



University Hospitals Dorset
NHS Foundation Trust

**University Hospitals Dorset NHS Foundation
Trust**

Council of Governors Meeting - Part 1

Thursday 29 July 2021

16:30 – 19:00

Via Microsoft Teams

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

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 **3.45pm** on **Thursday 29 July 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 2					
15:45	1	Welcome, Introduction, Apologies for Absence and Quorum	Verbal		Chair
	2	Minutes of the meeting held on 29 April 2021	Paper	Approval	Chair
	3	Feedback from 28 July 2021 Board Meeting	Verbal		Chair/ CNO
	4	GOVERNANCE			
	4.1	Chairman's Appraisal Summary	Verbal	Assurance	SID
	4.2	Non-Executive Appraisals' Summary	Verbal	Assurance	Chair
	5	Any Other Business	Verbal		Chair
16:15	6	Date of next meeting: Thursday 28 October 2021 at approximately 6pm via Microsoft Teams			

AGENDA – PART 1					
Time	Item	Method	Purpose	Lead	
16:30	7	Welcome and Introduction	Verbal		Chair
	8	CLINICAL PRESENTATION PAEDIATRICS: Steve Wadams, Karen Fernley, Claire Rogers			
17:30	9	Apologies for Absence and Quorum	Verbal		Chair
	10	Declaration of Interests	Verbal		Chair
	11	Minutes of the Meeting held on 29 April 2021	Paper	Approval	Chair

	12	QUALITY AND PERFORMANCE			
	12.1	Integrated, Quality, Performance, Workforce and Finance Report	Paper	Assurance	Chief Officers
17:55	12.2	Annual operating plan 2021/2022	Paper	Assurance	COO
	13	GOVERNANCE			
18:05	13.1	Board Assurance Framework: October 2020 – March 2021	Paper	Assurance	CNO
	13.2	Board Assurance Framework: 2021/2022	Paper	Assurance	CNO
18:15	13.3	Strategy Group Draft Terms of Reference	Paper	Approval	Chair/ Co Sec
	13.4	Quality Group Draft Terms of Reference	Paper	Approval	Chair/ Co Sec
	14	FOR INFORMATION			
18:25	14.1	Governor Focus Conference 2021 Feedback	Verbal	Noting	Lead Governor
18:30	14.2	June 2021 Membership and Engagement Group update	Verbal	Noting	MEG Chair
18:35	14.3	ICS Update: Pan Dorset Approach	Paper	Noting	Chair
	14.4	Sustainability Strategy	Paper	Noting	Chair
	14.5	Quality Improvement Strategy	Paper	Noting	Chair
	14.6	COG and NREC dates for 2022	Paper	Noting	Chair
	15	Urgent Motions or Questions	Verbal		Chair
	16	Any Other Business	Verbal		Chair
	17	Reflections on the Meeting	Verbal		Chair
19:00	18	Date of next meeting: Thursday 28 October 2021 at 4.30pm via Microsoft Teams			
		<i>Note: A glossary of abbreviations that may be used in these papers will be found at the back of this document</i>			

* 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 April 2021 at 16:30 via Microsoft Teams.

Present:	David Moss	Chairman
	Judith Adda	Bournemouth
	Sue Parsons	Bournemouth
	Diane Smelt	Bournemouth
	Marjorie Houghton	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
	Robin Sadler	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
	Markus Pettit	Staff Governor: Estate and Ancillary Services
	Kani Trehorn	Staff Governor: Nursing and Midwifery
	Conor Morton	Appointed Governor: Volunteers
	Paul Hilliard	Appointed Governor: Bournemouth, Christchurch and Poole Council
	David Richardson	Appointed Governor: NHS Dorset CCG
	Beryl Ezzard	Appointed Governor: Dorset Council
In attendance:	Caroline Tapster	Non-Executive Director
	Debbie Fleming	Chief Executive
	Alyson O'Donnell	Chief Medical Officer
	Paula Shobbrook	Chief Nursing Officer
	Peter Papworth	Chief Finance Officer
	Karen Allman	Chief People Officer
	Mark Mould	Chief Operating Officer
	Fiona Ritchie	Company Secretary
	Zoe Jones	Corporate Governance Manager
	Anneliese Harrison	Interim Deputy Company Secretary (minute taker)

CoG 017/21 Welcome and Apologies for Absence

The Chairman welcomed those attending the meeting.

There were no apologies for absence.

CoG 018/21 Declaration of Interests

There were no interests to declare.

CoG 019/21 Integrated Quality, Performance, Workforce and Finance Report

Update on Covid- 19

This item was taken as part of the Integrated Quality, Performance update at 5.1.

The key themes from the covid- 19 update were summarised and included:

- the continued focus on the key priorities including: staff wellbeing and recruitment/retention, transforming services, building primary care capacity, recovery, delivering the covid vaccination programme;
- recognition of the number of covid cases within UK which had increased over the last year and had significantly peaked during the autumn period;
- the potential risk posed by the global outbreaks in India, north America and Brazil and the need for the UK to remain vigilant despite the decrease in cases;
- robust infection prevention and control practices remained in place and were being promoted throughout the trust;
- the reduction in the number of covid positive cases and hospital admissions within the local Bournemouth, Christchurch and Poole area which was now lower than the national UK average;
- the consolidation work and learning outcomes including mortality arising from the outbreak reporting which would be shared with the Board within the next few months.

Quality and Performance

The quality and performance updates included:

- progress with the recovery of performance following the covid pandemic which was being monitored on a weekly basis;
 - the plans in place to address the growing number of patients on routine waiting lists and those patients waiting over 52 weeks for treatment;
 - progress with the validation programme and increasing communication with patients to keep them informed of waits;
 - that 97.1% of all patients being seen within 6 weeks of referral and teams were recognised for this positive improvement;
 - attendances to ED and emergency admissions for non-Covid reasons started to return to pre- covid levels during March;
 - the work underway to support the recovery of urgent and emergency care performance including the 'criteria to reside' policy which helped to identify patients who could be discharged and cared for in alternative settings;
 - the significant improvement in handover times and ED waiting times over 30 mins;
 - performance against the national cancer 62 day target in March had been positive;
 - the unprecedented increase in referrals for certain cancer tumour sites
- Overall the backlog and backstop position continues to steadily improve.

Clarification was provided around the increase in RTT waiting lists for clinical specialties and the transferral of referrals from Dorset Healthcare NHS FT which

aimed to promote the equity of access working within the capacity available with patients being seen by clinical priority.

Concerns were raised about the increases in waiting lists for elective surgery and when this was likely that these rates would start to decline. Mark Mould advised that numbers had started to improve over the last two weeks and it was anticipated that this would continue however this remained at an early stage. It was noted that the increases were likely due to a combination of reasons including clinical validation, an increase in work, a reduction in patients attending GPs.

Governors were also updated on how UHD was supporting the crisis in India by pushing for a coordinated response from a national level. Messages of support were also being offered to staff that were affected with relatives in India.

Alyson O'Donnell joined the meeting and outlined examples of support being offered by colleagues which were being picked up by commercial services. Paula Shobbrook also noted that support was also being provided to the international nurse recruits from overseas and teams throughout the organisation.

Workforce

The workforce updates were summarised and included:

- the continued decrease in the turnover of staff;
- the stabilisation in sickness absence performance and the support being offered to staff experiencing s post Covid-19 syndrome;
- progress with the programme of second vaccinations for staff which ceased on 16th April with staff now being signposted to vaccination centres;
- an update on the tier 3 consultations with appointments anticipated to be in post by June;
- the continued support to help enhance staff health and wellbeing;
- the progress with recruitment including the national target for HCS workers.

Finance

The key themes from the finance updates were:

- the trust set a planned deficit of £5.6 million for the period to 31 March 2021 and delivered a variance of £5.7 million reporting an aggregate surplus of £145,000;
- the trust delivered a £5.131 million capital underspend as part of the overall ICS capital envelope;
- the consolidated end of year cash balance of £99.7 million which had been fully committed against the trusts 6 year capital programme.

CoG 021/21 The Appointment of the Lead and Deputy Lead Governors

The Chairman thanked all three candidates for their interest in the roles. He confirmed that David Triplow had received the largest amount of votes for the Lead Governor role and Sharon Collett had received the second largest volume of votes in accordance with the election process.

The Council of Governors **endorsed** the recommendation to appoint David Triplow as Lead Governor and Sharon Collett as Deputy Lead Governor.

The appointed Lead and Deputy Lead Governors welcomed their colleagues to share any concerns and suggestions going forwards and both looked forward to working together at future face to face meetings.

James Donald was invited to provide an update from the Communications Team in respect of the plans to support and engage with membership engagement. He noted that much of the progress with engagement and the events scheduled had been overshadowed by covid however focus was now being placed on what could be achieved within the current circumstances.

He provided an overview of the communication plan for 2021 which included:

- the launch of the new publication for staff, members and members of the public;
- the launch of the governor and membership section on the UHD website and the opportunities to expand and develop this further;
- the plans to hold virtual understanding health talks and within the community when possible;
- the Annual Members Meeting and the Open Day which would both be held virtually this year;
- the need to develop and increase the demographic of the membership through further engagement and encourage the email subscription;
- the plan to reinstate governor community health talk and listening events when possible.

James Donald also noted that there had been no further progress with the rescheduling of the joint event with Bournemouth University given the current restrictions and this would be reconsidered at the next engagement meeting in June.

Governors recognised that there was still a lot of work to do to inform the public about the building work underway across the hospital sites and were encouraged to promote the leaflets which were available at hospital main entrances.

Debbie Fleming wanted to recognise how passionate and eager governors were in wanting to engage with members and members of the public and reinstate events given that UHD was 6 months behind with these plans due to the pandemic. Although this was not possible at present given the current restrictions, assurance was provided that the trust was looking forward to getting the necessary systems in place to be able to support this through the communications team. Governors were asked to be patient as this time and to prioritise getting to know each other and working together as a Council of Governors.

The terms of reference for the Membership and Engagement Group were presented. Emphasis was placed on the important role that the constituency groups played in feeding through suggestions and ideas to help support the development of the membership and future engagement events. In addition governors who were not members of the group were invited to attend the meetings as observers.

The Council of Governors **approved** the terms of reference for the Membership and Engagement Group.

Sue Parsons presented the strategy noting that this had been developed by the legacy Council of Governors.

Governors noted that the implementation of the strategy had been delayed as a result of the pandemic and agreed that the timeframe should be updated to

2021- 24 in recognition of this. In addition it was considered that the different levels of membership could be trialled and reviewed in a years' time.

In response to some concerns about the lack of communication with members James Donald highlighted that engagement with the public through the media, trust website and social media had been increased as a result of the pandemic and would continue with the launch of the new UHD publication.

Governors acknowledged that the events planned in spring to promote engagement and the recruitment of younger members had been impacted by covid and that this remained a key area of focus for the strategy. James Donald highlighted that there were opportunities going forwards to do more in terms of careers, the open day and working with Bournemouth University to help target this demographic.

The Council of Governors **approved** the Membership Engagement Strategy 2021-24.

CoG 024/21 Urgent Motions or Questions

Keith Mitchell wanted to recognise the work being done to support staff health and well-being. He requested further assurance around the performance of the initiatives particularly in relation to Care First following feedback from staff about the delays in timely access.

Marie Cleary confirmed that Care First had been extended for six months and would be monitored closely to ensure that staff were not being delayed in accessing this support. In addition it was noted that further work was underway to develop processes internally to help triage staff to external services such as steps to well-being and this remained a key area of focus.

CoG 025/21 Any Other Business

There was no items raised.

The meeting closed at 18:00.

Agreed as a correct record of the meeting:

Chairman _____ Date _____

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 29 July 2021

Agenda item: 12.1

Subject:	Integrated Quality, Performance, Workforce and Finance Report
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Prepared by:	Executive Directors, Donna Parker, Jacqueline Coles, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Louise Hamilton-Welsh, Jo Sims, Andrew Goodwin
Presented by:	Chief Officers

Purpose of paper:	To inform the Council of Governors, Board of Directors and Sub Committee members on the performance of the Trust during June 2021 and consider the content of recovery plans
Background:	<p>The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance.</p> <p>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.</p> <p>All NHS organisations have received the '2021/22 priorities and operational planning guidance outlining the priorities for the year ahead'</p> <p>Key priorities for 2021/22:</p> <ul style="list-style-type: none"> A. Supporting the health and wellbeing of staff and taking action on recruitment and retention B. Delivering the NHS Covid vaccination programme and continuing to meet the needs of patients with Covid-19 C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services, this includes the Think Big plan D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay F. Working collaboratively across systems to deliver on these priorities. <p>We continue to work together with the Dorset system to produce and implement our organisational and system operational plans and objectives that aim to address these priorities and the performance related requirements.</p>

<p>Key points for Governors:</p>	<p>Areas of Board Focus</p> <ol style="list-style-type: none"> 1. Attendances to ED are increasing, emergency admissions and ambulance conveyances continued to increase in June, challenging our front door wait to be seen times with corresponding pressures on our key Urgent & Emergency Care performance standards. Understanding the current trends, particularly the increase in ambulance conveyances and any changes to patient behaviours and access to all services is a focus of our internal and system-wide work. The increase in visitors to Dorset over the summer (already seen in June) presents a significant challenge along with capacity. 2. Additional bed capacity remains in situ to support the increased occupancy as well as elective recovery. This, together with avoidance of unnecessary admissions through a focus on Same Day Emergency Care and 'front door' pathways that support timely pathways to ongoing primary and community care, is key. Furthermore, a focus on reducing long lengths of stay and those patients who no longer need to be in hospital is paramount to reducing our predicted bed capacity gap. These are putting additional pressure on workforce to staff escalated bed capacity, driving increased costs and has a potential impact on quality including elective care recovery and risk of patient deconditioning. 3. Focus has remained on urgent and cancer care during June with more elective routine activity being undertaken in all specialties where it was safe to do so. Plans to reduce the number of patients on routine waiting lists waiting over 52 and 78 weeks for treatment have started to deliver improvement with 3737 patients waiting over 52 weeks at the end of June and 1,180 patients over 78 weeks. This is 1,858 fewer patients over 52 weeks compared to March 21 (5,595). Recovery to pre-Covid levels requires investment to increase activity and this is currently being funded by achieving the Gateways as outlined in the Elective Recovery Fund (ERF). Recovery to pre Covid-19 levels will take some time to deliver due to workforce, patient's choosing to delay treatment and capacity limitations <p><u>Operational Performance</u></p> <p>Emergency Care</p> <p><i>Emergency Departments</i></p> <p>The IPR provides the detailed performance against the new national Urgent & Emergency Care standards. The further increase in attendances, admissions and ambulance conveyances meant continued pressures on our front door and bed capacity through June. Headlines include:</p> <ul style="list-style-type: none"> • Attendances were up by nearly 1475 on April and ambulance conveyances up 9% compared to 2019. • Admissions exceeded discharges resulting in a net gain of 59 patients • ED mean time on both sites became more challenged, increasing from 228 mins in May to 245 in June

- Positively there were no 12 hour waits from Decision to Admit (DTA) though the increase in meantime reflects longer stays in the department
- The increased conveyances and surges, as well as the need to ensure clinical review and prioritisation of all presenting patients, meant the number of 60min ambulance handover breaches increased to 117.

(colours based on change from last month)

		Jun-21		
Standard	Aim	Poole	RBCH	Combined
Operational (Field testing standards)				
Mean time in the dept	200 mins	240	250	245
Time to assessment	15 mins	7	18	13
Internal Care Standards				
Time to triage (RBCH: to assessment)	15 mins	7	18	13
Time to first clinician seen (RBCH: to Dr seen)	60 mins	119	157	139
Time waited for a bed (RBCH: DTA to left dept)	60 mins	147	67	102

The above pressures reflect a regional picture and there is concern across the Dorset System that this trend will continue through the summer, particularly with the increase in staycations and visitors to the area. In addition to overall attendances increasing in June, the proportion of patients outside of the Dorset area increased.

A deep dive by the new ED management team has commenced, supported by 'Big Room' events, which together with daily work with SWAST, continues to look to improve processes and pathways into and through the department. Areas for focus include:

- Arrival triage and assessment
- Rapid assessment and treatment model
- Clerking and assessment documentation
- Minors capacity
- Pathways to Same Day Emergency and/or Speciality/inpatient care.

System Executives have reviewed the current pressures being faced by our urgent care services and further urgent work is underway to understand what is driving these as well as to develop priority actions. A proposal for ongoing HALO support sited at both hospitals has also been recommended by the Dorset Urgent & Emergency Care Board. Ensuring patients are in the right place, including those patients who no longer need to be in the acute or community hospitals, will be a key area of focus.

Occupancy, Flow and Discharge

We continued to have all escalation beds open in June, however, despite this, occupancy remained high at above 90%.

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 June, 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 an external strategic partner has now been commissioned to support the development of new models. However, there is a recognition that current pressures are likely to need some urgent interim actions to reduce pressure on the acute and community hospitals.

Our internal work on 'Criteria to Reside' (C2R) continues and data completeness has now achieved 83%. Partners were invited into our

hospitals w/c 12 July to support an urgent focus on both front and back door discharge/community pathways. A Focus on Flow week is also taking place w/c 19 July to further support our C2R programme.

Internal bed capacity modelling is complete and a business case is being submitted to the Trust Board in July. Mitigation plans are also being progressed by the Care Groups and ward configurations being reviewed to offset potential demand and capacity gaps. However, winter projections currently remain challenged.

Surge, Escalation and Operational Planning

In line with the increasing national and local incidence of Covid, we do have a number of patients across UHD. At the time of writing, we have 20 confirmed inpatients, well below the levels experienced in Wave 2 (January/February) and within the 5% national planning requirements.

Due to current urgent care pressures and increasing Covid incidence across Dorset, we continue to maintain a system and internal resilience and capacity planning structure.

The challenges faced in emergency care in relation to ambulance handover volumes and delays, demands on services and bed occupancy in June mirror experience across the region but the Trust. So far, we have largely been able to maintain our elective care recovery activity, though this does remain at risk. Our combined internal and system actions to deliver improvement, capacity and appropriate pathways will be key to ensuring safe and responsive care and the additional demands.

Referral to Treatment (RTT)

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

	January 2020	May 21	June 21	
Waiting List Size	44,508	48773	49099	+4591 v January 20
Referral to treatment 18 week performance		63.2%	65.7%	+6.1% v Apr 21
RTT incomplete pathways >52+ weeks		4153	3737	-1,079 v Apr 21

Providers and commissioners are required to plan on the basis that their RTT waiting list, measured as the number of patients on an incomplete pathway, will be no higher in March 2022 than in January 2020. At the end of June 2021 there were 49,099 patients on the waiting list, 9.3% more than the combined January 2020 position of 44,508, this is a slightly worsened position from May 2021.

In parallel to the growth in the overall waiting list there is a decrease in the backlog of patients waiting over 18 weeks, which has resulted in an improvement in performance from 63.2% to 65.7%. Whilst the number of patients waiting over 18, 26, 40, 52 and 78 weeks has reduced, there has been a rise in patients waiting over 104 weeks. Patient choice to defer treatment remains a key influencing factor.

There are 3737 patients waiting over 52 weeks, a decrease of 416 patients

from last month and **1,858 less than March 2021**. Performance is ahead of the trust's planned 52ww trajectory of 4,656. >52ww represent 7.6% of the overall waiting list size and has delivered the ambition to deliver < 10% by the end of Q1 and on target to deliver < 7.5% by the end of Q2

Factors impacting on the RTT standard

<p>Clinical Capacity & Response to COVID-19</p>	<p>The current RTT performance is a reflection of the number of patients waiting > 52 weeks which increased due to ceasing / reducing routine elective activity during 2020-21 in response to managing the COVID-19 pandemic and the need to work within new Infection Control guidance.</p> <p>The waiting list has risen slightly due to the transfer of the routine elective waiting list from Dorset Healthcare University NHS FT to UHD, this is part of the Dorset ICS recovery plan and in line with national recommendations to have a single system waiting list.</p> <p>Some patients are still reluctant to attend hospital for consultation, diagnostic test or treatment until they have had their vaccination and/or the pandemic is over.</p> <p>In recovering routine elective activity, some specialties productivity will remain lower than previous years due to restoring services safely in line with national and clinical infection control guidance which make each outpatient attendance, diagnostic test and procedure / treatment take much longer.</p> <p>There is regional recognition of the challenging position of elective care performance in Dorset prior to COVID-19 and this has resulted in many patient waiting > 52 weeks for treatment. The high number of 52 weeks is mainly due to lack of theatre / treatment capacity during 2020-21 however this has started to improve during Q1.</p> <p>The waiting list for patients waiting to be admitted for treatment is clinically reviewed and prioritised to reduce any potential harm for those patients waiting longer than expected for their procedure.</p>
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High level elective care recovery actions include:

- *A clinically led waiting list validation programme* of the active, follow up and planned waiting lists commenced in April 21, this programme of work is 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.
- *Creating additional capacity* to see and treat our longest waiting patients, this includes use of the independent sector, using other NHS and private providers, insourcing using a partner organisation and running waiting list initiatives where possible.
- *Think Big* is a project to enable high volumes of outpatients to be seen safely, this plan has system approval to proceed and plans to commence in Q3.
- *Use of digital technology* to support non-face to face outpatient activity.

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

June	Total Waiting List	< 6weeks	>6 weeks	Performance
UHD	8887	8728	159	1.8%

The DM01 standard has achieved 98.2% of all patients being seen within 6 weeks of referral, 1.8% of diagnostic patients have waited > 6 weeks. Radiology have achieved > 99% of all patients being seen < 6 weeks from referral. Echocardiography continues to improve as does Endoscopy increasing from 87.1% in May to 91.4% in June. The current performance is a remarkable achievement and testament to all the previously reported plans delivering during Q3 and continued in Q4.

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	Apr 21 - FINAL	May 21 - FINAL	Jun-21
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%	80.9%	76.9%	78.4%
	62 Day Screening Standard (Tumour)	90%	73.3%	73.3%	94.1%	88.1%	88.0%	95.0%	84.6%
	31 Day First Treatment (Tumour)	96%	96.2%	94.4%	97.0%	96.7%	96.2%	97.6%	97.4%
	Subsequent Treatment - Surgery	94%	89.4%	86.7%	95.4%	90.5%	87.9%	90.9%	96.6%
	Subsequent Treatment - Radiotherapy	94%	98.8%	100.0%	98.7%	99.0%	98.3%	100.0%	100.0%
	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	96.6%
	Faster Diagnosis	75%	76.3%	77.4%	80.7%	79.1%	77.1%	77.6%	74.7%
	Over 104 days (treated in month)	N/A	18	23.5	26	16.5	5	16.5	8.5

The rate of 2 week wait referrals continues to be high with notable increases in certain tumour pathways compared to the previous year, this impacts on the overall size of the PTL. Tumour pathways with greatest pressure on 2 week wait and size of PTL include Head and Neck and Upper GI.

Breast 2ww referrals remain high throughout June 2021. This has been further challenged by workforce capacity needed to run additional clinics. The capacity across both sites has been combined and is reviewed regularly by the Clinical team. 28-day FDS target continues to be met. Additional capacity in the week and super Saturdays are planned for July and August. DCP Task and Finish Meeting for Dorset-wide breast service held on 8th July.

The reported position for May improved against the National KPI's for the key standards – the 31day standard achieved at 97.6%, the 28-day faster diagnosis standards achieved at 77.6%. 62-day standard - UHD continues to perform above the current national average recognising this is still below the national threshold.

The number of reported backstops for June is expected to be 8.5 which is a significant improvement compared with the previous 2 months.

Factors impacting on standard

Demand	<ul style="list-style-type: none"> Referral numbers continue to put additional pressure on several services at all stages of the pathway
Clinical Processing Capacity	<ul style="list-style-type: none"> 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.

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 .
- Working 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 Dorset Elective Care Health Inequalities programme is progressing. The linked data set includes the Trust's elective activity, referral and waiting list data and data extracts are accessible. In collaboration with Optum analytics of the data is now underway and detailed analytical insights will be shared with the Trust in the summer. The participants of the programme will work together across organisational boundaries to target and **rapidly intervene** to improve care for **key cohorts at risk** of seeing their health worsen due to the **Covid-19 backlog**.

Quality, Safety, & Patient Experience

Infection Prevention and Control:

- Outbreak review meetings are near completion; and a report learning identified.
- Significant increase in community cases of COVID-19 in June, small number of hospital admissions at present.
- A refresh of National Guidance IPC guidance – no specific changes to note.
- Continued focus on social distance closed beds and national direction of

	<p>Covid-19.</p> <ul style="list-style-type: none"> • 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. <p>Clinical Practice Team:</p> <p>Moving & Handling training</p> <ul style="list-style-type: none"> • Unable to meet the combined training requirements for clinical staff, approx.1300 staff now out of compliance. Performing a deep dive on the monthly compliance data to focus on areas with 60% or less compliance Risk Register entry to be reviewed and consider increasing to 12 numerous mitigations in place. To advertise for a Band 3 developmental post to support training. <p>Falls prevention & management</p> <ul style="list-style-type: none"> • A lack of observable side rooms identified as a theme and OPS Directorate to consider adding to their Risk Register. • Flat lifting equipment remains a challenge across the UHD, devices moved relocated from RBH site to increase provision at the Poole. However, a unit has now failed leaving them with 1 unit in working order. Charities are now directly fundraising for upgrade FloJac systems. • Bowel management is a consistent theme, SBAR and incident learning shared. To consider developing a training module/session. To highlight & promote the ability for nursing staff to administer standing doses. <p>Tissue Viability</p> <ul style="list-style-type: none"> • New FT Band 7 Tissue Viability Lead due to commence in post September 2021. Advised care groups that TV cover over July and August will be reduced due to annual leave. • Involved in a national group looking to benchmark pressure ulcer data and develop metric parameters by Trust and eventually by specialty re per 1,000 bed days. • To focus on supporting Poole based ward areas and provide stock access to barrier products to improve the care of patients with continence issues – aim to prevent excoriation and combination pressure ulceration • 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 <p>Patient Experience:</p> <p>Trend in complaints received and responded to: The Trust has seen as increase in the number of complaints received 2021/22 compared to the same period last year. This aligns with the position across the South West and nationally; a lower number of complaints received during the first peak of the pandemic when public support was at its greatest, with a subsequent increase back to pre-pandemic levels.</p> <p>This month, the Trust has responded to a higher number of complaints compared to the number of complaints received; starting to address the backlog of complaints open and awaiting response.</p> <p>Themes from PALS and Complaints: Patients and families continue to report a lack of communication from staff regarding inpatient care and discharge planning. This includes difficulty getting through to the ward by</p>
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'phone and patients being discharged with no prior communication with the next of kin.

This month, patients reported confusion regarding validation letters for some surgical specialties. However, by the end of the month these issues had started to be addressed.

Volunteer recruitment: planning in place to recruit additional volunteers, at pace, to support the Think Big outpatient transformation.

International Recruitment:

The commitment to recruit 200 IR Nurses by March 2022 is on trajectory with 89 nurses arrived and 42 offered and a further 16 scheduled for interview in July.

Safeguarding:

The trust received notification of 7 section 42 enquiries (2 on the Poole site, 5 on the Bournemouth site) This is a decrease on the previous months. An investigation into each concern via the nominated enquiry process is underway to understand details of the concern and identify any themes and learning.

Initial review has identified that the alleged unsafe discharge is the common theme in 6 of the 7 concerns.

Shelford Audit:

The Shelford Safer Nursing Care Tool is being used for the first UHD wide Establishment review – 20 days of data collection will conclude on 30 July. The audit will see ward areas scoring the acuity and dependency of the patients once a day. This will then support the annual template reviews.

Workforce

Key Performance Indicators to June 2021:

		21/22	20/21	Variance
Turnover		9.2%	10.4%	-1.1%
Vacancy Rate		-	0.9%	-
<i>Recent data currently unavailable</i>				
Sickness Rate		4.8%	4.8%	0.0%
Appraisals	Values Based	10.1%	47.1%	-37.0%
	Medical & Dental	52.7%	56.1%	-3.4%
Statutory and Mandatory Training		87.8%	86.7%	1.1%

Performance:

Turnover has increased slightly from last month and is currently being reported at 9.4%. We are seeing an increase in the number of staff retiring. Comparison of this indicator to the same period last year shows a reduction of 1%. However, this is likely to be a Covid effect.

Vacancy Rate: Accurate vacancy reporting relies on the ability to compare reliable funded establishment data against accurate filled posts down to

ward level, identifying the gap. We are working on uniting the processes and cleansing the data to achieve this for UHD.

Overall Sickness levels remain relatively stable at 4.8%. Staff continue to be supported to maintain their health and wellbeing and a programme to support staff with Long Covid began in July. We have seen an increase in short term absence due to the need for staff to isolate as a result of tracing contact/family members; however, new guidelines should support a better balance in this from 19th July.

Appraisal levels for Medical Staff remain relatively stable. Values Based appraisal has risen by just under 8% this month.

Statutory and Mandatory training compliance remains fairly stable and continues in the high 80s.

CPO Headlines:

- Tier 3+ implementation has now almost concluded.
- We are working with staff side to agree the outstanding ER issues which will support further integration e.g. adopting new joint UHD policies for all staff not just new staff.
- The Operational Team's workload continues to be high in regard to organisational change and employee relations case work.
- Demand for Occupational Health and Enhanced Wellbeing services remains high and this is being closely monitored.
- Covid restrictions are causing delays in access for some mandatory and statutory training modules. Whilst the training department has worked hard with subject matter experts to digitalise training wherever possible, face to face training is still required for some areas.
- 90+ international nurses have joined the trust since November of last year. A further 42 nurses have been offered posts. We are doing all we can to ensure these new members of staff are appropriately supported, but with an increase in student placements, wards are under increasing pressure.
- In Temporary Workforce - TempRe is on track to go live in August to centralize **all** non-nursing agency booking on a single platform for UHD. Locum's Nest has now been fully rolled out to all Care Groups. With a very high demand in HCSW bank shift requests, up 40% since April, we are prioritising growing this bank pool.

Finance

The Trust has set a financial break-even budget for the first half of the year (to 30 September) supported by the continuation of national FINANCIAL INDICATORS top-up funding and funding to cover specific COVID costs. However, the Trust has set an indicative budget for the second half of the year based upon the previous funding regime and Long Term Plan allocations. This represents a budget deficit of £32.3 million albeit this will be revisited following receipt of the planning guidance and associated allocations for the second half of the year, which is expected within the coming months.

	<p>The national planning framework includes an Elective Recovery Fund (ERF) to support the necessary increases in capacity to see and treat those patients still awaiting planned care. The Trusts budget does not include the cost of this recovery and does not include the associated income from the Elective Recovery Fund. This will be reported within the monthly financial position as a variance against both expenditure and income budgets.</p> <p>At the end of June, the Trust is reporting a consolidated deficit of £128,000 being a favourable variance of £17,000. This reflects the fact that ongoing COVID-19 costs are below the budgeted levels. Additional expenditure of £3.918 million has been incurred in the Trusts elective recovery programme and, pending national validation, income has been assumed from the Elective Recovery Fund to off-set this in full.</p> <p>The Surgical Care Group is £186,000 behind plan as at 30 June, mainly due to additional medical staffing costs, partially offset by reduced activity particularly prosthetic in Orthopaedics, . The Medical Care Group is £51,000 ahead of plan, mainly due to an over achievement in cardiac private patient income, with the Specialties Care Group ahead of plan by £418,000 principally due to vacancies within Pathology and Pharmacy.</p> <p>As at June the Trust is forecasting delivery of £1.778 million CIP of which 59% is non-recurrent. All of the identified CIP is Green rated and therefore considered highly likely to deliver. This would leave a recurrent shortfall of £2.501 million at the end of the year. As such the Trust is looking to escalate the programme into recovery with increased monitoring and support provided.</p> <p>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 will require very careful management throughout the year. As at 30 June capital spend is £7.027 million, being £1.738 million above plan. This overspend relates to the phasing of the capital programme and will be closely monitored.</p> <p>The Trust is currently holding a consolidated cash balance of £76.2 million, which is fully committed in support of the medium-term strategic reconfiguration programme.</p>
Options and decisions required:	The Council of Governors is asked to receive the report for assurance purposes.
Recommendations:	<p>Governors are asked receive the report for assurance purposes and to note:</p> <ul style="list-style-type: none"> • The areas of Board focus • The increase in attendances & admissions and the impact this has on the front door. • The increase impact on our workforce
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.

	<p>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.</p> <p>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</p> <p>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.</p> <p>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.</p>
BAF/Corporate Risk Register: (if applicable)	<p>Risks scoring ≥ 12:</p> <p>UHD 1342 - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak</p> <p>UHD 1383 - COVID -19 risk relating to HCAI</p> <p>UHD (1343) – COVID -19 impact on staffing</p> <p>UHD 1131 – inability to effectively place patients in the right bed at the right time (Flow)</p> <p>UHD 1387 - Demand for acute inpatient beds will exceed bed capacity (Demand & Capacity)</p> <p>UHD 1460 – UEC national metrics</p> <p>UHD 1429 – Ambulance handovers</p> <p>UHD 1053 –Long Length of Stay / Discharge to Assess /NRTR</p> <p>UHD 1430 – ED workforce</p> <p>UHD 1074 - Risks associated with breaches of 18 week Referral to Treatment and 52 week wait standards</p> <p>UHD 1292 – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates</p> <p>UHD 1476 – Backlog of overdue planned follow up appointments</p> <p>UHD 1386 – Cancer waits increasing due to increased referrals.</p> <p>UHD 1276 – Delayed patient care due to delays in surgery for #NOF patients</p> <p>UHD 1347 – Financial Control Total 2020/21. This entry highlights the potential risk of the Trust failing to achieve the required break-even outturn position, resulting in a revenue deficit and an unplanned reduction in cash available to support the capital programme.</p> <p>UHD 1416 – GIRFT & Model Hospital. This entry highlights the risk of not achieving the efficiency and productivity opportunities identified through the Getting it Right First Time (GIRFT) programme and Model Hospital metrics resulting in continued unwarranted variation, reduced productivity and higher cost of service provision</p>
CQC Reference:	All 5 areas of the CQC framework

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

INTEGRATED PERFORMANCE REPORT



June 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	ytd	ytd var	trend	
SAFE																	
Quality	Presure Ulcers (Cat 3 & 4)		12	6	10	8	12	12	13	16	11	15	12	38	5		
	Inpatient Falls (Moderate +)		5	2	3	5	4	4	5	2	4	6	2	12	0		
	Medication Incidents (Moderate +)		1	2	5	4	9	2	4	4	1	0	1	2	-1		
	Patient Safety Incidents (NRLS only)		1379	1341	1654	1581	1537	1492	1239	1006	1029	752	821	2602	714		
	Hospital Acquired Infections	MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		MSSA	1	2	3	9	8	4	6	4	3	2	4	9	3		
		C Diff	7	6	1	3	1	2	9	3	4	9	8	21	-8		
		E. coli	3	12	5	8	2	11	3	3	4	4	9	17	-3		
EFFECTIVE																	
Mortality	SMR	Latest Jan 21	(source Dr Foster)	104.042	97.2055	111.664	113.307	96.5075	171.543	119.6							
	Patient Deaths	YTD		207	185	265	244	249	469	299	217	165	185	170	520	-32	
	Death Reviews	Number		100	81	99	84	86	151	104	63	21	9	4	34		
	Deaths within 36hrs of Admission			30	35	40	36	49	47	39	37	30	29	33	92	14	
	Deaths within readmission spell			15	13	15	22	25	36	18	16	12	14	10	36	-7	
CARING																	
	Complaints Received		57	48	51	56	62	53	53	51	60	68	62	190	-95		
	Complaint Response in month		57	48	51	48	49	43	59	59	47	26	64	137	-3		
	Section 42's		0	2	0	0	0	0	1	0	0	0	7	7	-2		
	Friends & Family Test		90%	91%	91%	91%	91%	91%	91%	93%	90%	89%	89%	90%	-		
WELL LED																	
Safety	Risks 12 and above on Register		36	38	39	31	32	27	31	34	35	40	24	99	15		
	Red Flags Raised*		31	47	51	43	73	129	51	28	41	45	56	142	114		
	*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	5.5	-2.7		
People	Patient Safety Alerts Outstanding		0	0	0	0	0	0	0	0	0	0	0	0	0		
	Turnover		10.40%	10.70%	10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	9.40%	9.2%	-1.1%		
	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%	4.8%	0.0%		
	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%	10.1%	-37.0%		
		Medical & Dental	52.0%	45.9%	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	52.7%	3.4%		
	Statutory and Mandatory Training		86.52%	86.96%	88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.94%	88.20%	87.8%	1.1%		

RESPONSIVE																
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)	8	20	25	17	29	36	10	17	14	8	9	31	11		
	Patient Moves Out of Hours (Non-Clinically Justified Only)	58	64	84	106	103	187	75	70	67	72	98	237	5		
	ENA Risk Assessment	Falls	62%	61%	61%	61%	58%	51%	59%	59%	65%	62%	62%	63%	3%	
	infection eNA assessment	Infection	74%	73%	70%	64%	73%	54%	62%	64%	70%	66%	74%	67%	-9%	
	went live at RBCH during April 20	MUST	64%	64%	63%	65%	61%	57%	63%	63%	69%	66%	66%	67%	4%	
	Waterlow	61%	61%	61%	61%	60%	52%	59%	60%	65%	62%	62%	63%	4%		
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%			
	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			
	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%			
	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			
	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			
	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			
	No. patients waiting 78+ weeks		0	70	92	149	291	542	726	979	1,176	1,268	1,180			
	No. patients waiting 104+ weeks		0	0	0	0	0	0	0	9	24	66				
Theatre	Average Wait weeks	8.5	20.8	20.6	19.5	18.3	18.6	18.3	20.1	19.5	19.5	20.1				
	Theatre utilisation - main	98%	67%	71%	71%	71%	73%	69%	67%	73%	73%	74%	75%			
	Theatre utilisation - DC	91%	70%	73%	59%	61%	63%	60%	62%	67%	59%	60%	61%			
	NOFs (Within 36hrs of admission - NHFD)	85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%			
Outpatients	Referral Rates															
	GP Referral Rate	(20/21 baseline)	-0.5%										200.1%	127.3%		
	year on year +/-	(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%		
	Total Referrals Rate	(20/21 baseline)	-0.5%										169.1%	120.5%		
	year on year +/-	(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%		
	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			
	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			
DM 01	% 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%			
	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%			
	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%			
	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%			
	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%	78.4%	(June 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%	74.7%	(June 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		
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%			
PHT Mean time in ED		200	227	206	210	230	235	266	235	205	217	229	239			
RBCH Mean Time in ED		200	211	217	226	219	259	258	222	206	223	228	250			
Patients >12hrs from DTA to admission		0	0	0	0	7	8	3	1	0	0	0	0			
Patients >6hrs in dept			1833	1454	1540	1488	2126	2052	698	1072	1674	2110	2735			
ED attendance Growth (YTD)		vs 20/21									94.3%	17.0%	56.1%			
SWAST SCAST		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%			
		vs 20/21									43.0%	35.7%	22.9%			
		vs 19/20			-6.7%	-7.5%	-7.0%	-4.7%	-11.9%	-4.4%	7.8%	8.8%	8.9%			
	Ambulance handover growth (YTD)															
Patient Flow	Ambulance handover 30-60mins breaches	313	228	249	213	261	296	126	190	227	264	341				
	Ambulance handover >60mins breaches	56	52	48	57	103	203	12	20	42	67	117				
	Emergency admissions growth (YTD)	vs 20/21									33.2%	17.0%	2.2%			
		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%			
	Bed Occupancy	85%		85.9%	86.0%	85.4%	85.2%	87.4%	84.6%	82.3%	85.1%	90.5%	90.3%			
	Stranded patients:															
	Length of stay 7 days			380	394	385	311	443	311	347	338	374	390			
	Length of stay 14 days			197	214	219	155	242	155	184	178	195	216			
	Length of stay 21 days	108		108	126	132	86	144	86	105	103	115	132			
	Non-elective admissions		6089	6279	5673	6034	5231	6034	6130	6355	6463	6366				
> 1 day non-elective admissions		3796	3932	3554	3686	3521	3686	3737	3873	4025	3885					
Same Day Emergency Care (SDEC)		2291	2346	2118	2344	1710	2344	2387	2481	2437	2478					
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%				

Quality - SAFE

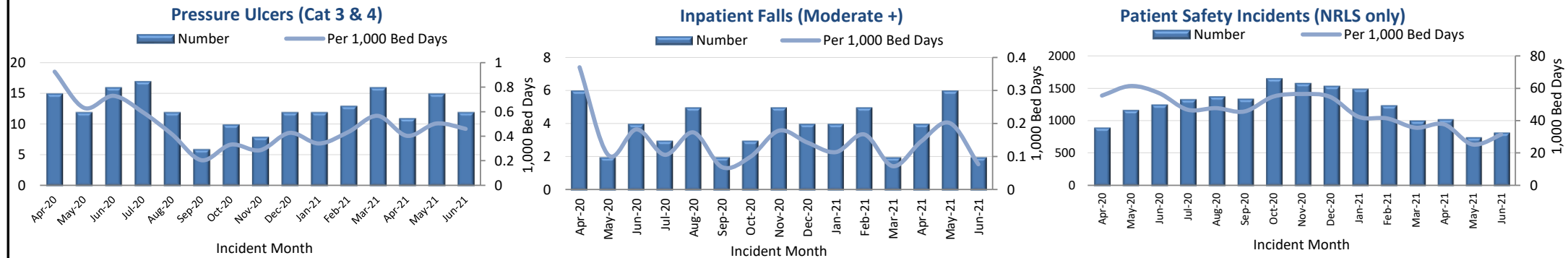
Commentary on high level board position

- 3 Serious Incidents were reported in June 2021. See full SI report for details.
- No Never events reported in June 21. YTD = 0
- Category 3 have reduced slightly this month, there are no Cat 4's reported. Two patients were on the End of Life Care pathway, three patients had presented with pre-existing PU's on admission that progressed. Mixed aetiology (moisture + pressure) accounted for two of the incidents.
- Focus remains on undertaking a skin inspection and risk assessment within 6 hours of admission as any PU damage noted after that window is recorded as developing post admission. Two moderate + falls incidents recorded this month, the theme of availability of observable bed spaces is being highlighted.

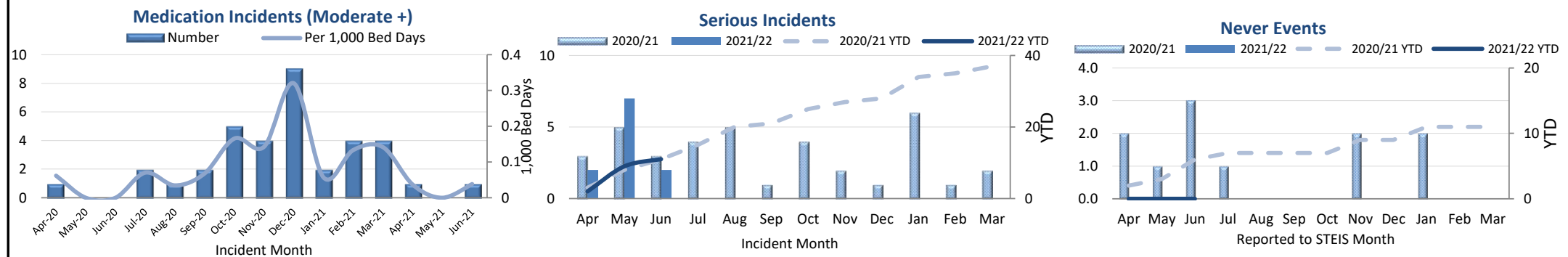
High level Board Performance Indicators

		21/22 YTD	20/21 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	38	43	5
	Per 1,000 Bed Days	0.46	0.75	0.30
Inpatient Falls (Moderate +)	Number	12	12	0
	Per 1,000 Bed Days	0.14	0.21	0.07
Medication Incidents (Moderate +)	Number	2	1	-1
	Per 1,000 Bed Days	0.02	0.02	-0.01
Patient Safety Incidents (NRLS only)	Number	2,602	3,316	714
	Per 1,000 Bed Days	31.28	58.04	26.76
Hospital Acquired Infections	MRSA	0	0	0
	MSSA	9	12	3
	C Diff	21	13	-8
	E. coli	17	14	-3

High Level Trust Performance



0 (May 21) → MRSA → 0 (Jun 21) → 2 (May 21) → MSSA → 4 (Jun 21) → 9 (May 21) → C Diff → 8 (Jun 21) → 4 (May 21) → E. coli → 9 (Jun 21)



Quality - RESPONSIVE

Commentary on high level board position

- Reporting on mixed sex accommodation remains on hold nationally, the Trust however continues to aspire to maintain this standard
- eNA compliance completion within 6hrs of admission remains a challenge for admission areas and has remained static at circa 60%, improvement continues steadily on the Poole site.

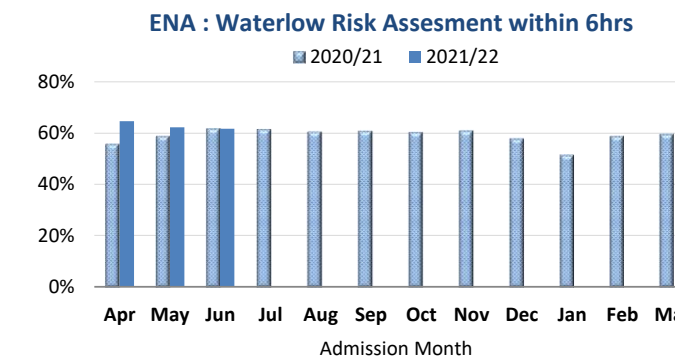
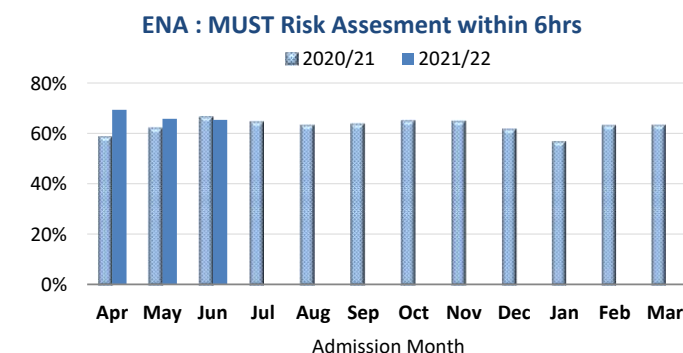
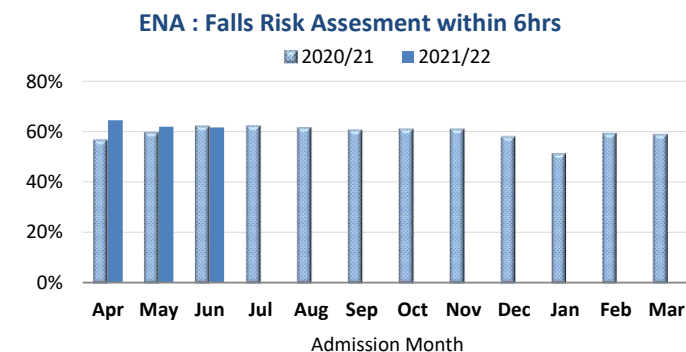
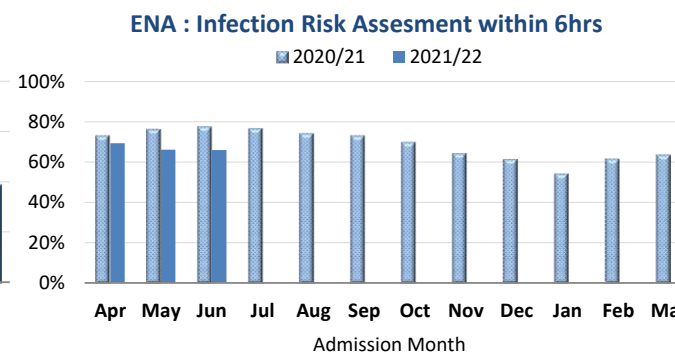
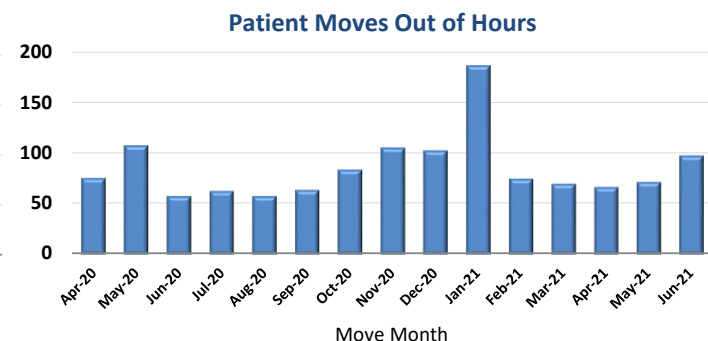
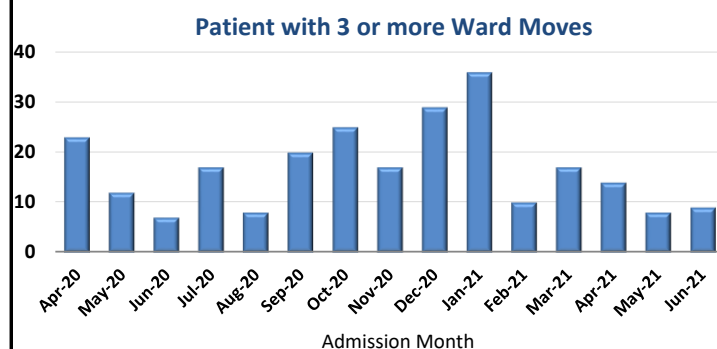
High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	31	42	11
Patient Moves Out of Hours (Non-Clinically Justified Only)	237	242	5
Mixed Sex Acc. Breaches Suspended Apr-20 onwards due to Covid	0	0	N/A

ENA Risk Assessment

Falls	63%	60%	3%
Infection	67%	76%	-9%
MUST	67%	63%	4%
Waterlow	63%	59%	4%

High Level Trust Performance



Quality - EFFECTIVE AND MORTALITY

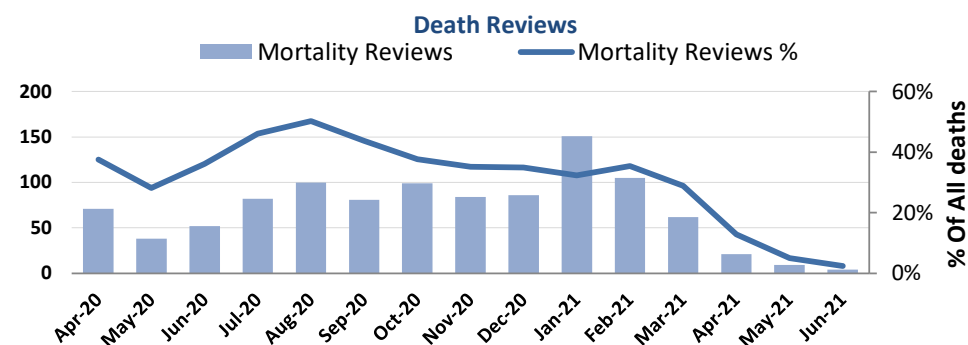
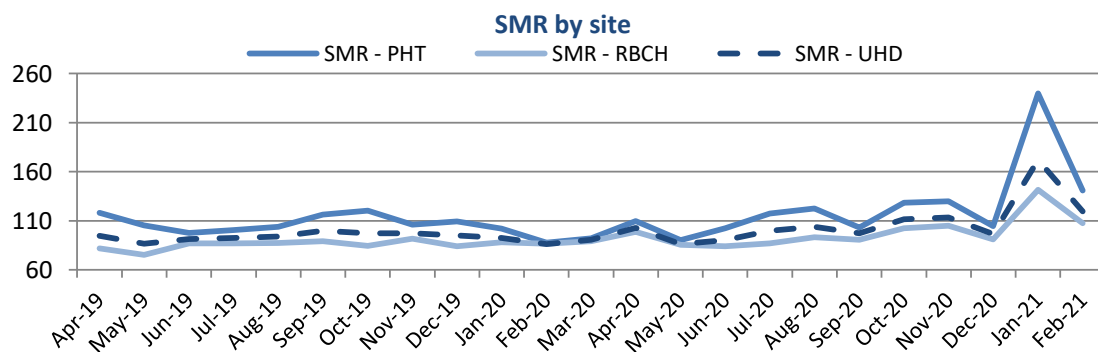
Commentary on high level board position

- Please see separate briefing regarding Mortality

High level Board Performance Indicators

		21/22	20/21	Variance
SMR	Latest (Feb-21 - UHD)	119.6	86.4	
(Source: Dr Foster for all sites)				
Patient Deaths	YTD	520	548	-28
Death Reviews	Number	34	161	N/A
Note: 3 month review turnaround target				
Deaths within 36hrs of Admission	Percentage	7%	34%	N/A
Deaths within readmission spell		92	100	-8
Patient readmitted within 5 days				
		36	45	-9

High Level Trust Performance



172.1 (Jan 21)

SMR

119.6 (Feb 21)

185 (May 21)

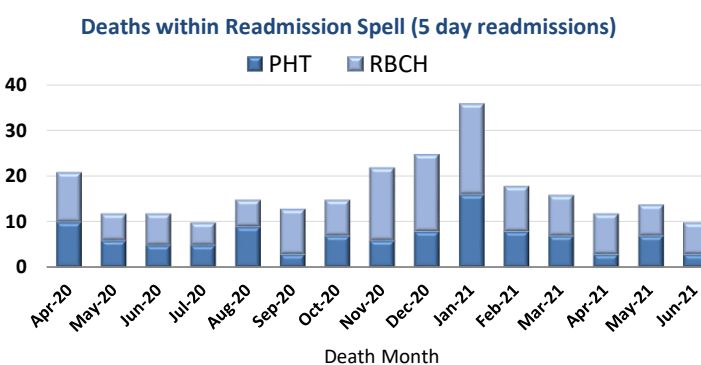
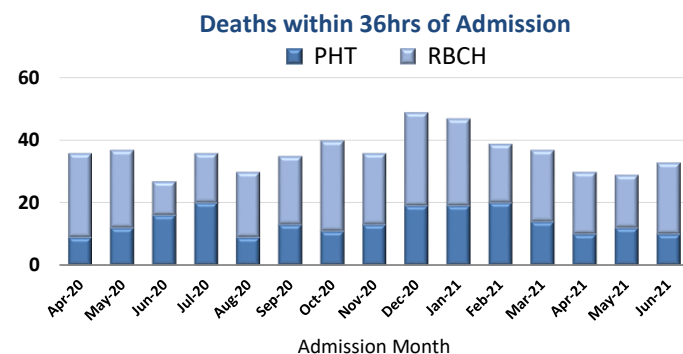
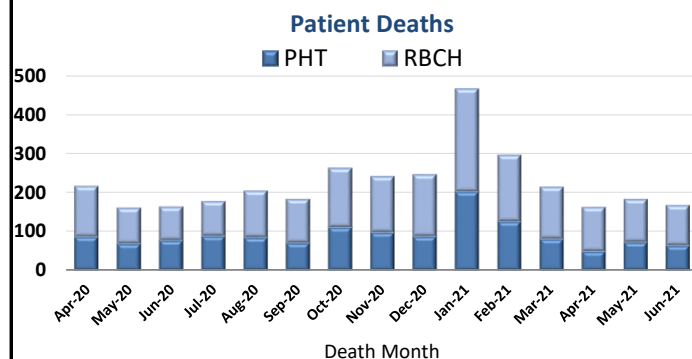
Patient Deaths

170 (Jun 21)

35.1% (Feb 21)

Deaths Reviewed

29.3% (Mar 21)



Quality - CARING

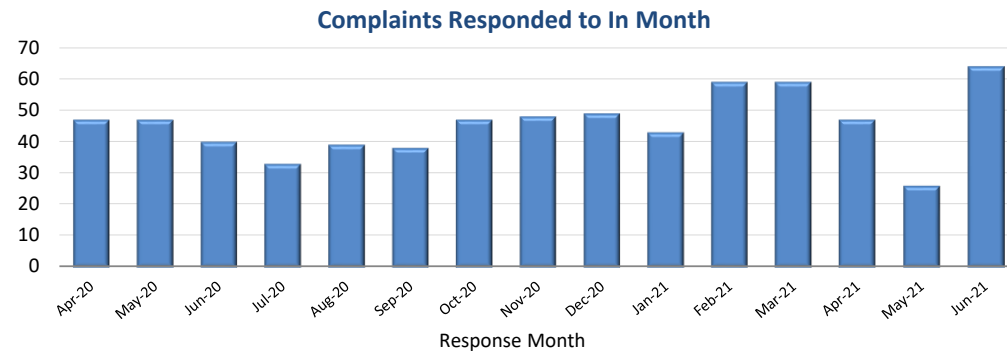
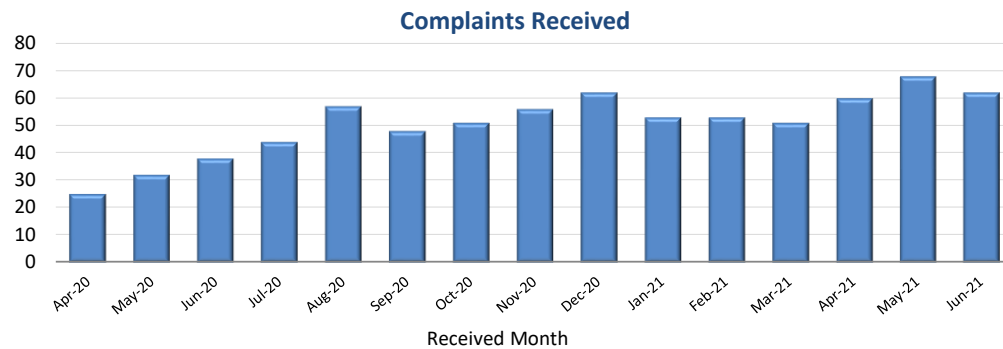
Commentary on high level board position

- During June, 2,388 patients completed the Trust's FFT; 89% (2,125 patients) rated our hospitals as good/very good, with a high number of positive comments about our staff:
 - The whole team were very professional and put me at ease from start to finish, I couldn't fault them at all (Endoscopy, PH)*
 - The staff are SO lovely. So welcoming at the desk, so kind, couldn't do enough for you. They seem really happy to work here (X-Ray, RBCH)*
- The 21/22 YTD complaints received exceeds the 20/21 position; this aligns with the picture across the south west and no specific trends have been noted
- This month, the Trust has responded to a higher number of complaints compared to the number of complaints received; starting to address the backlog of complaints that are open and require response
- Top themes from PALS and Complaints:**
 - *Lack of communication between ward staff and patient's family/next of kin, including lack of notification of discharge
 - *Delays in appointments for Child Development Centre
 - *Confusion regarding validation letters for some surgical specialties

High level Board Performance Indicators

	21/22 YTD	20/21 YTD	Variance
Complaints Received	190	95	-95
Complaint Response Compliance	TBC		
Complaint Response in month	137	134	-3
Section 42's	7	5	-2
Friends & Family Test	89%	N/A	-
New guidelines from June 2020			

High Level Trust Performance



68 (May 21)

Complaints Received

62 (Jun 21)

26 (May 21)

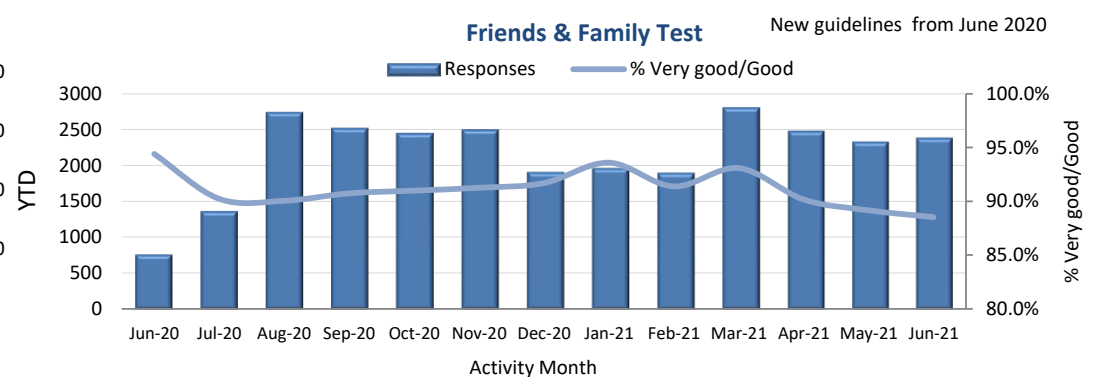
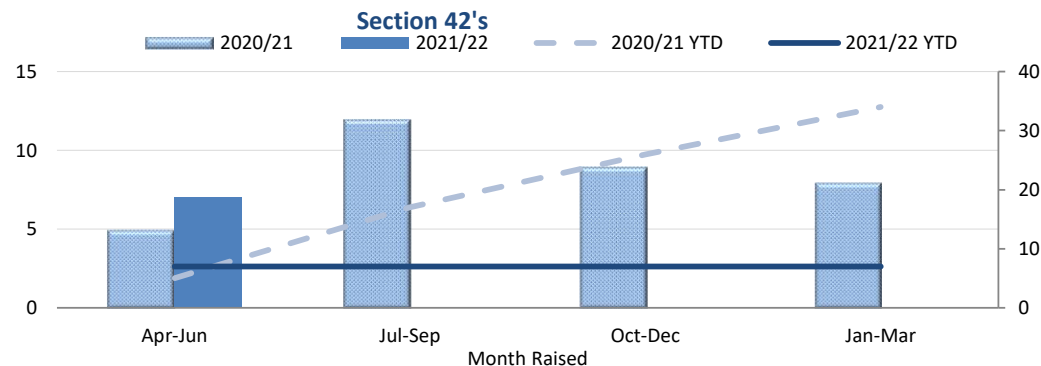
Complaint Responses

64 (Jun 21)

89.2% (May 21)

FFT % V.Good/Good

88.5% (Jun 21)



Quality - WELL LED

Commentary on high level board position

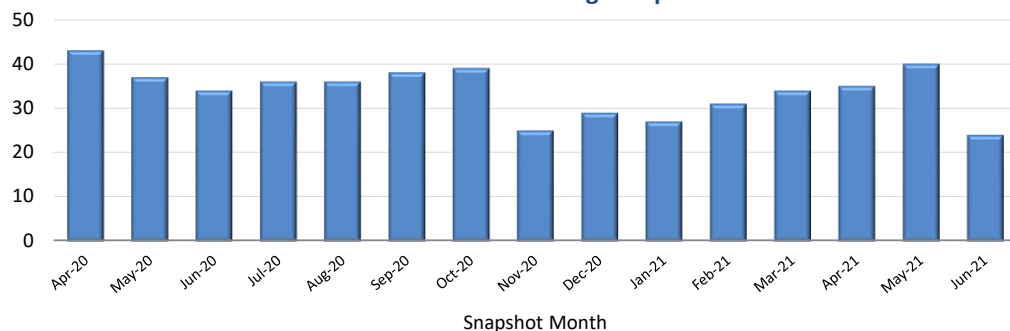
- The new Board Assurance Framework for 2021/22 has been produced and was approved at the Board of Directors meeting in June 21. The Q1 report will be presented to the Quality Committee on the 26/7/21.
 - Risk register update (as at the 10/7/21):
 - Current risks rated at 12 and above on the risk register - 46
 - Risk(s) increased to 12 and above for review - 2
 - Reduced, closed or suspended risk(s) rated at 12 and above to note - 2
 - Potential new risks for review at Quality Committee on the 28/7/21 - 1
- A Board Strategy and Development session has been arranged for the 28/7/21 to review the Trust Risk Maturity and Risk Appetite.
- A new Patient Safety Alert requiring the removal of all air flowmeters for pipped air by the 16/11/21 was issued on the 16/6/21. An Action plan is being developed by the Oxygen and Medical Gas Group.
- The red flag criteria have been aligned in consultation with clinical areas as part of the Safecare system review across UHD. The increase in Red Flags for June 2021 were as a result of an increase in the number of patients presenting with challenging behaviour requiring 1-1 enhanced care and movement of staff to maintain safety across sites.
 - The overall CHPPD data for June is consistent with previous months

High level Board Performance Indicators

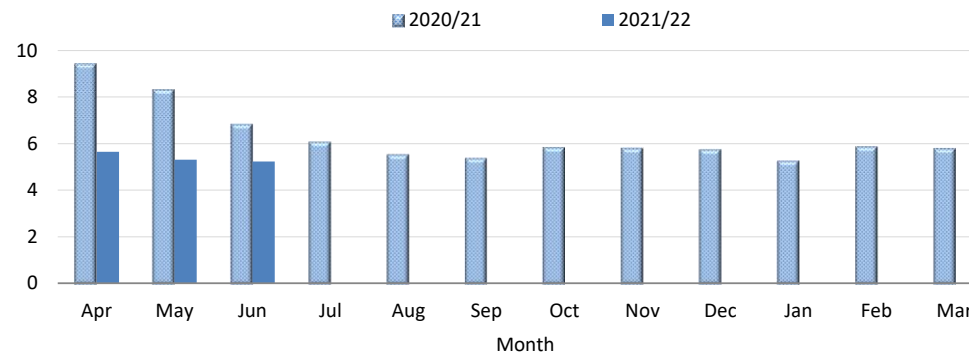
	21/22 YTD	20/21 YTD	Variance
Risks 12 and above on Register	99	114	-15
Red Flags Raised*	142	28	114
*criteria now aligned across UHD			
Registered Nurses & Midwives CHPPD	5.4	8.1	-2.7
Patient Safety Alerts Outstanding	0	0	0

High Level Trust Performance

Risks 12 and above on Risk Register per month



Registered Nurses & Midwives CHPPD



40 (May 21)

Risks 12+

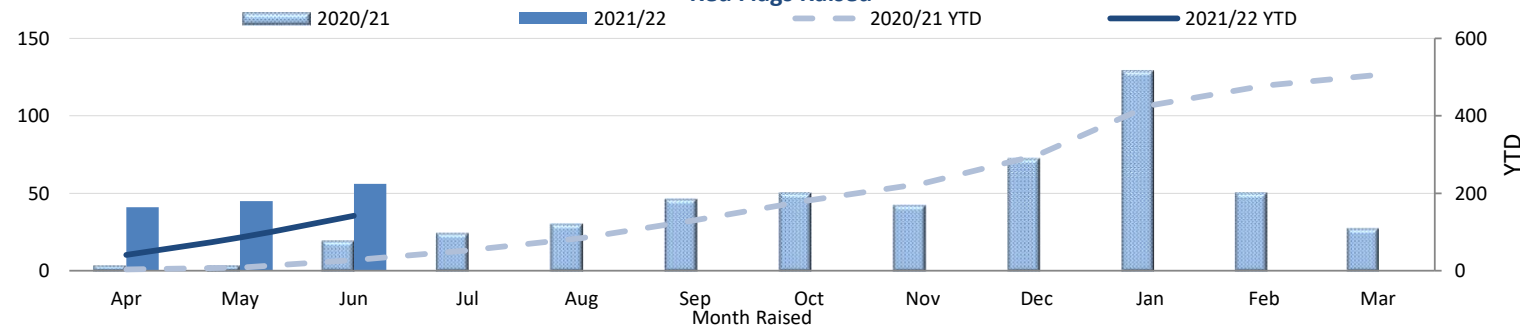
24 (Jun 21)

5.3 (May 21)

RN & RMN CHPPD

5.2 (Jun 21)

Red Flags Raised*



Workforce

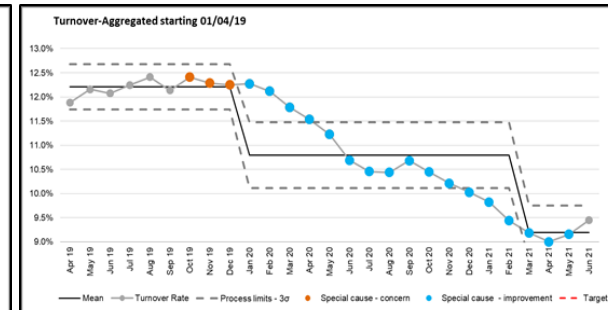
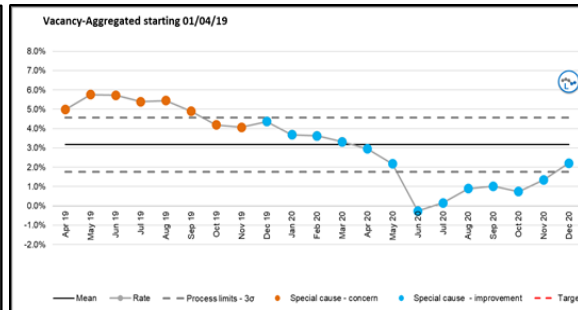
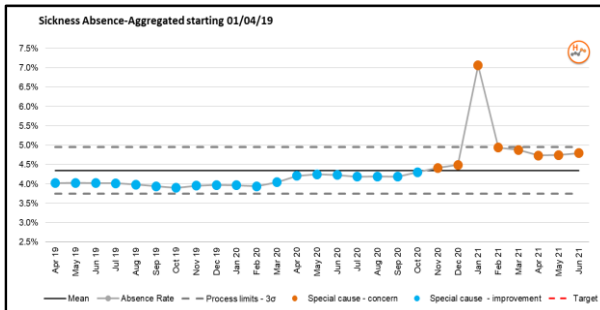
Commentary on high level board position

- Turnover** has increased slightly from last month and is currently being reported at 9.4%. We are seeing an increase in the number of staff retiring. Comparison of this indicator to the same period last year shows a reduction of 1%. However, this is likely to be a Covid effect.
- Vacancy Rate:** Accurate vacancy reporting relies on the ability to compare reliable funded establishment data against accurate filled posts down to ward level, identifying the gap. We are working on uniting the processes and cleansing the data to achieve this for UHD.
- Overall Sickness** levels remain relatively stable at 4.8%. Staff continue to be supported to maintain their health and wellbeing and a programme to support staff with Long Covid began in July. We have seen an increase in short term absence due to the need for staff to isolate as a result of track n trace contact/family members, however, new guidelines should support a better balance in this from 19th July.
- Appraisal** levels for Medical Staff remain relatively stable. Values Based appraisal has risen by just under 8% this month.
- Statutory and Mandatory training** compliance remains fairly stable and continues in the high 80s.

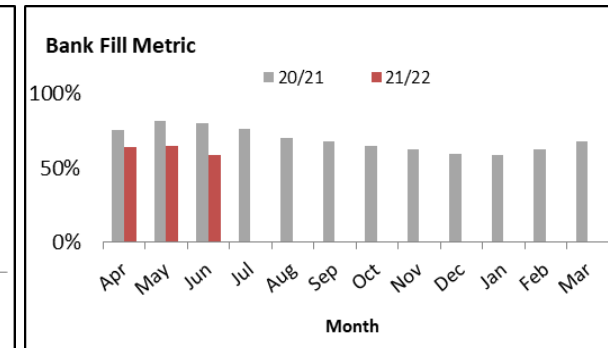
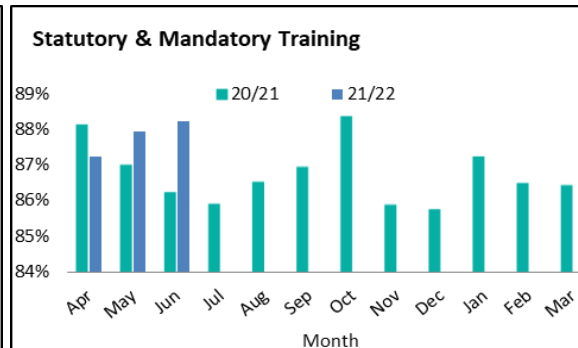
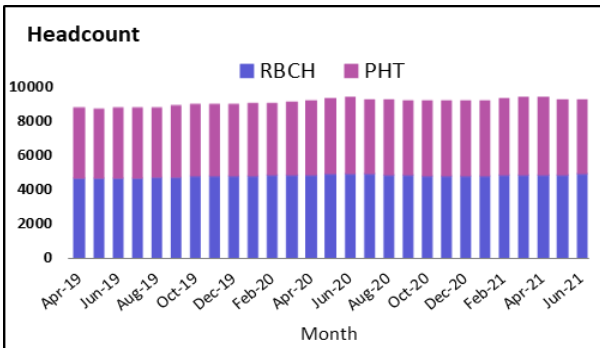
High level Board Performance Indicators

		21/22	20/21	Variance
Turnover		9.2%	10.4%	-1.1%
Vacancy Rate		-	0.9%	-
Recent data currently unavailable				
Sickness Rate		4.8%	4.8%	0.0%
Appraisals	Values Based	10.1%	47.1%	-37.0%
	Medical & Dental	52.7%	56.1%	-3.4%
Statutory and Mandatory Training		87.8%	86.7%	1.1%

High Level Trust Performance



52.5% (May 21) Appraisals (Medical) 50.3% (June 21) 9.0% (May 21) Appraisals (Values) 16.7% (June 21) 9.2% (May 21) Turnover 9.4% (June 21) 4.7% (May 21) Sickness 4.8% (June 21)



Emergency

Commentary on high level board position

The UHD Emergency front doors continue to see significant growth in June compared to April, with 1475 additional attendances presenting to the Emergency Department, an average of 50 more per day (June vs April). While YTD growth is 0.9% compared to 19/20 this is offset by lower attendances in April, June 2021 saw 6.1% growth over June 2019. The profile of attendances has also seen a change with Ambulance arrivals 8.9% higher than 2019, almost 13 per day. With incidence of Covid in the community increasing, we are also now seeing Covid inpatients in the hospitals.

Performance against key metrics has deteriorated since last month, with a number of recovery actions being instigated including a deep dive review by the new leadership team. Medical staffing remains a concern and recruitment of middle grades a particular challenge. Ambulance handover times have extended with 117 taking more than an hour. As previously reported, the challenges are reflected across the SW region and ensuring clinical prioritisation across all patients presenting at the hospitals is key. There remains a daily meeting with SWAST to review positions and plans and agree escalations, and a fortnightly meeting with the CCG to review these and performance.

There is ongoing work with the wider system to develop plans for the rest of the summer and unprecedented pressures in Emergency Care with high volumes of visitors to the South Coast.

High level Board Performance Indicators

Type 1 ED Emergency Dept

	Standard	Merged Trust
Arrival time to initial assessment	15	13
Clinician seen <60 mins		18.3%
PHT Mean time in ED	200	239
RBCH Mean Time in ED	200	250
Patients >12hrs from DTA to admission	0	0
% Patients >6hrs in dept		18.9%
YTD ED attendance Growth vs 20/21 (vs 19/20)		56.1% (0.9%)

Ambulance Handover

YTD Ambulance handover Growth vs 20/21 (vs 19/20)	22.9% (8.9%)
Ambulance handover 30-60mins breaches	341
Ambulance handover >60mins breaches	117

Emergency Admissions

YTD Emergency admissions growth vs 20/21 (vs 19/20)	33.8% (-0.3%)
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9 mins

May-21

Mean time to
initial
assessment

13 mins

Jun-21

228 mins

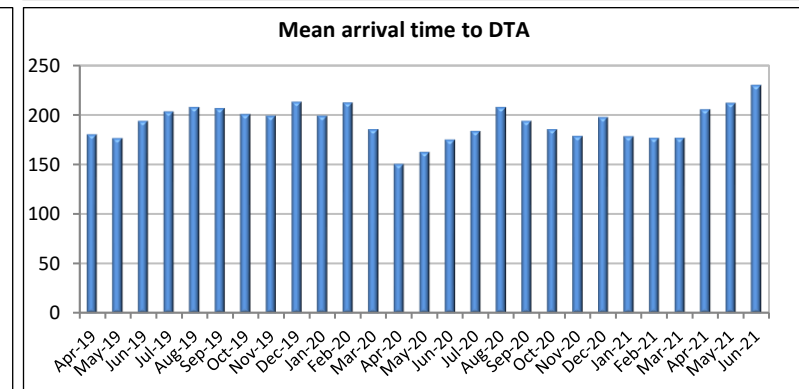
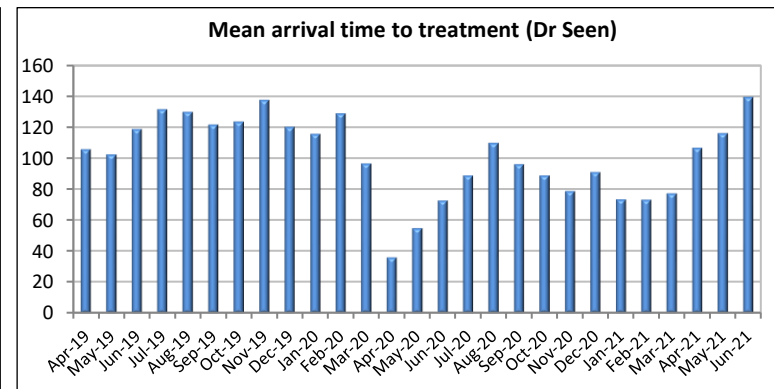
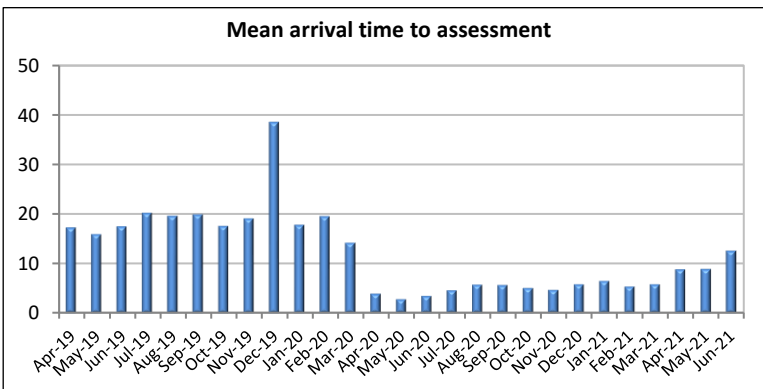
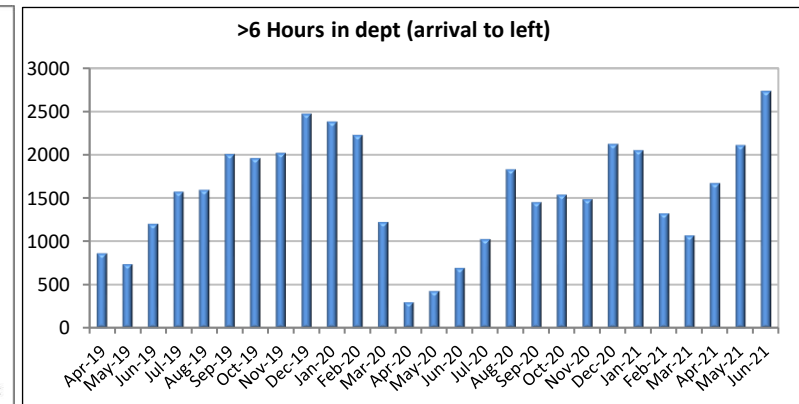
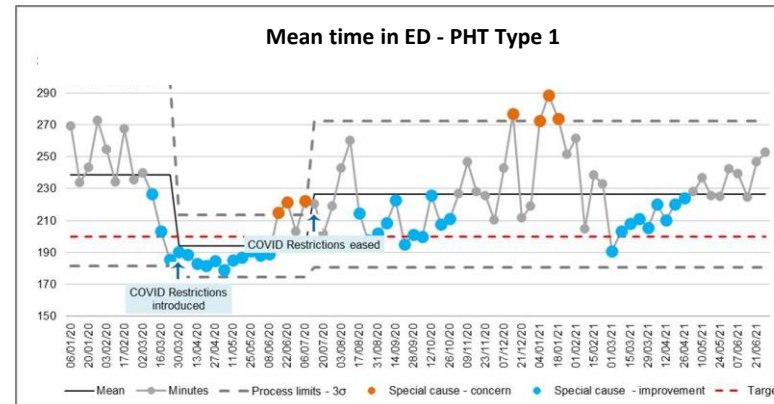
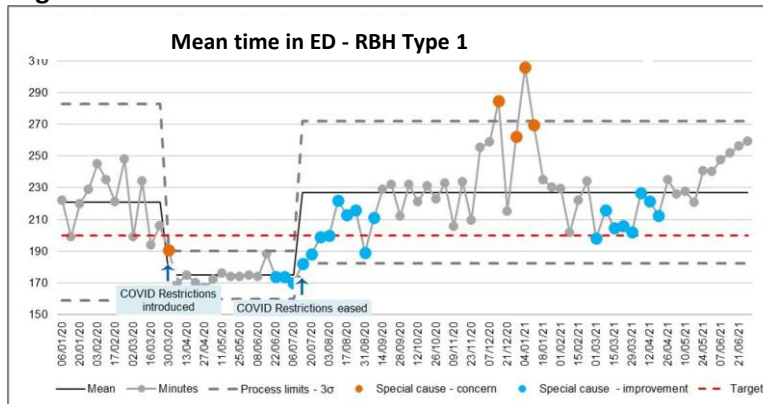
May-21

Mean time
in Dept. RBH
& PHT

245 mins

Jun-21

High Level Trust Performance



Patient Flow

Commentary on high level board position

Patient Flow

Bed occupancy continued to be challenged in June, averaging at above 90% with some days at 92-95% despite escalation capacity. A net increase of 59 patients was seen through June and the mean wait for a bed for an ED patient was increasingly challenged. Increased levels of 7/14/21+ patient beddays is expected to have contributed as some marginal improvements have been seen in some overall lengths of stay in some specialities.

Bed waits (for ED admissions) are monitored as we refine collection of data relating to the new national indicator relating to 'Clinically Ready to Proceed'. Waits have generally been higher on the Poole Hospital site and we continue to focus our bed capacity modelling and mitigation work on identifying areas for improvement.

Paediatric occupancy saw a reduction through June, whilst adult occupancy remained high. We are planning in readiness, should we see an impact of increasing non Covid viruses/conditions in children.

Overall, admissions were similar to 2019 levels, including electives. Some early improvement on 0 day Length of Stay/Same Day Emergency Care admissions has been seen and an ongoing focus on this aims to support pressures and bed capacity gaps.

High level Board Performance Indicators & Benchmarking

July 2021

Patient Flow

Bed Occupancy

(incl. escalation in capacity)

Standard

Merged Trust

85%

91.8%

(excl. escalation in capacity)

93.9%

Occupied Bed Days

5,590

Admissions v Discharges

Net admissions

<= 0

1,427 v 1,392

+35

Non-elective admissions

1,238

> 1 day non-elective admissions

806

Same Day Emergency Care (SDEC)

431

Conversion rate (admitted from ED)

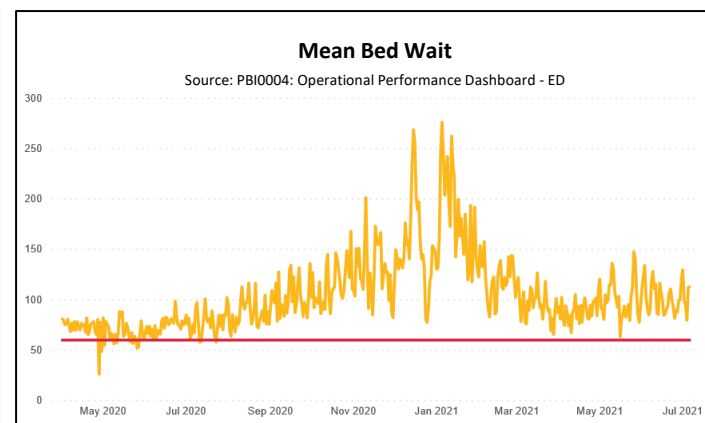
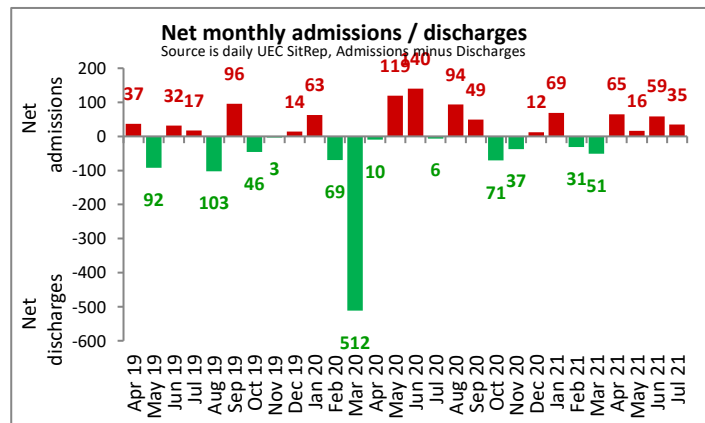
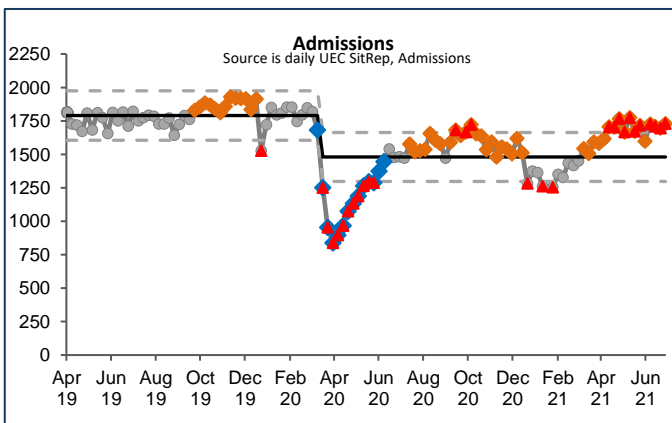
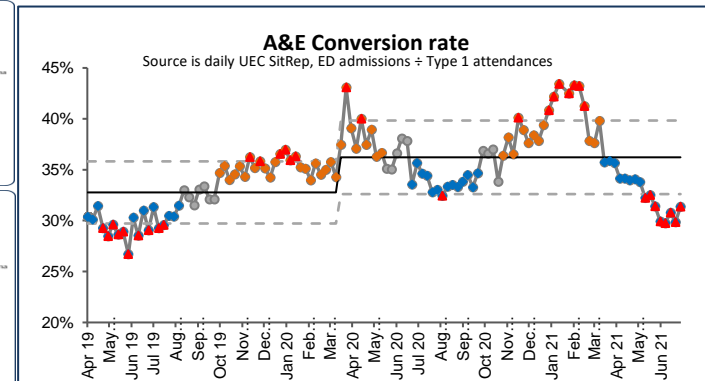
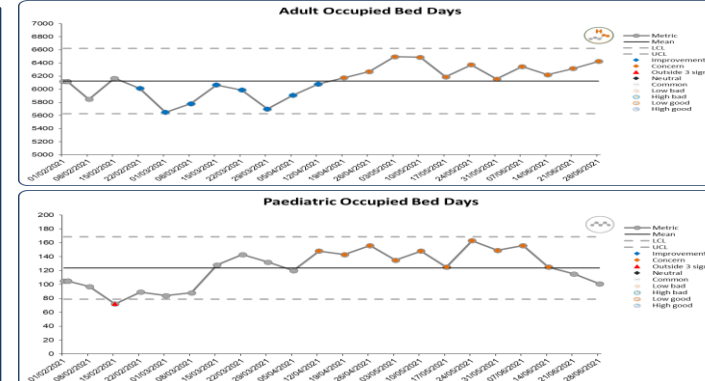
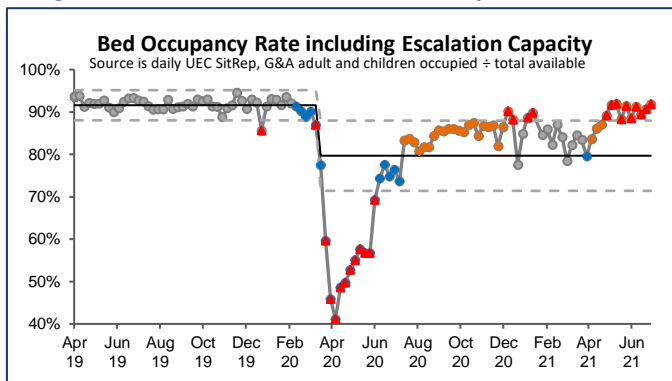
30%

30.6%

Mean bed wait: minutes w/c 28 June

104

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 greater than 7 days increased in June compared to May, an average of 390 in June vs 374 in May. Bed occupancy for patients with LOS over 21 days has increased, an average of 132 beds in June vs 115 in May.

Whilst occupied beddays for 7/14/21+ day patients remained static overall, we are above the national standards. Discharges on D2A pathways remained similar in June with support from community services, but patients awaiting large packages of care remains an issue for delays. Recognising the pressures and demand moving into Q2, D2A Cluster workshops have developed a revised way of working. In addition, Executive-led system discussions are exploring further solutions to the increased patients with No Reason to Reside.

Internal processes account for c32% of the overall number of patients no longer meeting the Criteria to Reside (C2R) in June, this is an improvement on May performance (37%). Improvement in the data completeness has continued (83%) though more work is needed to capture the reason. Phase II of the C2R roll out is being championed by Care Groups to

High level Board Performance Indicators & Benchmarking

July 2021

Length of Stay and Discharges

Stranded patients:

	Standard	Merged Trust
Length of stay 7 days	42%	78
Length of stay 14 days	21%	45
Length of stay 21 days	108	12%

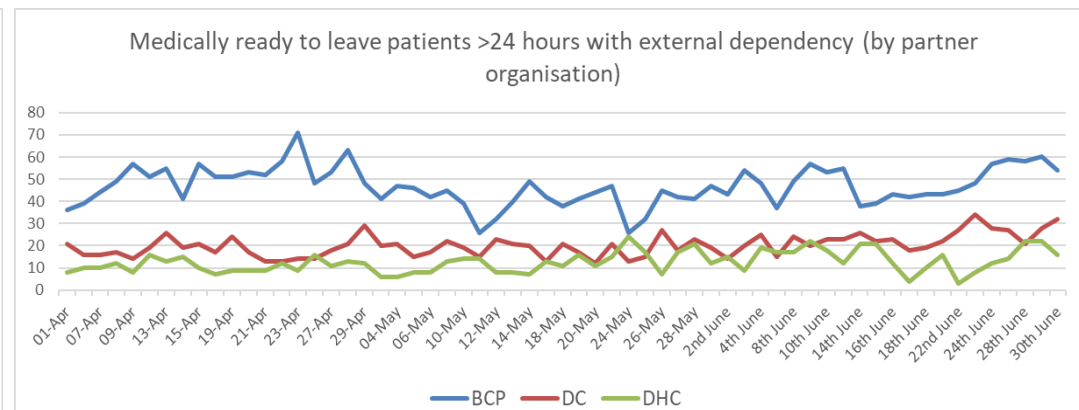
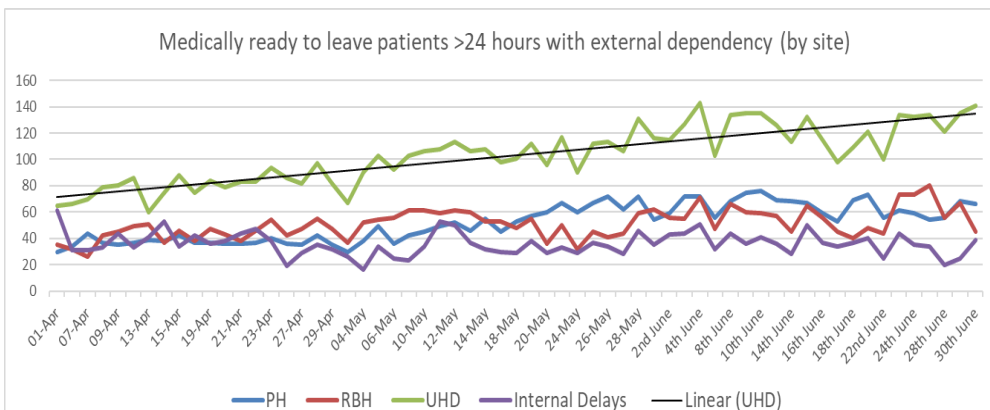
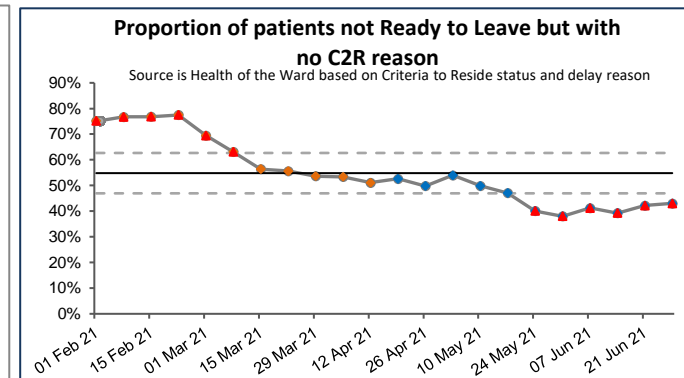
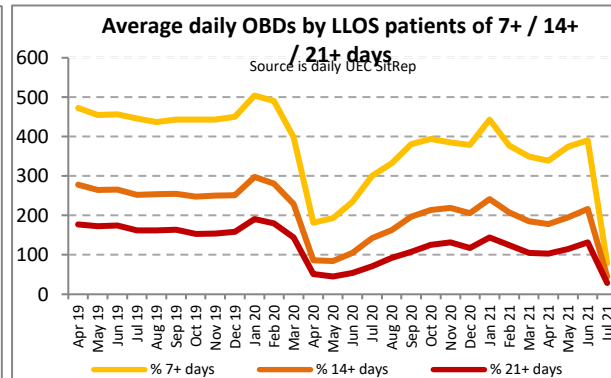
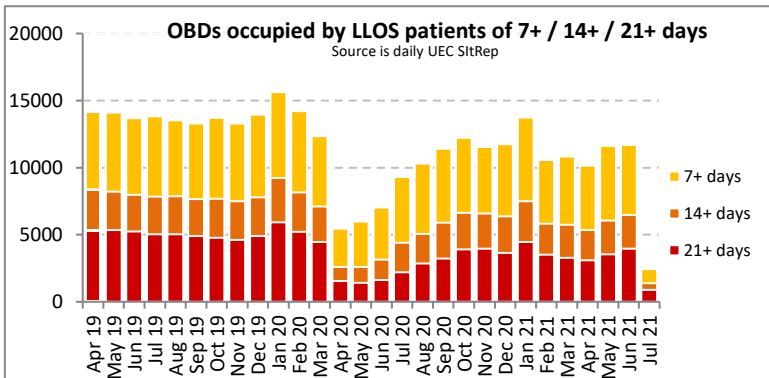
Criteria to Reside
(excludes Ready to Leave)

Physiology	5%
Function	17%
Treatment	25%
Recovery	9%
Not Recorded	44%

Proportion of patients who are Ready to Leave

20%

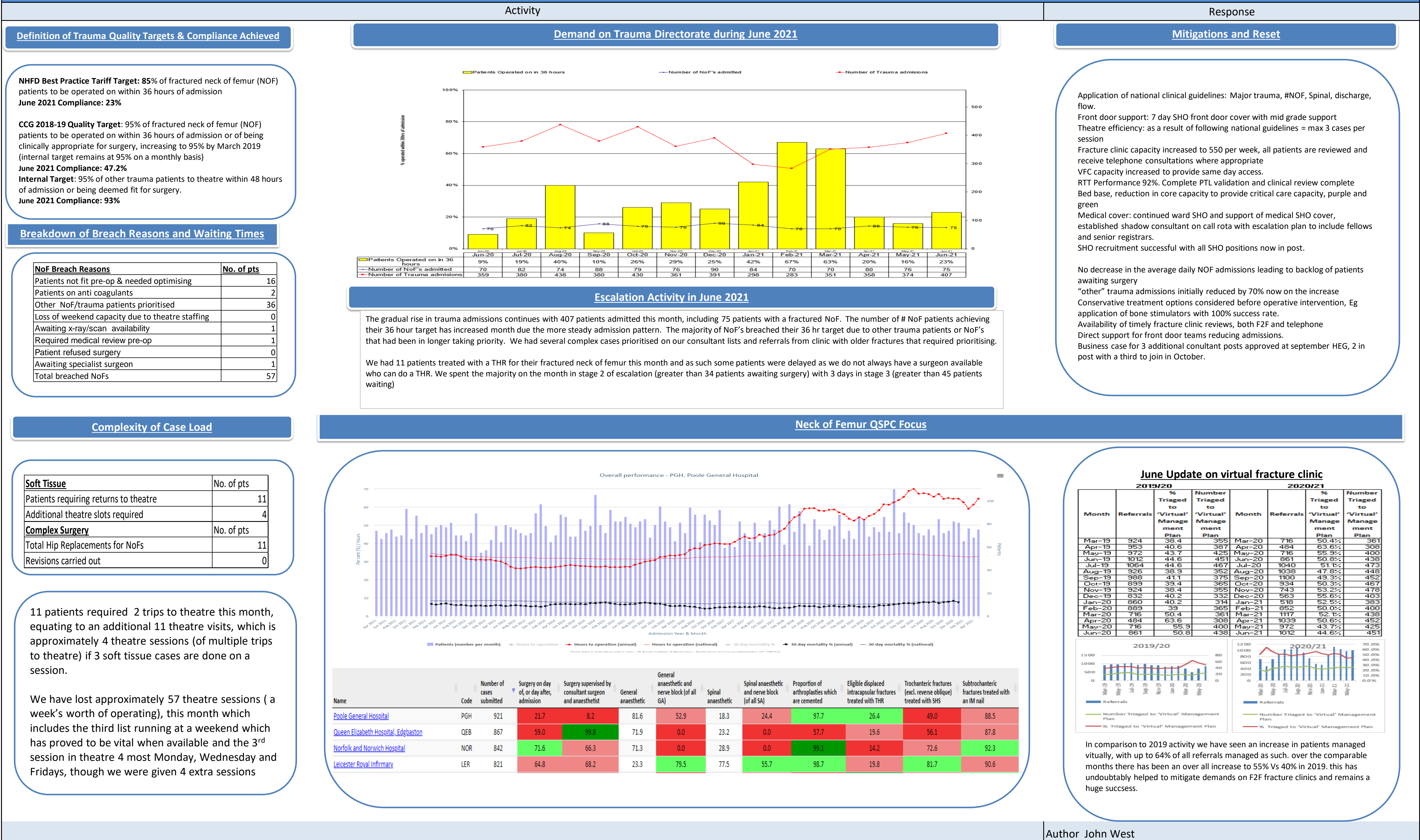
High Level Trust Performance (weekly)



Escalation Report

Jun-21

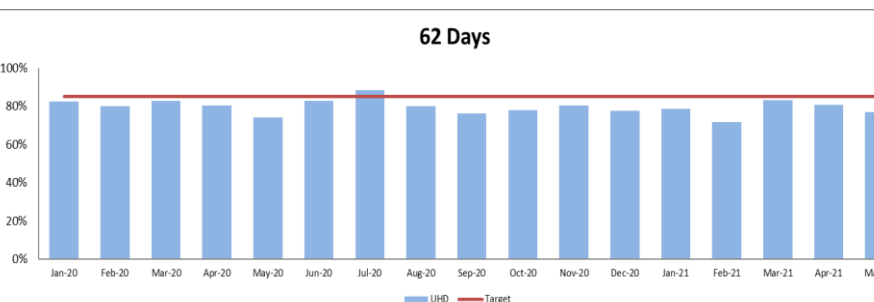
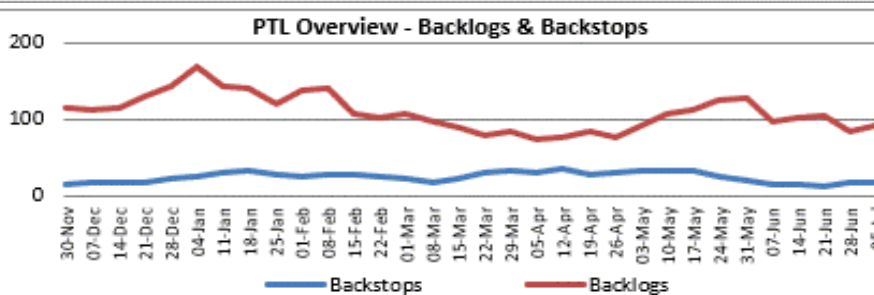
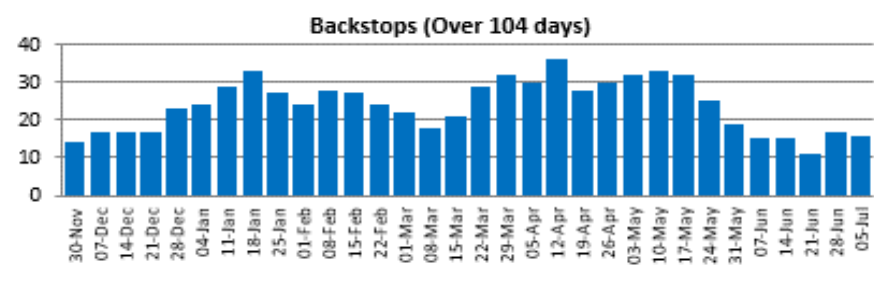
Trauma Orthopaedics -31.5% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.



Cancer - Actual May 2021 and Forecast June 2021

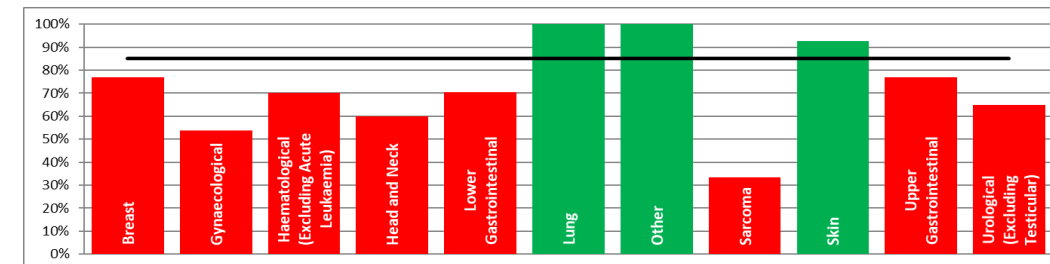
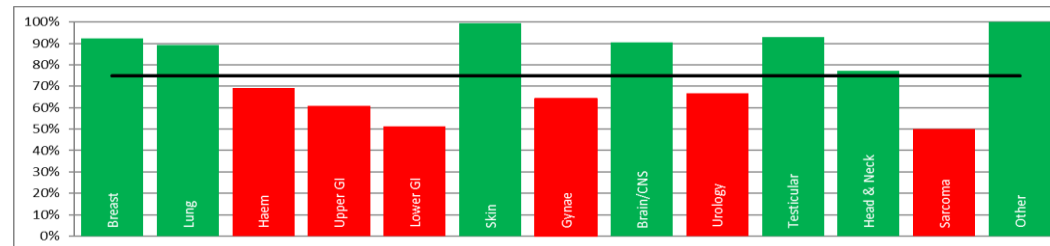
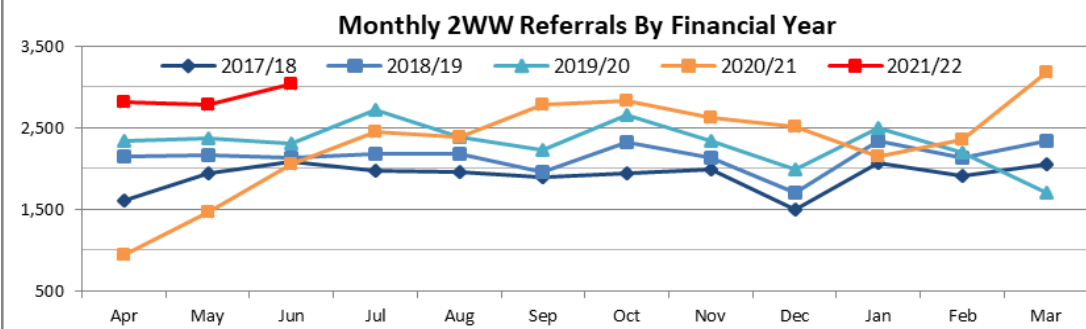
Commentary on high level board position

The number of referrals received since March 2021 have exceeded previous months year on year (highlighted on graph in red). The total number on the UHD PTL is above 3000 which is the 15th largest PTL nationally (head & neck is the 4th largest). This increase in referrals continues to challenge all performance standards. However of the 40 trusts with the largest PTL's nationally, UHD have the 3rd lowest % of backstop patients. Within wessex, UHD has the 2nd best performing backstop position at 0.53% (however, for context, UHD PTL is approaching double the size of any other Wessex trust). 28 day FDS has been achieved in April, May and is expected to be achieved at month end in June. Work is ongoing with tumour sites that are still not achieving the 75% threshold. In terms of 62 days UHD continues to perform above the current national average recognising this is still below the threshold. Work with all clinical teams is ongoing to improve performance. Of note the 31 day standard has now been reached for 3 consecutive months.



High level Board Performance Indicators & Benchmarking

Cancer Standards	Standard	UHD May-21	Predicted Jun-21
31 day standard	96%	97.6%	97.4%
62 day standard	85%	76.9%	78.4%
28 day faster diagnosis standard	75%	77.6%	74.7%



Elective & Theatres

Commentary on high level Board position

18 Weeks Referral to Treatment

At the end of June 2021, the Trust's 18 week RTT performance is **65.7%** against the 92% standard an **improvement of 2.5%** compared to May.

- 3,737 patients waited over 52 weeks for treatment, a **reduction of 416** resulting in an improved position of 7.6% (8.5% in May) of the waiting list now over 52 weeks.
- specialty level improvement trajectories are in place and governed by the OPAD programme to ensure delivery of reducing the number of patients waiting > 52 weeks remains on track
- 1,180 patients are waiting over 78 weeks, this is a **reduction of 88** compared to May. 66 patients waiting over 104 weeks, some of the longest waiting patients have chosen to delay their treatment due to the COVID-19 pandemic
- waiting list size has grown due to lost capacity during the response to managing the pandemic and transfer of the routine waiting list/activity from Dorset Healthcare University NHS FT as part of the system recovery plan.

Theatre utilisation

The current theatre utilisation rate is improving slowly as routine elective activity is being restored.

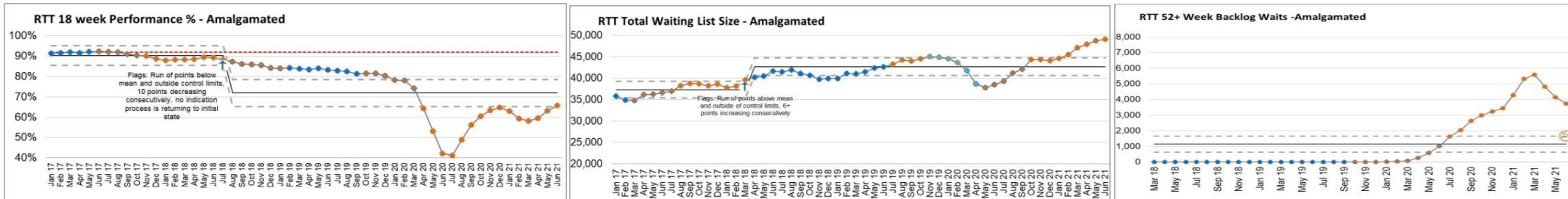
Trauma

23% of NOF patients were treated within 36 hours of admission, an improvement on 16% last month. The number of #NOF patients achieving their 36 hour target has increased this month due the more

High level Board Performance Indicators & Benchmarking

	Standard	Merged Trust	% of pathways with a DTA
Referral To Treatment			
18 week performance %	92%	65.7%	
Waiting list size	44,508	49,099	26%
Waiting List size variance compared to Jan 20 %	0%	10.3%	
No. patients waiting 26+ weeks		11,972	53%
No. patients waiting 40+ weeks		5,962	63%
No. patients waiting 52+ weeks (and % of waiting list)	7.6%	3,737	70%
No. patients waiting 78+ weeks		1,180	84%
No. patients waiting 104+ weeks		66	36%
Average Wait weeks	8.5	20.1	
Theatre metrics			
Theatre utilisation - main	80%	75%	
Theatre utilisation - DC	85%	61%	
NOFs (Within 36hrs of admission - NHFD)	85%	23%	

High Level Trust Performance



RTT Incomplete 65.7% <18weeks

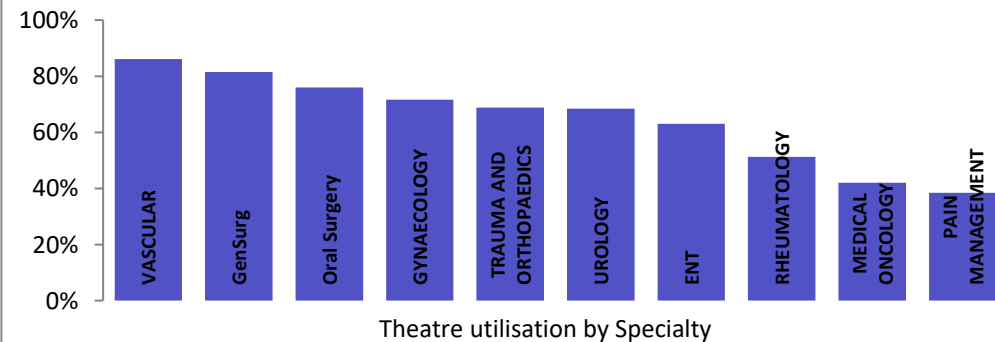
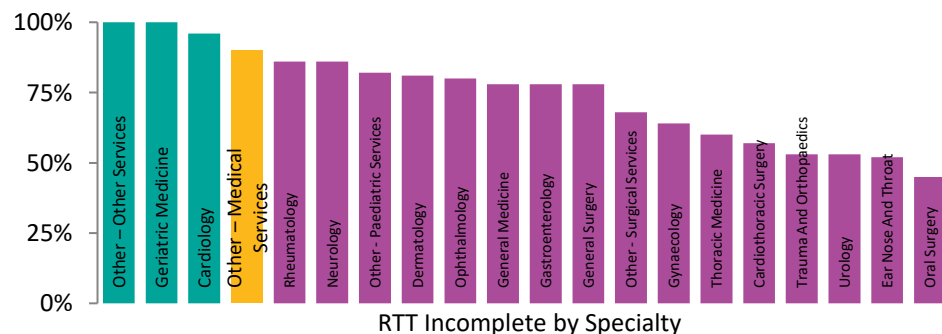
18
WEEKS

(Last month 63.2%) Target 92%

Theatre Utilisation 72%



(Last month 71%)



Referral to Treatment (RTT)

What is driving under performance?

92% of all patient should be seen and treated within 18 weeks of referral.
Performance **65.7%** of all patients were seen and treated within 18 weeks at the close of June 2021.
The overall waiting list (denominator) was **49,099** which is higher than previous months and 9.6% above the January 2020 waiting list of 44,508 (unadjusted for inward transfers).

At the end of June 2021 3,737 patient pathways were reported as having exceeded 52 weeks.

June 2021 (compared with previous month)

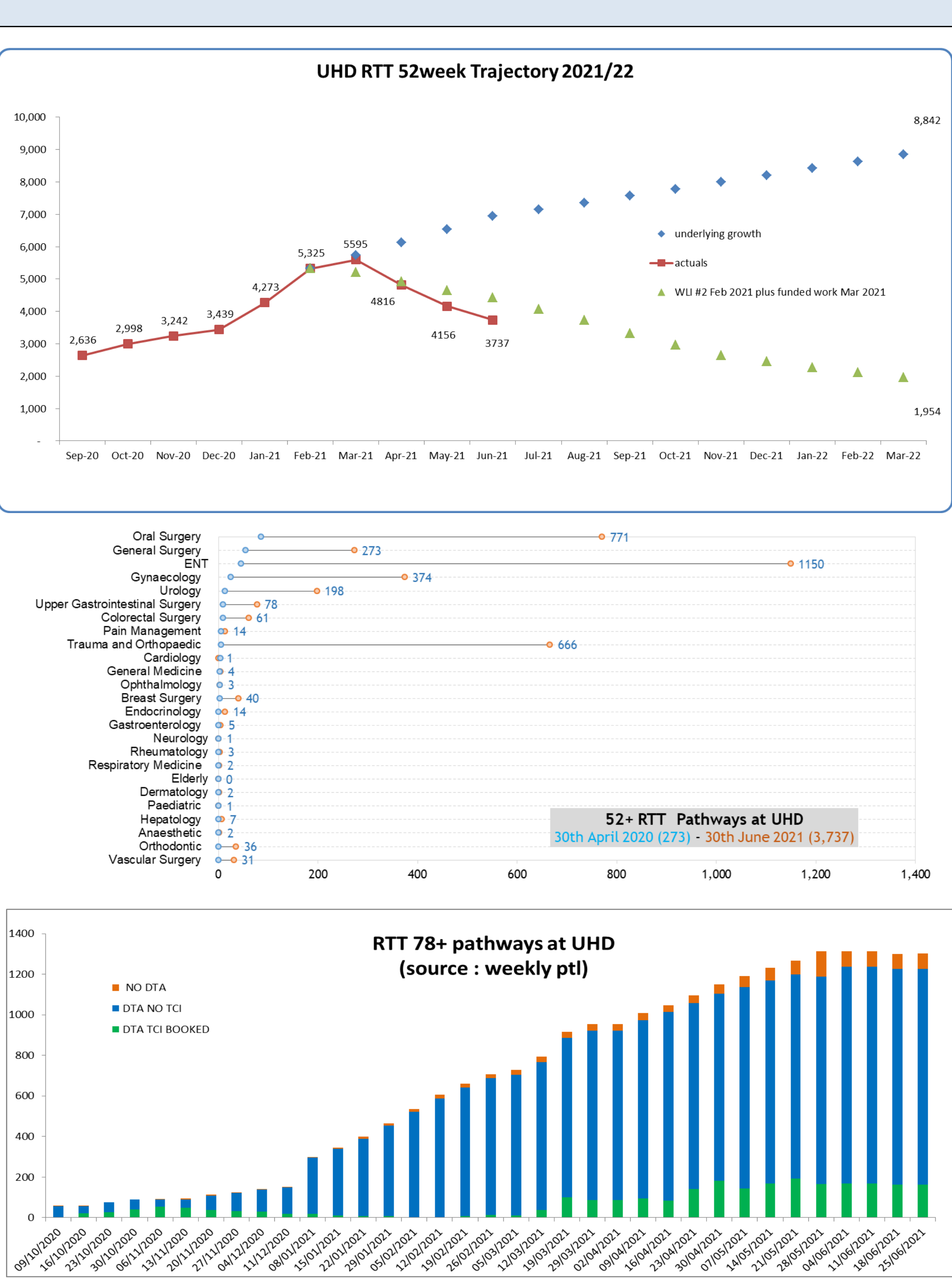
32,244 decrease > 18 weeks
11,792 decrease > 26 weeks
5,962 decrease > 40 weeks
3,737 decrease > 52weeks
1,180 decrease > 78 weeks
66 increase > 104 weeks

From October 2020 all trusts are required to provide patient level exception reports for all patients waiting > 78 weeks, and a RCA for any patient waiting > 104 weeks.

During the Trust response to managing the COVID-19 pandemic the priority was to undertake essential emergency/urgent services whilst adhering to national guidelines on social/physical distancing, shielding and self isolation. This led to a significant reduction in routine elective activity including out patient appointments and surgical procedures.

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, many patients choosing to wait until the pandemic is over or they have been vaccinated.
- 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 during period of reduced capacity / activity
- Workforce were redeployed to support the response to managing COVID-19, notably many theatre staff and clinicians were redeployed to support critical care
- Lack of capacity to book routine elective patients for treatment as shown by the number of patients waiting a TCI date in the RTT > 78 week chart.



What actions have been taken to improve performance ?

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 several workstreams to support contiguous improvements with the main programmes of work being:

- Validation & clinical prioritisation of all waiting lists commenced in April; active FU Op and Planned PTLs
- Single PAS project to support merging teams to manage single UHD waiting lists
- Think Big Outpatient recovery at scale working across the Dorset ICS system
- 52/78 ww Trajectory planning to manage /monitor improvements
- Demand & Capacity planning
- Specialty PTL Reviews and action plans, focus on > 78 ww plans
- Access Policy and SOP review to include retraining of all staff in RTT processes
- Improving BI reports to support and monitor improvement
- Patient Pathway Coordination
- Review of admission processes and governance
- Operational Planning
- Supporting Dorset ICS with single PTLs and taking on activity from other providers e.g. transfer of DHUFT routine activity and wait list
- Health Inequalities and Elective Recovery programme

Care Groups are leading on speciality level improvement plans:

- Theatre Utilisation Group established across UHD
- Outpatient Transformation Programme (Dorset ICS)
- 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

Health Inequalities
National planning guidance requires Health Inequalities to be a key gateway for access to the Elective Recovery Fund, this is being led by a sub group of Dorset ICS Elective Care Oversight Group to develop a system-wide approach to understanding and responding to health inequalities associated with elective and UEC recovery. The Dorset Information and Intelligence Service's (DiiS) population health database provides access to interactive and filterable analytics of our activity and waiting lists by a number of metrics including deprivation, as well as other vulnerabilities including risk of social isolation, unhealthy behaviours and active safeguarding flags. This system-wide programme involves partnering with Optum to undertake analytics of the data and generate insights which will be shared with the Trust over the summer. These insights will then be used to design interventions with clinicians that respond to the inequalities evident through the data insights.

Outpatients & Diagnostics

Commentary on high level board position

Outpatients

- DNA rates have stabilised; however patient cancellation rates remain high, some feedback that patients are more cautious about attending face to face appointments
- Non Face-to-Face attendances - drop of 2.8% compared to May 2021, but still remains comfortably above the national standard of 25%, telephone and video consultations are also helping to stabilise the DNA rate.

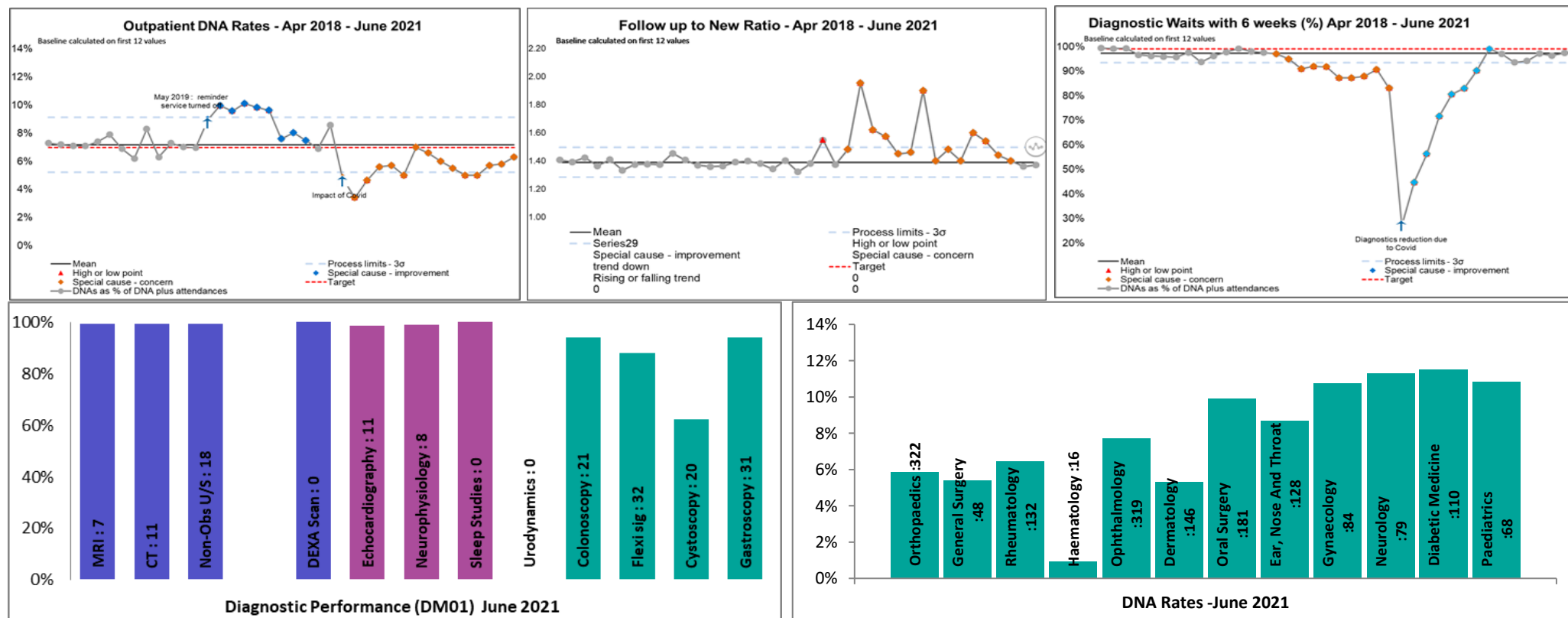
Diagnostics

- Increase against May from 97.4% to 98.2% of all diagnostics tests required within 6 weeks
- Radiology continue to use ISPs for additional MRI, CT and Ultrasound capacity
- Endoscopy position has improved from 87.1% in May to 91.4% in June
- Echocardiography has improved from 97.0% to 98.6% in June
- Neurophysiology has improved from 96.8% in May to 98.9% in June
- In endoscopy, increase in fast track demand is displacing routine capacity. Additional work has been planned in July and August to try and offset the impact of essential scheduled ventilation work.
- Additional flexible cystoscopy lists have been undertaken throughout Q1, this has enabled recovery of the waiting list. Impact expected in July data. Demand is being managed.

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%	13987 / 31790	127.3%
	(values 19/20 v 21/22)		34797 / 31790	-8.6%
Total Referrals Rate year on year	(values 20/21 v 21/22)	-0.5%	25931 / 57184	120.5%
	(values 19/20 v 21/22)		59479 / 57184	-3.9%
Outpatient metrics				
Overdue Follow Up Appointments				15,330
Follow-Up Ratio		1.91		1.37
% DNA Rate	(New & Flup Atts / Total DNAs)	5%	34697 / 2341	6.3%
Patient cancellation rate	(New & Flup Atts / Total Pat Canx)		34697 / 4068	10.5%
reduction in face to face attendances				
% telemed/video attendances	(Total Atts / Total Non F-F)	25%	34697 / 10857	31.3%
Diagnostic Performance (DM01)				
% of <6 week performance	(Total / 6+ Weeks)	1%	8887 / 159	1.8%

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 and in the last month has dropped by 1200 subjects to 20,124.

Age Extension

As the programme has 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.

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 75% since July 2020 (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):

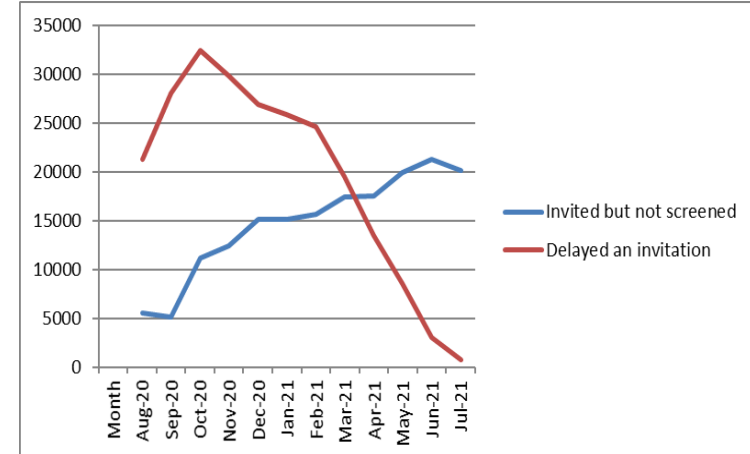
The clinic wait standard has been maintained at 100% (acceptable performance = 95%; achievable performance = 98%) for the last year via virtual clinics.

*** 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):

The diagnostic wait standard has been above 90% since August 2020 (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. To mitigate this, there is additional capacity available via the PHE funded insourcing weekends at the Poole site and lists in the mobile unit at the Bournemouth site.

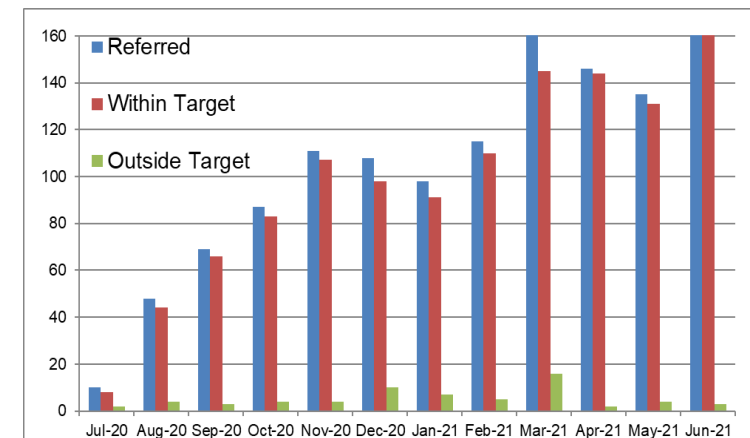
High Level Board Recovery Indicators



High Level Board Performance Indicators

Bowel Screening Standard	Target	Trust June Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	98%

Diagnostic Wait Standard



SCREENING PROGRAMMES

Commentary on high level board position

Breast Screening

There is a recovery plan in place with a trajectory to meet the PHE deadline of March 2022.

Recovery has been planned around installation of new equipment. Static Unit (Room 1) equipment has now been installed. LBU replacement is underway.

Additional mammography screening equipment has been purchased and is in storage, pending installation for the THINK BIG project.

The recovery round length plan has been revised to include THINK BIG. Plan to call in the Bournemouth GP practices to this clinic, with the exception of one of the bigger practices which will continue to be screened on the Bournemouth van. The Bournemouth van will be utilised as a training van with longer appointment times (20 minutes) to aid recovery by March 2022 and future workforce capacity.

All other vans are now running at appointment times of 7.5 minutes. Vans are now situated in Ferndown, and Lyme Regis. The van at Lyme Regis will be moving to Swanage earlier than anticipated as the service is managing the numbers of screens quicker than originally anticipated. Potential issues with van Weymouth Hospital site. WCH Locality Manager has requested an earlier move date from Weymouth site. ASDA site in Weymouth is being considered and service is in early negotiations.

A business case has been submitted for both breast radiologists and mammographers, the recruitment to these posts is essential for recovery.

Recovery **could** be achieved by March 2022 (PHE target date). This is dependent on investment, extra staffing and no further peaks of Covid. The current plan commenced on April 1st to achieve the target however,

High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95.00%	99.00%
Screening to first offered assessment appointment within 3 weeks	95.00%	100.00%
Round Length within 36 months	90.00%	7.33%
Longest Wait time (Months)	36	48

Maternity

Commentary

Maternity incentive scheme submission made in July - all 10 safety actions achieved.

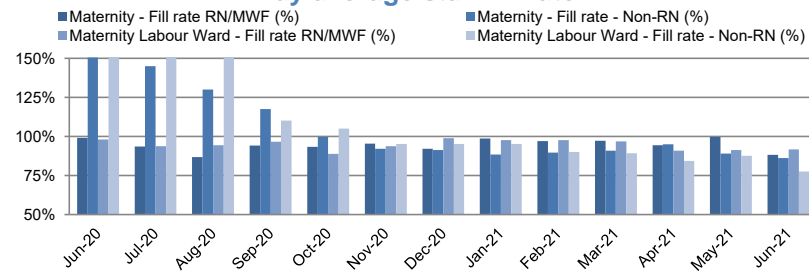
Training for Prompt reported and above 90% threshold.

Obstetric workforce challenges have continued but were mitigated by the senior obstetric team.

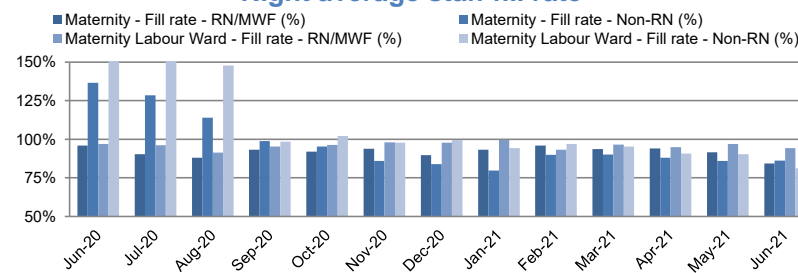
The maternity team have been notified of our funding from the Ockenden bid and this will now be reviewed to prioritize workforce gaps and identify the shortfall in funding.

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Requires Improvement	Good	Outstanding	Good	Outstanding
	●	●	●	★	●	★
Screening Incidences						0
Serious Incidents Reported						0
HSIB Cases Reported						0
HSIB / NHSR /CQC Concerns						No
Coroner Reg 28						No
Maternity Safety Support Programme						No
FFT Maternity User Response						Number %
	Good / Very Good					284 94%
	Poor / Very Poor					11 4%
	Neither					8 3%

Day average staff fill rate



Night average staff fill rate



Obstetric cover on Delivery Suite (Total shift gaps)

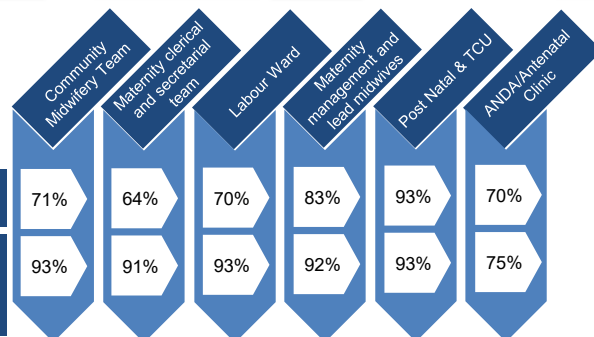
Day	May-21	Consultant	7	Registrar	17.5	SHO	5
Night	May-21	Consultant	2	Registrar	12.25	SHO	3

Latest Maternity Staff Survey 2019 responses

Proportion of midwives responding with 'Agree or Strongly Agree'

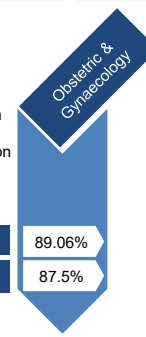
21c) I would recommend my organisation as a place to work

21d) If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation.



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)

RBCH	89.06%
POOLE	87.5%



Training Compliance PROMPT June 2021

	Number Compliant April 2020 to date	Number of Staff @ May 2021	Percentage Compliant
Midwives Band 5	18	18	100%
Midwives Band 6	173	173	100%
Midwives Band 7	30	30	100%
Midwifery Managers, Matrons & Other Band 8+	7	7	100%
Consultant Obstetricians	17	17	100%
Obstetric Trainees (Doctors)	25	25	100%
Obstetric Anaesthetics	27	27	100%
HcAs/MCAs/MSWs	77	78	98.72%
ODP	13	13	100%

Maternity

Severe Incidents / HSIB

0 severe incidents on Datix

0 HSIB

0 Screening incidences

Perinatal Mortuary Review Panel

Perinatal Mortality Review panel 24th June 2021

1x case presented - UHD:

1x Stillbirth 32+1

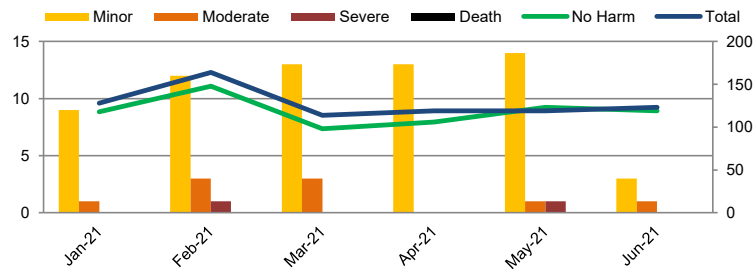
2nd review of 1x case - UHD:

1x NND age 3 days

Summary of learning from cases:

Education to medical staff to have gold standard of care when confirming IUD to inform consultant as soon as possible (including out of hours).

Datix Incidents



Screening Incidents = 0

No Harm	118	148	98	106	123	119
Minor	9	12	13	13	14	3
Moderate	1	3	3	0	1	1
Severe	0	1	0	0	1	0
Death	0	0	0	0	0	0
Total	128	164	114	119	119	123

FINANCE

Commentary

The Trust has set a financial break-even budget for the first half of the year (to 30 September) supported by the continuation of national top-up funding and funding to cover specific COVID costs. However, the Trust has set an indicative budget for the second half of the year based upon the previous funding regime and Long Term Plan allocations. This represents a budget deficit of £32.3 million albeit this will be revisited following receipt of the planning guidance and associated allocations for the second half of the year, which is expected within the coming months.

The national planning framework includes an Elective Recovery Fund (ERF) to support the necessary increases in capacity to see and treat those patients still awaiting planned care. The Trusts budget does not include the cost of this recovery and does not include the associated income from the Elective Recovery Fund. This will be reported within the monthly financial position as a variance against both expenditure and income budgets.

At the end of June, the Trust is reporting a consolidated deficit of £128,000 being a favourable variance of £17,000. This reflects the fact that ongoing COVID-19 costs are below the budgeted levels. Additional expenditure of £3.918 million has been incurred in the Trusts elective recovery programme and, pending national validation, income has been assumed from the Elective Recovery Fund to off-set this in full.

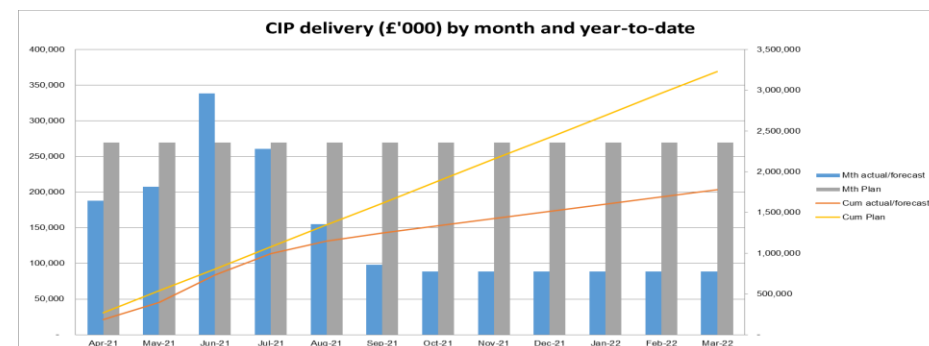
The Surgical Care Group is £186,000 behind plan as at 30 June, mainly due to additional medical staffing costs, partially offset by reduced activity particularly prosthetic in Orthopaedics. The Medical Care Group is £51,000 ahead of plan, mainly due to an over achievement in cardiac private patient income, with the Specialties Care Group ahead of plan by £418,000 principally due to vacancies within Pathology and Pharmacy.

As at June the Trust is forecasting delivery of £1.778 million CIP of which 59% is non-recurrent. All of the identified CIP is Green rated and therefore considered highly likely to deliver. This would leave a recurrent shortfall of £2.501 million at the end of the year. As such the Trust is looking to escalate the programme into recovery with increased monitoring and support provided.

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 will require very careful management throughout the year. As at 30 June capital spend is £7.027 million, being £1.738 million above plan. This overspend relates to the phasing of the capital programme and will be closely monitored.

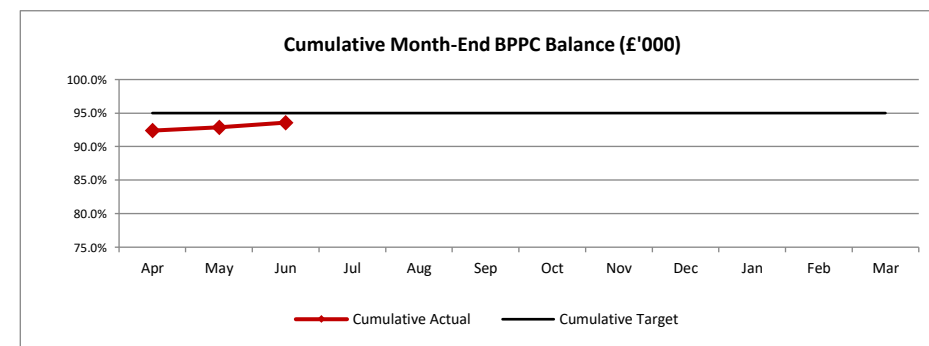
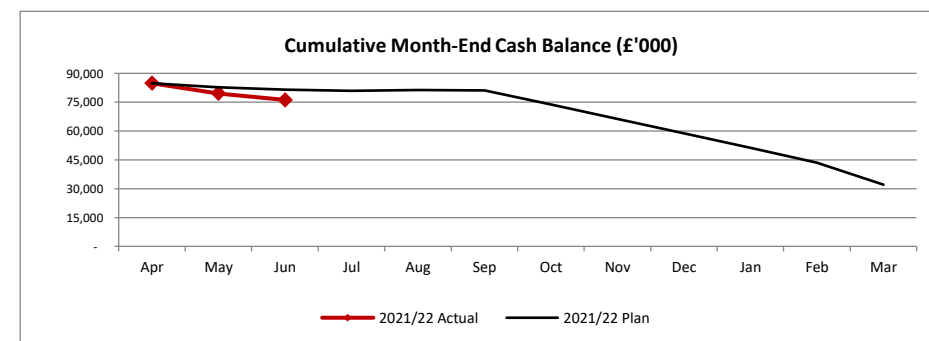
The Trust is currently holding a consolidated cash balance of £76.2 million, which is fully committed in support of the medium-term strategic reconfiguration programme.

FINANCIAL INDICATORS	Year to date			Forecast
	Budget £'000	Actual £'000	Variance £'000	Variance £'000
Control Total Surplus/ (Deficit)	(145)	(128)	17	(0)
Capital Programme	5,289	7,027	(1,738)	0
Closing Cash Balance	81,602	76,195	(5,407)	0
Public Sector Payment Policy	95%	94%	-1%	0



REVENUE	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Surgical	(32,232)	(32,418)	(186)
Medical	(40,479)	(40,428)	51
Specialties	(41,278)	(40,861)	418
Operations	(5,795)	(5,731)	65
Corporate	(13,474)	(13,386)	88
Trust-wide	132,799	132,528	(271)
Surplus/ (Deficit)	(460)	(296)	164
Consolidated Entities	75	118	43
Surplus/ (Deficit) after consolidation	(385)	(177)	208
Other Adjustments	240	49	(191)
Control Total Surplus/ (Deficit)	(145)	(128)	17

CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	2,197	3,926	(1,729)
IT	120	775	(655)
Medical Equipment	150	628	(478)
Strategic Capital	2,821	1,698	1,123
Total	5,289	7,027	(1,738)



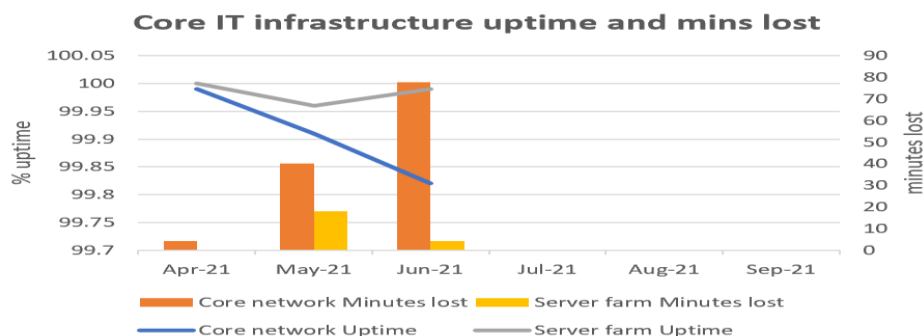
Informatics

Overall Commentary: There are ongoing resource issues and challenges within Informatics to deliver the BAU service, the normal workload of IT projects and for this year there is increased organisational pressure coming into Informatics, e.g. CSR work, the move off site to Discovery court for Outpatients, the Yeomans way off site setup, the setup of community sites, the Think Big setup and accelerated move to paperless clinics. We need to develop more sophisticated Organisational Programme Management that takes into account that the number of projects that impact the same team in the same timeline.

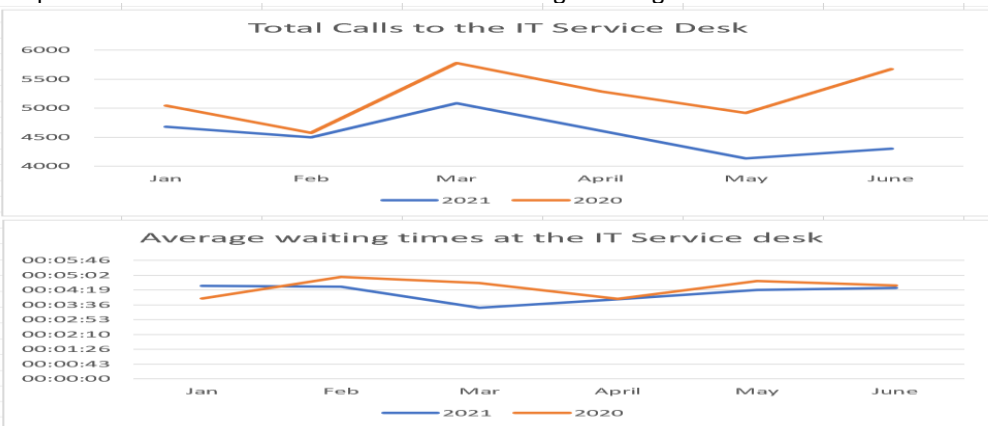
Graph 1: At the beginning of June UHD suffered network outages adding to about 80 minutes of lost time, primarily for the RBH site relating to our externally provided inter-site links. PH suffered an Air Conditioning failure in one of the computer rooms on 15 June which primarily affected pathology services. Other outages were avoided in June as a result of the skilful planning and dedicated work of the IT infrastructure team. lead by Robin Lack with support from Bob Down while the CSR ground works were being carried out. **Graph 2.1, 2.2** the number of calls to the IT Service Desk has been successfully reduced compared to 2020 levels with the use of the online self-service IT portal for logging incidents and service requests but the call waiting times remain high indicating increased complexity. **Tables 3 and 4.** Project highlights: UHD staff accessed c.18,700 records in Dorset Care Record in June (an increase of c.5,800 from May). There are now 1400 users of Single Sign On. The Electronic Prescribing team are targeting a go live of Oct 2021 for RBH Inpatients. **Table 5** shows the number of systems (PCs, Servers) running unsupported software - we aim to mitigate all these systems by 31 Dec 2021. **Table 6** show the status of our Information Assets and how many have provided assurance of being fully managed as per the Data Security and Protection Toolkit - deadline for completion of this work is 31.12.21. **Table 7** shows our FOI compliance.

Business As Usual/Service Management

Graph 1: core Infrastructure availability



Graph 2.1 and 2.2 : Service Desk demand and average waiting time



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	0	16	11	42	146	215
Infrastructure Mandatory	0	23	0	5	3	31
Projects	4	53	17	95	243	408
Service Improvement Projects	0	0	0	0	3	3
Grand Totals	4	92	28	142	395	657

Table 4: Priority of current Informatics projects

	Escalated	Project Risk Score (risk of not doing it)													
Project status	25	20	16	15	12	10	9	8	6	4	2	1	0	Grand Total	
In Progress	35	16	22	4	22	3	14	4	3	6	2	1	9	141	
Not Started	5	11	19	4	25	1	6	2		3	1		15	92	
Grand Total	40	27	41	8	47	4	20	6	3	9	3	1	24	233	

Table 5: Cyber Security - Obsolete systems

	# Supported	% Supported	# Obsolete	% Obsolete	% Mitigated
Windows Devices	7504	96.2	296	3.8	0
Windows Servers	387	64.3	215	35.7	0

Table 6: Information Assets

	Information Assets by Entry Status		
	Draft Only	Under Review	Fully Complete
CG A	14	11	0
CG B	67	16	0
CG C	58	41	0
Corp	71	55	0
TBC	14	1	0
Total	224	124	0

Table 7: FOI compliance

	March	April	May	June	Total	%
Total Received	52	85	62	68	267	
In time	27	50	34	36	147	55%
Breach	22	22	13		57	21%
Outstanding	3	13	15	32	63	24%

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 29 July 2021

Agenda item: 12.2

Subject:	Annual operating plan 2021/2022
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Prepared by:	Sandy Edington, Associate Director of Service Development Judith May, Associate Director of Operational Performance and Delivery
Presented by:	Mark Mould, Chief Operating Officer

Purpose of paper:	For assurance
Background:	This document is the UHD Operational Plan for 2021/22. It is anticipated that it may be updated in year. Appendix A Several drafts of the document have been presented at the Board in May and June and the comments received have been incorporated into this updated version.
Key points for Governors:	The narrative complements the agreements made within the Dorset ICS and more widely, regarding finance, activity and workforce numbers for 2021/22. It is intended that once approved this document will be developed into a designed version by the Communications team.
Options and decisions required:	For assurance
Recommendations:	The Council of Governors is asked to receive the plan for assurance purposes.
Next steps:	Care Group / Directorate plans on a page to support the organisational operational plan

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	Supports the organisations strategic objectives
BAF/Corporate Risk Register: (if applicable)	1492-Resourcing pressures-staffing, 1584,1585 – Financial Control Total 21/22, 1074, 1386,1460,1131, 1387 – Flow and capacity
CQC Reference:	All domains

Committees/Meetings at which the paper has been submitted:	Date
Trust Management Group	18/5/21

Trust Board	26/5/21
Trust Board	30/6/21
Trust Board	28/7/21



University Hospitals Dorset
NHS Foundation Trust

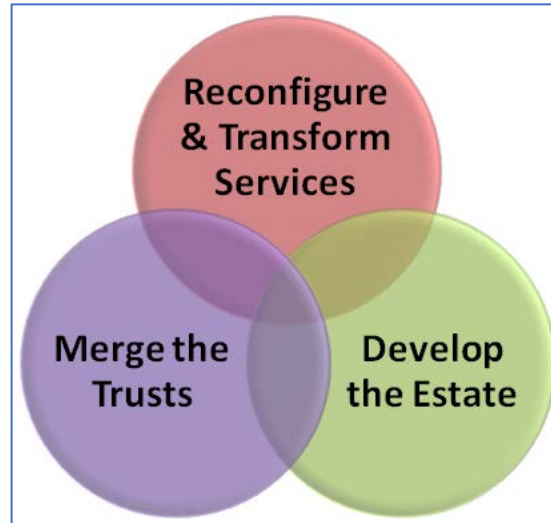
2021/22 Operational Plan: University Hospitals Dorset NHS Foundation Trust

July 2021

Final Version 1

1. Introduction

The key plans for University Hospital Dorset in 2021/22 are reflected in the model alongside and encompass the high level of change affecting the NHS, in particular arising from COVID, the need to plan for further surges and the need to recover our capacity as soon as possible.



Alongside this, the recent merger of Poole Hospital NHS FT and Royal Bournemouth and Christchurch NHS FT provides us with a generational opportunity to create or transform services on a larger scale with the potential to increase efficiencies and improve processes more radically. We are keen to take the best of both hospitals and “level up” so that UHD as an organisation is able to improve the services for local people even further.

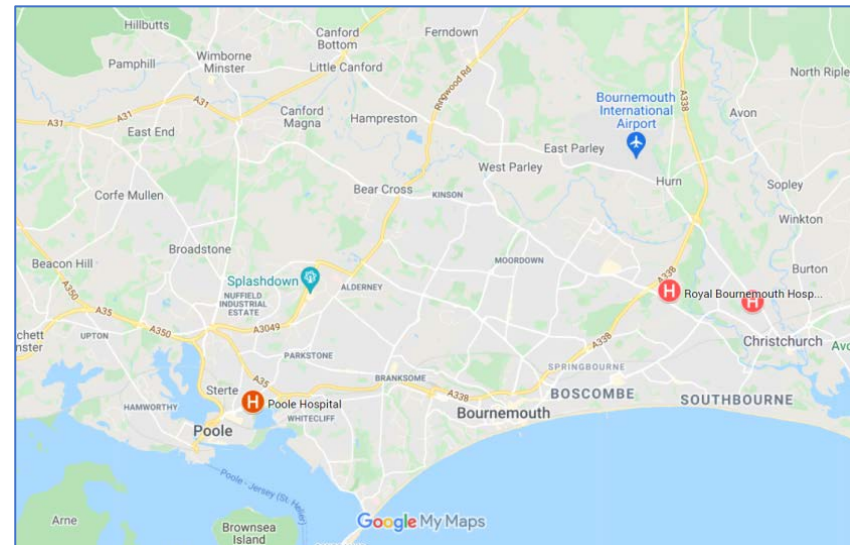
A key enabler for this is the capital development programme now underway, whereby the services on both sites will be physically transformed via our £147m estates programme, into state of the art facilities, fit for the 2nd decade of the 21st century and beyond.

All the planning assumptions used throughout this document are based on best intelligence as at 1st July 2021. As part of our active planning and management these are regularly reviewed and updated throughout the year.

Overview of the Trust

University Hospitals Dorset NHS Foundation Trust (UHD) was formed in October 2020 with the merger of Poole Hospital NHS FT and Royal Bournemouth and Christchurch Hospitals NHS FT and is situated in the east side of the county of Dorset.

The Trust has an annual turnover of £650m and employs over 9000 staff across 3 sites – Poole Hospital (PH), Royal Bournemouth Hospital (RBH) and Christchurch Hospital (XCH).



The Trust's services include the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services and deliver the following annual activity:

- 194,000 ED attendances
- 81,000 emergency admissions
- 83,000 daycase treatment
- 12,000 planned admissions
- 650,000 outpatient attendances
- Over 4000 births

We also operate urgent primary care services from the PH & RBH sites.

These services are provided primarily to a catchment population of approximately 500,000 in the East Dorset area.

Trust Vision, Mission and Values

As a newly merged organisation, the Trust has developed a new set of values together with a Vision and Mission, shown as follows:

Alongside this we have developed 5 strategic objectives which underpin this and future plans, including the annual objectives for 2021/22, which are at Appendix A. The strategic objectives are:

Our strategic objectives

Be a great place to work

2021/22: nurturing staff wellbeing; having meaningful appraisals; acting on staff feedback; progressing People Strategy; championing equality, diversity and inclusion

Use our resources well

2021/22: restoring our clinical services; achieving our budget; maintaining consistent standards of care; starting our Green Plan

Continually improve quality

2021/22: delivering our priority clinical improvement programmes; transforming outpatient pathways; improving elective and emergency care services; discharging patients who are medically ready as quickly as possible

Be a well led and effective partner

2021/22: communicating more; fostering culture of improvement; developing our leadership; partnering with Bournemouth University

Transform our services

2021/22: creating emergency and planned hospitals; taking forward Health Infrastructure Plan; developing our role in Dorset Integrated Care system; implementing digital transformation strategy

Key Clinical Activities in 2021/22:

- Integrate current site based clinical teams, medical and nursing, into single UHD teams
- Continuing to work towards an ambitious strategy and transformation projects, in line with CSR
- Remain responsive to any future surges of COVID-19 to ensure rapid availability of clinical capacity and appropriate workforce
- Streamline front door Emergency Care services by further integration of minor injury and illness presentations with Primary Care Partners
- Deliver booked appointments in our Emergency Departments and Same Day Emergency Care (SEDC) services directly from NHS111
- Progress the acute East Dorset Cardiology pathway to ensure all patients requiring access to the laboratory suites at the RBH site are taken there directly
- Review the UHD stroke pathway and plan to move the full service to a single site ahead of 2026
- Implementation of the Trauma and Orthopaedic Ambulatory Care Unit within the Emergency Department at Poole Hospital to support reduced length of stay and timely review and decision making
- Sustain recovery of elective and diagnostic services across all specialties
- Involvement in the 'Think Big Programme' to establish the delivery of a high flow clinical assessment facility in a safe, clinical operating environment
- Partnership working with insourcing companies and the Independent Sector Providers to increase capacity and reduce long waits across the surgical services
- Continue to support and develop services in the wider healthcare system, including Dorset Healthcare, Dorset County Hospital and Salisbury District Hospital

2. Organisational Development and Workforce

2.1 Organisational Development and Merger

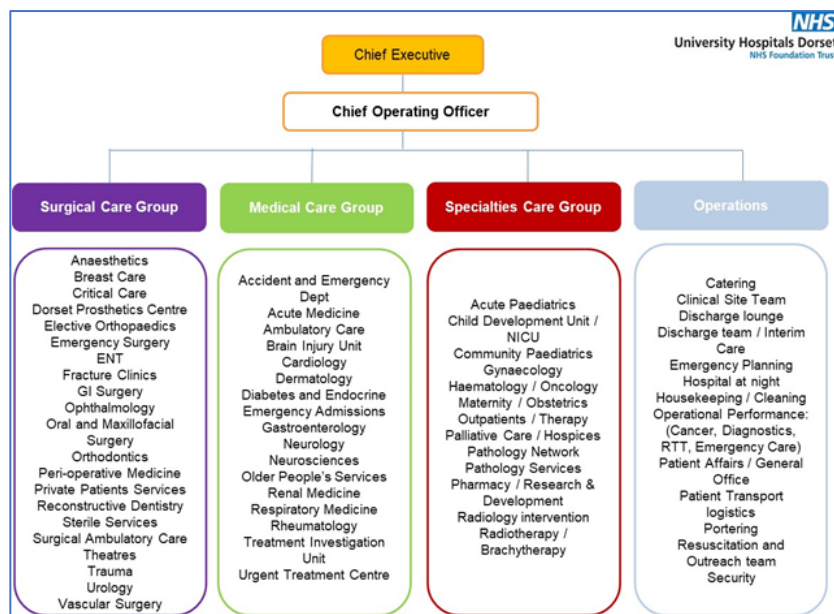
The completion of the merger transaction on the 1st October 2020 marked the successful end to a decade in which both PHT and RBCH have pursued working together. This started with the joint declaration by both boards to collaborate followed by the first application to merge, continued past the Clinical Services Review in 2014-2017 and finished with various changes in merger date between 2018 and 2020. Navigating the complex regulatory processes along the way, providing CQC “good” services and managing through the pandemic has demonstrated the commitment of putting patients first and maintaining safe, high quality services.

There has been a wide and diverse range of benefits seen in the first 6 months of merger. Some were planned as part of the merger planning process, some arising by virtue of the changes in both predecessor organisations coming together into University Hospitals Dorset (UHD) and some by way of how UHD responded to the Covid pandemic.

It is clear by the progress that has been made in the last six months that UHD is better placed to deliver safe, high quality, sustainable, patient centred services and recover from the pandemic as a single, merged Trust than as the previous two

discrete Trusts. There is however much still to do. The pandemic has brought about delays in the bringing together of teams at service and function level and planned cultural changes are still very much underway. Recovering from the pandemic and treating the backlog of patients will be improved by the merger, however realising many of the benefits of merger should still be seen in its early stages. With the reduction in Covid cases and increase in vaccinations we expect the delivery of merger plans to regain their previous momentum. Refreshed plans have been adapted to build on the lessons learned through the pandemic and the opportunity of bringing teams together to improve services can now be more fully taken forward.

The clinical structure was implemented from day 1 with the leadership triumvirates in place for all three care groups and Clinical Directors and Operational managers currently being recruited into Tier 3 roles. The care group structure is outlined below.



2.1 People Strategy

Our People Strategy sets out how we will unite our workforce behind our vision and make our new trust a great place to work. Our people have been under increasing pressure since the response to Covid-19 began and there will be further challenges ahead. It is therefore critical that we look after our people. Our People Strategy will drive the actions needed to keep our people safe, healthy and well, both physically and psychologically, and provide the necessary support and development needed to continue to deliver the highest possible standards of care in an environment of high demand, and at a time of significant change in the way patient services are organised and delivered across Dorset. Through this

strategy, we will continue to build on the best from our existing organisations and ensure that the new trust has the workforce it needs to deliver its goals over this period.

Successful delivery of this strategy will support us to improve our people's experience and ensure the trust is a great place to work. We recognise the importance of engaging and involving our people, and despite the challenging time ahead for us and for the wider NHS, it is essential that we hold this at the heart of what we do.

We know there is a shortfall of trained people to meet the rising demands for healthcare and that we will need to be more flexible, creative and innovative in how we attract, retain and develop our people, to enable us to fulfil our core purpose and achieve our vision. Our People Strategy has five key action themes, which, through service integration, will enable appropriate support and care for our people while strengthening our organisational capabilities. Our work will be underpinned by the principles of the NHS Long Term Plan, the CQC Well Led domain and the NHS People Plan.

We recognise that there is a lot to do, and that we have some real strengths to build on, specifically the extraordinary commitment of our people to deliver excellent patient care.

Key Actions for 2021/22:

Supporting the Health and Wellbeing of Staff and taking action on recruitment and retention

Our focus is on how we enable staff to be healthy in 'body and mind', to help them recover effectively and face the challenges of a post pandemic world.

We recognise that recovery will be different for everyone and there is no one-size fits all. This highly personalised experience will include the need to support rest and recuperation, mental, emotional, physical and financial wellbeing as well as changes to work / life practice, family / social life and loss and bereavement. We are assuming a two year timeframe for staff recovery, focusing on six key areas:

Compassionate and Inclusive Leadership

Our expressions of gratitude to staff, in recognition and acknowledgement of what we have been through, will be universal with no differentiation. We will place health and wellbeing at the heart of our line manager conversations and communicate clearly and consistently. Ensuring the strong voice of staff is essential to ensure their involvement and innovation. We recognise colleagues that most need help are the most likely to speak up. We will also face the inequalities agenda head-on.

Key actions:

- progress next phase of cultural development programme to embed organisational values with a focus on a) implementation of values-based appraisal b) reward and recognition and c) ensuring the voice of our staff is heard

during COVID-19 recovery phase.

- review 2020 staff survey results at care group / departmental level and design improvement interventions, including:
 - reduction in % of Black, Asian and Minority Ethnic (BAME) staff experiencing harassment, bullying or abuse from staff and patients
 - increase in % BAME composition target to improve leadership diversity by 2025
- enhance staff network engagement and intersectionality to strengthen contribution to organisational decision-making processes
- explore our role and contribution as an Anchor Institution (Health Foundation)
- implement training resources / toolkit on civility and respect for all staff and ensure all UHD leadership and management programmes are refreshed to increase focus on inclusivity as a core theme

Teams are Everything

Staff will need supportive relationships with those they work closest to and strong social bonds within their home teams.

Key actions:

- continue to provide COVID-19 team debriefing sessions and peer review facilitation
- rollout of Affina Team Journey as part of COVID-19 recovery, service transformation and organisational change programme

Space and Resources to Recover

Staff will need time for reflection and available forums to develop a meaningful narrative and mitigate risk of moral injury. We will also focus on basic working conditions to ensure staff have more flexibility, visibility and control over their working patterns.

Key actions:

- introduce 'mini' schwartz rounds
- continue provision of *Safe Spaces* and improve provision of rest areas for staff alongside our planned building works, including alternative spaces e.g. 'pods' for individual relaxation and recuperation

Systemic Wellbeing Offer

Our enhanced wellbeing service will continue to meet the need for staff access to immediate, acute psychology support. It will be integrated and coordinated for sustainability with a focus on prevention and organisational resilience. We will also focus on local interventions, supporting line managers to have 'psych savvy' conversations with staff.

Key actions:

- Implement our '*Building Healthy Working Lives*' 3-year plan to nurture a healthy and resilient culture and easily accessible interventions for all staff
- develop and implement a range of targeted education and

support sessions for line-managers to encourage *Wellbeing Conversations* and monitoring of staff who may be more at risk of developing psychological difficulties and / or secondary stressors

- COVID risk assessments undertaken for all staff with line managers (subject to regular review) to aid mitigation of risk and deployment decision
- ensure ability for staff to return to work on a phased basis when recovering from the effects of COVID-19
- continue to support the work of our Freedom to Speak Up (FTSU) Guardian and ambassadors to identify staff areas of concern and help remove any barriers staff may face in speaking up

Recruitment and Retention

Retaining our current workforce remains a priority for us and we will endeavour to offer more flexible, varied roles. We will also make the most of the current high profile of the NHS to recruit across all roles and professions.

Key actions:

- increased and sustained recruitment and retention activity for key front line roles, including international nursing and health care support workers [HCSWs]
- develop attraction and retention incentives at local and system wide level
- optimise the recruitment and deployment to new and enhanced roles to supplement traditional roles
- enable more effective rostering so that people can plan their work time more productively around other

responsibilities

- promote flexibility in working practices where the services can support this
- use feedback from candidates and recruiting managers to understand how best to address market forces
- align and enhance temporary staffing services so performance is consistent for all role types across the site
- continue support to EU employees to understand the actions we can take to maintain this pipeline
- develop and launch UHD employee value proposition to support reputation as a 'good place to work' focusing on *Welcome Me* [recruitment / induction] – *Develop Me* [share opportunities] – *Help Me Do My Role* [manage performance] – *Engage and Motivate Me* [retention] – *Recognise Me* [appreciation and recognition] – *Wish Me Farewell* [handling leavers]
- ensure elective care pathway restoration includes a) talent management and succession planning and b) bespoke health and wellbeing offer for staff and patients

Transformation with System Collaboration

We will ensure all the creative thinking and innovative practice during the pandemic is built into our quality improvement (QI) work as clinical pathways come back online. This will help capture the best of what has happened rather than reverting back to any sub-optimal practice that was there before.

Key actions:

- continue visible and focused leadership for quality improvement and prioritise at board level

- align QI approach with leadership and talent management programme and team integration
- launch UHD QI Academy and refresh intranet site with interactive tools and resources
- develop a QI social network for UHD improvers
- encourage *all teams at every level* to reflect and evaluate their service provision during and post crisis to a) amplify new practice and b) let go of practices that are no longer fit for purpose

Impact Measures:

- National Staff Survey Results
- Staff vacancy and turnover rates
- Sickness absence rates
- Appraisal compliance rates
- Trend in staff absences from work due to stress
- Measures of equality, diversity and inclusion [WRES, WDES, Gender Pay Gap]
- Number of staff / teams in active coaching contracts
- Delivery against ICS system objectives and 'closing the inequalities gap' within local community

3. Quality of Care and Safety

3.1 Quality and Safety

The trust's quality priorities are arranged within the domains of quality; safety, patient experience and clinical effectiveness (clinical outcomes). High quality care can only be achieved when all three of these domains are present equally and simultaneously. Additionally we recognise the fundamental role that our staff play in delivering high quality care and our people strategy therefore forms the fourth domain of our quality strategy. Individual priorities within each domain are derived from the national guidance and triangulation of internal data from a variety of sources including

patient feedback, external stakeholders, regulators, governors and incident reports.

Each of the three pillars of quality; Patient Safety, Patient Experience, Clinical Outcomes/Clinical Effectiveness are monitored through the respective reporting groups in the trust governance framework (see below).

- A. Approach philosophy
- B. Pillars of Quality – focus of priorities
- C. Work streams and processes
- D. Strategic goals

Quality reporting through these structures supports to review, analysis and delivery of key metrics related to patient experience, safety and effectiveness of services up to the board of directors. Quality reporting is based on the Care Quality Commission (CQC) key lines of Enquiry (Safe, Caring, Responsive, Effective and Well Led). Board and Board subcommittee reporting support wider quality assurance processes such as peer review, clinical audit, and internal and external audit. Information in the Board and Quality Committee

reports routinely includes progress on quality, patient safety and patient experience metrics including:

- Risk register additions, updates, controls, action plans and assurances
- Serious incidents, incident reports, near misses and learning outcomes from investigations and reviews Trends – current and future risk, assurance and quality issues
- Internal comparisons and external benchmarks
- Directorate, specialty, ward and consultant level data where appropriate
- Quantitative and qualitative data
- Patient stories and patient feedback
- Statistical interpretation and analysis

Specific objectives for 2021/22:

The Quality priorities for 2021/22 have been derived from shared learning from SIs, Medical examiner reviews, Mortality reviews and feedback from Patient experience during 2020/21.

The 4 main priorities for 2021/22 are as follows:

- Fluid Management
- Difficult IV Access (DIVA)
- Deteriorating Patient
- Safety Checklists

3.2 Care Quality Commission (CQC)

RBCH and PHT were inspected separately in 2018 and 2020 respectively and a summary of the results are below:

	Safe	Effective	Caring	Responsive	Well-led	Overall
PHT	Requires improvement Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020	Good Jan 2020
RBCH	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Good Mar 2018

CQC reviews will remain an important part of the quality approach at UHD and we will continue to use these to understand where further improvements to our services can be made.

3.3 Maternity Services

Ockenden Report - Immediate and Essential Actions

- Additional midwifery workforce
- Enhanced obstetrician availability
- Introduction/development of maternity MDT

The planning guidance sets out the availability of funding to support the Immediate and Essential Actions arising from the Ockenden Report. This will include a calculation of the Birth

Rate Plus metric for UHD and we anticipate that these will lead to a requirement for around a further 20 midwives.

The second of these actions requires the further provision of consultant obstetrician time to support the provision of twice daily ward rounds; consultant leadership for fetal heart monitoring; and the introduction of Maternity MDTs.

The Trust will be bidding against these national monies early in 21/22 and continues to work in partnership with the Local Maternity Services to oversee the provision of maternity care for the local population.

3.4 Quality Improvement

The Quality Improvement (QI) strategy builds on the existing QI enthusiasm and knowledge of UHD staff and expertise within our QI team.

It aims to embed a culture of continuous improvement and learning across the organisation in which everyone is empowered to make changes to improve the quality of clinical and non-clinical services to enable improved patient care.

This strategy has been developed after consultation with UHD QI practitioners and enthusiasts and learning from the approaches of both previous organisations. We have also drawn on existing UHD strategies and a wide range of National strategies and reports.

Our QI strategy consists of three foundations for QI and five strategic aims that underpin our Trust value of improvement.

Our foundations of quality improvement define the three themes that will run through all our improvement work.

These cover how we will carry out QI:

- Patient involvement
- Digital first
- Sustainability

Our 5 strategic aims outline the five main strategic aims of our strategy and describe what we will do to develop our continuously improving and learning organisation.

- Leadership, governance and culture – to embed senior support and leadership for QI
- Vision and buy in – to raise awareness of the QI approach and support early delivery
- Improvement skills and infrastructure – to deliver training and development to staff to enable delivery of QI projects
- Aligning activity – to embed improvement approaches across all UHD activities
- Sustain and spread – to hold our QI gains and spread improvement

This strategy aims to deliver a systematic continuous approach improve clinical and non-clinical services and ultimately provide better outcomes for patients in terms of safety, efficiency and experience.

A series of success measures have been defined so we can demonstrate the achievement of the main aims of the strategy.

4. Operational Performance and Recovery

4.1 Organisational Performance and Challenges

In 2020/21 the focus of the Trust was redirected to responding to the COVID-19 pandemic. The planned response to each wave of the pandemic, including compliance with national infection control guidance and social distancing, has resulted in a reduction in elective and non-elective capacity and increased waits and numbers waiting for routine planned work.

A focus on re-establishing all cancer and urgent activity during the recovery periods (between peaks in Covid-19 positive activity) has also resulted in the Trust undertaking less activity in the re-established outpatient, procedure and theatre sessions for some specialities.

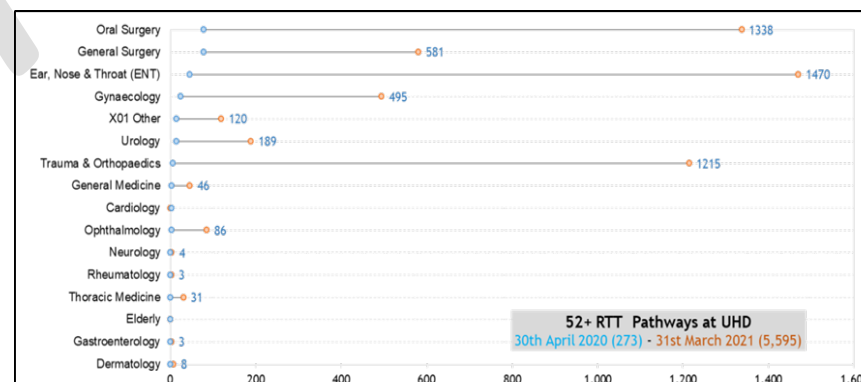
Consequently the Trust's position against national standards was mixed in 2020/21 with good performance against recovery of diagnostics (DM01) and progress being made against a number of urgent care indicators such as arrival time in the Emergency Department (ED) to initial assessment and arrival time in ED to treatment, but continued challenges against constitutional standards such as Referral to Treatment (RTT) and cancer waiting times, meantime in ED and ambulance handovers.

These challenges are multi-factorial but include increases in demand for cancer referrals, workforce capacity gaps, flow and inpatient capacity impacted by Covid and IPC measures, as well as patient's choosing to delay treatment due to the concerns related to Covid-19.

Referral to Treatment

In 2020/21, the RTT waiting list size has increased to over 47,000 and RTT performance fell to 58.2% against a target of 85%. Patients are now waiting extended periods of time for treatment and the number of patients waiting over 52 weeks has risen to 5,595 in March 2021. The proportion of patients waiting over 78 weeks has also increased with small number of patients waiting over 104 weeks.

The chart below highlights the growth in over 52 week waits with Oral Surgery, Ear Nose and Throat (ENT), General surgery and Orthopaedics standing out.



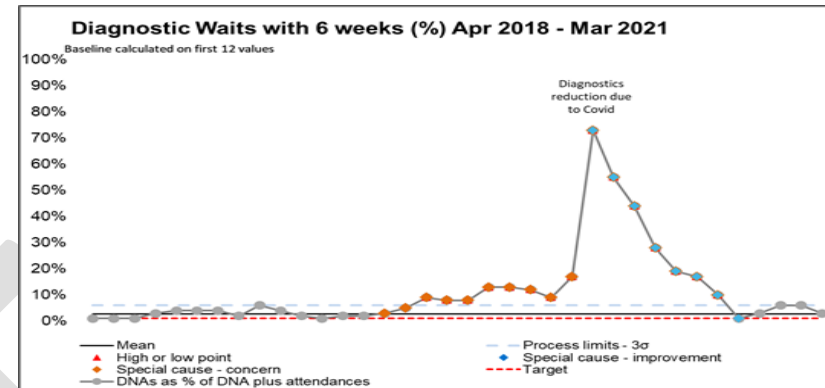
Cancer

Cancer referral numbers continue to exceed previous years putting additional pressure of several services at all stages of the pathway. Despite these pressures the Trust achieved the 28 day Faster Diagnosis and 31 day Cancer standards. The 62-day standard was not met. Diagnostic waits and late referrals have been contributing factors alongside surgical capacity.

Measure	Target	Quarter 1 2020/21	Q2 20/21	Q3 2020/21	Q4 20/21
Cancer Two Week Wait	93%	96.7%	97.3%	N/A	N/A
Cancer Plan 62 Day Standard (Tumour)	85%	79.3%	80.0%	78.6%	77.8%
62 Day Screening Standard (Tumour)	90%	73.3%	73.3%	94.1%	88.1%
31 Day First Treatment (Tumour)	96%	96.2%	94.4%	97.0%	96.7%
Subsequent Treatment - Surgery	94%	89.4%	86.7%	95.4%	90.5%
Subsequent Treatment - Radiotherapy	94%	98.8%	100.0%	98.7%	99.0%
Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	100.0%	100.0%	99.7%
Faster Diagnosis	75%	76.3%	77.4%	80.7%	79.1%

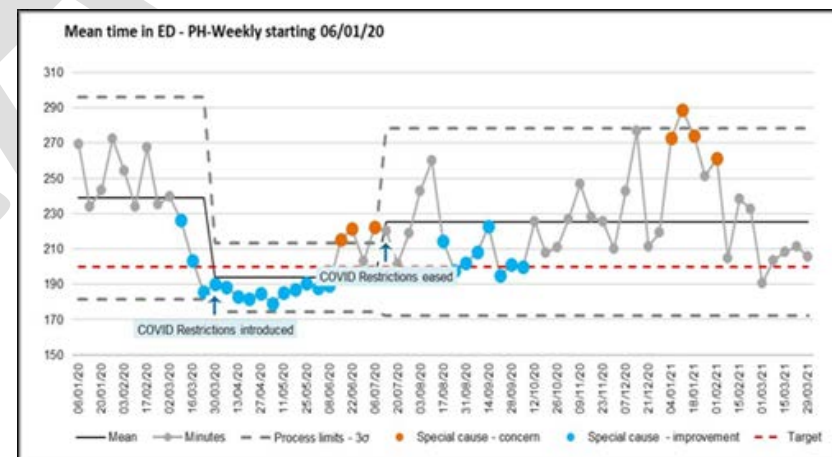
Diagnostics

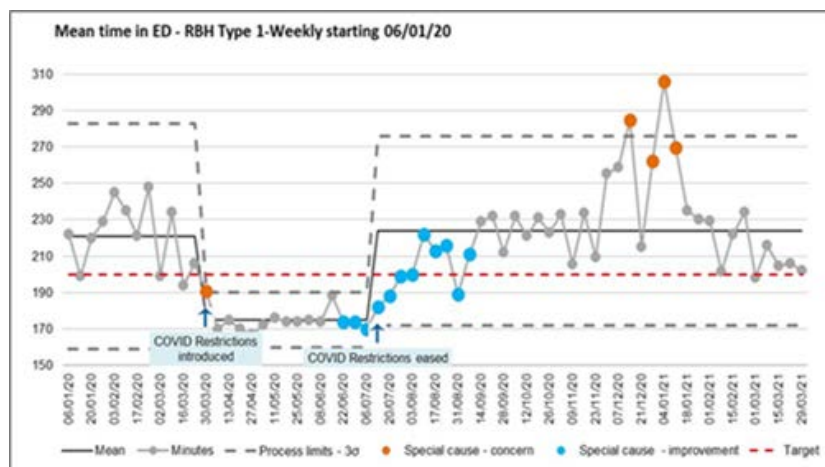
The graph below shows the strong recovery during 2020/21 against the national 6wk diagnostic standard (1%). Increased demand for diagnostics has been experienced as the Trust increases elective activity to support recovery and due to rising urgent referrals. The most challenged speciality continues to be endoscopy.



Urgent and Emergency Care

Both emergency departments made significant improvements in overall mean time in the last quarter of 2020/21.





4.2 Elective Performance and Recovery

Key challenges

Dorset is one of the most challenged areas in the country in 2020/21 for elective waiting times. In UHD, referral to treatment (RTT), end of March position is at its lowest monthly performance level in the last half of 2020/21 and the Trust is within the top third of Trusts in the South West with the greatest proportion of its waiting list waiting more than 52 weeks and where patient waits over 78 weeks are the greatest in the region. In contrast over 6 week waits in diagnostics is the lowest in the South West.

The COVID-19 pandemic has exacerbated the challenges UHD faces in managing the volume of patients requiring elective care. As systems, processes and teams come together in the newly merged Trust and as we continue

planning elective recovery, it is essential that we understand the clinical risks associated with our patient treatment lists (PTL), review pathways and where necessary develop or formalise alternatives.

During the pandemic, services with historic challenges have been significantly impacted by reduced capacity and as a result, so have the lives of many patients waiting for treatment. The most challenged services include Oral surgery, Ear, Nose and Throat services, Orthopaedics and Ophthalmology in line with the national picture. Positively, we have seen increased collaboration across the Dorset system, rapid pathway changes implemented, reduced variation in waiting times across Bournemouth and Poole, and movement towards single waiting list in some areas.

We have an Outpatient (OP) Transformation Group leading a number of redesign and optimisation work streams, focused on demand management, follow up reduction and efficiency and productivity. To achieve:

- Care provided in the most appropriate care setting by the most appropriate clinician with quick and easy access to specialist opinion, advice and guidance when required.
- Care delivered in an efficient and streamlined way supported by timely and seamless clinician to clinician communication designed to deliver the best patient experience and outcomes possible within available resources.
- Effective use and or redeployment of Outpatient space.

In 2021/22 it's clear that recovery of pre-pandemic and pandemic related performance will not be delivered without us

transforming the design and delivery of services across UHD and the Dorset system. To realise the quadruple aims of transformation, to:

- Reduce unwarranted variation in access and outcomes
- Redesign clinical pathways to increase productivity
- Increase involvement of patients in decision making; and
- Accelerate progress on digitally enabled care

In 2021/22 we will:

- Undertake clinically led validation of our elective PTLs so that they are accurate, organised and prioritised in a way which seeks to engage and empower patients in decision making about their care. We will transfer the learning from this experience to develop further ways of reaching out to patients who are clinically vulnerable and promote self-management.
- Work as a system to avoid long waits for patients and better balance the capacity in the system to move towards recovery and then maintenance of acceptable waiting times. Including, the transfer of Consultant Led RTT, Theatre and Endoscopy activity from Dorset HealthCare (DHC) to University Hospitals Dorset (UHD).
- In specialties where patients are currently enduring long waits for treatment, we will co-ordinate any offers to long-waiting, for clinically-suitable patients to transfer their care to the independent sector. In addition, within Dorset we will endeavour to transfer patients between NHS hospitals,

balancing Dorset's overall capacity with overall demand and move in the direction of single waiting lists.

- Across Oral and Maxillofacial, Orthopaedics, ENT and Ophthalmology services we will prioritise working as a system in Dorset to transform pathways of care and exploit technology to optimise care, including 'out-of-hospital' care.
- Implement an Outpatients (OP) Transformation programme that will include optimising the use of telephone and video consultations where clinically appropriate, increasing the use of Advice and Guidance and Patient Initiated Follow Up (PIFU) and reviewing OP estate usage.
- Embed clear accountability for elective recovery and implement key supporting business intelligence tools, increasingly at a system level, to support tracking of waiting lists, clinical review and prioritisation and dynamic planning of elective capacity. This will include reporting full quantitative data against the areas of Outpatient transformation above within the first half of 2021/22.
- Work within the Dorset system to determine the system's approach to developing high impact service models, initially through the progression of the 'Think Big' Project.
- Prioritise the clinically most urgent patients, including establishing the baseline of Evidence Based Interventions (EBI) undertaken and improvement plan.
- Maximise physical capacity by review learning from elsewhere and the high-impact changes including adapting the ward environment to enhance flow and physical

segregation, segregating elective care flow and service transformation initiatives to drive elective recovery.

- Access available support re innovative approaches to optimise workforce capacity locally, including system wide workforce planning, and build upon current passporting arrangements to allow flexible working of employed and bank staff between organisations.
- Deliver increased diagnostics capacity, including evaluating the development of Community Diagnostic Hubs (CDHs).
- Improving theatre scheduling, utilisation and efficiency using adapt and adopt methodology. Alongside this reviewing the effectiveness of pre-operative assessment capacity and processes.
- Move to a single Patient Administration System (PAS) for UHD and contribute to the planning for a common PAS for the Dorset System.
- Link elective recovery to monitoring the health and wellbeing of staff through the development of workforce scorecards at Care Group level which includes an appropriate set of measures, so that the rate of service restoration takes account of the need for individuals and teams to recover and the wider workforce capacity available.
- Through Dorset Intelligence and Insights Service (DiiS) take a system-wide approach to understanding and planning interventions to respond to pre-pandemic and pandemic related health inequalities using waiting list data

to measure access, outcome and experience for BAME populations and those in the bottom 20% of IMD.

Assumptions

As a result of these actions, we are committed to deliver the following performance:

- Reducing diagnostic over 6-week waits to less than 1%
- Making progress on reducing 52 week waits to under 5% of the waiting list by March 2022 and elimination of 78+ week waits
- Prioritise reducing long waits and ensuring equitable access and waiting times across Dorset
- Full clinically led validation and prioritisation of existing active, planned and follow up PTLs
- Meeting the activity thresholds set out within 2021/22 planning guidance.
- At least 25% of Outpatient consultations will be delivered remotely via video or telephone consultation
- Patient-Initiated Follow-up (PIFU) will be implemented and scaled up across at least three outpatient specialities
- Advice and Guidance will be increased.

Risks and Issues

- People recovery- a key risk to elective recovery is the workforce capacity. We have a fatigued workforce,

which extends beyond frontline staff and our elective recovery plans require staff to deliver additional capacity.

- Theatre capacity - procedures are taking longer due to social distancing and the impact of IPC measures and we have insufficient internal capacity to meet the demand for routine surgery.
- Elective activity - the Dorset system is one of the most challenged systems in the country in terms of elective care. We are responding to pre- and Covid related backlogs.
- Patient compliance and public anxiety

Further details of elective care is includes within specialty plans on a page.

4.3 Cancer Recovery

Key Challenges

During the pandemic the Trust worked (as an integral part of the ICS) to ensure cancer treatment where clinically safe to do so was continued. If necessary, alternative treatments were discussed and agreed with patients. Also if the patient requested and it was safe to do so treatment was deferred. Throughout this period all patients were tracked and monitored to ensure their care was reviewed as required.

Work with the independent sector both within Dorset and latterly utilising the Wessex cancer hub meant critical surgery was maintained and where diagnostic interventions had to be

deferred (or the patient requested deferral) this work has now being recommenced and actioned accordingly.

Whilst at the height of the pandemic there was a significant drop in referrals the Trust is now seeing a return to previous years' activity and in certain tumour sites the demand has increased.

The number of patients on an active PTL at UHD is now significantly greater than prior to the pandemic and UHD are working with colleagues in Primary care to manage this.

The trust is making significant strides in regaining performance standards and compared nationally is performing well against the key cancer deliverables.

Actions

In 2021/22 we will:

- Work with GPs and the local population to increase the number of people coming forward and being referred with suspected cancer, through: engaging with underrepresented groups to design and deliver messaging to improve symptom awareness and action; symptom awareness targeted advertising; a clinically led webinars to raise awareness of signs of lung cancer; lung cancer case finding and extension of case finding to other areas, and education for frontline professionals on symptom recognition.
- Actively support GP practices as they complete the Quality and Outcomes Framework (QOF) Quality Improvement module on early cancer diagnosis, via new Primary Care Network (PCN) cancer champions.

- Ensure the visibility of performance data at speciality and tumour site level to support reducing cancer waiting times, both at a Trust, ICS and Alliance level.
- Work with Wessex to further develop the RIS (Rapid investigation service) for patients in the Dorset area.
- Work with Macmillan and Wessex to improve holistic needs assessments for patients with suspected cancer.
- Improve the quality and quantity of treatment summaries for all patients at the end of treatment to enhance communication with Primary care, keeping the patient at the centre.
- Work with public health commissioning teams to restore all cancer screening programmes through enhancing current clinical delivery models in a socially distanced high throughput environment.
- Extend bowel cancer screening to include 50-60 year olds, with rollout to 56 year olds from April 2021.
- Make available to cancer champions best practice to improve uptake of screening for low-uptake groups.
- Build awareness of thrombocytosis as a risk factor for LEGO-C cancers, review existing pathways and identify areas for pathway improvement.
- Review data to identify practices with low usage of symptomatic FIT testing and promote FIT through cancer champions.
- Undertake an options appraisal for cancer early detection and safety netting tools for primary care. Including ERICA trial and direct incentive and commissioning options.
- Prioritise the clinically most urgent patients, e.g., for cancer and P1/P2 surgical treatments. Including continuing mutual aid arrangements within Dorset for management of 2ww referrals e.g., head and neck, dermatology, breast.
- Use a system-wide escalation protocol to support the identification and prioritisation of P1/P2 surgical cancer patients.
- Extend the centralised clinical prioritisation and hub model established during the pandemic for cancer surgery to patients on cancer diagnostic pathways including development of a system approach to clinical prioritisation in endoscopy, dermatology, breast and head and neck services.
- Increase the update of innovations including delivering the Cytosponge pilot, and colon capsule endoscopy, to support effective clinical prioritisation for diagnostics.
- Introduce new modalities to improve efficacy of pathways i.e. LA template biopsies.
- Working as part of Wessex cancer alliance review pathways to ensure best practice and minimise unnecessary delays.
- Develop an active cancer PTL for Dorset.
- Conclude an external review of Dorset optimal lung cancer pathway - MSD.
- Develop Dorset system pathways for endoscopy and breast and plan for head and neck.
- Extend personalised stratified follow up (PSFU) pathways as part of the National programme:
 - Breast, colorectal and prostate live - April 2021.
 - Thyroid and testicular live – Summer 2021.
 - Gynaecology and haematology live – Autumn/Winter 2021.
- Launch Dorset Care Record (DCR) MyDCR patient portal in December 2021.
- Implement a quit smoking app for 100 Dorset residents in collaboration with PCNs in areas of deprivation.

- Inform segmentation of the population through development an interactive text message based patient questionnaire for smokers measuring dependency and stage of change. Including motivational messaging and support options tailored to questionnaire responses.

Risks and issues

Key risks

- Continued increase in demand in certain tumour sites impacting on capacity, including breast/head and neck, colorectal, gynaecology and skin.
- Patients declining diagnostic interventions until they have received the vaccination, delaying either diagnosis and/or treatment.
- Capacity levels reduced due to on-going COVID restrictions
- Staffing skills and infrastructure to meet the increases in demand, especially in key diagnostic areas: radiology, pathology, radiotherapy,

As many pathways are reliant on more than one Provider, these risks are not just intra-Trust but inter-Trust

Issues

- IT infrastructure to support developments both in remote monitoring and protocol driven triage.
- Pressure on certain departments due to increase in suspected cancer referrals, especially highly specialised areas.
- Ability to review and change pathways whilst managing operational pressures.

- Adequate infrastructure to track patients.

Assumptions

As a result of these actions, we are committed to deliver the following performance:

- To return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower);
- Decrease 104 backstops to the level of Feb 2020
- Meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.
- Recover the backlog in breast cancer screening to meet national standards by end March 2022.
- Meet the new Faster Diagnosis Standard consistently from Q3. 2021/22.

4.4 Urgent and Emergency Care Recovery

Key Challenges

Responding to Covid has meant the implementation of a number of IPC related pathways and processes which have impacted both on patient flow as well as front door, inpatient and back door capacity. This includes lost bed utilisation to facilitate compliance with patient distancing. Bed modelling across UHD has demonstrated a gap in bed capacity which

requires mitigation. Furthermore, the impact of Covid on urgent and emergency patients is unknown and an increase in higher acuity presentations and/or backlog of patients who have avoided services can be anticipated. This, in addition to the demands created by 'staycations' and visitors to Dorset as well as knock on impact to the Trust of partner services also under strain with increasing demand. Achieving the new national Urgent & Emergency Care standards will be a challenge but as existing pilot sites, we strive to provide safe care and good clinical outcomes for our patients.

Actions

The following key areas will be progressed in line with the 2021/22 priorities and operational planning guidance.

Continue to progress the work already underway through the NHS 111 First and Same Day Emergency Care programmes

- Work with system partners and, subject to System prioritisation of investment, right size the CAS and launch full NHS 111 First comms
- Implement alternative booking / referral pathways to other community and mental health services including:
 - MIUs/UTC booking arrangements
 - Booking to Retreats and CFRs
 - Referrals to HI Service (OP Courage)
 - Labour line

- Paediatric "SDEC"

A&E attendances (excluding planned follow ups)

- Continue to embed and expand ED booking towards a target of 70% of patients via 111 to have a booked appointment, led by System workstream meetings and weekly learning huddles
- Increase from 12 minors slots a day (84 per week) across all 3 acute trusts to match demand identified across 24/7
- Improve slot utilisation by reviewing 4-hour and 1-hour disposition booking opportunities.
- Enable NHS 111 on line direct bookings to ED via implementing Care Connect and Emergency Department Digital Integration (EDDI).
- Increase uptake of SDEC bookings and further develop SDEC pathways including from EDs
- Implement booking to Primary Care in hours

NHS 111 referrals to SDEC and development of SDEC services

- Appointment slots currently open in following specialties: -
 - Acute Medicine – Poole
 - Frailty – Bournemouth
 - Acute Medicine – Bournemouth
- Secondary Care Physicians and Primary Care clinical pathway meetings
- Development of service videos to support 111/CAS staff training by specialty teams at Poole and Bournemouth
- Establishment of full service specifications on DoS.

- Monitoring of SDEC dispositions against availability of slots.
- UHD SDEC Steering Group established chaired by Deputy Chief Operating Officer (COO) with speciality SDEC workstreams
- SDEC workstreams to progress improvement priorities and consider options to expand/optimise service capacity
- Performance metrics under development which will include 111/CAS activity.
- Open slots in Cardiology by mid-May
- Surgery and Surgical SDEC to open access to 111 – trial Spring/Summer
- Review referral process and pathways (e.g. SPoA through one clinician taking all referrals and booking specialty SDEC slots)
- Optimise use of Consultant Connect

Urgent & Emergency Care standards and improvement actions

- Full roll out of new Urgent & Emergency Care standards (noting previously pilot sites) supported by new dashboards and operational escalation processes:
 - *Response times for ambulances*
 - *Reducing avoidable trips (conveyance rates) to emergency departments by 999 ambulances*
 - *Proportion of contacts via NHS 111 that receive clinical input*

A&E

- *Percentage of ambulance handovers (from ambulance to A&E) within 15 minutes*

- *Time to initial assessment — percentage within 15 minutes*
- *Average (mean) time in department — for non-admitted patients*

Hospital

- *Average (mean) time in department — for admitted patients*
- *Clinically ready to proceed (time from when decision is made to admit or discharge, and patient is admitted or discharged)*

Whole system

- *Patients spending more than 12 hours in A&E*
- *Critical time standards — aimed at ensuring the highest priority patients get care within a set timeframe such as an hour*

- Fortnightly meeting with CCG and SWAST to monitor and sustain improvements achieved in Q4 20/21 in Ambulance Handover performance.
- Continued review and development of escalation protocols to respond to increasing pressures
- Review of pathways and processes in EDs, including new models supported by completion of ED estate works (incl Pit Stop and early senior decision making)
- Integrated UTC/Minors models
- Medical and nursing establishments supported by business cases

Risks and Issues

- Unknown post Covid wave demand and future Covid/non Covid demand

- Holiday period / staycation / visitor demand
- Workforce – wellbeing, sickness, vacancies, recruitment
- Ability to divert patients to Minor Injuries Units (MIUs)/Urgent Treatment Centres (UTC) or other appropriate services
- Timely availability of booked appointments
- Ability/capacity to clinically validate all booked appointments
- Timeliness, effectiveness and continual nature of local public communication
- Increase in minors' attendances over the Summer
- Underutilisation of appointment slots
- Inappropriate referrals
- Complexity of referral/booking processes/symptoms
- Funding/ability to implement capacity mitigation schemes (e.g. enhanced SDEC) and bed escalation capacity.
- Ability of partners to respond to demand pressures and avoid additional impact on UHD

Assumptions

- Improvement initiatives and/or funding support for schemes/development/bed capacity will facilitate deliverables, safe care and progress against key standards
- Pressures on and support from partners avoids demand and delay in acute services
- Key ambitions against indicated national UEC standards will be achieved if actions delivered and risks mitigated

4.5 Patient Flow & Bed Capacity

Underpinning the Trust's surge and capacity planning is our bed modelling. With the backdrop of lost bed utilisation due to IPC risk assessment as well as reconfiguration of areas to meet Covid demands (e.g. Blue ITU) the model demonstrates the need for 'escalation' beds, above core, throughout the year. See section 4.6. A key assumption in our modelling, as well as our bed gap mitigation plans, is the role of the Home First and Criteria to Reside programmes. There are two key components of the drive to ensure that patients are not admitted unnecessarily and are discharged when they no longer require the hospitals' services. These are Home First and Criteria to Reside (C2R).

Home First

The following table shows some of the highlights of the Home First work

Pathway	Proportion of patients	Features / "What Does Good Look Like"
0 – Discharge Home	50%	Voluntary sector provision. Provides rapid short term 'settling in support' to facilitate timely discharge. Services act as a 'facilitator' to access other smaller place based voluntary/third sector services as required
1 – Discharge	45%	Five Integrated cluster teams with responsibility for receiving referrals,

Home with Support		determining pathway, allocating care, provide rehab / reablement, case management and assessment for ongoing need. Standardised processes across teams. Integrated/ single IT systems to support processes and data collection.
2 – Discharge to Interim Beds	4%	Range of commissioned beds to meet needs. Single bed management function (flow) and leadership. Step up for known patients or via Acute ambulatory services.
3 – Discharge – Complex and End of Life	1%	Robust hospital and centralised processes for case managing people out of hospital on P3 (and P1 complex and EOL). Timely discharge on P3 to patient's final destination. Timely assessment for ongoing funding.

Further improvements for the Home First Model and discharge offer during 21/22:

- To agree the ambition / trajectory for improvement e.g. 25% reduction in LLOS (as previously monitored through NHSE/I)

- Baseline for “admissions not avoided” in ED and Assessment Units where community services have not been able to respond to avoid admission to an inpatient ward
- Design a Pathway 1 & 2 Community Service Offer to increase discharges via Home First & Decision to Admit (D2A) from ED & Assessment Units across the acutes to avoid a long length of stay in hospital
- Commencement of weekly “complex / stranded patient meeting (14 & 21 day LOS)” with representation from Dorset ICS partners to expedite discharge arrangements for patients referred to community services via Home First / D2A.
- Establish a Dorset ICS escalation process for patients who do not meet Criteria to Reside, where a community offer for discharge has not been established e.g. within 72 hours of receipt of referral within the SPA / Cluster Team.
- Establishing an external strategic partner to support the Dorset system and draw on learning from elsewhere.

Criteria to Reside (C2R)

The new Discharge to Assess guidance was issued during the COVID-19 pandemic and the Dorset System is being supported by NHSEI to facilitate timely discharge underpinned by a “Home First” model of care. The ethos behind this guiding principle is that patients receive acute hospital care

when needed, only for the period required; underpinning quality of care and patient outcomes.

This Discharge to Assess guidance includes Criteria to Reside (C2R), which aims to move assessment out of hospital and into people's homes – patients only remain in hospital if they meet a defined set of "clinical criteria to reside". It is designed to provide an evidence base for identifying the on-going care needs of patients during and beyond the acute phase of care.

Key Benefits

- It's good for patients – helps to ensure right care, best place at the right time. Reduces the clinical risk of hospital acquired infection and deconditioning by ensuring an optimised length of stay, supporting best patient outcomes.
- It reduces pressure on staff, wards and the front door; allowing our sickest patients to be admitted more quickly.
- It will inform our partners when and how to help and support; enabling effective demand planning.
- The information and data will provide assurance to regulators.

Actions

- Development of the implementation plan for a 4–6 month period which considers all aspects of C2R including engagement and awareness.
- Embed Criteria to Reside into the Trust's assurance framework and work with senior nurse leads to include

within quality metrics as well as part of the Care Group's performance.

- Using a QI approach to roll out to 4–6 wards by way of a demonstration of the benefit to patients and staff alike; and an opportunity to showcase to other areas to help engage others and rollout UHD-wide.
- Have in place an improvement trajectory that is able to demonstrate progress or highlight where further work is needed.

Commencing in late 20/21, good progress has been made through the launch of the C2R internal programme. Our UHD-wide Health of the Ward digital system and C2R dashboard are now supporting:

- focus on areas for improvement
- visibility of patients who have No Reason to Reside or require further input to optimise care and recovery
- improved accuracy of reporting internally and externally.

Risks and Issues

- Demand (non elective and/or elective) exceeds bed modelling scenario assumptions
- 'Staycations' and visitors to Dorset result in surge demand at peak periods
- Reductions in patients in hospital with No Reason to Reside seen through 20/21 are not sustained

- Home First and Discharge to Assess capacity and pathways are unable to deliver further reductions in Length of Stay to offset the acute bed capacity gap
- Ability and capacity to support engagement and delivery across all clinical and ward teams in the Criteria to Reside framework
- Further Covid waves, outstripping planning assumptions.

our current arrangements remain responsive to the ongoing requirements of incident management, internal and external escalation, receipt of national guidance etc.

4.6 COVID Planning

The coronavirus pandemic has presented an unprecedented challenge for the National Health Service in response to record demands for care, whilst protecting the health of patients and staff. Nationally, understanding and learning how community rates and nosocomial (healthcare acquired) infections may have contributed to coronavirus outbreaks within secondary care organisations is essential, enabling us to ensure the continued protection of patients, staff and the wider community population. Therefore, all our plans are developed in the context of ensuring Infection Prevention and Control (IPC) is at the heart of what we do.

Incident Management

We now have a well-established incident management (operational, tactical, strategic) response model which can be escalated as required. In line with current NHS incident levels,

As a minimum, a 3x weekly senior clinical and management group supports oversight, planning and response, linking closely to daily operational structures as well as to our Executive group and system level resilience forums

As a minimum, a 3x weekly senior clinical and management group supports oversight, planning and response, linking closely to daily operational structures as well as to our Executive group and system level resilience forums.

Preparations for any future potential surge requirements for COVID patients

Capacity

Our current operational capacity plan is being updated to take account of the current and estimated future prevalence of COVID in the local community and to address expected winter pressures.

Bed Modelling

The advent of COVID19 and the resultant IPC and social distancing measures has reduced our bed capacity significantly. Our estimates of the impact of this on bed numbers is 81 across UHD. In addition, reconfiguration of areas and pathways (e.g. Blue ITU) has also reduced core bed availability. Our bed capacity modelling includes both non-COVID and COVID scenarios. Planning for COVID activity will remain iterative as more is known about community incidence and vaccination impact.

Internal bed model based assumptions:

- 88% max occupancy (to allow for swabbing, distancing and other related pathway challenges)
- 0% growth on 19/20 non elective activity
- Elective activity assumptions that meet the national recovery trajectory requirements

- Base model assumes COVID activity increase is offset by non COVID activity reduction
- Continued benefit from a reduction in patients with No Reason to Reside, as seen during Covid.

The principal scenario being modelled is for up to 5% COVID – additional c50 beds across UHD (or equivalent capacity required) - and we are working on if/what further mitigations and/or system support to offset this are possible. It is anticipated that this may be more manageable in the summer of 2021, depending on elective activity, the use of escalation beds and levels of surge demand from visitors/'staycations'. Capacity becomes substantially more challenging from the autumn onwards.

The above scenario demonstrates a gap and so we are working on LoS/admission avoidance plans to mitigate this and considering funding for full "winter" level escalation capacity throughout the year as part of our financial planning assumptions.

Further mitigations, in addition to the escalation capacity, to offset the remaining gaps encompass admission avoidance and reduced length of stay and include:

- Review of speciality pathways and cross site bed capacity demands for opportunities to optimise bed capacity across UHD
- Improvement to the (Non-ST Segment Elevation Myocardial Infarction (NSTEMI) pathway

- Expansion of the current Rapid Access Consultant Evaluation (RACE)/Same Day Emergency Clinic (SDEC) in OPS to 7 days per week
- Alternative care models which support admission avoidance, Same Day Emergency Care to avoid unnecessary overnight stays and/or reduced Length of Stay across UHD
- Local anaesthetic treatments to be used in ophthalmology to reduce overnight stays
- Work internally and with Dorset System partners to optimise the Criteria to Reside framework and Home First programme.
- Review and refinement of our UHD-wide escalation (OPEL) plans and associated risk assessments

From the modelling and having developed an understanding of what beds we could use, we have now reviewed the nursing skill mix required for this escalation. This will support the decision making process for the phased opening of additional beds.

Critical Care

Previous experience indicates that circa 10% of COVID admissions require critical care. So our modelling of 5% of inpatient beds (c50) with COVID, would suggest a COVID occupancy of 5 Intensive Care Unit (ICU) beds.

Currently both hospitals are maintaining COVID ICU areas for COVID escalation but we are reviewing whether a single site ICU is possible in early escalation phase or in later de-escalation phase.

Our current critical care plans envisage 3 blue beds on each acute site and this can be escalated further if required, but noting that this critical care escalation would potentially risk elective care recovery.

RBH (phase 1 up to 6 beds; phase 2 up to 10 beds total, phase 3 up to 15 beds total) – noting requires additional staffing as separate area plus in addition to non COVID in green ICU. Phase 2 and phase 3 would remove these beds as being available for COVID/non COVID General & Acute beds.

RBCH - Trigger Level	Level 3 Equivalent Beds	Poole - Trigger Level	Level 3 Equivalent Beds
Level 1a Our normal bed base and staffing template. All patients housed within our normal ICU footprint. Adequate number of side rooms for patients requiring isolation for infective processes/AGPs.	8	Trigger Level 1 Our normal bed base and staffing template. All patients housed within our normal ICU footprint. Adequate number of side rooms for patients requiring isolation for infective processes/AGPs.	8
Level 1b rooms in GREEN ICU full requiring an additional ICU nurse. Contact Poole Critical Care to explore possible transfers.	8		
Level 2 COVID SUSPECTED/POSITIVE PATIENT REQUIRING ADMISSION TO ICU triggers opening of BLUE ICU, or... Need for additional side rooms necessitates opening of BLUE ICU.	12	Trigger Level 2 COVID SUSPECTED/POSITIVE PATIENT REQUIRING ADMISSION TO ICU triggers opening of BLUE ICU.	11
Level 3a All 4 side rooms on BLUE ICU filled.	12	Trigger Level 3 More than 11 level 3 equivalent patients	16
Level 3b GREEN ICU fully occupied. 4 side rooms on BLUE ICU filled and 2 beds in main bay of BLUE ICU occupied.	20		
Level 3c BLUE ICU expands into CCU step down bays. One Consultant becomes resident.	29		
Level 4a Admission into theatres 1-4 with up to 3 patients per theatre/anaesthetic room. Backfill consultant cover with consultant anaesthetists.	41	Trigger Level 4 16-24 LEVEL 3 EQUIVALENTS – REQUIRES BOTH ENDS OF B2 WARD OPEN AS CRITICAL CARE BEDS	24
Level 4b Admission into theatres 5-8 with up to 3 patients per theatre/anaesthetic room. Consultant cover with consultant anaesthetists/SpRs with ICU experience.	53		
Level 5 Admission into Recovery as able depending on staff and equipment availability	Incident Mgmt		

COVID Pathways and Infection Prevention and Control (IPC)

In line with the national IPC guidance, we aim to maintain separate COVID pathways, minimising as far as possible transfer through front door (ED / Amber Admission Unit) areas. This includes a model of dedicated COVID ward/s and we are reviewing whether this could be single site and/or mixed speciality in escalating Phase 1 or requires both sites. We are also reviewing whether this could be established as a direct admission area, but this would require dedicated staffing and medical teams in addition to our existing admission areas. Alongside the above we are also reviewing

medical and nursing roles to support blue and green pathways and further develop the staffing escalation policy.

COVID Testing

Rapid testing:

We have a range of rapid testing equipment on site in dedicated areas. These include Samba II, GeneXpert and Roche Liat. There are a number of steps that are being considered to aid capacity:

- Although there are no further SAMBA machines available at present, we have the capacity to accommodate them when they do become available
- There are plans to reduce the incubation time which will improve flow and increase capacity - there is no date for the upgrade yet
- Stock levels of reagents enables periodic testing flex up as required. There are more reagents available nationally if required.

Non-rapid Testing:

We also have a range of non-rapid testing on site.

Developments include:

- Potentially switching some testing to testing for variants of concern.
- The Perkin Elmer system is currently running c50 tests per day, but with IT connectivity / interfacing this will allow stepped increases in capacity leading to 500 tests per day.

Vaccination

In late 2020 / early 2021, the Trust delivered a vaccination programme for UHD staff and the wider health and social care workforce. In total we vaccinated around 35,000 staff using out-patient accommodation and co-opting a wide range of clinical and non-clinical staff to deliver this. We concluded this programme in mid-April 2021 and await further guidance regarding any future COVID vaccination for staff, such as a booster programme.

Post COVID Syndrome Services

The majority of these services are being conducted in the community / primary care, but we do expect to see an impact on hospital services such as respiratory.

Infection Prevention and Control (IPC) - COVID Actions

COVID-19 Specific

- Complete post infection review reports for all COVID-19 outbreaks developing a thematic learning plan for the Trust
- Complete Trust wide report for cases, contacts and outbreaks including staff.
- Set up and establish a COVID-19 dedicated pathway and ward on both sites with clear guidance for admissions

- Support the potential development of a Respiratory High Care Unit
- Develop COVID-19 policy removing the need for action cards
- Risk assess requirements for weekend cover for IPC across UHD to ensure that a plan is in place to deliver the Trusts requirements for IPC in the presence of any increased peaks or outbreaks of COVID-19. Current staffing model is not templated for this.

Other IPC Actions in 2021/22

- **Surveillance** - Fully integrate ICNET (Electronic surveillance tool) into reporting and managing of patients with alert organisms. This will include integration with the details recorded by Microbiologists within the WINPATH IT system to ensure sharing of information between teams. Importing data from Trust records for patient location to enable outbreak detection and reporting in real time. Incorporating a surgical feed to enable monitoring of surgical site infections.
- **New builds/ modifications of existing structure** - Continue to work with organisation to ensure that all new builds and modifications are planned and delivered in a safe way for patients. This will cover not only the design concept but also ensuring a risk

assessment takes place to review impact on the clinical environment.

- **Staffing** - Merge the two IPC Teams into 1 to ensure resilience and support available for the Trust establishing key roles for all members of the team.
- Complete programme of listening events and debrief for team members to ensure all members are fully supported.
- Integrate IPC Team and the Microbiology Departments across both sites and ensure that the role of the IPC Doctor is set out clearly for the role.
- **Training** - Deliver training and education programme for IPC Champions across UHD to enable them to support the IPC Team during periods of extreme pressure.
- **Policy** - Risk assess all IPC UHD policies alongside Dorset ICS IPC policies to create a plan to review, update and merge policies based upon risk.

5. Transformation, Capital Development and Sustainability

5.1 Clinical Services Review

One of the key drivers for the integrated approach within Dorset was the development of a Dorset-wide Clinical Services Review (CSR). The CSR entails a considerable reconfiguration of health services in the east of the county, particularly across the Royal Bournemouth Hospital (RBH) and Poole Hospital. Specifically, Poole Hospital has been designated as the Major Planned Hospital and RBH as the Major Emergency Hospital for Dorset. National clinical evidence shows that more lives are saved when people are treated in specialist centres with senior specialist staff available seven days a week. We expect to see some of the early changes in services such as the centralisation of acute stroke services and further integration of cardiology, midwifery and pathology, ahead of the major changes planned for 2024/2026, as the new estate is completed.

5.2 Capital Development

The University Hospitals Dorset (UHD) estates strategy up to 2026 is well established, with key service reconfigurations in 2024 and 2026 resulting from the major build programmes.

In 2021/2022 significant enabling works includes the creation of the road at the Royal Bournemouth Hospital (RBH), new West entrance, IT hub room and retail pharmacy. However many other changes are also underway to prepare for the future, including office moves.

Poole Hospital will see the completion of works, including the changes in the Emergency Department and installation of major new equipment such as Linear Accelerators for Radiotherapy. Progress will also be made in establishing estates quality compliance systems and reducing backlog work.

The Capital Expenditure Departmental Limit (CEDL) allocated to Dorset and UHD is insufficient to cover both backlog and maintenance, plus the major service reconfigurations required to deliver the Integrated Care System (ICS) strategy set out in the Clinical Service Review (CSR). As a result the Dorset Pathology Hub will start later in the year and complete by the end of 2022/2023.

For 2021/2022 the estates capital programme focus is on:

- i) Completion of works already in progress, many related to Covid improvements and enabling works for reconfiguration.
- ii) Essential and backlog reduction maintenance
- iii) Planning and preparation of major schemes such as the Maternity, Children's and Emergency Centre (MCEC), and Poole Hospital theatres.



5.3 Sustainability- Green UHD Plan

This sustainability strategy builds on the historic work that has been carried out by the two trusts that formed UHD and aligns it with the requirements set out in the NHS national plan, delivering a "Net Zero" national health service.

The green plan sets ambitious targets across a wide range of action areas that will affect every area of the organisation. We have already made significant progress in many areas to become more sustainable but we need to do more. By having this green plan at the heart of what we do, we can drive long-term success and real change.



The Sustainability Strategy, or Green UHD Plan as it will be referred to, is built around four levels, these are

- Our vision to provide excellent healthcare
- Our green objectives, healthy lives, healthy community and a healthy environment
- A set of cornerstone targets relating to carbon, clean air and the use of resources all supported by our staff

- Actions, targets and monitoring of ten key areas

To realise our green plan there are ten areas of activity that will cover all the aspects of services that UHD has.

- Asset management and utilities
- Use of resources
- Monitoring of carbon and greenhouse gases
- Capital development
- Adaption to climate change
- Our green spaces and biodiversity
- Sustainable models of care
- Travel and logistics
- Our staff and how they can help with the change
- All of the above supported by a firm corporate approach

This plan will put the trust on the route to being a net zero organization by 2040 in line with the wider NHS plan. The plan contains a range of measures across the action areas that will be revised regularly as we move along the reduction trajectory.

5.4 Digital Programmes

UHD will continue in 21/22 with its Digital Transformation Strategy which aims to make patient care safer and more efficient improve staff working lives by achieving paperless patient journeys using linked clinical computer systems

We will respond to the needs of UHD and the Dorset ICS, as set out in the national planning framework, which is recovering from the pandemic and will focus on transformation of the elective pathway.

The main programmes are as follows:

- **Electronic Prescribing and Medicines Administration** - the computerisation of the processes of prescribing and recording of the administration of medicine.
- **DCR (Dorset Care Record)** - an electronic repository providing a consolidated view of information from health and social care systems across Dorset
- **ICE Order Communication System (OCS Project)** - Radiology and Pathology are now fully live and the focus for 21/22 is deploying these services for Cardiology and Endoscopy
- **Electronic Nursing Assessment & electronic Observations** - eNA and eOBs are used to capture relevant nursing observations and assessments electronically, this platform will be enhanced to include a programme for managing the Medical Take and managing patient's Fluid Balance
- **Electronic Forms (e-forms)** - continue to progress paperless care in line with our vision and, where necessary, prioritise e-form development that supports Covid Recovery/Elective Transformation.
- **Outpatient Transformation** - a range of digital solutions will be supported to transform this service for patients and clinicians

- **Emergency Department IT System Review** - provide a complete review of the current ED system with options put forward for short term 1 year and 5 year strategy.
- **Dorset Wide Maternity** - to implement a Dorset wide single maternity system to achieve two key recommendations from the national Better Births Initiative
- **Team Based Notification System** - clinically relevant notifications will be accessible on a variety of user friendly applications including the common clinical EPR portal on fixed and mobile devices for pathology and radiology results
- **Infrastructure Programme** - underlying IT infrastructure of UHD will be enhanced by a variety of network and cloud developments
- **Single Signon** a solution called Single Sign On - simplifies the login and logout process for users.
- **Single Domain** – the new UHD domain will be deployed to make signing on to the network simpler whichever UHD site the staff member attends
- **IT security** – a programme of work with strengthen the mitigations of the risk of cyber security incidents.
- **Information Governance** – support to Information Asset Owners will be strengthened and the Information Asset Register will be fully deployed to enable a compliant Data Security and Protection Toolkit.

5.5 Bournemouth University (BU) Partnership Strategy



University Hospitals Dorset
NHS Foundation Trust

Both RBCH and PH have worked closely with Bournemouth University for a number of years, before agreeing to a more formal partnership as University Hospitals Dorset upon merger in October 2020. The Memorandum of Understanding agreed by the UHD Board and BU Senate paved the way for a new way of working, aiming to realise the benefits of collaboration across all areas of UHD and BU faculties.

The Strategy sets out actions in the 6 main areas of focus for the BU-UHD partnership programme for the next 3 years.

These are:

- strategic alignment – better coordination of strategic objectives
- stimulus for research and innovation – facilitate collaboration and increase research activities
- education and training of future workforce – develop training opportunities and meeting future workforce training needs
- recruit and retain talent – making BU and UHD great places to work
- meeting future challenges – working together to better solve future challenges

- wider private and public partnerships – working closely with other partners

The strategy promotes a “joint by default approach” between the organisations, complementing the existing work and strategies of each individual organisation, enhancing the work that is already done together and developing on both organisations strengths.

The strategy is underpinned by a jointly agreed work programme, governed by a partnership steering group and has an agreed set of success measures.

The accompanying communications strategy underpins the work to raise the profile of the partnership and communicate the benefits of the programme across BU-UHD and beyond.

6. Governance, ICS Development and Communications

6.1 Governance and Assurance

University Hospitals Dorset Hospitals NHS Foundation Trust aims to provide excellent person-centred emergency and planned care to the people we serve. The Board recognises risk is inherent in the provision of healthcare and its services, and therefore a defined approach is necessary to identify and contextualise risk, ensuring that the Trust understands the risks it is prepared to accept in pursuing the Trust's aims and objectives.

The overall aim of the Trust is to achieve a culture where risk management and safety is everyone's business, that there is open and honest recording of risks and a culture that encourages organisation wide learning and risks are continuously identified, assessed and minimised. A culture of ownership and responsibility for risk management is fostered and supported throughout the organisation.

The Trust Risk Management Strategy sets out the Board's strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds. The strategy supports the delivery of;

- Devolved decision making and accountability for the management of risk throughout the organisation; from the point of delivery to the Board.

- Promoting a culture of assurance, monitoring, and improvement, ensuring risks to the delivery of Trust strategic objectives are well understood.
- Supporting patients, carers, and other stakeholders through the management of risks to patient safety, patient experience, and service delivery.
- Refining processes and systems to ensure engagement in risk management is efficient and effective, enabling good decision making through robust reporting to relevant decision making groups and scrutiny groups.
- Supporting the Trust Board, commissioners, and other key stakeholders in receiving and providing assurance that the Trust understands its risk profile and is working to mitigate key risks in appropriate and timely ways.

The Trust Board of directors recognise that Risk Management is an integral part of the Trust's quality, governance, and performance management processes. The Board, with support from its committees will ensure a robust system of risk management is effectively maintained, and champion a culture whereby risk management is embedded across the Trust through policy, strategy, and plans (business planning, policy documentation, strategies, etc. should all explicitly reference risks they are seeking to manage)

The strategy covers all aspects of risk including clinical risk, staff related risk, environmental risk, corporate risk and financial risk and is underpinned by policy and toolkits guiding staff on the day to day delivery of effective risk management processes.

The Trust manages risks by:

- Undertaking an annual assessment of the organisation's objectives and identifying the principal risks to achieving those objectives (Board Assurance Framework (BAF) risks). The BAF is a key mechanism to reinforce the strategic focus of the board and better manage risk. It is used to help the organisation capture, report and monitor key risks to the strategic objectives, implement corrective action and report to Board on progress. It is designed to provide assurance that the organisation is delivering on its objectives and draw attention to areas of concern. The BAF also helps the organisation to assess the controls it has in place to mitigate the risks and review the assurances to check the controls are effective.
- Regular monitoring of the effectiveness of the Board Assurance Framework by the Trust's Board and the Audit Committee.
- Consideration of independent sources of assurance to verify the accuracy and completeness of the risks identified and the controls in place to mitigate them e.g. internal and external audit, commissioned independent reviews, Care Quality Commission (CQC) reports and other external/peer review inspections.
- Regular monitoring and review of the risk register and risk appetite ensuring the risks are managed effectively and at the appropriate level within the organisation and escalated

where appropriate. The Trust uses a risk register to record, prioritise and monitor risks across the organisation. Risks that are scored in excess of the Trust appetite are presented to the Executive Directors and Committees in accordance with the relevant Governance Cycles. Both the BAF and the Risk Register are managed through the Trust's electronic governance system; DATIX

- Integrating risk management into business planning, quality improvement and cost improvement planning processes, ensuring that objectives that are set across the organisation with plans to manage risk in accordance with quality impact assessment and risk assessment procedures.

As well as the Board itself, all Board committees have defined responsibilities to oversee relevant risks

This is further supported by risks being reviewed by defined groups through the organisation including:

- Trust Quality Governance Group
- Care Group and Directorate Risk and Governance Groups

The Quality Committee is a committee of the board of directors and is chaired by a non-executive director. The committee receives detailed quality, safety and performance reports including Serious Incident reports so that it can ensure that patient safety and quality of services meet registrations

and compliance requirements. The Committee reviews the new and current risks rated 12-25 on a monthly basis prior to the risk register report being presented to Board. New risks are presented to the committee by an in depth report by the executive sponsor or risk owner/handler.

6.2 Integrated Care System (ICS) Development

This 2021/22 plan for University Hospital Dorset (UHD) is written in the context of an NHS which is moving away from a system based on a series of individual organisations to an environment where the system is the dominant structure and where integration of the services across organisations is of paramount importance. The Dorset health and social care system was an early national pilot of the Integrated Care System (ICS) and thus the plan for UHD is not only important in its own right, it is also very important in terms of its contribution to the wider Dorset system plan and its implementation. All of the organisations operating within the Dorset ICS recognise that their effectiveness is dependent on the connections with other organisations across the health and care system, which in turn significantly impacts on the outcomes and experience of our patients. UHD has always had a strong commitment to partnership working, with its vision being “To positively transform our health and care services as part of the Dorset Integrated Care System”.

The Dorset CCG area became a pilot for an ICS in 2018 and in 21/22 will move from this status, subject to legislation, to a substantive ICS, with the statutory functions entailed in this.

This will include the appointment of a Board for the ICS. The timetable for this is anticipated as follows:

Timelines

- April – June 2021 scope and draft plans
- June – Dec 2021 planning and design including governance and place-based partnerships
- Sept – Mar 2021/22 implementation
- Dec 2021 ICS board appointments and executive level recruitment
- 01 April 2022 New ICS corporate organisation goes live



DRAFT subject to passing of new legislation

Our Dorset
Your Local NHS and Community Working Together

6.3 Comms and Engagement

The University Hospitals Dorset communications strategy and plan supports the 2021/22 priorities and operational plan. We will do this by focusing on the main priorities of the plan, including:

Health and wellbeing

We will ensure that all staff have easy access to information to signpost them to all that the Trust has on offer to support their health and wellbeing. Working closely with colleagues in

Occupational Health and Organisational Development, we will highlight how we reward and celebrate our staff and also what support we offer for staff who are struggling for whatever reason. We need to give staff the opportunity to recover from the last year and will continue to support all the work being undertaken to do this through our communications.

Recruitment and retention

We will promote the benefits of working across our Trust in the many varied roles available. This will be based on the benefits of our new university hospital trust status, our career development possibilities and our location. We will also work closely with the Human Resources team on promoting opportunities for staff development to ensure that colleagues do not have to look elsewhere to have the staff progression they desire.

Vaccination programme

The communications team has worked hand-in-hand with the successful rollout of the vaccination across UHD and would expect to be involved in any future campaigns for the COVID - 19 vaccination and any flu campaigns.

Restoration of elective and cancer care services

We have worked closely with the media over the last year to update the public on our services during the COVID-19 pandemic and plan to continue this work as we now move to the recovery phase. We also need to focus on what we have learnt through the pandemic to highlight the benefits of digital

healthcare where appropriate and work with colleagues on promoting new models of care which break away from the traditional acute setting of care.

Preventing inappropriate attendance at ED

Working with the Dorset CCG and with the local media and across our social media channels, we have produced several campaigns focussing on where the best place to go for care is. We will continue to do this to ensure that our ED can provide the best possible care for those who need it the most in a timely fashion. We will work with our partners to showcase the alternatives as well as reminding people to ensure they don't ignore symptoms but get them seen to.

Working collaboratively

The UHD communications team works very closely with partners across the Our Dorset Integrated Care System (ICS). The pandemic brought us closer together and we will continue this. Our work together will be focussed on joint resilience and also on addressing the health inequalities of our region.

The hospitals have always good relations with the local GP community and COVID gave us the opportunity to develop this further. The Primary Care Networks (PCNs) are taking an increasing role in the development of primary care and from the commencement of COVID in March 2020, we have had weekly / fortnightly calls between our medical directors and the clinical directors of the PCNs. This is a development we wish to continue; to build upon; and to extend the awareness

of this across UHD as an opportunity for us to improve clinical services across the primary/secondary care interface.

All this work will be underpinned by our communications plan which has been developed to be multi-channel. We need to ensure that all our communication reaches the correct audiences at the right time and by the right channel. This means we need to explore all forms of communications, from digital, to social media, to traditional posters and signposts on location. We have recently rolled out a staff app which helps frontline staff who traditionally haven't had access to our communications through desktops. We have built up very strong media relations both locally and nationally and will continue to focus on these.

7. Finance and Activity

In response to the COVID-19 pandemic; national interim financial arrangements were implemented to support organisations respond effectively, with additional funding made available. Consistent with these arrangements, the Trusts income was fixed through nationally calculated block contract payments, with additional funding provided for specific COVID-19 costs.

Due to the evolving nature of the pandemic, the planning guidance, and detailed financial allocations for 2021/22 were not published until the end of March 2021. This confirmed that the year will comprise two halves: H1, being the period from 1 April to 30 September; and H2, being the period from 1 October to 31 March.

The published guidance and allocations cover the H1 period only, with additional guidance and allocations for H2 expected in July.

Revenue

In advance of the planning guidance and financial allocations, the Trust undertook a comprehensive financial planning process with full clinical and operational engagement. This included a number of stages, including:

- re-confirming the recurrent opening budget
- uplifting for inflation and national cost pressures

- considering business cases for patient safety developments
- inclusion of an appropriate efficiency target
- considering business cases for the Trusts continued COVID-19 response
 - considering business cases for activity/ recovery

This comprehensive process to develop detailed directorate level expenditure budgets was supported by an ICS-wide prioritisation process.

Following receipt of the final guidance and allocations, the Trusts interim budget was reviewed and refined, including amendments to income assumptions consistent with the final national allocations and ICS allocation agreements. The H1 budget can be summarised as follows:

H1 (1 April to 30 September)	£'000
Substantive staff	(203,133)
Bank staff	(7,116)
Agency staff	(3,928)
Total pay expenditure	(214,177)
Drugs	(32,912)
Clinical supplies	(27,519)
Other non-pay	(43,914)
Total non-pay expenditure	(104,345)
Total income	322,763
Net finance costs	(4,242)
Total surplus/ (deficit)	0

Consistent with the final H1 planning guidance and financial allocations, in addition to the nationally calculated block contracts; this budget includes £30m of national 'top-up' funding and £12m of specific COVID-19 funding.

However, this budget excludes the impact of the Elective Recovery Fund which has been confirmed within the final H1 guidance. This scheme will provide further funding for the recovery of elective activity, with payment received for additional activity above agreed thresholds.

Several key risks are present within this H1 budget, including:

- Non-NHS income has not yet returned to pre-COVID levels, representing a continued financial risk should this not increase in line with the budget assumptions.

- savings schemes may not be identified to fully achieve the budgeted savings target of £1.5m.
- the Elective Recovery Scheme operates at an ICS level resulting in a risk that costs are incurred and income is not received, either due to a failure to qualify for the scheme or because the aggregate ICS activity is below the required threshold overall.
- no financial contingency has been included within the budget, meaning that there is no scope for additional costs above budgeted levels.

Similarly, a small number of financial opportunities exist to partially off-set these risks:

- COVID-19 costs should start to reduce, with costs therefore coming below the budgeted level.
- the Elective Recovery Scheme, if maximised, could result in a saving against base budgets which include an element of recovery given the pre-existing capacity challenges.

Whilst, subject to the risks highlighted above, the Trust is expecting to deliver a financial break-even position within H1; the expectation is that H2 will see the Trust return to a very challenging financial position. This is reflective of the pre-COVID recurrent underlying deficit which has been exacerbated by the impact of the pandemic.

Current projections indicate that this could result in a deficit of up to £32m during the H2 period, subject to final guidance and ICS-wide allocation agreements.

Capital

The Trust has a comprehensive medium-term capital programme, developed as part of the acute reconfiguration business case and fully aligned to the outcome of the Dorset Clinical Services Review. This programme has been updated to reflect the final capital outturn from 2020/21.

However, following receipt of the ICS capital allocation it became apparent that the respective organisational capital programmes were significantly above this allocation. This resulted in a requirement to re-prioritise schemes, either removing these entirely or rescheduling them into future years.

The Trust fully engaged with this process and reduced the 2021/22 capital programme considerably. The final, full year, capital programme can be summarised as follows:

2021/22	£'000
Estates	23,906
Informatics	2,584
Medical Equipment	8,092
Strategic Capital	43,646
Total Capital Programme	78,228

The scale of reprioritisation required to deliver a compliant ICS capital programme results in a range of risks for the Trust, including:

- a significant number of priority schemes have been removed from the programme due to affordability within the ICS allocation. There is a risk that these will become urgent and unavoidable, requiring in-year expenditure to address.
- £5.4m of strategic priority schemes have been included, with the assumption that national funding will be received from the New Hospitals Programme national allocation. If this funding is not received, these schemes will need to be deferred or prioritised over other in-year schemes. Any deferral or slippage will have a significant impact upon the acute reconfiguration programme including the critical path for inter-site service transfers.
- no financial contingency has been included within the budget, meaning that there is no scope for additional costs above budgeted levels.
- there is a risk to operational productivity due to slow running aged equipment or the failure of medical equipment in-year.

Mitigations continue to be sought for these risks, including identifying further charitable donations, seeking additional national capital funding and utilising slippage that may occur within other Integrated Care Systems across the South West.

In addition to the Board itself, financial risks are overseen by the Audit, Transformation and Sustainability committees.

Cash

The trust commenced the year with a cash balance of £98m. This significant cash balance has been built up over many years and is fully committed, supporting the medium-term capital programme and specifically the unfunded elements of the acute reconfiguration programme.

The Trust is expecting to end the H1 period with cash reserves of £81m, and will develop the H2 cash plan following finalisation of the H2 budget.

2021/22 Financial Priorities

The Trust's focus during 2021/22 is to deliver within the agreed revenue and capital budgets, pursuing identified and additional mitigations to off-set in-year risks and improve upon the budgeted performance.

In addition, the Trust will work with partners to develop a comprehensive medium term financial plan and associated

financial strategy. This is required to address the material recurrent underlying revenue deficit within the Dorset ICS, together with the capital affordability in future years driven by the level of capital slippage/ deferral from the current year.

This financial strategy will include the development of a multi-year financial improvement programme within the Trust, including the achievement of the identified merger savings that have been delayed as a result of the pandemic.

Appendix A – Trust Objectives

Strategic Objective 1: 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.			Exec Lead
1	1.1	To engage with staff at all levels to ensure we maintain focus and realise the Health, Wellbeing and Covid-recovery needs and priorities of all our people, investing in appropriate provision of holistic interventions and resources.	KA
	1.2	To develop a framework that enables leaders to hold meaningful appraisal conversations with staff that will reinforce our shared values and behaviours, provide a mechanism to identify talent and raise performance and engagement across the Trust.	KA
	1.3	To engage with staff so that they feel valued and listened to and would recommend UHD as an employer of choice, demonstrating success through the national staff survey and other local measures and promoting positive outcomes to aid staff retention and net promotion.	KA
	1.4	To deliver the trust's People Strategy by developing effective and responsive People services, policies and practices for each stage of the employee cycle. This will include workforce planning, recruitment and retention, training and education, employee relations, temporary workforce and workforce systems.	KA
	1.5	To champion Equality, Diversity and Inclusion across UHD through positive action and promote initiatives which continue to improve results against workforce equality standards (e.g. WRES and WDES). Focus on inclusive leadership, equal opportunities in career development, endorsement of staff networks and improved collection and use of relevant data.	KA
Strategic Objective 2: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.			Exec Lead
2	2.1	Agree and deliver a sustainable budget, including Cost Improvement Programme (CIP) and merger savings programme	PP

	2.2	To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care.	MM
	2.3	To continue to deliver efficiency and productivity opportunities using Getting it Right First Time (GIRFT) and Model Hospital benchmarking data, in the context of the Covid-19 response. This includes resetting services in ways to reduce unwarranted variation in our clinical and non-clinical services both across sites and between services.	AOD
	2.4	To agree and publish the multi-year Green Plan, to measure, and reduce our carbon footprint, improve air quality and make more sustainable use of resources as part of a multi-year sustainability strategy. This is to be developed by the Trust and agreed by the Board by July 2021 and progress reported to the Board by March 2022.	RR
Strategic Objective 3: 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			Exec Lead
3	3.1	To deliver 4 priority clinical Quality Improvement (QI) programmes to improve: <ul style="list-style-type: none"> • Fluid management for inpatients • Escalation of deteriorating patients • Urgent IV access • Safety checklists for procedures • As well as supporting clinical and non-clinical QI work across the Trust. 	AOD/PS
	3.2	To redesign and transform our outpatient pathways, with a Digital First offer, improving access to care, reducing travel times, and supporting patients through and changes.	MM
	3.3	To implement the elective care priority programmes for Dorset, so as to improve quality and sustainability of these services: <ul style="list-style-type: none"> • Ophthalmology • Orthopaedics, as part of the Dorset wide MSK plans 	MM

		<ul style="list-style-type: none"> • Oral, Max Fax and ENT) • Theatres 	
	3.4	Improve Urgent and Emergency Care (UEC) flow and quality of care as measured by the new national UEC Emergency Department waiting time standard and same day emergency care outputs.	MM
	3.5	To reduce towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partners and improving our own processes to support safe and timely discharge from hospital.	MM
Strategic 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.			Exec Lead
4	4.1	Strengthen and improve communications/engagement with staff, governors, patients, local people and key stakeholders through a communication and engagement plan, delivered over the year and reviewed by February 2022. A key focus is leading for Equality, Diversity and Inclusion strategy and our work as an ICS partner on reducing health inequalities.	DF
	4.2	Support delivery of a continuously improving organisation and culture of improvement by developing a QI strategy and an innovation strategy. Implement the strategies across UHD and the Dorset ICS to improve outcomes and deliver efficiencies.	RR
	4.3	To provide direct HR and OD interventions and first class business partnering support to leaders and teams facing organisational change across UHD as a result of merger or Clinical Services Review.	MM/KA
	4.4	Develop the Bournemouth University partnership, including the partnership strategy to be approved by Trust Board by July 2021 and implementing throughout 2021/22 and future years	RR
Strategic Objective 5: 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.			Exec Lead
5	5.1	Develop a robust plan for reconfiguration to create the emergency and planned hospitals. This includes	RR

		site decants and clinical services moves starting in 2021, and teams being prepared and understanding their trajectory so they are ready with new models of care, and to occupy new estate when it is delivered.	
	5.2	Establishing robust arrangements for taking forwards Health Infrastructure Plan with Dorset partners and NHSI/E, such that Dorset programme business cases start to be submitted in 2021/2 including the new entrance, ward refurbishments and that options appraisals on other cases are completed.	RR
	5.3	Under the national requirements for establishing a new Dorset ICS, work with system partners to develop a provider collaborative across Dorset and help to shape the Dorset Integrated Care System as it transitions onto a statutory basis from April 2022.	DF
	5.4	<p>Implement the UHD Digital Transformation Strategy:</p> <p>Play an active part in the key Dorset transformation plans programmes, including Digital Dorset, by implementing core clinical and non-clinical applications and support the clinical leaders of these programs transform clinical processes to achieve the maximum benefit from these investments.</p> <p>Ensure that the underlying infrastructure and BAU support services are fit for purpose and the technical layers are subject to a rolling stock replacement programme.</p> <p>Migrate all devices to Windows10, stabilise the underlying infrastructure and mitigate against all IT security threats and achieve a compliant Data Protection and Security Toolkit submission.</p>	PG

Appendix B – Summary of CSR Capital Programme

DRAFT

HIP2 Milestone Plan on a Page

Programme Principles
SEE TAB

Key

OBC

FBC

Project Start Date

Project Completion Date

Submissions

Draft SOC IOC Approve Draft OBC Draft FBC

Developing One NHS in Dorset

NHS

Ref	Site	Scheme Name	Estimated Cost £000's	2020/21				2021/22				2022/23				2023/24				2024/25				2025/26				2026+	Notes	
				Oct	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2			Q3
		WCEC				GMP																								
		Pathology hub																												
2a	Bournemouth	Bournemouth HIP2 19-1 AMU	£10,271.00																										Completion March 2026	
1	Bournemouth	AMU, RACE/OPAC, Children's OPD	£28,977.00																										Completion March 2026	
2	Bournemouth	Bournemouth HIP2 19-2 SAU (2 phases)	£8,585.00																										Completion March 2024 (2 phases)	
3	Bournemouth	Bed expansion and community beds project	£72,827.00																										Completion December 2024	
2a option	Bournemouth	Bournemouth HIP2 19-5.1 Acute bed expansion - ward refurb	£30,124.00																										Completion December 2024	
		Orthodontics/DOSH																												
		TIU/HOU/CCU template																												
		Pathology GF																												
		Pathology FF (haematology and oncology)																												
2a option	Bournemouth	Bournemouth HIP2 19-5.2 Acute bed expansion - new build	£52,968.00																										Completion December 2024	
2f	Bournemouth	Bournemouth HIP2 19-6 48 bed Community Hub	£19,839.00																										Completion December 2024, linked to new build of acute beds	
4	Bournemouth & Poole	Bournemouth Main Entrance & Road Works, Poole Orthodontics	£15,751.00																										Completion March 2025	
5	Poole	SSD (New build / Refurb)	£18,216.00																										Completion August 2024	
6	Poole	Poole Theatres Phase D	£30,909.00																										Completion September 2027	
7		Poole Wards	£12,310.00																											
8	Poole	Poole Hospital HIP2 51-1 72 bedded community hub in Philip Arnold Unit	£10,716.00																										Completion March 2026	
9	Christchurch	Christchurch Community Hub HIP2 52	£10,000.00																										Completion March 2025	
9	DOH	DOH ED/CCU and Hub	£68,710.80																										Completion November 2024	
10	Dorset Healthcare	Forston Redevelopment	£35,031.87																										Completion September 2026	
11	Dorset Healthcare	Shaftesbury Hub	£33,551.38																										Completion September 2026	
12	Dorset Healthcare	St Ann's Poole	£33,146.80																										Completion September 2024	
13	Dorset Healthcare	Weymouth Hub	£27,192.70																										Completion September 2026	
14	Dorset Healthcare	Boscombe Development	£30,623.20																										Completion August 2023	
15	Dorset Healthcare	CAMHS	£15,033.54																											
16	Dorset Healthcare	Sherborne Community Hub	£18,433.36																										Completion September 2024	
17	Dorset Healthcare	Wimborne Hub	£7,547.31																										Completion April 2025	
Total			£465,251.77																											

COUNCIL OF OVERNORS PART 1 – COVER SHEET

Meeting Date: 29 July 2021




Agenda item: 13.1




Subject:	Board Assurance Framework: October 2020 – March 2021
Prepared by:	Joanne Sims, Associate Director Quality, Governance and Risk Janey Harbord, Head of Governance & Risk
Presented by:	Paula Shobbrook, Chief Nursing Officer
Purpose of paper:	The Board Assurance Framework is a systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic goals. The assurance framework contains information regarding internal and external assurances that organisational goals are being met. Where risks are identified, mitigations and subsequent action plans are mapped against them.
Background:	<p>The Draft BAF for UHD was presented to the Board of Directors and approved at its meeting in September in preparation for merger.</p> <p>In accordance with the UHD FT Risk Management Strategy the Board Assurance Framework for UHD FT will be reviewed quarterly at the Audit Committee and 6 monthly by the Quality Committee and the Board of Directors</p> <p>This report provides the end of Q4 position of the combined Board Assurance Framework for UHD FT.</p>
Key points for members:	For assurance
Options and decisions required:	For assurance
Recommendations:	The Council of Governors is asked to receive the report or assurance
Next steps:	



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)	BAF
CQC Reference:	Well Led


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

Site	Principle objective	Specific Objective	Executive Director Lead	Risk Lead	Risk Register Ref	Risk Title / Description	Risk Rating for UHD (01/10/2020)	Risk Rating for UHD (31/12/2020)	Risk Rating for UHD (31/03/2021)	Last Update	Monitoring Group	Target Risk Rating	
UHD	To be a great place to work, by creating a positive and open and inclusive culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.	Maintain our positive staff survey results and completion rates, especially for team work and a positive experience of work. To achieve this by ensuring our survey action plan delivers on 'you said, we did', publicising and promoting positive outcomes and interventions to support staff retention.	Chief People Officer (KA)	Bridie Moore	RBCH Risk 818, now UHD Risk 1404	Risk that the Trust does not maintain the 2019/20 staff survey results and completion rates as a result of the impacts of covid	S(3) x L(2) = 6 Low Risk	S(3) x L(1) = 3 Very Low Risk 	Closed	Closed 31/3/21. New action plan for UHD will be taken forward following review of 2020 staff survey results	• Workforce Strategy Committee		
UHD		For at least 90% of staff to have a structured appraisal, before the end of the financial year. For this to include developing capabilities, values, behaviours and talent management conversations	Chief People Officer (KA)	Bridie Moore	RBCH Risk 896, now UHD Risk 1405	Risk that impact of covid will result in failure to carry out high quality annual appraisals (inc. of developing capabilities, values, behaviours and talent management conversations) across the Trust and achieve the objective of 90% of all eligible staff to be appraised within the financial year.	S(2) x L(4) = 8 Moderate risk	S(2)xL(3) = 6 , Low Risk 	Closed	Year end: Values Based appraisal RBCH – 65.4% Poole – 60% UHD – 62.9% Medical Appraisals, only applicable at RBCH: 56.8%	Monitoring Committee: • Workforce Strategy Committee	S(2) x L(2) = 4 Low Risk	
RBCH		Take action to ensure safe staffing to match capacity and demand and reduce reliance on agency staff as measured via reduced agency spend, maintaining low levels of red flag shifts for staffing levels	Chief Nursing Officer (PS)	Fiona Hoskins,	300	Risk of not developing alternative roles to support delivery of core services/reliance on hard to recruit roles.	S(3)xL(2) = 6 , Low Risk	S(3)xL(2) = 6 , Low Risk	Closed	This risk is closed, replaced by risk no. 1492 for BAF 21/22	Monitoring Committee: • Workforce Strategy Committee	S(2) x L(2) = 4 Low Risk	
RBCH		Take action to ensure safe staffing to match capacity and demand and reduce reliance on agency staff as measured via reduced agency spend, maintaining low levels of red flag shifts for staffing	Chief Nursing Officer (PS) / Chief Medical Officer (AOD)	Ruth Dodgson	331, now UHD 1467	Critical Care Pharmacy Provision - RBH ICU currently only has 0.2 Clinical Pharmacy provision. Risk to patient safety and outcome.	S(4) x L(1) = 4 Low Risk	S(4) x L(1) = 4 Low Risk	Closed as BAF risk, remains as Directorate risk S(4) x L(1) = 4 Low Risk	05/03/2021 Business case submitted awaiting approval	Directorate Governance Group	S(2) x L(1) = 2, Very Low Risk	
RBCH			Chief Nursing Officer (PS)	Ruth Dodgson	332	Supernumerary Coordinator ND in ICU. Lack of supernumerary 'runner'. Risk of non compliance with ICS and CQC standards resulting in regulatory action.	S(3)xL(2) = 6 , Low Risk	Risk Closed 					
UHD			Chief Medical Officer (AOD)	Louise McGraw, Michelle Scott	RBCH Risk 669, now UHD Risk 1431	Inadequate out of hours medical staffing for critical care. Risk of non compliance with ICS and CQC standards resulting in regulatory action.	S(3)xL(2) = 6 , Low Risk	S(3)xL(2) = 6 , Low Risk	Closed as BAF risk, remains as Directorate risk S(3)xL(2) = 6 , Low Risk	05/05/2021] Awaiting clarification from Dr Michelle Scott - currently medical staffing out of hours is good (as a result of COVID now have 2 registrars on a night in case need to open up blue ITU again). Uncertain if this is to continue for the future	Directorate Governance Group	S(1) x L(1) = 1, Very Low Risk	


RBCH			Chief Nursing Officer (PS)	Marie Miller	725, now UHD 1461	Ability to Maintain Safe Staffing(nursing) in Haematology and Oncology. This is on a background of a recognised national shortage of cancer nurses especially those with Chemo therapy training. The impact of this is reduced safety for a vulnerable group of patients and decreased staff morale.	S(2) x L(5) = 10 Moderate risk	S(2) x L(5) = 10 Moderate risk	Closed as BAF risk, remains as Directorate risk S(2) x L(5) = 10 Moderate risk	09/04/2021 Marie Miller] Continue to train staff/ All 3 International nurses now have their PIN number/ 1 x SACT nurse leaving May 2021	Directorate Governance Group	S(1) x L(3) = 3, Very Low Risk	
RBCH			Chief Nursing Officer (PS)	Grainne Ford	752, now UHD 1462	Risk that if there continues to be no Dietetic Service delivered to patients in Cancer Care at Christchurch hospital then there is no ability to assess and manage the treatment plans of these patients in order to optimise their nutritional status resulting in unnecessary complications for the patient and staff and potential harm	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	Closed as BAF risk, remains as Directorate risk S(2) x L(2) = 4 Low Risk		Directorate Governance Group	S(2) x L(1) = 2, Very Low Risk	
UHD			Chief Medical Officer (AOD)	Nathan Bourne	RBCH Risk 756, now UHS Risk 1397	Risk that there is insufficient skill mix to cover the 24/7 service needed to maintain a Haematology/ Transfusion laboratory service. Recent recruitment of staff are not currently competent to help with this service which leaves a limited number of staff available.	S(3) x L(3) = 9 Moderate risk	Risk Closed 					
RBCH			Chief Medical Officer (AOD)	Jacqui Bowden	788, now UHD 1483	There is a reduced Clinical Pharmacy service to the wards due to significant levels of pharmacy vacancies, sick and maternity leave. The impact of reduced Clinical Pharmacy for inpatients is the reduction in pharmacist clinical screening during in-patient stay. Ultimately this could lead to patient harm and increased LoS. There are additional risks to pharmacy staff : • Reduced training of new staff may result in significant prescribing errors being missed. • Failure to deliver on mandatory training and appraisals. • Reduction in project work being undertaken, CQUIN and other cost saving and improvement projects being delayed or not achieved and subsequent reduction in CQUIN funding etc. • Adverse impact on health & wellbeing	S(2)xL(3) = 6, Low Risk	S(2)xL(3) = 6, Low Risk	S(4)xL(3) =12 , Moderate Risk 	This was presented as an increased risk at the Quality Committee on the 22/2/21. A detailed SBAR was presented by the Care Group and Chief Pharmacist, supported by the Chief Medical Officer. The increased risk rating was approved and the QC agreed this should be articulated as a UHD risk on the Poole Datix system. 08/04/2021 Jacqui Bowden] Risk reviewed at Pharmacy Quality & Risk meeting 19 March. The risk remains the same. There are a significant number of posts currently at recruitment	Directorate Governance Group	S(2) x L(2) = 4 Low Risk	
RBCH			Chief Nursing Officer (PS) / Chief Medical Officer (AOD)	James Knowles	794	Risk that reduced staffing levels in Interventional Radiology will impact on routine and out of hours emergency treatment.	S(3)xL(2) = 6 , Low Risk	Risk Closed 					
RBCH			PS/AOD	Eleanor Thickett	827, now UHD 1459	Delayed Patient Care and Health risks to staff due to insufficient consultant cover in orthodontics. Impact on waiting lists, clinical supervision and staff morale	S(3) x L(3) = 9 Moderate risk	S(3) x L(3) = 9 Moderate risk	Closed as BAF risk, remains as Directorate risk S(3) x L(3) = 9 Moderate risk	09/03/2021] Reviewing staffing template. Discussing recruitment challenges with commissioners at regional meeting Looking for opportunities to increase capacity like re-opening surgery 2 in line with IPC guidance	Directorate Governance Group	S(1) x L(2) = 2, Very Low Risk	

RBCH			Chief Nursing Officer (PS)	Karen Bowers	681, now UHD 1465	OPM are currently carrying a significant number of vacancies for both RN & HCAs which has increased and therefore there is a potential adverse impact on quality and safety of patient care	S(2) x L(4) = 8 Moderate risk	S(2) x L(4) = 8 Moderate risk	Closed as BAF risk, remains as Directorate risk S(3) x L(3) = 9 Moderate risk	05/05/2021] Increase of out of trust applications for roles with OPM. International recruitment is underway currently 10 IR candidates which takes OPM vacancies to just over 27 WTE Which is a 25% reduction from 2 months ago. work will continue with IR and promoting post on social media platforms, the development of band 4 roles will help.	Directorate Governance Group	S(3) x L(1) = 3, Very Low Risk	
RBCH			Chief Medical Officer (AOD)	Gemma Brittain	205, now UHD 1221	Risk to patient care due to reliance on locum consultant cover in Elderly Care .	S(3) x L(4) = 12 Moderate risk	S(3) x L(4) = 12 Moderate risk	Closed as BAF risk, remains as Directorate risk S(3) x L(4) = 12 Moderate risk	11/1/21 Risk reviewed and updated as UHD Medical staffing in OPM risk Grading unchanged but now likely x moderate as oppose to possible x major	Directorate Governance Group	S(2) x L(2) = 4 Low Risk	
RBCH			Chief Nursing Officer (PS) / Chief Medical Officer (AOD)	Morwenna Gower	854	Stoke Outreach Reduced Cover - risk to patient safety and outcome. Risk to staff safety and well being	S (2) x L(4) = 8 Moderate Risk	Risk Closed 					
Poole			Chief Nursing Officer (PS)	Fiona Hoskins	1056	Inability to provide a fully established nursing workforce in accordance with the agreed establishment template	S(3)xL(3) = 9 , Moderate Risk	S(3)xL(3) = 9 , Moderate Risk	S(3)xL(3) = 9 , Moderate Risk	[11/02/2021] Risk to remain on register at this time. Recruitment campaign in place to recruit HCSW and accelerated programme for international nurses.	Workforce	S(3)xL(2) = 6 , Low Risk	
Poole			Chief Nursing Officer (PS)	Belinda Hewitt	1136	Reduction in quality of care to patients across the trauma wards	S(2)xL(3) = 6 , Low Risk	S(2)xL(3) = 6 , Low Risk	Closed as BAF risk, remains as Directorate risk S(2)xL(3) = 6 , Low Risk	5.5.2021: registered nurse vacancies reduced to 8.3	Directorate Governance Group	S(3) x L(1) = Very Low Risk	
Poole			Chief Nursing Officer (PS)	Lucie Rochfort	1317	There is a risk that we fail to maintain high standard patient care due to limited Speech Language Therapy staffing and resource	S(2)xL(3) = 6 , Low Risk	S(2)xL(3) = 6 , Low Risk 	Closed as BAF risk, remains as Directorate risk S(2)xL(3) = 6 , Low Risk	[03/03/2021] No change on review. Currently fully recruited. Business case submitted re: ITU and H&N staffing. A/w outcome.	Directorate Governance Group	S(1) x L(3) = Very Low Risk	
Poole			Chief Nursing Officer (PS)	Carol Thorne	1303	Insufficient inpatient therapy staff to provide time effective and therapy for patients' acute needs.	S(4)xL(3) =12 , Moderate Risk	S(4)xL(3) =12 , Moderate Risk	Closed as BAF risk, remains as Directorate risk S(4)xL(3) =12 , Moderate Risk	01/04/2021 risk remains unchanged. Vacancies in OPS Therapy Team on Poole site. Escalation beds remain open until 31 May 2021. To seek locum	Directorate Governance Group	S (4) x L(2) = 8 Moderate Risk	
Poole			Chief Nursing Officer (PS)	Debbie Straw	1275	Impact on Patient Care due to Unstaffed Clinic - SAU	S(3)xL(4) =12 , Moderate Risk	Risk Closed 					


Poole			Chief Nursing Officer (PS)	Tanya Darville	1296	Insufficient skilled Nursing Workforce to meet the demands of AMU	S(2)xL(3) = 6 , Low Risk	S (4) x L(2) = 8 Moderate Risk 	Closed as BAF risk, remains as Directorate risk S(2)xL(3) = 6 , Low Risk 	As pressures have started to ease off with the pandemic dept able to offer supernumerary time for more senior nurses to enable them learn effectively to coordinate the high demand unit and prepare to step up in permanent band 6 position when available. The senior team is still fairly new with permanent b6 on maternity leave however risk downgraded as ward have recruited more experienced nurses and template now with less newly qualified nurses. 4x Band 6 due to start their HAPE training to ensure future safe cover for our DVT clinic along with the new Physician associates	Directorate Governance Group	S(2)xL(3) = 6 , Low Risk	
			Chief Nursing Officer (PS)	Debbie Straw	1193	A risk to the quality of care on Ward B4 due to vacancies and increasing numbers of patients with complex specialist needs	S(3)xL(3) =9 , Moderate Risk	S(3)xL(3) =9 , Moderate Risk	Closed as BAF risk, remains as Directorate risk S(3)xL(3) =9 , Moderate Risk	29/03/2021] Staffing levels being reviewed by the returning matron now that activity is returning to the usual pathway following the pandemic.	Directorate Governance Group	S(2) x L(2) = 4 Low Risk	
Poole			Chief Medical Officer (AOD)	Sue Whitney	1224	Insufficient specialised pharmacy support to child health services	S (4) x L(2) = 8 Moderate Risk	S(3)xL(2) = 6 , Low Risk 	Closed as BAF risk, remains as Directorate risk S(2)xL(3) = 6 , Low Risk	05/02/2021] Staffing remains stable, band 6 and 7 pharmacists rotate through the area, longer term will increase knowledge base amongst wider pharmacist team and hence resilience	Directorate Governance Group	S(2) x L(2) = 4 Low Risk	
RBCH		Deliver the Trust's People Strategy with a focus on: recruiting new staff to keep the vacancy rate below 6%, developing sustainable workforce solutions that link to a flexible and local workforce; maintain a turnover rate below 12%	Chief People Officer (KA)	Bridie Moore	260	Risk of not being able to recruit/retain appropriately trained staff due to uncertainties around the scale of change in Dorset	S(3)xL(2) = 6 , Low Risk	S(3)xL(2) = 6 , Low Risk	Closed			S(2) x L(2) = 4 Low Risk	



UHD		Deliver key priorities in our diversity and inclusion plan: Increasing Black, Asian and Minority Ethnic (BAME) representation across our leadership teams; Continue to improve our Workforce Race Equality Standard (WRES) results to ensure our BAME staff do not experience higher levels of bullying, harassment or discrimination	Chief People Officer (KA)	Debbie Detheridge (Diversity & Inclusion Lead)	RBCH Risk 819, now UHD Risk 1394	If the Trust does not maintain positive engagement with all staff networks during and following covid then there is risk that Black, Asian and Minority Ethnic (BAME) and other vulnerable staff do not feel adequately supported leading to increased sickness absence, turnover and low morale.	S (4) x L(2) = 8 Moderate Risk	S(3)xL(2) = 6 , Low Risk 	Closed	[08/01/2021] new EDI committee commences 21.1.21 (EDI group - EDIG) EDIG to ratify new EDI strategy, ToR and action plans for objectives/priorities for the next 12 months		S(2) x L(2) = 4 Low Risk	
UHD	To ensure that all resources are used efficiently to establish financially sustainable services and deliver key operational standards and targets.	Implement the Cost Improvement Programme (CIP) and merger savings programme and achieve the level of savings and efficiency required	Chief Finance Officer (PP)	Peter Papworth	1374	Trust at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and an unplanned reduction in cash available to support the capital programme.	S(4) x L(4)=16 High Risk	S(4) x L(4)=16 High Risk	Closed	[07/05/2021] The full year financial outturn reflected a surplus of £145k and therefore the Financial control total was achieved		S(1) x L(4) = 4 Low Risk	
UHD		To continue to deliver efficiency and productivity opportunities using Getting it Right First Time (GIRFT) and Model Hospital benchmarking data in the context of Covid-19 response. This includes resetting services in ways to reduce unwarranted variation in our clinical and non-clinical services both across sites and between services. This	Chief Finance Officer (PP)	Helen Rushforth	RBCH Risk 809 now UHD Risk 1416	GIRFT and Model Hospital Risk of not achieving efficiency and productivity opportunities identified through the Getting it Right First Time (GIRFT) programme and Model Hospital metrics resulting in continued unwarranted variation, reduced productivity and higher cost of service provision.	S(3)x L(3) = 9 , Moderate Risk	S(3)x L(3) = 9 , Moderate Risk	S(3)x L(3) = 9 , Moderate Risk	05/05/2021] Currently reviewing the outputs to determine requirements; no changes to risk [30/03/2021] The Finance & Performance Committee reviewed and agreed the risk should remain unchanged.	Monitoring Committee: • Audit Committee • Finance and Performance Committee	S(3)xL(2) = 6 , Low Risk	
RBCH		To measure, and reduce our carbon footprint, as part of a multi-year sustainability strategy, to be developed by the new Trust and agreed by the Board by December 2020.	Chief Strategy and Transformation Officer (RR)	Edwin Davies	897, now UHD 1446	Sustainability Strategy If we do not deliver the Trust's Sustainability Strategy there is a risk that the Trust will not either measure or reduce it's carbon footprint	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk		Monitoring Committee: • Board of Directors	S(2) x L(2) = 4 Low Risk	
RBCH	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	Outpatients: reducing the number of unnecessary visits for our patients, with a five year target of a 33% reduction in face to face appointments.	Chief Operating Officer (COO)	Sarah Macklin	807, now UHD 1464	Re-designing outpatient services for future demand Risk that the Trust fails to respond to the challenge of changing models of outpatient care in line with National trend information relating to population growth and aging population needs. Developing innovation and new models of care is essential to future-proof access to relevant clinical intervention and advice in a timely way.	S(3)x L(3) = 9 , Moderate Risk	S(3)x L(3) = 9 , Moderate Risk	S(3)x L(3) = 9 , Moderate Risk		Monitoring Committee: • Finance & Performance Committee	S(2) x L(2) = 4 Low Risk	

Poole			Chief Operating Officer (COO)	Michele Roberts	1292	Outpatient follow up appointments waiting list and booking processes	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	[05/03/2021] Risk to be reviewed further with the DCOO and Head of Access to ascertain the links with the overall wider Validation Programme of the organisations waiting lists. [02/02/2021] Due to the on-going COVID -19 pressures within the organisation and the capacity for the clinicians to be able to review their waiting lists is causing a significant delay on the validation processes. However, the outpatient teams and the specialty managers continue to monitor and progress appointments when capacity is available and where necessary flag any urgent requirements. [06/01/2021] On-going work by specialties to validate their FY waiting lists and where possible identify additional capacity.	Finance and Performance	S(3)x L(3) = 9 , Moderate Risk	
RBCH		Ophthalmology transformation programme, with partners, to implement the system plan to improve quality and sustainability of the service	Chief Operating Officer (COO)	Barry Alborough - Duell	810, now UHD 1442	Ophthalmology: achieving eye theatre efficiency of 85%	S(2) x L(3) = 6 , Low Risk	S(2) x L(3) = 6 , Low Risk	S(2) x L(3) = 6 , Low Risk	31/03/2021] Theatre recovery plan commenced 01.03 with gradual increase in activity across all 4 theatres in Eye Unit. Currently delivering minimum of 3 theatres will full daily lists, and no significant issues reported. March utilisation reports will be reviewed once month end activity closes.	• Finance & Performance Committee • Ophthalmology Directorate Governance Group	S(1) x L(2) = 2, Very Low Risk	
UHD		For patients with suspected cancer to achieve the national standards relating to: Cancer waits at 62 days for treatment, and 28 days to diagnosis.	Chief Operating Officer (COO)	Alison Ashmore	RBCH Risk 812, now UHD Risk 1386	Cancer waits If continued year on year increase in referrals then risk to compliance with CWT standards. Risk may be increased if unable to recruit and retention of key clinical staff (oncologist and histopathologists) in particular in sub specialisation areas that rely on a single handed practitioner.	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	S(4)xL(4) = 16 , Moderate Risk	25/01/2021 - risk (consequence) increased as cancer surgery is now being cancelled	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk	
Poole			Chief Operating Officer (COO)	Sam Robinson	1015, now UHD Risk 1386	Cancer waits Failure to meet national cancer waiting time targets	S(3)xL(4) = 12 , Moderate Risk	Risk Closed					


UHD		For patients with routine elective care, reduce the number of people waiting longer than 52 weeks for their treatment compared to 2019/20, working towards zero referral to treatment (RTT) waits over 52 weeks and total waiting numbers no greater than January 2020.	Chief Operating Officer (COO)	Donna Parker, Jackie Coles	RBCH Risk 808 closed as moved to UHD Risk 1074	Risks to regulatory performance compliance, patient delay and dissatisfaction if RTT related targets for 2020/21 are not met There is a risk that there will be patient harm from delayed pathways, NHS/E regulatory challenges and premium expenditure requirements if the RTT related targets for 2020/21 are not met, namely: 1) Total waiting list to be no greater than Jan 2020 2) No 52 week waiters 3) RTT delivers to agreed operational plan trajectory for 2020/21 4) Recognise RTT standard is 92% (national NHS constitution target) and should be delivered where possible	S(3) x L(5)=15 High Risk	S(4) x L(5)=20 High Risk 	S(4) x L(5)=20 High Risk	15/04/2021] OPAD recovery programme underway to reduce number of patients waiting > 52 ww. [11/03/2021] OPAD governance programme in place, reporting through to COO at OPG. activity planning and use of ISP contracts and WLIs in place to manage our longest waiting patients. Validation programme supported and will commence in April 21.	• Finance and Performance Committee	S(3) x L(2) = 6 , Low Risk	
RBCH		Support the National field testing and subsequent implementation of the new A&E standard. Improve Urgent and Emergency Care (UEC) performance in the Emergency Departments, to be better than 2019/20.	Chief Operating Officer (COO)	Rowena Green	801, now UHD 1460	Urgent and Emergency Care (UEC) performance There is a potential risk to patients waiting in excess of National Standards	S(4) x L(4)=16 High Risk	S(4) x L(4)=16 High Risk	S(3) x L(5)=15 High Risk	[29/04/2021 Both ED departments remain challenged with demand over pre covid levels especially minors. SAWST Ambulance divert process approved and in place. Escalation of 12 hours and 60 minute ambulance delays embedded. UHD live dashboard in place. On going work on increasing 111 booked appointments and increased SDEC services so patients bypass ED. New National Standards not yet released. [29/03/2021 - Still awaiting release of new ED performance metrics. Live performance dashboard implemented across both sites and teams focussing on 200 mean time in the department. Updated action plans in place and weekly highlight reports monitored at OPG. Implementation of 12 hour escalation process and UHD ambulance divert policy.	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk	
Poole			Chief Operating Officer (COO)	Toby Mulvey	1332	Failure to manage patients safely and in the most appropriate environment due to overcrowding in ED	S(4)xL(3) = 12 , Moderate Risk	S(4)xL(3) = 12 , Moderate Risk	Closed			S(4)xL(2) = 8, Moderate Risk	
UHD		Achieve 92% bed occupancy*, by a mix of reducing patients "stranded" in hospital, when not requiring acute inpatient care, increasing same day emergency care (SDEC) and fully embedding the Dorset Integrated Care System 'Discharge to Assess' (D2A) model across all of our hospitals. <i>*consistently reviewed and parameters adjusted accordingly in light of Covid.</i>	Chief Operating Officer (COO)	Donna Parker	RBCH Risk 806, now Risk 1131	Current challenges around patient flow and capacity due to increased demand, delays in external discharge and bed closures have become increasing difficult to manage and presents risk to patient safety	S(4)xL(3) = 12 , Moderate Risk	S(4)xL(3) = 12 , Moderate Risk	S(3) x L(5)=15 High Risk 	[26/03/2021] Risk remains at score 15 due to: - remaining covid incidence (note reducing) and ability to flex blue/green capacity - Positive patients in amber assessment unit / Day 3/5 results - Occupancy (note reducing) increasing green demand - medical outlying (e.g. 3 additional wards plus significant outliers across surgery) and impact on increasing elective activity - increased NRTR patients - mean wait and mean bed waits greater than target	• Finance and Performance Committee	S(4) x L(2) = 8 Moderate Risk	

Poole		Achieve 92% bed occupancy, by a mix of reducing patients "stranded" in hospital, when not requiring acute inpatient care, and increasing same day and inpatient capacity (SDEC) and fully embedding the Dorset Integrated Care System "Discharge to Assess" (DSA) model across all of our hospitals.	Chief Operating Officer (COO)	Donna Parker	1053	Lack of capacity for elective & non elective activity and risk to patient harm due to LLOS and NRTR patients	S(2)xL(4) = 8, Moderate Risk	S(2)xL(4) = 8, Moderate Risk	S(4) x L(5)=20 High Risk 	[08/03/2021] Risk assessment submitted to Dorset system and approved at score 20 along with a collaborative action plan. Therefore, increased UHD score from 16 to 20 and continue to monitor together with system Bronze. Number of patients with NRTR and reduction in elective activity together with increased waiting times continues. Plans to step up elective activity underway, including opening the Derwent, subject to supported discharges, reduced occupancy and ability to maintain emergency and urgent care services. [28/02/2021 Title and risk descriptor rearticulated to reflect UHD-wide and Home First / Criteria to Reside focus. Score increased to reflect: increased trend in patients with NRTR in recent weeks; c100 beds occupied by patients with NRTR impacting on increasing 'green' non elective demand and ability to reinstate surgical activity with increasing elective waits.	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
UHD	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	Continue snapshot audits of compliance with core 7 day service standards, which will inform the impact of workforce changes made in response to Covid-19	Chief Medical Officer (AOD)	Ruth Williamson	RBCH Risk 798, now UHD Risk 1436	7 day services If we continue to demonstrate a deteriorating performance in relation to the NHSE/I National Standards for 7 day working there is a potential risk that of patient safety concerns in addition to reputational and contractual failure	S(2)xL(2) = 4 , Low Risk	S(2)xL(2) = 4 , Low Risk	S(2)xL(2) = 4 , Low Risk	[30/03/2021] 7DS being considered as part of mortality review process - time to first consultant review, daily consultant review with rationale for twice daily review for acutely unwell in addition to RCP guidance of max interval of 72 hours 7DS audits have been postponed due to covid but are expected to restart in time for september audit	TMB	S(2) x L(1) = 2, Very Low Risk	
RBCH		Provide excellent infection prevention and control to minimise the number of hospital acquired infections below trajectory for MRSA, Clostridium difficile, MSSA, Ecoli and Covid-19.	Chief Nursing Officer (PS)	Paul Bolton	686, now UHD 1463	Prevention of healthcare associated gram negative blood stream infections. There is a potentially avoidable risk of patient harm for those patients who contract hospital acquired gram negative infections.	S(2)xL(3) = 6 , Low Risk	S(2)xL(3) = 6 , Low Risk	S(2)xL(3) = 6 , Low Risk	[05/05/2021 Risk reviewed by MH and PB no immediate change in risk scoring and controls remain, added PIR review process. PB to review risk in light of UHD learning from across sites and formulate a Trust action plan from learning (also to review risk 1532 as part of this review)	• Infection Control Group	S(2) x L(2) = 4 Low Risk	
UHD			Chief Nursing Officer (PS)	Paul Bolton	RBCH Risk 898, now UHD Risk 1383	Risk that staff and patients may contract hospital acquired covid infection as a result of inadequate or insufficient infection prevention and control processes and procedures	S(4) x L(3) = 12 Moderate Risk	S(4) x L(4)=16 High Risk 	S(4) x L(4)=16 High Risk	04/03/2021 - No changes since last review [11/01/2021 -Increased risk of outbreak due to new variant and increased incidence in community leading to increased cases in the trust. Ongoing known asymptomatic carriage and lateral flow tests do not detect all cases.	• Infection Control Group	S(2)xL(2) = 4 , Low Risk	
Poole			Chief Nursing Officer (PS)	Paul Bolton	1172	Failure to meet contractual target for all monitored organisms	S(3)xL(3) = 9, Moderate Risk	S(3)xL(3) = 9, Moderate Risk	S(3)xL(3) = 9, Moderate Risk	[08/01/2021] Existing controls remain in place with strengthening of cleaning and hand hygiene driven by COVID actions. Increased antibiotic use may impact on C.Difficile. Monitoring will continue.	• Infection Control Group	S(3) x L(2) = 6 Low Risk	

Poole		For patients requiring diagnostics to improve the responsiveness and by year end to recover the national standards relating to 99% within 6 weeks	Chief Operating Officer (COO)	Alex Lister	1263	Increase in diagnostic colonoscopy breaches	S(3)xL(4) = 12 , Moderate Risk	Risk Closed					
Poole		For patients requiring diagnostics to improve the responsiveness and by year end to recover the national standards relating to 99% within 6 weeks	Chief Operating Officer (COO)	Alex Lister	1348	Covid related pause to Dorset Bowel Cancer Screening Programme and potential diagnostic delay	S(4) x L (2) = 8 Moderate Risk	S(4) x L (2) = 8 Moderate Risk	S(4) x L (3) = 12 Moderate Risk 	[07/05/2021] The Programme is delivering all KPIs associated with the service and will have achieved normal parameters for inviting subjects by WC 7/6/21. Invitation rate is being reduced and will be c2800 in May. Risk remains of impact of high uptake and positive results requiring colonoscopy, but currently capacity has absorbed variation via the insourcing and additionality provided. Risk rating incidence reduced to Possible from Likely to reflect progress with backlog. [06/04/2021] The original backlog has been cleared, however, due to pause in screening due to the initial Covid surge there are now 17, 532 screening subjects who have been invited but not screened and 13,465 delayed their invitation. There is a recovery plan in place and the weekly invitation rate is now set at 3231 against a pre Covid invitation rate of 1870. PHE funding has been secure to fund insourced screening weekends in Q1. [23/02/2021] Agreed as increased	Finance and Performance	S(2) x L(3) = 6 Low Risk	
Poole		Support the National field testing and subsequent implementation on the new A&E standards. Improve Urgent and Emergency Care (UEC) performance to be better than 2019/20	Chief Operating Officer (COO)	Toby Mulvey	1038	Risk of failure in achieving national targets for Emergency Department	S(2) x L (3) = 6 Low risk	Risk Closed					
RBCH	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	Complete the merger transaction in 2020/21. Establish the new governance arrangements for the new organisation including managing the governor elections and ratification of the new Board	Chief Executive (DF)	DF	899	Completion of merger and implementation of governance arrangements Risk of merger transaction not being completed within delivery timescales (inclusive of Tier 2/3 recruitment)	S(4) x L (2) = 8 Moderate Risk	S(3) x L (2) = 6 Low risk 	Risk Closed		Monitoring Committee: • Board of Directors • Audit Committee • Trust Management Board	S(4)xL(1) = 4 , Low Risk	

RBCH		Recruit to the new management structure at Tier 2 by September 2020, and Tier 3 by December 2020	Chief Executive (DF)	DF	899	Completion of merger and implementation of governance arrangements Risk of merger transaction not being completed within delivery timescales (inclusive of Tier 2/3 recruitment)	S(4) x L (2) = 8 Moderate Risk	S(3) x L (2) = 6 Low risk 	Risk Closed			S(3)xL(2) = 6 , Low Risk	
UHD	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.	Securing approval for the OBC for the £147 million, for the creation of the planned and emergency sites, with submission to NHS I by July 2020.	Chief Executive (DF)	DF	RBCH Risk 848, now UHD Risk 1433	There is an overarching risk that the One Acute Network Portfolio of Programmes (including OBC) will fail to deliver to Time, Cost and Quality requirements.	S(4) x L(2) = 8 Moderate Risk	S(4) x L(2) = 8 Moderate Risk	S(2) x L(2) = 4 Low Risk 	06/05/2021] Update from CEO - the Outline Business Case (OBC) has had Treasury approval and so this part of the CSR is no longer a risk. However, there are other (smaller) OBCs for the ward reconfiguration and these are due in September 2021 (if we don't submit in time then UHD would not be able to access the capital funding in order to deliver the new wards and the benefits of the CSR reconfiguration) – maintain as low risk (score 4-6)	• Board of Directors	S(3)xL(2) = 6 , Low Risk	
RBCH		Agreeing and implementing a new Sustainable Travel Plan with staff and BCP Council to meet the trajectory required for the planning approval and to provide an annual review and update	Chief Strategy and Transformation Officer (RR)	RR	1006, now UHD 1445	If a there is not a Sustainable Travel Plan for agreed with staff and Bournemouth, Christchurch and Poole Council within requirements this may potentially impact on the success of the merger	S(3) x L (3) = 9 Moderate Risk	S(3) x L (3) = 9 Moderate Risk	S(3) x L (3) = 9 Moderate Risk		• Board of Directors	S(2) x L(2) = 4 Low Risk	
RBCH		Establishing robust arrangements for taking forwards Health Infrastructure Plan (HIP) with Dorset partners and NHS/E, such that a Dorset programme Strategic Outline Case is submitted before March 2021	Chief Strategy and Transformation Officer (RR)	Steve Killen	1007, now UHD 1440	Progression of Health Infrastructure Plan (HIP) 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.	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	[10/05/2021] This risk is reviewed regularly (monthly) by the HIP Programme itself and reported through our Acute Reconfiguration Capital Group (P22) to the Reconfiguration Oversight Group (ROG) and then onwards to the Transformation Improvement Group (TIG).	• Board of Directors	S(2) x L(1) = 2, Very Low Risk	
RBCH		Continue to build effective relationships with all local partners, including the two new local authorities, especially through full engagement with the Health and Wellbeing Boards (HWBs), with an annual self-assessment to	Chief Strategy and Transformation Officer (RR)	RR	1008, now UHD 1466	Effective relationships with local partner 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.	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk		• Board of Directors	S(2) x L(1) = 2, Very Low Risk	
RBCH		Play an active part in creating effective governance and implementation arrangements that will 'de-clutter' the Dorset ICS, improve performance and allow for 'System by Default' with an annual self-assessment to measure progress;	Chief Strategy and Transformation Officer (RR)	RR	1008, now UHD 1466	Effective relationships with local partner 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.	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk		• Board of Directors	S(2) x L(1) = 2, Very Low Risk	

RBCH		Play an active part in the key Dorset transformation plans programmes, including Digital Dorset, by implementing four core clinical applications (Dorset Care Record, order communications, electronic prescribing and medicines administration, health of the ward) and support the clinical leaders of these programs transform clinical processes to achieve the maximum benefit from these investments; migrate all devices to Windows10, stabilise the underlying infrastructure and mitigate against all IT security threats	Chief Informatics and IT Officer (PG)	Sarah Hill	805, UHD 1441	Clinical Information Systems deployment If the planned deployment projects strategic electronic patient record (SEPR), order communications (OCS), electronic prescribing and medicines administration (EPMA)), Health of the Ward across inpatient, day case and outpatients are delayed or managed ineffectively there is a risk of: 1. the trust not meeting its strategic objectives 2. delayed benefit realisation 3. continued clinical risk associated with paper and electronic processes coexisting. 4. financial impact of cost overruns	S(2)xL(3) = 6 , Low Risk	S(2)xL(3) = 6 , Low Risk	Risk Closed	08/03/2021 risk closed. All projects are monitored through the Project system and the Project Team / Board process.		S(2)xL(2) = 4 , Low Risk	
UHD			Chief Informatics and IT Officer (PG)	Martin Davis, IT Security Manager	RBCH Risk 763, now UHD Risk 1273	Cyber Security Risks, Threats and Vulnerabilities- There are risks related to cyber security that, potentially, can affect the resilience of the Trust's IT systems and data. This could adversely affect all trust business.	S(2)xL(4) = 8 , Moderate Risk	S(2)xL(4) = 8 , Moderate Risk	S(2)xL(4) = 8 , Moderate Risk	[13/04/2021] risk to remain open due to the ever present risk of a threat or vulnerability, both known and unknown, being used to affect the resilience of the Trust's IT systems and data. There have been no incidents or additional risks or mitigations to change the current risk rating. To be reviewed in 3 months time.	Information Governance Group	S(2)xL(3) = 6 , Low Risk	
UHD			Chief Informatics and IT Officer (PG)	Sarah Hill	RBCH Risk 655, now UHD Risk 1434	Delays to the implementation of the Dorset Care Record	S(3)xL(2) = 6 , Low Risk	S(3)xL(2) = 6 , Low Risk	S(3)xL(2) = 6 , Low Risk	[06/05/2021] The 4 remaining feeds from UHD (2*Pathology; 2* Medicines on Discharge) are still held up by the projects associated with LIMS and EPMA deployment. The UHD user base is now growing rapidly (with interop with EPR, which enables fast access to DCR).	Information Governance Group	S(2)xL(3) = 6 , Low Risk	
RBCH			Chief Informatics and IT Officer (PG)	Russell King	302, now UHD 1528	Risk Telecomms Service could be unavailable. The Trust is currently served by two different telecoms service suppliers for its incoming and outgoing lines. Should the route become damaged, the Trust will experience a complete loss of service outbound and inbound.	S(2)xL(2) = 4 , Low Risk	S(2)xL(2) = 4 , Low Risk	S(2)xL(2) = 4 , Low Risk		Information Governance Group	S(1)xL(1) = 1 , Very Low Risk	
UHD			Chief Informatics and IT Officer (PG)	Russell King	RBCH Risk 286, now UHD Risk 1437	There is a risk of total outage of the computing services at RBCH if the single point of failure of electrical supply fails	S(3)xL(1) = 3 , Very Low Risk	S(3)xL(1) = 3 , Very Low Risk	S(3)xL(1) = 3 , Very Low Risk		Information Governance Group	S(1)xL(1) = 1 , Very Low Risk	
UHD			Chief Informatics and IT Officer (PG)	Peter Gill	1298	There is a risk that we fail to maintain and develop the Trust IT services in line with clinical and operational requirements	S(5)xL(2) = 10 , Moderate Risk	S(5)xL(2) = 10 , Moderate Risk	S(5)xL(2) = 10 , Moderate Risk	[06/05/2021] The wifi network at RBH has not yet been upgraded as a result of COVID delays (i.e. inability to access wards/clinical areas and IT staff being diverted to more urgent COVID responses). This work is scheduled to be complete by Sep 2021.	Information Governance Group	S(4)xL(2) = 8 , Moderate Risk	

UHD			Chief Informatics and IT Officer (PG)	Martin Davis	1273	Cyber Security Risks, Threats and Vulnerabilities- There are risks related to cyber security that, potentially, can affect the resilience of the Trust's IT systems and data. This could adversely affect all trust business.	S(2)xL(4) = 8 , Moderate Risk	S(2)xL(4) = 8 , Moderate Risk	S(2)xL(4) = 8 , Moderate Risk	[13/04/2021] This is an ongoing risk to remain open due to the ever present risk of a threat or vulnerability, both known and unknown, being used to affect the resilience of the Trust's IT systems and data. There have been no incidents or additional risks or mitigations to change the current risk rating.	Information Governance Group	S(2)xL(3) = 6 , Low Risk	
Poole			Chief Informatics and IT Officer (PG)	Russell King	1093	Telecommunication quality	S(3)xL(2) = 6 , Low Risk	Risk Closed 					

COUNCIL OF GOVERNORS PART 1 – COVER SHEET



Meeting Date: 29 July 2021

Agenda item: 13.2

Subject:	Board Assurance Framework: 2021/2022
Prepared by:	Joanne Sims, Associate Director Quality, Governance and Risk Janey Harbord, Head of Governance & Risk
Presented by:	Paula Shobbrook, Chief Nursing Officer
Purpose of paper:	The Board Assurance Framework is a systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic goals. The assurance framework contains information regarding internal and external assurances that organisational goals are being met. Where risks are identified, mitigations and subsequent action plans are mapped against them.
Background:	The 2021/22 BAF for UHD was presented to the Board of Directors and approved at its meeting in June 2021. In accordance with the UHD FT Risk Management Strategy the Board Assurance Framework for UHD FT will be reviewed quarterly at the Audit Committee and Quality Committee and 6 monthly by the Board of Directors This report provides the end of Q1 2021/22 position of the Board Assurance Framework for UHD FT.
Key points for members:	For assurance
Options and decisions required:	For assurance
Recommendations:	The Council of Governors is asked to receive the report for assurance
Next steps:	
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)	BAF
CQC Reference:	Well Led

Principle objective	Specific Objective	Executive Director Lead	Risk Lead	Risk Register Ref	Risk Title / Description	Q1 Risk Rating	Last Update	Monitoring Group	Target Risk Rating	
To be a great place to work, by creating a positive and open and inclusive culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.	1.1 To To engage with staff at all levels to ensure we maintain focus and realise the Health, Wellbeing and Covid-recovery needs and priorities of all our people, investing in appropriate provision of holistic interventions and resources.	Chief People Officer (KA)	Carla Jones Deputy Director of Workforce & Organisational Development, Deborah Matthews Director of Improvement and OD	1493	Absence, Burnout and PTSD - Risk of medium and long-term impact of Covid 19 on the health and wellbeing of the workforce due to burnout and PTSD which may potentially lead to high levels of sickness absence and the requirement for significant sustained support	S(4) x L (3) = 12 Moderate Risk	[09/07/2021 Louise Hamilton-Welsh] Reviewed and no change as all controls still current. A post-covid syndrome (PCS) staff rehabilitation programme is being developed for staff who are suffering PCS	• Workforce Strategy Committee	S(2) x L(2) = 4 Low Risk	
	1.4 To deliver the trust's People Strategy by developing effective and responsive People services, policies and practices for each stage of the employee cycle. This will include workforce planning, recruitment and retention, training and education, employee relations, temporary workforce and workforce systems.	Chief People Officer (KA)	Carla Jones Deputy Director of Workforce & Organisational Development, Louise Hamilton Welsh, Head of HR Strategy	1492	Resourcing Pressures - Staffing. Risk of significant resourcing pressures in the remainder of the Covid 19 pandemic and recovery period due to limited number of trained front line staff, likely increase in turnover as soon as the pandemic eases and limited pipeline of new recruits which is also impacted by the uncertainty around retaining EU employees and continuing to recruit from the EU.	S(4) x L (3) = 12 Moderate Risk	[09/07/2021 Louise Hamilton-Welsh] Controls still current	• Workforce Strategy Committee	S(2) x L(2) = 4 Low Risk	
To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.	2.1 Agree and deliver a sustainable budget, including Cost Improvement Programme (CIP) and merger savings programme	Chief Finance Officer (PP)	Peter Papworth	1584	Financial Control Total 2021/22 - Trust at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and an unplanned reduction in cash available to support the capital programme	S(4) x L (3) = 12 Moderate Risk	5/7/21 Reviewed by FPC, no change	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
		Chief Finance Officer (PP)	Peter Papworth	1585	ICS Financial Control Total 2021/22 - ICS at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and an unplanned reduction in cash available to support the capital programme	S(4) x L (3) = 12 Moderate Risk	5/7/21 Reviewed by FPC, no change	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
		Chief Finance Officer (PP)	Peter Papworth	1594	Capital Programme Affordability (CDEL) - Risk that the agreed capital programme will not be affordable within the ICS capital allocation (CDEL) resulting in operational and quality/safety risks and a delay in the reconfiguration critical path.	S(4) x L (3) = 12 Moderate Risk	5/7/21 Reviewed by FPC, no change	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	

		Chief Finance Officer (PP)	Peter Papworth	1595	Medium Term Financial Sustainability Risk that the Trust will fail to deliver a financial break-even position resulting in regulatory intervention, an unplanned reduction in cash and the inability to afford the agreed 6 year capital programme.	S(4) x L(4)=16 High Risk	5/7/21 Reviewed by FPC, no change	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
2.2 To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care		Chief Nursing Officer (PS)	Paul Bolton	1383	Given the nature of the novel coronavirus, there is a risk that patients and/or staff could contract hospital acquired covid-19 infection as a result of inadequate or insufficient infection prevention and control processes and procedures, which may not be known due to evidence base available at the time of the pandemic	S(4) x L(2) = 8 Moderate Risk	25/5/21 Update by CNO. Controls in place and assurance for this overseen through the IPC group and Quality Committee, plus external engagement with Dorset and Regional IPC groups. UHD IPC Board Assurance Framework and ten key actions have been reviewed. Risk rating amended - severity 4 and likelihood now reduced to 2 (i.e. now 8)	Quality Committee, Infection prevention and control group	S(4) x L(2) = 8 Moderate Risk	
		Chief Operating Officer (MM),	Jackie Coles / Donna Parker	1342	The inability to provide the appropriate level of services for patients during the COVID-19 outbreak - There is potential for this outbreak to create a surge in activity with resultant pressure on existing services. Risk to personal health if staff contract Covid-19 Risk to the organisation relating to staffing gaps (medical, nursing, AHP, ancillary) due to social isolation requirements and sickness. Risk of Covid-19 positive patients presenting to main hospital services causing risk from spread of infection Risk of delays to patient care in ED due to staff/beds being required for suspected Covid-19 patient testing and care of multiple or frequent patient presentations. Risk of insufficient isolation beds for suspected/confirmed Covid-19 cases	S(5) x L(3)=15 High Risk	13/07/2021 Reflecting the national picture, we are seeing increasing Covid incidence and inpatients across UHD, though well below January (wave 2) levels. Delta variant and increased transmission presents a risk. Blue pathway wards and arrangements in place - final proposals taking learning from IPC reviews being submitted to IPC Group July 2021. IPC bed closures reviewed at Exec level. Principles and IPC guidance kept updated and communicated to staff. Ongoing risk to patients delayed due to backlog of elective care and increased non Covid urgent care demand pressures. Score therefore, remains at 15 but under close review as the situation develops, particularly as lockdown restrictions end.	Quality Committee, Infection prevention and control group	S(3) x L(2) = 6 Low Risk	
	To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care	Chief Operating Officer (COO)	Jackie Coles / Donna Parker	1074	Risks to regulatory performance compliance, patient delay and dissatisfaction if RTT related targets for 2020/21 are not met There is a risk that there will be patient harm from delayed pathways, NHS/E regulatory challenges and premium expenditure requirements if the RTT related targets for 2020/21 are not met, namely: 1) Total waiting list to be no greater than Jan 2020 2) No 52 week waiters 3) RTT delivers to agreed operational plan trajectory for 2020/21 4) Recognise RTT standard is 92% (national NHS constitution target) and should be delivered where possible	S(4) x L(5)=20 High Risk	[06/07/2021] Risk remains the same	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk	


To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer , diagnostics and emergency care	Chief Operating Officer (COO)	Alison Ashmore	1386	Cancer waits - Risk of patient harm from delayed pathways, risk to compliance with CWT standards. Risk may be increased if unable to recruit and retention of key clinical staff (oncologist and histopathologists) in particular in sub specialisation areas that rely on a single handed practitioner.	S(4)xL(4) = 16 Moderate Risk	[06/07/2021] Risk remains the same	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk	
	Chief Operating Officer (COO)	Alex Lister	1348	Covid related pause to Dorset Bowel Cancer Screening Programme and potential diagnostic delay	S(4) x L(3) = 12 Moderate Risk	[06/07/2021] The programme continues to deliver all KPIs. As of 05/07/2021 the programme has recovered the invitation backlog to within the programme standard at 0 weeks (standard +/- 6 weeks). The 'delayed an invitation' group has been cleared. The 'invited not screened' cohort has reduced to 20185, from a peak of 21795. This can be managed via insourcing and additional lists in the mobile unit but does remain a risk if there is a sudden influx of kits and increased colonoscopy demand at one time. However, Commissioners and QA are not concerned about the 'invited not screened' backlog as the programme uptake rate remains in line with or above pre Covid levels.	Finance and Performance	S(2) x L(3) = 6 Low Risk	
	Chief Operating Officer (COO)	Tanner, Mandy - Radiology General Manager	1574	Breast screening backlog - There is currently a significant backlog with 20,000 women waiting for breast screening in Dorset and just 3.9% of women eligible are being offered screening. If this continues women will present later with breast cancer as 7-10% of every 1000 patients screened have cancer detected early. The earlier the condition is found the better the prognosis and the less likely the patient is to need major surgery and treatments such as chemotherapy.	S(4) x L(4)=16 High Risk Increase from Moderate 12 	[25/06/2021] Amendment compliance 5% of required 90% [25/06/2021] No confirmation on business cases for additional staff, resignation of deputy superintendent Radiographer w/c 21/6/21. New Consultant in post (international recruitment) requiring supervision for 3 months, cannot work independently. Continued increased workload and fewer staff. Compliance with 90% target 50.0%	Finance and Performance	S(2) x L(2) = 4 Low Risk	
To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care	Chief Operating Officer (MM)	Alex Lister	1429	Ambulance handover delays - If we cannot assess and move patients into ED clinical areas from the Ambulance queues within 15 minutes then there is a risk of harm to patients in the queue or community. See attached PDSA documents. There is also a risk to organisational performance standards and reputation	S(5) x L(3)=16 High Risk , Increase from 15 	13/7/21 - score increased from 15 to 16 given increasing demand (9% increase in conveyances, increased incidents of 30/60min handovers). However, review of new protocol being agreed with SWAST may support a reduced score at next monthly review.	Finance and Performance Committee	S(3) x L(1) =3, Very Low Risk	



	2.3 To continue to deliver efficiency and productivity opportunities using Getting it Right First Time (GIRFT) and Model Hospital benchmarking data, in the context of the Covid-19 response. This includes resetting services in ways to reduce unwarranted variation in our clinical and non-clinical services both across sites and between services	Chief Nursing Officer (PS), Chief Operating Officer (MM)	Leanne Aggas	1430	Emergency Department Workforce - Post COVID-19. Whilst there is a requirement to maintain compliance within current COVID pathways within ED services then there will be a nursing vacancy gap of 50 WTE (Total establishment 160 WTE proposed 104 WTE Funded). There is a potential risk to patient safety, finance and performance This will result in high usage of agency staff posing a performance/ finance and safety risk.	S(4) x L (3) = 12 Moderate Risk	[27/06/2021] Title of risk updated following feedback from COO	Finance and Performance Committee	S(3) x L(1) =3, Very Low Risk	
		Chief Medical Officer (AOD)	Rushforth, Helen - Head of Productivity and Efficiency	1416	GIRFT and Model Hospital Risk of not achieving efficiency and productivity opportunities identified through the Getting it Right First Time (GIRFT) programme and Model Hospital metrics resulting in continued unwarranted variation, reduced productivity and higher cost of service provision.	S(3) x L (3) = 9 Moderate Risk	30/06/2021] Update to reflect approach to planning for change [07/06/2021] Development of project plan to deal with variation; no change to risk due to operational pressures	Finance and Performance Committee	S(3) x L(2) = 4 Low Risk	
		Chief Strategy and Transformation Officer (RR)	Davies, Edwin - Associate Director Capital and Estates	1446	Sustainability Strategy If we do not deliver the Trust's Sustainability Strategy there is a risk that the Trust will not either measure or reduce it's carbon footprint	S(2) x L(2) = 4 Low Risk	24/5/21 Update by CSTO. Green plan was recommended by the sustainability committee on 11 May 2021. Board for final approval on 26th May with an expected launch if approved on the 14th June Dashboard to monitor progress now in place with 10 workstreams reporting progress on specific deliverables for Yr 1	Sustainability Committee	S(2) x L(2) = 4 Low Risk	
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	3.1 To deliver 4 priority clinical Quality Improvement (QI) programmes to improve: • Fluid management for inpatients As well as supporting clinical and non-clinical QI work across the Trust.	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Dr D Tiwari	1473	Safe Fluid management - If we are not able to safely prescribe and administer appropriate fluids, in the correct volumes and accurately monitor fluid balance and patient physiology there is significant risk to patient safety	S(3) x L(4) = 12 Moderate Risk	[02/07/2021] New IV fluid prescription chart has been launched as a pilot supported by education and will be rolled out over next 2-3 months	Quality Committee, Quality Governance Group	S(2) x L(2) = 4 Low Risk	

	<p>To deliver 4 priority clinical Quality Improvement (QI) programmes to improve:</p> <ul style="list-style-type: none"> Escalation of deteriorating patients <p>As well as supporting clinical and non-clinical QI work across the Trust.</p>	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Chief Medical Officer	1605	Managing the deteriorating patient - if the Trust is unable to develop a unified policy and process for the monitoring, escalation and management of a deteriorating patient then there is a risk to patient safety and patient outcomes.	S (4) x L (3) = 12 Moderate Risk	[02/07/2021] Good progress on aligning NEWS 2 and resuscitation steering groups across UHD. Draft policy out for consultation Launch event for deteriorating patient QI group 21/7/21 with clinical leads identified for project and nominated project leads from the strategy and transformation team	Quality Committee, Quality Governance Group	S (3) x L (3) = 9 Moderate Risk	
	<p>To deliver 4 priority clinical Quality Improvement (QI) programmes to improve:</p> <ul style="list-style-type: none"> Urgent IV access <p>As well as supporting clinical and non-clinical QI work across the Trust.</p>	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Dr D Morgan, Dr Holloway, Dr Spake	1598	If staff are not sufficiently trained or experienced to manage, escalate and/or ensure IV access for patients then risk to patient safety and outcomes.	S (3) x L (3) = 9 Moderate Risk	20/5/21 New risk agreed with CMO. QI project established. IV Access Team in place at Poole Hospital and model being reviewed with aim to roll out across UHD. Standardisation of policies, training and equipment required.	Quality Committee, Quality Governance Group	S (2) x L (2) = 4 Low risk	
	<p>To deliver 4 priority clinical Quality Improvement (QI) programmes to improve:</p> <ul style="list-style-type: none"> Safety checklists for procedures <p>As well as supporting clinical and non-clinical QI work across the Trust.</p>	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Joanne Sims, Dr Holloway	1599	If unable to embed culture for use of safety checklist process for all interventional procedures undertaken across UHD then risk of never events occurring with potential harm to patients and regulatory action from CQC. Risk that variable application across UHD and lack of standardisation across sites for same specialities, including staff training, will impact on compliance and culture.	S (4) x L (3) = 12 Moderate Risk	20/5/21 New risk agreed with CMO. QI project established but currently significant variation across the 2 sites. UHD is currently an outlier for the number of Never events reported and recent inspection by CQC highlighted significant gaps in assurance	Quality Committee, Quality Governance Group	S (3) x L (2) = 6 Low Risk	
	<p>To deliver 4 priority clinical Quality Improvement (QI) programmes as well as supporting clinical and non-clinical QI work across the Trust.</p>	Chief Nursing Officer (PS)	Paul Bolton	1463	Prevention of healthcare associated gram negative blood stream infections. There is a potentially avoidable risk of patient harm for those patients who contract hospital acquired gram negative infections.	S (2) x L (3) = 6 Low Risk	[28/06/2021] Current rising rate of HCAI cases across UK and SW. QI group set up in SW to review the learning planned in the next few months. No further changes required.	• Infection Control Group	S (2) x L (2) = 4 Low Risk	
		Chief Nursing Officer (PS)	Paul Bolton	1383	Given the nature of the novel coronavirus, there is a risk that patients and/or staff could contract hospital acquired covid-19 infection as a result of inadequate or insufficient infection prevention and control processes and procedures, which may not be known due to evidence base available at the time of the pandemic	S (4) x L (2) = 8 Moderate Risk	25/5/21 Update by CNO. Controls in place and assurance for this overseen through the IPC group and Quality Committee, plus external engagement with Dorset and Regional IPC groups. UHD IPC Board Assurance Framework and ten key actions have been reviewed. Risk rating amended - severity 4 and likelihood now reduced to 2 (i.e. now 8)	Quality Committee, Infection prevention and control group	S (4) x L (2) = 8 Moderate Risk	

		Chief Nursing Officer (PS)	Paul Bolton	1172	There is a risk that if the Trust does not meet contractual targets for monitored organisms, this may result in patients acquiring hospital infections, loss of confidence with patients and public and reputational damage.	S(3)xL(3) = 9, Moderate Risk	25/5/21 Risk title updated by CNO. Existing controls remain in place with strengthening of cleaning and hand hygiene driven by COVID actions. Increased antibiotic use may impact on C.Difficile. Monitoring will continue.	• Infection Control Group	S(3) x L(2) = 6 Low Risk	
		Chief Medical Officer (AOD)	Chief Medical Officer (AOD)	1607	It the Trust fails to maintain hospital standardised mortality metrics at as or below "expected" levels it is probable that there are identified(and unidentified) and unmitigated risks to patient safety and patient outcomes. This brings the additional risk of reputational damage, damage to public confidence and regulatory scrutiny	S(4)xL(3) = 12, Moderate Risk	8/6/21 New risk added by CMO	Quality Committe, Mortality Surveillance Group	S(3) x L(1) = 3, Very Low Risk	
	3.2 To redesign and transform our outpatient pathways, with a Digital First offer, improving access to care, reducing travel times, and supporting patients through and changes.	Chief Operating Officer (COO)	Sarah Macklin	1464	Re-designing outpatient services for future demand Risk that the Trust fails to respond to the challenge of changing models of outpatient care in line with National trend information relating to population growth and aging population needs. Developing innovation and new models of care is essential to future-proof access to relevant clinical intervention and advice in a timely way.	S(3) x L(3) = 9, Moderate Risk	25/5/2021: Outpatient programme re-established and SRO aOutpatient programme re-established and SRO appointed to lead the programme (COO UHD) . Governance arrangemnet drafted ppointed to lead the programme (COO UHD) . Governance arrangemnet drafted	Finance & Performance Committee	S(2) x L(2) = 4 Low Risk	
		Chief Operating Officer (COO)	Michele Roberts	1242	Risk relating to the continuity and operational performance of outpatients as a result of reduced staffing - The Outpatient department is experiencing increasing levels of work in respect of volume of amendments, clinic cancellations, delays in the pre-reg of patients. This compromises optimum patient care and impacts on RTT. Staff are impacted by increased workloads and risk to wellbeing.	S(2) x L(3) = 6, Low Risk	[05/03/2021] Nursing : Continued shielding due to COVID-19 of x2 Band 5 Nurses. Vacancies B4 post offered, x2 HCA rolling advert currently. X1 B6 continues to support CCU COVID patients.	Finance and Performance	S(2) x L(2) = 4 Low Risk	

		Chief Operating Officer (COO)	Darren Jose	1292	Outpatient Follow-Up appointment Backlog - Insufficient capacity to book within due dates	S(3)xL(4) = 12 , Moderate Risk	[12/07/2021] The action plan for Lost to Follow up sits with the Elective recovery group to which the specialty plans for these are incorporated within their PTL meetings. Complete validation project related to active, planned and follow up waiting lists. Including embedding oversight and governance structures to enable effective monthly waiting list data review and validation. Regular processes in place to undertake clinical validation of patients on the list and their ongoing need for treatment or otherwise Reduction in number of patients on the waiting list Clinically led, patient focused reviews and validation of the waiting list across all 3 list types. Clinical and operational ownership Effective prioritisation and managed clinical risk (drawing on both primary and secondary care). Progressing in accordance with plan. A total of 8,979 admitted and non-admitted patients without a TCI date on the active waiting list for ENT & OMF have received a validation SMS text message or letter. Pilot rolled out to Gynaecology patients in May. Go live with final cohorts in ortho, upper & Lower GI surgery – June 21 Implement clinical stratification methodology for patient follow-up to reduce unnecessary attendances. Effective	Finance and Performance	S(3) x L(3) = 9 , Moderate Risk	
	3.3 To implement the elective care priority programmes for Dorset, so as to improve quality and sustainability of these services: • Ophthalmology	Chief Operating Officer (COO)	Barry Alborough - Duell, Directorate Manager	1442	Ophthalmology: achieving eye theatre efficiency of 85%	S(2) x L(3) = 6 , Low Risk	25/05/2021 Theatre work recover continues with outsourcing in place for long wait appropriate patients.	• Finance & Performance Committee • Ophthalmology Directorate Governance Group	S(1) x L(2) = 2 , Very Low Risk	
		Chief Operating Officer (COO)	Barry Alborough - Duell, Directorate Manager	1476	Backlog of overdue follow up patients. There is a risk to the positive outcome for patients who are unable to be seen with planned FU timescales	S(3) x L(3) = 9 , Moderate Risk	[04/06/2021] Focus on follow-up backlog has resulted in significant shift of those scored as a higher risk. Reopening of community venues has supported this endeavour, and the ability to utilise IS capacity has also enabled some patients to be brought in for their review at the RBH site	• Finance & Performance Committee • Ophthalmology Directorate Governance Group	S(3) x L(2) = 6 , Low Risk	

	To implement the elective care priority programmes for Dorset, so as to improve quality and sustainability of these services: • Orthopaedics, as part of the Dorset wide MSK plans	Chief Operating Officer (COO)	West, John - General Manager, Trauma Orthopaedics, Surgery PH site	1439	Orthopaedic operational pressures ,outlying patients and reduced ward footprint. Potential lack of capacity to admit routine Orthopaedic Patients for their surgery creates inability to maintain or recover RTT position. This may lead to more complaints around compromising wellbeing of patients attributable to deteriorating access and waiting times. Operations may be cancelled when unable to maintain ringfenced bed base to meet GIRFT requirements. Demand has not reduced to the level previously anticipated following the introduction of MSK triage in 2017 and referrals have steadily increased after an initial fall. Additions to waiting list now exceed removals by an average of 37 patients per month in the past year	S(2) x L(5) = 10, Moderate Risk	1/05/2021 Task & finish group in place to establish the temporary theatre	Finance & Performance Committee	S(2) x L(3) = 6 , Low Risk	
	To implement the elective care priority programmes for Dorset, so as to improve quality and sustainability of these services: • Theatres	Chief Operating Officer (COO)	House, Nichola - Directorate Manager - Surgery - RBH site	1490	Lack of Hybrid Theatre. As part of the CSR, it was highlighted that there is a need for a Hybrid theatre. This issue was also recommended in the Vascular GIRFT report.	S(2) x L(2) = 4 Low Risk	[08/07/2021] A meeting has been arranged for the management of both Radiology and Surgery on 30th July. The challenge remains the options appraisal agreement by the stakeholders. A business case is required which will request significant funding	Surgical RAGG	S(1) x L(2) = 2, Very Low Risk	
	3.4 Improve Urgent and Emergency Care (UEC) flow and quality of care as measured by the new national UEC Emergency Department waiting time standard and same day emergency care outputs.	Chief Operating Officer (COO)	Alex Lister	1460	Urgent and Emergency Care (UEC) performance There is a potential risk to patients waiting in excess of National Standards	S(4) x L(5)=20 High Risk Increased Risk from 15 to 20 in Q1 	[05/07/2021] Score increased to 20. Whilst the national UEC metrics are nationally monitored, standards/targets are not yet fully mandated though indicated. However, deteriorating performance (all UEC metrics incl meantime, ambulance handovers, 12hr from arrival) against backdrop of increasing demand (attendances above 2019 levels; conveyances up by 9%) increases risk to patients. Knock on impact to flow and patients in right place at right time. Increased focus in South West on ambulance handovers due to significant pressures on ambulance services at this time. Increasing datix reports relating to ED/flow. Staffing gaps continue with increased risk from isolation/covid symptoms. Action plan being refined based on further review of performance/processes and shared routinely with CCG. System Executive meeting being arranged July due to Q2 pressures. [28/06/2021 Performance deteriorating with increased patient numbers. Current attendances exceeding 2019 demand (2019 used as reference point due to decreased numbers in 2020 COVID pandemic). Action plan being developed and shared routinely with CCG. Investigating digital solutions in order to assist with increased 'walk-in' demand	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk	

	3.5 To reduce towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partners and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer (COO)	Donna Parker, Deputy COO	1053	Lack of capacity for elective & non elective activity and risk to patient harm due to LLOS and NRTR patients	S(4) x L(5)=20 High Risk	[05/07/2021] This risk is currently borderline 20-25. Deteriorated control measures: No Reason to Reside patient numbers/beddays increased; Occupancy increased across UHD - now routinely >90%; Ambulance handovers - increase in >30min and >60min; ED Meantime increased; Daily review of elective activity due to pressures; Tier 3 changes - slight delay in support to C2R rollout. Actions/escalations: UHD and system pressures escalated at System Resilience Group and extraordinary UEC Q2 Exec meeting/Silver being set up. Discharge team and other workforce gaps also a risk to discharge processes - dedicated work identifying key issues/opportunities for focus underway as part of C2R implementation group plan. We continue to support the Home First Programme - external Strategic Partner being appointed. C2R data improvement.	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
		Chief Operating Officer (MM),	Donna Parker, Deputy COO	1387	Demand & Capacity: Demand will exceed capacity for acute inpatient beds	S(3) x L(5)=15 High Risk Increased to 16 from 15 in Q1 	[05/07/2021] Score increased to 16, but borderline 20. Occupancy now routinely >90% across UHD. Increased occasions at OPEL 3/pre 4 and x1 at OPEL4 in recent weeks. Gradually increasing bed wait trend, but waits above same period last year. Increasing outliers. Deterioration against UEC metrics: increase meantime, 12hr from arrival and ambulance handovers/lost time. Increase in No Reason to Reside patients. Actions: Bed modelling completed and presented to F&PC with approval to commence scheme planning. Escalation beds in situ. System Exec meeting in July to review current pressures and actions for Q2	Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
		Chief Operating Officer (COO)	Donna Parker, Deputy COO	1131	Current challenges around patient flow and capacity due to increased demand, delays in external discharge and bed closures have become increasing difficult to manage and presents risk to patient safety	S(3) x L(5)=15 High Risk Increased to 16 from 15 in Q1 	[13/07/2021] Increased occupancy, consistently above 90% across UHD through June, has resulted in challenges in moving patients out of ED and front door areas. 'Bed waits' have increased and remain well above 60min target at PH site currently. Note, increasing incidence of Covid also being seen. Whilst the Clinically Ready to Proceed national target is still being tested nationally, delays can contribute to 12hr waits, ED/assessment unit crowding and ambulance handover delays. Therefore, score increased from 15 to 16 currently, but remains under close review. System Exec meeting held to agree action plan for extreme Summer pressures. To review following outputs of actions.	• Finance and Performance Committee	S(4) x L(2) = 8 Moderate Risk	

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	4.1 Strengthen and improve communications/engagement with staff, governors, patients, local people and key stakeholders through a communication and engagement plan, delivered over the year and reviewed by February 2022. A key focus is leading for Equality, Diversity and Inclusion strategy and our work as an ICS partner on reducing health inequalities	Chief Strategy and Transformation Officer (RR)	Chief Strategy and Transformation Officer (RR)	1466	Effective relationships with local partner 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.	S(2) x L(2) = 4 Low Risk		Transformation Committee	S(2) x L(1) = 2, Very Low Risk	
	4.2 Support delivery of a continuously improving organisation and culture of improvement by developing a QI strategy and an innovation strategy. Implement the strategies across UHD and the Dorset ICS to improve outcomes and deliver efficiencies	Chief Strategy and Transformation Officer (RR)	Alan Betts	1600	If we do not deliver the Trust's QI and Innovation Strategy there is a risk that the Trust will not improve outcomes or deliver efficiencies in line with the Trust's values of being an improving organisation	S(2) x L(2) = 4 Low Risk	<ul style="list-style-type: none"> • QI strategy going to Trust Board for approval in May • Innovation strategy going to Trust Board in July • Implementation of QI strategy underway • Teams for QI and Innovation established in post • Work ongoing with OD team on developing culture of improvement for all staff 	Transformation Committee	S(2) x L(2) = 4 Low Risk	
	4.4 Develop the Bournemouth University partnership, including the partnership strategy to be approved by Trust Board by July 2021 and implementing throughout 2021/22 and future years	Chief Strategy and Transformation Officer (RR)	Alan Betts	1601	If we do not continue to develop the partnership with Bournemouth University it may lead to a failure to fulfil our potential as University Hospital which may mean we don't continue to attract staff and research opportunities as a leading University Hospital	S(2) x L(2) = 4 Low Risk	<ul style="list-style-type: none"> • BU strategy being presented to Trust Board in May for approval • Programme plan and actions underway to deliver benefits outlined in strategy • Collaborative events in 5 areas already taken place and partnerships developing 	Transformation Committee	S(2) x L(2) = 4 Low Risk	
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.	5.1 Develop a robust plan for reconfiguration to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2021, and teams being prepared and understanding their trajectory so they are ready with new models of care, and to occupy new estate when it is delivered.	Chief Strategy and Transformation Officer (RR)	SK	1602	Risk that In year delays to the critical path programme can lead to costs increasing by £0.5m a month. Complexity of the programme and external approvals required for capital expenditure generate the likelihood	S(5) x L(4) = 20 High Risk	<p>[12/07/2021 - In year delays to the critical path programme can lead to costs increasing by £0.5m a month. Complexity of the programme and external approvals required for capital expenditure generate the likelihood.</p> <p>The BAF Risk for Critical Path updated 20 due to uncontrollable approval risk sitting with NHSEI/Treasury. It has been agreed that this would reduce to 16 once JIC approval given and further reduction to 12 or 8 once Treasury approval of the FBC is granted.</p>	Transformation Committee	S(4)xL(3) = 12 , Moderate Risk	

		Chief Strategy and Transformation Officer (RR)	Davies, Edwin Associate Director Capital and Estates	1297	There is a risk that we are unable to maintain the Trust estate in line with Clinical and regulatory requirements. Risk to staff and patient safety and risk of regulatory action if statutory breaches identified.	S(4)xL(3) = 12 , Moderate Risk	As part of Trust reconfiguration Estates are able to assure ourselves that we are able to develop the Trust estate in line with Clinical requirements. However there are considerable maintenance and compliance issues on PH site. Mitigation is place includes Planet system SLA's aligned, Web based Docket Line in progress with aim to launch at Poole in April. QMS work started and aim to have full operation in place within 12 months with same targets across all sites	Quality Committee	S(4)xL(2) = 8 , Moderate Risk	
5.2 Establishing robust arrangements for taking forwards Health Infrastructure Plan with Dorset partners and NHS/E, such that Dorset programme business cases start to be submitted in 2021/2 including the new entrance, ward refurbishments and that options appraisals on other cases are completed		Chief Strategy and Transformation Officer (RR)	Chief Strategy and Transformation Officer (RR)	1604	Risk of delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds in sufficient time to enable the wider reconfiguration by 2024/26. Risk is delayed benefits by later than planned reconfiguration. Securing NHP enabling funds required in year to allow progression of key capital works	S(4) x L(4) = 16 High Risk	[12/07/2021 Securing UHD and wider Dorset NHP funds in sufficient time to enable the wider reconfiguration by 2024/26. Risk is delayed benefits by later than planned reconfiguration. This will be mitigated by securing NHP enabling funds in year to allow progression of key capital works. The BAF Risk for Securing Funding may be reduced once the OBC for the RBH site is submitted to the New Hospitals Programme. This risk is reviewed regularly (monthly) and any slippage against OBC/FBC submission dates will be reported to the NHP Programme itself and reported through our Acute Reconfiguration Capital Group (P22) to the Reconfiguration Oversight Group (ROG).	• Transformation Committee	S(4) x L(2) = 8, Medium Risk	
5.3 Under the national requirements for establishing a new Dorset ICS, work with system partners to develop a provider collaborative across Dorset and help to shape the Dorset Integrated Care System as it transitions onto a statutory basis from April 2022.		Chief Executive (DF)	Chief Strategy and Transformation Officer (RR)	1603	The risk is establishing the Statutory ICS by April 2022 in a way that has effective governance and relationships that deliver against the 4 ICS objectives:- - improving population health and healthcare; - tackling unequal outcomes and access; - enhancing productivity and value for money; and - helping the NHS to support broader social/economic development) Failure to achieve the above leads to UHD being unable to fulfil its requirements and regulatory compliance.	S(2) x L(2) = 4 Low Risk	Networks and Provider Collaborative will be where we will be involved. (SV to complete baseline exercise). People programme being led by KA. Other Execs represent UHD on all workstreams	• Board of Directors	S(2) x L(1) = 2, Very Low Risk	
5.4 Play an active part in the key Dorset transformation plans programmes, including Digital Dorset, by implementing four core clinical applications (Dorset Care Record, order communications, electronic prescribing and		Chief Informatics and IT Officer (PG)	Martin Davis, IT Security Manager	1273	Cyber Security Risks, Threats and Vulnerabilities- There are risks related to cyber security that, potentially, can affect the resilience of the Trust's IT systems and data. This could adversely affect all trust business.	S(2)xL(4) = 8 , Moderate Risk	Risk to remain open due to the ever present risk of a threat or vulnerability, both known and unknown, being used to affect the resilience of the Trust's IT systems and data. There have been no incidents or additional risks or mitigations to change the current risk rating.	Information Governance Group	S(2)xL(3) = 6 , Low Risk	

	medicines administration, health of the ward) and support the clinical leaders of these programs transform clinical processes to achieve the maximum benefit from these investments;	Chief Informatics and IT Officer (PG)	Sarah Hill	1434	Delays to the implementation of the Dorset Care Record	S(3)xL(2) = 6 , Low Risk	[06/05/2021] The 4 remaining feeds from UHD (2*Pathology; 2* Medicines on Discharge) are still held up by the projects associated with LIMS and EPMA deployment. The UHD user base is now growing rapidly (with interop with EPR, which enables fast access to DCR).	Information Governance Group	S(2)xL(3) = 6 , Low Risk	
	migrate all devices to Windows10, stabilise the underlying infrastructure and mitigate against all IT security threats	Chief Informatics and IT Officer (PG)	Russell King	1437	There is a risk of total outage of the computing services at RBCH if the single point of failure of electrical supply fails	S(3)xL(1) = 3 , Very Low Risk		Information Governance Group	S(1)xL(1) = 1 , Very Low Risk	
		Chief Informatics and IT Officer (PG)	Chief Informatics and IT Officer (PG)	1298	There is a risk that we fail to maintain and develop the Trust IT services in line with clinical and operational requirements	S(5)xL(2) = 10 , Moderate Risk	The wifi network at RBH has not yet been upgraded as a result of COVID delays (i.e. inability to access wards/clinical areas and IT staff being diverted to more urgent COVID responses). This work is scheduled to be complete by Sep 2021.	Information Governance Group	S(4)xL(2) = 8 , Moderate Risk	
		Chief Medical Officer (AOD)	Sarah Hill, Assistant Director of IT Development	1378	Lack of Electronic results acknowledgement system - A lack of an electronic results acknowledgement system for requested clinical tests is a risk to patient safety and could result in missed diagnosis and suboptimal treatment.	S(2)xL(4) = 12 , Moderate Risk	[02/07/2021] Programme remains on track to deliver early in 2022 Awaiting confirmation that end of June deadline met to define solution was met	Information Governance Group	S(2) x L(1) = 2 , Very Low Risk	
		Chief Informatics and IT Officer (PG)	Axtell, Camilla - IG and Data Protection Officer	1591	Information Asset Management. There is a risk of data loss and/or service interruption as a result of the inadequate management of the large suite of Information Assets that contain Personal Identifiable Data.	S(3)xL(4) = 12 , Moderate Risk	New risk added by CIO 24/5/21	Quality Committee, Information Governance Group	S(3)xL(2) = 6 , Low Risk	
		Chief Informatics and IT Officer (PG)	Sarah Hill Assistant Director of IT Development	1592	Electronic Prescribing and Medicines Administration Project Delay. There is a risk that the EPMA project will be significantly delayed as a result of Covid 19 and the availability of a signed off version of the software from the vendor (Wellsky). This will increase the overall costs of the project beyond its project budget and delay the clinical benefits.	S(4) x L(4)=16 High Risk	[05/07/2021] An SBAR was presented to the June 2021 Capital Management Group to identify an estimated 600k project overspend. This was accepted and will be charged to the Covid budget via Andrew Goodwin. Once assurance is gained that this budget o/s has been accommodated in this way the risk score will be reduced	Quality Committee, Information Governance Group	S(3)xL(2) = 6 , Low Risk	

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 29 July 2021

Agenda item: 13.3

Subject:	Strategy Group Draft Terms of Reference
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Prepared by:	David Moss, Chair and Fiona Ritchie, Company Secretary
Presented by:	David Moss, Chair and Fiona Ritchie, Company Secretary

Purpose of paper:	To approve the Terms of Reference of the Strategy Group, for the Council of Governors of University Hospitals Dorset NHS Foundation Trust.
Background:	The Terms of Reference were drafted following a review against UHDFT's Constitution and Monitor's Code of Governance (July 2014).
Key points for Council of Governors members:	<p>The key points are:</p> <ul style="list-style-type: none"> • The Strategy Group is an informal group of the Council of Governors; • The Strategy Group is responsible for advising and/or making recommendations to the Council of Governors relating to: the Operational Plan and appointing/removing the External Auditor • The Terms of Reference include details pertaining to membership, frequency of meetings, quorum, responsibilities, communication and review.
Options and decisions required:	To approve the Terms of Reference or make further amendments.
Recommendations:	To approve the attached Terms of Reference.
Next steps:	<ul style="list-style-type: none"> • To identify Governor Members • To arrange the inaugural meeting of the Strategy Group

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:	Well Led

Committees/Meetings at which the paper has been submitted:	Date
Not applicable	

TERMS OF REFERENCE

for

The Council of Governors' Informal: Strategy Group



July 2021

DOCUMENT DETAILS

Author:	Fiona Ritchie
Job Title:	Company Secretary
Signed:	
Date:	July 2021
Version No:	1
Next Review Date:	July 2022

Approving Body/Committee:	Council of Governors
Chair:	David Moss
Signed:	
Date Approved:	TBC
Target Audience:	Governors of the Trust

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
July 2021	1	July 2022	TBC	Company Secretary	New

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UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

STRATEGY GROUP

TERMS OF REFERENCE

1. CONSTITUTION

- 1.1 The Strategy Group is a forum for discussion on matters relating to the strategic direction of the Trust, the development of forward plans and any significant changes to delivery of the Trust's business plans. The Strategy Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust.

2. MEMBERSHIP/ATTENDANCE

- 2.1 Membership of the Group consists of:

- Two Governors from each of the three public constituencies
- One Governor from the staff constituency
- One Appointed Governor – Bournemouth university

Attendees:

- Chief Operating Officer
- Chief Finance Officer
- Deputy Company Secretary
- Company Secretary Assistant

- 2.2 The Chair and Deputy Chair will be elected by the Group Members and be a publicly elected Governor.
- 2.3 The term of office for the Chair and Deputy Chair will be for a two year term with a permitted maximum of three, two year terms.
- 2.4 The Group may invite others, including any Director, employee, or external partner to attend meetings.
- 2.5 The meeting is open to all Governors to observe but only members of the Group may make decisions.

3. FREQUENCY OF MEETINGS

- 3.1 The Group will meet as a minimum, twice per year.

4. QUORUM

- 4.1 At least 3 members, including the Chair or Deputy Chair

5. RESPONSIBILITIES

- 5.1 The Group will receive and discuss the draft Operational Plan on behalf of the Council of Governors, which will thereafter be presented to the next formal meeting of the Council of Governors.
- 5.2 The Group will receive and discuss any significant changes to delivery of the Trust's approved Operational Plan and report back to the next formal meeting of the Council of Governors.
- 5.3 The Group will receive and discuss material strategic proposals and report back to the next formal meeting of the Council of Governors
- 5.4 The Group will work with the Chief Finance Officer to make recommendations regarding appointing or removing the External Auditor and report back to the next formal meeting of the Council of Governors.

6. COMMUNICATION

- 6.1 The notes of each meeting of the Group will be formally recorded and submitted to the next Group meeting.
- 6.2 The Chairman of the Group will report back to the next formal meeting of the Council of Governors.

7. REVIEW

- 7.1 The Terms of Reference of this Group will be reviewed by the Group after one year and all amendments will be recommended to the Council of Governors. Thereafter every two years.
- 7.2 The position of the Chair and the Deputy Chair will be reviewed at least every two years.

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 29 July 2021

Agenda item: 13.4

Subject:	Quality Group Draft Terms of Reference
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Prepared by:	David Moss, Chairman and Fiona Ritchie, Company Secretary
Presented by:	David Moss, Chairman and Fiona Ritchie, Company Secretary

Purpose of paper:	To approve the Terms of Reference of the Quality Group, for the Council of Governors of University Hospitals Dorset NHS Foundation Trust.
Background:	The Terms of Reference were drafted following a review against UHDFT's Constitution and Monitor's Code of Governance (July 2014).
Key points for Council of Governors members:	<p>The key points are:</p> <ul style="list-style-type: none"> • The Quality Group is an informal group of the Council of Governors; • The Quality Group is responsible for advising and/or making recommendations to the Council of Governors relating to: quality indicators, draft Quality Account, pertinent quality related reports; • The Terms of Reference include details pertaining to membership, frequency of meetings, quorum, responsibilities, communication and review.
Options and decisions required:	To approve the Terms of Reference or make further amendments.
Recommendations:	To approve the attached Terms of Reference.
Next steps:	<ul style="list-style-type: none"> • To identify Governor Members • To arrange the inaugural meeting of the Quality Group

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:	Well Led

Committees/Meetings at which the paper has been submitted:	Date
Not applicable	

TERMS OF REFERENCE
for
**The Council of Governors' Informal:
Quality Group**



July 2021

DOCUMENT DETAILS

Author:	Fiona Ritchie
Job Title:	Company Secretary
Signed:	
Date:	July 2021
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Approving Body/Committee:	Council of Governors
Chair:	David Moss
Signed:	
Date Approved:	TBC
Target Audience:	Governors of the Trust

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
July 2021	1	July 2022	TBC	Company Secretary	New

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QUALITY GROUP

TERMS OF REFERENCE

1. CONSTITUTION

- 1.1 The Quality Group is a forum for discussion on matters relating to quality, the Quality Account and for the selection of one indicator within the Quality Account for testing by External Auditors, on behalf of the Council of Governors. The Quality Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust.

2. MEMBERSHIP/ATTENDANCE

- 2.1 Membership of the Group consists of:

- Two Governors from each of the three public constituencies
- One Governor from the staff constituency
- One Appointed Governor – NHS Dorset CCG

Attendees:

- Associate Director of Clinical Governance and Risk
- Directorate Manager and Quality Assurance Lead
- Deputy Company Secretary
- Company Secretary Assistant

- 2.2 The Chair and Deputy Chair will be elected by the Group Members and be a publicly elected Governor.

- 2.3 The term of office for the Chair and Deputy Chair will be for a two year term with a permitted maximum of three, two year terms.

- 2.4 The Group may invite others, including any Director, employee, or external partner to attend meetings.

- 2.5 The meeting is open to all Governors to observe but only members of the Group may make decisions.

3. FREQUENCY OF MEETINGS

- 3.1 The Group will meet as a minimum, twice per year.

4. QUORUM

- 4.1 At least 3 members, including the Chair or Deputy Chair

5. RESPONSIBILITIES

- 5.1 The Group will receive and discuss possible audit topics and propose to a formal meeting of the Council of Governors, the selection of one audit topic for testing by External Auditors.

5.2 The Group will receive and discuss the draft Quality Account, draft an independent assessment of progress in year, on behalf of the Council of Governors and propose to a formal meeting of the Council of Governors; the statement to be appended to the Quality Account in the Trust's Annual Report.

5.3 The Group will receive and discuss any pertinent quality related reports.

6. COMMUNICATION

6.1 The notes of each meeting of the Group will be formally recorded and submitted to the next Group meeting.

6.2 The Chairman of the Group will report back to the next formal meeting of the Council of Governors.

7. REVIEW

7.1 The Terms of Reference of this Group will be reviewed by the Group after one year and all amendments will be recommended to the Council of Governors. Thereafter every two years.

7.2 The position of the Chair and the Deputy Chair will be reviewed at least every two years.

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 29 July 2021

Agenda item: 14.3

Subject:	ICS Update: Pan Dorset Approach
Prepared by:	R. Kendall, Head of Planning and Assurance Dorset CCG
Presented by:	David Moss, Chair
Purpose of paper:	To update the Council Of Governors on the Dorset Integrated Care System
Background:	The report summarises the key proposals, legislative changes and next steps in response to NHS England and Improvement (NHSE/I) published <i>Integrating Care: Next steps to building strong and effective integrated care system across England</i> .
Key points for Governors:	<p>CCGs will be abolished and replaced with:</p> <p>ICS NHS Body - Integrated Care Board (ICB), consisting of representatives from NHS Providers, primary care and local government, alongside a Chair, a Chief Executive. The ICS will be able to appoint any other members as it deems appropriate.</p> <p>ICS Health and Care Partnership Body - Integrated Partnership Board, consisting of representatives from the ICB, local government, Health and Wellbeing Boards, Public Health, voluntary, third and independent sectors.</p>
Options and decisions required:	The Council of Governors is asked to note the update.
Recommendations:	The Council of Governors is asked to note the update.
Next steps:	To keep the Council of Governors updated on ICS issues.

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

INTEGRATING CARE - NEXT STEPS

Purpose of report	The purpose of the report is to summarise the key proposals and legislative changes and next steps in response to NHS England and Improvement (NHSE/I) published <i>Integrating Care: Next steps to building strong and effective integrated care system across England</i> .
Recommendation	The paper is to Note only.
Author	R. Kendall, Head of Planning and Assurance Dorset CCG

1. Introduction

1.1 The Government's White Paper '*Integration and Innovation: working together to improve Health and Social Care for all*' published on 11 February 2021 setting out the proposed reforms which would see the formation of a statutory Integrated Care System (ICS) including:

- a statutory Health and Care Partnership that would bring together a wider group of partners to confirm their shared ambition for the health of their population and develop overarching plans across health, social care and public health
- a statutory ICS body to lead and oversee planning and delivery of NHS services across the whole system. The body will hold the NHS budget for the system and will maintain the appropriate governance and systems to ensure the proper management and accounting for public money.

1.3 The purpose of this paper is to:

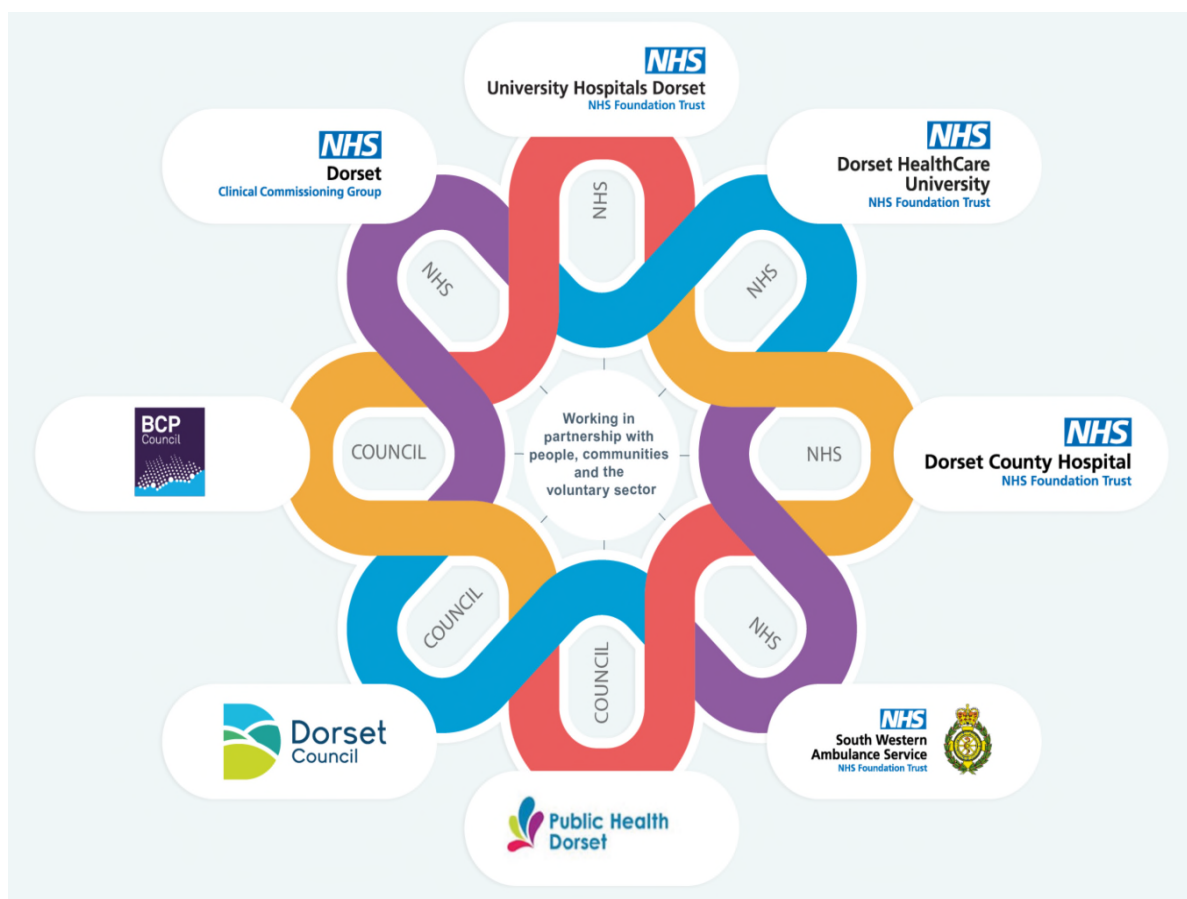
- provide an overview of the ICS
- summarise the key proposals and legislative changes
- set out what does this mean for Dorset
- next steps.

2. Report

Integrated Care Systems (ICS) Overview

- 2.1 Integrated care systems are partnerships of providers and commissioners of NHS and social care services who work together across a geographical area to plan and integrate care to:
- improve outcomes
 - tackle inequalities
 - enhance productivity
 - support broader social and economic development.
- 2.2 Dorset has been an Integrated Care System in since 2018. Our eight partner organisations work together as anchor institutions to address our health, wellbeing, quality and financial challenges in line with the national vision.

Fig 1: Dorset ICS Partners



Summary of key proposals and legislative changes

2.1 The proposals set out the ambition for how all parts of the health and care system can work together as ICSs, involving

- stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale;
- developing strategic commissioning through systems with a focus on population health outcomes;
- using digital and data to drive system working, connect health and care providers, improve outcomes and putting the citizen at the heart of their one care

2.2 As described in paragraph 1.1, the legislative changes will see a statutory corporate NHS Body that brings the CCG statutory functions into the ICS, therefore:

- CCGs will be abolished and replaced with:
 - **ICS NHS Body** - Integrated Care Board (ICB), consist of representatives from NHS Providers, primary care and local government, alongside a Chair, a Chief Executive. The ICS will be able to appoint any other members as it deems appropriate.

Responsible for developing a plan to meet population health needs; capital plan for NHS providers; and securing provision of health services. They have no power to direct NHS providers.

- **ICS Health and Care Partnership Body** - Integrated Partnership Board, consist of representatives from the ICB, local government, Health and Wellbeing Boards, Public Health, voluntary, third and independent sectors.

Responsible for developing a plan that addresses wider health, public health and social care needs of the system

To support systems to better achieved their objectives, they should establish:

- Place Based Partnerships who will be responsible for services to meet the day to day care needs of their population for example:
 - Staying well and preventative services
 - Integrated care and treatment
 - Digital services (non-digital alternative)
 - Proactive support to keep people as well as possible where they are vulnerable or at high risk
- Provider Collaboratives- providing a formal arrangement to bring together providers to maximise the delivery of services at scale, where appropriate

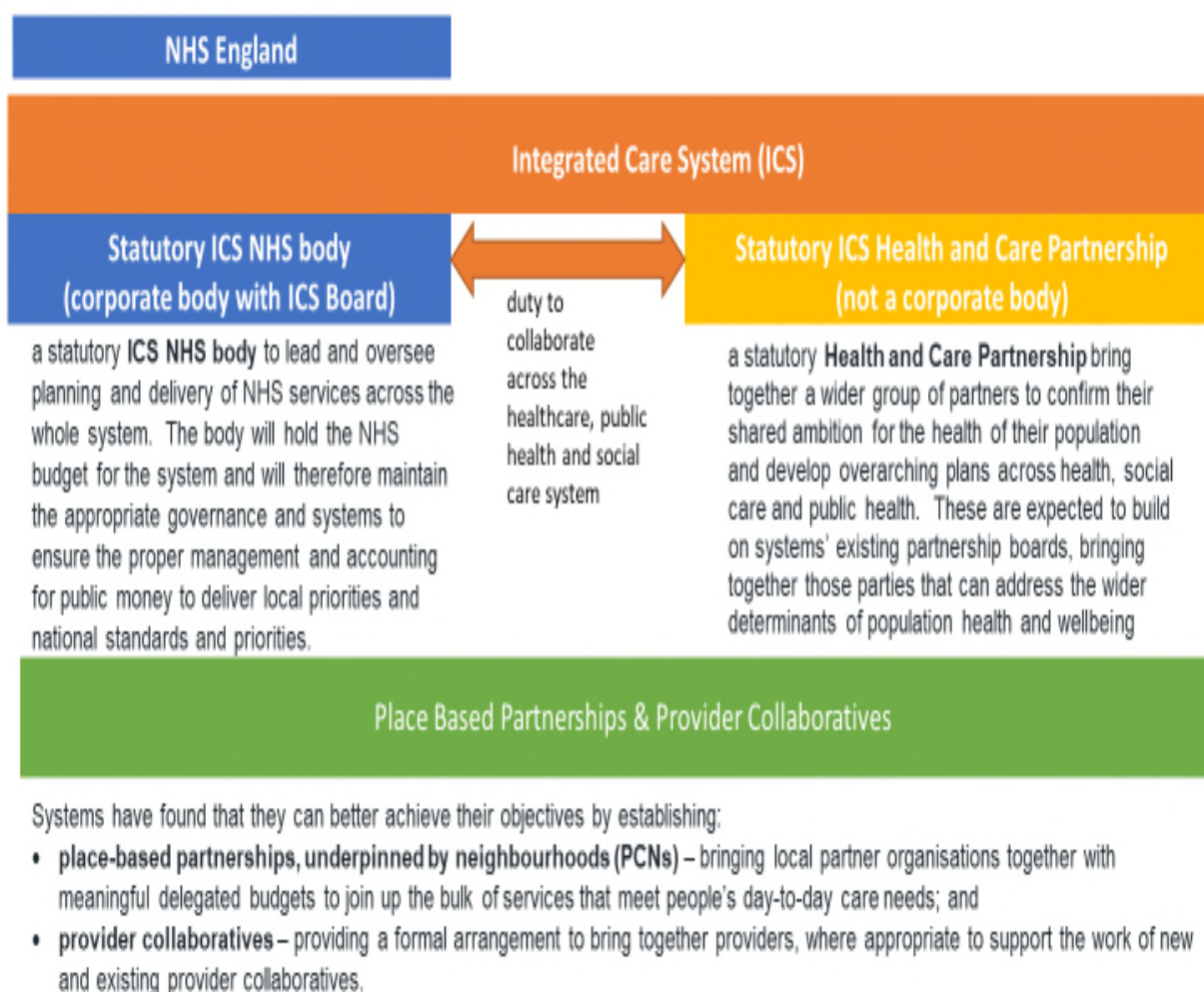
2.3 There will be a number of new duties and powers aimed to remove barriers to integration across health organisations and with social care and foster collaboration as follows:

- **Duty to collaborate-** promote collaboration across healthcare, public health and social care system
- **Triple Aim** - shared duty that requires NHS organisations that plan services across a system and nationally, as well as NHS Trusts and FTs, to have regard to the 'Triple Aim' of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources
- **Power over Foundation Trusts Capital Spend Limits** – NHS England reserve power to set a capital spending limit on Foundation Trusts, moving away from each organisation making decisions in its own interests, supporting the collaborative approach
- **Data Sharing-** health and adult social care organisations to share anonymised information that they hold where such sharing would benefit the health and social care system.
- **Patient Choice-** repeal s.75 HSCA and introduce a new NHS Provider Selection Regime for clinical services. Enable patients to choose provider from a list for specific clinical services

Fig 2: National ICS proposed structure

The proposal

DRAFT

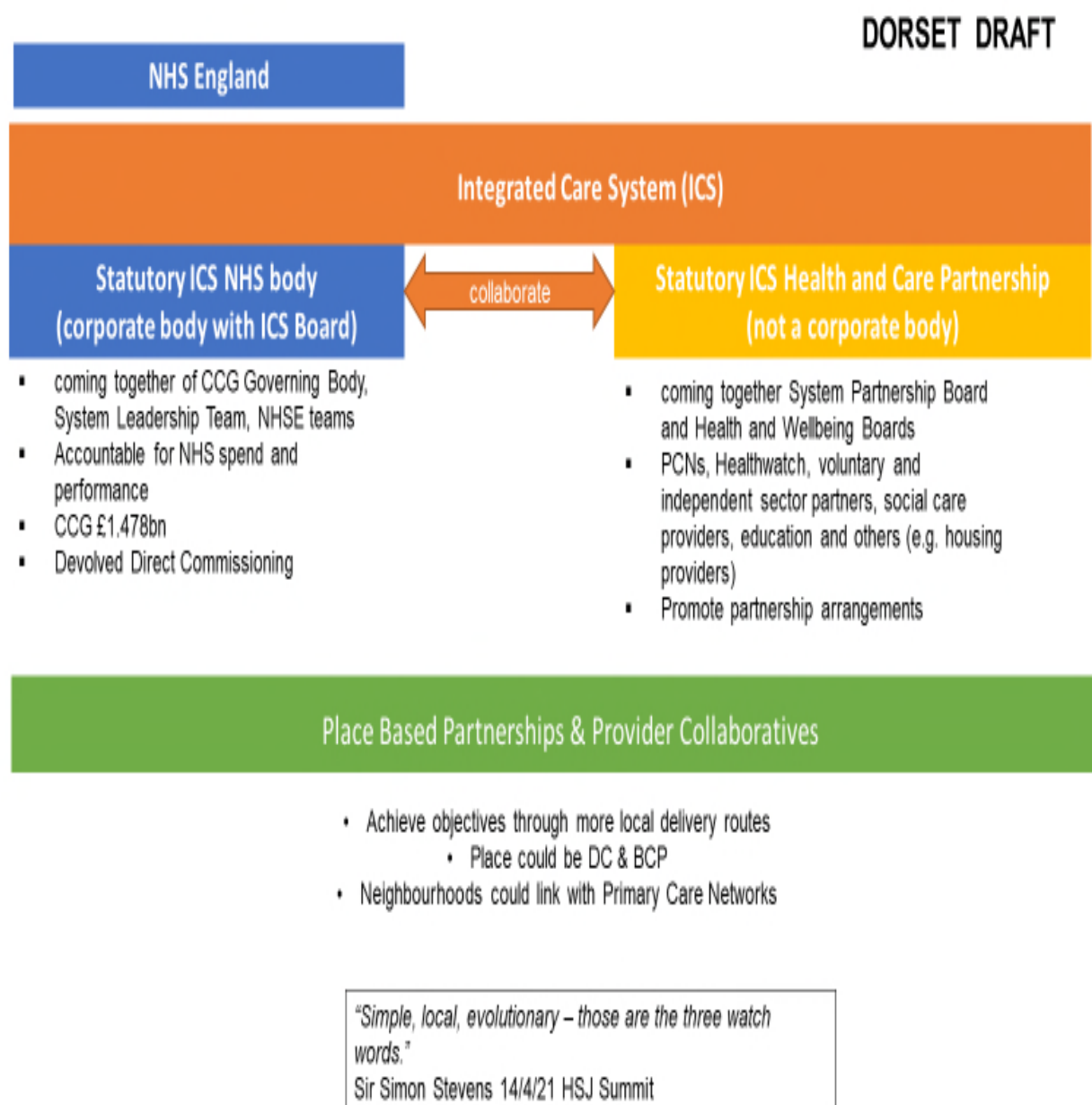


- 2.4 In Dorset we have we have many of the building blocks in place, the table in **Appendix 1** sets out eight main areas of change which will need to be in place by April 2022 and our current position in Dorset.

What does this mean for Dorset?

- 2.5 The proposal will see many changes as to how we work across the system, further integrating, collective responsibility for the health outcomes for the people of Dorset.

Fig 3: A possible Dorset ICS structure based on the current national guidance



Key benefits could include:

Benefits for Communities	Benefits for the System
<ul style="list-style-type: none"> • Consistent advice and proactive support to help people stay well, particularly those who are at higher risk • Joined up care and treatment when needed • Digital services that put people at the heart of their own care • Support social and economic development through employment, training, procurement and volunteering activities 	<ul style="list-style-type: none"> • Collective responsibility for managing resources, delivering care and improving the health of our population • More control over how local services are delivered • Freedom and flexibility to do things that benefit everyone in Dorset • Shared digital developments and data to drive better system working

The next steps for Dorset

2.6 Dorset ICS has well established ICS Engagement and Communications Leads networks – with representatives from across all partner organisations. As we move to the new ICS, our engagement and communications team will continue to work closely together, responding to opportunities in an agile way, working in line with Statutory Duties to Collaborate and Involve. The priority areas are as follows:

- Engagement and Communications to inform how the ICS will work in partnership with people and communities in the future.
- Engagement and Communications to support and inform the ICS development workstreams, reflecting what is nationally mandated and what is for local determination.
- Strengthening the existing “Dorset Story”, setting out the Dorset ICS narrative and what we are collectively here to achieve and sign up to as a member of the ‘system’ (see **Appendix 2**).
- Dorset wide engagement and communications/overall ICS engagement and communications approach and mechanisms to support the above.

7

2.7 We have a number of key next steps and actions to take as follows:

By end Q1	<ul style="list-style-type: none"> Update System Development Plans and confirm proposed boundaries, constituent partner organisations and place-based arrangements.
By end Q2	<ul style="list-style-type: none"> Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI). Confirm proposed governance arrangements for health and care partnership and NHS ICS body.
By end Q3	<ul style="list-style-type: none"> Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.
By end Q4	<ul style="list-style-type: none"> Confirm designate appointments to any remaining senior ICS roles. Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies. Submit ICS NHS body Constitution for approval and agree “MOU” with NHS England and NHS Improvement
1 April 2022	<ul style="list-style-type: none"> Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

3. Conclusion

3.1 Members are asked to note the report and next steps set out in paragraph 2.7.

Author’s name and Title: R. Kendall, Head of Planning and Assurance

Date : 17 May 2021

APPENDICES	
Appendix 1	Eight Main areas of Change and Dorset Position

Eight Main areas of Change and Dorset Position

Theme	Requirements	Current Position in Dorset
Provider Collaboratives	All NHS providers to be part of a provider collaborative either within or between places at ICS level – or pan-ICS level for providers working in smaller systems.	Two approaches to provider collaboratives: 1) NHS Led Provider Collaboratives e.g. Dorset HealthCare NHS Foundation Trust is working with strategic partners across the SW region and IOW to become lead provider an eating disorder provider collaboratives and Young Persons MH services in Dorset have become members of the CAMHS provider collaborative model. 2) Clinical Programmes – examples include programmes include Cancer Network, Renal Services, Urgent and Emergency Care Board, Elective Care Board, Maternity
Place-based partnerships	Place Based Model' focuses on improving the health and wellbeing through providing access to preventative services, advice on staying well, integrated care, self-care support. It focusses on supporting Primary Care Networks, other health, social care and the voluntary community service using a population health manage approach to improve the outcomes in health wellbeing and independence of local people	Our 'Place Based Partnership' model is based on the geographical boundaries of our two Local Authorities - Dorset Council and Bournemouth, Christchurch and Poole Council. We have in place: <ul style="list-style-type: none"> • 18 established Primary Care Networks, all of whom have Clinical Directors and appropriate leadership • Joint commissioning arrangement are in place with both local authorities as well as for placements such as home first. • Our both Health and Wellbeing

		<p>Boards have representation from across the system and focus on priorities within the geography</p> <ul style="list-style-type: none"> •
Clinical and professional leadership	<p>Embed system wide clinical and professional leadership through partnership board and other governance arrangements, including primary care network representation, specialist clinical leadership and wider professional such as nursing, social care</p>	<p>We have a strong history of system wide clinical involvement and collaboration and supporting ongoing leadership. We have in place:</p> <ul style="list-style-type: none"> • Clinical voice within our governance from System Leadership Team to our oversight and assurance groups such as Clinical Reference Group, Quality Surveillance Group, People Board • Clinicians from across all sectors supporting our Dorset programmes • Primary Care represented within our System Leadership Team
Governance and accountability	<ul style="list-style-type: none"> • Place leadership arrangements, which includes joint decision-making with local government, with Director of Public Health, providers of community and mental health services, primary care leadership and HealthWatch representation on ICS Board • Provider collaborative leadership arrangements, including joint decision-making arrangements across providers and appropriate representation on ICS Boards • Individual organisational accountability for their current 	<ul style="list-style-type: none"> • Formally appointed ICS Independent Chair and Leader • System Partnership Board (Chairs and CE from across the system), with an Independent Chair • System Leadership Team- Executives across the system representing provider trusts, primary care, local authority • Assurance and oversight groups (OFRG, CRG, QSG, DWAB)- representation across they system • System wide programmes such as Urgent and Emergency Care, Elective Care

	range of formal and statutory responsibilities and relationship between the organisation and system at place and provider collaborative	
Financial framework	<ul style="list-style-type: none"> • ICS to manage a 'Single Pot' bringing together the CCG commissioning, primary care budgets and majority of specialist commissioning spend and sustainability and transformation funding • ICS Leaders to have allocation decisions and duties - working with provider collaboratives to distribute in line with national rules for mental health/community and primary care, as well as local priorities • Blended payment model for secondary care services • Each ICSs to agree how financial risk will be managed across places and between provider collaboratives. • New powers will make it easier to form joint budgets with the local authority, including for public health functions. 	<ul style="list-style-type: none"> • Financial strategy development underway, including the agreement of an ICS financial vision and risk appetite. • Whole system revenue prioritisation process (transparency of risk within the system) and learning taken from this. Ensures system agreement, alignment and overview of increases to cost base. • Supported strategic revenue investment decisions particularly linked to workforce pipeline for RNDA and digital over the medium term. • Collective understanding of the underlying financial position as we exit covid financial regime. • Compliant CDEL capital plan for 2021/22 and H1 2021/22 revenue plan
Data and digital	<ul style="list-style-type: none"> • Build smart digital and data foundations- including Board accountability and digital transformation plan, digital and data literacy and invest in infrastructure • Connect health and care services- shared care records, tools to allow collaborative working e.g. shared booking and referral management, follow nationally defined 	<ul style="list-style-type: none"> • Board level leadership and accountability in place for digital and data • developed Dorset Intelligence & Insight Service (DiiS), range of dashboard and tools to support patient care and commissioning • early implementer and received national recognition for our PHM approach • deployed the Our Digital Dorset

	<p>standards</p> <ul style="list-style-type: none"> • Use digital and data to transform care- technology to drive pathways, cross system intelligence and analytical functions • Put citizen at centre of their care- citizen digital channels, remote monitoring. 	<p>App Library empowering self care</p> <ul style="list-style-type: none"> • Dorset Care Record , Wessex Care Record (one of the first Local Health and Care Records (LHCR)) in place • Supported remote working through Covid through the deployment of laptops and Teams • Created robotic automation reporting for the testing and vaccination of our workforce and patients • Draft 'Our Digital Dorset Strategy' setting out our ambition and recommends several development priorities
Regulation and oversight	<ul style="list-style-type: none"> • ICSs greater role in regulation and oversight • System oversight framework (national) • Intensive Recovery Support Programme for those system facing greatest quality/ or financial challenges • 'Integration index' to support greater adoption of system and place level performance and outcomes measure to be develop by each ICS 	<ul style="list-style-type: none"> • Programme boards • Oversight and assurance group e.g. operations and finance reference group • Executive oversight through System Leadership Team • Memorandum of Understanding with NHS England and Improvement • NHSEI are members of our SLT, Dorset programmes
How commissioning will change	<ul style="list-style-type: none"> • Strategic commissioning will take place at ICS level, including assessing population health needs and prioritising how to address them, modelling capacity and demand, and tackling health inequalities • Other commissioning activities will move to provider organisations/collaboratives/pla 	<ul style="list-style-type: none"> • Population Health Management already rolling out across Dorset. • Joint Commissioning Board in place for some areas between CCG and LAs. • Co-design and productions already in place in some areas.

	<p>ce-based partnerships, including service transformation and pathway redesign</p> <ul style="list-style-type: none"> • Greater focus on population health and outcomes in contracts and collective system ownership of financial envelope – shift from transactional contracting and managing performance 	
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17 May 2021

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 29 July 2021

Agenda item: 14.4

Subject:	Sustainability Strategy “Green UHD Plan”
Prepared by:	Associate Director of Estates - George Atkinson Sustainability Manager - Stuart Lane
Presented by:	David Moss, Chair
Purpose of paper:	To note the Sustainability Strategy “Green UHD Plan”
Background:	<p>This sustainability strategy builds on the historic work that has been carried out by the two trusts that formed UHD and aligns it with the requirements set out in the NHS national plan, Delivering a “Net Zero” national health service.</p> <p>The green plan sets ambitious targets across a wide range of action areas that will affect every area of the organisation. We have already made significant progress in many areas to become more sustainable but we need to do more. By having this green plan at the heart of what we do, we can drive long-term success and real change.</p>
Key points for Governors:	<p>The Sustainability Strategy or Green UHD Plan as it will be referred to is built around four levels, these are</p> <ul style="list-style-type: none"> • Our vision to provide excellent healthcare • Our green objectives, healthy lives, healthy community and a healthy environment • A set of cornerstone targets relating to carbon, clean air and the use of resources all supported by our staff • Actions, targets and monitoring of ten key areas <p>To realize our green plan there are ten areas of activity that will cover all the aspects of services that UHD has.</p> <ul style="list-style-type: none"> • Asset management and utilities • Use of resources • Monitoring or carbon and greenhouse gases • Capital development • Adaption to climate change • Our greenspaces and biodiversity • Sustainable models of care • Travel and logistics

	<ul style="list-style-type: none"> • Our staff and how they can help with the change • All of the above supported by a firm corporate approach <p>This plan will put the trust on the route to being a net zero organization by 2040 in line with the wider NHS plan. The plan contains a range of measures across the action areas that will be revised regularly as we move along the reduction trajectory.</p>
Options and decisions required:	The Council of Governors is asked to note the Sustainability Strategy "Green UHD Plan"
Recommendations:	The Council of Governors is asked to note the Sustainability Strategy "Green UHD Plan"
Next steps:	The Green Plan has a comprehensive communication plan associated with it that has been developed by the trust communications team. The plan will be implemented in order to deliver the long term changes outlined in the strategy.

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



Green UHD Plan

2021-2026

Sustainable Development Strategy

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Sustainable Use of Resources

Carbon/GHGs

Capital Projects

Climate Change Adaptation

Greenspace and Biodiversity

Sustainable Care Models

Travel and Logistics

Our People



Communicating and embedding the Strategy



Governance and reporting



What can you do to help



Annex: A, B

Our button links will allow you to navigate through the GUHD Plan quickly and easily.



Our Green UHD plan

Welcome to our Sustainable Development Strategy, which we call our Green UHD plan. As one of the largest organisations in our area, University Hospitals Dorset (UHD) has the ability and the duty to help build healthy lives, healthy communities and a healthy environment.

By having this sustainability and carbon reduction strategy at the heart of what we do, we can drive long-term success and real change. We have made significant progress in many areas, but we need to do much more. This Green UHD plan will guide the

design and implementation of our future services at UHD as they are developed, in line with the Dorset Clinical Services Review and local and national policies.

This Green Plan will act as a strong foundation to ensure that we embed this ambition into every aspect of our activity, in tangible and measurable ways.

Welcome!

Green **UHD** Plan

Try using our progress bar you to navigate to important parts of the GUHD Plan quickly and easily.



Our Vision:

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



Our Mission

As UHD, our mission is “to provide excellent healthcare to our patients and wider community and be a great place to work, now and for future generations.” This Green Plan will act as a strong foundation to ensure that we embed this ambition into every aspect of our activity, in tangible and measurable ways.

UHD is fully aligned with the 2020 report: Delivering a ‘Net Zero’ National Healthcare Service. This would make us the first national health service to achieve net zero. This commitment is also reflected by Sir Simon Stevens, NHS Chief Executive, in a recent statement in which he says:

‘The climate emergency is also a health emergency. Unabated it will disrupt care and affect patients and the public at every stage of our lives. With poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer, our efforts must be accelerated.’

The Covid-19 pandemic has created a significant amount of interest from staff, the public and

our partner organisations that is encouraging us to implement change at pace. This plan sets the framework for what we are going to change and shows how staff can become actively involved in changing the way that we deliver our services.

We are setting ourselves ambitious targets that will need to be turned into effective action by our dedicated staff. To accelerate delivery of these ambitious long-term sustainability goals, the Board will oversee a clear, dynamic action plan that looks to manage the risks of our commitments, shows tangible progress, and provides assurance for all our stakeholders.

The size of this challenge necessitates setting top-down targets which, by their nature, do not yet all have detailed plans. Nevertheless, the Board will drive sustainability by setting a clear direction for our new Trust, as well as championing and driving cultural change across the organisation. We all agree that this is not a single issue that can be dealt with by a single department; neither can it be addressed by “one-off” actions. The leads for each

area identified within this Green Plan will maintain local ownership and deliver the actions that are required to achieve real results over time.

Everyone has a part to play in this work, and it is only by working together, using our Values of “Caring,” “One Team” and “Always Improving” that we will achieve the ambition to deliver high quality, sustainable healthcare for our patients now, and for future generations. I hope that you will join us in supporting our plan and helping deliver the improvements required.

Debbie Fleming

Debbie Fleming
Chief Executive Officer



“

Climate emergency *is a* health emergency

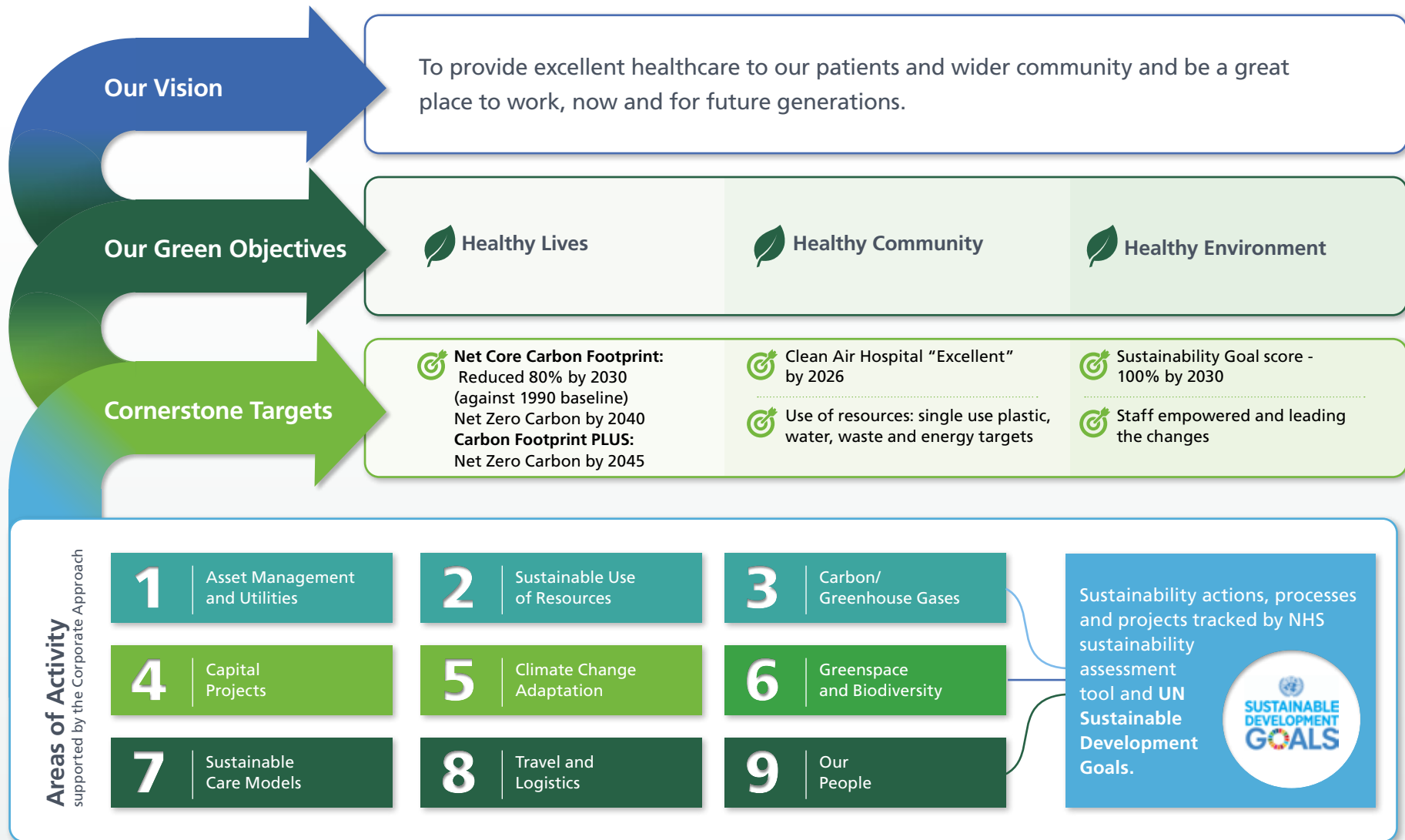
“Unabated it will disrupt care and affect patients and the public at every stage of our lives. With poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer, our efforts must be accelerated.”

Sir Simon Stevens, NHS Chief Executive

In office 1st April 2014 to 31st July 2021



Overview of Structure



Our Objectives

Healthy Lives

Improving the health and wellbeing of our patients, our staff and our local community. This includes working with our partners to contribute towards better green healthcare approaches, pro-actively improving health and wellbeing of the local population, preventing ill health and health inequalities.

Healthy Community

Being a positive “Anchor Institution” by supporting the local community, society and economy through responsible employment, procurement and partnerships. Also ensuring that our Trust, partners and suppliers are ready and resilient for changing times and climates.

A Healthier Environment

Managing and reducing our negative environmental impacts and enhancing our natural capital.

These three objectives are interdependent, and it should be noted that a healthy environment forms the foundation for healthy lives and a healthy community which is why our vision is mindful of our wider and intergenerational responsibilities.

Our Objectives

In October 2020 the NHS adopted a plan to become the world's first net zero carbon National Health Service.

University Hospitals Dorset is one of the largest organisations in Dorset. Our hospital Trust has a significant economic, social and environmental impact. We spend over £600m per annum much of which goes directly or indirectly to local businesses, we employ over 9,000 local people.

As a result of our activity, we consume resources, generate substantial waste materials and are responsible for significant carbon emissions. In addition to these elements the travel and transport to deliver the materials we need and to move staff, patients and visitors impacts on local air quality.

In line with the NHS Long Term Plan and as an “anchor Institution” in Dorset we are committed to embedding sustainability across our own organisation and with partners, leading by example in our sector and improving the health and wellbeing of the communities we serve. We will collaborate with our healthcare partners and key stakeholders to ensure that our work is aligned to deliver a shared set of goals. Everyone has a part to play in delivering this plan and by working together, we will achieve more and deliver truly sustainable healthcare.



Cornerstone Targets


-  **Net Core Carbon Footprint:**
 - Reduced 80% by 2030 (against 1990 baseline)
 - Net Zero Carbon by 2040

Carbon Footprint PLUS:
Net Zero Carbon by 2045

-  **Clean Air Hospital “Excellent” by 2026**

-  **Sustainability Assessment score of 100% by 2030**

-  **Staff empowered and leading the changes**

-  **Reduce Use of Resources:**
 - Reduce single use plastics
 - Zero waste to landfill
 - 100% renewable energy from April 2022 waste to land fill and 100% renewable energy



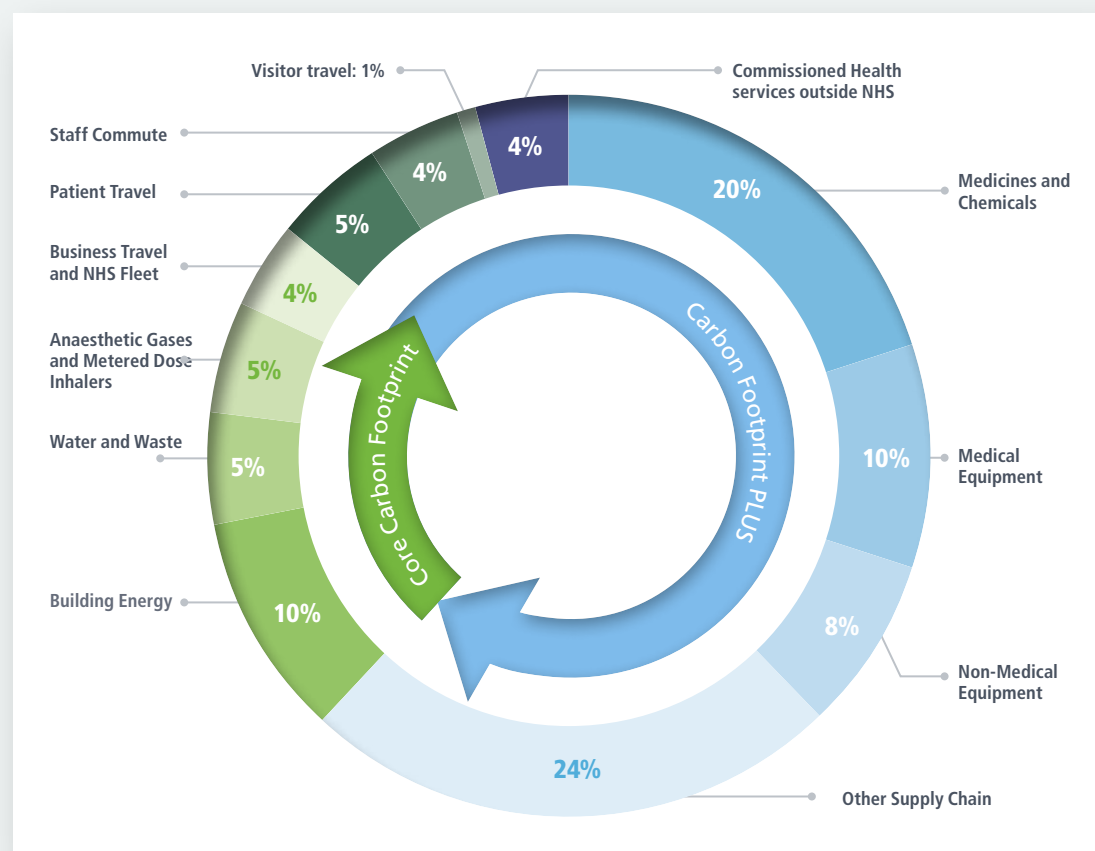
Target 1: Carbon reduction

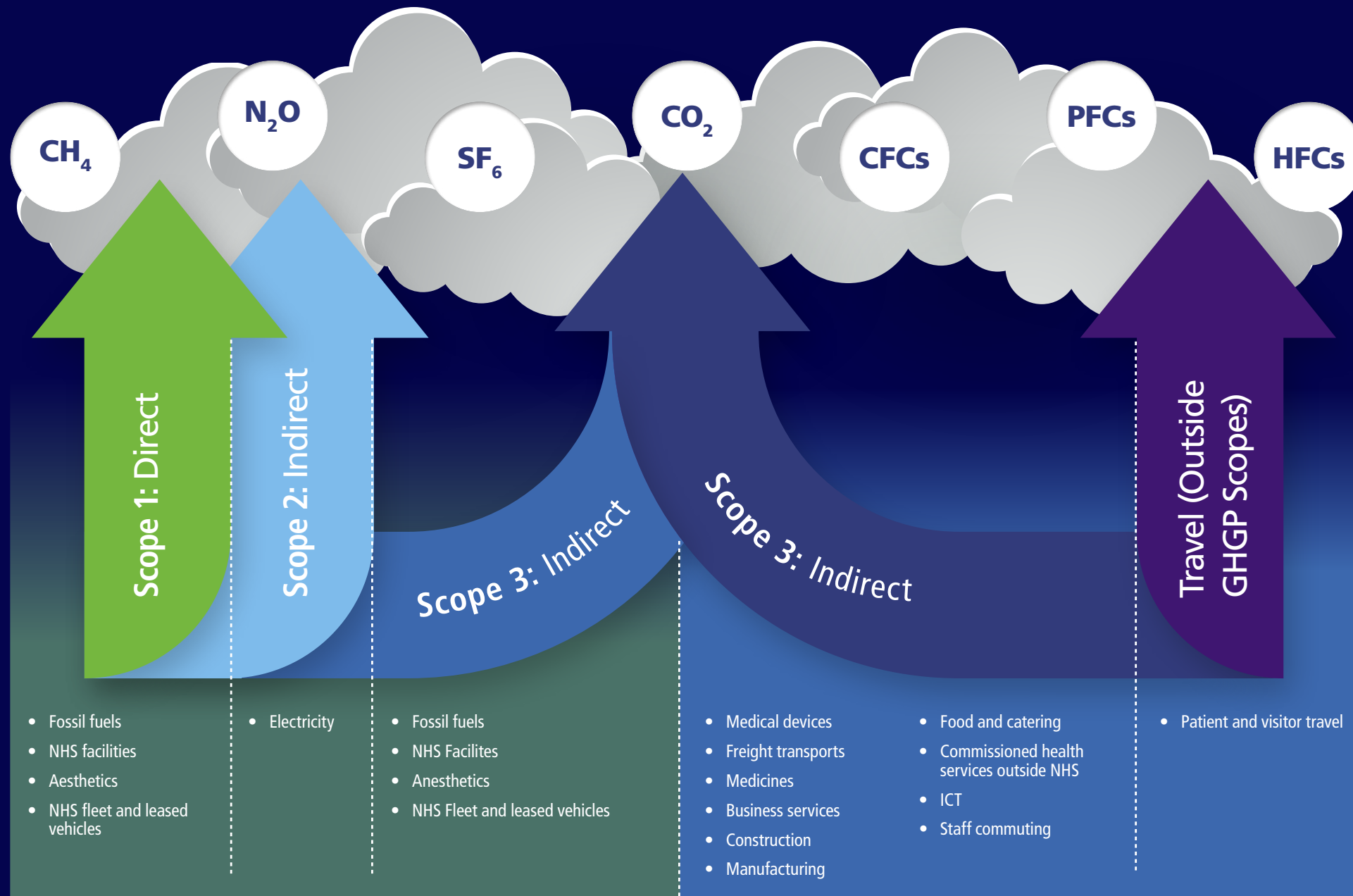
The diagram shows the elements that make up the NHS carbon emissions – the carbon “footprint”. “NHS Core Carbon Footprint” (shown by the green arrow) includes carbon emissions that are directly produced through the use of building energy, water, waste processes, anaesthetics and inhalers and business travel. “The NHS Footprint PLUS” (shown by the blue arrow) includes the other emissions associated with products and services that we purchase.”

In line with the NHS commitment to become the world’s first Net Zero Carbon National Health Service, UHD is committed to the following carbon targets:

-  **Core Carbon Footprint:**
 - Reduced 80% by 2030 (against 1990 baseline)
 - Net Zero Carbon by 2040

-  **Carbon Footprint PLUS:**
 - Net Zero Carbon by 2045





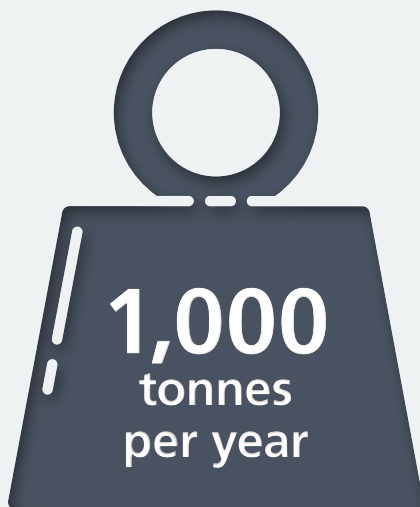
NHS Carbon Footprint

NHS Carbon Footprint PLUS

Progress so far: Core Carbon Emissions

Our Core Carbon Footprint has reduced approximately 24% since 2012/13 to approximately 16,900 tonnes in 2019/20.

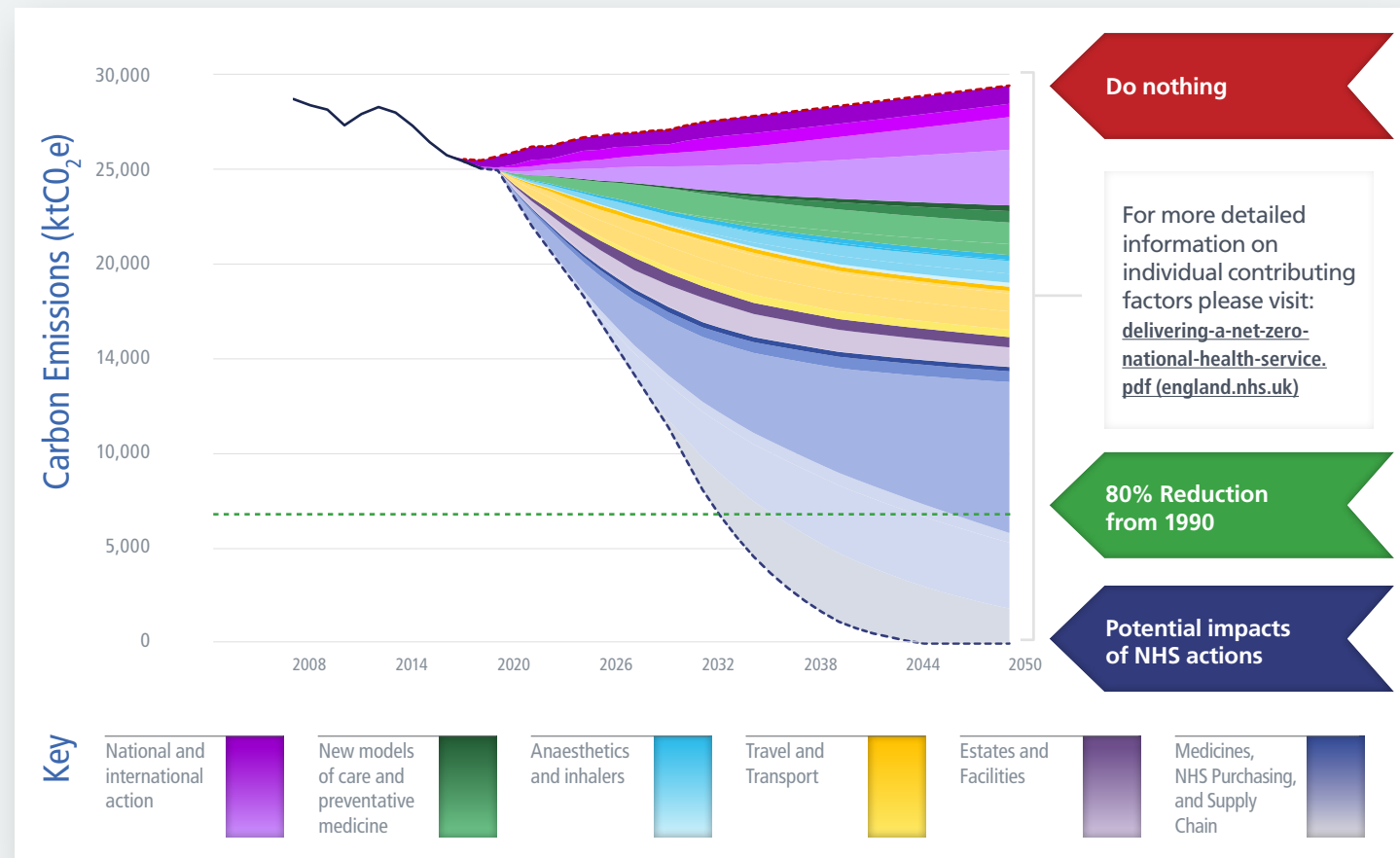
To reach our Core Net Zero Carbon target by 2040, we must reduce our Trust carbon emissions by approximately **1,000 tonnes / year**.



The Challenge Ahead: Core Carbon Emissions

The wider Carbon Footprint PLUS target entails a reduction of approximately 3,000 tonnes per year. This will require efforts by all staff and collaboration with the wider NHS organisation, our partners and our entire supply chain.

Measuring and managing the carbon footprint will involve the development and use of new tools and collaboration with regional and national teams.



Target 2: Staff Engagement

Our ability to deliver on this ambitious Green Plan will be dependent upon the all parts of the organisation pulling together as one team. Whilst the sustainability steering group and committee will have co-ordination and assurance roles, it will be the actions of our thousands of staff members that will make the plan real. The role of our leaders in role modelling will be crucial.

The Trust will be supporting staff by setting expectations in staff inductions, including

sustainability within all staff contracts and delivering Trust wide training. There will be additional support for specific roles such as our sustainability leaders and quality improvement team to enable them to help further embed sustainability as the business as usual approach for everything we do.

In addition the Trust will invest in sustainability programs to pull upon learning from outside of the organisation to inspire and offer new ways of working.

🎯 During 2021 all Executives and senior leaders have actions from this Green Plan within their annual objectives

🎯 By December 2022 all staff to have had online sustainability basic training

🎯 By April 2022 all sustainability leaders and QI staff to have undergone Sustainable Quality Improvement training



Target 3: Clean air


As a healthcare provider dealing with the ill-effects of air pollution, UHD has a duty to play its part in reducing levels of harmful pollutants such as nitrogen oxides (NOx), carbon monoxide (CO) and particulate matter (PM) in our atmosphere. A majority of the UK's greenhouse gas emissions is now caused by road transport.

As one of the largest employers and healthcare providers in the Bournemouth Christchurch and Poole area, emissions caused by staff and patient transport will account for a significant proportion of air pollution in the local vicinity.

UHD recognises that road transport is not the only contributor to air pollution across its sites. UHD's

hospitals feature onsite incineration, generator exhaust, and some hazardous gases from clinical activity, all of which generate emissions to the atmosphere.

This green plan commits UHD to measuring the level of air pollutants in the atmosphere at The Royal Bournemouth Hospital, Christchurch Hospital and Poole Hospital sites on an annual basis and work with key strategic partners including Bournemouth University and BCP Council to achieve the mutual aims of reducing air pollution across the conurbation.

 **Achieving excellent rating on the Clean Air Hospital framework by 2026**

Target 4: Sustainability goals

The NHS has developed a sustainability assessment tool to track progress against approximately 300 sustainability measures which are mapped against the United Nation's 17 Sustainable Development Goals (2015-2030).

The Trust commits to making year on year improvements in score against the NHS Sustainability Assessment Tool and to achieve 100% rating by 2030.

The scope of work to achieve this target is extensive and will require considerable team efforts across our organisation in collaboration with partners and suppliers.



| Sustainability Goals

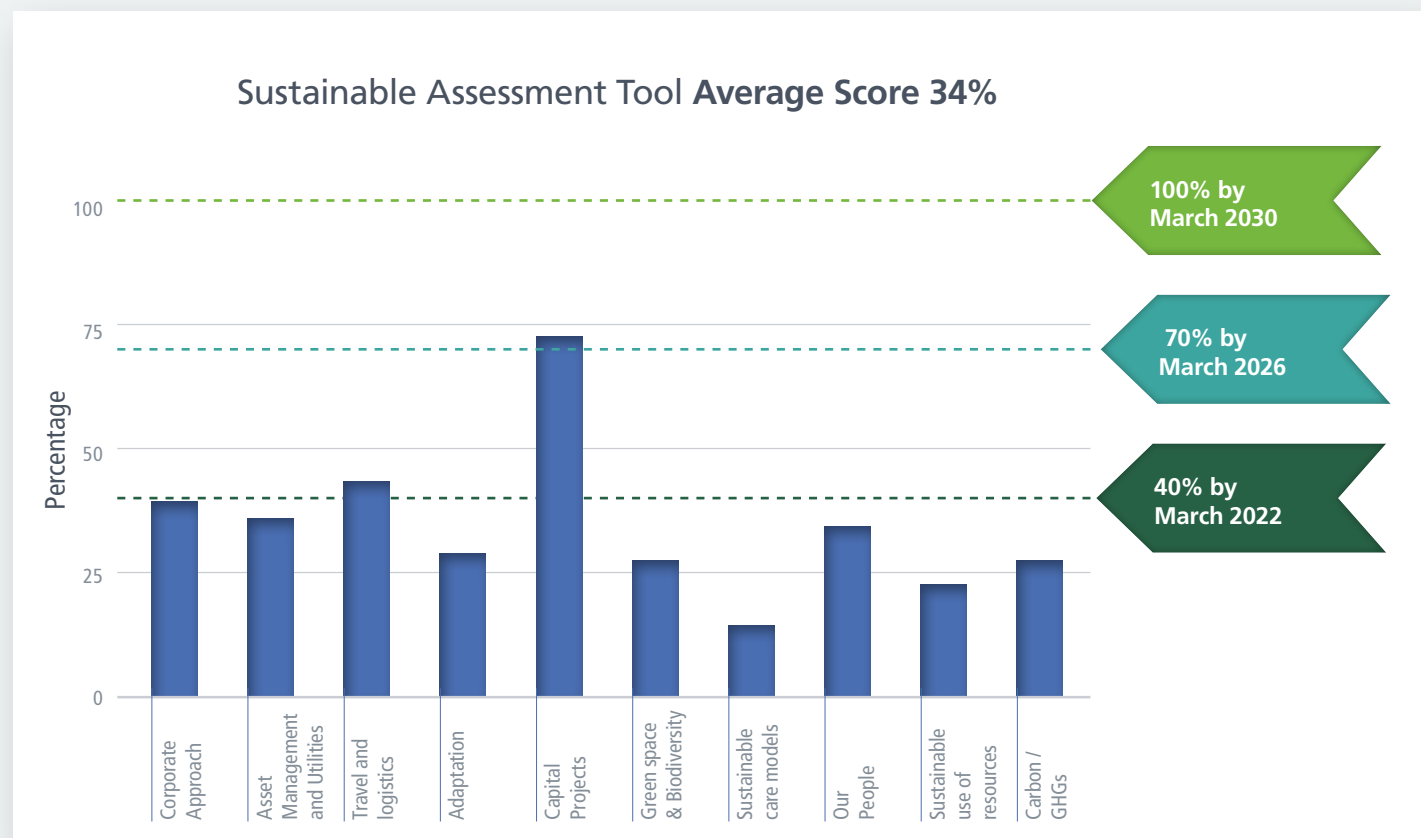
We will measure our progress on sustainable development through the use of the NHS Sustainability Assessment Tool.

Our baseline assessment for the newly formed Trust was conducted in February 2021 and produced an average score of 34%. Through this plan we commit to increase this score to achieve or exceed the following targets for each area of action:

40% by March 2022

70% by March 2026

100% by March 2030



Target 5 : Use of resources

- 🎯 Zero Waste to landfill from 2021
- 🎯 Grid sourced power 100% renewable from April 2022
- 🎯 Reduce single use plastics and adopt the NHS Plastic Pledge
- 🎯 Implement a Sustainability Impact Assessment for all business cases over £250k by April 2022



Key Areas for Action: Green Plan

Meeting our targets will require sustained effort across the organisation and with partners, over multiple years. To reflect this and to organise our activities, we have created 10 “Areas of Action” Each of the areas has an appointed sustainability lead that will report on progress to the Sustainability Steering Group.

One group has oversight (Corporate) and the others fall into 3 groups (colour coded). There is detailed plan for each area action and progressed will be monitored using action trackers and key performance indicators including the NHS Sustainability Assessment Tool score.

The next part of the Green Plan dedicates a page to each area of action and describes what we want to achieve, how we wish to achieve it and how we will measure this. This is the most fluid part of the Green Plan and will require frequent updates to reflect new and better metrics, operational priorities and environmental factors.

Corporate Approach

Asset Management and Utilities

Sustainable Use of Resources

Carbon/GHGs

Capital Projects

Climate Change Adaption

Greenspace and Biodiversity

Sustainable Care Models

Travel and Logistics

Our People

I UHD's Corporate Approach

What do we want to achieve?

Ensure sustainability is embedded within organisational decision making:

- Deliver, monitor and report on sustainability progress.
- Senior staff, stakeholders and governors are engaged in, and accountable for, delivering our Green Plan.
- Strategies, policies, procedures, business cases and processes always have a meaningful sustainability impact assessment section.

How can we achieve it?

- Maintain an ambitious and up to date Green Plan which incorporates the current NHS targets.
- Report performance quarterly to senior management and annually to the Board.
- Support NHS Supply Chain and Regional Procurement initiatives to develop and deliver sustainable procurement.
- Play an active role as an Anchor Institution in Dorset, creating opportunities for local communities to become more sustainable.

How will we measure it?

- NHS Sustainability Assessment Tool score in line with target of 70% by 2026.
- Percentage of policies and business cases including a sustainability impact assessment.
- Clear, measurable targets in annual care group and corporate Operating Plans, and in senior leaders objectives.
- Carry out annual sustainability surveys to measure staff awareness levels.
- Include a comprehensive sustainability section in the Trust Annual Report and Annual Plan.



Asset Management and Utilities

What do we want to achieve?

Derive 100% of our energy from renewable sources, embed energy and water efficient technologies and practices throughout our Estate and services and deliver year-on-year reductions in consumption:

- Accurately measure utilities and reduce consumption to make sure we're getting the best value for money and minimising environmental impact.
- Embed more efficient practices, new technologies and improve staff awareness to improve utility efficiency across everyday activities and as part of longer-term plans.
- Inform and educate staff, patients and visitors about how their actions affect energy and water consumption.
- Strategies, policies, procedures, business cases and processes always have a meaningful sustainability impact assessment section.

How can we achieve it?

- Improved Systems for effective monitoring of energy and water consumption and leakages.
- Deliver a programme of targeted energy and water efficiency schemes to manage and drive down use.
- Work collaboratively with community partners to maximise the use of built assets and grounds. To ensure the Wessex Fields development is net zero.
- Assess lifecycle costs of energy and water usage when purchasing new equipment and use this as a criteria in decision-making.
- Develop an energy performance business case for the upgrade of services on the Bournemouth site – including CO2 projections incorporating future carbon tax scenarios.

How will we measure it?

- Annual ERIC return and model hospital metrics
- Monitor utility consumption and cost at a suitably granular level eg. building, department, service or device.
- Percentage of energy from renewable sources.
- Amount of onsite renewable energy generation.
- Monitor energy saved through efficiency measures to ensure that performance is in line with the agreed plan.

I Sustainable Use of Resources

What do we want to achieve?

- Meet legal responsibilities for waste and procurement.
- Pro-actively support sustainable models such as the circular economy approach.

Direct sustainable use of resources:

- Minimise unnecessary procurement and resource use.
- Re-use of materials where appropriate.
- Widespread correct application of Trust sustainable waste policies and procedures.

Indirect sustainable use of resources:

- A sustainable procurement culture and processes that shift consumption to sustainable products and services and considers broad criteria including materials, workforce, manufacturing processes and transport.

How can we achieve it?

- Replace single use products with reusable alternatives where there is a viable, more sustainable option e.g. re-useable sharps bins.
- Promote a culture of reuse and refurbishment of items.
- Regularly audit waste and follow up on issues identified.
- Develop and implement e-learning modules for waste and sustainability.
- Work with organisations innovating new sustainable approaches.
- Include sustainability criteria in procurement, tender evaluations, framework design and selection, product selection.
- Use accreditation programs to support our procurement strategy e.g. Soil Association Food Standards.
- Adopt the NHS plastics pledge.
- Work with NHS, partners and suppliers to better understand supply chain scope 3 emissions.
- Embed a Sustainable Quality Improvement approach.

How will we measure it?

- Track the Carbon impact from waste and supply chain initiatives.
- Procurement carbon footprint.
- Volume and ratios of waste streams.
- Quantity of packaging and single use plastics reduced or removed from services.
- Progress with Waste Management Plan.
- Number of suppliers engaged with sustainability targets.

I Carbon and Greenhouse Gases

What do we want to achieve?

- Measure our carbon emissions, identify hotspots and take targeted action to reduce emissions year-on-year in line with our Net Zero Carbon targets.
- **Core Carbon Footprint target** - Net Zero Carbon by 2040, and 80% reduction by 2030 (equates to reduction of approx. 1,000 tonnes CO2 per annum).
- **Carbon Footprint PLUS target** - Net Zero Carbon by 2045 and 80% reduction by 2040 against 1990 baseline (equates to reduction of approx. 3,000 tonnes CO2 per annum).

How can we achieve it?

- Board level commitment to the Green Plan strategy with Trust wide contribution to the identified priority activities.
- Improve metering, measurement and monitoring systems including updating BMS systems and adopting a Trust wide Energy / Carbon Management System.
- Calculate and report core carbon emissions, targeting hotspots and horizon scanning opportunities.
- Identify / develop and apply methodologies to measure Scope 3 emissions and improve methodology for calculations of Carbon Footprint PLUS footprint.
- Engage with staff, suppliers and partners such as BCP Council and BU to reduce our carbon footprint.
- Contribute to the system- wide strategies consultations and initiatives to improve carbon measurement and monitoring processes.

How will we measure it?

- Core carbon footprint metrics captured for ERIC and the Trust annual report.
- Carbon Dashboard of relevant KPIs e.g., staff and patient travel, supply chain carbon indicators.
- Track metrics that help identify factors that influence carbon emissions e.g. CO2 per patient metrics, CO2 per m2 Gross Internal Area
- Track the consumption of anaesthetic gases and inhalers.
- Enhance carbon analysis with national tools and factors supported by third party consultancy where appropriate.

I Capital Projects

What do we want to achieve?

2021 to 2026 sees a major phase of building projects for UHD and we want to reduce the environmental impact of these building works during the design, refurbishment, construction, operation and decommissioning stages.

- Embed sustainability and efficiency using smart design and emerging technologies across our improvement works, including refurbishment and new build.
- Take a whole life cycle approach to projects by scrutinising sustainability in design, construction, commissioning, operation and decommissioning, helping to future-proof our organisation.

How can we achieve it?

- Include Sustainability Impact Assessments as a decision factor in all capital business cases.
- Develop sustainability guidelines for all capital projects, including major refurbishments, driving resource efficiency through the estates strategy and standard specification.
- Establish a process for the reuse of suitable furniture and equipment.
- Work with consultants and contractors to take a whole life costing approach to new building design and refurbishment to minimise in-use energy and water consumption.
- Give weighting to social value outcomes through procurement processes, including the support of local suppliers and SMEs.

How will we measure it?

- Energy and water consumption, both design and in-use performance (including soft landings).
- Achieve a rating of “BREEAM Excellent” for major capital projects that are underway and “BREEAM Very Good” for refurbishment projects.
- Apply the NHS Net Zero Carbon Building standard for future major estates projects .



3 GOOD HEALTH AND WELL-BEING



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



Climate Change Adaptation

What do we want to achieve?

Ensure our whole organisation is prepared to deal with the effects of climate change, particularly extreme weather events such as heat waves and flooding, and continues to invest in adaptation and mitigation measures:

- Assess the impacts of climate change and adapt to mitigate the negative effects of past and future climate-altering actions.
- Reduce the impact on public health from climate change.
- Ensure our infrastructure, services, procurement, local communities and colleagues are prepared for the impacts of climate change.

How can we achieve it?

- Nominate an adaptation lead and incorporate adaptation into our sustainability governance structure, corporate risk register and reporting processes.
- Work with key internal and external stakeholders and partners to deliver and update our Climate Change Adaptation Plan (CCAP).
- Update our Trust climate change adaption risk assessment.
- Ensure that our emergency plans for extreme weather, consider support for vulnerable communities during any extreme weather events.

How will we measure it?

- BREEAM Building Standard or other sustainable buildings methodology scores.
- Monitor and report the progress of our Climate Change Adaptation Plan.
- The overall risk rating in our climate change risk assessment.
- Testing of emergency planning policies.

I Greenspace and Biodiversity

What do we want to achieve?

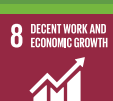
- Maintain and improve our green spaces and biodiversity onsite.
- Help improve the physical and mental wellbeing of staff, patients and the wider community through access to green space, biodiversity and interactions with nature.
- Help to mitigate climate change and biodiversity loss through our biodiversity strategy.

How can we achieve it?

- Develop a biodiversity and greenspace strategy that encompass the challenges and opportunities across our Estate.
- Produce a biodiversity and greenspace action plan that details actions and those responsible for maintaining our green spaces.
- Ensure tight integration of biodiversity and greenspace plan with capital projects policy to underpin the approach for major new works and refurbishments.
- Repurpose unused areas, such as roof space and walls with a focus on improving green space for biodiversity including wildflower areas and installing beehives.
- Work with staff, local community organisations and strategic partners to enable increased access to green space and nature both onsite and traveling to and from site.

How will we measure it?

- NHS Sustainability Assessment Tool score for Greenspace and biodiversity section.
- Green Flag certification.
- Habitat and biodiversity site surveys.
- Progress against delivery of biodiversity and greenspace action plan.
- Assessment of staff and patient use of and interaction with greenspace via staff surveys.



I Sustainable Care Models

What do we want to achieve?

- Deliver the best quality of care while being mindful of its social, environmental and financial impact and take a whole systems approach to the way it is delivered:
- Improve the environmental sustainability of care pathways, and better integrate healthcare services to improve efficiency.
- Embrace new and existing digital technologies to reduce the environmental impact of care, prevent ill health and manage long-term health conditions.
- Work with partners and stakeholders to identify and deliver solutions that reduce the number of hospital visits, such as the provision of treatment closer to home.

How can we achieve it?

- Identify carbon hotspots such as medical equipment and pharmaceuticals and ensure that action plans identify and mitigate environmental impacts.
- Reduce carbon emissions associated with areas of high impact such as pharmaceuticals and anaesthetic gases by educating staff and encouraging lower impact alternatives.
- Work with partner organisations to support vulnerable patients upon discharge such as improving home energy efficiency.
- Pilot the redesign of selected care pathways to drive out any unnecessary stages or low value adding activities.
- Increase digital and other options for outpatient and other stages of care.
- Reduce and recycle medical devices (inhalers).

How will we measure it?

- Ratio of face to face appointments to overall patient activity including NHS 111 calls.
- Feedback relating to the care environment (e.g. temperature, light, services using PLACE surveys).
- Recognition and awards for quality improvements in sustainable care.
- Reduction in hospital admissions and delayed discharges.
- Number or % of medical devices reduced or recycled.



I Travel and Logistics

What do we want to achieve?

- Minimise the environmental and health impacts associated with the movement of goods and people through Trust activity.
- Increase use of sustainable and active modes of travel that deliver environmental and health benefits.
- Decarbonising the travel and transport relating to our operational activity.
- Where appropriate, provide care close to or without leaving home.
- Prepare for and implement the opportunities from planned major service changes.

How can we achieve it?

- Facilitate active and sustainable travel options for staff, patients and visitors.
- Work with our strategic partners to reducing congestion and improving air quality.
- Increase take-up of the Trust's cycle-scheme, car sharing and discounted bus fares.
- Facilitate virtual and telephone patients consultations in line with sustainable care pathways.
- Facilitate flexible working / working from home.
- Consider of travel options and impacts when planning changes to our services.
- Develop our electric vehicle and electric bicycle fleet.
- Become a Clean Air Hospital.

How will we measure it?

- Ratio of cycle storage and changing facilities to staff number.
- Monitor number of staff using bus passes.
- Annual staff travel survey.
- Become a Gold standard "Cycle Friendly employer".
- Ratio of electric vehicles charging points to staff number.
- Reporting of CO2 from business and staff travel.
- Use the Clean Air Hospital framework tool and monitor air quality internally and external to our buildings.

I Our People

What do we want to achieve?

- Support staff to improve sustainability at work and home and empower them to make sustainable choices and improve their own health and wellbeing.
- Staff engaged and enabled to adopt sustainable practices and to take ownership within their own areas of influence.
- All staff clear in their roles in delivering this strategy.
- Sustainability leadership in our communities; staff empowered to make sustainable choices at work, home, across our supply chain and beyond.

How can we achieve it?

- Deliver programmes to raise sustainability awareness and provide staff with opportunities to contribute, including virtual learning and training.
- Offer and encourage staff participation in health and wellbeing initiatives.
- To include a sustainability section in all new job descriptions and appraisals to promote sustainable practices and to nurture sustainability champions within the Trust.
- Expand participation in staff sustainability programmes and awards, develop ways to encourage sustainable behaviours, celebrate and reward staff.
- Working with partners to make a difference in our communities and improve people's lives through shared actions.
- Offer staff incentives and encouragement to make sustainable choices on transport and vehicle type, diet and active lifestyles.

How will we measure it?

- Senior leaders having a sustainability action within their annual objectives.
- Number of staff that have completed sustainability e-learning module.
- Assessment of health and wellbeing through measures like NHS staff survey, sickness absence and staff turnover
- Number of staff participating in sustainability initiatives.
- Number of environmentally-focused staff benefits offered and taken up.
- Number of apprentices, work placements and volunteers employed.

Shout it from the cliff top: Communicating our strategy





Communicating and embedding the Strategy

To help drive change across the whole organisation, we will take a considered, structured and engaging approach to disseminating the strategy and embedding our approach to sustainability.

A communication plan for the strategy will be developed that shows what we are doing both within and outside of the organisation, highlight key priorities and show excellence in sustainable development leading others to join us in making improvements. We will employ some key themes:

- **Collaboration:** leading on more joined-up-thinking as well as creating stronger links with the communities we serve.
- **Development:** showcasing sustainability initiatives for staff as well as opportunities to work outside the parameters of core roles.
- **Progress:** highlighting visible progress in delivering sustainability across the 10 areas of action.

Use of media

- Dedicated sustainability portal on both the UHD website and staff intranet.
- Regular articles in UHD staff bulletin and other corporate publications.
- Share positive progress on sustainability matters with our staff, our partners and the wider community.
- Promote progress against our Green Plan and wider sustainability matters across UHD's social media platforms.

Engagement campaigns

- Embedding sustainability in decision making from individual actions to major projects e.g. e-learning, induction, local champions.
- Reinforce engagement in the Green Plan through involvement in local and national sustainability campaigns and encourage staff to get involved e.g. NHS Sustainability Day.
- Make best use of corporate open days and community events.

Awards and rewards

- Apply for national sustainability awards
- Run annual sustainability awards to recognise the most environmentally and socially sustainable team/department e.g. Green Wards / Jump / Green Impact.
- Recognise and celebrate progress against the targets in this plan.

Governance and reporting

Clear leadership is vital to ensure we successfully deliver the commitments in this strategy. Our sustainable development policy sets out governance arrangements.

As this strategy is broad and encompasses a wide range of work areas, there are other detailed documents that underpin our approach. Some of these have already been developed, such as the UHD Green Travel Plan, and some will be developed or revised in the future, such as a Greenspace and Biodiversity Strategy, Waste Management Plan, Climate Change Adaptation Plan, Estates Strategy, Estates Standard Specification and the sustainability section of the Care Group Operating Plans.

Clear reporting is required to monitor progress and ensure delivery is on track:

NHS Sustainable Assessment Tool: This will measure our qualitative progress on sustainability for the previous year, inform plans for the coming year, and will enable comparative performance against similar Trusts.

Clean Air Hospital framework: This will measure our qualitative progress on air quality for the previous year, inform plans for the coming year, and will enable comparative performance against similar Trusts.

Trust Sustainability report: This reports progress against the Green Plan and provides highlights of the main activities delivered throughout the year.

ERIC (Estates Return Information Collection): A mandatory data collection for all NHS Trusts required by the Department of Health.

Progress reports: Internal progress reports are produced for the quarterly Sustainability Committee which feeds up from monthly Sustainability Steering Group meetings and sub group meetings for the 10 Activity Areas, each of which will track progress against their individual action plans and report on a suite of key performance indicators. The detailed action plan with SMART objectives will be developed through 2021/22. There will be a resource plan included within this demonstrating where staff time, finance and other resources are required together with savings and actions planned and achieved.

Related Internal Policies: Our Green Plan is to be supported by various related policies and guidance documents including the: Green Travel Plan, Waste Management Policy, Biodiversity and Greenspace Policy, Sustainable Procurement Policy, Climate Change and Adaptation Plan, Sustainable Construction Policy, Equality and Diversity Policy.



Join us on our journey

What can you do to help?

Visit the GreenUHD pages

Share your ideas in the GreenUHD online forum

Get advice and support email:
greenuhd@uhd.nhs.uk

Sign up your area for to the GreenUHD Awards

You can contribute within your own role every day.
No matter what your role is at the Trust or as a partner
there will be something for you!



Green UHD Plan

Annex A:

Live links to Drivers: Legislative, Economic, Technological, Political, Environmental, Social, NHS Long term plan, UN goals

Economics of Climate Change - Stern Review 2006	Government Buying Standards	Health Equity in England: Marmot Review 10 Years On	NHS Standard Contract 2020/21	EU Directive on Public Procurement	HPS Health Effects of Climate Change 2012
Health Co - benefits Evidence	National Adaptation Programme (2018-2023)	Defra Economics of Climate Resilience Report 2013	Principle 6 - NHS Constitution	HM Treasury Sustainability Reporting Framework 2020/2021	Civil Contingencies Act (2004)
Public Health Outcome Framework	Inter-governmental Panel on Climate Change AR5 2013/2014	Climate Change Risk Assessment 2017Defra Economics of Climate Resilience Report 2013	Health Sector Report on Adaptation 2015	Climate Change Act 2008	PHE Cycling and Walking for Individual and Population Health Benefits
WHO Europe - Social Determinants and the Health Divide	Public Service (Social Value) Act 2012	Delivering a 'Net Zero' Health Service	Sustainable Development Unit Ipsos MORI Surveys	NHS Marginal Abatement Cost Curves	Health 2020 WHO
	MET UK Climate Projections (UKCP)	The Living Planet Report 2020	National Policy and Planning Framework		



Click the box to explore each link

Annex B:

What the UN Sustainable Development Goals mean to University Hospitals Dorset

1/4 ↓

Goals

Contributions



No Poverty

End Poverty in all its forms everywhere

We helped to set-up Poole Africa Link in 2009 and continue to be actively involved with the charity. Our staff helped to train doctors, nurses and midwives in both Sudan and Uganda. The Trust also provides a range of retired equipment for the charity. The Trust helps to promote awareness about Healthy Homes Dorset – for free energy advice and home insulation. We will seek to embed this fuel poverty project within the hospital discharge processes to refer suitable patients for home energy efficiency measures. This should help with patient recovery, reduce re-admissions, and provides environmental benefits. The Trust has also helped to marry up the priority services register to the Healthy Homes Dorset scheme so that some of the most vulnerable in our community are given priority support if power is lost in their homes.



Zero Hunger

End hunger, achieve food security and improve nutrition and promote sustainable agriculture

We take the nutritional value, environmental and ethical standards of the food we serve very seriously. During 2021 all of our hospitals are set to be certified Silver - Food for Life by the Soil Association. The Trust also only serves sustainably sourced fish and is accredited under Sustainable Fish Cities. The Trust's Nutrition and Dietetics team provide a wealth of healthy eating guidance to aid general understanding and to ensure that we best meet the nutritional needs of our patients.



Good Health and Well-being

Ensure healthy lives and promote well-being for all ages

Maintaining and improving the health and wellbeing of colleagues is of paramount importance and central to our Trust values. Our Workplace Wellbeing Team coordinates numerous initiatives, including psychological support. We encourage staff to use active modes of travel to work and support them with initiatives such as free bike maintenance services.



Quality Education

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

As a University Hospital Trust we support innovation and education. Central to our vision is to be a great place to work and learning and development help the Trust underpin this. We provide professional support to apprentices and medical students as well as providing a range of clinical, leadership and management training. Our strong focus on staff development covers areas such as mentorships, apprenticeships, quality improvement projects and essential staff training.



Annex B:

What the UN Sustainable Development Goals mean to University Hospitals Dorset

2/4 ↓

Goals

Contributions



Gender Equality

Achieve gender equality and empower all women and girls

The Trust publishes reports each year to provide information on performance against its equality objectives, statutes and national standards. This includes a gender pay gap report, workforce equality reports and action plans. We have an equality, diversity and inclusion group (EDIG) who have approved a new 3 year diversity and inclusion strategy which was ratified by the Board in March 2021. A programme plan is in place to monitor the progress of five priorities that have been identified within the strategy by EDIG.



Clean Water and sanitation

Ensure availability and sustainable management of water and sanitation for all

The Trust, in partnership with ADSM, supports the Water Aid scheme which has helped transform lives in rural Mozambique by bringing fresh water to over 49 thousand people. The Trust has a Water Safety Policy and Plan, managed by a Water Quality Group. Collectively, they manage and control the risk of water-borne pathogens within the Trust. Monitoring is in place for temperature and turnover of all tanks and hot water vessels. A programme is in place to replace oversized pipework and improve our usage.



Affordable and Clean Energy

Ensure access to affordable, reliable sustainable energy for all

The Trust has implemented a portfolio of sustainable energy projects. Royal Bournemouth Hospital generates approximately 22% of its energy requirements onsite through Solar PV installations and the heat generated as a by-product from clinical waste incineration. Poole Hospital generates approximately half of its electrical energy requirements with an onsite combined heat and power plant and is also set to install a large roof top solar PV array. Major lighting replacement projects have now installed LED lighting in large areas of the Trust. Our grid supplied energy is soon to become 100% REGO certified renewable.



Decent Work and Economic Growth

Promote sustained, inclusive economic growth, full productive employment and decent work for all

The Trust contributes to routes to employment and improved work opportunities by providing apprenticeships and work placements and will be expanding opportunities for students for Bournemouth University students in particular to compliment their studies with opportunities for project work, dissertations and placements with the Trust. The Trust is a Disability Confident employer and all employees wages meet or exceed the Living Wage. We support small and medium sized suppliers through our procurement processes.



Annex B:

What the UN Sustainable Development Goals mean to University Hospitals Dorset

3/4 ↓

Goals

Contributions



Industry, innovation and infrastructure

Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation

The Trust is embarking on several large capital projects. All new buildings will meet BREEAM Excellent and all major refurbishments will meet BREEAM Very Good. Innovation is supported at the Trust by our Transformation Team and their Quality Improvement programmes. Poole Hospital has installed a dispensing robot to eliminate patient medication errors. The trust has also opened a state of the art linear accelerator for radiotherapy in the Robert White Centre. Our care pathways are being transformed by digitalisation projects which is bringing benefits to our patients, our operations and reducing negative environmental impacts from our services.



Reduced Inequalities

Reduce inequality within and among countries

The Trust has an Equality, Diversity and Human Rights Policy and is committed to developing and enhancing a diverse and inclusive culture. Equality, Diversity and Human Rights training is included in staff training. We are proud to have a diverse community and support active BAME, LGBT Q+ and Pro ability networks.



Sustainable Cities and Communities

Make cities and human settlements inclusive, safe, resilient and sustainable

The Trust has a Board-approved Sustainable Development Strategy and we are developing a revised Sustainable Procurement Policy plus Sustainability Impact Assessment process for large projects.



Peace, Justice and Strong institutions

Achieve gender equality and empower women
Promote peaceful and inclusive societies, access to justice and build effective, accountable and inclusive institutions

The Trust has demonstrated strong governance with transparent reporting on organisational performance. We have a team of Freedom to Speak Up Guardians who provide confidential support for any concerns about patient or staff wellbeing.



Annex B:

What the UN Sustainable Development Goals mean to University Hospitals Dorset

4/4

Goals

Contributions



Responsible Consumption and Production

Ensure sustainable consumption and production patterns

We are working to embed sustainability within our supply chain by considering the sustainability of our suppliers and the products and services that we purchase including evaluations of carbon and whole life cycle costs where viable. We will seek to work in partnership with the wider NHS network and local partners to meet this challenge.



Life Below Water

Conserve and sustainably use the oceans, seas and marine resources for sustainable development

The Trust recognises the risk to water courses from irresponsible handling of materials and works hard to embed tight controls to ensure that no pharmaceuticals or other unsuitable chemicals enter the waste water system. The Trust is committed to reducing unnecessary consumption of single use plastics



Life on Land

Protect, restore and promote sustainable use of terrestrial ecosystems, reverse degradation and halt biodiversity loss

The Trust is committed to improving biodiversity on our sites and ensuring that our staff, patients and visitors are able to receive valuable contributions to their health and wellbeing from contact with nature. We have protected and restored areas of greenspace and we commit to doing the work required to maintain a Green Flag status for our Bournemouth site.



Partnership for the goals

Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development

We are working in partnership with Our Dorset Integrated Care System, Bournemouth University, BCP Council, the Dorset LEP and other local healthcare providers. Our work with other anchor institutions is to ensure we are active corporate citizens in sustainable development.



Climate Action

Take urgent action to combat climate change and its impacts

Our climate change mitigation efforts have resulted in Trust carbon footprint reductions exceeding the NHS target of a 34% reduction over 1990 levels by 2020. We will now double down on efforts in order to meet the New NHS targets of Core Carbon Footprint – Net Zero by 2040 and Carbon Footprint PLUS by 2045. The Trust will capture climate change on the Trust risk register and track progress on adaptation measures through its Climate Change Adaptation Action Plan.



Green UHD Plan



University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 29 July 2021

Agenda item: 14.5

Subject:	Quality Improvement Strategy
Prepared by:	Director of Improvement - Alan Betts
Presented by:	David Moss, Chair
Purpose of paper:	To note the Quality Improvement Strategy
Background:	<p>The Quality Improvement (QI) strategy builds on the existing QI enthusiasm and knowledge of UHD staff and expertise within our QI team.</p> <p>It aims to embed a culture of continuous improvement and learning across the organisation in which everyone is empowered to make changes to improve the quality of clinical and non-clinical services to enable improved patient care.</p> <p>This strategy has been developed after consultation with UHD QI practitioners and enthusiasts and learning from the approaches of both previous organisations. We have also drawn on existing UHD strategies and a wide range of National strategies and reports.</p>
Key points for Governors:	<p>Our QI strategy consists of three foundations for QI and five strategic aims.</p> <p>Our foundations of quality improvement define the three themes that will run through all our improvement work. These cover how we will carry out QI:</p> <ul style="list-style-type: none"> • Patient involvement • Digital first • Sustainability <p>Our 5 strategic aims outline the five main strategic aims of our strategy and describe what we will do to develop QI.</p> <ul style="list-style-type: none"> • Leadership, governance and culture • Vision and buy in • Improvement skills and infrastructure • Aligning activity • Sustain and spread <p>This strategy aims to deliver a systematic continuous</p>

	<p>approach improve clinical and non-clinical services and ultimately provide better outcomes for patients in terms of safety, efficiency and experience.</p> <p>A series of success measures have been defined so we can demonstrate the achievement of the main aims of the strategy.</p> <p>The strategy has been developed with input from the Transformation Improvement Group throughout March-May and has been presented to the Trust Management Group in April and the Trust Board in May 2021.</p>
Options and decisions required:	The Council of Governors is asked to note the Quality Improvement Strategy
Recommendations:	The Council of Governors is asked to note the strategy
Next steps:	The strategy has an associated programme plan for delivery. The programme plan will continue to be implemented in order to realise the benefits outlined in the strategy.

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 Quality Improvement Strategy

Introduction

Our University Hospitals Dorset (UHD) strategy for Quality Improvement (QI) builds on the existing QI enthusiasm and knowledge of our staff and expertise within our QI team. It aims to embed a culture of continuous improvement and learning across the organisation in which everyone is empowered to make changes to improve the quality of clinical and non-clinical services to enable improved patient care (Appendix 1).

This aligns with the UHD **vision** 'to positively transform our health and care services as part of the Dorset Integrated Care System' and our **mission** 'to provide excellent healthcare to our patients and wider community and be a great place to work'. Our **values** have been co-created with staff and patients and include 'always improving'. Our staff told us:

'I would like us to focus on quality improvement - recognising when something is not right and how it can be improved.' Member of admin

'I most value a prioritisation on patient safety and quality improvement. Being imaginative and letting staff lead rather than be led, we all have something to offer' Healthcare Assistant, Bournemouth Hospital

Our quality improvement vision:

To become a continually improving and learning organisation

What is Quality Improvement?

Quality Improvement is a systematic continuous approach that aims to solve problems in healthcare, improve service provision, and ultimately provide better outcomes for patients in terms of safety, efficiency and experience.

QI techniques have a role in tackling complex problems with no clear solution. The approach relies on the existing knowledge, expertise and leadership of all staff in their day-to-day work, giving them systematic tools to apply in defining a problem, testing solutions in an iterative way and using data effectively to measure

'a system devoted to continual learning and improvement of patient care, top to bottom and end to end' Berwick¹

outcomes. It has the potential to realise long term benefit to patients and staff, improving morale and creating a learning organisation.

How we have developed our strategy

This strategy has been developed after consultation with our QI practitioners and enthusiasts at UHD and learning from the approaches of both previous organisations. We have also drawn on existing UHD strategies and a wide range of National strategies and reports. As the Care Quality Commission noted:

“We have found that hospital trusts that put a focus on continuous quality improvement have demonstrated that they can deliver high-quality care”

‘Improvement skills for staff at all levels improve operational performance, staff satisfaction and quality outcomes’ DPIC²

We have considered:

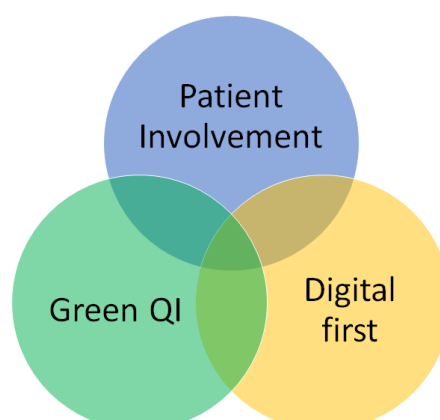
- UHD Quality Strategy
- UHD Organisational Development
- UHD Digital Strategy
- UHD Innovation Hub Plan
- Berwick Report¹
- Developing People, Improving Care²
- The Improvement Journey³
- NHS Long term plan⁴

‘Supporting service improvement and transformation across systems and within providers’ by ensuring that they have ‘the capability to implement change effectively’ NHS LTP⁴

Our Quality Improvement Strategy

Our QI strategy consists of three foundations for QI and five strategic aims.

Our **foundations of quality improvement** define the three themes that will run through all our improvement work. These cover **how** we will carry out QI.



¹ A promise to learn – a commitment to act. Improving the safety of Patients in England. Berwick, 2013.

² Developing people- Improving Care. National Improvement and Leadership Development Board, 2016.

³ The Improvement Journey. Health Foundation, 2019.

⁴ The NHS Long term Plan, 2019.

Patient Involvement

Aim: To develop patient-centred quality improvement.

Actions:

Education - Embed the importance of patient and carer involvement in QI training.

Share knowledge - Work with patient engagement team to select most appropriate solution to effectively engage patients.

Open engagement - listening to the views of our patients using our services, and actively acting on their feedback to improve the way we provide our services.

Digital First

Aim: Consider digital transformation at the start of every improvement project.

Actions:

Connection - Develop close working relationships with agreed lead contacts within the digital team to explore the art of the possible.

Process - Develop a synergistic, common approach to mapping and describing flow of information within a patient pathway.

Data - Collaborate with digital team in improving data access for staff and developing patient focussed data collection.

Training - Develop training in digital skills, including analysing and interpreting data.

Resource - Work with digital leads to enable appropriate digital support of smaller projects and prioritisation or outsourcing of larger pieces of work.

Green QI

Aim: Consider and measure the sustainability impact of QI projects.

Actions:

Education - Incorporate tools from Centre for Sustainable Healthcare into QI training.

Engagement - Encourage QI activity which has a sustainable impact, participate in Centre for Sustainable Healthcare supported work.

Record - work with sustainability committee to develop a system to measure the eCO₂ impact of QI projects.

Our **strategic aims** outline the five main strategic aims of our strategy and describe **what** we will do to develop QI.



Leadership, governance and culture

Aim: To embed senior support and leadership for QI underpinned by robust governance and an improvement culture.

Actions:

Trust Board – Executive with responsibility for QI. Board commitment to demonstrating leadership in QI and a long-term vision for organisational improvement.

Clinical leadership – Trust wide Medical quality improvement lead and clinical leads for individual projects.

Governance - Board sub-committee with responsibility for strategy and transformation and operational Transformation and Improvement Group to oversee QI work. Quality improvement priorities aligned to Trust Quality Governance priorities and Transformation Strategy.

Culture - Work with organisational development to embed UHD improvement values in appraisals. Interface closely with OD team in developing talent management training to incorporate change management and transformation.

Vision and buy in

Aim: To raise awareness of the QI approach and support early delivery.

Actions:

Communication - Launch QI strategy & QI plan, develop regular series signposting training offers and practitioner support through multimodal channels of meetings, intranet, huddles, social media.

Early delivery - develop project plans, PDSA cycles and project reviews for priority areas. Identify practitioner leads and resource allocation.

Supporting improvement - provide QI expertise to assist others in delivery, provide coaching and masterclasses to teams to assist delivery.

Improvement skills and infrastructure

Aim: To deliver training and development to staff to enable delivery of QI projects.

Actions:

Education and training – Undertake training needs analysis and develop a flexible range of materials from accessible bite size internet modules, pan-Dorset QI lite to full QSIR training. Agility to incorporate gamification and other QI tools where relevant. (Appendix 2)

Inclusive - access to improvement tools and training for all staff. Encourage role modelling of improvement behaviours, develop leaders who empower all staff to improve quality outcomes for patients.

Cohort scheduling - Target initial training to clinical leaders, implementation managers and 'in action' training to individuals involved with key projects or presenting with projects. Offer top-up 'restart' training to those with QI experience.

Community of practice – build UHD 'Quality Improvement Community (QIC)' a network of improvers with online connections and events and membership of Health Foundation Q community. Develop language and habits of improvers 'problem sensing not comfort- seeking', develop accreditation of clinical teams.

Aligning activity

Aim: To embed improvement approaches across all UHD activities.

Actions:

Project prioritisation - align quality improvement projects to UHD quality, transformation and emerging themes.

Alignment – develop a coordinated approach amongst corporate support functions for improvement projects and priorities.

Collaboration – work closely with innovation hub to support small tests of adoption and share good practice and learning.

Registration - develop register of projects using standard template and align to themes and UHD strategy.

Sustain and spread

Aim: Hold our QI gains and spread improvement.

Actions:

Organisational impact - Showcase high impact projects, develop network of peer support, publish case studies within Trust and through National systems such as FAB website, develop team accreditation, disseminate learning from completed projects. Develop a quality improvement celebration event.

Reporting - Ensure QI reports contain measures of patient outcomes, benefits realisation and eCO2 alongside learning around challenges. Incorporate ongoing tracking of gains.

Partnership- Develop training consistent with other Wessex healthcare providers. Partner with BU and the Dorset Innovation Hub to share best practice and expertise.

Momentum – Demonstrate success to Trust Board and encourage further uptake and delivery of QI projects.

UHD Quality Improvement Community – to facilitate UHD wide approach

Systems – Work with Dorset ICS on Qi training, projects and approaches to develop an ICS wide approach to improvement.

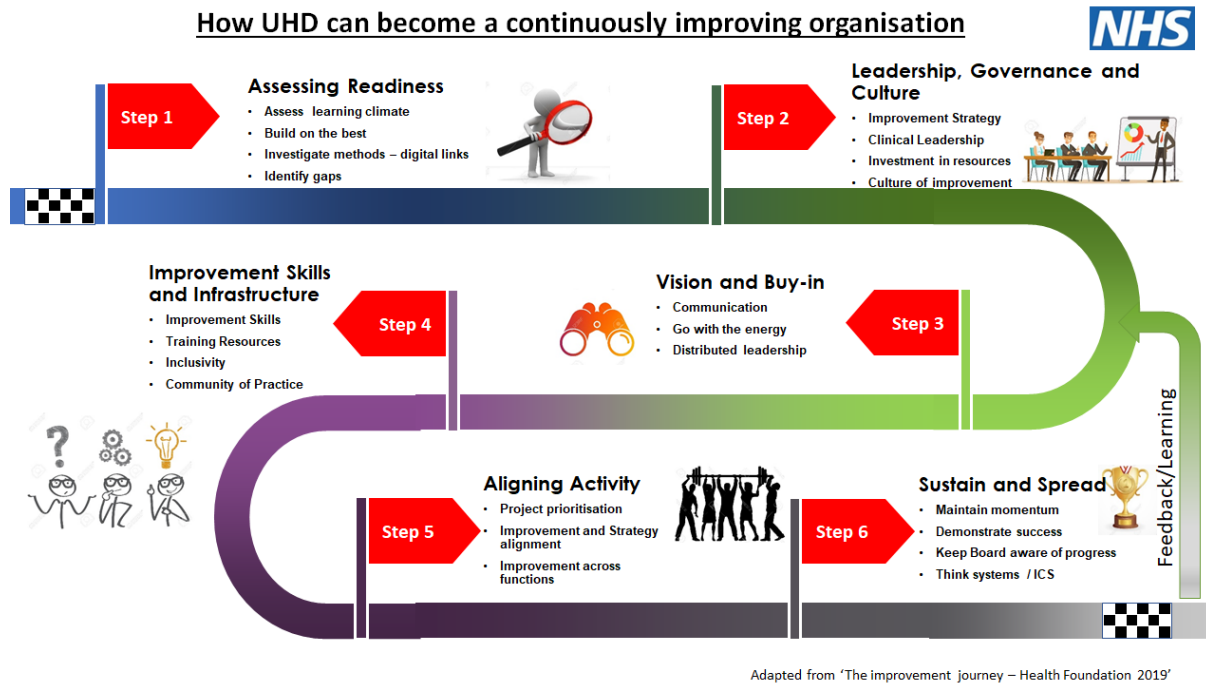
Conclusion

This strategy aims to deliver a systematic continuous approach to improve clinical and non-clinical services and ultimately provide better outcomes for patients in terms of safety, efficiency and experience.

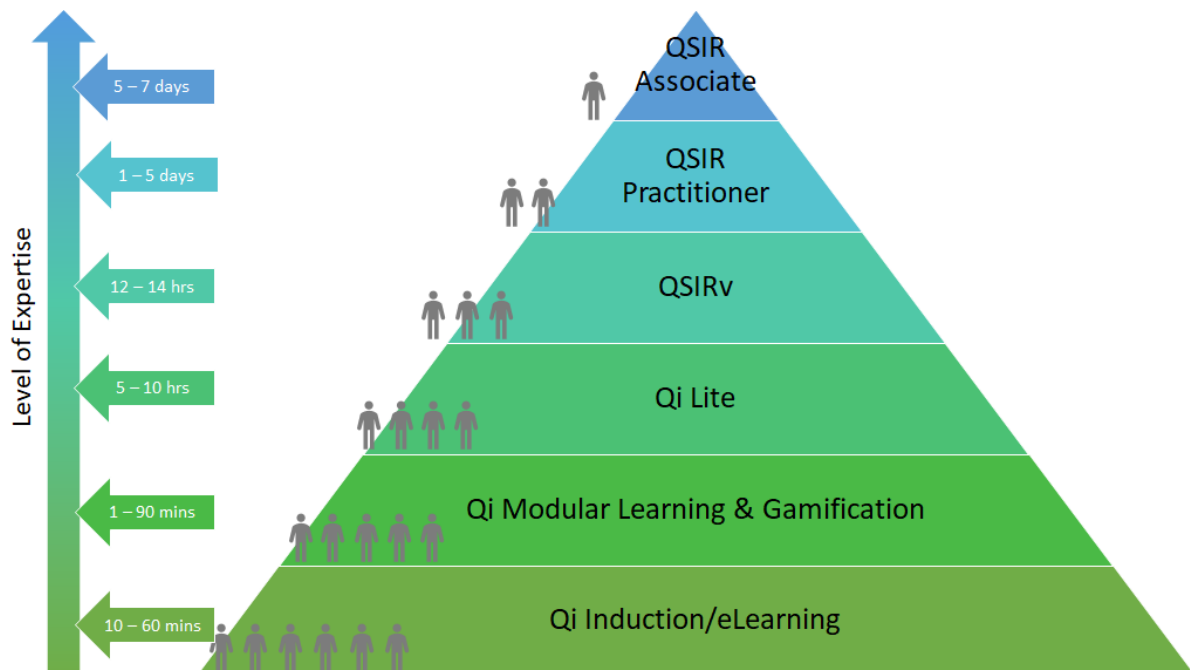
The strategy is underpinned by a robust governance structure for improvement with senior clinical and non-clinical support and has a dedicated, experienced QI team to enable delivery alongside a highly skilled and enthusiastic body of clinical and non-clinical staff who are keen to improve services. A series of success measures have been defined so we can demonstrate the achievement of the main aims of the strategy (Appendix 3).

It is through delivery of this strategy that we expect to see UHD delivering an ever increasing improvement capability in order to become a learning and improving organisation.

Appendix 1: UHD Improvement Journey



Appendix 2: Training Skills outline programme



Appendix 3: Success measures

Theme	Measure	How it would be measured
Leadership, governance and culture	% of staff who agree they are able to make improvements happen	NHS Staff survey question 4d – extent to which agree with “I am able to make improvements happen in my area of work”
Vision and buy in	% of staff who agree they are able to improve the work of their team or department	NHS staff survey question 4b – ‘I am able to make suggestions to improve the work of my team/department’
Improvement skills and infrastructure	Number of hours of QI training delivered	Courses delivered multiplied by number of participants - Eg if a training course that lasts 4 hours which has 10 participants, that would be 40 hours of training delivered.
Improvement skills and infrastructure	Number (and %) of people in UHD who have basic training in QI	Number of current staff with at least QI Lite level training; % determined by number of staff in UHD.
Improvement skills and infrastructure	Number (and %) of people in UHD who have advanced training in QI	Number of current staff with at least QSIR level training (including those who may have been trained externally); % determined by number of staff in UHD.
Aligning activity	Number of active QI projects	Number of projects on the QI registry, which are deemed active
Aligning activity	Number of QI projects which have been completed	Number of projects on the QI registry, which have been active and have been completed, whether failed or successful
Sustain and spread	Benefits realised by our completed projects	Number of benefits delivered, measured by those defined in the project e.g. £ saved, staff time released, patient LOS reduced, improved patient flow, carbon reduction.

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: Thursday 29 July 2021

Agenda item: 14.6

Subject:	COG and NREC dates for 2022
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Prepared by:	Zoe Jones, Corporate Governance Manager
Presented by:	David Moss, Chairman

Purpose of paper:	To note the meeting dates for 2022
Background:	The attached schedule shows the planned dates for the Council of Governors and NREC meetings for 2022.
Key points for Board members:	<ul style="list-style-type: none"> The attached schedule shows the dates for the Council of Governors and NREC meetings for 2022; Please note that the venues may be updated.
Options and decisions required:	To note the meeting schedule
Recommendations:	The Council of Governors is asked to note the meeting dates for 2022
Next steps:	The dates will be added to Governors' diaries

Links to Poole Hospital NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	Well Led

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

University Hospitals Dorset NHS Foundation Trust
Council of Governors Meeting Schedule 2022

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
COUNCIL OF GOVERNORS	27/01/22 2pm	-	-	28/04/22 4.30pm	-	-	28/07/22 2pm	-	-	27/10/22 4.30pm	-	-
NOMINATIONS, EVALUATION & REMUNERATION	27/01/22 10-11am	-	-	-	-	-	28/07/22 10-11am	-	-	-	-	-
BOD/COG DEVELOPMENT	-	-	-	06/04/22 Times TBA	-	-	06/07/22 Times TBA	-	-	12/10/22 Times TBA	-	-
INFORMAL GOVERNOR BRIEFING	-	24/02/22 2pm	24/03/22 2pm	-	27/05/22 2pm	30/06/22 2pm	-	25/08/22 2pm	29/09/22 2pm	-	24/11/22 2pm	-
MEMBERSHIP ENGAGEMENT GROUP	-	-	09/03/22 2-3pm	-	-	08/06/22 2-3pm	-	-	07/09/22 2-3pm	-	-	07/12/22 2-3pm
QUALITY GROUP	-	08/02/22 2-3pm	-	-	-	-	-	09/08/22 2-3pm	-	-	-	-
STRATEGY GROUP	-	-	-	13/04/22 2-3pm-	-	-	-	-	-	12/10/22 2-3pm-	-	-
ANNUAL MEMBERS MEETING	-	-	-	-	-	-	-	-	TBC	-	-	-

