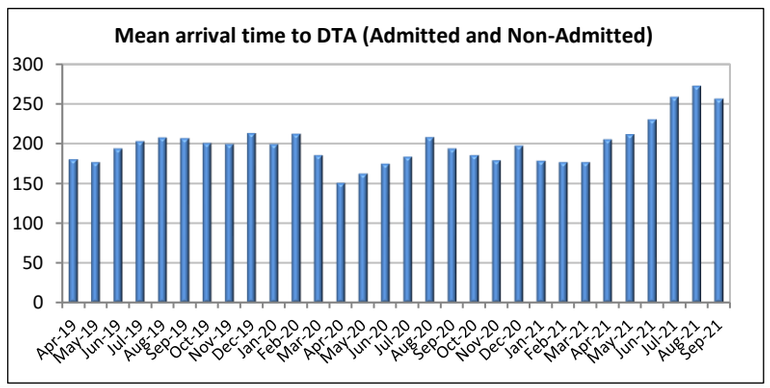












Patient Flow

Commentary on high level board position

Patient Flow

Bed occupancy levels continued to be a challenge in September against the internal target of 88%. Some reduction was seen in month (2.7% excl.escalation capacity) though October is already seeing further increase. Escalation capacity has been opened alongside risk assessed/mitigated infection control beds to manage high occupancy levels and maintain safe flow. Paediatric occupancy remained stable throughout September, with plans in place should there be an impact of non Covid viruses/conditions.

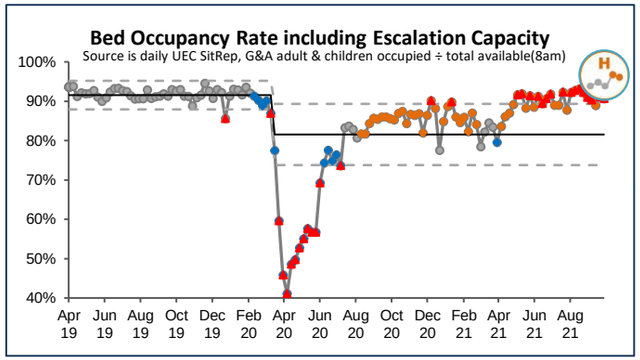
Adult occupied bed days decreased by 1390 days compared to the previous month. In month there was a small net decrease in hospital admissions compared to discharges (-29) which may have impacted on the improved mean bed wait from EDs (109 mins) towards the end of the month, though this remains a challenge with the higher levels of occupancy.

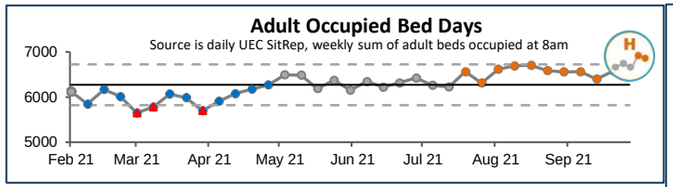
Overall, total admissions remain steady and below 2019 levels, pressure on bed capacity is attributed to long length of stay, particular in the 21+ day cohort of patients. The Trust will depend on SDEC developments over Q3 to provide sufficient capacity if admissions rise alongside the system wide discharge schemes supported by the Home First Board.

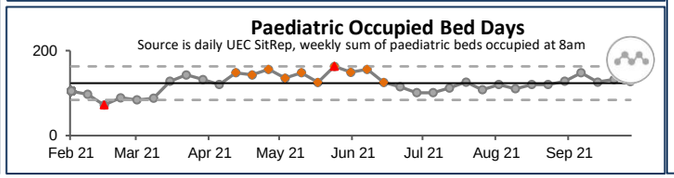
High level Board Performance Indicators & Benchmarking

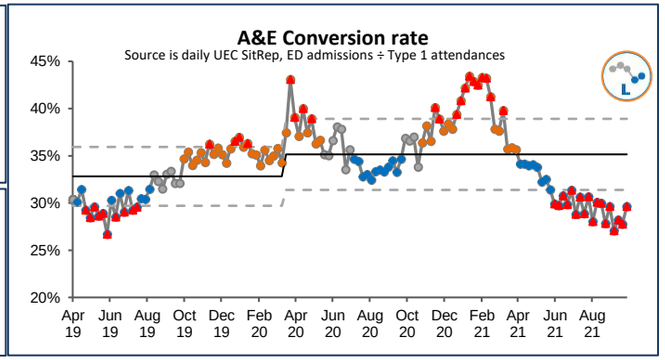
September 2021	**Standard**	**Merged Trust**
Patient Flow		
Bed Occupancy		
(incl. escalation in capacity)	85%	90.3%
(excl. escalation in capacity)		90.8%
Occupied Bed Days		28,542
Admissions v Discharges		6,880 v 6,909
Net admissions	<= 0	-29
Non-elective admissions		5,972
> 1 day non-elective admissions		3,756
Same Day Emergency Care (SDEC)		2,211
Conversion rate (admitted from ED)	30%	28.3%
Mean bed wait: minutes *w/c 27 Sep*		109.25

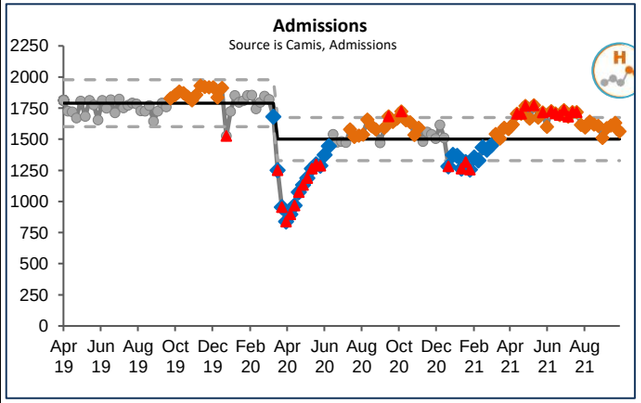
High Level Trust Performance (weekly)

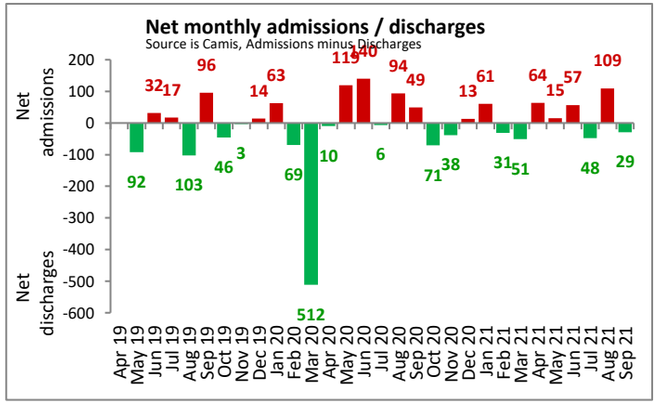


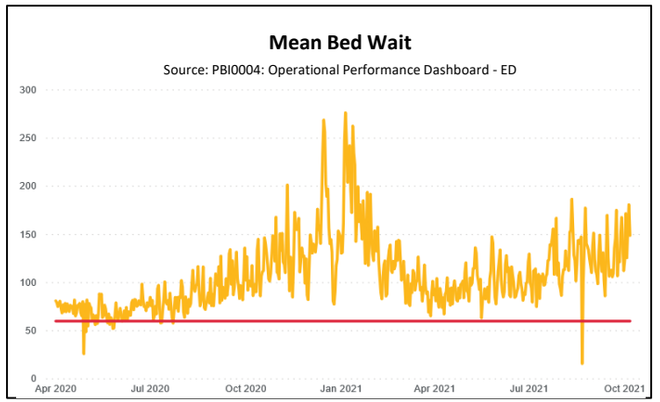












Length of Stay and Discharges

Commentary on high level board position

Patient Flow

The average number of beds per day occupied by patients with a stay >7 days has remained static. However, bed occupancy for patients with LoS >21 days increased, an average of 198 beds in September compared to 171 in August and is above pre pandemic levels. The 3.1% rise in this cohort has had a detrimental impact on occupancy levels as well as limiting flow in key areas. The overall increased stay for stranded patients remains above the national standard and continues to cause operational challenges to managing flow and the national UEC metrics.

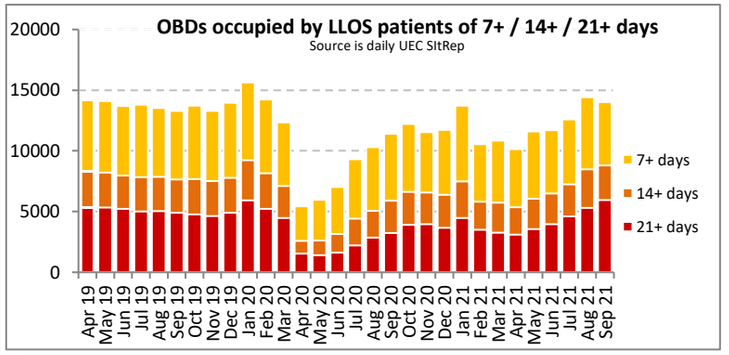
The number of patients who are medically ready to leave/have no reason to reside (MRTL/NRTR) has increased with an average of 173 patients waiting in September compared to 164 patients awaiting discharge in August. This reached a peak towards the end of September and a system supported rapid decant programme has commenced. Sustained outputs of this are yet to be realised. The overall proportion of MRTL patients has remained static at 22%. Internal processes account for 21% of the patients no longer meeting the Criteria to Reside (C2R), an improvement by 2% on the previous month. Data completeness in relation to whether a patient has a C2R continues to improve to >80% with support from the project group. However, further work is required to improve capture of the specific criteria.

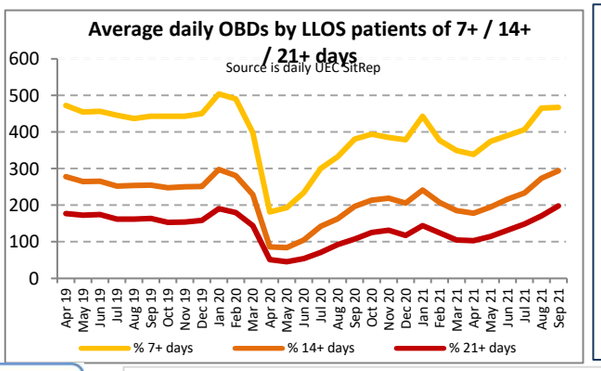
High level Board Performance Indicators & Benchmarking

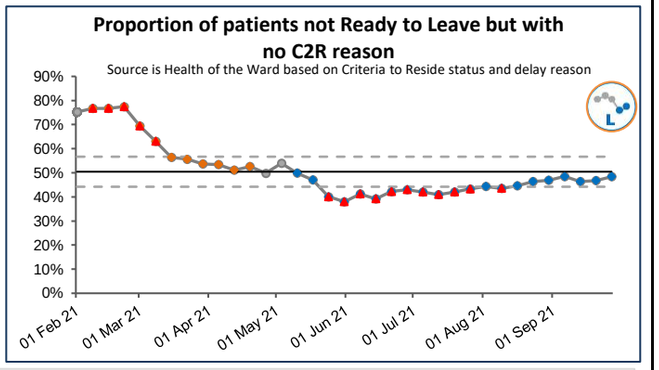
September 2021	**Standard**		**Merged Trust**	
Length of Stay and Discharges				
Stranded patients:				
Length of stay 7 days		*42%*	467	*49.1%*
Length of stay 14 days		*21%*	294	*30.9%*
Length of stay 21 days	108	*12%*	198	*20.8%*

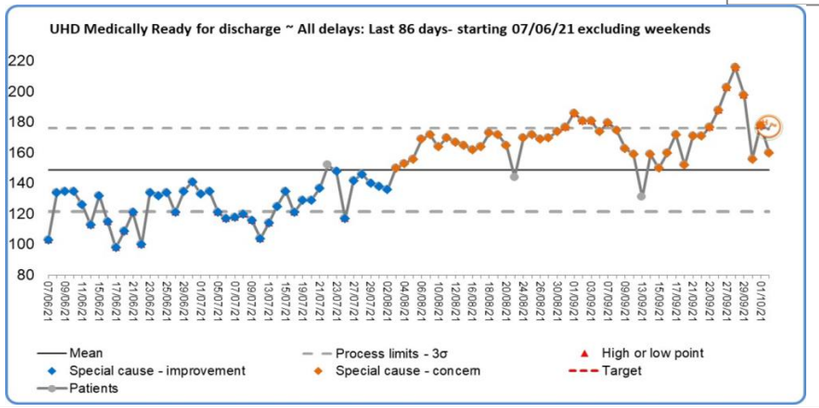
Criteria to Reside (excludes Ready to Leave)	Physiology	5%
	Function	15%
	Treatment	26%
	Recovery	7%
	Reason Not Recorded	**47%**
Proportion of patients who are Ready to Leave		22%

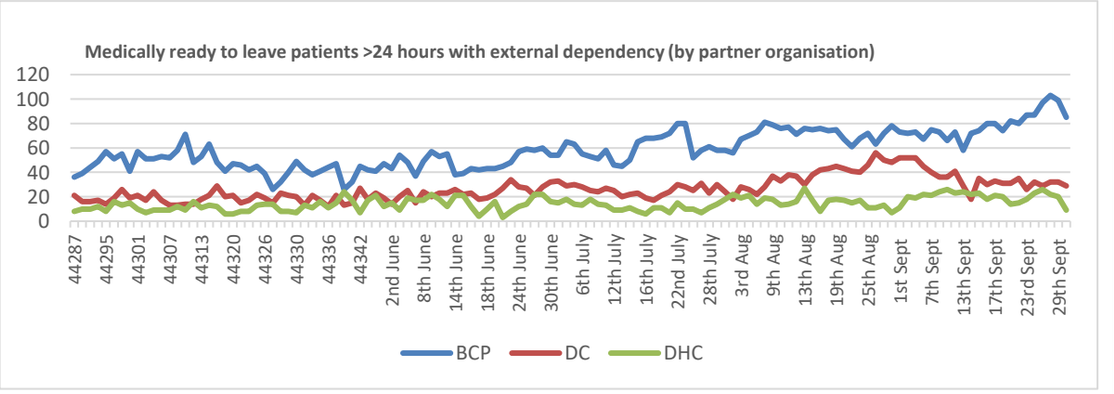
High Level Trust Performance (weekly)











Escalation Report

Sep-21

Trauma Orthopaedics -75% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.

Activity | Response

Definition of Trauma Quality Targets & Compliance Achieved

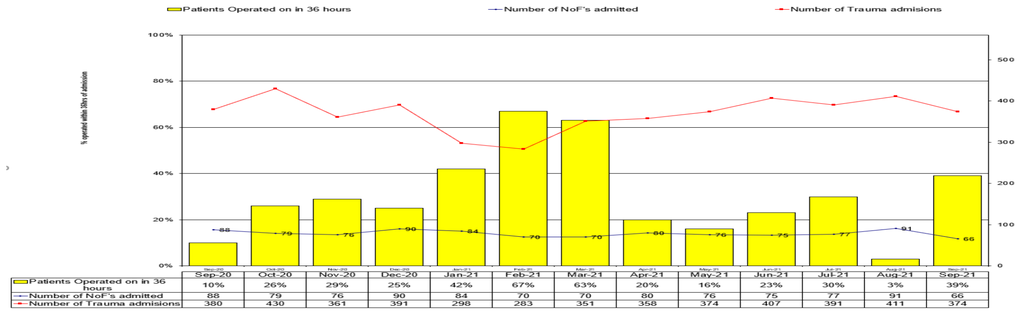
NHFD Best Practice Tariff Target: 85% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission
Aug 2021 Compliance: 39%

CCG 2018-19 Quality Target: 95% of fractured neck of femur (NOF) patients to be operated on within 36 hours of admission or of being clinically appropriate for surgery, increasing to 95% by March 2019 (internal target remains at 95% on a monthly basis)
Aug 2021 Compliance: 75%
Internal Target: 95% of other trauma patients to theatre within 48 hours of admission or being deemed fit for surgery.
Aug 2021 Compliance: 96%

Breakdown of Breach Reasons and Waiting Times

NoF Breach Reasons	No. of pts
Patients not fit pre-op & needed optimising	17
Patients on anti coagulants	4
Other NoF/trauma patients prioritised	14
Loss of weekend capacity due to theatre staffing	0
Awaiting x-ray/scan availability	0
Required medical review pre-op	0
no Xray available	1
Awaiting specialist surgeon	3
Total breached NoFs	39

Demand on Trauma Directorate during September 2021



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Patients Operated on in 36 hours	10%	26%	29%	25%	42%	67%	63%	20%	16%	23%	30%	3%	39%
Number of NoF's admitted	88	79	76	90	84	70	70	80	76	75	77	91	66
Number of Trauma admisions	380	430	361	391	298	283	351	358	374	407	391	411	374

Escalation Activity in September 2021

Although a busy month, our results for September are a vast improvement on Augusts helped with a reduction in the number of NoF's (66 in September compared to 91 in August) and Periprosthetic fractures (12 in September compared to 21 in August). We have lost approximately 39 theatre sessions in September, though 9 sessions were added in at the beginning of the month to help trauma in escalation. The lists we continue to loose are the third session in theatre 4 Monday, Wednesday & Friday (this may improve for October), several day case lists and the third list at a weekend.

We started the month in a very poor position with 64 patients awaiting surgery of which 10 were patients with a fractured neck of femur and remained in stage 3 until the 9th of the month. With extra theatre lists added in we spent the remainder of the month in stage 2, achieving stage 1 (less than 34 patients awaiting surgery) for 5 days mid-month and finishing the month in stage 1.

Mitigations and Reset

Application of national clinical guidelines: Major trauma, #NOF, Spinal, discharge, flow.
Front door support: 7 day SHO front door cover with mid grade support
Theatre efficiency: as a result of following national guidelines = max 3 cases per session
Fracture clinic capacity increased to 550 per week, all patients are reviewed and receive telephone consultations where appropriate
VFC capacity increased to provide same day access.
RTT Performance 92%. Complete PTL validation and clinical review complete
Bed base, reduction in core capacity to provide critical care capacity, purple and green
Medical cover: continued ward SHO and support of medical SHO cover, established shadow consultant on call rota with escalation plan to include fellows and senior registrars.
SHO recruitment successful with all SHO positions now in post.

No decrease in the average daily NOF admissions leading to backlog of patients awaiting surgery
"other" trauma admissions initially reduced by 70% now on the increase
Conservative treatment options considered before operative intervention, Eg application of bone stimulators with 100% success rate.
Availability of timely fracture clinic reviews, both F2F and telephone
Direct support for front door teams reducing admissions.
Business case for 3 additional conultant posts approved at september HEG, 2 in post with a third to join in January.
Trauma Ambulatory Care unit (TOACU) opened at the end of July

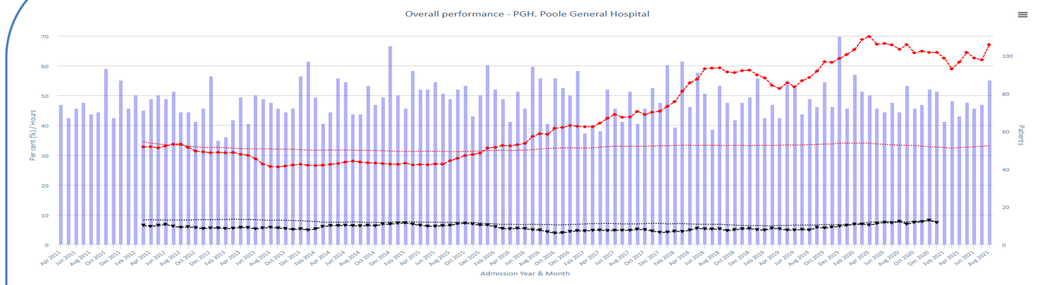
Complexity of Case Load

Soft Tissue	No. of pts
Patients requiring returns to theatre	12
Additional theatre slots required	14
Complex Surgery	**No. of pts**
Total Hip Replacements for NoFs	5
Revisions carried out	0

12 patients required 2 or more trips to theatre this month, equating to an additional 14 theatre visits, which is approximately 5 theatre sessions (of multiple trips to theatre) if 3 soft tissue cases are done on a session.

2 patients with a fractured NoF did not have surgery, 1 died pre op and another was for conservative treatment, 11 of the 12 periprosthetic fractures required surgery.

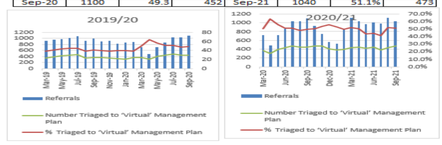
Neck of Femur QSPC Focus



Name	Code	Number of cases submitted	Surgery on day of, or day after, admission	Surgery supervised by consultant surgeon and anaesthetist	General anaesthetic	General anaesthetic and nerve block (of all GA)	Spinal anaesthetic	Spinal anaesthetic and nerve block (of all SA)	Proportion of arthroplasties which are cemented	Eligible displaced intracapsular fractures treated with THR	Trochanteric fractures (excl. reverse oblique) treated with SHS	Subtrochanteric fractures treated with an IM nail
Poole General Hospital	PGH	921	21.7	8.2	81.6	52.9	18.3	24.4	97.7	26.4	49.0	88.5
Queen Elizabeth Hospital, Edgbaston	QEB	867	59.0	99.8	71.9	0.0	23.2	0.0	57.7	19.6	56.1	87.8
Norfolk and Norwich Hospital	NOR	842	71.6	66.3	71.3	0.0	28.9	0.0	99.1	14.2	72.6	92.3
Leicester Royal Infirmary	LER	821	64.8	68.2	23.3	79.5	77.5	55.7	98.7	19.8	81.7	90.6

September Update on virtual fracture clinic

Month	2019/20 Referrals	2019/20 % Triaged to 'Virtual' Management Plan	2019/20 Number Triaged to 'Virtual' Management Plan	Month	2020/21 Referrals	2020/21 % Triaged to 'Virtual' Management Plan	2020/21 Number Triaged to 'Virtual' Management Plan
Mar-19	924	38.4	355	Mar-20	716	50.4%	361
Apr-19	953	40.6	387	Apr-20	484	63.6%	308
May-19	972	43.7	425	May-20	716	55.9%	400
Jun-19	1012	44.6	451	Jun-20	861	50.8%	438
Jul-19	1064	44.6	467	Jul-20	1040	51.1%	473
Aug-19	926	38.9	352	Aug-20	1038	47.8%	448
Sep-19	988	41.1	375	Sep-20	1100	49.3%	452
Oct-19	899	39.4	365	Oct-20	934	50.3%	467
Nov-19	924	38.4	355	Nov-20	743	53.2%	478
Dec-19	832	40.2	332	Dec-20	563	55.6%	403
Jan-20	860	40.2	314	Jan-21	518	52.5%	383
Feb-20	889	39	365	Feb-21	852	50.0%	400
Mar-20	716	50.4	361	Mar-21	1117	52.1%	438
Apr-20	484	63.6	308	Apr-21	1039	50.6%	452
May-20	716	55.9	400	May-21	972	43.7%	425
Jun-20	861	50.8	438	Jun-21	1012	44.6%	451
Jul-20	1040	51.1	473	Jul-21	988	41.0%	375
Aug-20	1038	47.8	448	Aug-21	1117	52.1%	438
Sep-20	1100	49.3	452	Sep-21	1040	51.1%	473



In comparison to 2019 activity we have seen an increase in patients managed virtually, with up to 64% of all referrals managed as such. over the comparable months there has been an over all increase to 55% Vs 40% in 2019. this has undoubtably helped to mitigate demands on F2F fracture clinics and remains a huge succsess.

Author John West

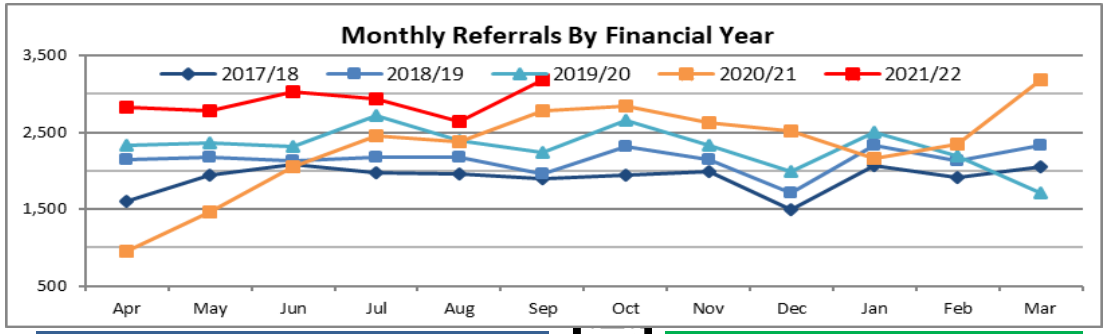
Cancer - Actual August 2021 and Forecast September 2021

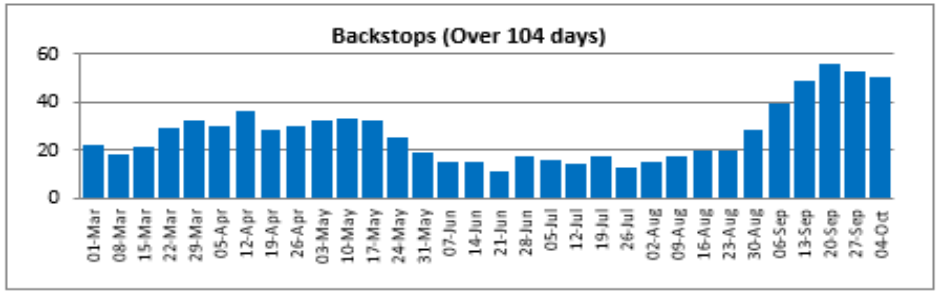
Commentary on high level board position

The number of referrals received in August remained high, and in September we saw a significant increase as seen in the graph. The total number on the UHD PTL is above 3500 which is the 15th largest PTL nationally (considerably larger than previous years). The number of patients on a fast track pathway continue to challenge all performance standards. However of the 30 trusts with the largest PTL's nationally, UHD continues to have the 3rd lowest % of backstop patients, even with the current challenges. 28 day FDS has been consistently achieved since April 2021 to August 2021 (5 months) and is expected to be achieved in September. The Trust is also now performing well against the 31 day standard achieving 2 out of 3 performance KPI's for Q1, July and August. First treatment numbers in June, July and August reached pre covid levels. In August only 1 tumour site (skin) performed above the 85% threshold for 62 days, however UHD continues to perform at aggregate above the current national average 74% with 5 tumour sites reporting performance over 73%.

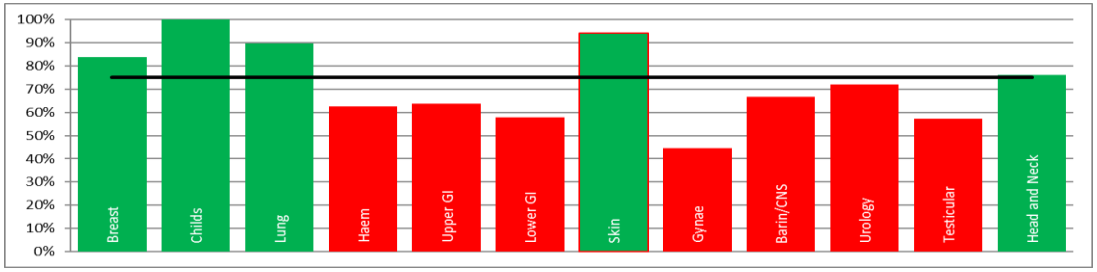
High level Board Performance Indicators & Benchmarking

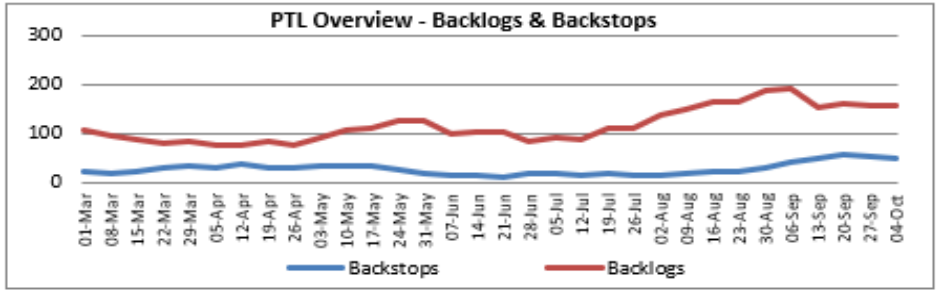
Cancer Standards	Standard	UHD Aug-21	Predicted Sep-21
31 day standard	96%	96.9%	97.1%
62 day standard	85%	77.3%	72.3%
28 day faster diagnosis standard	75%	75.2%	71.4%



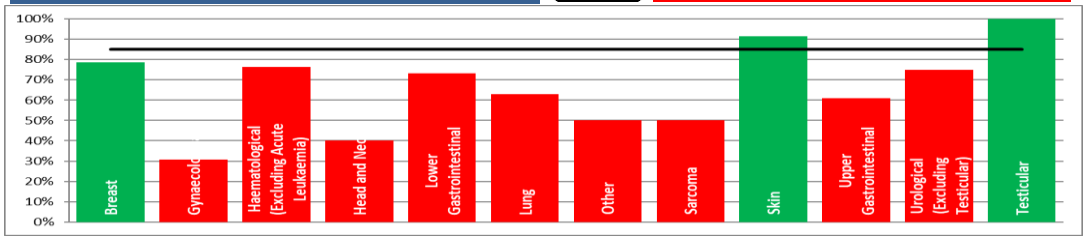


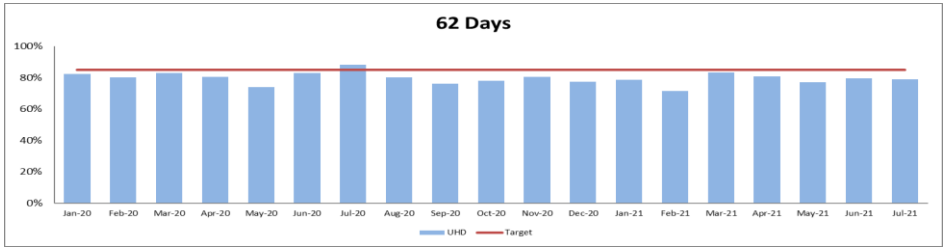
Target 75% | **28** | **UHD: August 2021: 75.2%**





Target 85% | **62** | **UHD: August 2021: 77.3**





Elective & Theatres

Commentary on high level Board position

18 Weeks Referral to Treatment
At the end of September 2021, the Trust's 18 week RTT performance is **64.1%** (92% standard).

- 3,480 patients were waiting over 52 weeks for treatment, an increase of 72. The percentage of the waiting list now over 52 weeks has remained unchanged at 6.8%.
- Specialty level improvement trajectories are in place and governed by the Care Groups with oversight of delivery through the Operational Performance Group. Current position is above the overall Trust improvement trajectory.
- 1,740 patients are waiting over 78 weeks, 178 patients are waiting over 104 weeks, both have increased since August . UHD is developing capacity to support addressing these waits.
- The waiting list size has grown in 21/22 for multifactorial reasons, including: lost capacity during the response to managing the pandemic; transfer of routine waiting lists/activity from Dorset Healthcare University NHS FT and Dorset County Hospital NHS FT as part of the system recovery plan; and workforce challenges in a number of areas. Our waiting list validation programme is continuing across our RTT, follow up and planned waiting lists.

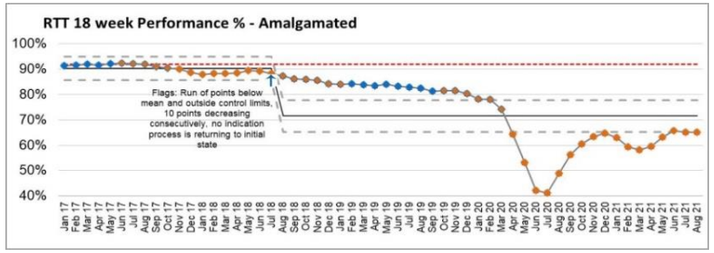
Theatre utilisation The current theatre (main) utilisation rate has increased by 1% since last month.

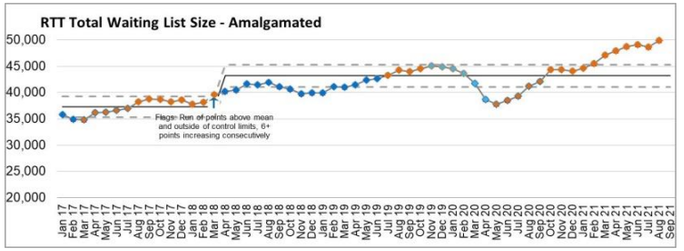
Trauma There has been an improvement in the percentage of patients with a fractured neck of femur treated within 36 hours of admission. (39% Sept 21)

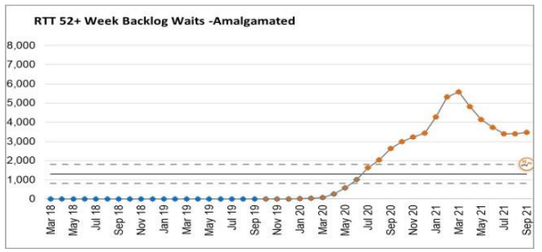
High level Board Performance Indicators & Benchmarking

	Standard	Merged Trust	% of pathways with a DTA
Referral To Treatment			
18 week performance %	92%	64.1%	
Waiting list size	44,508	51,491	24%
Waiting List size variance compared to Jan 20 %	0%	15.7%	
No. patients waiting 26+ weeks		11,508	47%
No. patients waiting 40+ weeks		5,922	61%
No. patients waiting 52+ weeks (and % of waiting list)	6.8%	3,480	62%
No. patients waiting 78+ weeks		1,740	64%
No. patients waiting 104+ weeks		178	69%
Average Wait weeks	8.5	20.1	
% of Admitted pathways with a P code		99.9%	
Theatre metrics			
Theatre utilisation - main	80%	74%	
Theatre utilisation - DC	85%	58%	
NOFs (Within 36hrs of admission - NHFD)	85%	39%	

High Level Trust Performance

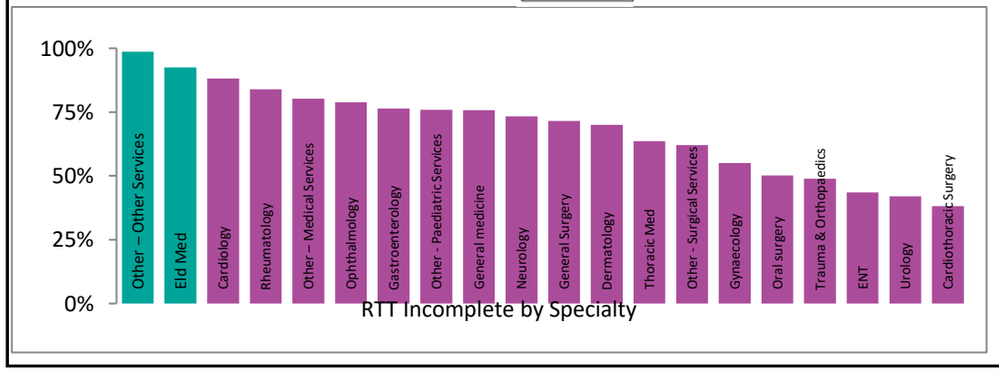


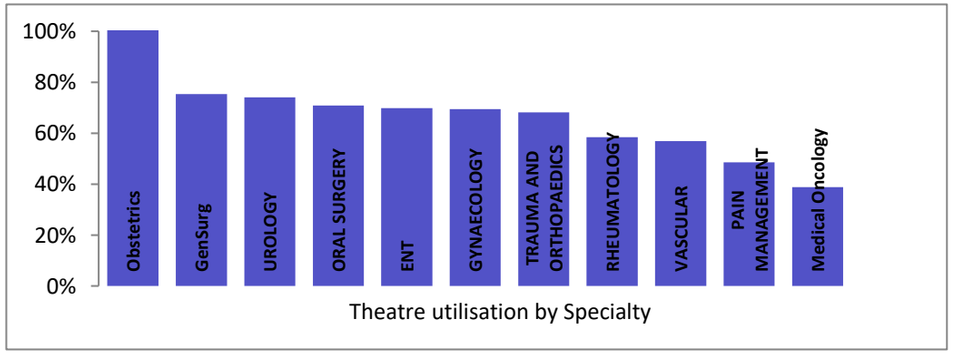




RTT Incomplete 64.1% <18weeks 18 WEEKS (Last month 65.4%) Target 92%

Theatre Utilisation 70% (Last month 69%)





Referral to Treatment (RTT)

What is driving under performance?	What actions have been taken to improve performance ?

92% of all patient should be seen and treated within 18 weeks of referral.
64.1% of all patients were seen and treated within 18 weeks at the close of September 2021.
The overall waiting list (denominator) was **51,491** which is higher than previous months and 15.7% above the January 2020 waiting list of 44,508 (unadjusted for inward transfers).

3,480 RTT waits exceeded 52 weeks.

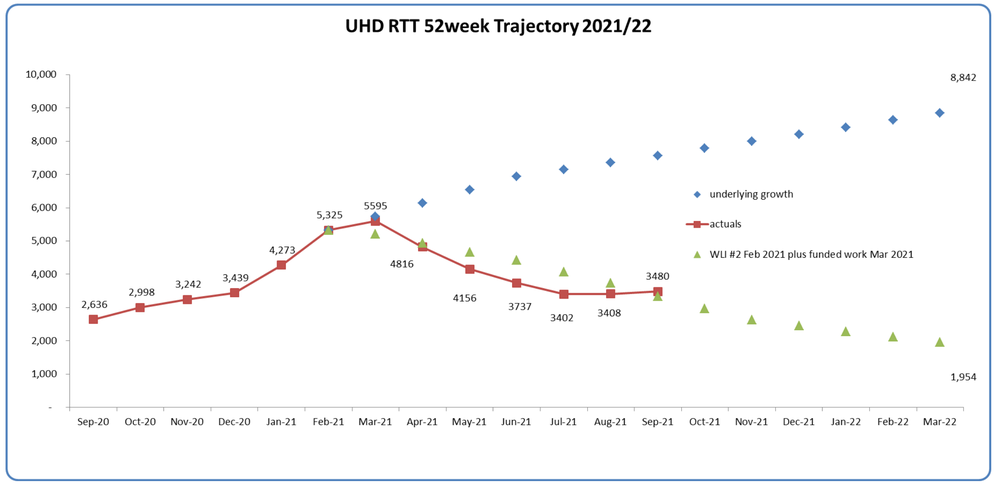
September 2021 (compared with previous month)

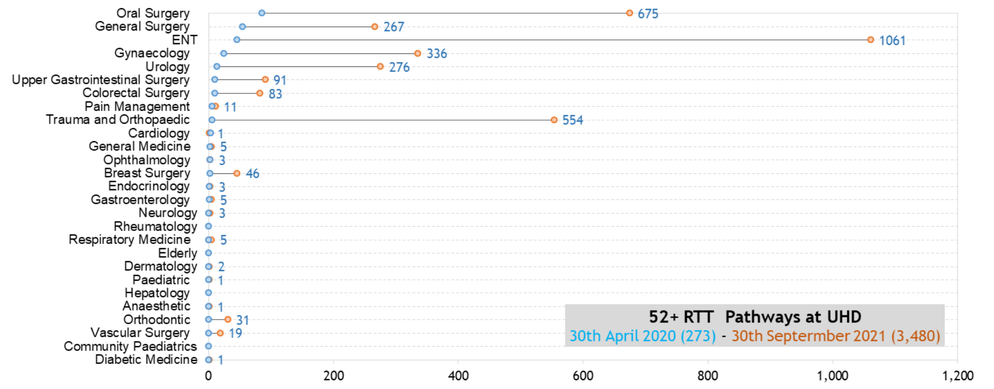
32,990 increase < 18 weeks
11,508 increase > 26 weeks
5,992 increase > 40 weeks
3,480 increase > 52weeks
1,740 increase > 78 weeks
178 increase > 104 weeks

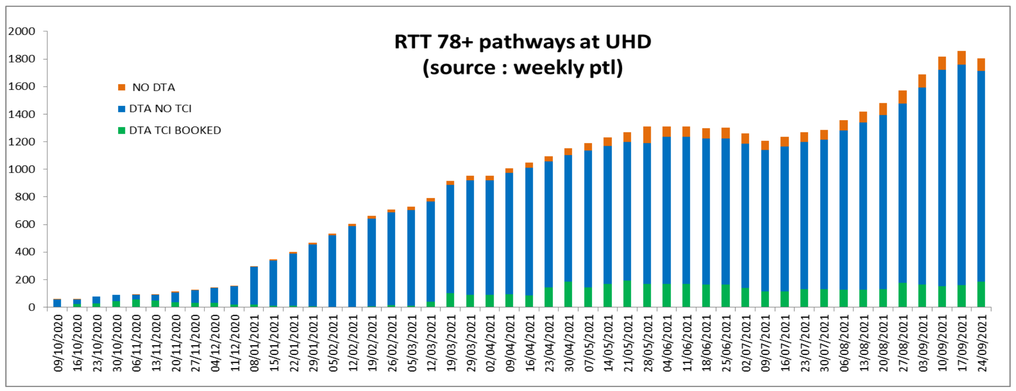
During September maintaining recovery of elective activity has remained a challenge alongside our continued focus on responding to COVID activity, adhering to national guidelines on social/physical distancing, shielding and self isolation and management of workforce capacity in a number of areas. This has led to a reduction in routine elective activity including outpatient appointments and surgical procedures compared to 2019/20.

Non admitted and Admitted Performance
In addition to the above further reasons for under performance in 18 week patient pathways are:

- Royal College guidelines on the numbers of patients that can be safely seen during COVID -19 pandemic leading to many patients being deferred for both outpatient appointments and routine elective surgery
- Patients choosing not to attend hospital due to concerns about COVID-19, including patients choosing to wait until the pandemic is over or they have been vaccinated. Patients concerns about time away from work or family commitments during school holidays has also influenced their decisions.
- National requirements regarding testing, PPE and infection control processes restrict a full recovery of activity in many specialties.
- Clinical prioritisation of urgent and cancer pathways reducing routine capacity / activity
- Workforce have been redeployed to support the response to managing COVID-19, notably to support critical care
- Surgical/theatre capacity diverted to respond to an increase in Trauma activity.







An Operational Performance, Assurance and Delivery (OPAD) programme was launched in October 2020 to oversee improvements in performance, activity and reducing the number of patients waiting a long time for treatment. The OPAD programme accounts to the Chief Operating Officer through the Trust Operational and Performance Group.

The OPAD programme has a number of workstreams to support continuous improvements with the main programmes of work being:

- Validation & clinical prioritisation of all waiting lists commenced in April; specialty level plans being developed to track validation of active, FU Op and Planned PTLs
- Single PAS project to support merging teams to manage single UHD waiting lists. Delivery expected in Q4.
- 'Think Big' initiative to help tackle our waiting lists and bring diagnostic services closer to the community, as part of the Dorset 'Health Village' approach.
- 52+ ww Trajectories and demand and capacity tools deployed to support management /tracking improvements
- Weekly specialty PTL Reviews
- An updated UHD Access Policy. Standard operating procedures are being developed alongside moving to a single PAS and the merger of teams.
- Continued improvements in business intelligence to support and monitor recovery.
- Enhanced Patient Pathway Coordination resource.
- The operating model for the surgical admissions team is under review to enable best use of this essential resource
- Supporting Dorset ICS with single PTLs and taking on activity from other providers e.g. transfer of DHUFT routine activity and waits
- Care Groups are leading on specialty level improvement plans:
- Theatre Utilisation Group established across UHD
- Outpatient Transformation
- Creating additional capacity using local ISP providers and/or Insourcing companies
- Reviewing clinical and ICP guidance to ensure effective use of sessions
- Maximising potential and harmonising capacity across all sites

104 week-waiters improvement plan
To support a reduction in the Trust of people waiting over 104 weeks, local recovery plans are in place and additional monitoring and tracking of improvement has been established.

Health Inequalities
The Trust continues to support work to tackle health inequalities through the Dorset ICS Health Inequalities in Elective Care Programme. The programme is in the analysis and cohort selection phase, which has resulted in selection of two cohorts i) People waiting times > 18 weeks and from deprived communities ii) People on Orthopaedic waiting lists. The next stage of the programme is to design an intervention for these groups, which will take place in October 2021. The programme will leave a legacy repeatable model for identifying impactful areas and interventions to reduce health inequalities in Dorset.

Executive Lead Mark Mould Trustwide Lead Author Judith May

Outpatients & Diagnostics

Commentary on high level board position

Outpatients

- DNA rates increased up 0.2%; Patient cancellations remain high and have increased by 1.3%
- Non Face-to-Face attendances - drop of 2.4% compared to August 2021, but still remains above the national standard
- An outpatients improvement programme is focussing on a 'back to basics' review of processes to ensure best practice in Outpatients
- Aligned to this will be delivery of the key requirements identified in the planning guidance (12% advice and guidance, 2% patient initiated follow-up and maintaining at least 25% remote delivery of outpatient atendances)

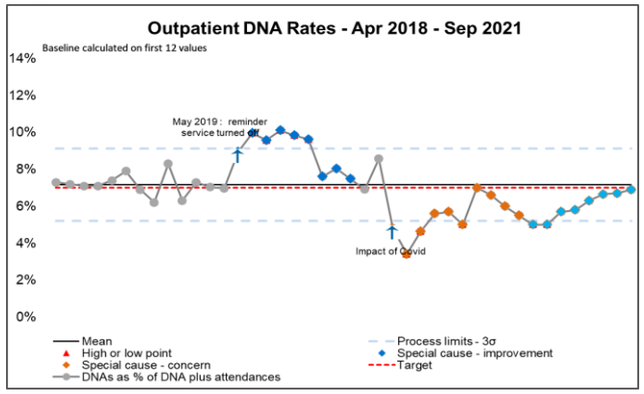
Diagnostics

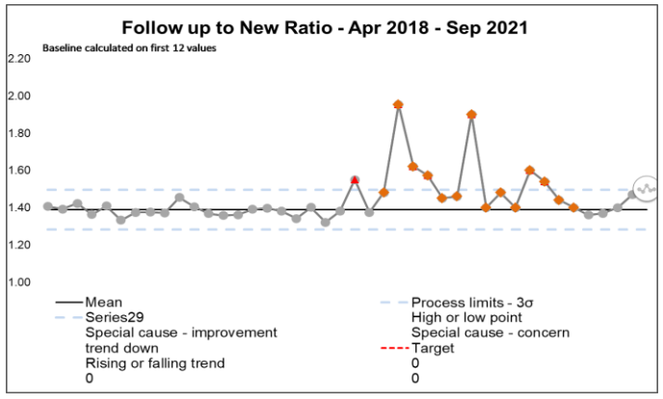
- Increase against August position from 93.9% to 94.5% of all diagnostics tests required within 6 weeks
- Endoscopy position has improved from 72.2% in August to 74.1% in September
- Echocardiography has improved from 87.9% in August to 92.2% in September
- Neurophysiology has slipped from 100% in August to 96.3% in September
- Radiology is meeting the 99% target now at 99.6% for September

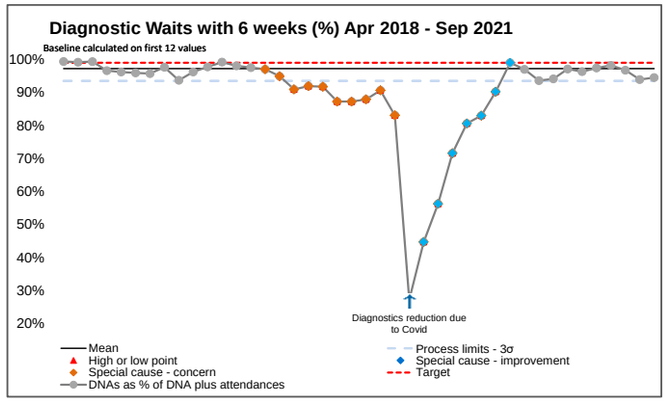
High level Board Performance Indicators & Benchmarking

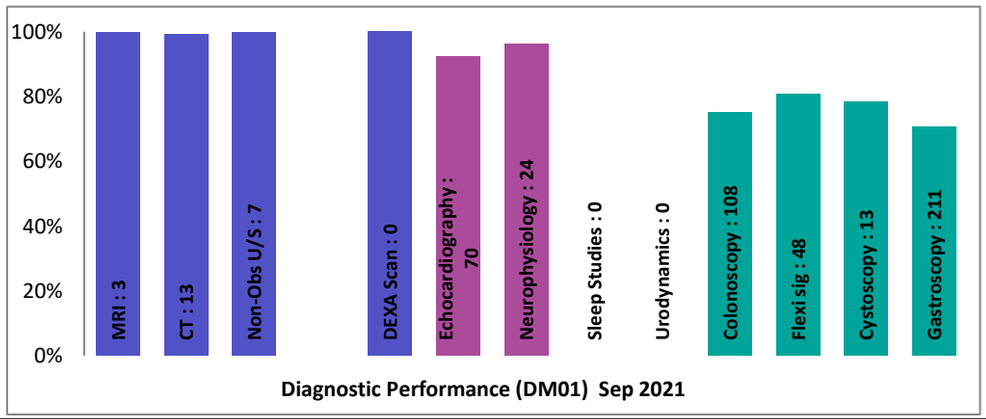
		Standard	Values	Merged Trust
Referral Rates				
GP Referral Rate year on year	*(values 20/21 v 21/22)*	-0.5%	42037 / 63286	50.5%
	(values 19/20 v 21/22)		71011 / 63286	-10.9%
Total Referrals Rate year on year	*(values 20/21 v 21/22)*	-0.5%	73893 / 113442	53.5%
	(values 19/20 v 21/22)		120161 / 113442	-5.6%
Outpatient metrics				
Overdue Follow Up Appointments				16,487
Follow-Up Ratio		1.91		1.48
% DNA Rate	*(New & Flup Atts / Total DNAs)*	5%	31781 / 2369	6.9%
Patient cancellation rate	*(New & Flup Atts / Total Pat Canx)*		31781 / 4763	13.0%
reduction in face to face attendances				
% telemed/video attendances	*(Total Atts / Total Non F-F)*	25%	31781 / 8285	26.1%
Diagnostic Performance (DM01)				
% of >6 week performance	*(Total / 6+ Weeks)*	1%	9040 / 497	5.5%

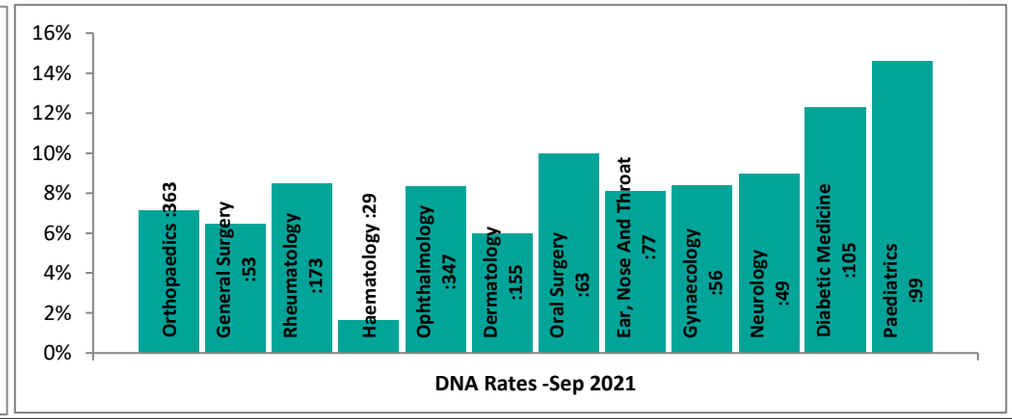
High Level Trust Performance











SCREENING PROGRAMMES

Commentary on High Level Board Position

Bowel Cancer Screening

Invitation Backlog Recovery

The programme is the first in the South West to recover the invitation backlog to within the programme standard. As a result of maintaining an increased invitation rate since October 2020, the 'delayed an invitation' backlog has steadily reduced. The programme is currently at 0 weeks for invitations (the programme standard is +/- 6 weeks), which means invitations are being sent to screening subjects on their due date.

The remaining risk for the programme comes from the high numbers in the 'invited not screened' group who have not yet engaged in their screening offer. However, that group of subjects is slowly starting to reduce, dropping from 18,909 in August to 17,641 in September.

Age Extension

As the programme successfully achieved invitation recovery, age extension rolled out as planned at the end of May 2021, starting with 56 year olds. There were only six programmes nationally launching age extension at this time. The programme is now planning to invite 58 years old in 2022/23.

Key Performance Standards

*** Uptake Standard** (*Number of subjects aged 60 to 74 who adequately participated in screening within 6 months of the invitation)*:

The uptake rate has averaged 74% since January 2021 (acceptable performance = >52%; achievable performance = >60%).

*** SSP Clinic Wait Standard** (*Proportion of patients with an abnormal FIT result offered an appointment with a Specialist Screening Practitioner (SSP) within 14 days):*

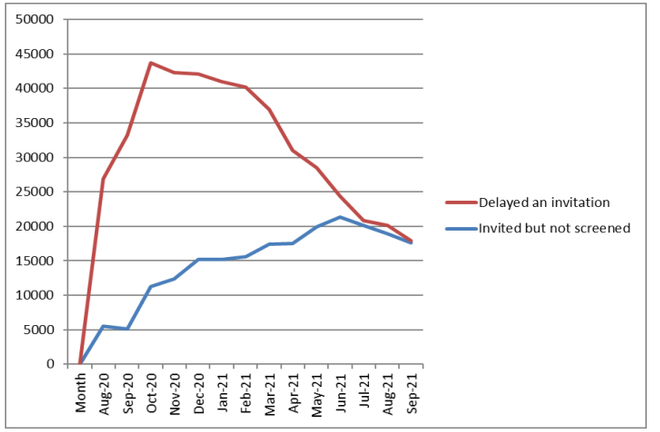
The clinic wait standard has been maintained at 100% for the last year via virtual clinics (acceptable performance = 95%; achievable performance = 98%). Discussions are now taking place to restart some face to face clinics.

*** Diagnostic Wait Standard** *(Proportion of patients with an abnormal FIT result whose first offered diagnostic test date falls within 14 days of their SSP appointment)*:

Diagnostic wait performance has been above the achievable standard of 95% since April 2021 (acceptable performance = 90%; achievable performance = 95%).

The diagnostic wait standard is the key performance measure at risk if the programme has an influx of screening subjects from the 'invited not screened' backlog or endoscopy capacity is challenged. To mitigate this, there is additional capacity available via the PHE funded insourcing weekends at the Poole site and lis ts in the mobile unit at the Bournemouth site.

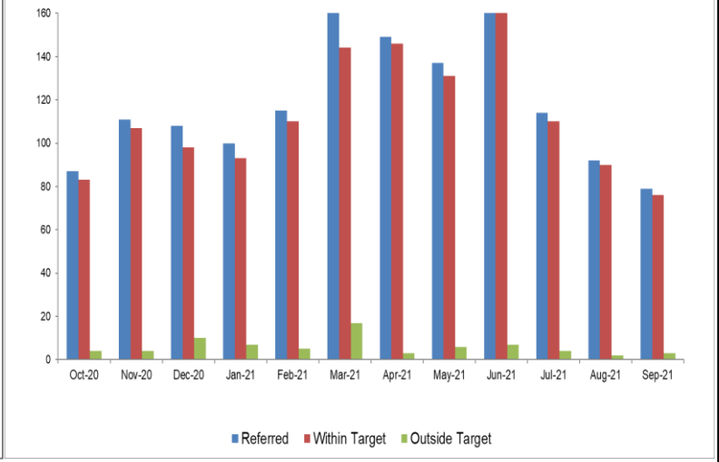
High Level Board Recovery Indicators



High Level Board Performance Indicators

Bowel Screening Standard	Target	rust September Performanc
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	96%

Diagnostic Wait Standard



SCREENING PROGRAMMES

Commentary on high level board position

Breast Screening

Challenges this month include, 2 mammoography associates continue to be on long term sickness.
2 mammographer and a mammography associate resignation and some equipment downtime.

KPI's are being met with the exception of the Round length. However, this has improved considerably this month and is expected to continue in line with recovery. This is a result of catching up with 2 heavily populated practices due in July. The longest wait is 43 months which has increased by 1 month in Poole. This is because of a very slight decrease in screening numbers due to the staffing issues.

Early indications are that the mobile unit in the north of the county will recover by January 2022, enabling us to move this unit to Bournemouth and decommision and sell the second hand, more unpredictable unit. Staff will then be released to support think big.

Despite concerns, recovery is still predicted to reach the PHE 90% target by March 2022. The vacancies will have an impact and have been advertised . This recruitment is vital to continue current trajectory.
A new experienced breast radiologist has been appointed.
Locum Radiologist and overtime continue to bolster capacity.

High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95%	95%
Screening to assessment appointment within 3 weeks	95%	96%
Round Length within 36 months	90%	23.40%
Longest wait time in months	36	43

Maternity

Commentary

The maternity unit continues to manage the staffing gaps.

Impact of gaps is evident in community services and review of essential services is on-going to maintain safety.

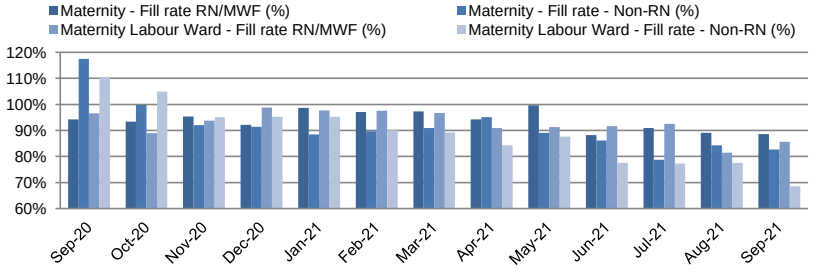
Continual focus on wellbeing of staff and this month some staff have completed hypnotherapy training which will benefit both staff and women.

Digital changes expected for November , when maternity system provider changes. Risks associated with change process identified and staff training continues.

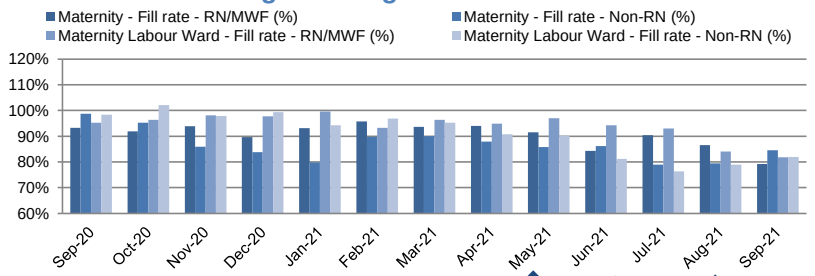
CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Requires Improvement	Good	Outstanding	Good	Outstanding

Screening Incidences		1	
Serious Incidents Reported		2	
HSIB Cases Reported		1	
HSIB / NHSR /CQC Concerns		0	
Coroner Reg 28		0	
Maternity Safety Support Programme		0	
FFT Maternity User Response		Number	%
	Good / Very Good	254	91.0%
	Poor / Very Poor	15	5.4%
	Neither	10	3.6%

Day average staff fill rate



Night average staff fill rate

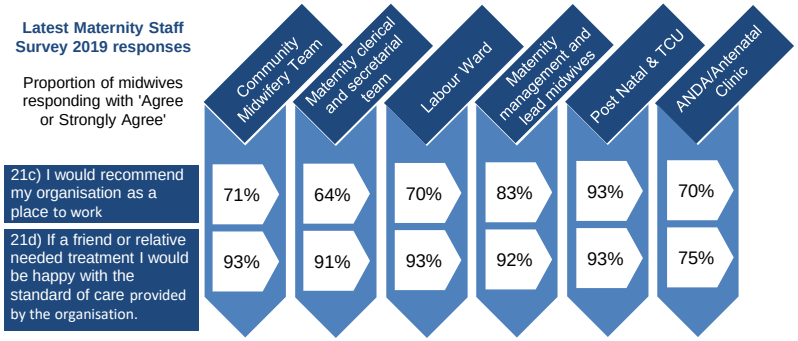


Obstetric cover on Delivery Suite (Total shift gaps)

Day	Aug-21	Consultant		Registrar	15	SHO 1
Night	Aug-21	Consultant		Registrar	13	SHO 0

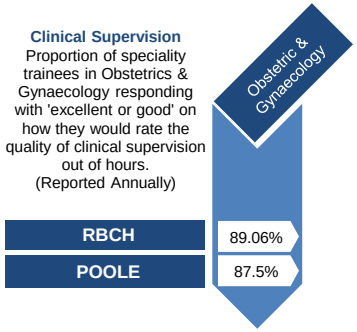
Latest Maternity Staff Survey 2019 responses

Proportion of midwives responding with 'Agree or Strongly Agree'



Clinical Supervision

Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours. (Reported Annually)



Training Compliance PROMPT Sept 2021

	Number Compliant April 2020 to date	Number of Staff @ May 2021	Percentage Compliant
Midwives Band 5	18	18	100.0%
Midwives Band 6	141	173	81.5%
Midwives Band 7	25	30	83.3%
Midwiifery Managers, Matrons &Other Band 8+	7	7	100.0%
Consultant Obstetricians	15	17	88.24%
Obstetric Trainees (Doctors)	22	25	88.0%
Obstetric Anaesthetics	29	27	100.0%
HCAs/MCAs/MSWs	64	78	82.1%
ODP	8	13	61.5%

Maternity

Severe Incidents (3)

HSIB Referal case (1)

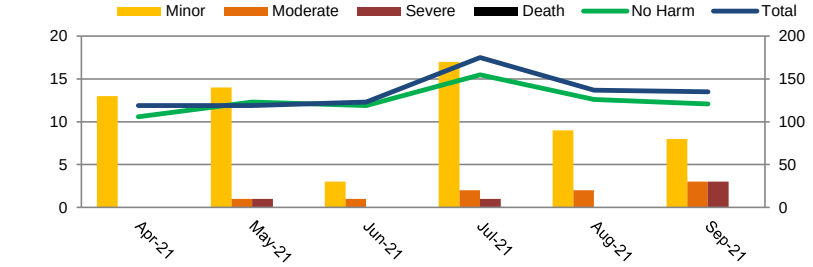
Screening Incidents (1)

Perinatal Mortuary Review Panel (30th September 2021)

UHD 3x Cases presented:

- 1x Neonatal Death at 27+4
- 1x Stillbirth at Approx 34/40 (concealed pregnancy)
- 1x Stillbirth at 38/40 (care shared with Croyden)

Datix Incidents



No Harm	106	123	119	155	126	121
Minor	13	14	3	17	9	8
Moderate	0	1	1	2	2	3
Severe	0	1	0	1	0	3
Death	0	0	0	0	0	0
Total	119	119	123	175	137	135

Learning from incidents

Datix ref	Incident Learning and Recommendations
HSIB & SI E60575	**Term ventilated baby:** HSIB recommendations: • The Trust to introduce a structured CTG assessment tool and a unified approach to support staff to assess CTG's during the antenatal and induction of labour period. • The Trust to review staffing provision for neonatal resuscitation over the 24 hour period to ensure a suitable and timely response. • The Trust to implement a system to ensure that placental histology is undertaken consistently and in line with local and national guidance. Additional Recommendations following Panel Meeting: • Development of a Trust Acuity Staffing Tool and link incident to Staff Acuity risk on the risk register • CTG breakdowns to be added to the risk register and remind staff to report urgently • Review of CTG monitors to identify what additional monitors are needed for both antenatal and Labour ward and business case for replacement and additional monitors. • Review of Fetal Monitoring Policy and update as required. • Fetal monitoring lead 1:1 with Midwifery and Clinical Staff re: CTG interpretation and documentation and use one system for CTG interpretation • Meeting to be arranged to address issues with staff feeling unsupported during night shifts

FINANCE

FINANCIAL INDICATORS	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000	Forecast Variance £'000
Control Total Surplus/ (Deficit)	(0)	(528)	(528)	0
Capital Programme	18,337	20,150	(1,813)	5,608
Closing Cash Balance	76,731	61,626	(15,105)	3,815
Public Sector Payment Policy	95%	92%	-3%	0

Commentary

The Trust set a financial break-even budget for the first half of the year (the 'H1' period to 30 September) supported by the continuation of national top-up funding and funding to cover specific COVID costs. The national financial framework during this period included an Elective Recovery Fund (ERF) to support the necessary increases in capacity to see and treat those patients still awaiting planned care. This has been accounted for on a monthly basis, reported as a variance against both expenditure and income budgets.

At the end of September, the Trust is reporting a consolidated deficit of £528,000 against this breakeven plan. Additional expenditure of £8.638 million has been incurred in the Trusts elective recovery programme and, pending national validation, income has been accrued from the Elective Recovery Fund totalling £8.110 million. The unfunded ERF balance of £528,000 reflects the reported deficit as at 30 September. Within this aggregate position, the Surgical Care Group report an adverse variance of £315,000, mainly due to additional medical staffing costs and partially offset by reduced activity particularly within Orthopaedics; the Medical Care Group report a favourable variance of £85,000, mainly due to an over achievement in cardiac private patient income together with the cessation of Bowel Scope and Bowel Cancer screening services; and the Specialties Care Group report a favourable variance of £608,000 principally due to vacancies within Pathology and Pharmacy.

The Trust set an indicative deficit budget of £32.3 million for the second half of the year (the 'H2' period from 1 October to 31 March) based upon the previous funding regime and Long Term Plan allocations. Following the recent forecast refresh, the deficit position in the second half of the year was revised to £47.9 million, reflecting additional cost pressures including those necessitated by the requirement to open additional bed capacity together with a reduction in CCG funding. However this forecast position excludes the recently announced national funding (block top up funding and funding for COVID-19 costs which together amounted to £42.5 million during the first half of the year) and will therefore be significantly improved once these are included following approval of the H2 Financial Plan and allocations.

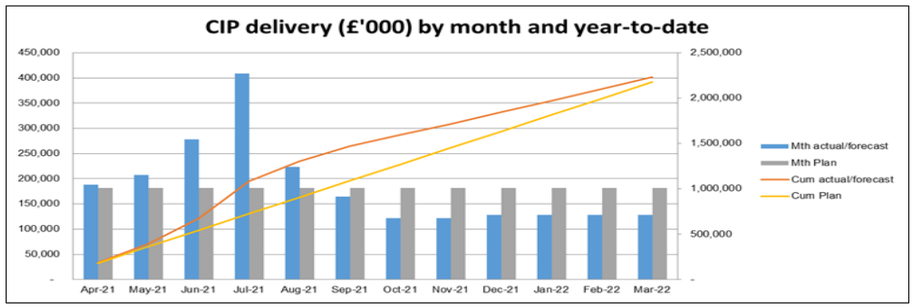
Cost savings of £1.471 million have been achieved to date against a target of £1.615 million, representing an under achievement of £144,000. Full year savings of £2.230 million have currently been identified of which 63% is non-recurrent. The H2 budget update will include a significant increase in the savings target, and if not achieved recurrently will result in further and considerable pressure on future years budgets.

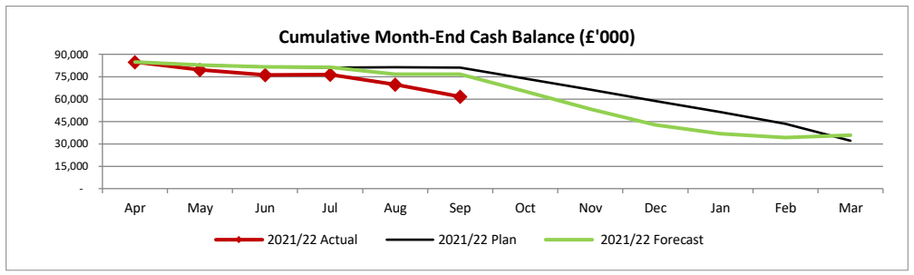
The Trust has set a very challenging capital programme for the year, with many priority schemes deferred due to the restrictive capital allocation for the Dorset Integrated Care System. This presents a considerable risk for the Trust and requires very careful ongoing management. As at 30 September capital spend is £20.150 million, being £1.813 million ahead of plan. This overspend largely relates to the phasing of the capital programme and will be closely monitored to mitigate any residual risks to the full year budget.

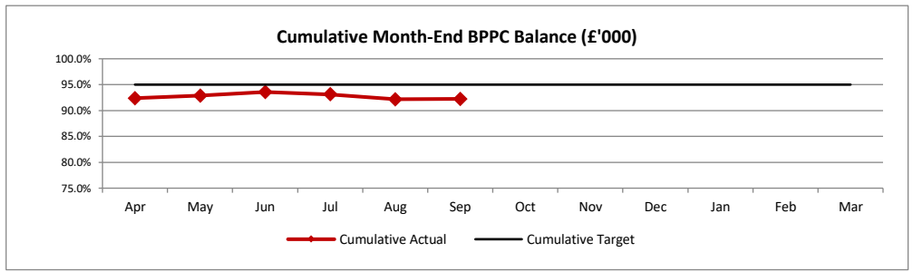
The Trust is currently holding a consolidated cash balance of £61.626 million, which is fully committed in support of the medium-term strategic reconfiguration programme. The variance to the plan relates to the 21/22 payaward paid in September with cash funding due in October together with the actual release of cash through the national Elective Recovery Fund.

REVENUE	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Surgical	(66,161)	(66,476)	(315)
Medical	(82,388)	(82,304)	85
Specialties	(84,609)	(84,001)	608
Operations	(12,671)	(12,322)	349
Corporate	(31,879)	(32,007)	(128)
Trust-wide	277,119	276,773	(347)
Surplus/ (Deficit)	**(588)**	**(337)**	**251**
Consolidated Entities	150	203	53
Surplus/ (Deficit) after consolidation	**(438)**	**(134)**	**304**
Other Adjustments	438	(394)	(832)
Control Total Surplus/ (Deficit)	**(0)**	**(528)**	**(528)**

CAPITAL	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Estates	7,081	10,956	(3,875)
IT	600	1,268	(668)
Medical Equipment	300	2,269	(1,969)
Strategic Capital	10,356	5,657	4,699
Total	**18,337**	**20,150**	**(1,813)**





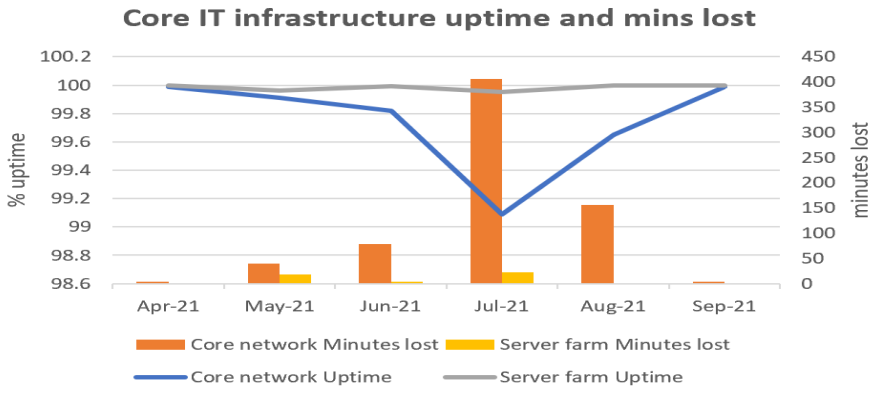


Informatics - Oct 2021

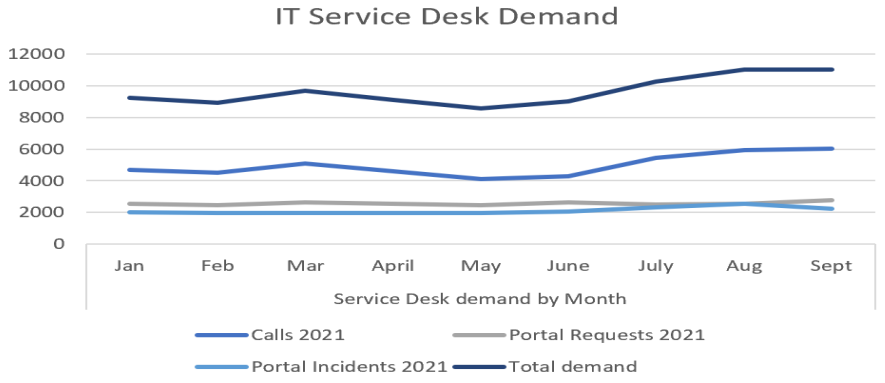
Overall Commentary: Graph 1: We are delighted to be able to report 99.99% uptime (4 minutes lost). **Graph 2**: Total demand may be trending upwards but too early to report a formal trend **Table 5:** The T&F group working on this has taken a big step in Sep in implementing a mitigation for 30% of the UHD server estate but this wont show until the November report which will bring the number of unmitigated servers to below 5% .**Table 6:** Continued slow progress on Information Assets work required by 31 Dec 2021 (DSPT). The support and performance management focus on this has increased. **Table 7**: the FOI compliance jumped in July and Aug to over 80% (from around 60%) as a result of work within the finance directorate. **Other notable highlights of Sep:** The SSO user numbers have risen to over 3000 (up from 2500 last month) with around 17,000 login events automated daily. The number of Dorset Care Records accessed by UHD users rose to just over 30,000 in Sep (from c25,000 last month). A range of bids have been submitted related to digital transformation for the elective journey totalling over £2M. There is a high confidence of success and expectation of immediate mobilisation for an impact within this financial year.

Business As Usual/Service Management

Graph 1: core Infrastructure availability



Graph 2: Service Desk demand



Projects/Developments/Security/IG

Table 3: flow of Informatics projects since Nov 2018. c 150 closed projects per year.

Informatics Projects since November 2018						
Project Type	**Pending Approval**	**Not Started**	**Deferred**	**In Progress**	**Completed**	**Total**
eForm/Automation Project	1	15	14	36	151	216
Infrastructure Mandatory	0	23	0	4	3	30
Projects	3	53	16	98	243	410
Service Improvement Projects	0	0	0	0	3	3
Grand Totals	**4**	**91**	**30**	**138**	**400**	**659**

Table 4: Priority of current Informatics projects

Sep:														
	Escalated	Project Risk Score (Risk of not doing it)												
Row Labels	**25**	**20**	**16**	**15**	**12**	**10**	**9**	**8**	**6**	**4**	**2**	**1**	**0**	**Grand Total**
In Progress	34	15	21	5	19	2	10	3	2	6	2	1	12	132
Not Started	4	8	20	4	25	1	4			2	1		18	87
Grand Total	**38**	**23**	**41**	**9**	**44**	**3**	**14**	**3**	**2**	**8**	**3**	**1**	**30**	**219**

Table 5: Cyber Security - Obsolete systems

	# Supported	% Supported	# Obsolete	% Obsolete	% Mitigated
Windows Desktops	7626	97.7	182	2.3	0
Windows Servers	411	68.3	191	31.7	0

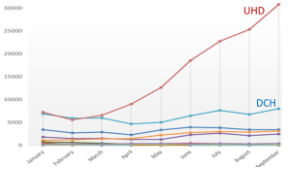
Table 6: Information Assets

	Info Asset Reg - Priority Asset Status			
	Draft/IAO review	IG review	DSPT/ Fully Complete	Grand Total
CGA	20	2	1	23
CGB	54	5	1	60
CGC	69	14	4	87
Clinical Ops	2	1	0	3
Corp	22	5	3	30
	167	**27**	**9**	**203**

Table 7: FOI compliance

	Q1 21/22	Jul	Aug	Sept	Total	%
Total Received	**215**	**32**	**50**	**39**	**336**	
Closed - In time	124	26	41	26	217	**65%**
Closed - Breach	82	5	3	1	91	**27%**
Open - In time	0	0	0	12	12	**4%**
Open - Breach	9	1	6	0	16	**5%**

Graph 8: DCR growth



University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28th October 2021

Agenda item: 5.3

Subject:	UHD Annual Report and Accounts October 2020 – March 2021

Prepared by:	Pete Papworth, Chief Finance Officer
Presented by:	Debbie Fleming, Chief Executive Officer and Pete Papworth, Chief Finance Officer

Purpose of paper:	For the Council of Governors to receive the Trust's Annual Report and Accounts for the part-year from 1st October 2020 to 31 March 2021.
Background:	This report covers the first six months of our Trust from 1 October 2020 to 31 March 2021 following the merger of Poole Hospital NHS Foundation Trust with The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.
Key points for Board members:	The 2020/21 Annual Report and Accounts for part-year from 1st October 2020 to 31 March 2021 are published on the Trust's website: https://www.uhd.nhs.uk/uploads/about/docs/reports/University_Hospitals_Dorset_NHS_Foundation_Trust_Annual_Report_and_Accounts_2020_21_part-year.pdf
Options and decisions required:	For Assurance
Recommendations:	The Council is asked to note the contents of the Annual Report and Accounts.
Next steps:	

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	

Committees/Meetings at which the paper has been submitted:	**Date**

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28th October 2021

Agenda item: 5.4

Subject:	External Audit Highlights

Prepared by:	Jon Brown, KPMG
Presented by:	Jon Brown, KPMG

Purpose of paper:	For assurance
Background:	An external audit is an examination of the annual financial statements of the foundation trust in accordance with specific rules by someone who is independent of the foundation trust. The external auditor performs the audit by examining and testing the information prepared by the foundation trust to support the figures and information it includes in its financial statements. The audit committee is responsible for evaluating the performance of the foundation trust's external and internal auditors each year. The external auditor addresses its work to the council of governors. While there is no formal requirement for the external auditor to meet with or engage with governors typically external auditors present a report on their work to the council of governors often at the annual general meeting, which is the agreed Practice at UHD.
Key points for Board members:	• Audit completed in line with plan • Scope updated due to COVID-19 • In-year merger challenges • No significant issues • All deadlines met
Options and decisions required:	None
Recommendations:	None
Next steps:	Audit plan for year ended 31 March 2022 will be agreed with the Audit Committee early in the new year.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Yes
BAF/Corporate Risk Register: (if applicable)	Yes
CQC Reference:	N/A

Committees/Meetings at which the paper has been submitted:	**Date 28/10/21**

KPMG

External audit highlights

University Hospitals Dorset NHS FT

—

October 2021

Agenda

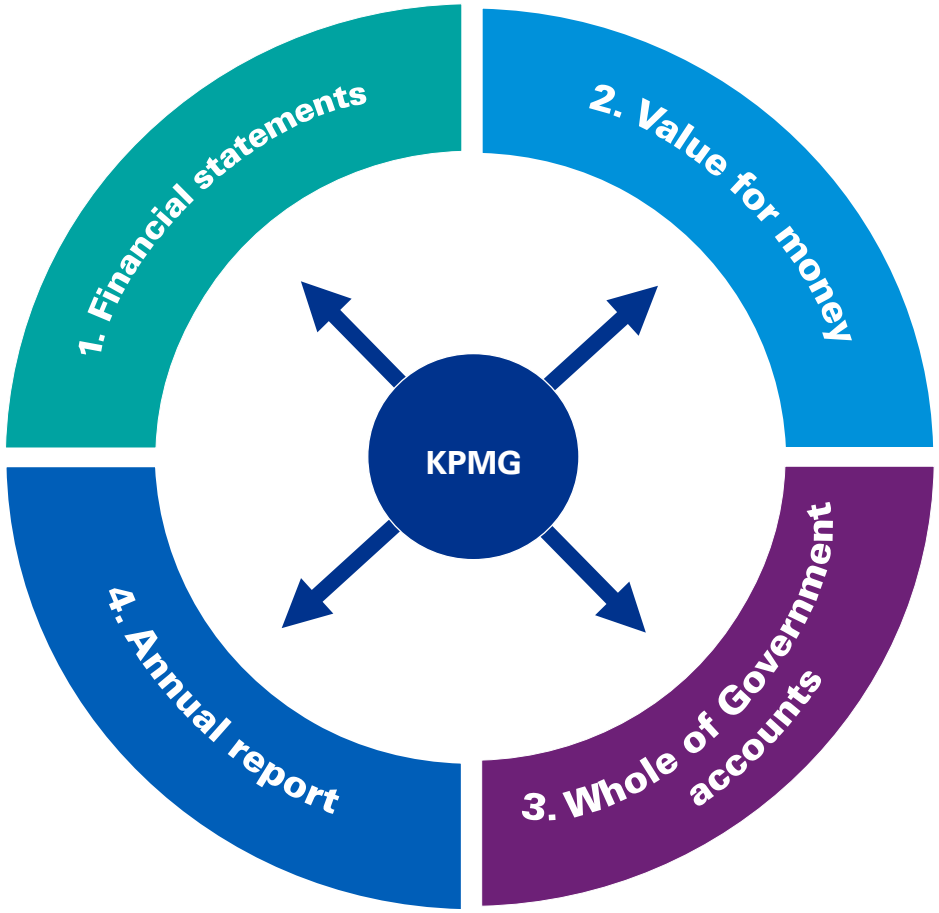
- Our responsibilities
- Audit Highlights
- A bit more detail
- Forward looking

Our responsibilities

Our work is focus on four key areas:

Note:

Quality Accounts assurance was descoped by DHSC for a second year in a row due to pressures from COVID-19. We expect this element of work may become optional in future years



Audit highlights

1. Financial statements

Requirements

- The accounts are properly prepared in accordance with accounting standards
- The accounts give a true and fair view of the financial performance and position of the Trust.

Trust outcome

✓ We issued an unqualified opinion in 2020/21 for the Trust for the six month period to 31 March 2021.

✓ This means that the accounts give a true and fair view of the Trust's performance during the year and of its period end financial position.

✓ No audit misstatements identified.

✓ Five recommendations raised and accepted by management.

1. Financial statements

2. Value for money

Requirements

Assess whether there are significant weaknesses in the Trust's arrangements for achieving value for money.

Changes to responsibilities

New responsibilities were introduced for 2020-21 as a result of changes to the Audit Code of Practice.

- ✓ Increased depth to our assessment of whether there are significant risks, considering the design of a range of systems.
- ✓ Production of a commentary on the arrangements in place to be published on the Trust's website.

Trust outcome

- ✓ We did not identify any significant weakness with regards to the Trust's arrangements.
- ✓ A copy of our Annual Audit Report will be publicly available on Trust website.

3. Whole of Government Accounts

Requirements

- *Confirm that the Trust's submission to NHS Improvement for production of the consolidated NHS provider sector accounts matches the financial statements.*

Trust outcome

- ✓ The Trust was not a sampled body for 2020/21, which meant additional procedures were not required.
- ✓ For 2020/21 we issued an unqualified consistency certificate.
- ✓ This means that we did not identify any inconsistencies between the financial statements and the information included in the consolidation schedules.

4. Annual Report

Requirements

- ***Confirm that the information included within the annual report is consistent with our knowledge of the Trust; and***
- ***Confirm that all requirements of the Annual Reporting Manual have been included.***
- ***Verify the accuracy of certain remuneration disclosures.***

Trust outcome

✓ We confirmed that the Governance Statement had been prepared in line with the Annual Reporting Manual requirements, including the required merger disclosures.

✓ We did not identify any material inconsistencies with our knowledge of the Trust, including the impact of the merger.

✓ We audited the information required to be checked as part of the remuneration report.

Note that for 2020-21 there was no requirement for assurance to be provided over information included within the quality report as a result of Covid-19.

The future

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28th October 2021

Agenda item: 5.5

Subject:	Annual Review of the Effectiveness of the External Auditor

Prepared by:	Pete Papworth, Chief Finance Officer
Presented by:	Pete Papworth, Chief Finance Officer

Purpose of paper:	To consider the effectiveness of the Trusts' External Audit Provision over the preceding twelve months.
Background:	Following a Dorset-wide tender process, the current external audit service contract has been held by KPMG LLP since April 2018.
Key points for members:	An initial assessment has been undertaken by the Chief Finance Officer and is attached. Performance is considered to be professional, responsive and in line with the contract for services. The Audit Committee has completed a retrospective annual review of the external audit effectiveness and has concluded that the provision by KPMG LLP has been effective and recommending the extension of a 1 year contract. This paper is presented to the Council of Governors for approval.
Options and decisions required:	The contract is due to expire March 2022 and therefore the recommendation is to extend the contract for a further year.
Recommendations:	No changes to be made to the external audit service contract with KPMG LLP.
Next steps:	

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Objective 4: To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.
BAF/Corporate Risk Register:	Not applicable
CQC Reference:	Well led

Committees/Meetings at which the paper has been submitted:	**Date**
Audit Committee	21/10/21

University Hospitals Dorset
NHS Foundation Trust

Annual Review of the effectiveness of External Audit

Audit Committee
21 October 2021

Initial assessment by the Chief Finance Officer, subject to comments from Audit Committee members on 21 October 2021. The final assessment will be presented to the Council of Governors for information and assurance.

Ref	Criteria	Yes/ No	Specific evidence and/ or comment, by exception
1	Does the audit team identify risk and prioritise work effectively?	Yes	Work programme and progress reports to the Audit Committee.
2	An audit plan has been agreed with key members of staff.	Yes	Draft reviewed by the Chief Finance Officer before consideration by the Audit Committee.
3	The audit plan was agreed in a timely manner.	Yes	
4	The audit plan was presented to, and approved by, the Audit Committee.	Yes	
5	Progress against the audit plan is reported regularly.	Yes	
6	Audit work performed is in accordance with the agreed plan.	Yes	
7	Audit reports are discussed and agreed with relevant officers before being finalised and presented to the Audit Committee.	Yes	All draft reports reviewed by the Chief Finance Officer. Subject matter reports reviewed by the appropriate executive lead e.g. Quality by the Chief Nursing Officer.
8	Audit reports are prepared in a timely manner.	Yes	External audit work to the Trust's governance cycle.
9	Recommendations arising from audit reviews are discussed and agreed.	Yes	
10	The audit team ensures relevant officers are updated with progress/ findings during the course of their work.	Yes	Progress meetings were held regularly between the KPMG Partner and the Chief Finance Officer, together with subject matter detail to the appropriate Trust lead.
11	Auditors are available to discuss key issues when not on site.	Yes	KPMG were always extremely responsive, as required.
12	Auditors provide information in a timely manner.	Yes	
13	Value for money is received from the audit service provided.	Yes	Competitive tender adjusted for inflation annually.

Summary:
Performance overall is considered to be professional, responsive and in line with the contract for services.

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28th October 2021

Agenda item: 5.6

Subject:	Annual complaints report 2020/21

Prepared by:	Jenny Williams, Head of Patient Experience Matt Hodson, Deputy Chief Nursing Officer
Presented by:	Matt Hodson, Deputy Chief Nursing Officer

Purpose of paper:	For assurance.
Background:	The National Health Service Complaints (England) Regulations 2009 requires that all Trusts provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report.
Key points for Board members:	• Trust policy and procedures are in place to meet the statutory requirements. Processes will be aligned 2021/22, adopting best practice recommendations, including the new PHSO complaints standards framework (as part of the PHSO early adopter group). • The report describes how complaints have been managed prior to and subsequent to the merger and where feasible, merged data for the full year is presented. • 574 complaints have been received; the reduction from previous years reflects the national picture and response to the COVID-19 pandemic. • The Trust is achieving the statutory targets for acknowledgement and response time; but is underperforming against the internal targets for response. This can in part be attributed to the increased clinical challenges of the pandemic. Performance meetings will be set up 2021/22, to monitor and improve this position. • 61% (350) complaints received by the Trust relate to clinical care. Of these, 52% (182) were upheld or partially upheld. Examples of learning are included in the report; implemented and evaluated by the care groups; and reported in their governance reports to this committee. • 29% of complaints are about relational aspects of care. Top relational themes are staff attitude and communication/information giving. More in-depth reporting is planned, at directorate and specialty level supported by the informatics team.

	• The rate of complaints re-opened is on average, 8%; an improved 3-year trend, from 16% to 10% to 8%. • Two complaint investigations have been completed and closed by the PHSO; one of which has been upheld. • The success of changes put in place as a consequence of our complainant satisfaction surveys will be measured when the survey is repeated. • Complainant equality monitoring will be rolled out, to assess service accessibility and inclusion.
Options and decisions required:	No decisions requested
Recommendations:	Members are asked to: Note key points and recommendations
Next steps:	On-going monitoring and exception reporting via the quarterly patient experience report

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	All
BAF/Corporate Risk Register: (if applicable)	Nil
CQC Reference:	Responsive, caring, effective, responsive, well led

Committees/Meetings at which the paper has been submitted:	**Date**
Quality Committee Board of Directors	23.08.21 29.09.21

University Hospitals Dorset
NHS Foundation Trust

2020/2021
ANNUAL COMPLAINTS REPORT

1. INTRODUCTION

1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), requires that all Trusts provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report.

1.2 The Chief Executive is responsible for ensuring compliance with the arrangements made under these regulations. The responsibility for the handling and considering of complaints in accordance with these regulations is delegated, via the Chief Nurse, to the Head of Patient Experience.

1.3 This report describes how complaints have been managed at University Hospitals Dorset; prior to and subsequent to the merger on 01 October 2020 of The Royal Bournemouth and Christchurch Hospitals (RBCH) and Poole Hospital (PH). The report details the number and nature of complaints received during the year and demonstrates the Trust's commitment to learning and improvement. Where it has been feasible to do so, the merged data for the full year data is presented.

2. THE PROCESS FOR MANAGING CONCERNS AND COMPLAINTS

2.1 UHD has two different approaches to complaint handling: i) a decentralised model, where the Care Group teams on the RBCH site coordinate, investigate and write the written response to complaints about their service; ii) a centralised model, where the corporate team at PH consider the nature and severity of the complaint raised, work with the complainant to consider options for early resolution and where required, offer impartiality in investigating and responding to complaints.

2.2 Both sites offer a combined complaint handling and PALS service, with one point of entry for service users and aim to provide a full, fair and honest response that also meets the expectations of the complainant. Both policies provide clear guidance for staff on the procedure and standards for the handling of complaints.

2.3 'Have Your Say' posters and leaflets are available across the Trust, reflecting the principles of PALS, the opportunity to give feedback, and information about making a complaint. All complainants are routinely offered independent support through complaint advocacy services.

2.4 Whilst considering the preferred model of complaint handling for UHD, the RBCH and PH policy and procedure for the management of complaints have remained in place. Both policies meet the statutory NHS regulations for England, the responsibilities set out in the NHS Constitution and CQC regulations.

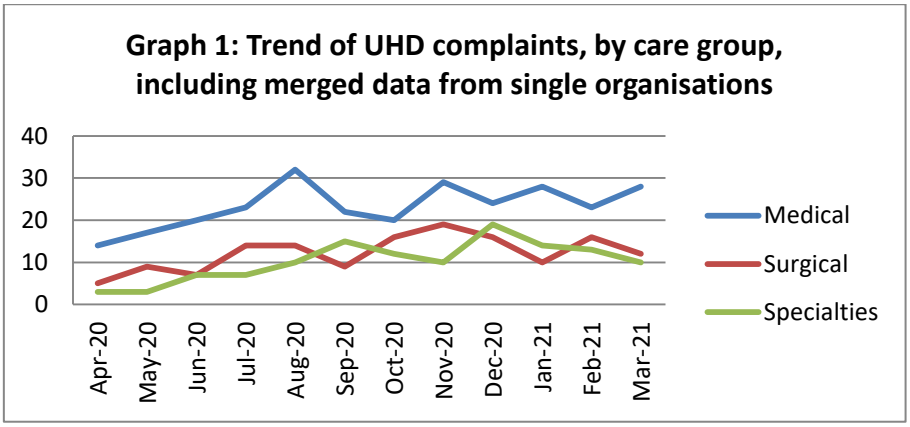
2.6 A preferred model of complaint handling, associated policy and procedure and service delivery plans will be developed during 2021/22,that will:

- Meet the statutory and regulatory responsibilities.
- Provide a consistent, positive and proportionate experience for complainants.
- Align our legacy systems with minimal disruption to services.

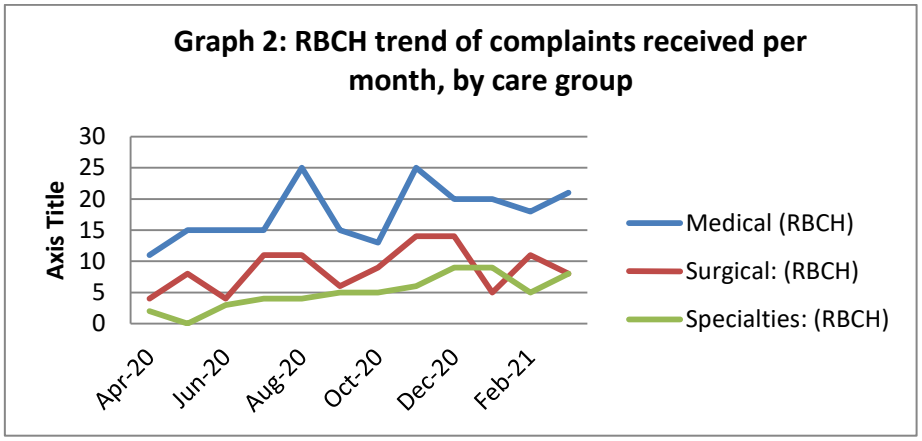
- Promote a culture of learning and ensures complaints are acted on to improve services.
- Achieve or working towards achieving best practice standards (Patient Association 2013; NHSE 2015; Healthwatch 2016; Parliamentary & Health Service Ombudsman, 2020). This includes the new Parliamentary and Health Service Ombudsman (PHSO) Complaints Standards Framework currently being piloted nationally. UHD is part of the early adopter group for this work.

3. COMPLAINTS RECEIVED

3.1 The Trust (incorporating single organisation data) received 574 complaints during 2020/21. This is presented as a monthly trend, by care group, in graph 1. The lower numbers received Q1 reflects the NHSE system wide pause of the complaints process in response to the COVID-19 pandemic.

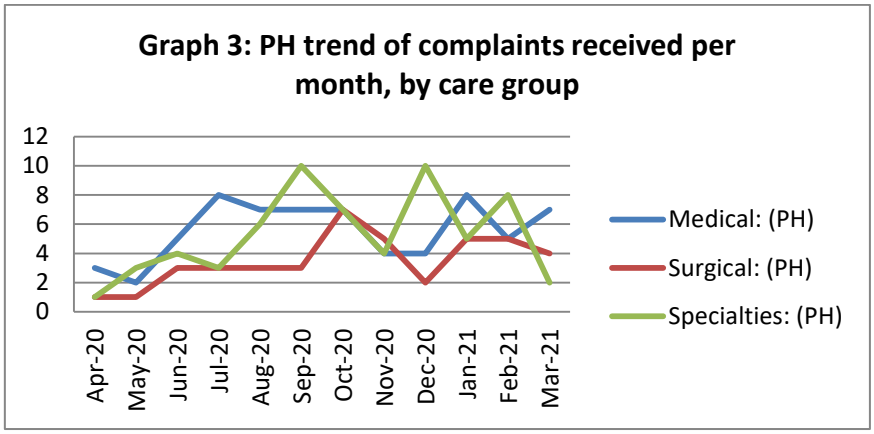


3.2 The data is broken down by site in graphs 2 and 3. A higher number of complaints received about services in the medical care group can be seen on the RBCH site; however, this data is not presented in the context of activity. Complaints as a % of activity will be presented in future reports, when service reorganisation post-merger is complete.



3.3 Graph 3 shows the trend of complaints across the care groups on the PH site; the overall higher numbers in the specialist care group, a reflection of maternity, children's and cancer services.

3.4 In addition to 574 complaints, the Trust also handled 196 complex concerns (early resolution or diffused complaints) and 4,797 PALS enquiries and concerns. This is detailed, by site in Table 1.



3.5 Table 1 also provides a comparison of number of complaints received per 10,000 FCE's. The lower number of complaints received by PH reflects the volume of complaints resolved through early resolution and not recorded as part of the KO41a submission.

Table 1: complaints & concerns received 2020/21	Q1		Q2		Q3		Q4		Complaints per 10,000 FCEs (NHS Digital)
	PH	RBCH	PH	RBCH	PH	RBCH	PH	RBCH	
Enquiries	339		266		206		255		RBCH 36
PALS concerns	214		375		444		333		
Sub-total	**553**	**449**	**641**	**623**	**650**	**688**	**588**	**605**	
Complex concerns	42		54		47		38		PH 22
Complaints	23		52		50		49		
Sub-total	**65**	**70**	**106**	**98**	**97**	**123**	**87**	**109**	National Ave 37
Total concerns & complaints by site	**618**	**519**	**721**	**721**	**747**	**811**	**675**	**714**	

3.6 The 5-year trend in complaints received can be seen in Graph 4. This shows an increasing number of complaints received, peaking at PH in 2019/20 and at RBCH in 2020/21. The decrease this year can be attributed to the COVID-19 pandemic: the overall reduction in activity at the start on the pandemic; the national NHSE pause in complaint handling; and the considerable strong support for the NHS and it's staff during this time. Graph 4 also shows the introduction of the early resolution of complaints at PH and the concomitant reduction in complaints requiring more formal investigation, to approximately 50% of total.

3.7 Table 2 shows the breakdown of persons making a complaint and their method of communication. The low 'In Person' mode of communication reflects the impact of the Covid-19 pandemic and temporary pause on receiving face-to-face PALS callers. The legacy of this may impact on the organisation of future service delivery.

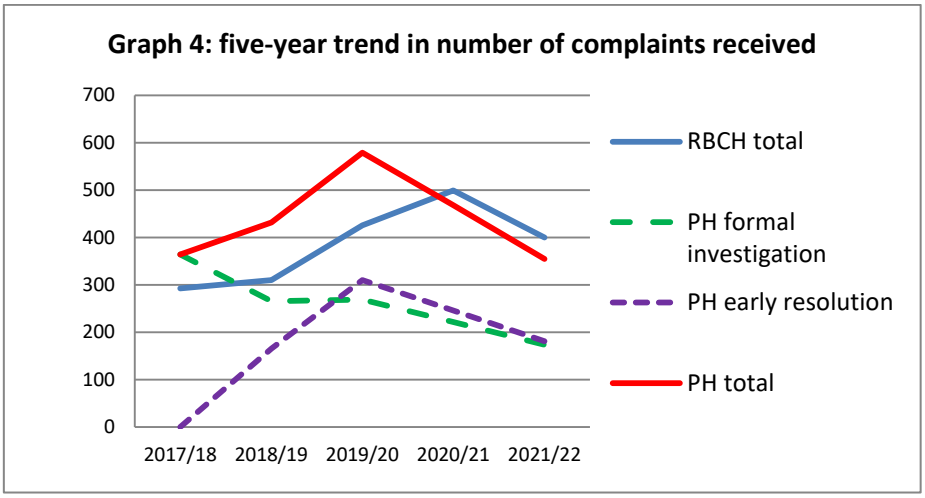
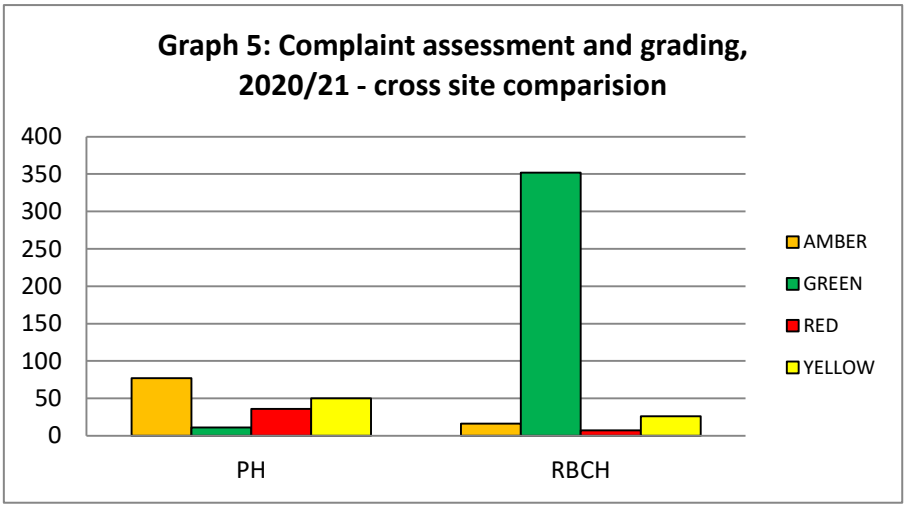


Table 2: Complainant profile and mode of communication, 2020/21

Person making the complaint			Mode of communication		
	RBCH	PH		RBCH	PH
Patient	60%	44%	Phone	9%	7%
Spouse	4%	10%	Email	72%	77%
Parent	2%	16%	In person	1%	0%
Relative/Carer	27%	31%	Letter	18%	17%

3.8 Graph 5 shows the breakdown of complaints received, by grade. The cross site comparison reflects the different approaches to assessing complaints across our sites, rather than a significant difference in the severity of complaints received. RBCH use a risk assessment based grading tool; PH use a more subjective account of care assessed against the CQC domains; and a high proportion of the lower graded complaints are resolved informally and therefore excluded from this data set.

3.9 A standardised UHD system of assessing and grading complaints will be adopted, that reflects the level of escalation and nature of investigation required for each level of complaint. The Healthcare Assessment Tool (HCAT) is currently being considered; a validated, reliable tool for analysing healthcare complaints about secondary care (Gillespie and Reader 2016).



3.10 Equality monitoring forms are sent to all PH complainants at the point the complaint is acknowledged. A total of 31% (54 out of 174 people) responded. The equality profile of complainants on the PH site can be summarised as:

- 72% of respondents were over 50.
- 73% were female.
- 51% have a long standing health problem.
- 24% have a disability.
- 94% describe themselves as White British; 2% as White any other; 2% Mixed any other; 2% Asian/British Asian.

3.11 It is important to understand the equality profile of our complainants, to help identify if the profile is reflective of our local population and therefore demonstrate the accessibility and inclusivity of our service. Going forwards, the questionnaire will be sent to all UHD complainants and further analysis undertaken as cross-site data becomes available.

4 RESPONSIVENSS AND PERFORMANCE

4.1 Trust performance is monitored locally (Datix) and via national KO41a submissions, reported by NHS Digital.

4.2 National comparison of the number of complaints received at UHD can be seen in Table 3. The data suggests that UHD is not an outlier when compared with the number of complaints received nationally, but when compared to peer group, who more consistently promote opportunities for early resolution, there is more work the Trust can do in this regard.

Table 3: National comparison of number of complaints received	**Complaints received per 10,000 FCEs**	**Complaints received per 1,000 staff**
All acute Trusts	37%	16.6%
University Hospital Dorset: RBCH site	36%	20%
University Hospital Dorset: PH site	22%	10%
University Hospital Southampton	13%	7%
Portsmouth Hospitals	26%	15%

4.3 Key performance targets are detailed, by site, in tables 4 and 5, including 100% compliance against that statutory three-working day acknowledgement target.

4.4 The process for agreeing target response times differs across our sites. PH focus on achieving the timeframe as agreed with the complaint, whereas RBCH focus on the internal response-day target. This will be standardised as part of the new UHD policy.

Table 4: Poole Hospital complaint handling performance	**Q1**	**Q2**	**Q3**	**Q4**	**Yr end**
Number of complaints received	23	52	50	49	174
% complaints acknowledged within 3 working days	100%	100%	100%	100%	100%
% response within timescale agreed with complainant*	100%	100%	100%	100%	100%
% response within 35 day internal target	47%	62%	26%	11%	37%
% investigations overdue from Care Groups	61%	58%	52%	48%	55%
Number re-opened complaint investigations	3	5	3	2	13
Complaints under investigation by the PHSO	1	0	0	0	0
PHSO investigations closed (& upheld/partially upheld)	0	1 (0)	0	0	1(0)

4.5 The % investigations overdue from care groups and the subsequent impact this has on response times is an area of underperformance and needs corrective action. There are many reasons for this but a key cause has been the impact of COVID-19 on clinical staff time to complete work that takes them away from direct clinical care. A greater level of

oversight will be introduced as part of our complaint performance monitoring in the new UHD model of complaint handling. Nonetheless, the Trust has worked within the 6-month timeframe set out in the statutory regulations.

Table 5: RBCH complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	70	98	123	109	400
% complaints acknowledged within 3 working days	100%	100%	100%	100%	100%
% response within timescale agreed with complainant*	78%	68%	61%	68%	69%
% response within 35 day internal target	78%	68%	61%	68%	69%
% investigations overdue from Care Groups	22%	32%	39%	32%	31%
Number re-opened complaint investigations	7	13	6	8	34
Complaints under investigation by the PHSO	1	3	3	5	5
PHSO investigations closed (& upheld/partially upheld)	0	0	0	1(1)	1(1)

*PH: response time agreed with complainant at the outset and can include subsequent extension to timeframe, if reasons explained and negotiated with complainant. RBCH: timeframe set at the outset and no opportunity built in to system to negotiate an extension to this.

4.6 A deep dive of the data regarding overdue investigations can be seen at tables 6 and 7. By care group, the data shows that overall, the Poole site has been less responsive to complaints that the RBCH site; specifically, surgery has done less well at Poole and medicine less well at RBCH. Due to the significant challenges this year, this may not be typical of performance and therefore a new baseline of trends will be reassessed 21/22.

Table 6: complaint investigations overdue, Poole Hospital site	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Care Group Totals	As % of total complaints Closed I
	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue		
Medical	1	3	3	2	2	3	1	3	4	1	1	3	**27**	**45%**
Surgical	4	2	2	1	1	0	2	2	2	1	5	6	**28**	**68%**
Specialities	2	1	0	1	1	3	1	2	4	1	1	7	**24**	**42%**
Trust Total	**7**	**6**	**5**	**4**	**4**	**6**	**4**	**7**	**10**	**3**	**7**	**16**	**79**	**50%**

Table 7: complaint investigations overdue, RBCH site	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Care Group Totals	As % of total complaints Closed I
	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue	Overdue		
Medical	11	1	2	6	7	8	9	5	8	15	3	8	**83**	**21%**
Surgical	1	1	0	1	0	2	1	3	2	3	0	0	**14**	**3%**
Specialities	7	2	0	1	1	1	3	3	1	5	6	2	**32**	**8%**
Trust Total	**19**	**4**	**2**	**8**	**9**	**11**	**13**	**11**	**12**	**24**	**9**	**11**	**133**	**33%**

4.7 Table 8 shows that overall, the number of complaints closed in quarter, compared to the number under investigation, exceeds national average. The exception to this is Q3; this reflects a significantly higher number of complaints received on the RBCH at that time.

4.8 The outcome of all closed complaints, by site, by quarter, is shown at Table 9. The data shows that UHD upholds fewer complaints when compared to national average. Fewer upheld complaints may indicate fewer complaints where care fell below the expected standards; or could indicate Trust investigations lack openness and honesty. The lower

number of upheld complaints at UHD may in part be due to the number of complaints diffused through early resolution and therefore not included in this data set; but the data will continue to be monitored and reported.

Quarter	Hospital site	Table 8: UHD complaints received, under investigation and closed, by quarter				Complaints closed as % of complaints under investigation	
		B/F from previous quarter	New complaints received	Total resolved/ closed	Total complaints open	UHD	National (NHS Digital)
Q1	PH	28	23	34	51	75%	52%
	RBCH	67	70	108	137		
Q2	PH	17	52	36	69	57%	50%
	RBCH	29	98	75	127		
Q3	PH	37	50	50	87	47%	53%
	RBCH	53	123	74	176		
Q4	PH	37	49	41	86	60%	50%
	RBCH	80	109	125	189		

Quarter	Hospital site	Table 9: Outcome of complaints investigated and resolved					
		Upheld	*National average*	Partially Upheld	*National average*	Not upheld	*National average*
Q1	PH	6 (18%)	*27%*	9 (26%)	*35%*	19 (56%)	*38%*
	RBCH	18 (17%)		38 (35%)		52 (48%)	
Q2	PH	4 (11%)	*28%*	10 (28%)	*35%*	19 (53%)	*37%*
	RBCH	9 (12%)		30 (40%)		36 (48%)	
Q3	PH	9 (18%)	*28%*	25 (50%)	*36%*	16 (32%)	*36%*
	RBCH	13 (18%)		21 (28%)		40 (54%)	
Q4	PH	9 (21%)	*27%*	17 (42%)	*37%*	15 (37%)	*38%*
	RBCH	13 (18%)		21 (28%)		40 (54%)	

4.9 The results of the most recent complainant satisfaction survey undertaken at PH were reported in Q1. 15 out of 23 responded, a 23% return rate. In summary:

Positive experiences

- People were aware they could complain in a variety of ways
- 80% people felt they were taken seriously
- 80% found it easy to make a complaint

Actions for improvement

- 40% reported that the Trust did not summarise all key points of their complaints. From Q2, all complaint acknowledgement letters include a summary of the key points under investigation.
- 40% reported they did not receive an explanation of how their complaint will be used to improve services. From Q2, learning and improvements have been made clearer, and

- response letters are more explicit about complaints not upheld, where no specific action or change has been made.

4.10 The number of reopened investigations and upheld/partially upheld PHSO investigations are measures of the quality of complaint handling. During 2020/21, the number of reopened investigations, 13 (7.4% of total) at PH and 34 (8.5% of total) at RBCH, fall below the internal target of <10%.

4.11 This year, the Trust has had a total of 6 complaints under investigation by the PHSO; 2 investigations have been completed and closed, 1 of which was upheld. Currently, there is no national benchmarking data available from the PHSO.

Summary of complaint upheld by the PHSO: the complaint alleged inappropriate touching, which was subsequently raised as a safeguarding alert. The PHSO investigated and concluded that the Trust: failed to ask for consent to send a safeguarding referral or share the patient's telephone number; failed to respond to all aspects of the complaint; and acted harshly when warning the patient of the nature of her correspondence. The Trust has acknowledged and apologised for the failures and the impact this had on the complainant and paid the recommended £300 financial remedy in recognition of this.

5 THEMES AND LEARNING FROM COMPLAINTS

5.1 Learning from the detail of individual upheld complaints is monitored on Datix and reported via the quarterly patient experience report to the Nursing and Midwifery Forum and Quality Committee. The evaluation of learning and monitoring of improvement s are reported in care group governance reports to the Quality Committee.

5.2 A high level summary of examples of learning can be found at Appendix A and are shared on the public website. To encourage wider dissemination of learning from complaints with Trust staff, a UHD Learning from Complaints newsletter will be developed and made available on the intranet.

5.3 The data collected from complaints is analysed to help identify themes and emerging trends. The themes are extracted from the complaint narrative, taken from the perspective of the patient or their representative. For example, in Poole Hospital, a total of 483 themes were extrapolated from the 174 complaints received.

5.4 The coding and system of theming complaints differ across site; RBCH use a system based on KO41a themes and the system in PH incorporates elements of the HCAT tool.
From 01 April 2021, the tool used for theming complaints will be aligned and the grouping of complaint themes will be based on the HCAT tool; 3 over-arching categories, 9 themes and beneath this, over 50 sub-themes. A summary can be seen at Table 10.

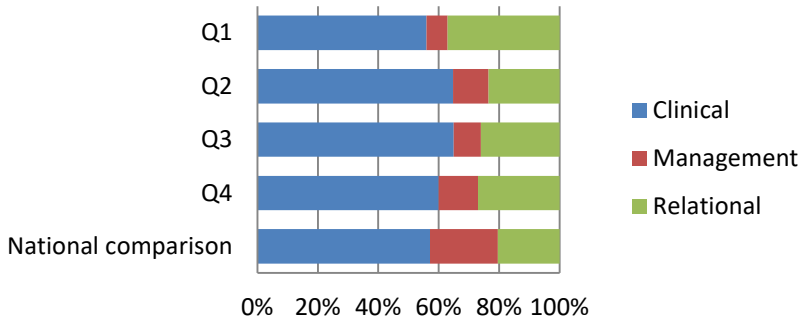
Table 10: UHD complaint theming: categories and themes

CLINICAL	MANAGEMENT	RELATIONAL
•Quality •Safety •Effectiveness	•Environment •Systems & processes •Well led	•Communication/listening •Attitude •Dignity & respect

5.5 The data, by complaint category is shown by quarter in Graph 6 (to note: Q1 data is Poole

Hospital only). The top 3 complaint themes, by category, by quarter are shown in Table 12, showing consistency in many of the top themes reported at Trust level. It is recognised that reporting themes and sub-themes by directorate or specialty will generate more relevant and useable data showing tends, learning and improving and work is underway to achieve this 2021/22, supported by the informatics team.

Graph 6: UHD categorisation of complaints received



5.6 Graph 6 shows that the larger proportion of UHD complaints consistently fall into the clinical category; this is similar to the national picture. It should be noted that there are caveats regarding reliability of the national comparison: it is collated from the KO41a data collection (community services and NHS hospitals); and secondly, the categories have been manually extrapolated and therefore subjective. Nevertheless, the data suggests that relational complaints are consistently higher at UHD (29%) compared to the national picture (20%).

5.7 A deep dive into top themes in the relational category, by hospital can be seen in Table 11.

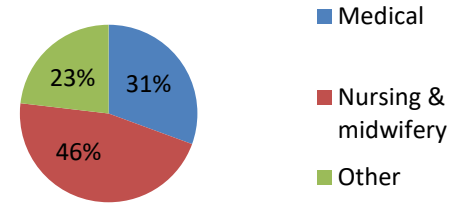
Table 11: UHD: top 3 relational themes

RB & C Hospitals	Poole Hospital
Staff attitude (43)	Unprofessional attitude or manner (47)
Communication – verbal (34)	Poor or inadequate information (34)
Consent (2)	Not involved in decisions or plan (20)

5.8 The top theme on both sites relates to staff attitude. This has been broken down further, by staff group (graphs 7 and 8), showing a higher number of complaints about the attitude of medical staff at PH and a higher number relating in nursing and midwifery staff at RBCH.

5.9 The way this thematic data is disseminated and used to learn and inform our quality improvement work requires review across UHD, to ensure consistency and to ensure that learning and the evaluation of learning is embedded.

Graph 7: RBCH - 2020/21 complaints received about staff attitude, by staff group



Graph 8: PH - 2020/21 complaints received about unprofessional attitude or manner, by staff group

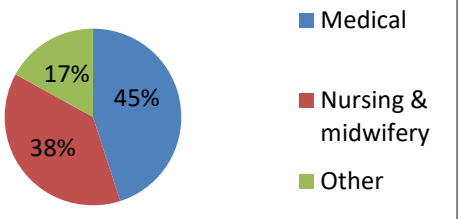


Table 12: 2020/21 TOP COMPLAINT THEMES, BY QUARTER, BY SITE			
Complaint category	**Quarter**	**RBCH site**	**Poole Hospital site**
CLINICAL **Quality** eg. Clinical standards **Safety** eg incidents, staff competencies **Effectiveness** eg procedural outcomes	Q1	• Quality/suitability of care or treatment • Incorrect diagnosis • Delay in diagnosis	• Disputing appropriateness of treatment • Delay in having treatment or procedure • Failure to assess, monitor or meet care needs
	Q2	• Clinical assessment • Infection prevention and control • Implementation of care	• Missed/delay in observation, assessment or diagnosis • Disputing appropriateness of treatment • Delay or inappropriate discharge (clinical decision)
	Q3	• Clinical assessment • Incorrect diagnosis • Implementation of care	• Disputing appropriateness of treatment • Missed/delay in observation, assessment or diagnosis • Post procedure complication/dissatisfaction
	Q4	• Quality/suitability of care or treatment • Incorrect diagnosis • Infection Prevention & Control	• Disputing appropriateness of treatment • Missed/delay in observation, assessment or diagnosis • Failure to assess, monitor or meet care needs
MANAGEMENT **Environment** eg facilities, equipment, staffing levels **Systems & processes** eg bureaucracy, waiting times, accessing services **Well led:** eg leadership and decision	Q1	• Access, admission or discharge • Access: booking • Security	• Accuracy of records • Environment and equipment • Length of time on waiting list
	Q2	• Access, admission or discharge • Security • Food safety	• Accuracy of records • Delay/inappropriate discharge (managerial decision) • Length of time on waiting list
	Q3	• Access: booking • Admission, discharge or transfer • Access: referral	• Waiting times • Accuracy of records • Access, parking, signage, security
	Q4	• Access: booking • Admission, discharge or transfer • Access: referral	• Accuracy of records • Waiting times • Environment & equipment
RELATIONAL **Communication & listening** eg not acknowledging information given **Attitude** eg behavious **Dignity& respect** eg caring and patient rights	Q1	• Verbal communication • Staff attitude • Consent, communication and confidentiality	• Unprofessional attitude or manner • Poor or inadequate information • Not involved in decisions or plans
	Q2	• Consent, communication and confidentiality • Staff attitude • Verbal communication	• Poor or inadequate information • Not involved in decisions or plans • Conflicting information
	Q3	• Staff attitude • Verbal communication • Records or documentation	• Unprofessional attitude or manner • Poor or inadequate information • Inappropriate behaviour
	Q4	• Verbal communication • Staff attitude	• Unprofessional attitude or manner • Poor or inadequate information

		• Records or documentation	• Inappropriate behaviour

6 CONCLUSIONS & RECOMMENDATIONS

6.1 The Trust policy and procedures to manage concerns and complaints meet statutory requirements. The policy and procedure will be aligned 2021/22, adopting best practice from both sites as well as phased implementation of national best practice recommendations, and the new PHSO complaints standards framework. UHD will be working with the PHSO as an early adopter of this framework.

6.2 Both sites offer a combined complaint handling and PALS service, with one point of entry for service users and other stakeholders.

6.3 The Trust has received 574 complaints, 196 complex concerns and 4,797 PALS enquiries and concerns during 2020/21. This is a reduction in the number of complaints received 2019/20, primarily due to the impact of the pandemic.

6.4 A national comparison of complaints received (NHS Digital) shows that UHD is not an outlier with regards to the number of complaints received, but demonstrates some opportunity to increase the volume of early resolution complaints.

6.5 The Trust is achieving the statutory targets for acknowledgement and response time; but is underperforming against the internal targets for response. This can in part be attributed to the increased clinical challenges of the pandemic. Performance needs to be better understood as a merged organisation and care group performance meetings will be set up 2021/22, to monitor and improve this position.

6.6 Complaints have been themed under the broad categories of clinical (61%), relational (29%) and Managerial (10%). Of the 61% (350) complaints received by the Trust relating to clinical care, 52% (182) were upheld or partially upheld. Examples of learning are included in the report; implemented and evaluated by the care groups; and reported in their governance reports to the Quality Committee.

6.7 A deep dive into relational complaints shows staff attitude and communication/information to be the most common causal factors. Medical staff received more complaints about staff attitude on the RB site and a higher % attributed to nursing and midwifery site on the PH site. Further work is required to understand these trends.

6.8 With the support of the informatics team, plans are in place 2021/22 to report complaint data by directorate and specialty, ensuring the data is more useful and can more easily be used to identify emerging trends. This will be presented as a % of activity.

6.9 As a consequence of the COVID-19 pandemic and the merger, the 5 workstreams in the 2019/20 patient experience improvement plan, derived from triangulating complaints and other sources of patient insight, have been scaled down, but will be used to inform improvement plans 2021/22.

6.10 The rate of complaints re-opened this year has been, on average, 8%; an improved 3-year trend, from 16% to 10% to 8%.

6.11 This year, the Trust has had a total of 6 complaints under investigation by the PHSO; 2 investigations have been completed and closed, 1 of which was upheld.

6.7 Complainant equality monitoring is in place at PH and will be rolled out across the Trust during 2021/22, to facilitate a more detailed analysis and to assess service accessibility and inclusion.

6.8 Actions taken to improve the complainant experience have been put in place at PH as a result of a satisfaction survey. These will be evaluated 2021/22 when the survey is rolled out across all sites.

Appendix A: 2020/21 examples of learning from upheld complaints

PH: examples of learning from complaints		RBH: examples of learning from complaints	
Complaint	**Acton/Learning**	**Complaint**	**Acton/Learning**
Lack of communication between different members of staff and the patient. Information has been contradictory and has resulted in wasted trips to the hospital and additional visits required. Patient has lost confidence in her care.	Matron to work with staff regarding correct referral process and indications for paternal blood samples. Hospital Facebook page amended regarding rules for making recordings during sonograms.	I have been waiting for my procedure for a long time, I am in a lot of pain and my life is being compromised by the wait for my operation. Dorset didn't have a high prevalence of Covid-19 so why can't I be rescheduled imminently? Isn't the hospital back to 'normal	We are following Government and GMC and our focus is ensuring your safety. Owing to safety measures, we are not yet able to treat as many patients per day as we once did. If you are struggling, please contact your GP practice who may advise us of clinical changes and offer medication to help control your symptoms. You will not have to start your treatment programme again. We are working hard to offer you your treatment as soon as we safely can. PALS cannot expedite your treatment, they will liaise with the Orthopaedic Admissions team
Concerns about assessment and treatment in ED following a fall. Patient says a neck dislocation was missed and questions whether a neck x-ray should have been taken.	Case to be discussed at the Emergency Medicine Consultant Meeting. Staff reminded to ensure that the patient understands the discharge advice and to share this with the next of kin if appropriate.	Discharge guidance is not clear when discharged from Nuffield Hospital where I was under the care of Royal Bournemouth hospital and the follow up care has not been entirely smooth	The Matron for Ambulatory Care and Ward Manager for Nuffield are working closely to ensure the correct information is given to patients following surgery. They will endeavour to make sure that safety netting advice is clear and accurate
Discharged home without a care package in place and without it being discussed with the family.	Therapist instructed that full stairs assessment could have been carried out, rather than a step-ups assessment at the bedside. Observation machines can also be taken to stairwell if needed. Therapy team reminded of the importance of communication with care givers, particularly with regards to discharge planning. Therapy team reminded of the importance of completing community referrals.	I did not receive holistic care that was responsive to my mental health history and needs and the side rooms on the ward were unpleasant	Ward in the process of advertising for a dual trained adult/mental health nurse. Funding requested for staff to complete mental health specific university modules Review with estates to see if possible to add mural to wall of side rooms
Questioning appropriateness of discharge	Therapists involved in the care have received 1:1 support from supervisors to review and reflect on the care and will consider seeking senior support in the event of a similar case Therapy staff reminded of the importance of documenting all case discussions and clinical reasoning of any changes to therapy plans. Families to be encouraged to nominate an individual to be the primary contact between themselves and hospital staff, who can then feedback to others	I have been waiting for my procedure for a long time, I am in a lot of pain and my life is being compromised by the wait for my operation. Dorset didn't have a high prevalence of Covid-19 so why can't I be rescheduled imminently? Isn't the hospital back to 'normal	We are following Government and GMC and our focus is ensuring your safety. Owing to safety measures, we are not yet able to treat as many patients per day as we once did. If you are struggling, please contact your GP practice who may advise us of clinical changes and offer medication to help control your symptoms. You will not have to start your treatment programme again. We are working hard to offer you your treatment as soon as we safely can. PALS cannot expedite your treatment, they will liaise with the Orthopaedic Admissions team

PH: examples of learning from complaints		RBH: examples of learning from complaints	
Complaint	**Acton/Learning**	**Complaint**	**Acton/Learning**
Daughter concerned at the treatment her mother received	Patient should have been referred directly to the diabetes	You said "We were unable to spend the last moments with	We did "Met with the family to discuss their concerns in person.

when she attended with a foot injury. She states that the wound was not cleaned and is concerned whether oral antibiotics were the correct treatment. Additionally, there was a week delay to be followed up in the diabetes clinic and the x-ray now shows that the infection has spread to the bone.	foot clinic within 24 hours (NICE guidance). Consultant will be presenting case anonymously to clinical staff (both consultants and nurse practitioners), as an example of the importance of aggressively managing this condition and the policies regarding this. The case in an anonymised form will be added to the information documents given to all new clinical staff to read when starting in the department.	our loved one as we were unable to access the ward out of hours"	Explained that staff should have been expecting the family to arrive and offered sincerest apologies that this was not the situation. Confirmed that the Clinical Lead has discussed out of hours emergency access to the ward with the ward team and the importance of this and will be carrying out ward doorbell spot checks in the future."
Transferred to PHFT from RBCH for an urgent MRI that could not be performed at RBCH, with concerns of cauda equina. This wasn't completed until the next day. Questions whether this was appropriate and why not kept informed of plan of care	The RBCH & PHFT pathways for requesting urgent MRI scans in cases of suspected Cauda Equina Syndrome differ. Furthermore, the urgent MRI pathways between PHFT Orthopaedics & Radiology differ. Pathways for requesting urgent MRI scans in cases of suspected CES is currently under review by Consultant in Emergency Medicine at RBCH and Consultant Orthopaedic Surgeon at PHFT to ensure that the pathways work in unison and adhere to national standards. Staff to be reminded of the importance of communication treatment plans to patients and documenting this accurately on the medical notes.	You said "I was expecting a local anaesthetic prior to having a biopsy taken. The biopsy hurt and I would like to understand why I did not have the anaesthetic."	We did "As stated in the Patient information leaflet you were given prior to the procedure, you did have a local anaesthetic. You would have felt a sharp scratch and then felt nothing until the anaesthetic wore off. We will do all we can to communicate that the administration of a local anaesthetic may be uncomfortable but that it is much less uncomfortable than the biopsy itself."
Concerned at errors in medication prescribing and administration whilst patient on the ward. Concerned at affect this could have.	Pharmacy Team ensured that Valganciclovir is stocked on all of the Trust sites. This drug has also been added to the Critical Medicines List. A Critical Medicines list is being developed which will be integrated with the electronic prescribing system. This will flag to the pharmacy teams when they are prescribed and will help them to prioritise the supply of these. EPMA eye drop prescribing has been unified as generic/use rather than by brand name so as to reduce the risk of selecting the wrong drug. Ward pharmacist and junior doctor informed of the above errors and will improve practice. Scenario discussed with all ward pharmacists for educational purposes. Lead Pharmacist for Cancer Services producing report to make it easier for nurses to effectively check medications on discharge. The importance of ensuring that discharge medications are correct has been communicated to the nursing staff, as well as the	You said "You were disappointed that you were told several times that your family member hadn't been admitted to the hospital, when in fact he had been admitted 2 hours prior to your first enquiry. This caused further anxiety to your family during an already very distressing situation"	We did " apologised for the distress this caused to the whole family and explained that the person that answer your call may not have had the relevant skills to fully investigate the electronic patient record which led to you being given the incorrect information. We will aim for all staff to receive the necessary training to ensure that this doesn't happen again and advise them that they should ask for help if they are unsure of how to interrogate the system."

	junior doctors. Medication locker checks on Durlston Ward have been increased. Valganciclovir prescribing times to be updated on EPMA		
Patient questioning the appropriateness of the procedure and the grade of doctor that performed the procedure. Treated in a surgical assessment room on which she found to be dirty	Recruitment or secondment of a dedicated Oral and Maxillofacial Surgical Auxiliary Assistant for SAU to be discussed at the next general managers meeting. Cleanliness of medical equipment: All staff reminded of importance of cleaning equipment between uses. Spot checks to be completed regularly by Matron to ensure that standards have been maintained.	You said “On Wednesday 23rd September I received a letter from Bournemouth Hospital, informing me I had a telephone consultation with a Consultant from cardiology at 10am on Monday 28th September. On Monday 28th, no phone call came, so I rang the hospital, only to be informed that the consultation had been cancelled and that a letter had been sent out on Friday 25th September. The letter did not arrive until Tuesday 29th September, a day after the appointment.”	We did ” The Health Records Appointments Team Leader has discussed this with the appointments clerk involved and learning has been shared and clerks reminded that when an appointment is cancelled at short notice, the clerk must telephone the patient to advise them of the cancellation.”

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28th October 2021

Agenda item: 6.1

Subject:	Council of Governors' Informal Groups

Prepared by:	Ewan Gauvin – Corporate Governance Assistant
Presented by:	David Moss - Chair

Purpose of paper:	To outline the membership and inaugural meeting dates of the Council of Governors Quality Group and Strategy Group.
Background:	The Terms of Reference for Council of Governors Groups were approved at the July 2021 Council of Governors meeting.
Key points for Board members:	• Inaugural meeting dates: - **Quality Group**: 12th November 2021 from 12:00-13:00 - **Strategy Group**: 17th November 2021 from 13:00-14:00 • The membership of each Group is detailed in this paper.
Options and decisions required:	For noting.
Recommendations:	For noting.
Next steps:	Inaugural meetings will occur and will report back to the January 2022 Council of Governors meeting.

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	To be a well-governed and well-managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well-Led

Committees/Meetings at which the paper has been submitted:	**Date**
N/A	N/A

University Hospitals Dorset
NHS Foundation Trust

Council of Governors' Informal Groups

1. Introduction

This paper will outline the membership and the inaugural meeting dates of the Council of Governors Quality Group and Strategy Group.
The Terms of Reference for both Groups were approved at the July 2021 Council of Governors meeting.

2. Quality Group

The inaugural meeting of the Quality Group will be held on the **12th November 2021 from 12:00-13:00.**

Membership of the Group consists of:

- Two Governors from each of the three public constituencies:
  - Sharon Collett (Bournemouth)
  - Diane Smelt (Bournemouth)
  - Andrew McLeod (Poole & Rest of Dorset)
  - TBC (Poole & Rest of Dorset)
  - Robin Sadler (Christchurch, East Dorset & Rest of England)
  - TBC (Christchurch, East Dorset & Rest of England)
- One Governor from the staff constituency:
  - Cameron Ingram
- One Appointed Governor – NHS Dorset CCG:
  - David Richardson

3. Strategy Group

The inaugural meeting of the Strategy Group will be held on the **17th November 2021 from 13:00-14:00.**

Membership of the Group consists of:

- Two Governors from each of the three public constituencies:
  - Judith Adda (Bournemouth)
  - Marjorie Houghton (Bournemouth)

- David Triplow (Poole & Rest of Dorset)
- Robert Bufton (Poole & Rest of Dorset)
- Richard Allen (Christchurch, East Dorset & Rest of England)
- Carole Light (Christchurch, East Dorset & Rest of England)

- One Governor from the staff constituency:

  - Markus Pettit

- One Appointed Governor – Bournemouth University:

  - TBC