University Hospitals Dorset NHS Foundation Trust

Council of Governors Meeting - Part 1

Thursday 27 April 2023

16:15 – 18:30

Boardrooms, Poole Hospital

& via Microsoft Teams

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

The next meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 16:15 on Thursday 27 April 2023 in the Boardrooms at Poole Hospital and via Microsoft Teams.

If you are unable to attend please notify the Company Secretary Team by sending an email to: company.secretary-team@uhd.nhs.uk

Rob Whiteman
Trust Chair

AGENDA – PART 1

16:15 on Thursday 27 April 2023

Time		Item	Method	Purpose	Lead
16:15	**1**	Welcome, Introductions, Apologies & Quorum	**Verbal**		**Chair**
	2	Declaration of Interests	**Verbal**		**Chair**
16:20	**3**	**MINUTES**			
	3.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 26 January 2023	**Paper**	**Approval**	**Chair**
	3.2	Matters Arising – Action List	**Verbal**	**Information**	**Chair**
16:25	**4**	**TRUST CHAIR AND CHIEF EXECUTIVE UPDATES**			
	4.1	Chair's Update	**Verbal**	**Information**	**Chair**
	4.2	Chief Executive's Update	**Verbal**	**Information**	**CEO**
16:40	**5**	**INTEGRATED PERFORMANCE REPORT AND RISK**			
	5.1	Integrated Quality, Performance, Workforce, Finance and Informatics Report	**Paper**	**Information**	**Chief Officers**
17:00	**6**	**GOVERNANCE**			
	6.1	Feedback from the Nominations, Remuneration and Evaluation Committee: • Annual Report/Statement on the work of the Nominations, Remuneration and Evaluations Committee (NREC)	**Paper**	**Approval**	**Chair**
	6.2	Annual Review of the Register of Interests	**Paper**	**Approval**	**CoSec**
	6.3	Annual Review of the Governance Cycle	**Paper**	**Approval**	**CoSec**
	6.4	Schedule of Meetings for 2023/2024	**Paper**	**Approval**	**CoSec**
	6.5	Annual Members' Meeting	**Paper**	**Approval**	**Chair**
17:15	**7**	**COMMITTEES AND GOVERNOR GROUPS UPDATE**			
	7.1	Rotation of Governor Observers Update	**Paper**	**Approval**	**Chair**

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	7.2	Feedback from Council of Governor Groups • Membership and Engagement Group	**Verbal**	**Noting**	**Group Chairs**
	7.3	Feedback from Governor Observers	**Verbal**	**Noting**	**Governor Observers**
17:30	8	Urgent Motions or Questions	**Verbal**		**Chair**
	9	Any Other Business	**Verbal**		**Chair**
17:45	10	**Date of Next Council of Governors Meeting:** Thursday 27 July 2023 at 16:30 in the Committee Room at Royal Bournemouth Hospital Future Meetings: 26 October 2023.			

* late paper

This meeting is being recorded for minutes of the meeting to be produced.
The recording will be deleted after the minutes of the meeting have been approved.

Items for Next Council of Governors Part 1 Agenda

Standing Reports

- Chair's Update
- Chief Executive's Update
- Feedback from the Nominations, Remuneration and Evaluation Committee
- Integrated Performance Report
- Update from Council of Governor Groups
- Feedback from Governor Observers

Annual Reports

- Summary of Operational Plan
- Trust's Annual Report & Accounts
- Governor response to the Quality Account
- Annual Audit Committee Report and consult on Terms of Reference
- Board Assurance Framework Annual Report (past year)
- Board Assurance Framework (new year)
- Membership Strategy Review
- Review of the terms of reference of the Nominations, Remuneration and Evaluations Committee

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Reading Room Materials
N/A

<u>**List of abbreviations:**</u>
CEO – Chief Executive Officer
CNO – Chief Nursing Officer
CSTO – Chief Strategy and Transformation Officer
<u>Other abbreviations</u>
CDEL – Capital Delegated Expenditure Limit
CIP – Cost Improvement Programme
ED – Emergency Department
HSMR – Hospital Standardised Mortality Ratio
ICB – Integrated Care Board
ICS – Integrated Care System
ITU – Intensive Therapy Unit
MSG – Mortality Surveillance Group
NHSE/I – NHS England/Improvement
#NOF – Fractured neck of femur
OPEL – Operational Pressures Escalation Levels
SDEC – Same Day Emergency Care
SHMI – Summary Hospital-Level Mortality Indicator
SMR – Standardised Mortality Ratio
SWAST – South West Ambulance Service NHS Foundation Trust

CFO –Chief Finance Officer
CoSec – Company Secretary Team

AGENDA – PART 2 PRIVATE MEETING

17:45 on Thursday 27 April 2023

Time		Item	Method	Purpose	Lead
17:45	11	Welcome, Introduction, Apologies & Quorum	**Verbal**		**Chair**
	12	Declaration of Interests	**Verbal**		**Chair**
17:50	13	**MINUTES**			
	13.1	For Accuracy and to Agree: Minutes of Extraordinary Council of Governors Meeting held on 20 March 2023	**Paper**	**Approval**	**Chair**
	13.2	Matters Arising – Action List *(none outstanding)*	**Verbal**	**Review**	**Chair**
17:55	14	**GOVERNANCE**			
	14.1	Update from the Part 2 meeting of the Board of Directors held on 26 April 2023	**Verbal**	**Noting**	**Chair**
	14.2	Feedback from meeting of the Nominations, Remuneration and Evaluations Committee (NREC)	**Verbal**	**Noting**	**Chair**
18:25	15	Any Other Business	**Verbal**		**Chair**
	16	Reflections on the Meeting	**Verbal**		**Chair**
18:30	17	**Date of Next Council of Governors Meeting:** Thursday 27 July 2023 at 18:15 in the Committee Room at Royal Bournemouth Hospital Future Meetings: 26 October 2023.			

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Items for Next Council of Governors Part 2 Agenda:

Standing Items

- Update from NREC
- Update from the Part 2 meeting of the Board of Directors

Annual Item

- Approve recommendations from Nominations, Remuneration and Evaluation Committee on Chairman's and Non-Executive Directors' remuneration/ allowances/ terms & conditions
- Outcome of the Chairman's and Non-Executive Directors' annual performance evaluation

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Reading Room Materials
N/A

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

List of abbreviations:

CEO – Chief Executive Officer   CFO –Chief Finance Officer
CNO – Chief Nursing Officer   CoSec – Company Secretary Team

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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 26 January 2023 at 16:30 in the Lecture Theatre at Bournemouth Hospital and via Microsoft Teams.

Present:	Rob Whiteman	Trust Chair *(Chair)*
	Lesley Baliga	Public Governor: Poole and Rest of Dorset
	Mandi Barron	Appointed Governor: Bournemouth University
	Colin Beck	Public Governor: Christchurch, East Dorset and Rest of England
	Robert Bufton	Public Governor: Poole and Rest of Dorset
	Sharon Collett	Public Governor: Bournemouth, Lead Governor
	Pal Inder Dhariwal	Public Governor: Bournemouth
	Steve Dickens	Public Governor: Christchurch, East Dorset and Rest of England
	Beryl Ezzard	Appointed Governor: Dorset Council
	Paul Hilliard	Appointed Governor: BCP Council
	Marjorie Houghton	Public Governor: Bournemouth
	Susanne Lee	Public Governor: Christchurch, East Dorset and Rest of England
	Andrew McLeod	Public Governor: Poole and Rest of Dorset
	Keith Mitchell	Public Governor: Bournemouth
	Patricia Scott	Public Governor: Poole and Rest of Dorset
	Jeremy Scrivens	Public Governor: Christchurch, East Dorset and Rest of England
	Diane Smelt	Public Governor: Bournemouth
	Carrie Stone	Public Governor: Poole and Rest of Dorset
	Kani Trehorn	Staff Governor: Nursing
	Michele Whitehurst	Public Governor: Poole and Rest of Dorset, Deputy Lead Governor
	Sandra Wilson	Public Governor: Christchurch, East Dorset and Rest of England
In attendance:	Karen Allman	Chief People Officer
	Yasmin Dossabhoy	Associate Director of Corporate Governance
	Siobhan Harrington	Chief Executive Officer
	Mark Mould	Chief Operating Officer
	Pete Papworth	Chief Finance Officer
	Richard Renaut	Chief Strategy and Transformation Officer
	Paula Shobbrook	Chief Nursing Officer
	Caroline Tapster	Non-Executive Director, Senior Independent Director
	Klaudia Zwolinska	Corporate Governance Assistant

CoG 001/23	**Welcome, Introductions, Apologies & Quorum**
	The Chair welcomed everyone to the meeting. Recognising the number of new Governors, each Governor was invited to introduce themselves to the Council of Governors.
	Apologies were received from the following members:
	• Markus Pettit, Staff Governor for Estates and Ancillary Services
CoG 002/23	**Declarations of Interest**
	No existing interests in matters to be considered were declared. In addition, no further interests were declared.
CoG 003/23	**Minutes of the meeting held on 27 October 2022**
	The minutes of the Council of Governors meeting held on 27 October 2022 were APPROVED as an accurate record.
	Rob Whiteman noted that there were no outstanding actions to be reported upon at this meeting.

CoG 004/23	**Chair's Update**
	Rob Whiteman outlined the considerable pressure for the National Health Service in general, including the Trust. There were significant demand pressures post-Covid and significant emergency pressures that the hospital was currently experiencing.
	He hoped that the industrial disputes would be settled quickly by the Government for all involved; these added to the operational pressures.
	He reported that he had regular contact with other local acute chairs in the area as well as with the chair of the Integrated Care Board (ICB). He had attended the Integrated Partnership Board for Dorset as well as met with Trust Chairs from other parts of the country.
CoG 005/23	**Chief Executive's Update**
	Referencing her update at the meeting in public of the Board the previous day, Siobhan Harrington highlighted some aspects from her report.
	This had been her first experience of working through a Christmas and New Year at the Trust and she wanted to extend a big thank you to the Governors, who she had met on many occasions at the Trust's hospitals throughout December, including at the carol singing event and in some clinical areas. It was a difficult time of great pressure for every hospital in the country.
	The Trust had not been delivering up to the standard of care it would hope to deliver, given these pressures. However, she had been impressed by the teams across the hospitals working very hard to keep people safe and to look out for each other.
	She highlighted that:
	• The Trust continued to have a baseline position of Covid, with there also being a large number of flu cases. Currently, there were approximately 30 patients with Covid across the Trust's hospitals and some members of staff were still off with Covid. The number of flu cases was now beginning to reduce.
	• The pressures related to urgent and emergency care depicted in the Integrated Performance Report (IPR) had given the executive team an opportunity to consider how to strengthen the governance and risk management across the Trust, with people across the Trust having engaged with that.
	• The level of activity across UHD and the number of operations being performed despite some disruption were commendable.
	• The impressive work in relation to cancer, notably the Trust having achieved a positive position in relation to cancer waiting times in January 2023, demonstrated the caring by clinicians.
	• Work was underway in relation to the three-year plan for the Trust as well as for next year, which would be presented to the Board in March 2023.
	• From a financial perspective, there was a year to date deficit; however, the Trust was working hard to achieve an in year break-even position. It was important that the Dorset system could demonstrate its ability to manage its finances appropriately, even during turbulent periods. Additional monies were being received to support.
	• There had been a number of CQC inspections and reports. She anticipated that once the final reports for the maternity, medicine and surgery inspections that had taken place were received, these would be mixed. The CQC had referenced having seen some very good examples of teamwork and a culture of caring; however, there were also areas in which they wanted to see improvement. Some of those improvements had already been implemented. Once the final reports had been received, these would be presented to the Board and she would expect that these would be discussed at a meeting of the Council of Governors.
	• Patient First, the quality improvement methodology, was being commenced. The first stage involved a baseline assessment across the

organisation which was currently being concluded. Alongside this, focus would be placed upon the True North and the targeted items upon which the Trust would focus upon delivering. Training across the Trust in quality improvement as multidisciplinary teams was planned. Further discussions about this would take place with Governors. Patient First would help the culture across the organisation.

- She referenced the positive news in her Chief Executive's Update to the Board in relation to the transformation work, the outline business case and workforce planning.
- The appointment process for the Chief Medical Officer had been concluded.
- A webinar had been held earlier that day. With the industrial action ongoing, people were being encouraged to speak up, to talk, engage and listen to each other and learn from this experience. It was important to learn with staff and from their experiences as well as be as ready as possible for the next round of nurses and ambulance strikes to maintain patient safety and look after all staff, whether striking or at work.

Susanne Lee asked whether the Covid cases referenced in Siobhan Harrington's update were hospital acquired or were patients admitted with Covid. Siobhan Harrington could not be definitive without re-checking, however, she anticipated that it was a mixture of both.

Expressing her enthusiasm for the Patient First initiative, Sharon Collett enquired when the Council of Governors would be able to hear more about it. Siobhan Harrington proposed a separate session being held including how Governors could be engaged in the process.

CoG 006/23	**Integrated Quality, Performance, Workforce, Finance and Informatics Report** Pete Papworth presented the finance report, highlighting: - The difficult financial position faced by the Trust. October and November 2022 had been positive months, reflecting the financial recovery plan developed and actions agreed. December had been very pressured operationally. AS he had referenced at the meeting of the Board, in December, out of 31 days in the month, the hospital was Operation Pressures Escalation Level (OPEL) 4 for 29 of these, OPEL 4 being the highest level. The Trust had been in critical incident or business continuity incident for 24 of those days. As a result, significant additional escalation capacity had to be opened, with premium costs of additional agency nurses, locum, doctors and medical sessions. - While the recovery actions continued in December 2022, with the additional pressures, the Trust was off plan by £200,000, taking the year to date deficit to £4.2 million. - The pressures had continued throughout January 2023, with the Trust having been at OPEL 4 every day and for 19 days out of 26 so far having been in business continuity incident or critical incident - Conversations had taken place across the Dorset Integrated Care System, with the current expectation of achieving a balanced position this financial year and, albeit not yet formalised, an expectation that approximately £2million of additional funding would be secured from the ICB) - To support achieving the balanced position, there would be a significant amount of financial recovery needed to be completed by the end of the year to cover the remaining pressures. Presenting the operational performance report, Mark Mould drew attention to: - December 2022 having been the most challenging month of the year; this also having been reflected at a national and regional level. - The gratitude to all staff for their hard work and also patients for their support not just in December, but for the whole year.

- The decisions taken about the use of capacity across the organisation, particularly putting more capacity over to urgent and emergency care. This had meant some of the routine elective surgery had to be postponed, notwithstanding that this meant that some patients had to wait longer.
- There were three key areas which had been further escalated to the Quality Committee and the Board:
    - The number of people who did not meet the criteria to occupy beds at the Trust.
    - The number of people who were waiting to be handed over to the emergency department through ambulances.
    - The pressure that the emergency department was under during December 2022. He provided reassurance that when reports were prepared to the individual Committees, clear actions were in place to mitigate such events and also actions to create some sustained improvements.

Paula Shobbrook presented the quality report, reiterating the pressures during December and referencing:

- The issues with infection control, predominantly due to respiratory illnesses during December. She confirmed that there was strong oversight for the all infection control issues and commented upon there being an Infection Prevention and Control (IPC) group that she chaired.
- Strong oversight was in place regarding prescribing of antibiotics. This was particularly important with some organisms.
- The focus at the Quality Committee was on fundamentals of care. This included ensuring that patients were assessed appropriately and reductions in falls. The population of Dorset had one of the highest numbers of falls in the country.
- Although the numbers of falls in hospital had reduced, in December 2022, there had been some harm from falls.
- Family and Friends Test (FFT) results had not been as strong as previously. This correlated to it having been a busy time and the extreme pressures in the Trust.
- The recruitment team had been working tirelessly to bring staff to the organisation. The red flags in the report were attributable to the Trust having tight oversight on its staffing. The matrons worked hard to ensure that the Trust had the correct levels of staffing required. Some staff had to be moved from their home team to the areas where staff were needed the most.

Karen Allman, presenting the workforce report, highlighted:

- The support and wellbeing for staff: there were reduced waiting times for Occupational Health appointments (8 working days).
- The psychological support and counselling services which were very well received by staff and continued to be promoted.
- The updated Governors Induction page with mandatory Blending Education and Training (BEAT) available to them.
- The progress and challenges in terms of recruiting.
- The successful event that had taken place on 25 January 2023 in Poole encouraging people to come and talk about joining for the registered nurse degree apprenticeship program running across Dorset. Extremely positive feedback had been received about it from the Dorset system.

Noting the reference on page 19 of the meeting pack where the staff networks had been recognised as best practice, Diane Smelt commended this. Karen Allman added that the Trust was proud of its staff networks and that they had been involved in the recent Board recruitment process and would continue to be supported in future.

Keith Mitchell enquired about the reason for the complaints level having increased by 50% this year. Paula Shobbrook responded that this was partly driven by the reporting, with the Trust promoting early resolution. Themes included

communication, which aligned to national themes. There had been some relating to clinical care; where there were complaints, triangulation occurred where there had been an incident. In December 2022, there had been an increase, co-relating with the circumstances at the hospital. The Trust aimed to be responsive to anyone that raised concerns, particularly through face to face conversations.

Michele Whitehurst asked when the junior doctors' ballot results would be announced and whether the consultants were planning any industrial action. As a separate question, she enquired whether there was any correlation between of the retention of physiotherapists and numbers of falls. In relation to the first of these questions, Karen Allman responded that the result would not be known until 9 February 2023; however, it would not be surprising if such industrial action were to take place, with the full details not yet known. The situation with consultants was currently unknown.

In relation to the second of Michele Whitehurst's questions, Paula Shobbrook confirmed the good relationship between the Trust and physiotherapists, highlighting the role of the Associate Director of Allied Health Professionals(AHPs),; Although there were some recruitment pockets, with the Trust and Bournemouth University having worked on developing their relationship in getting trained physiotherapists. They were needed not only in hospitals but also in community settings, with the role being an important part of the fundamentals of care.

Referencing the meeting of the Board the previous day, Jeremy Scrivens commented that he had noted the Trust was paying a premium of £650, for data retention and asked whether this could be refunded. Pete Papworth explained that the charge related to the clinical negligence scheme for trusts (CNST) and particularly the maternity incentive scheme. At the start of each year, the Trust paid an insurance premium through NHS Resolution, with 10% more than the premium paid as with other trusts. If the Trust met the safety standards for maternity then it would be able to receive a rebate of such 10%, which for the Trust was approximately £650,000. There were some areas where the data did not support the Trust reporting full compliance, for which the Trust would be notifying that it did not have sufficient evidence to confirm. An action plan would be submitted outlining how compliance would be ensured moving forward. NHS Resolution would then decide whether the criteria were met and if the Trust would receive the payment. Paula Shobbrook added that the specific areas that were amber related to training records: it was known that people had the training, however there was not electronic training record to demonstrate assurance for the year. Rob Whiteman confirmed that it was not a foregone conclusion that the Trust would not receive the money.

Steve Dickens asked Karen Allman whether the registered nurse apprenticeship was run as degree course with student paying fees or as an apprenticeship where the student was employed by the Trust and did not pay fees. She confirmed that the costs of the program were funded though the apprenticeship levy and the staff were paid.

Marjorie Houghton enquired about the current status of international recruitment. Karen Allman confirmed that the Trust was successful with international recruitment and was on target to hire 220 nurses through international recruitment by the end of the financial year. Medical recruitment was also taking place.

As a supplement to this, Marjorie Houghton asked whether the additional staffing would result in reductions in agency staff. Paula Shobbrook answered that there remained a need for agency staff, with some because of additional capacity being open and a number of patients within the Trust needing specialist support for example with mental health. The aim would be to hire and retain more nurses and other staff and use less agency staff; this had been previously achieved, but the Trust currently remained under pressure.

Marjorie Houghton also enquired about the number of beds occupied by patients who were medically ready for discharge. Mark Mould outlined that in the lead up to Christmas, the Trust had been able to reduce the numbers of such patients down to 155 and was making substantive progress with its partners. However,

the number as at the date of the meeting was 220; some had been anticipated, with over 100 escalation beds open over Christmas. Since achieving 155, the number had continually increased, with a need for capacity in the community for these patients.

Kani Trehorn asked whether it would be possible to remove staff sickness points that are related to Covid from Bradford scores. Karen Allman explained that the previous arrangements for the recording of Covid had ended; it would be very challenging for the Trust not to follow the national terms and conditions regarding recording sickness related to Covid, which were agreed in partnership with trade unions. Referencing the earlier discussions about support and wellbeing for staff, she also commented upon these including long Covid clinics.

Robert Bufton shared that his son, a paramedic, was involved with corridor care during the recent strikes and enquired whether the Board was aware of the corridor care. Mark Mould answered that staff and patient's safety was the number one priority, which meant releasing the ambulances as quickly as possible. The Board had been briefed that the Trust was working with a paramedic service which helped with patients moving from ambulances into the emergency department. When the emergency departments were full, they would be moved from ambulances into the corridor at Poole and Bournemouth hospital. This meant that South Western Ambulance Service Foundation Trust (SWASFT) could be released to respond to 999 calls. Agreement had been reached with SWASFT in recent weeks to support patients in corridor care. This would allow patients to be brought into hospital care, register them in the Trust's care, determine their clinical priority and start observations. He added that having patients in the corridor was not ideal and the team were working hard to prevent it, but it did allow the Trust to understand the full list of patients waiting for emergency care in the department.

The Council of Governors NOTED the Integrated Quality, Performance, Workforce, Finance and Informatics Report.

CoG 007/23	**Board Assurance Framework (six monthly report)/ Trust Annual Objectives – mid year review**
	Richard Renaut presented an overview of the Board Assurance Framework and Trust Annual Objectives. Commenting upon the areas that were amber, he referenced the multitude of factors including strikes, emergency pressures and Covid recovery. However, progress was being made.
	A Board Development session would be held on the Board Assurance Framework.
	The Council of Governors NOTED the Board Assurance Framework (six monthly report)/ Trust Annual Objectives – mid year review.
CoG 008/23	**2023/24 Planning Guidance and Priorities**
	Richard Renaut presented the 2023/24 Planning Guidance and Priorities.
	The Council of Governors NOTED 2023/24 Planning Guidance and Priorities.
CoG 009/23	**Review of Trust Constitution: Annex 5 Standing Orders for the Practice and Procedure of the Council of Governors**
	Yasmin Dossabhoy presented the paper in relation to the Review of Trust Constitution: Annex 5 Standing Orders for the Practice and Procedure of the Council of Governors.
	The Council of Governors APPROVED the Annex 5 Standing Orders pending the wider review of the Constitution, with there being no issues with the current version that were considered as needing to be addressed in the immediate term.
CoG 010/23	**Council of Governors Assessment of Collective Performance**
	Yasmin Dossabhoy presented the outcomes from the Council of Governors Assessment of Collective Performance, thanking all Governors who had completed the anonymous feedback.
	She referenced some of the areas that Governors had suggested for future development having already been acted upon and implemented and highlighted key themes from the assessment.

	Sharon Collett expressed thanks for the work on the questionnaire, commended the analysis and all Governors who contributed to it. She asked whether there was any comparison in assessment results between the Trust and similar size trusts. Noting that there were not any standardised questions provided by Code of Governance used to prepare the assessment, Yasmin Dossabhoy suggested that there may be opportunity to identify how other Trusts were approaching this. The questions had been based on previous versions from the legacy trusts, with enhancements made taking into account, for example, issues that Governors had raised as challenges. In completing the analysis, consideration had been given to the comparison to the previous years. The environment had changed, and it did need to be contextualised - although the outcome of the assessment was positive, it was an opportunity to learn. Rob Whiteman added that it was positive to have a Council of Governors that understood and had confidence about its role and was keen to engage with the public and act as a point of contact for the Trust.

Robert Bufton supported having informal Governors meetings throughout the year for different purposes including for example training.

Andrew McLeod mentioned that pre-Covid there had been national Governors' meetings organised by NHS Providers which were a great occasion to meet with Governors from other trusts. Rob Whiteman confirmed that if NHS Providers were to advertise something similar to this, it would be circulated. He had attended a recent NHS Providers course on working with Councils of Governors which had been beneficial.

The Council of Governors APPROVED the Council of Governors Assessment of Collective Performance. |
| CoG 011/23 | **Council of Governor Groups**

Yasmin Dossabhoy presented the Council of Governors Groups report, adding that she had recently attended a Population Health training session and outlined a potential opportunity she had explored for joint training for the Trust's Governors and Dorset County Hospital and Dorset Healthcare.

She had discussed with Rob Whiteman that the Board of Directors and Council of Governors development session taking place on 22 February 2023 would be a good opportunity to review and discuss these groups and how will they look moving forward.

Diane Smelt commented that she had been unable to find information about the existing Patient Engagement Group within the Trust. Commenting on the current status of that Group, Rob Whiteman suggested the Governors having their discussion about their proposed Group with a view to it being in synch with the Patient Engagement Group.

Diane Smelt asked whether the Trust's membership engagement strategy would be linked to the work of the Integrated Care Board in working together with people and communities by partnership building. Rob Whiteman answered that it was early days with the Integrated Care Board having come into effect on 1 July 2022. The Trust needed to develop its own approach to focus on these issues, including through the Population Health and System Committee, discussions with the Governors as these would contribute to the Integrated Care Board agenda.

Keith Mitchell indicated that there was potential opportunity for Governors to seek further input from the public about the Trust's strategy and queried the appropriate route for feedback given to Governors from members of the public. Rob Whiteman supported the outcome of feedback being effectively utilised. Stephen Mount, one of the Non-Executive Directors, would be taking on a new champion role for listening to feedback and reporting this back to the Board. It would be beneficial for Governors to provide feedback from the public when the strategy was being developed, while maintaining the position of the executive team's responsibilities for working on the strategy.

There was broad discussion about engagement with other Governors in Dorset, with opportunities to discuss these further at the development session. Rob Whiteman emphasised the importance of the Council of Governors being a |

	collective and therefore having the joint conversation about how the Council wanted to work being very important.
	Patricia Scott also highlighted the importance of Governors receiving feedback from events and analysis of the data. It was noted that this had been discussed at the Membership Engagement Group and the Communication Team were working on that.
	The Council of Governors NOTED the Council of Governors Group paper.
CoG 012/23	**Proposed process for appointments to the Nominations, Recommendation and Evaluation Committee**
	The Council of Governors APPROVED the proposed process for appointments to the Nominations, Recommendation and Evaluation Committee.
CoG 013/23	**Development of Future Assurance Updates from Committee Chairs to CoG**
	Rob Whiteman provided an overview of the assurance reports from Committee Chairs presented to the meeting of the Board the previous day and which would continue to be provided to the Board going forward.
	As part of the Council of Governors' role of holding the Non-Executive Directors to account, going forward, at the quarterly development sessions for the Board and the Council of Governors, the agenda would include a presentation of these assurance reports by the Committee Chairs to Governors, with opportunity for Governors to ask questions. He added that the development sessions would be a good opportunity to build the relationships between Governors and Non-Executive Directors, noting the feedback as part of the Council of Governors Assessment of Collective Performance about the enhancement opportunities in this area. Other opportunities for asking questions of the Non-Executive Directors would usually include at the Annual Members' Meeting. There was therefore focus upon building upon these opportunities.
	The Council of Governors NOTED the update on the Development of Future Assurance Updates from Committee Chairs to the Council of Governors.
CoG 014/23	**Rotation of Governor Observers**
	Rob Whiteman updated Governors that in tandem with streamlining the numbers of Committees from eight to six, it was proposed that two Governors rather than one could attend each Committee as an observer, enabling Governors to have more opportunity to see the Non-Executive Directors in action.
	It was also proposed that Governors would rotate their attendance at the Committees to give them an opportunity to see different Non-Executive Directors and how different Committees worked. This approach was being trialled and could be reviewed in future. Yasmin Dossabhoy highlighted that based on what she had observed from other trusts, this was an innovative approach, with some other trusts who had Governor observers provided for these to be on a fixed term basis. She also outlined the process for Governors to be able to put themselves forward to observe at Committees.
	Rob Whiteman invited Caroline Tapster to comment upon the discussions that Non-Executive Directors had been involved in about the need for further interaction with Governors. She agreed that there was a need for more face to face meetings, especially the informal aspects of meeting when people get to know each other and establish relationships.
	Referring to Jenni-Douglas Todd's presentation to Governors about how Governors hold Non-Executive Directors to account, Michele Whitehurst asked whether the proposed approach aligned to this. Rob Whiteman responded that Governors should have more oversight of the engagement of the Trust in the system: rotating around committees would support this. He confirmed that he was meeting with Jenni-Douglas Todd that week, who was keen on the changes being made; he would raise this with her. Yasmin Dossabhoy also highlighted that when looking at the restructure of the Trust's Committees, regard had been had to the ICB Committee structure.

	Sharon Collett requested opportunities to meet up with Non-Executive Directors before certain meetings commence for informal discussion and to build relationships. Rob Whiteman agreed with this. The Council of Governors NOTED the proposed Rotation of Governor Observers.
CoG 015/23	**Feedback from Council of Governor Groups** Rob Whiteman reported that Quality Group had not met during the cycle. He invited Sandy Wilson, Chair of the Membership and Engagement Group to provide an update. She encouraged new Governors to get involved and support the activities to engage with the community and members. The return to face to face activities after Covid had continued to increase. New ventures were being explored, including the indoor markets at Wimborne. The Café Chats were an opportunity for Governors to support with individuals who were isolated, with Keith Mitchell having led this initiative and other Governors involved. She provided an overview of planned events for the upcoming months as well as the communications strategy being developed by the Communications Team. The Council of Governors NOTED the Feedback from the Council of Governor Groups.
CoG 016/23	**Any Other Business** There being no other business, the meeting was closed.
	The date and time of the next meeting of the Extraordinary Council of Governors was announced as Thursday 27 April 2023 at 16:30 in Boardrooms at Poole Hospital and via Microsoft Teams.

COUNCIL OF GOVERNORS – PART 1

Meeting Date: 27 April 2023

Agenda item: 5.1

Subject:	Organisational Operational Performance March 2023
Prepared by:	Executive Directors, Alex Lister, Leanna Rathbone, Sophie Jordan, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Irene Mardon, Jo Sims, Andrew Goodwin
Presented by:	Executive Directors for portfolio areas

Strategic Objectives that this item supports/impacts:	Continually improve quality ⊠ Be a great place to work ⊠ Use resources efficiently ⊠ Be a well led and effective partner ⊠ Transform and improve ⊠
BAF	Trust Integrated Performance report March 2023 - Appendix A
Purpose of paper:	Assurance
Executive Summary:	Continuing pressure across the Urgent & Emergency care pathway and organisational flow in March 2023 with attendances increasing. Ambulance handover delays and the number of patients Medically ready to leave reduced contributing to bed pressures and crowding in the emergency departments and overall high bed occupancy. Community and hospital associated cases of COVID-19 and Norovirus in Dorset remain variable and has impacted hospital flow. Workforce availability to meet escalating capacity levels are contributing to increased agency costs and impacting staff wellbeing. Impact on hospital reputation and increased challenges to elective care recovery as a result of having to move capacity to support emergency pathways.
Background:	The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into an area of interest for additional information and scrutiny. As part of our commitment against the CQC Well-Led Framework and the development of our 'Patient First Work' we continue to develop the format and content of the IPR by: • Extending best practice use of Statistical Process Control (SPC) Charts. • Greater focus on specific key indicators.

	• Providing SPC training to operational leads who compile the narrative against the data included within the report. • Linking the structure of the report to the delivery of our organisational strategic objectives.
Urgent & Emergency Care (2 Advise)	**Strategic objective: To continually improve the quality of care** *Advise (1): Time lost to ambulance handover delays and handovers>60 minutes – remains above trajectory.* *Advise (2): 2023/24 planning requirement on Emergency Department 4 Hour performance and reporting from 15 May 2023.* *Pressure continues in the Trust's Emergency Departments however during March 2023 the organization across both sites saw a number of markers of flow improve even with the industrial action and the increased numbers of patients attending the department. (13,000 ED attendances in March; increase of 16 per day more across UHD than seen in February 2023, and 60 more than January 2023).* *Markers of flow* • the average meantime for attendances in ED decreased by 15 minutes. The number of patients spending more than 12 hours in our EDs also decreased (205 less in month). • Ambulance conveyances decreased in March 2023 (average of 40 per day, split equally between sites) and there was a significant (24%) reduction in the proportion of ambulances waiting longer than 60 minutes in March 2023. • Reduction in NCTR by 50 patients. The IPR provides detailed performance against the national Urgent & Emergency Care standards. The recovery plan to reintroduce the 4-hour standard by 15 May 2023 has commenced.
Occupancy, Flow & Discharge (1 Alert)	**Strategic objective: To continually improve the quality of care** **Alert: Medically Ready to Leave (MRTL) - reduction delivered is not at a level to achieve reduction in funded bed occupancy** • Both sites continued to maintain escalation beds open in March 2023. Occupancy remains at an average of 94.5% across UHD (up 1.4 % over last 2 months), however has often exceeded 100% on a single site, with OPEL 4 being declared across UHD consistently. This includes planned escalation but does not account for beds utilised for overnight activity that prevents their use for the purpose intended e.g. SDEC and day case areas. • There was an average of 194 patients MRFD occupying beds across both sites in March 2023: 50 fewer than February 2023 due to the commissioning of system community bed capacity. • Discharge to Assess launched on 1 April 2023 and is having a positive impact on discharge rates, with targeted focus on those that remain in hospital. The Trust's discharge processes and systems are also reviewed daily to minimise internal delays.

	UHD will run a Multi-Agency Discharge Event (MADE) towards the end of April to focus actions on supporting patients that are not progressing towards discharge in a timely manner to include CTR (criteria to reside) and MRTL.
Surge, Escalation and Ops Planning	**Strategic objective: To continually improve the quality of care** • UHD and community wards have ongoing challenges with both COVID and Norovirus impacting both flow and discharges (providers will not accept patients from wards with norovirus). • Junior doctors' industrial action in March 2023 in UHD has required staffing and available resources to be focused on our Emergency Pathways, and the cancellation of a significant proportion of elective and outpatient activity. Our Incident Control Centre (ICC) has been formally stood up to manage the impact Industrial Action as it takes place.
Referral to Treatment (RTT) (1 Advise, 1 Assurance)	**Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services** **Advise: #NOF Pathway Improved Position in March 2023, but below Best Practice Tariff or Quality Targets.** **Assurance: Delivery of reduction in RTT 78-week waiters, which exceeded the planned trajectory.** • The Trust maintained delivery of zero elective waits over 2 years into March 2023. • Delivered a better than plan position for waits over 78 weeks, reducing to 96 (all of which are admitted pathways) by 31 March 2023. • Planned industrial action during March reduced capacity for elective care. Consequently, the Trust's trajectory to eliminate 78-week waits has been extended to 31 May 2023.

Planning requirement	Feb 23	March 23	
Referral to treatment 18-week performance	55.3%	53.8% ▼	National Target 92%
Eliminate > 104 week waits	0	0 ▼	Plan Trajectory 0 by February 23
Eliminate >78 week waits	274	96 ▼	Plan Trajectory 123 by March 2023
Hold or reduce >52+ weeks	3,861	4,100 ▲	Plan Trajectory 1,860 by March 2023
Stabilise Waiting List size	72,522	72,770 ▲	Increase of 248 v February 2023

• All efficiency markers for theatre utilisation were down in March 2023 due to cancellations and the impact of industrial action. The theatre utilisation rate delivered was 64% against a plan for 80%.

	• An increase in 1-2 day prior cancellations due to theatre staffing shortages and staff sickness also impacted performance in March. A theatre staffing paper for exec review is being considered. • March 2023 performance for time to theatre for fractured neck of femur (# NoF) patients improved against both the NHFD Best Practice Tariff Target and Quality Target. 67% achieving surgery within 36 hours from admission and 88% achieving surgery within 36 hours of being clinically fit for surgery.
Cancer Standards (2 Advise)	**Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services.** **Advise: 1. February 2023's validated cancer waiting times performance shows improved delivery of against the Faster Diagnosis Standard (FDS) achieving 71% with a Provisional position of 75% in March 2023 meeting the cancer standard.** **2. There was a reduction against the 62-day standard in February 2023 whilst the number of patients waiting 63 days or more for treatment after referral for suspected cancer continues to reduce.** • An increase of 6% against the Faster Diagnosis standard was achieved in February 2023 with 8 tumour sites above the threshold. The last time the Trust was performing at this level was May 2022. • The Trust continues to benchmark above the current national average performance for the 62-day standard (56.7%) February 2023 was challenged due to loss of capacity during planned industrial action and bed pressures. • A reduction in the number of patients over 62 days on a cancer diagnosis pathway was nevertheless achieved in February 2023, reducing to 261 compared to 301 in January 2023.

KPI	Q1 22/23	Q2 22/23	Q3 22/23	Jan 23 FINAL	Feb 23 FINAL	Mar 23 Prov
ED Presentation	73	121	76	28	26	26
28 Day Standard *Target 75%*	70.2%	63.7%	63.5%	65.0%	71.0%	75.0%
62 Day Standard *Target 85%*	71.4%	68.5%	65.7%	63.6%	61.9%	65.0%
31 Day Standard *Target 96%*	97.4%	97.4%	97.4%	94.9%	96.0%	96.2%
62 Day Screening Standard *Target 90%*	82.4%	94.0%	83.7%	67.5%	60.9%	77.3%

• The priority areas for recovery in the next quarter are colorectal, gynaecology and urology with specific Task & Finish Groups established.
• Work is ongoing with ICS partners to ensure at least 80% of colorectal 2ww referrals are accompanied with a FIT test. The February 2023 position for colorectal 2ww referrals

	accompanied with a FIT result increased to 76.4% compared to 62.9% in January 2023. **Looking forward** • March 2023's provisional FDS performance has improved and is currently at 75%; meeting the standard. • The over 62D PTL has reduced further to 240. • 62 weeks demonstrating improvement at 65%.
DM01 (Diagnostics report)	**Strategic objective: To ensure that all resources are used efficiently to establish financially and environmentally sustainable services** *UHD continued to deliver an improvement in diagnostic performance (DM01) to achieve 7.0% in March 2023.* The DM01 standard has achieved 93% of all patients being seen within 6 weeks of referral, 7.0% of diagnostic patients seen >6weeks. *1% of patients should wait more than 6 weeks for a diagnostic test*
Elective Recovery Actions	*Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:* • **A Theatre improvement programme -** to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres. • **Outpatient Enabling Excellence and Transformation programmes -** including three elements: 'back to basics' outpatient improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients; Digital Outpatients transformation, and speciality led outpatient reviews of capacity and utilisation. • **Diagnostics recovery:** Endoscopy, Echocardiology and imaging productivity improvement. • **Cancer recovery and sustainability:** Developing a sustainability plan to improve Cancer Waiting Times. • **Data and validation optimisation:** Ensuring access to the best quality data for elective care delivery and planning.

March	Total Waiting List	< 6weeks	> 6 weeks	Performance
UHD	11,895	11,067	828	**7.0%**

UHD remain the top performing Trust for diagnostics in the south-west region.

Health Inequalities	**Strategic objective: To transform and improve our services in line with the Dorset ICS Long Term Plan** The Dorset Intelligence & Insight Service (DiiS) Health Inequalities dashboard enables analysis waiting times disaggregated by ethnicity and deprivation (Dorset Patients only). An analysis of the average (median) weeks waiting by ethnicity grouping and Index of Multiple Deprivation (IMD) identifies 2 weeks average variation between patients within community minority groups and White British populations, with the former waiting longer, and between the 20% most deprived and the rest of the population treated in Q4 to date. This is an increase in variation by 1 week compared to Quarter 3 2022/23. There are no significant differences in variation at specialty level for ethnicity, however variation according to deprivation is greatest in Paediatric and Oral & Maxillo-facial Services. A health inequalities improvement programme is supporting action on health inequalities in the Trust.
Infection Prevention and Control:	**Quality, Safety, & Patient Experience Key Points** **Strategic objective: To continually improve the quality of care** **Advise:** Latest monthly IPC data is February 2023 – we will publish March figures next month. Norovirus continues within the hospital, mainly at RBH site. Hospital Associated cases trend (2022/23) table below
Clinical Practice – fundamentals of Care	**Advise: Falls** • Three patients sustained #nofs (severe), two of the incidents were unwitnessed falls. Scoping and investigation process is underway, with support from the falls team. • There are current vacancies within the clinical practice team which is noted on the risk register. The clinical practice and Head of Education are reviewing current needs with an interim solution. An associate professor of clinical practice is being appointed. • The ability to meet the face-to-face level two training requirements for clinical staff continues to be a challenge. • There will be a hybrid model of refresher level 2 training, which is currently being developed. . **Advise: Tissue Viability** • The ability of the service to meet the increased demand has been distilled into a risk register entry 1821 and rated as 9 (moderate), an action plan has been completed and updated. • The number of complex patients being referred to the service remains high and referral over 200 per month.

Organism	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
C Diff	9	10	9	9	11	9	2	4	5	6	6
E Coli	6	1	7	4	7	9	6	7	5	10	7
MRSA	0	0	0	0	0	1	1	0	0	1	0
MSSA	4	4	2	3	3	3	7	2	3	3	1

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

Patient Experience:	**Advise: Patient Experience** • **Friends & Family Test** positive responses have reduced by 3% in March 2023. • **Complaints** responded to and exceeding 55-day response time remains a concern. The additional resource has been • agreed to support and address these long response times and reduce additional pressures on operational teams. • **PALS and Complaints. Assure:** The increase in the number of concerns and decrease in formal complaints being raised in March 2023 demonstrates the focus on early resolution. • **Mixed Sex Accommodation. Assure** There have been no breaches for four months, despite the operational challenges.
Nurse Staffing:	**Care Hours per Patient Day (CHPPD) Advise** • March 2023's CHPPD for registered nurses and midwives remains stable at 4.8. The latest national model hospital data (January 2023) shows the peer median of 4.8 placing the Trust at the upper end of the second quartile. • There is a lower CHPPD for Healthcare Support Workers reflected against a high qualified to unqualified nurse ratio and HCSW vacancies. • In partnership with HR, initiatives to improve HCSW recruitment and retention, including assessment against job profiles and innovative recruitment are priority projects. **Red Flag reporting. Advise** The data continues to be reviewed to ensure the safe care reporting system is aligned for RBH and Poole Hospital. Matrons review red flag reports, and these are mitigated by moving staff to areas of need. All red flags were mitigated in March 2023.
Workforce Performance:	**UHD turnover** has reduced to 13.9% as at end of March 2023, for the 12 months prior. **Vacancy rate** is being reported at 5.96% as at end of March 2023. Previous months data continues to adjust as the data cleanse in ESR continues. **Sickness absence** for March 2023 is not available until working day 8. Latest in-month for February 2023 was 4.7%, in line with January 2023 and much less than 6.4% we saw in December 2022. **Statutory and Mandatory training:** Overall UHD Trust compliance is standing at 87.0% as at end of March, a slight improvement on previous month. Our aim is to reach 90% across all sites. Face to face courses are still proving difficult.

CPO Headlines:	
People Operations:	The BMA/HCSA trade unions took official strike action from 06:59 on Tuesday 11 April 2023 until 05:59 on Saturday 15 April 2023, as a result of the national dispute around pay. There were no derogations in place for this action. Well established tactical and strategic responses were in place during the action, which saw over 80% of doctors taking strike action. We have been working towards a system solution (Health Rota) to allow for individually paid rotas for all trainees and locally employed Trust doctors. This is anticipated to be in place by the summer. The National 2018 contract refresh outlined its commitment to individualised pay. Meanwhile, in partnership with LNC representatives, we have agreed a local alternative process to facilitate the payment for those doctors who have worked more hours than the average paid in their rota. The 2021 Specialty Doctor (SAS) contract reform introduced the SAS advocate role, a new strategic role to support SAS doctors. The Trust is progressing recruitment to introduce this new role to promote and improve access to health and wellbeing services for SAS Doctors across the organisation.
Blended Education & Training	Overall compliance for mandatory and statutory training currently sits at **87.0%** across UHD, a slight increase on last month. - Simulation training programmes for medical trainees including F2 and F2 and Internal Medical Trainees is aligned with curriculum requirements and being delivered cross-site - Bournemouth University and the Student Team have worked with maternity to create an improvement action plan that has been sent to the NMC, safeguarding pre-registration student learning following the recent CQC report - The GMC Survey is live until 4 May 2023. Results are expected late July 2023. 10 Trainee Nurse Associates have begun their apprenticeship across UHD. The next recruitment cycle starts in June for a September start, and we are aiming for another 10-15. Thereafter we are working as a Dorset system for recruitment into the programme. - Poole library is now open again after full refurbishment providing more study space and small teaching areas - Manual Handling Level 2 – Current compliance is 62.63% and has declined for the fifth month running, current demand for training outstrips the capacity of training staff and will continue to be challenging. The risk register entry remains at 10 (moderate) and under continuous review. No new classes beyond June have been released for staff to book as a result of diminished capacity. Work to create an e-learning refresher update has been approved and is in development led by the Risk and E-Learning Teams. - Information Governance is currently below the 95% national compliance required – currently it is 88.7% A new Power BI report has been launched with an on-demand, instant report that updates daily for managers and service leaders alike to report on compliance. The new report can be found here:

Resourcing	**Medical Recruitment**: There were 15 Medical starters in March 2023, and we posted 26 jobs in month. Having received significantly lower numbers of applications last month, in March we received the highest number of applications in the month since reporting started in May 2022. **General Recruitment:** Despite the number of starters remaining at the same levels as last month, the number of applicants were the highest received over the past year, along with more jobs being advertised. This should hopefully result in higher starters next month. **HCSW recruitment** remains a focus area, with over 100 candidates either completing checks or ready to start. We are progressing with the recruitment process to fill the Recruitment Manager vacancy within the Resourcing team. We are working with the **Dorset ICS** on system recruitment on TNA, RNDA and Vocational Scholarship appointments.
Workforce Systems	**Changes:** The number of changes processed by the team in March 2023 was 2693 which was an increase of 899 from the previous month, 1300 of those changes were position changes. **ESR**: All TNA's, RNDA's and NA data has been cleansed and are now coded correctly, as many were originally aligned to HCSW codes. **Rostering:** Roster finalising saw a big improvement this month with only 4 units finalising late compared to previous months when between 80-100 units had not been finalised. **Transformation:** All of the Stroke moves have been completed in ESR and Health Roster along with the Cardiology moves. **Projects:** The new starter questionnaire project is well under way with the month 1 questionnaire focussing on the recruitment and onboarding process being designed. This will promote active feedback being secured on all recruitment activity leading up to when an individual joins the Trust. Work alongside our IT colleagues continues on the reporting and distribution of these E forms before they are launched. **Medical Rostering Project**: Testing of the ESR (Electronic Staff Record) attendance interface is almost complete. Updated details for new rotations for the Post Graduate Doctors in Training (PGDiT) are on the platform and the team are working with ITU, Cancer Services and Paediatrics to prepare for its launch. Work is ongoing with General Surgery, Medicine and OPS to consolidate and ensure all PGDiT's are on the platform by the end of Quarter 1.

Temporary Workforce	**End of "Golden Shift" Incentive Payments:** This legacy incentive scheme ended on 2 April 2023. Drop-in sessions were held in March 2023 at Bournemouth and Poole for individuals with a bank contract to discuss any concerns or raise questions, and feedback from these were passed to senior management for awareness and consideration. The new [Easter loyalty scheme](#) is running 3-16 April 2023 (inclusive), and usage, financial implications and effectiveness will be analysed at the end of April 2023. The nursing leadership team are discussing how and when future incentive schemes may run. **Bank Recruitment:** Recruitment activity remains high, with rolling monthly adverts for key TSS roles (HCSW/Student Nurses/Staff Nurses) in addition to department-specific roles. The team are currently developing a new reporting dashboard to capture and display bank recruitment activity. To ensure full compliance with the NHS employment check standards and local policy/best practice, a new audit process has been introduced for all candidates which will be completed prior to the issue of any unconditional offer. **BU Engagement Work:** The team attended the BU jobs fair on 14 March 2023 and received 90 expressions of interest (and doubled the number of applications received for the bank admin advert which was live at the time). We are in discussions with our BU colleagues to set up additional bank-specific recruitment drives to support individuals with flexible working options (outside of formal careers events). BU have been extremely welcoming with support for both clinical and non-clinical roles, including MHSWs. **TSS Rebranding:** The #ProudToBeBank campaign launched in March has been well received, with over 1,000 engagements on our new Twitter account from the first poster. The new TSS intranet site is also expected to become live in April and will be externally accessible for bank workers. **Medical Bank (Locum's Nest):** 1,933 shifts were requested in March, with 71% filled via Locum's Nest and 29% unfilled. The top three users for March were: Medicine (659 shifts, 71% filled), Emergency Medicine (518 shifts, 65% filled) and General Surgery (237 shifts, 44% filled). 3% of all shifts filled were by doctors from the Digital Collaborative Bank. The RBH fill rate was 65%, Poole was 77% and Christchurch was 95%. 66 new locum affiliation requests were received by UHD in March. **General Nursing and Midwifery:** Overall, requested hours increased by 16.2% in March – requests for RNs and HCSWs increased significantly (14.4% and 19.7% respectively) with a smaller increase in requests for RMs (7.4%). Although overall agency usage increased by 3.0% in March, the number of hours filled by off-framework agencies decreased by 1.7%.
Organisational Development	**Leadership & Talent** 360 feedbacks are being conducted on the First Leadership in Action cohort since it has been re-launched and cohort 3 of Leadership Fundamentals has now been delivered. Small pilots for involvement on the National Talent Tool (Scope for Growth) have commenced. Recruiting to second cohort of ILM7 Senior Leadership programme with Bournemouth University.

	Team Development A new prioritisation process has been agreed with Strategy and Transformation colleagues which will lead to 6 priority teams being identified by Care Groups for Q1 & Q2. Successful referrals of team leaders requesting support to the training module on leading teams through integration and change have been received with excellent feedback. **Culture & Engagement** The 2022 National Staff Survey results were published in March 2023, team leaders have been sent their team heat maps and have been signposted to a new online module and action plan template. One drop-in session has been held for line managers to ask questions with more planned to be run in April 2023. Staff Awards launched in March 2023 with 12 award categories; all are currently open for nominations. New Pulse survey pilot for April 2023 launched. **EDI** A re-launch of the PRIDE (LGBTQ+) staff network is taking place.
Trust Finance Position	For the financial year ending 31 March 2023, the Trust has delivered a surplus of £188,000 against the breakeven control total. Within this aggregate position, the Surgical Care Group reported an adverse variance of £3.471 million mainly due to unidentified CIP and medical staffing rotas; the Medical Care Group delivered an adverse variance of £8.383 million mainly due to unidentified CIP, high cost agency covering vacancies and enhanced care needs together with additional medical staffing in Older Peoples Services, Urgent and Emergency Care, Medical Specialties and Acute and Ambulatory Medicine; and the Specialties Care Group delivered a favourable variance of £99,000 mainly due to a significant pay underspend due to vacancies in Pathology, Pharmacy and Women's Health which was partially offset by unidentified CIP across the Care Group together with bank and agency costs in covering vacancies in Cancer Care, Radiology and Child Health. Cost Improvement Programme savings of £31.4 million have been achieved for the financial year ending 31 March 2023 against a target £32.2 million, representing an under achievement of £823,000. This includes non recurrent savings associated with the reduction in COVID funding. Against the recurrent CIP target of £19.1 million, the Trust delivered recurrent savings of £7.2 million representing a shortfall of £11.9 million. Capital expenditure of £119.0 million has been reported for the financial year against a plan of £118.3 million, with this value including the adoption of the IFRS 16 standard at £7.4 million. Operational Capital is ahead of plan by £0.4 million due to phasing of IT schemes, in year MOU CDEL funding and medical equipment purchases. As part of the ICS CDEL control total, the Trust agreed a final CDEL limit of £27.2 million which was £0.4 million above plan. As at 31 March 2023 the Trust is holding a consolidated cash balance of £95.1 million which is fully committed against the future

	Capital Programme. The current cash balance is higher than planned due to the successful in year award of MOU capital funding for multiple schemes alongside a re-phasing of the capital programme spend. The Trust's payment performance continued to recover during March 2023 (with in-month performance of 95.4%), however the previous impact of the national cyber-attack continues to impact the year to date achievement which currently stands at 91.9%.
Key Recommendations:	Members are asked to: • Note the content of the report • Note and consider the areas of Board focus
Implications associated with this item:	Council of Governors ☐ Equality and Diversity ☒ Financial ☒ Operational Performance ☒ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☒ System ☒
CQC Reference:	Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☒ Use of Resources ☒

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
Trust Management Group	Apr 2023	
Quality Committee (Quality)	Apr 2023	
Finance & Performance Committee (Operational / Finance Performance)	Apr 2023	

Reason for submission to the Board in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐

Integrated Performance Report

Reporting month: March 2023
Meeting Month: April 2023

Performance at a Glance - Key Performance Indicator Matrix

		standard	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
SAFE															
Quality	Presure Ulcers (Cat 3 & 4)		5	5	7	2	2	3	9	8	5	8	8	8	9
	Inpatient Falls (Moderate +)		3	2	5	1	5	7	5	3	2	5	9	3	3
	Medication Incidents (Moderate +)		2	1	0	0	2	2	1	0	1	0	0	1	2
	Patient Safety Incidents		1035	1011	1024	1004	1133	1112	1021	1166	1133	1106	1060	910	973
	Hospital Acquired Infections	MRSA	0	0	0	0	0	0	1	1	0	0	1	0	
		MSSA	5	4	4	2	3	3	3	7	2	3	3	1	
		C Diff	3	9	10	9	9	11	9	2	4	5	6	6	
		E. coli	4	6	1	7	4	7	9	6	7	5	10	7	
EFFECTIVE															
Mortality	SMR Latest Jan 21 (source Dr Foster)		97.09	100.79	91.83	102.71	102.40	109.20	109.40	110.90	109.90	107.60			
	Patient Deaths	YTD	241	227	211	236	234	226	225	256	256	294	273	217	259
	Deaths within 36hrs of Admission		29	41	31	37	30	29	29	41	37	50	38	37	32
	Deaths within readmission spell		22	13	18	35	21	22	21	21	17	24	23	23	16
CARING															
	Complaints Received		65	55	63	80	78	83	90	98	100	75	92	84	86
	Complaint Response Rate (55 Days)		62.30%	66.70%	56.90%	66.70%	67.70%	63.90%	56.60%	66.70%	58.70%	62.90%	51.80%	51.40%	47.40%
	Friends & Family Test		88%	88%	90%	88%	86%	90%	90%	90%	90%	88%	91%	93%	90% #
WELL LEAD															
Safety	Risks 12 and above on Register		38	36	37	34	34	35	38	37	35	37	38	40	38
	Risks 15 and above on Register		18	17	17	18	17	19	20	19	19	19	20	20	19
	Red Flags Raised*		130	159	41	45	86	128	142	107	74	84	41	43	38
People	Turnover		14.00%	14.50%	12.80%	14.80%	14.50%	14.50%	14.70%	14.60%	14.70%	14.80%	14.94%	14.72%	13.90%
	Vacancy Rate		4.64%	7.53%	7.6%	5.68%	6.03%	8.88%	6.19%	7.96%	8.82%	7.3%	7.0%	6.4%	6.0%
	Sickness Rate		6.8%	6.5%	4.8%	5.1%	5.8%	4.7%	4.9%	5.7%	5.2%	6.4%	4.8%	4.7%	
	Statutory and Mandatory Training		84.79%	84.79%	83.42%	84.40%	85.54%	87.11%	86.75%	85.32%	85.80%	85.92%	86.31%	86.81%	86.98%

RESPONSIVE

	standard	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
RTT															
18 week performance %	92%	61.0%	56.1%	59.2%	58.2%	58.3%	57.1%	54.9%	55.5%	56.1%	55.1%	55.4%	54.3%	53.8%	
Waiting list size	44,508	56,038	61,278	72,568	73,932	75,502	75,065	72,860	70,918	71,161	70,259	71,230	72,522	72,770	RAG cf trajectory 22/23
Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 to oct 21)	0%	8.8%	19.0%	40.9%	43.6%	46.6%	45.8%	41.5%	37.7%	38.2%	36.4%	38.3%	40.8%	41.3%	
No. patients waiting 26+ weeks		13,765	17,433	19,913	20,428	20,244	21,326	21,172	20,227	20,765	21,024	21,726	22,109	22,248	
No. patients waiting 52+ weeks		2,655	2,798	3,325	4,493	4,170	4,010	3,559	3,468	3,634	3,472	3,565	3,861	4,100	RAG cf trajectory 22/23
No. patients waiting 65+ weeks		1,431	1,322	1,116	1,714	1,405	1,464	1,420	1,449	1,342	1,195	1,127	1,147	1,070	
No. patients waiting 78+ weeks	0	758	759	550	520	492	502	504	513	487	473	395	274	96	RAG cf trajectory 22/23
No. patients waiting 104+ weeks	0	280	238	194	118	100	95	76	63	37	25	10	0	0	RAG cf trajectory 22/23
Theatre															
Theatre utilisation (capped) - main	98%	71%	71%	76%	78%	74%	75%	75%	69%	75%	73%	71%	71%	65%	
Theatre utilisation (capped) - DC	91%	63%	62%	69%	73%	69%	69%	70%	74%	74%	69%	69%	67%	57%	
NOFs (Within 36hrs of admission - NHFD)	85%	24%	24%	3%	2%	12%	18%	8%	40%	52%	43%	49%	24%	67%	
Outpatients															
Outpatient metrics															
Overdue Follow up Appts		16,503	46,566	36,798	25,671	32,621	33,268	33,840	32,999	32,757	33,369	34,863	34,756	34,302	
% DNA Rate	5%	6.4%	6.7%	6.9%	8.3%	8.3%	8.0%	7.4%	6.8%	6.5%	7.5%	7.5%	6.5%	7.1%	
Patient cancellation rate		13.2%	12.7%	10.5%	10.7%	11.2%	10.5%	11.4%	11.0%	10.5%	12.3%	10.6%	10.8%	9.2%	
% non face to face (telemedicine) attendances	25%	25.8%	24.0%	22.6%	22.9%	22.5%	21.8%	21.1%	20.4%	20.0%	20.2%	20.8%	21.3%	18.5%	
DM 01															
Diagnostic Performance (DM01)															
% of >6 week performance	1%	15.9%	19.9%	18.6%	19.5%	20.2%	22.6%	20.0%	16.4%	11.0%	13.6%	10.7%	7.4%	7.0%	
Cancer															
28 day faster diagnosis standard	75%	73.3%	71.9%	71.8%	66.9%	63.6%	62.9%	64.7%	63.1%	59.6%	68.4%	65.0%	71.0%	75.0%	Mar 23 provisional
62 day standard	85%	71.3%	71.5%	69.6%	73.4%	66.2%	65.9%	71.2%	69.4%	64.3%	63.4%	63.6%	61.9%	65.0%	Mar 23 provisional
PTL Over 62 Day (Avg)		167	195	204	242	264	273	332	306	293	261	301	261		
Emergency Dept															
Arrival time to initial assessment	15	7.0	7.0	9.0	18.0	21.6	30.0	15.0	16.0	15.0	20.5	11.0	15.0	13.0	
Clinician seen <60 mins %		21.6%	26.9%	24.4%	20.0%	20.9%	26.6%	26.0%	25.5%	24.3%	21.8%	31.6%	25.7%	26.1%	
PHT Mean time in ED	200	300	307	296	317	297	295	303	325	307	357	499	377	338	
RBCH Mean Time in ED	200	374	314	302	300	329	355	406	355	347	433	357	368	376	
Patients >12hrs from DTA to admission	0	89	188	88	105	97	103	129	295	157	343	234	294	211	
Patients >12hrs in dept		879	758	626	769	879	779	886	1292	1074	2000	1108	1443	1238	
ED attendance Growth (YTD) vs prev yr		30.5%	-3.0%	-0.3%	-0.2%	-2.2%	-6.4%	-7.5%	-1.7%	2.3%	-0.2%	-0.6%	-0.6%	-0.7%	
ED attendance Growth (YTD) vs 19/20		2.9%	64.3%	29.4%	37.2%	20.5%	5.4%	6.6%	20.0%	31.0%	29.3%	29.4%	30.4%	29.6%	
SWAST SCAST															
Ambulance handover growth (YTD) vs prev yr		-3.3%	7.8%	9.9%	-13.6%	-19.9%	-8.2%	-3.6%	-3.7%	2.6%	-10.8%	-11.2%	-10.2%	-13.3%	
Ambulance handover growth (YTD) vs 19/20		-7.6%	43.0%	29.4%	-16.4%	-15.7%	-14.9%	-14.8%	-18.5%	-8.4%	-11.5%	-12.3%	-12.0%	-16.2%	
Ambulance handover 30-60mins breaches		280	315	469	462	449	490	371	401	496	765	714	631	358	
Ambulance handover >60mins breaches		727	557	606	629	642	445	547	666	583	1568	733	859	333	
Patient Flow															
Emergency admissions growth (YTD) vs prev yr		-7.2%	0.0%	-1.7%	-9.7%	-11.8%	-11.9%	-8.4%	-11.7%	-0.6%	-8.4%	-8.0%	-7.7%	-6.7%	
Emergency admissions growth (YTD) vs 19/20		9.5%	66.1%	30.2%	3.6%	-3.5%	-10.2%	-9.3%	-10.7%	3.3%	2.1%	2.6%	2.3%	2.2%	
Bed Occupancy (capcity incl escalation)	85%	93.7%	94.7%	94.3%	93.4%	93.6%	93.4%	92.8%	94.2%	92.7%	93.3%	93.1%	94.1%	94.5%	
Stranded patients:															
Length of stay 7 days		530	549	539	539	543	577	567	605	550	522	564	582	543	
Length of stay 14 days		339	361	355	360	357	400	397	421	375	332	366	387	355	
Length of stay 21 days	108	238	247	254	256	255	295	303	315	281	228	250	269	255	
Non-elective admissions		5899	5485	6401	5802	5778	5367	5472	5535	5817	5956	5693	5165	6203	
> 1 day non-elective admissions		3747	3488	4081	3633	3652	3396	3475	3578	3676	3905	3673	3202	3881	
Same Day Emergency Care (SDEC)		2149	1994	2317	2168	2126	1971	1996	1956	2141	2050	1979	1963	2316	
Conversion rate (admitted from ED)	30%	28.70%	29.20%	28.40%	26.90%	26.50%	26.30%	27.60%	25.80%	29.10%	28.30%	30.90%	27.79%	28.30%	

Performance at a glance –
Key Performance Indicator Matrix

UHD Quality

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays	Mar 23	0.3	-			0.3	0.0	0.5
Inpatient Falls (Moderate +) per 1,000 beddays	Mar 23	0.1	-			0.1	-0.1	0.4
Medication Incidents (Moderate +) per 1,000 beddays	Mar 23	0.1	-			0.0	-0.1	0.1
Medication Incidents (All) per 1,000 beddays	Mar 23	4.8	-			5.1	3.6	6.6
Patient Safety Incidents (All) per 1,000 beddays	Mar 23	30.6	-			37.2	32.0	42.3
Patient Safety Incidents (Moderate +) per 1,000 beddays	Mar 23	0.2	-			0.4	0.1	0.7
Serious Incidents	Mar 23	3				3	-2	8
Never Events	Mar 23	1	-			0	-1	2
Hospital Associated Infections - MRSA	Feb 23	0	0		?	0	-1	1
Hospital Associated Infections - MSSA	Feb 23	1	0		?	4	-1	8
Hospital Associated Infections - C Diff	Feb 23	6			F	7	0	13
Hospital Associated Infections - E Coli	Feb 23	7	0		?	6	-1	14
Risks 15+ on Register	Mar 23	19	-			18	15	20
			-					
Mixed Sex Accommodation Breaches	Mar 23	0	0		?	4	-16	25
Complaints Received	Mar 23	86	-			66	38	95
Complaint Response Rate (55 Days)	Mar 23	47.4%				61.3%	31.8%	90.8%
Friends & Family Test	Mar 23	90.3%	-			89.0%	85.4%	92.6%
SMR (all sites, any day)	Dec 22	107.6	100.0		?	99.7	84.1	115.4
Patient Deaths	Mar 23	259	-			230	166	294
Deaths Within 36hrs of Admission	Mar 23	32	-			36	13	58
Deaths Within Readmission Spell	Mar 23	16				19	4	33
Risks 12+ on Register	Mar 23	38				40	33	46
Red Flags Raised	Mar 23	38				101	22	180
CHPPD (Registered Nurses & Midwives)	Mar 23	4.8				4.6	3.6	5.6

Variation

Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Quality - Safe

Executive Owner: Paula Shobbrook (Chief Nursing Officer)
Management/Clinical Owner: Jo Sims
Sub Groups: Quality Committee and Board

Patient Safety Incidents (All) per 1,000 beddays

Patient Safety Incidents (Moderate +) per 1,000 beddays

Serious Incidents

Medication Incidents (All) per 1,000 beddays

Background/target description
To improve patient safety.

Performance:
- Three (3) externally reported incidents reported in month (March 23).
- One (1) Never events reported in month (March 23) . (NB. This case is also included in the externally reported number above)
- Reduction in reported patient safety incidents – potentially linked to operational pressures. To keep under review.

Actions:
Full report on learning from completed scoping meeting and investigations to be included in CMO report to Quality Committee and Board.
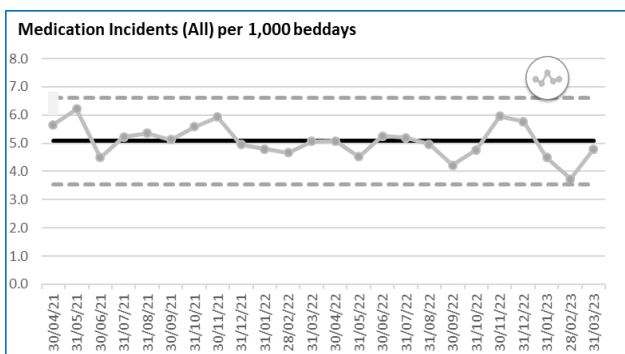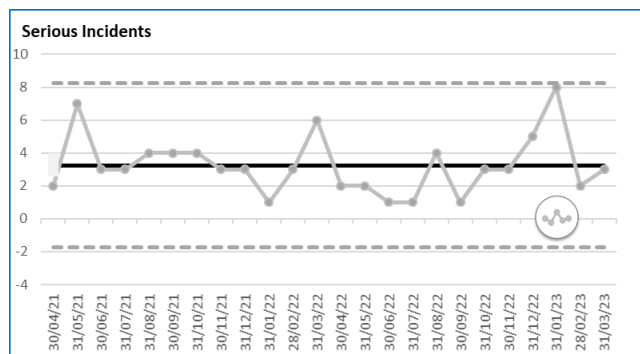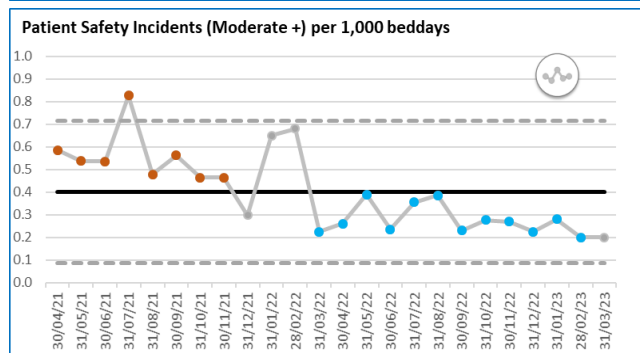
Executive Owner: Paula Shobbrook (Chief Nursing Officer)
Management/Clinical Owner: Matthew Hodson
Sub Groups: Quality Committee

Associated Pressure Ulcers (Cat 3 & 4) per 1,000 beddays
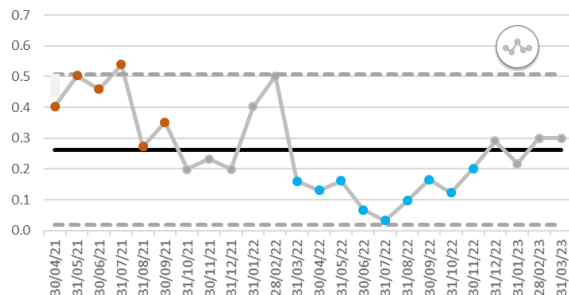
Inpatient Falls (Moderate +) per 1,000 beddays
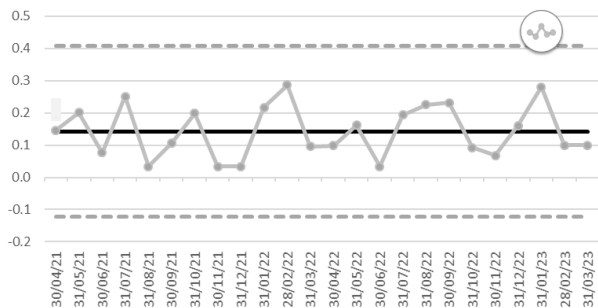
Hospital Associated Infections - C Diff

Hospital Associated Infections - MRSA
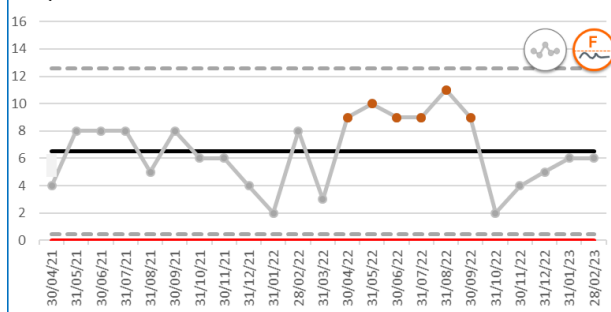
Background/target description
To improve patient safety and care; supporting reduced length of stay.

Overview:
- Eight category 3 pressure ulcers reported in month of which (to note) three of these related to combination ulcers (moisture + pressure) & three having deteriorated from category 2 pressure damage present on admission.
- There were three fall incidents in month, a three patients sustained #nofs (severe), two of the incidents were unwitnessed falls. These falls will be following the appropriate scoping and investigation process
- March hospital associated infections are not available yet due to timings of data availability. These will be published in next months report.

Actions:
Full report on learning from completed scoping meeting and investigations to be included in CMO report to Quality Committee and Board.
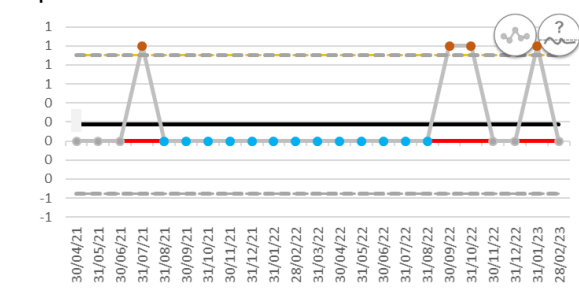
Hospital Associated Infections Summary for IPR

Month	C Diff	E Coli	MRSA	MSSA
Mar-22	3	4		5
Apr-22	9	6		4
May-22	10	1		4
Jun-22	9	7		2
Jul-22	9	4		3
Aug-22	11	7		3
Sep-22	9	9	1	3
Oct-22	2	6	1	7
Nov-22	4	7		2
Dec-22	5	5		3
Jan-23	6	10	1	3
Feb-23	6	7		1

Quality – Effective & Mortality

Executive Owner: Peter Wilson (Chief Medical Officer)
Management/Clinical Owner: Jo Sims
Sub Groups: Mortality Surveillance Group

SMR (all sites, any day)

Patient Deaths
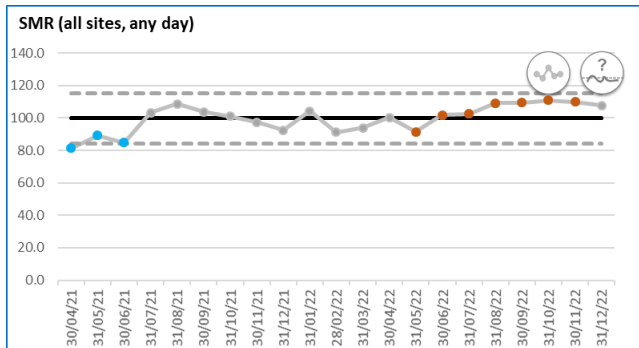
Performance:
- Latest SMR (Standardised Mortality Ratio) monthly position is December 2022 which shows UHD at 107.6. Rolling 12 month position (January 2022 – December 2022) is 102.4.

Actions:
Work progresses on embedding the new UHD eLearning from Deaths process which was rolled out fully in December 2022. Reporting on Mortality review compliance is being worked on.

Deaths Within 36hrs of Admission

Deaths Within Readmission Spell
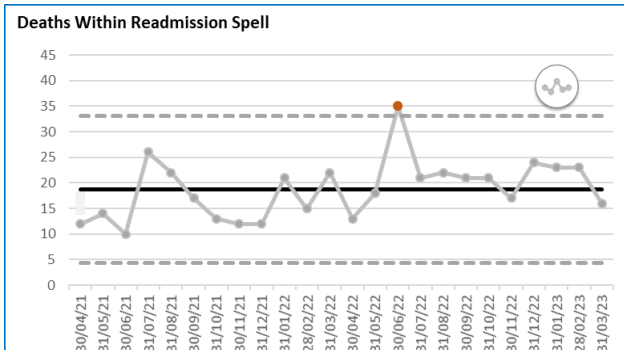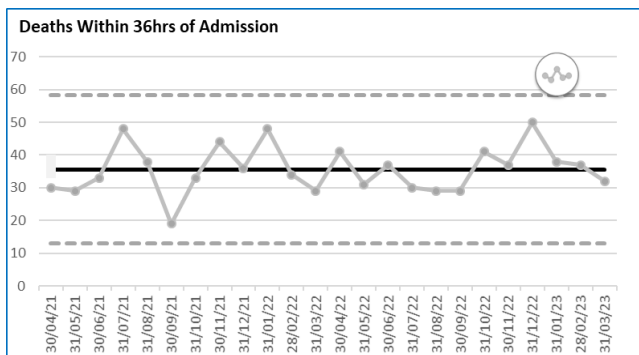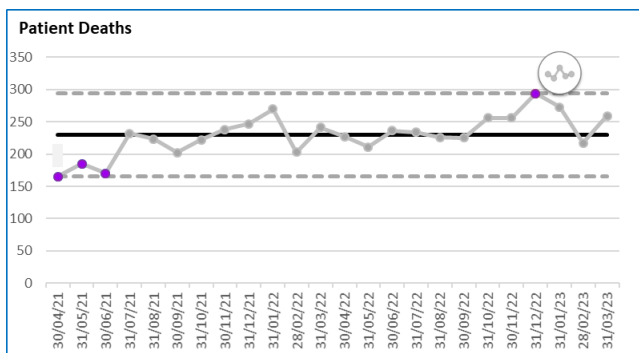
Quality – Caring

Executive Owner: Paula Shobbrook (Chief Nursing Officer)
Management/Clinical Owner: Matthew Hodson
Subgroups: Patient Experience Group

Friends & Family Test
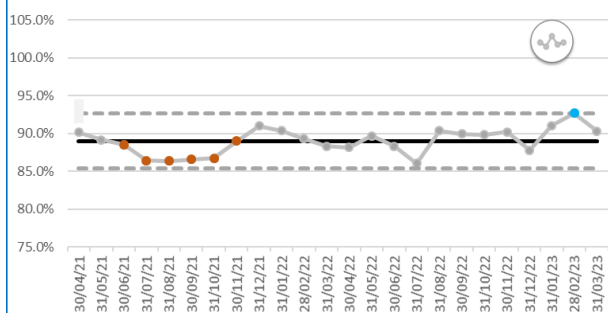
Complaints Received
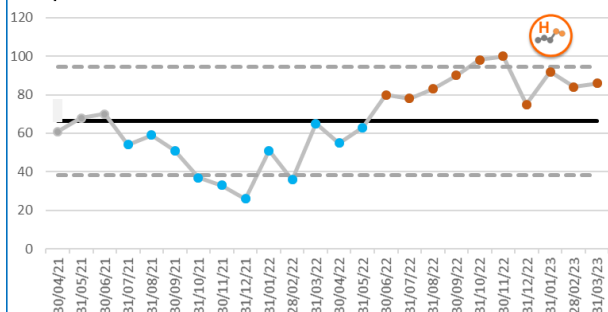
Complaint Response Rate (55 Days)
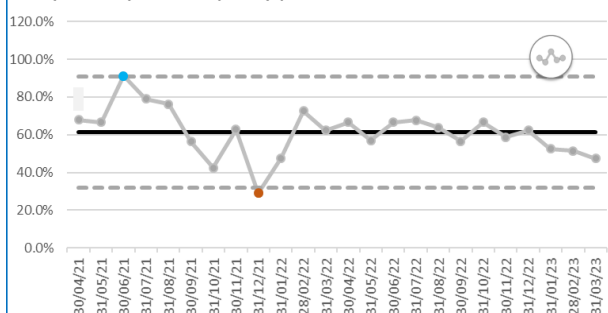
Performance:
- FFT positive responses have fallen by 3% in March
- There were 0 Mixed Sex Accommodation breaches in March 2023.
- In March there were 424 PALS concerns raised, 49 new formal complaints and 38 Early Resolution complaints (ERC) processed.
- The number of complaints that were responded to and closed in February were 94. Regular meetings with the care groups continue to focus on closing of complaints.
- In March there were 207 outstanding open complaints including ERC, 73 of which have been open 55 working days or longer.
- Key themes from PALS and complaints:
  - Communication – Absent or incorrect
  - Respect, caring and patient rights
  - Organisation process – Bureaucracy, waiting times, accessing care

Underlying issues:
- Difficulties in getting responses from one of the FFT providers which has resulted in a lower number of responses being received
- High number of outstanding complaints resulting in exceeding the 55 working day response target
- Training needed of staff in the complaints team to reduce the extended waits.

Actions:
- Working with the provider regarding responses for FFT.
- Process has been put in place in complaints team to reduce response timescales and training provided to the staff involved.

Quality – Well Led
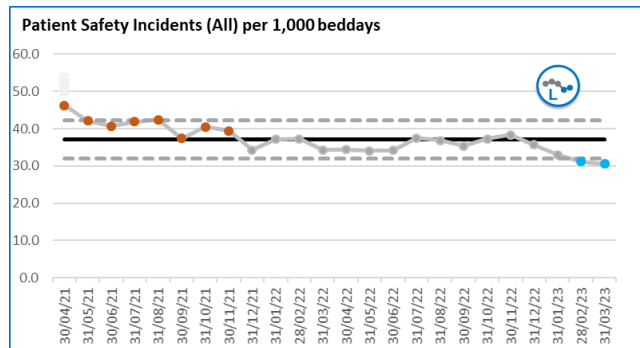
Executive Owner: Paula Shobbrook (Chief Nursing Officer)
Management/Clinical Owner: Jo Sims / Fiona Hoskins
Sub Groups: Quality Committee and Board

Risks 12+ on Register

Risks 15+ on Register

Red Flags Raised
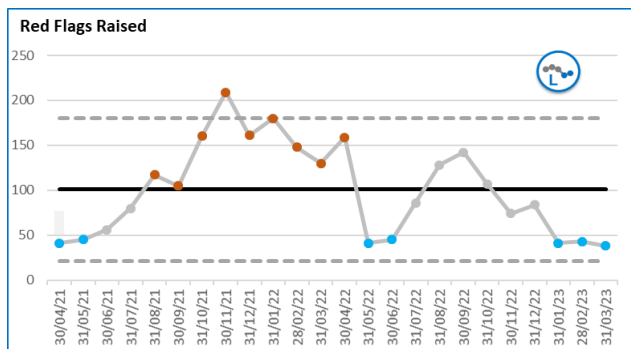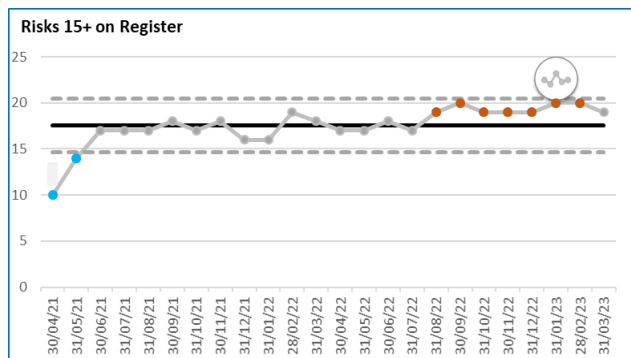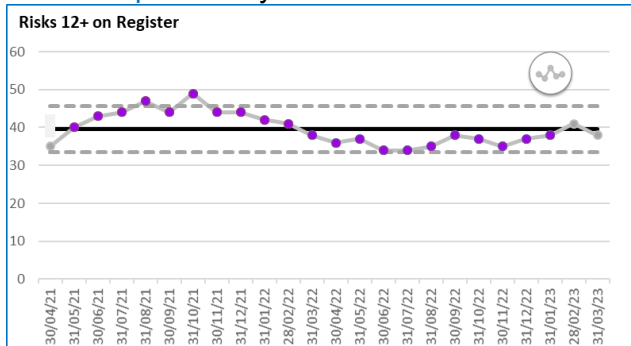
Performance:
- Current live risks at the end of last month (March 2023) 12 or above was 39 – a slight increase since end of January 2023. This is line with performance reporting and reflects new or increased risks associated with system wide operational pressures, staffing and the impact of industrial action. Following discussion at Quality Committee and Audit Committee in month, Executive Directors are working with the Risk Management Team to undertake a review of all 12+ risks assigned to them.
- CHPPD (Care Hours Per Patient Day) for registered nurses and midwives in March 2023 aggregated was 4.8. This has remained consistent for several months and between each site. The number of red flags raised on SafeCare in March was below 50 with no critical staffing incidents reported.

Actions:
Risk register update provided in Quality Committee, TMB, and Board report.
Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group .

Safe Staffing (Rota Fill Rates and CHPPD) - Total (Day & Night Combined) March 2023

Hospital Site name	Patient Count	Registered Nurses/Midwives			
		Total monthly planned staff hours	Total monthly actual staff hours	Fill Rate %	CHPPD
Poole Hospital	16823	81609.2	81885.1	100.3%	4.9
Bournemouth & Christchurch	16483	77134.3	77416.8	100.4%	4.7
UHD Total	33306	158743.5	159301.9	100.4%	4.8
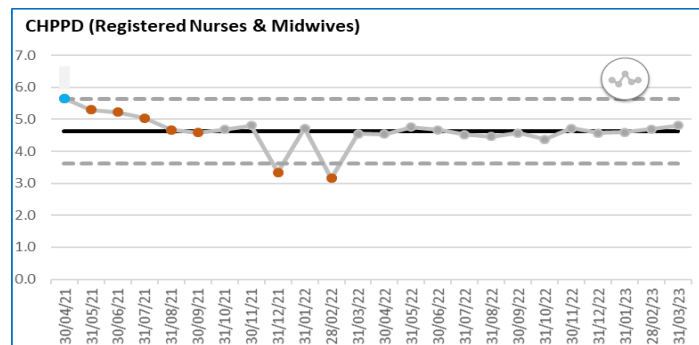
CHPPD (Registered Nurses & Midwives)

Maternity

Executive Owner: Paula Shobbrook (Chief Nursing Officer)
Management/Clinical Owner: Sarah Macklin (GDO)/Lorraine Tonge
Sub Groups: Quality Committee

CQC Maternity Ratings – Oct /Nov 2019	OVERALL	EFFECTIVE	CARING	RESPONSIVE	WELL LED	Safe
	Inadequate	GOOD	OUTSTANDING	Outstanding	Inadequate	Inadequate

Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)	73.2%
Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)	89.3%

National position & overview

- **This Perinatal Quality Surveillance Dashboard** describes a standard data set for Trust Board overview.

- There are a number of items which require narrative rather than graphic benchmarking and these are described below

Matters for Board Information and Awareness	Findings of review of all perinatal deaths using the national monitoring tool	Progress in achievement of NHSR/MIS Yr 4
A Maternity CQC inspection took place on Tuesday 8th November 2022 focusing on safety and well led domains. The final report has been published on the 10th of March.

Well led and safety were rated as inadequate. Caring responsive and effective were not rated therefore 2020 ratings are reported for these domains.

CQC action plan submitted and in progress. This is monitored weekly through maternity assurance and many of the must do are completed or on track.
The NHSI maternity safety programme (MSSP) has commenced and this analysis will provide us with guidance on an overall sustainable improvement plan.

Staff have expressed to the safety champions this month the additional pressure felt through regulatory bodies for example the Coroners court has on their individual wellbeing. Additional training, legal advice and psychological support will be required going forward. | There were no new cases for March.

There were 5 cases reviewed through PMRT in March. 4 of these cases showed- The review group concluded that there were no issues with care identified up the point that the baby was confirmed as having died.

However, for 1 case NND day 3 the review group identified care issues which they considered may have made a difference to the outcome for the baby. This case will now be escalated to a SI with external care providers supporting the investigation.

In reading room this month:
ICB Maternity equity and equality action plan.
South West insight thematic analysis. | The full compliance report was sent to NHS Resolution (MIS) on February 1st. Although the maternity service met safety criteria in respect of training thresholds, there was insufficient auditable evidence of this in respect of maternity support workers (skills and drills) and neonatal nurses band 5-7 (newborn advanced life support) as a continuum between MIS year 3 and MIS year 4.

Action plans included with the submission focused on moving professional mandatory training onto the BEAT and ESR. This is making good progress and expected to be in place by June

Additional funds have been requested to support the action plans -a decision is pending.

We are awaiting year 5 criteria but continue with safety actions year 4. |

Maternity

Executive Owner: Paula Shobbrook (Chief Nursing Officer)
Management/Clinical Owner: Sarah Macklin (GDO)/Lorraine Tonge
Sub Groups: Quality Committee

Maternity Perinatal Quality Surveillance scorecard

Perinatal	Quality Surveillance scorecard	Alert (national standard/ average where available)	Running total/ average	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Perinatal	Red flags: 1:1 care in labour not provided	0		0	0	0	0	0	0
	3rd/4th degree tear overall rate	> 3.5%	1.91%	2.60%	2.50%	4.10%	1.60%	1.40%	0.60%
	Obstetric haemorrhage >1.5L	Actual	68	14	7	12	13	6	12
	Obstetric haemorrhage >1.5L	> 2.6%	3.42%	4.00%	2.10%	3.70%	4.20%	2.10%	4.30%
	Term admissions to NNU	National <6%, Regional <5%	0	4.20%	6.10%	6.60%	5.80%	3.40%	6.20%
	Apgar < 7 at 5 minutes	> 1.2%	2.40%	3.90%	1.50%	2.50%	2.30%	2.40%	1.40%
	Stillbirth number	Actual	2	0	1	0	0	1	0
	Stillbirth number/rate (per 1,000)	> 4.4/1000	1.01	0	1	1	0	3	0
Workforce	Rostered consultant cover on Delivery Suite - hours pw	< 60	72	72	72	72	72	72	72
	Dedicated anaesthetic cover on Delivery suite - per week	< 10	58	58	58	58	58	58	58
	Midwife/band 3 to birth ratio (establishment)	01:28	01:21	01:21	01:21	01:21	01:21	01:21	01:21
	Midwife/band 3 to birth ratio (in post)	01:28	01:23	01:23	01:23	01:23	01:23	01:23	01:25
	Acute Maternity unfilled prospective RM shifts (pcm)	160 pcm					shift fill from April 2023		
	Maternity Ward 1-4 staff members short	Actual					shift fill from April 2023		
Feedback	Number of compliments (Smiles via Badgernet)		233	65	66	not available	62	18	43
	Number of concerns (PALS)		6	3	1	0	0	2	0
	Complaints		22	1	2	1	2	0	4
	FFT Repsonse -returns as % of deliveries not mandated now)			95%	100% +	previous =	% positive	12%	40%
Training	UHD Mandatory training - women's health	90%	78.00%	78%	79%	79%	79%	87%	86%
	PROMPT/Emergency skills all staff groups	60%	74.10%	74%	76%	93%	96%	94%	94%%
	K2/CTG training all staff groups	60%	80.10%	80%	88%	80%	89%	85%	85%
	CTG competency assessment all staff groups	50%	80.10%	80%	88%	80%	89%	not known	not known
	Core competency framework compliance	50%	84.70%	85%	80%	92%	92%	not known	84%
	Coroner Reg 28 made directly to the Trust		Y/N	N	N	N	N	N	N
	HSIB/CQC etc. with a concern or request for action		Y/N	Y(CQC)	Y (CQC)	Y (CQC)	Y (CQC)	Y (CQC)	Y (CQC)

UHD Workforce

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Vacancy Rate at end of each month	Mar 23	6.0%	-	⊙		6.1%	3.8%	8.4%
In Month Sickness Absence	Feb 23	4.7%	3.0%	⊙	Ⓕ	5.4%	4.0%	6.9%
Mandatory Training Compliance at end of each month	Mar 23	87.0%	95.0%	(H/L)	Ⓕ	86.3%	84.6%	88.0%
Temporary Hours Filled by Bank	Mar 23	54.9%	-	⊙		53.4%	46.8%	60.1%
Temporary Hours Filled by Agency	Mar 23	18.7%	-	⬆		14.1%	11.9%	16.3%

Variation / Assurance legend:
- Special Cause Concerning variation
- Special Cause Improving variation
- Special Cause neither improve or concern variation
- Common Cause
- Consistently hit target
- Hit and miss target subject to random variation
- Consistently fail target
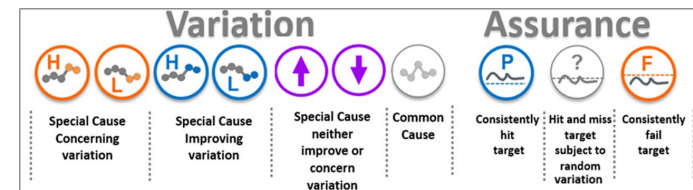
Workforce

Executive Owner: Karen Allman (Chief People Officer)
Management/Clinical Owner: Carla Jones / Irene Mardon
Sub Groups: People and Culture Committee

In Month Sickness Absence
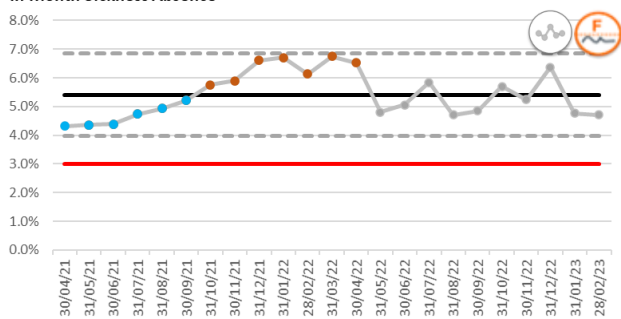
Mandatory Training Compliance at end of each month

Vacancy Rate at end of each month
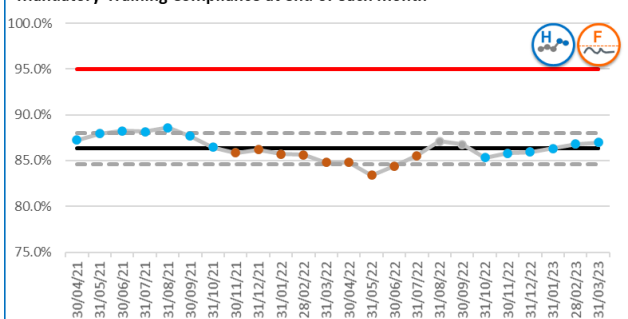
Rolling 12 Month Turnover
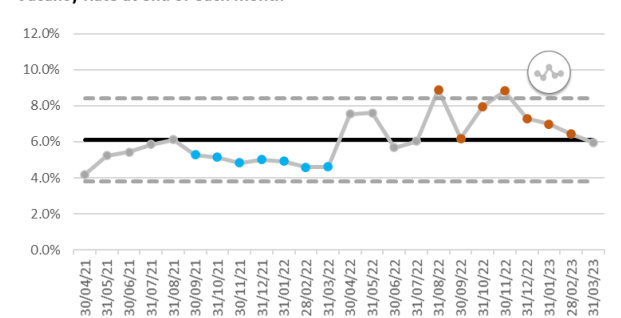
Performance:
- Rolling 12 month Turnover rate (excluding fixed term temp) is at 13.9%, which is a reduction compared to the usual trend.
- March absence data is not available until working day 8. In month sickness absence for February 2023 was at 4.7%, a slight reduction since previous month. Latest rolling 12 month rate (as at end of February 2023) is 5.4% which follows the in-month reduction in trend.
- Mandatory Training has improved slightly to 87.0% as at end of March 2023. Our aim is to reach 90% across all sites.
- Latest vacancy position is 5.96% (March 2023). Previous months data continues to adjust as the ESR data cleanse continues.

Underlying issues:
- Face to face courses are still proving difficult in supporting mandatory training compliance.
- The ESR establishment work continues but the team are hoping to see the data stabilize in the next couple of months.

Actions:
The BEAT team are reviewing an alternative blended online version for Manual Handling with the Risk team.
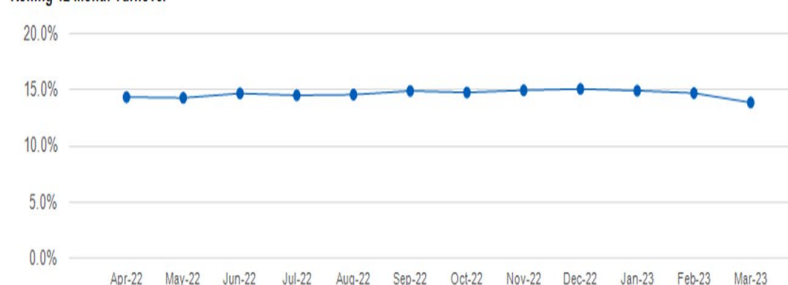
Appraisal Compliance
Latest (31/03/23)

Values Based
57.0%

Medical & Dental
59.6%

Performance at a glance –
Key Performance Indicator Matrix

UHD Elective Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
UHD - Total Waiting List Size	Mar 23	72770	51491	🔵	🟠F	72617	69645	75589
UHD - Patients waiting >104 weeks	Mar 23	0	0	🔵L	🟠F	119	36	203
UHD - Patients waiting >78 weeks	Mar 23	96	-	🔵L		827	513	1140
UHD - Patients waiting >65 weeks	Mar 23	1070	-	🔵L		1750	1307	2194
UHD - Patients waiting >52 weeks	Mar 23	4100	-	🔵		3722	2879	4565
UHD - Patients waiting >26 weeks	Mar 23	22248	-	🟣↑		15995	14198	17792
UHD - RTT Performance against 18 week standard	Mar 23	53.8%	92.0%	🟠L	🟠F	56.2%	53.8%	58.5%
UHD - Total Diagnostic Waiting List	Mar 23	11895	-	⚪		10497	8510	12484
UHD - % waiting over 6 weeks	Mar 23	7.0%	1.0%	⚪	🟠	11.1%	4.8%	17.4%
PTL Over 62 Day (Avg)	Feb 23	261		⚪	🟠F	253	175	332
UHD - Faster Diagnosis Standard (FDS) 28 days	Feb 23	71.0%	75.0%	⚪	?	70.1%	59.7%	80.5%
UHD 62 day standard	Feb 23	61.9%	85.0%	🟠L	🔵	71.5%	62.8%	80.1%
% of NOF patients operated on within 36 hrs of admission	Mar 23	67.0%	85.0%	⚪	🟠F	28.3%	-17.1%	73.7%
UHD - Total Outpatient - Virtual (%)	Mar 23	18.5%	25.0%	🟠L	?	27.7%	23.4%	32.0%
UHD Outpatient DNA rate	Mar 23	7.1%	5.0%	⚪	🟠F	6.7%	5.7%	7.8%
Theatre utilisation (capped) - main	Mar 23	65.0%	98.0%	🟠L	🔵	72.5%	66.0%	79.0%
Theatre utilisation (capped) - DC	Mar 23	57.0%	91.0%	⚪	🟠F	64.8%	56.6%	73.1%
UHD Theatre case opportunity	Mar 23	17.5%	15.0%	🔵L	?	26.6%	14.6%	38.6%

Variation

Special Cause Concerning variation (H)	Special Cause Concerning variation (L)	Special Cause Improving variation (H)	Special Cause Improving variation (L)	Special Cause neither improve or concern variation ↑	Special Cause neither improve or concern variation ↓	Common Cause

Assurance

Consistently hit target (P)	Hit and miss target subject to random variation (?)	Consistently fail target (F)

Continually improve quality of patient care

Great care
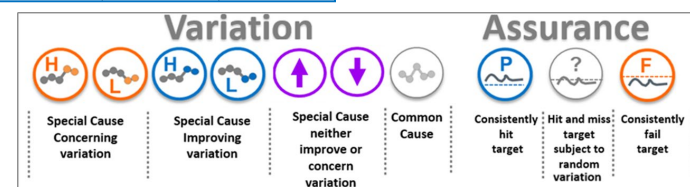
UHD Emergency Care and Patient Flow

KPI	Latest month	Actual	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Mean time in ED RBH type 1	Mar 23	376	200	H	F	309	243	375
Mean time in ED Poole type 1	Mar 23	338	200	H	F	290	243	338
Arrival time to initial assessment	Mar 23	13	15	(common)	?	11	2	20
Clinician seen <60 mins %	Mar 23	26%	-	(common)		27%	16%	38%
Patients >12hrs from DTA to admission	Mar 23	211	0	H	?	94	-20	208
Patients >12hrs in dept	Mar 23	1238	-	H		608	101	1115
Ambulance handovers	Mar 23	1655	-	↓		3848	3179	4518
Ambulance handover 30-60mins breaches	Mar 23	358	-	(common)		376	166	586
Ambulance handover >60mins breaches	Mar 23	333	0	(common)	?	430	-16	877
Bed Occupancy (capcity incl escalation)	Mar 23	95%	85%	(common)	F	92%	88%	95%
Stranded patients: Length of stay 7 days	Mar 23	543	-	(common)		495	416	574
Stranded patients: Length of stay 14 days	Mar 23	355	-	(common)		313	249	378
Stranded patients: Length of stay 21 days	Mar 23	255	108	H	F	216	167	265
UHD NCTR % - all delays	Mar 23	46.6%	-	(common)		50.0%	42.3%	57.7%
Non-elective admissions	Mar 23	6203	-	(common)		5873	4947	6800
> 1 day non-elective admissions	Mar 23	3881	-	(common)		3718	3053	4383
Same Day Emergency Care (SDEC)	Mar 23	2316	-	(common)		2153	1806	2499
Conversion rate (admitted from ED)	Mar 23	28.3%	30.0%	(common)	?	30.2%	26.1%	34.4%
NCTR - all delays (beddays)	Mar 23	12250		(common)	F	12838	9531	16145
Ready to leave (beddays)	Mar 23	9356		(common)	F	7941	6366	9517

Variation

H L Special Cause Concerning variation	H L Special Cause Improving variation	↑ ↓ Special Cause neither improve or concern variation	(common) Common Cause		

Assurance

P Consistently hit target	? Hit and miss target subject to random variation	F Consistently fail target
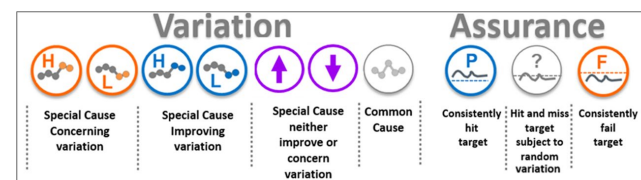
RTT – Long waiters

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

Resources
Use our resources well

UHD - Total Waiting List Size

UHD - Patients waiting >78 weeks

Referral To Treatment

	Standard	Merged Trust	% of pathways with a DTA
18 week performance %	92%	53.75%	
Waiting list size	51,491	72,770	18%
Waiting List size variance compared to Sep 2021 %	0%	41.3%	
No. patients waiting 26+ weeks		22,248	21%
No. patients waiting 52+ weeks (and % of waiting list)	5.6%	4,100	31%
No. patients waiting 65+ weeks (and % of waiting list)	1.5%	1,070	44%
No. patients waiting 78+ weeks (and % of waiting list)	0.1%	96	100%
No. patients waiting 104+ weeks (and % of waiting list)	0.0%	0	-
% of Admitted pathways with a P code		98.74%	

Data Description and Target

Total number of patients waiting on an RTT elective waiting list.

Number of patients on an elective RT waiting list whose wait exceeds 78 weeks. Trust target no more than 123 by 31 March 2023, national target 0 by March 2023.

Performance

The Trust maintained delivery of zero elective waits over 2 years into March 2023 and delivered a better than plan position for waits over 78 weeks, reducing to 96 (all of which are admitted pathways) by 31 March 2023.

The total waiting list was 72,770 which is 248 more than last month 15.1% above the March 2023 operational plan waiting list trajectory of 63,221.

- Non-elective pressures, acuity, higher than optimal bed occupancy and high numbers of no criteria to reside patients continued to impact the elective bed base in March.
- Planned industrial action during March also reduced capacity for elective care and the impact of further industrial action in April means that the Trust is unlikely to recover this activity until May/June. Consequently, the Trust's trajectory to eliminate 78-week waits has been extended to 31 May 2023.
- Reducing 78 week waits remains a priority for the Trust, and from April 2023 this will sit alongside reduction plans to eliminate 65 week waits by 31 March 2024.

Key Areas of Focus

- Re-book all patients displaced due to industrial action in April into future capacity.
- Continue focused RTT training for specialities and competency-based training for staff recruited via the NHSE Southwest Validation pilot.
- Target enhanced validation within specialities identified as experiencing a rise in their waiting list, to understand root causes for this increase.
- Prioritise all patients with a wait over 52 weeks, for completion of their first outpatient appointment by September 2023.
- Independent sector capacity has been mobilised in April to support recovery.

Diagnostic Waits

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

Resources
Use our resources well

UHD - Total Diagnostic Waiting List

Diagnostic Performance (DM01)

% of >6 week performance		(6+ Weeks / Total)	1%	828/11895	**7.0%**

UHD - % waiting over 6 weeks

Data Description and Target

Total number of patients waiting a diagnostics test
Number of patients whose wait for a diagnostic test exceeds 6 weeks. Target 1%

Performance

Overall diagnostics (DM01) performance has improved in March to 7.0%

Endoscopy position has continued to improve and is 27.7% at the end of March.
Echocardiography has improved from 16.3% in February to 12.3% in March.
Neurophysiology has increased since February (1.7%) to 3.1% in March.
Radiology has increased since February (0.5%) to 1.6% in March.

- Imaging position deteriorated predominately due to ongoing reduction in cardiologist CT / MRI sessions. Ongoing work within Cardiology to establish sustainable workforce plan to resource cardiac CT and MR; candidate successfully recruited to in March to undertake CT and MRI cover.

Key Areas of Focus

- Mitigation of the impact of industrial action in April 2023.
- Continued delivery of 3 Endoscopy rooms per day running at weekends during Q1 2023/24 supported by ERF funding.
- Delivery of reduction in DNA using dedicated A&C support and recruitment campaigns continue in Echocardiology.
- Continued assistance from AECC planned in April to maintain ultrasound position.

Cancer FDS and 62 Day Standard

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

Resources — Use our resources well

28 Day Faster Diagnosis Standard (Target 75%)
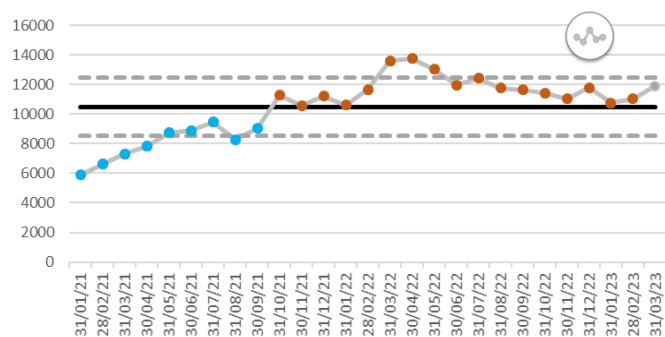### February Performance by Tumour Site (71%)

UHD - Faster Diagnosis Standard (FDS) 28 days
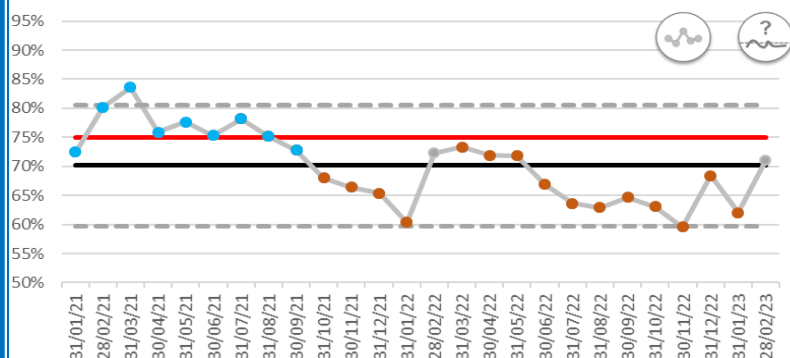
62 Day Standard (Target 85%)
February Performance by Tumour Site (61.9%)

UHD 62 day standard
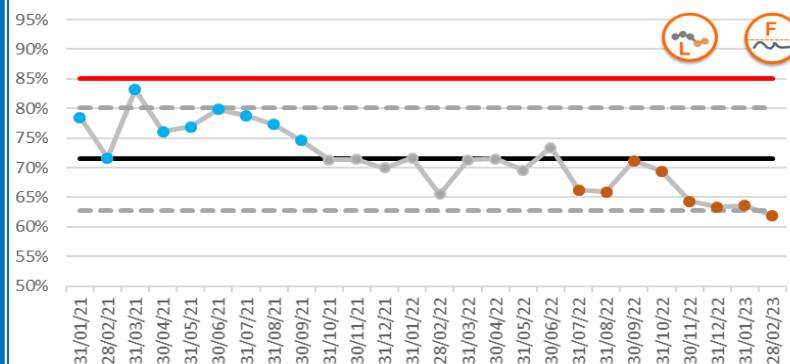
Data Description and Target

- Percentage of patients informed of diagnosis within 28 days from referral. Faster Diagnosis Standard 75%
- Percentage of patients who receive their 1st treatment for cancer within 62 days. 62d Standard 85%
- The number of 62-day patients waiting 63 days or more on their pathway.

Finalised February Performance

- 28 Day Faster Diagnosis Standard - Performance for February increased by 6% to 71% compared to January (the last time UHD were performing at this level was May 2022). Eight tumour sites achieved the 75% threshold.
- 62 Day performance in February reported 61.9% and although a slight decline of 1.7% compared to January, the Trust continues to perform above the current national average of 56.7%.
- The decrease in 62d performance in February is attributed to a series of factors including an impact from industrial action earlier within 2023 and an increase in breaches in Urology and Colorectal due to high referral numbers. Further industrial action in April will impact on the Trust's recovery in quarter 1 2023/24.
- The number of patients over 62 days decreased in February to 261 compared with 301 in January.

Predicted March Performance (unfinalised)

28 Day - The provisional performance for March is currently 75%
62 Day - The provisional performance for March is currently at 65.0%.

Cancer over 62 Day Breaches

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Finance and Performance Committee

62 Day Breaches (Target February 240)
February Performance 261

Volume of Patients on PTL by Cancer Site and % Over 62 Days
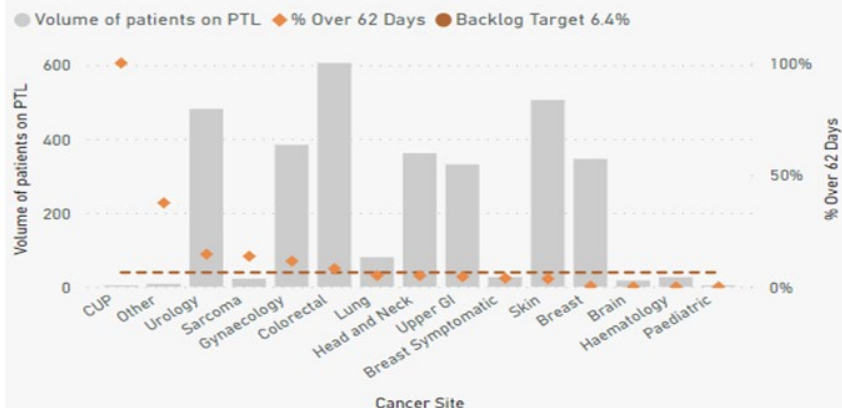
High Level Performance Indicators

Cancer Standards	Standard	Final Feb-23	Predicted Mar-23
31 day standard	96%	96.0%	96.2%
28 day faster diagnosis standard	75%	71.0%	75.0%
62 day standard	85%	61.9%	65.0%

Key Areas of Focus

- The priority areas for recovery in the next quarter are colorectal, gynaecology and urology with specific Task & Finish Groups being established.

- Targeted deployment of pathway navigators working with clinical teams and designated clinicians to reduce waits within the patient pathway with a focus on the over 62-day PTL and 28D pathways.

- Mobilise additional clinics during April and May for urology to reduce waits for first outpatient appointments.

- Work with the ICS partners to ensure at least 80% of colorectal 2ww referrals are accompanied with a FIT test. The February position for colorectal 2ww referrals accompanied with a FIT result increased to 76.4% compared to 62.9% in January.

- Re-book all patients displaced due to planned industrial action in April.

- Ensuring clinical review of the longest waiters to reprioritise into clinic slots where appropriate.

- Implementation of Tele-Dermatology in Q1 of 2023/24.

Theatre Utilisation

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Abigail Daughters (GDO)
Sub Groups: Finance and Performance Committee

UHD Theatre case opportunity
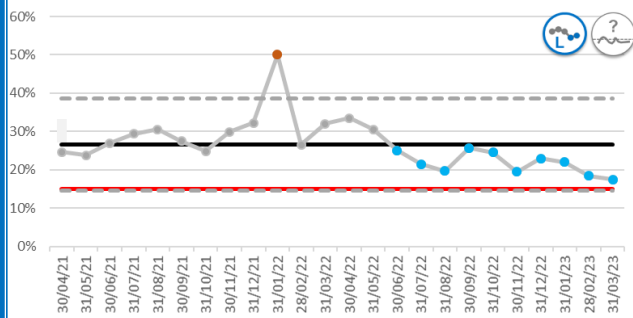
Theatre utilisation (capped) - main
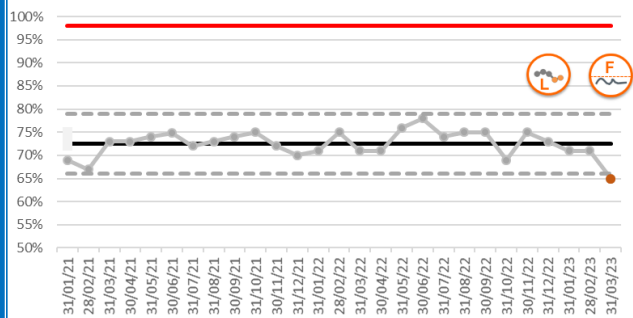
Theatre utilisation (capped) - DC
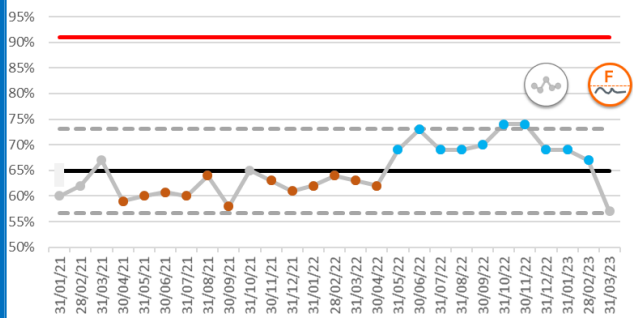
Data Description and Target

Trust pursuing a capped utilisation of 85% which takes into consideration downtime between patients.

Intended utilisation is the utilisation booked into lists and excludes any on the day / 1-day prior cancellations. Theatre utilisation as reflected below includes emergency trauma lists which will be lower than capped utilisation (left) due to the unpredictable nature of emergency vs planned lists.

Performance

- March 2023 month end snapshot of intended utilisation is 80% but actual utilisation of 64.0%
- All efficiency markers down due to cancellations.
- Booked utilisation showing improvement currently stands at 72%
- Average late starts have decreased from 42mins to 29mins (down by 31%)
- Average late finishes showing decrease from 17mins to 9mins (down 47%)
- Average early finishes have decreased from an average of 81min to 50min(down 38%)
- Current vacancy factor within theatres stands at 60wte across UHD. This is a combined total of trained and untrained staff.
- Rise in 1–2-day cancellations due to theatre staffing shortages and sickness
- March saw industrial action by the junior doctors (2 days) which has led to an increase in planned cancellations due to the need to focus on the provision for Emergency cover including Trauma.
- The second round of junior doctor strikes in April (4 days) combined with the impact of the bank holidays has led to high numbers of cancellations leaving only Emergency and Trauma cover across UHD due to the need to ensure wards are safely staffed.

Underlying issues:
- Continued industrial action has had negative impact on achieving theatre metrics.
- Some improvement seen however bed occupancy across the Trust remains high leading to a potential risk of cancelling elective procedures.
- Ongoing staffing shortages across theatres remains a significant barrier to providing a full template for all surgical specialities.

Key Areas of Focus

Ongoing improvement work focussing on theatre staffing as a top priority supported at Executive level, scheduling, digital solutions and pre-op assessment. 2023 improvement plan in progress including leadership and development programme for theatre leads.

Trauma Orthopaedics

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Abigail Daughters (GDO)
Sub Groups: Finance and Performance Committee


Trauma Admissions

% of NOF patients operated on within 36 hrs of admission
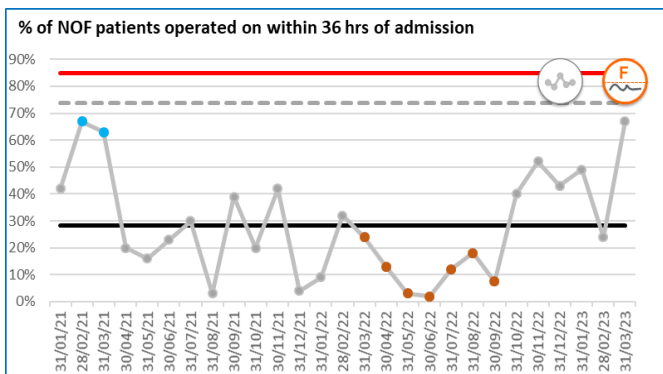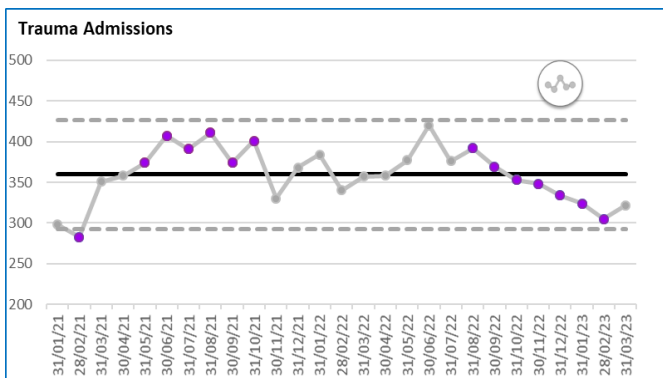
Data Description and Target

NHFD Best Practice Tariff Target: Fractured neck of femur (NoF) patients to be operated on within 36 hours of admission.
Quality Target: 95% of fractured neck of femur (#NoF) patients to be operated on within 36 hours of admission and being clinically appropriate for surgery.

Performance

March performance for time to theatre for fractured neck of femur (# NoF) patients: 88% achieving surgery within 36 hours of being fit for surgery and 67% with surgery within 36 hours from admission.

- 10 patients fit on admission but were delayed for surgery, delay due number of NoF's admitted in a 24-hour period, in one 3-day period 14 NoF's admitted.
- 15 Shaft of femur (SoF) fractures admitted in March all of whom had surgery. 3 required revision THR (Total Hip Replacement) for their fracture. 6 patients with a # NOF required a THR
- 11 patients required 2 or more trips to theatre, resulting in an additional 16 trips to theatre, some of which were complex revisions and septic patients.
- Challenge to access to laminar flow theatres with radiological cover continues.

Key Areas of Focus

- e-Trauma Business case approved with procurement in place, implementation requires IT engagement. Implementation group to commence with dedicated T&O Lead in post.
- Trauma Ambulatory Care Unit (TOACU) - Service relocated to OPD to protect capacity. Service now has consistent ringfencing resulting in up to 40 patients/week with admission avoidance >85%.
- Liaison and working with Trust operational flow project (TAD) to support reduction in high level of MRFD patients across trauma (40%).
- #NOF summit areas of focus agreed to include pre-hospital "Pre alert" and #NOF admission pathway (mirror approach of stroke/cardiology).

Outpatient Measures

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Sarah Macklin (GDO)
Sub Groups: Finance and Performance Committee

Referral Rates (acute only)		Standard	Last Year	This Year	Trust Perf
GP Referral Rate year on year		-0.5%	143052	126595	-11.5%
Total Referrals Rate year on year		-0.5%	225829	193675	-14.2%

Outpatient metrics (acute only)					
Overdue Follow Up Appointments					34302
New Appointments					20608
Follow-Up Appointments					30195
% DNA Rate	(Total DNAs / New & Flup Atts)	5%		3893 / 50803	7.1%
Hospital cancellation rate	(Hospital Canx / Total Booked Appts)			10063 / 71337	14.1%
Patient cancellation rate	(Patient Canx / Total Booked Appts)			6578 / 71337	9.2%

Reduction in face to face attendances (acute only)					
% telemed/video attendances	(Total Non F-F / Total Atts)	25%		9397 / 50803	18.5%

UHD Outpatient DNA rate
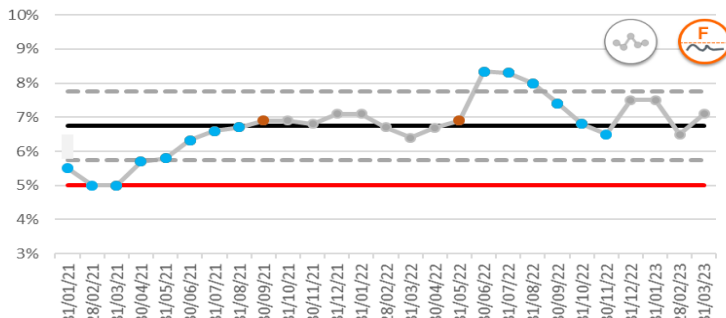
UHD - Total Outpatient - Virtual (%)
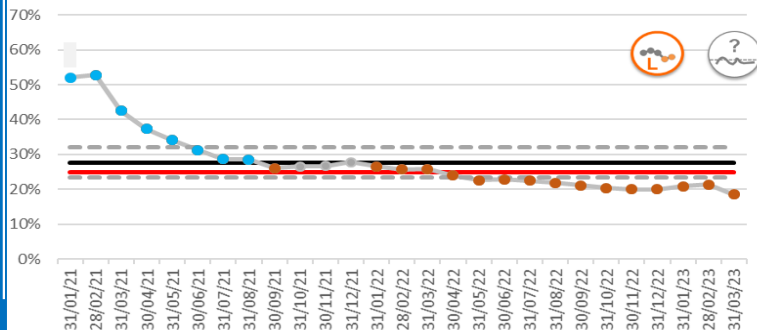
Data Description and Target

Reduction in DNA rate (first and follow up) to 5%
25% of all attendances delivered virtually
Reduction in overdue follow up appointments

Performance

DNA rate in March increased to 7.1%, remaining consistently above target levels.
18.5% of attendances were delivered via telemedicine/video.
The number patients waiting an overdue follow up appointment stabilised (0.1% increase) in March compared to a 4% increase in February.

- Broadcast messaging via DrDoctor is being used to notify patients of cancelled appointments, fill fast track slots and send appointment reminders to reduce DNA rates.
- Planned industrial action at UHD has had an impact on outpatient booking teams' capacity, as resources were focused on supporting clinical teams to cancel clinics (first and follow up) at short notice in order to safely staff acute and emergency care areas.

Key Areas of Focus

- Continued DrDoctor expansion to build on soft launch undertaken of 'Quick Question' and Broadcast messaging'. Pilot of 'quick question' functionality to support validation of the follow up waiting list in Gynaecology is also planned in April/May.
- Revised date for go-live of text reminders via DrDoctor now May 2023 pending bulk upload testing completion. This is expected to improve DNA rates.
- Outpatient forum driving data review at specialty level following launch of outpatient performance dashboard (including all Outpatient KPIs).

Health Inequalities

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Judith May (DOPO)
Sub Groups: Population Health & System Committee

Effective
Be well-led and an effective partner

Average Weeks Waiting by Deprivation

Average Weeks Waiting by Ethnicity

Data Description and Target

Analysis of variation in weeks waiting on an elective waiting list according to the patient's Index of Multiple Deprivation and ethnicity grouping to understand areas of variation.

Performance

Waiting list by Index of Multiple Deprivation (IMD) 8.2% of the Trust's waiting list are patients living within the 20% most deprived areas of Dorset by Index of Multiple Deprivation (IMD) (no change compared to February). Analysing RTT activity in Quarter 4 to date, the median weeks waiting at the point of treatment shows 2 weeks average (median) variation between the 20% most deprived and the rest of the population treated. Greatest variation is seen in Paediatrics and OMF services.

Waiting list by ethnicity
Where ethnicity is recorded, 11% of patients on a UHD waiting lists are within community minority ethnic populations. This is an increase of 0.3% since February. An analysis of the median weeks waiting by ethnicity grouping identifies 2 weeks average (median) variation between patients within community minority groups and White British populations in Q4 to date.

Key Areas of Focus

2022/23 priority actions agreed via Trust Management Group are being delivered, including:
- A deep dive strategic review of DNAs and variation according to IMD and ethnicity. This will initially focus on Paediatric attendances.
- Prioritisation of people with learning disabilities and enhancing their access to care ensuring they have access to a first OPA within 18 weeks of referral. Reduction in average weeks wait for this cohort achieved in Q4 22/23.
- Development of approaches to address health inequalities through proactively targeting specific groups who do not engage, for example access to screening programmes
- An assessment of the Trust against the CORE20PLUS5 approach.
- Publicising health inequalities training opportunities for staff.
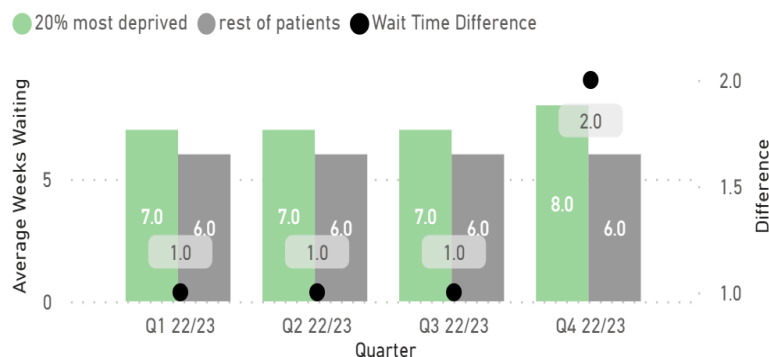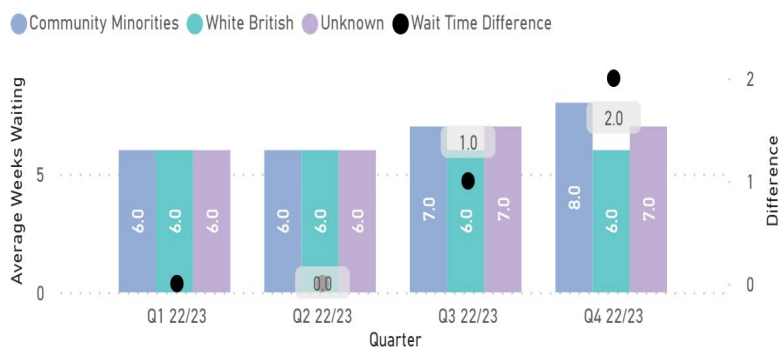
Ambulance Handovers

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Leanna Rathbone (GDO)
Sub Groups: Finance and Performance Committee

Poole Hospital

Royal Bournemouth Hospital
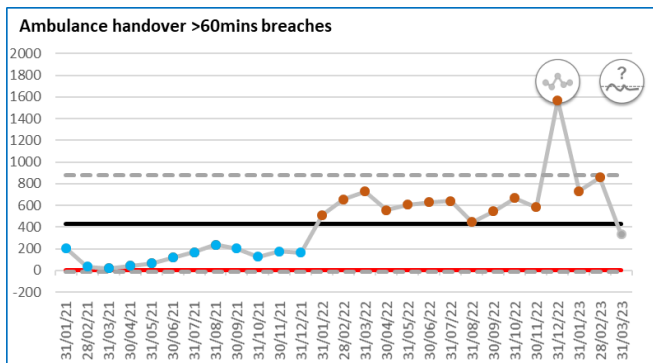
Data Description and Target

Number of ambulance handover delays greater than 60 minutes from arrival to a receiving Emergency Department. 15 minutes is the target for an Ambulance to handover to a receiving ED from arrival. There should be no ambulances waiting over 60 minutes.

Number of ambulance hours lost due to handover delays. There is a site level recovery trajectory for lost ambulance hours per day.

Performance

- There was a large decrease in ambulance conveyances in March (Average of 40 per day, split equally between sites).
- 333 Ambulances waited longer than 60 minutes in March which is 526 less than February and the lowest month reported for the year 22/23. This is a decrease of 24% to 20%.
- In total there were 2742 hours reported as lost at UHD sites in March.
- SWAST saw an overall increase regionally in handover delays to 34,833 hours for the Southwest Region, compared to over 25,000 hours in February.
- This shift in performance was likely influenced by both the Ambulance and Junior Doctor strikes.
- SWAST are providing support to cohorting, but the handover time continues to run for each patient cohorted by SWAST until transferred to ED care.

Key Areas of Focus

- Dorset ICB have re-established the joint meetings with UHD and SWAST to address the handover challenge, including a data cell that met initially in mid March.
- The Trust's ED 4 hour recovery meeting, chaired by the COO continues to oversee ED performance and departmental decompression, which will support a reduction in ambulance handovers.
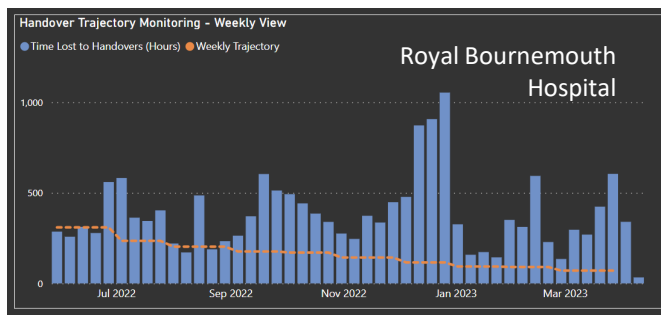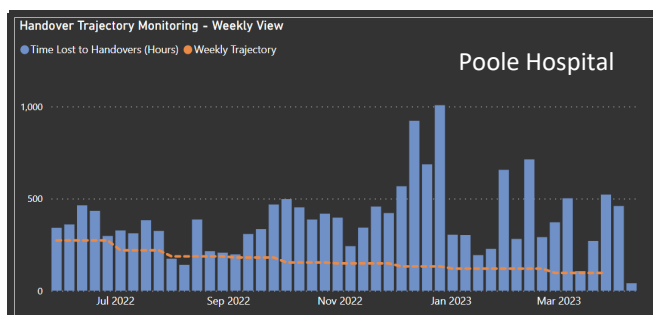
Emergency Care Standards

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Leanna Rathbone (GDO)
Sub Groups: Finance and Performance Committee
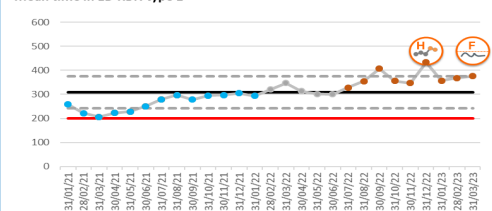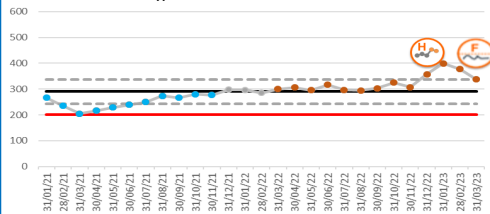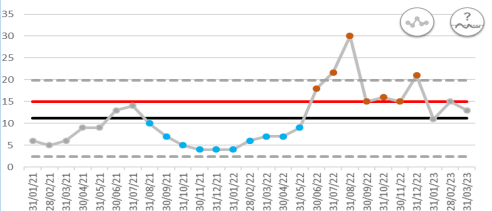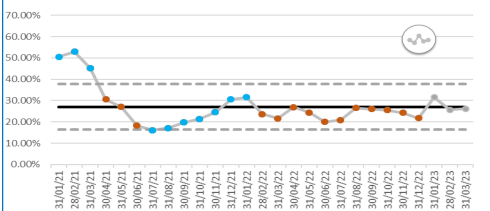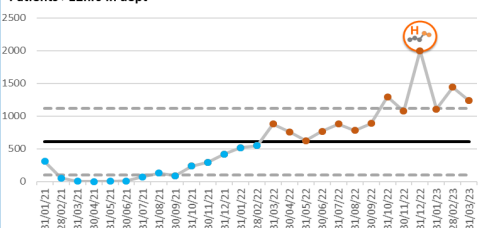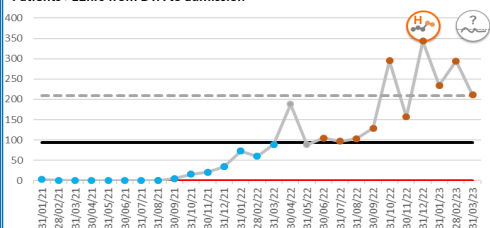
Data Description and Target

UHD will continue to report against the pilot UEC standards, however we have now had formal notice this will cease.   As previously reported a recovery plan to support the transition back to the 4-hour ED standard is in place, and UHD will be reporting against the 4 hours standard from mid May 2023

Performance

Overall attendances were significantly higher again in March than in January/February (av. 16 per day more attendances). The average meantime for attendances however further decreased by 15 minutes to 357 minutes (target 200 minutes) down from 395 at its peak in December 2022.

A decrease in the number of patients spending more than 12 hours in our EDs (205 less in month) was achieved in March. This was also reflected in the number of patients waiting for more than 12 hours after a decision to admit decreasing by 83 to 211 (target – Zero).

Key Areas of Focus

Delivery of the recovery plan to reintroduce the 4-hour standard at UHD, which is currently demonstrating some improvement.

Patient Flow

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Alex Lister (DCOO)
Sub Groups: Finance and Performance Committee

Bed Occupancy (capcity incl escalation)

Same Day Emergency Care (SDEC)

Conversion rate (admitted from ED)
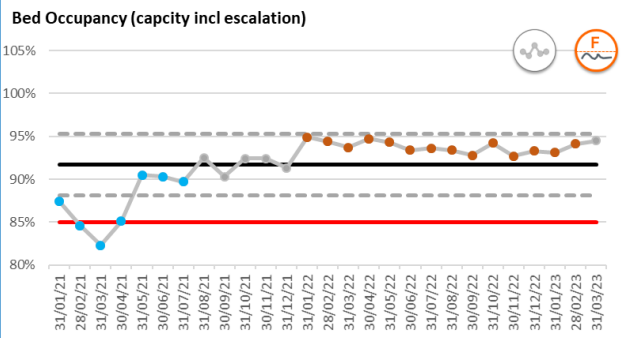
Data Description and Target

85% bed occupancy would support flow and delivery of rapid progression from the Emergency Department within an hour of being clinically ready to proceed

Performance

Bed occupancy **remains above 85% at 94.5%** (+0.4% in month), this includes planned winter escalation but does not account for additional surge beds opened in extremis.

- Additional capacity has been required to support the pressures of Covid/Flu occupancy, maintaining elective activity and emergency care demand.
- High occupancy is in the main attributed to a significant number of MRFD patients within the Trust.
- March saw **more patients discharged** than admitted (net difference of 66 patients). However, there remained a consistent need to open surge capacity to manage high occupancy and MRFD levels.
- The mean bed wait for a patient has remained steady at around 4 hours with a lack of flow across assessment areas and downstream pathways continuing to hamper ED recovery.
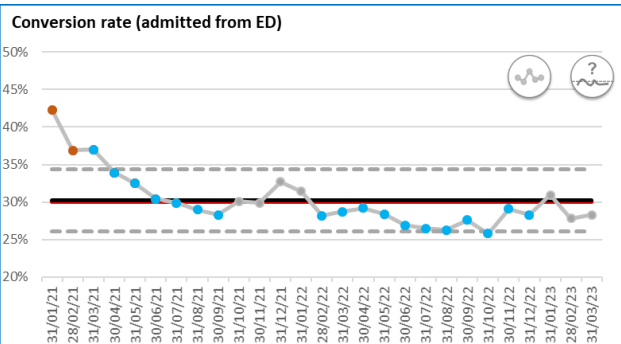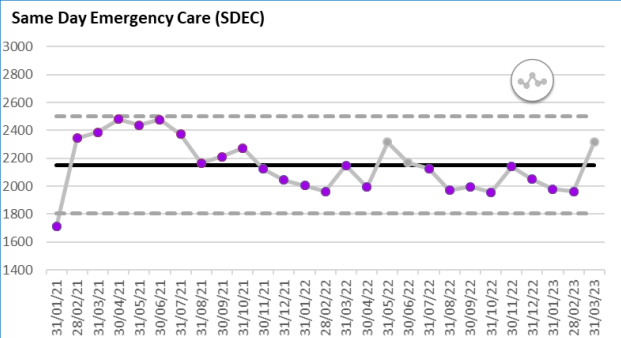
Key Areas of Focus

- Continued targeted focus on Timely Admission and Discharge (TAD) process and significant improvement in utilisation rates of Departure Lounges.
- Introduction of the Discharge to Assess model will reduce length of stay and provide improved flow.
- Rapid review of daily bed management process, including implementation of the centralised bed model, with expected improvements in timeliness and coordination.

Length of Stay and Discharges

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Alex Lister (DCOO)
Sub Groups: Finance and Performance Committee

Stranded patients: Length of stay 7 days
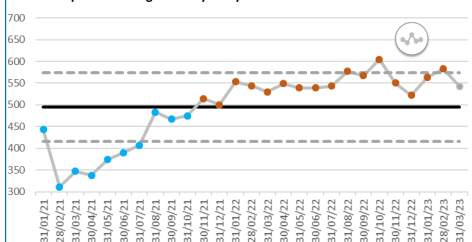
Stranded patients: Length of stay 14 days
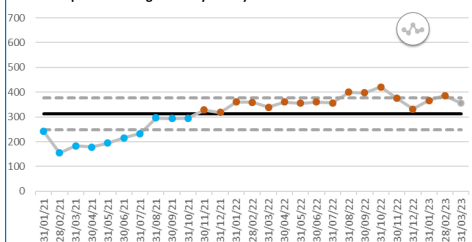
Stranded patients: Length of stay 21 days
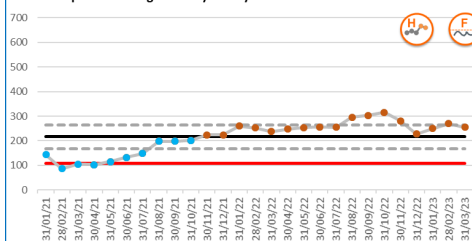
UHD NCTR % - all delays
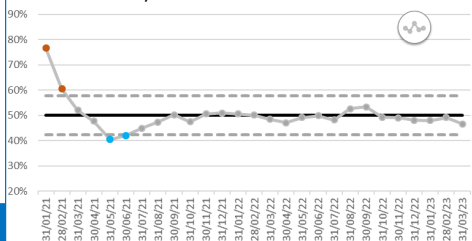
Data Description and Target

The number of patients with a length of stay greater than 7, 14 and 21 days
The proportion of delays in discharge for whom the patient has no criteria to reside. Target to reduce the number of patients with no criteria to reside by 50%.

Performance

The average daily number of patients who are ready to leave/have no criteria to reside was 194 in March, **a decrease** of 50 patients per day compared to February. Patients located on an IPC closed ward, unable to be transferred out of hospital during the reporting period, are not included and therefore in March contributed in part to this reduction in numbers.

- The overall delayed discharge position continues to challenge hospital flow. The overall proportion of MRFD patients **reduced to** 27%. (-2%)
- The number of internal delays reported **remained steady at** 20% as work continues to improve internal processes.
- The number of patients with a length of stay (LoS) over 21 days **remains challenged** at 255.
- Delays in accessing community health and social care driven by bed, workforce and processing capacity are the significant factors impacting LoS and patients waiting discharge.
- Internal delays are reviewed and challenged daily, key themes include completion of therapy assessments and discharge referrals.

Key Areas of Focus

- Internal incident support pre/post-strike days to reduce internal and all delays
- Daily partner meetings focusing on MRFD
- Weekly Matron led ward Long Length of Stay (LLoS) meetings plus additional Exec level meetings instigated to support escalation
- Additional Care Home capacity continues to support rapid decant of patients
- System led accelerated Discharge to Assess (D2A) model commenced in February 2023
- System visits to UHD and Community Hospitals identified key system themes and opportunities for improvement
- Focus for organisation via Hospital Flow Programme Workstream 4, with an aim of improving early discharge planning, D2A pathways and data completeness in Health of the Ward (HotW). A planned internal MADE event to commence at the end of April.

Screening Programmes

Executive Owner: Mark Mould (Chief Operating Officer) Management/Clinical
Owner: Leanna Rathbone/Sarah Macklin (GDO)
Sub Groups: Finance and Performance Committee

High Level Board Performance Indicators
MARCH position :

Breast Screening	Standard	ACHIEVED
Screening to Normal Results within 14 days	95.00%	99%
Screening to first offered assessment appointment within 3 weeks	95.00%	98%
Round Length within 36 months	90.00%	97%
Longest Wait Time (Months)	36	36

High Level Board Performance Indicators

Bowel Screening Standard	Target	Trust March Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	51%

Background/target description
To ensure the breast screening access standards are met.
Performance:
- It is now possible to maintain a steadier level of screening over all locations now that the backlog has been recovered.
- Round length target has been achieved again this month and is 97%.

Underlying issues:
- There are ongoing issues at Think Big with regards to static electricity and as a result further clinics have had to be cancelled. This will not impact our KPI targets as we are ahead with recall dates following recovery and anti-static measure in place during April.

Actions:
- Regular failsafe batches are being generated throughout each month to effectively manage any potential delays for women moving into area and reaching screening age.
- To manage future demand increases which will reflect the high volume of screening carried out to facilitate the recovery of the service, the round plan is being managed in line with the NHSE 'Round Plan Smoothing Guidelines' for the next 3 years, whereby women can be called early for their recall, up to 24 months since their last screening.

Background/target description
To ensure the bowel screening access standards are met.
Performance:
- SSP Clinic Wait Standard : The wait standard continues to be maintained at 100%.
- Diagnostic Wait Standard : The standard was delivered through Q1-3 22/23. However, performance was not maintained in March 2023.

Underlying issues:
- Loss of 7 colonoscopy lists across the two periods of industrial action.
- Numbers of FIT positive screening subjects coming through SSP clinics, continues to rise ; averaging 36 per week throughout March compared to 17 per week in December and 29 per week in January.
- Numbers in clinic (colonoscopy) have fluctuated more than usual in 22/23.

Actions:
Developing new accredited screeners and succession plan for existing screeners continues to present a challenge and is on the risk register.

Screening Programmes

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Sarah Macklin (GDO)/Lorraine Tonge
Sub Groups: Finance and Performance Committee

MATERNITY SCREENING, March 2023

There have been no new screening incidents in March.

Antenatal Screening Update

Antenatal Screening KPI 2022 Q3 have been published. Timeliness of antenatal screening continues to be above the acceptable threshold (50%) but below the achievable threshold (75%) at 62.8%. This will improve with the return of face-to-face bookings in April but will take 2-3 quarters before it is reflected in the reporting data.

Completion of FOQ has dropped to 98.9% which is now in the acceptable (95%) not achievable (99%) range. All FOQs were completed correctly at the labs request and screening carried out within the given timescales. Community leads will continue to reiterate the importance of completing these forms accurately.
All other KPIs hit the achievable range.

This month there have been two complaints from women who have not received ultrasound scan appointments in a timely manner. A meeting is being held today (4th April 2023) with Screening Coordinator, HOM, Community team leads, Outpatient's matron and sonography lead for Maternity ultrasound to identify if there are any gaps in the process of booking ultrasounds scans which may have contributed to scans not being booked in a timely manner.

Postnatal Screening Update

The NIPE 2022 Q3 KPIs have been published. Unfortunately, the KPI for eye screening was 80% which is below standard, however, this was incorrect. This was queried and is actually 100%. We were also below standard for the Bilateral Undescended testes KPI (83.3%). This was 1 baby, who was known about at the time, and an incident report completed.

There have been an unacceptable number of NNST avoidable repeats since January. Emails have gone to all staff to remind them of the correct process. Staff responsible have received 'avoidable repeat' letters, and their line managers have been informed.

Another Hep B Positive lady has given birth this month, and the necessary vaccine / Immunoglobulin and paperwork was completed correctly.

Finance

Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Peter Papworth (CFO)
Sub Groups: Finance and Performance Committee

FINANCIAL INDICATORS	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Control Total Surplus/ (Deficit)	0	188	188
Capital Programme	118,296	118,966	(670)
Closing Cash Balance	85,126	95,136	10,010
Public Sector Payment Policy	95.0%	91.9%	(3.1)%

CIP delivery (£'000) by month and year to date

Cumulative Month-End Cash Balance (£'000)

Cumulative Month-End BPPC Balance (£'000)

For the financial year ending 31 March 2023, the Trust has delivered a surplus of £188,000 against the breakeven control total.

Within this aggregate position, the Surgical Care Group reported an adverse variance of £3.471 million mainly due to unidentified CIP and medical staffing rotas; the Medical Care Group delivered an adverse variance of £8.383 million mainly due to unidentified CIP, high cost agency covering vacancies and enhanced care needs together with additional medical staffing in Older Peoples Services, Urgent and Emergency Care, Medical Specialties and Acute and Ambulatory Medicine; and the Specialties Care Group delivered a favourable variance of £99,000 mainly due to a significant pay underspend due to vacancies in Pathology, Pharmacy and Women's Health which was partially offset by unidentified CIP across the Care Group together with bank and agency costs in covering vacancies in Cancer Care, Radiology and Child Health.

Cost Improvement Programme savings of £31.4 million have been achieved for the financial year ending 31 March 2023 against a target £32.2 million, representing an under achievement of £823,000. This includes non-recurrent savings associated with the reduction in COVID funding. Against the recurrent CIP target of £19.1 million, the Trust delivered recurrent savings of £7.2 million representing a shortfall of £11.9 million.

Capital expenditure of £119.0 million has been reported for the financial year against a plan of £118.3 million, with this value including the adoption of the IFRS 16 standard at £7.4 million. Operational Capital is ahead of plan by £0.4 million due to phasing of IT schemes, in year MOU CDEL funding and medical equipment purchases. As part of the ICS CDEL control total, the Trust agreed a final CDEL limit of £27.2 million which was £0.4 million above plan.

CAPITAL	Year to date Budget £'000	Year to date Actual £'000	Year to date Variance £'000
Estates	17,759	18,722	(963)
IT	7,355	2,121	5,234
Medical Equipment	1,745	6,388	(4,643)
Donated Assets	1,264	1,562	(298)
Strategic Capital	90,173	90,173	(0)
Total	118,296	118,966	(670)

As at 31 March 2023 the Trust is holding a consolidated cash balance of £95.1 million which is fully committed against the future Capital Programme. The current cash balance is higher than planned due to the successful in year award of MOU capital funding for multiple schemes alongside a re-phasing of the capital programme spend.

The Trusts payment performance continued to recover during March (with in-month performance of 95.4%), however the previous impact of the national cyber-attack continues to impact the year to date achievement which currently stands at 91.9%.

Informatics
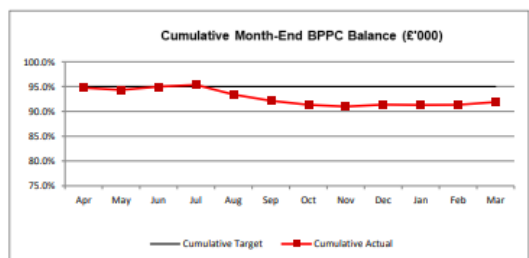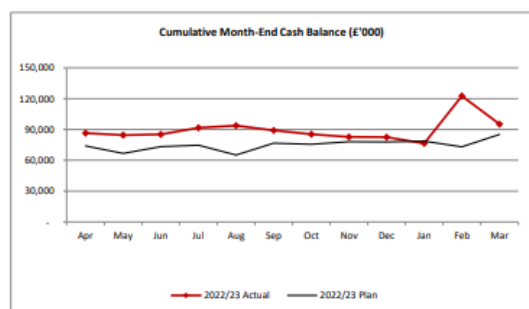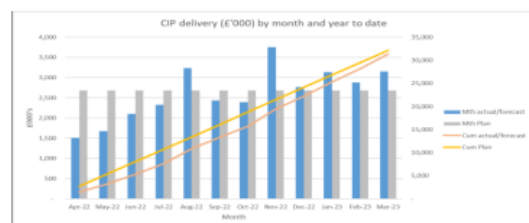
Executive Owner: Mark Mould (Chief Operating Officer)
Management/Clinical Owner: Peter Gill (CIO)
Sub Groups: Finance and Performance Committee

Business as Usual / Service Management

Graph 1: core Infrastructure availability
Core IT infrastructure uptime and mins lost
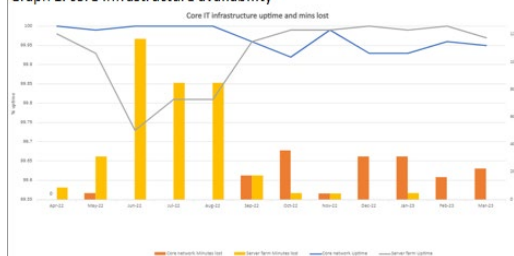
Graph 2: Service Desk demand
IT Service Desk Demand
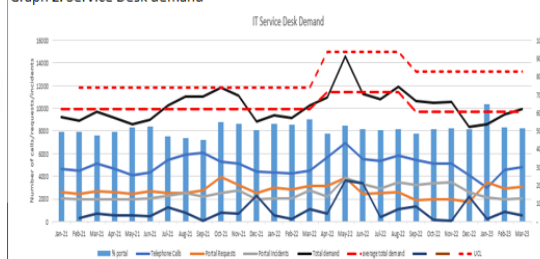
Projects / Developments / Security / IG

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

Informatics Projects since November 2018

Project Type	Pending Approval	Not Started	Deferred	In Progress	Completed	Total
eForm/Automation Project	0	17	3	63	246	329
Infrastructure Mandatory	0	2	1	7	29	39
Projects	1	47	6	76	387	516
Service Improvement Projects	0	0	0	0	3	3
Grand Totals	1	66	10	146	665	887

Table 4: Project Totals and Escalation

Project Profile
Escalated — Total In progress — Total Not Started

Table 5: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	94.6%	5.4%	0.0%	5.4%
Windows Servers	86.8%	13.2%	0.0%	13.2%

Table 7: FOI compliance

	Total rec'd	Compliance
November '22	56	77%
December '22	45	67%
January '23	59	80%
February '23	63	73%
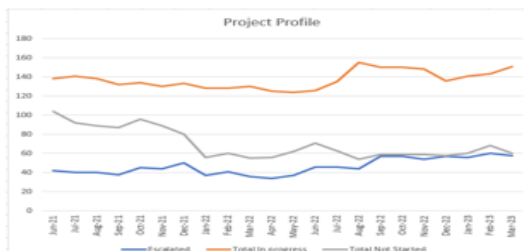
Table 6: Information Asset Compliance

All Active Assets

Status	Total	%
Draft Only (Pending Updates)	20	7.07%
Awaiting IAO Review/Approval	180	63.60%
Awaiting IG Review/Approval	14	4.95%
DSPT Compliant (2022/23)	69	24.38%
Total	283	

DSPT Compliance 24.38% (All)

Graph 8: DCR growth

100,000 records accessed in March 2023!

Commentary

Graph 1: Core Infrastructure uptime remains optimal at greater than 99.9% during Mar 2023.

Graph 2: There is a reduction in Service Desk demand to the levels seen before the single PAS was implemented (May 2022). The average waiting time on the IT service Desk is now just over 1min.

Table 3: 10 Projects completed in month including a revamped Dicharge to Assess electronic form and the merger of the PH and RBH eNurse Assessment databases.

Table 5. The percentage of Windows servers now unsupported has jumped to 13.4% (from zero last month) as a result of the end of extended support for Windows Server 2008r2. We continue the programme of retirement of this operating system.

Table 6 encouraging progress is being made towards the end June 2023 target to ensure all our active assets are compliant to the Data Security and Protection Toolkit but clearly more attention required.

Table 7: Freedom of Information compliance restored to a respectable level, although less than the required standard of 90%.

Graph 8. The daily records accessed in DCR continues to grow such that we have achieved our target of over 100,000 patient records accessed in March 2023.

Meeting Date: 27 April 2023

Agenda item: 6.1

Subject:	Annual Report - Statement on the work of the Nominations, Remuneration and Evaluations Committee 2022/23
Prepared by:	Klaudia Zwolinska, Corporate Governance Assistant and Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Decision/Approval
Executive Summary:	To present the report on the Nominations Remuneration and Evaluation Committee (the Committee) 2022/2023 for the purposes of the Annual Report and to seek approval of its contents. Following approval of the report by the Council of Governors, sections of it will be included within the Trust's Annual Report.
Background:	Under the NHS Foundation Trust Annual Reporting Manual 2022/2023 and/or the Code of Governance, the annual report should identify the Trust Chair, Vice Chair and members of the Committee. It should also set out the number of meetings of the Committee and describe the work of the Committee including the process it has used in relation to Board appointments. A draft report on the 2022/2023 work of the Committee is therefore attached for the Council of Governors' review and, if thought fit, approval.
Key Recommendations:	To consider the recommendation from the Committee and, if thought fit, to approve the report.

Implications associated with this item:	Council of Governors	☒
	Equality and Diversity	☐
	Financial	☐
	Operational Performance	☐
	People (inc Staff, Patients)	☐
	Public Consultation	☐
	Quality	☐
	Regulatory	☒
	Strategy/Transformation	☐
	System	☐
CQC Reference:	Safe	☐
	Effective	☐
	Caring	☐
	Responsive	☐
	Well Led	☒
	Use of Resources	☐

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Nominations, Remuneration and Evaluation Committee	27/04/2023	Meeting has not yet taken place at the time of submission of this report.

Reason for submission to the Council of Governors in Private Only (where relevant)	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

NOMINATIONS, REMUNERATIONS AND EVALUATIONS COMMITTEE: ANNUAL REPORT

1. INTRODUCTION

The Council of Governors is required to establish a committee consisting of all or some of its members to assist in carrying out the specified functions relating to (among other things) the appointment of the Trust Chair and Non-Executive Directors, the review of the structure, composition and performance of the Board and the remuneration of the Trust Chair and Non-Executive Directors. The Committee is chaired by the Trust's Chair, or in his absence, the Vice Chair, and comprises of three public Governors, one appointed Governor and one staff Governor.

Members during the financial year 1 April 2022 to 31 March 2023 (the period) were:

- Marie Cleary, Staff Governor for Administrative and Clerical *(until 28 October 2022)*
- Sharon Collett, Public Governor for Bournemouth
- Beryl Ezzard, Appointed Governor for Dorset Council
- Rob Flux, Staff Governor for Administrative and Clerical *(from 10 February 2023)*
- Carrie Stone, Public Governor for Poole and Rest of Dorset *(from 10 February 2023)*
- David Triplow, Public Governor for Poole and Rest of Dorset *(until 31 December 2022)*
- Sandra Wilson, Public Governor for Christchurch, East Dorset and rest of England

with the Trust Chair/Acting Trust Chair (or in the Trust Chair's absence, the Vice Chair) presiding over meetings.

2. MEETINGS OF THE COMMITTEE

The Committee met five times during the period, with members having attended meetings as follows, each having been quorate:

Name	Constituency	26 April 2022	28 July 2022	20 October 2022	17 February 2023	20 March 2023*
Meeting Dates						
Present						
Rob Whiteman	Trust Chair *(from 1 July 2022)*		✓	✓	✓	✓
Philip Green	Vice Chair and from 1 April 2022 to 30 June 2022 Acting Trust Chair	✓	✓			
Marie Cleary	Staff: Administrative and Clerical *(until 31 December 2022)*	✓	✓	✓		
Sharon Collett	Bournemouth	✓	✓	✓	✓	✓
Cllr Beryl Ezzard	Dorset Council	✓	**x**	✓	✓	✓
Rob Flux	Staff: Administrative and Clerical *(from 10 February 2023)*				**x**	✓
Carrie Stone	Poole and Rest of Dorset *(from 10 February 2023)*				✓	**x**
David Triplow	Poole and Rest of Dorset *(until 31 December 2022)*	✓	✓	✓		
Sandra Wilson	Christchurch, East Dorset, Rest of England	✓	✓	✓	✓	✓

Key:
✓ - attended the meeting
x – did not attend/apologies sent   ** extraordinary meeting*

⬜ - N/A

Karen Allman, Chief People Officer was in attendance at the meetings held on 26 April 2022, 20 October 2022 and 20 March 2023.

3. BUSINESS OF THE COMMITTEE

Business of the Committee during the period was as follows:

On 26 April 2022, the Committee considered:

- A recommendation to the Council of Governors in relation to the Trust Chair recruitment
- Report on NREC 2021/22 for the Trust's Annual Report
- Remuneration of the Acting Trust Chair
- Governors' attendance at the Council of Governors meetings
- The Committee's Governance Cycle

On 28 July 2022, the Committee considered:

- The Committee's Terms of Reference
- The outcome of the Non-Executive Directors' annual performance evaluation to present to Council of Governors on its July 2022 meeting

On 20 October 2022, the Committee considered:

- The Committee's Governance Cycle
- Composition of the Board of Directors: Amendment to the Trust's Constitution
- Non-Executive Director Recruitment
- Governors' attendance at the Council of Governors meetings

On 17 February 2023, the Committee considered:

- The methodology for the Trust Chair and Non-Executive Directors' 2022/23 performance evaluation
- Non-Executive Director Appointments
- The Committee membership
- Governor Attendance at Council of Governors Meetings

On 20 March 2023, the Committee considered:

- Board Skills Mix, Appointment of Non-Executive Directors and Re-appointment of Non-Executive Directors

In August 2022, a Board Development Session was held at which the skills mix of Non-Executive Directors was considered. Following this, in October 2022, an overview of the proposed Non-Executive Director recruitment process and candidate brief prepared by Odgers Berndtson working with the Trust (and whom the Trust had engaged previously) was provided to the Council of Governors. A formal, rigorous and transparent appointment process was developed for the selection and recruitment of Non-Executive Directors. Following shortlisting of the candidates, carousel sessions were held in January 2023, which included a governor group. The carousel sessions also included board members and external stakeholders. An interview panel was convened with shortlisted candidates. The panel also included governors and board members. The Committee made recommendations to the council of governors in February 2023 and March 2023 to respectively approve:

- the appointment of Judy Gillow MBE and Sharath Ranjan, each for a term of three years and whose terms commenced in April 2023;

- the appointment of and Dr Helena McKeown and Claire Whittaker OBE each for a term of three years and whose terms will commence from 1 October 2023;
- the re-appointment of Professor Cliff Shearman OBE and John Lelliott OBE each for a term of two years; and
- the re-appointment of Pankaj Dave and Caroline Tapster CBE each for a term of one year.

During the period, on the recommendation of the Committee, the Council of Governors approved:

- The appointment of Rob Whiteman as the Trust Chair
- The annual report on the work of the Nominations Remuneration and Evaluation Committee for the Trust's Annual Report
- Amendments to the Committee's Terms of Reference
- The outcome of the Non-Executive Directors' annual performance evaluation
- The Committee's Governance Cycle
- Composition of Board of Directors: Amendment to Trust's Constitution
- Proposed action in relation to certain Governors' non-attendance at Council of Governors' meetings
- The methodology for the Trust Chair and Non-Executive Directors' 2022/23 performance evaluation
- Non-Executive Director Appointments
- Board Skills Mix, Appointment of Non-Executive Directors and Re-appointment of Non-Executive Directors

COUNCIL OF GOVERNORS – PART 1

Meeting Date: 27 April 2023

Agenda item: 6.2

Subject:	Annual Review of the Register of Interests
Prepared by:	Klaudia Zwolinska, Corporate Governance Assistant (register) and Yasmin Dossabhoy, Associate Director of Corporate Governance (cover sheet)
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Decision/Approval
Executive Summary:	The Foundation Trust Annual Reporting Manual requires that certain material interests of Governors be included in the Trust's annual report or that the annual report state how the Trust's registers of interests can be accessed by members of the public. In its 2021/22 annual report, the Trust included a statement of how the Trust's registers of interests could be accessed and the same approach is proposed this year. The Council of Governors is therefore asked to approve the register of Governors' interests (as at 31 March 2023) being uploaded to the Trust's website and cross-referenced in the annual report.
Background:	The Trust's Managing Conflicts of Interests Policy applies to the Trust's Governors. Each Governor is required to identify and declare material interests at the earliest opportunity and in any event within 28 days. In addition, under the Trust's Constitution (clause 18 and section 20 of Annex 5), Governors are required to declare formally any direct or indirect pecuniary interest and any other interest which is relevant and material to the business of the Trust. A register of interests is to be made available for inspection by members of the public free of charge at all reasonable times. This is available on the Trust's website. Each Governor is required to submit a signed Annual Declaration, including in relation to interests to be reflected in the Trust's register of interests.

	The register of interests is updated when any new interests are declared in-year.
	Under the Foundation Trust Annual Reporting Manual 2022/203, the annual report should disclose details of company directorships or other material interests in companies held by Governors where those companies or related parties are likely to do business, or are possibly seeking to do business with the Trust. An alternative disclosure for the annual report is to state how members of the public can gain access to the registers instead of listing all the interests in the annual report.
	The register of interests for Governors is therefore presented to the Council of Governors for approval as part of these requirements.
	It should be noted that receipt of the signed Annual Declaration is currently pending from some Governors (highlighted in the attached).
Key Recommendations:	To consider and, if thought fit, approve the register of interests being uploaded to the Trust's website and cross-referenced in the Trust's annual report.
Implications associated with this item:	Council of Governors ☒ Equality and Diversity ☐ Financial ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☐ Regulatory ☐ Strategy/Transformation ☐ System ☐
CQC Reference:	Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well Led ☒ Use of Resources ☐

Report History: Board/Committees/Meetings at which the item has been considered:	Date	Outcome
N/A	N/A	N/A

Reason for submission to the Council of Governors in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

REGISTER OF COUNCIL OF GOVERNORS' INTERESTS

As at 31 March 2023 the following interests were declared by members of University Hospitals Dorset NHS Foundation Trust's Council of Governors:

Name and Role of Governor	Declaration of Interest
Lesley Baliga Elected governor for Poole & Rest of Dorset constituency	None
Daniel Banfield Elected governor for Bournemouth constituency	None
Mandi Barron Appointed governor for Bournemouth University	Director of BU Community Business Ltd Director of Student Services at Bournemouth University
Colin Beck Elected governor for Christchurch, East Dorset and Rest of England constituency	None*
Robert Bufton Elected governor for Poole & Rest of Dorset constituency	Director and shareholder of CR Accountancy Solutions Ltd Champion of Wessex Road Surgery, Shore Medical Practice – "Patients helping patients" scheme Daughter-in-law GP at Shore Medical Practice Son works for South West Ambulance Service Volunteer – "We are with you" Director of Park Court Poole Limited
Sharon Collett Elected governor for Bournemouth constituency	None
Steve Dickens Elected governor for Christchurch, East Dorset and Rest of England constituency	None
Pal Inder Dhariwal Elected governor for Bournemouth constituency	None*
Beryl Ezzard Appointed governor for Dorset Council	Dorset Council Councillor
Rob Flux Elected governor for staff constituency	None
Paul Hilliard Appointed governor for Bournemouth, Christchurch and Poole Council	Bournemouth, Christchurch and Poole Council Councillor Christchurch Town Council Councillor Member of Dorset & Wiltshire Fire & Rescue Service Authority ~~Governor of Highcliffe School~~

Marjorie Houghton Elected governor for Bournemouth constituency	~~None~~ Member of the PPG at Christchurch Medical Practice
Dimitri Ilic Appointed governor for volunteer services	None
Susanne Lee Elected governor for Christchurch, East Dorset and Rest of England constituency	Director of Leegionella Ltd Independent Consultant – Public health microbiology. Services are not provided for UHD.
Keith Mitchell Elected governor for Bournemouth constituency	Trustee, The Holdenhurst Charity
Andrew McLeod Elected governor for Poole and Rest of Dorset constituency	None
Markus Pettit Elected governor for staff constituency	None
Patricia Scott Elected governor for Poole and Rest of Dorset constituency	~~None~~ *Volunteer Co-ordinator of Speakability Dorset (Stroke Association)* *Aphasia Support* *UHD Volunteer*
Jeremy Scrivens Elected governor for Christchurch, East Dorset and Rest of England constituency	None
Diane Smelt Elected governor for Bournemouth constituency	None
Carrie Stone Elected governor for Poole and Rest of Dorset constituency	Volunteer in The Adam Practice
Kani Trehorn Elected governor for staff constituency	None
Michele Whitehurst Elected governor for Poole and Rest of Dorset constituency	Director – Active Research Ltd Director – Actiholdings Ltd University Hospitals Dorset Volunteer ~~St John Ambulance Volunteer~~ ~~Hospital Radio publications for RBH, PH, Christchurch and Wimborne Hospitals~~ ~~Business advertising in annual magazine~~
Sandy Wilson Elected governor for Christchurch, East Dorset and Rest of England constituency	PPG member of Coastal Medical Partnership

*Colin Beck and Pal Inder Dhariwal resigned form Governor's role before 31 March 2023

Key:

Green – Governor has returned a signed copy of their annual declaration as at 31 March 2023.
Red – Governor has not returned a signed copy of their annual declaration as at 31 March 2023. The known declarations of interest listed were those that were known to the Trust as at 31 March 2023 but have not been confirmed as part of the annual declaration process.
~~Strikethrough~~ – declarations of interest that have been removed from the register since the previous annual declaration.
Italic – declarations that have been added to the register since the previous annual declaration.

Company Secretariat
31 March 2023

COUNCIL OF GOVERNORS – PART 1

Meeting Date: 27 April 2023

Agenda item: 6.3

Subject:	Annual Review of Governance Cycle
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Decision/Approval
Executive Summary:	The Council of Governors' governance cycle is to be reviewed and approved by the Council of Governors on an annual basis. A draft governance cycle for 2023/204 is attached for review and, if thought fit, approval by the Council of Governors.
Background:	The Council of Governors' governance cycle is used to guide agendas for each of the meetings throughout the year and to structure the focus on particular governance aspects during the year. The Council of Governors' governance cycle is to be reviewed and approved by the Council of Governors on an annual basis.
Key Recommendations:	To consider and, if thought fit, approve the governance cycle in the form presented or with such amendments as the Council of Governors considers appropriate.
Implications associated with this item:	Council of Governors ☒ Equality and Diversity ☐ Financial ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☐ Regulatory ☐

	Strategy/Transformation	☐
	System	☐
CQC Reference:	Safe	☐
	Effective	☐
	Caring	☐
	Responsive	☐
	Well Led	☒
	Use of Resources	☐

Report History: Board/Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
N/A	N/A	N/A

Reason for submission to the Council of Governors in Private Only (where relevant)	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS GOVERNANCE CYCLE
APRIL 2023-APRIL 2024

REGULAR REPORTS	LEAD
Chair's Update (Part 1)	Chair
Chief Executive's Update (Part 1)	CEO
Integrated Performance Report (Part 1)	Chief Officers
Feedback from the Nominations, Remuneration and Evaluation Committee (Part 1/Part 2)	Chair
Updates from the Council of Governor Informal Groups (Part 1): • Membership and Engagement Group • Quality Group	Chair of Informal Group
Feedback from Governor Observers (Part 1/Part 2)	Governor Observers
Update from Part 2 meeting of the Board of Directors (Part 2)	Chair

ANNUAL REPORTS	QUARTER	LEAD
Annual Report/Statement on the work of the Nominations, Remuneration and Evaluations Committee (Part 1)	Q1 - April 2023 April 2024	Chair/Co Sec
Governor response to the Quality Account (Part 2)	Q1 - [June] July 2023[1]	CNO
Annual Review of the Register of Interests (Part 1)	Q1 - April 2023 April 2024	Co Sec
Annual Review of the Governance Cycle (Part 1)	Q1 - April 2023 April 2024	Co Sec
Schedule of Meetings for following year (Part 1)	Q1 - April 2023 April 2024	Chair/Co Sec
Convening of the Annual Members' Meeting (Part 1)	Q1 – April 2023 April 2024	Co Sec
Summary of Operational Plan (Part 1)	Q2- July 2023	CEO/CSTO
Outcome of the Chair's and Non-Executive Directors' annual performance evaluation (Part 2)	Q2 - July 2023	Chair/SID

[1] N.B. Given national timelines for submission of Quality Account, this is likely to necessitate an Extraordinary Meeting of the Council of Governors in June

Approve recommendations from Nominations, Remuneration and Evaluation Committee on Chair's and Non-Executive Directors' remuneration/ allowances/ terms & conditions (Part 1)	Q2 - July 2023[2]	Chair/SID
Trust's Annual Report & Accounts (Part 1)	Q2 - July 2023	CFO
Financial Accounts – Audit from External Auditors (Part 1)	Q2 - July 2023	External Auditors
Annual Audit Committee Report and consult on Terms of Reference (Part 1)	Q2 - July 2023	Chair Audit Committee
Board Assurance Framework Annual Report (past year) (Part 1)	Q2 - July 2023	CNO
Board Assurance Framework (new year) (Part 1)	Q2 - July 2023	CNO
Annual Effectiveness of External Audit Process (Part 1)	Q3- October 2023	CFO
Quality Account (six months review) (Part 1)	Q3 - October 2023	CNO
Annual Patient Experience Report (to include Complaints) (Part 1)	Q3 - October 2023	CNO
Report on the Annual Members' Meeting (Part 1)	Q3 - October 2023	Chair/ Co Sec
Council of Governors' Assessment of Collective Performance (Part 1)	Q4 – January 2024	Chair/Co Sec
Annual External Audit Plan (Part 2)	Q4 - January 2024	CFO
Board Assurance Framework (six monthly report) (Part 1)	Q4 - January 2024	CSTO/CNO
Operational Plan (Part 2)	Q4 - March 2024[3]	CEO/CSTO

AD HOC REPORTS	LEAD
Review/update the Constitution – October 2023	Chair/Co Sec
Statement on Engagement with the Board of Directors (last received January 2021) – January 2024	Chair
Agree with Nominations, Remuneration and Evaluations Committee the process for nomination of new Chair and Non-Executive Directors	Chair/SID
Appoint Chair and Non-Executive Directors	Chair/SID and CPO
Approval of appointment of Chief Executive	Chair
Process of performance evaluation for the Chair and Non-Executive Directors	Chair/Co Sec

[2] This is subject to national dependencies
[3] Ditto re need for Extraordinary Meeting of the Council of Governors in March

(last reviewed January 2023)	
Council of Governors to lead and agree with Audit Committee the criteria for the appointment/reappointment and removal of the Trust's Auditors (appointed from April 2023)	Chair Audit Committee/CFO
Letter of Engagement from the Auditors	Chair/CFO
Review policy for composition of Council of Governors and Non-Executive Directors (Council of Governors as part of Constitution review. Non-Executive Directors last completed October 2022)	Chair
Review Membership Strategy	Co Sec
Review the Terms of Reference of the Nominations, Remuneration and Evaluations Committee (scheduled July 202)	Co Sec
Register of Interests as required when updated in year	Co Sec

CEO = Chief Executive Officer

CNO = Chief Nursing Officer

CFO = Chief Finance Officer

CPO = Chief People Officer

CSTO = Chief Strategy and Transformation Officer

SID = Senior Independent Director

Co Sec = Company Secretary

April 2023

COUNCIL OF GOVERNORS – PART 1

Meeting Date: 27 April 2023

Agenda item: 6.4

Subject:	Schedule of meetings for 2023/2024
Prepared by:	Yasmin Dossabhoy, Associate Director of Corporate Governance
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Decision/Approval
Executive Summary:	The proposed dates for meetings of the Council of Governors meeting dates for 2024 are outlined in the attached document. (Also attached are the dates agreed for meetings of the Board of Directors and its Committees for both 2023 and 2024). The meetings of the Council of Governors referenced in the attached are planned to be held face to face (subject to infection prevention control guidelines), with the location confirmed sufficiently in advance of each meeting date. Given national requirements (and as noted in the paper relating to the annual governance cycle within this meeting pack, it may be necessary for additional extraordinary meetings of the Council of Governors to be convened). The attached meeting dates may be subject to change in the event of alterations to the proposed dates for meetings of the Board of Directors and/or Board Committees, particularly to allow for sharing of information with the Council of Governors.
Background:	Under Annex 5, section 8.1 of the Trust's Constitution, the Council of Governors is to meet at least four times in each financial year.
Key Recommendations:	To consider and, if thought fit, approve the currently proposed dates for meetings of the Council of Governors during 2024.

Implications associated with this item:	Council of Governors	☒
	Equality and Diversity	☐
	Financial	☐
	Operational Performance	☐
	People (inc Staff, Patients)	☐
	Public Consultation	☒
	Quality	☐
	Regulatory	☐
	Strategy/Transformation	☐
	System	☐
CQC Reference:	Safe	☐
	Effective	☐
	Caring	☐
	Responsive	☐
	Well Led	☒
	Use of Resources	☐

Report History: Board/Committees/Meetings at which the item has been considered:	Date	Outcome
N/A	N/A	N/A

Reason for submission to the Council of Governors in Private Only (where relevant)	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

University Hospitals Dorset NHS Foundation Trust
Board of Directors & Committee Meetings Schedule 2023

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
BOARD OF DIRECTORS PART 1 (VIRTUAL)	25/01/23 13:15	-	27/03/23 13:15		24/05/23 13:15	-	26/07/23 13:15	-	27/09/23 13:15	-	29/11/23 13:15	-
BOARD OF DIRECTORS PART 2	25/01/23 15:30 (V)	22/02/23 9:30 (confidential/ urgent only) (F)	27/03/23 15:30 (V)	26/04/23 9:30am (confidential/urgent only) - (F)	24/05/23 15:30 (V)	28/06/23 9:30am (confidential/ urgent only) - (F)	26/07/23 15:30 (V)	-	27/09/23 15:30 (V)	25/10/23 9:30 am (confidential/ urgent only) (F)	29/11/23 15:30 (V)	-
BOARD DEVELOPMENT	-	22/02/23 11:00 (F)	-	26/04/23 11:00 (F)	-	28/06/23 11:00 (F)	-	-	-	25/10/23 11:00 (V)	-	-
BOD & COG DEVELOPMENT	-	22/02/23 13:30 (F)	-	26/04/23 13:30 (F)	-	28/06/23 13:30 (F)	-	-	-	25/10/23 13:30 (F)	-	-
AUDIT (2nd Thursday, except May)	12/01/23 14:00	-	9/03/23 14:00	-	18/05/23 14:00 24/05/23 (Jt FPC)*		13/07/23 14:00	-	-	12/10/23 14:00	-	-
FINANCE & PERFORMANCE (3rd Monday, other than Feb & Aug)	16/01/23 9:00	13/02/23 9:00	20/03/23 9:00	17/04/23 9:00	15/05/23 9:00	19/06/23 9:00	17/07/23 9:00	14/08/23 9:00	18/09/23 9:00	16/10/23 9:00	20/11/23 9:00	18/12/23 9:00
POPULATION HEALTH & SYSTEM	-	-	15/03/23 14:00	-	-	14/06/23 14:00	-	-	13/09/23 14:00	-	-	13/12/23 14:00
PEOPLE & CULTURE (2nd Wednesday, other than Dec)	-	8/02/23 11:00	-	-	10/05/23 11:00	-	-	9/08/23 11:00	-	-	8/11/23 11:00	-
QUALITY (3rd Tuesday, other than Feb & Aug)	17/01/23 14:00	14/02/23 14:00	21/03/23 14:00	18/04/23 14:00	16/05/23 14:00	20/06/23 14:00	18/07/23 14:00	15/08/23 14:00	19/09/23 14:00	17/10/23 14:00	21/11/23 14:00	19/12/23 14:00
CHARITABLE FUNDS	-	6/02/23 9:00	-	-	4/05/23 9:00	-	-	7/08/23 9:00	-	-	13/11/23 9:00	-
TRUST MANAGEMENT GROUP	10/01/23 & 24/01/23— 14:00	7/02/23 & 21/02/23— 14:00	7/03/23 & 22/03/23— 14:00	11/04/23 & 25/04/23— 14:00	9/05/23 & 23/05/23— 14:00	13/06/23 & 27/06/23— 14:00	11/07/23 & 25//07/23 - 14:00	8/08/23 & 22/08/23— 14:00	12/09/23 & 26/09/23— 14:00	10/10/23 & 24/10/23— 14:00	14/11/23 & 28/11/23— 14:00	12/12/23 14:00

University Hospitals Dorset NHS Foundation Trust
Council of Governors Meetings Schedule 2023

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
COUNCIL OF GOVERNORS MEETING (PART 1)	26/01/23 16:30	-	-	27/04/23 16:30	-	-	27/07/23 16:30	-	-	26/10/23 16:30	-	-
COUNCIL OF GOVERNORS MEETING (PART 2)	26/01/23 18:15	-	-	27/04/23 18:15	-	-	27/07/23 18:15	-	-	26/10/23 18:15	-	-
NOMINATIONS, EVALUATION & REMUNERATION	26/01/23 10:00	-	-	27/04/23 10:00	-	-	27/07/23 10:00	-	-	26/10/23 10:00	-	-
INFORMAL GOVERNORS BRIEFING & COUNCIL OF GOVERNORS DEVELOPMENT SESSION	-	23/02/23 14:00	30/03/23 14:00	-	25/5/23 14:00	29/06/23 14:00	-	-	28/09/23 14:00	-	30/11/23 14:00	-

University Hospitals Dorset NHS Foundation Trust
Board of Directors and Committee Meetings Schedule 2024 - DRAFT

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
BOARD OF DIRECTORS PART 1 (VIRTUAL) *(1st Wednesday, other than Jan)*	10/01/2024 9:00	-	6/03/2024 9:30	-	1/05/2024 9:30	-	3/07/2024 9:30	-	4/09/2024 9:30	-	6/11/2024 9:30	-
BOARD OF DIRECTORS PART 2 *(1st Wednesday, other than Jan)*	10/01/2024 11:15 (V)	7/02/2024 9:30 *(confidential/ urgent only)* (F)	6/03/2024 11:45 (V)	3/04/2024 9:30 (F)	1/05/2024 11:45 (F)	5/06/2024 9:30 (F)	03/07/2024 11:45 (F)	-	4/09/2024 11:45 (V)	2/10/2024 9:30 (F)	6/11/2024 11:45 (V)	-
BOARD DEVELOPMENT *(1st Wednesday, other than Jan)*	-	7/02/2024 11:00 (F)	-	3/04/2024 11:00 (F)	-	5/06/2024 11:00 (F)	-	-	-	2/10/2024 11:00 (F)	-	-
BOD/COG DEVELOPMENT *(1st Wednesday, other than Jan)*	-	7/02/2024 13:30 (F)	-	3/04/2024 13:30 (F)	-	5/06/2024 13:30 (F)	-	-	-	2/10/2024 13:30 (F)	-	-
AUDIT *(3rd Thursday)*	18/01/2024 9:00	-	21/03/2024 9:00	-	16/05/2024 9:00	-	18/07/2024 9:00	-	-	17/10/2024 9:00	-	-
FINANCE & PERFORMANCE *(4th Monday, other than July and Dec)*	22/01/2024 9:00	26/02/2024 9:00	25/03/2024 9:00	22/04/2024 9:00	27/05/2024 9:00	24/06/2024 9:00	29/07/2024 9:00	26/08/2024 9:00	23/09/2024 9:00	28/10/2024 9:00	25/11/2024 9:00	16/12/2024 9:00
PEOPLE AND CULTURE *(2nd Wednesday)*	-	14/02/2024 11:00	-	-	8/05/2024 11:00	-	-	14/08/2024 11:00	-	-	13/11/2024 11:00	-
POPULATION HEALTH & SYSTEM	-	-	TBC	-	-	TBC	-	-	TBC	-	-	TBC
QUALITY *(4th Tuesday, other than July and Dec)*	23/01/2024 9:00	27/02/2024 9:00	26/03/2024 9:00	23/04/2024 9:00	28/05/2024 9:00	25/06/2024 9:00	30/07/2024 9:00	27/08/2024 9:00	24/09/2024 9:00	29/10/2024 9:00	26/11/2024 9:00	17/12/2024 9:00
CHARITABLE FUNDS *(1st Monday)*	-	5/02/2024 9:00	-	-	6/05/2024 9:00	-	-	5/08/2024 9:00	-	-	4/11/2024 9:00	-
TRUST MANAGEMENT GROUP	9/01/2024 23/01/2024 14:00	6/02/2024 20/02/2024 14:00	5/03/2024 19/03/2024 14:00	2/04/2024 16/04/2024 30/04/2024 14:00	14/05/2024 14:00	4/06/2024 18/06/2024 14:00	2/07/2024 16/07/2024 30/07/2024 14:00	13/08/2024 14:00	3/09/2024 17/09/2024 14:00	1/10/2024 22/10/2024 14:00	5/11/2024 19/11/2024 14:00	3/12/2024 17/12/2024 14:00

University Hospitals Dorset NHS Foundation Trust Council of Governors Meetings Schedule 2024 - DRAFT											
COUNCIL OF GOVERNORS PART 1	11/01/2024 16:30	-	-	4/04/2024 16:30	-	-	4/07/2024 16:30	-	-	3/10/2024 16:30	-	-
COUNCIL OF GOVERNORS PART 2	11/01/2024 18:15	-	-	4/04/2024 18:15	-	-	4/07/2024 18:15	-	-	3/10/2024 18:15	-	-
NOMINATIONS, REMUNERATION AND EVALUATION	-	-	27/03/2024 10:00	-	-	26/06/2024 10:00	-	-	25/09/2024 10:00	-	-	-
INFORMAL GOVERNOR BRIEFINGS & COUNCIL OF GOVERNOR DEVELOPMENT SESSIONS	-	8/02/2024 14:00	7/03/2024 14:00	-	2/05/2024 14:00	6/06/2024 14:00	-	-	5/09/2024 14:00	-	7/11/2024 14:00	-

COUNCIL OF GOVERNORS – PART 1

Meeting Date: 27 April 2023

Agenda item: 6.5

Subject:	Annual Members' Meeting
Prepared by:	Klaudia Zwolinska, Corporate Governance Assistant
Presented by:	Yasmin Dossabhoy, Associate Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality	☒
	Be a great place to work	☒
	Use resources efficiently	☒
	Be a well led and effective partner	☒
	Transform and improve	☒
BAF/Corporate Risk Register: (if applicable)	N/A	
Purpose of paper:	Decision/Approval	
Executive Summary:	The purpose of the paper is to ask the Council of Governors to approve the convening of the Annual Members' Meeting (AMM) to be held on Saturday 9 September 2023. A draft of the agenda is attached.	
Background:	Under the Trust's Constitution (Annex 8 sections 7.1 and 7.4), the Trust is to hold an Annual Meeting within eight months of the end of each of its financial years, which AMM is to be convened by the Company Secretary by order of the Council of Governors.	
Key Recommendations:	The Council of Governors considers, and if thought fit, approves the convening of the Trust's AMM. Taking into account public feedback, that Governors provide suggestions for the Understanding Health Talk topic.	
Implications associated with this item:	Council of Governors	☒
	Equality and Diversity	☐
	Financial	☐
	Operational Performance	☐
	People (inc Staff, Patients)	☐
	Public Consultation	☐
	Quality	☐
	Regulatory	☐

	Strategy/Transformation	☐
	System	☐
CQC Reference:	Safe	☒
	Effective	☒
	Caring	☒
	Responsive	☒
	Well Led	☒
	Use of Resources	☒

Report History: Board/Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
Council of Governors – Part 2	26/01/2023	No decision made – proposed date suggested.

Reason for submission to the Council of Governors in Private Only (where relevant)	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

Annual Members' Meeting

to be held in the Education Centre, Poole Hospital,
Longfleet Road, Poole, BH15 2JB and
Via Microsoft Teams.
on
Saturday 9 September 2023
10:00 – 11:00

Welcome	Rob Whiteman, Trust Chair
Minutes of the Annual Members Meeting held on 17 October 2022	Rob Whiteman, Trust Chair
Annual Report and Financial Accounts 2022/23 and forward plan for 2023/24	Siobhan Harrington, Chief Executive Pete Papworth, Chief Finance Officer
Report from the Council of Governors	Sharon Collett, Lead Governor
Questions *(to be submitted in advance to company.secretary-team@uhd.nhs.uk by 2 September 2023)*	Rob Whiteman, Trust Chair
Any Other Business	Rob Whiteman, Trust Chair
Close	Rob Whiteman, Trust Chair

Doors will open at 9:30am when there will be a selection of stands and displays with information about the hospitals.

The Annual Meeting will be following by an Understanding Health Talk.

<u>CONVENED BY THE COMPANY SECRETARY</u>
<u>BY ORDER OF THE COUNCIL OF GOVERNORS</u>

Date:

COUNCIL OF GOVERNORS – PART 1

Meeting Date: 27 April 2023

Agenda item: 7.1

Subject:	Rotation of Governor Observers Update
Prepared by:	Klaudia Zwolinska, Corporate Governance Assistant (report) and Yasmin Dossabhoy, Associate Director of Corporate Governance (cover sheet)
Presented by:	Yasmin Dossabhoy, Associated Director of Corporate Governance

Strategic Objectives that this item supports/impacts:	Continually improve quality ☐ Be a great place to work ☐ Use resources efficiently ☐ Be a well led and effective partner ☒ Transform and improve ☐
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Decision/Approval
Executive Summary:	The purpose of this paper is to propose the redistribution of the remaining currently available opportunities for Governors to observe Board Committees for 2023. It is proposed that these be redistributed on a "first come, first served" basis, with each Governor being given the opportunity to attend up to one additional meeting. These will be made available through the Company Secretary Team. In the event that following such initial redistribution, there continue to remain currently available opportunities, then it is proposed that each Governor be given the opportunity to attend a further additional meeting, until all of the currently remaining available opportunities are filled. This is not intended to affect the approval by the Council of Governors given at its meeting in February 2023 of any changes to attendance that may arise during the course of the year, for example, due to unexpected absence.
Background:	The Council of Governors approved requests by Governors to attend meetings of Board Committees in February 2023 to support Governors in their statutory duties of holding Non-Executive Directors (NEDs) to account.

Key Recommendations:	To consider, and if thought fit, approve the redistribution of the remaining currently available opportunities that are currently "unfilled" for Governors to observe Board Committees for 2023.
Implications associated with this item:	Council of Governors ☒ Equality and Diversity ☐ Financial ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☐ Regulatory ☐ Strategy/Transformation ☐ System ☐
CQC Reference:	Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well Led ☒ Use of Resources ☐

Report History: Board/Committees/Meetings at which the item has been considered:	Date	Outcome
Council of Governors	26/01/2023	The Council of Governors noted the proposed rotation of Governor observers
Council of Governors	17/02/2023	The Council of Governors approved the attendance of those Governors presented to the meeting. The Council of Governors approved changes to attendance that may arise during the course of the year, for example, due to unexpected absence. The Council of Governors agreed to determine an approach for the redistribution of observer opportunities that remained unfilled at its meeting in April 2023.

Reason for submission to the Council of Governors in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐

Committee	Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
Audit Committee	Thursday 9 March 2023 2pm	-	Thursday 18 May 2023 2pm	-	Thursday 13 July 2023 2pm	-	-	Thursday 12 October 2023 2pm	-	-
Name 1	Kani Trehorn		Mandi Barron		Kani Trehorn					
Name 2	Lesley Baliga		Carrie Stone							
Charitable Funds Committee	-	-	Thursday 4 May 2023 9am	-	-	Monday 7 August 2023 9am	-	-	Monday 13 November 2023 9am	-
Name 1			Rob Flux							
Name 2			Sandy Wilson							
Finance & Performance Committee	Monday 20 March 2023 9am	Monday 17 April 2023 9am	Monday 15 May 2023 9am	Monday 19 June 2023 9am	Monday 17 July 2023 9am	Monday 14 August 2023 9am	Monday 18 September 2023 9am	Monday 16 October 2023 9am	Monday 20 November 2023 9am	Monday 18 December 2023 9am
Name 1	Rob Flux	Robert Bufton	Robert Bufton	Mandi Barron		Jerry Scrivens		Jerry Scrivens	Patricia Scott	
Name 2	Robert Bufton	Marjorie Houghton	Marjorie Houghton	Marjorie Houghton	Patricia Scott	Patricia Scott				
Joint Audit and Finance & Performance Committee	-	-	Wednesday 24 May 2023 9am	-	-	-	-	-	-	-
Name 1			Lesley Baliga							
Name 2			Carrie Stone							
People & Culture Committee	-	-	Wednesday 10 May 2023 11am	-	-	Wednesday 9 August 2023 11am	-	-	Wednesday 8 November 2023 11am	-
Name 1			Sandy Wilson			Rob Flux			Lesley Baliga	
Name 2			Kani Trehorn							
Population Health & System Committee	Wednesday 15 March 2023 2pm	-	-	Wednesday 14 June 2023 2pm	-	-	Wednesday 13 September 2023 2pm	-	-	Wednesday 13 December 2023 2pm
Name 1	Sharon Collett			Sharon Collett			Sharon Collett			
Name 2	Michele Whitehurst			Sandy Wilson			Michele Whitehurst			
Quality Committee	Tuesday 21 March 2023 2pm	Tuesday 18 April 2023 2pm	Tuesday 16 May 2023 2pm	Tuesday 20 June 2023 2pm	Tuesday 18 July 2023 2pm	Tuesday 15 August 2023 2pm	Tuesday 19 September 2023 2pm	Tuesday 17 October 2023 2pm	Tuesday 21 November 2023 2pm	Tuesday 19 December 2023 2pm
Name 1		Marjorie Houghton	Patricia Scott	Michele Whitehurst	Mandi Barron					
Name 2	Diane Smelt	Diane Smelt	Diane Smelt	Susanne Lee	Susanne Lee	Susanne Lee				

Attendance at Council of Governors

		28 April 2022	28 July 2022	27 October 2022	26 January 2023
Present	Rob Whiteman	N/A	In attendance	In attendance	In attendance
	Philip Green	In attendance	In attendance	N/A	N/A
	Judith Adda	In attendance	A	In attendance	N/A
	Richard Allen	Not in Attendance	Not in Attendance	Not in Attendance	N/A
	Jonathan Babb	In attendance	Not in Attendance	N/A	N/A
	Lesley Baliga	N/A	N/A	N/A	In attendance
	Daniel Banfield	N/A	N/A	N/A	Not in Attendance
	Mandi Barron	N/A	N/A	In attendance	In attendance
	Colin Beck	N/A	N/A	N/A	In attendance
	Robert Bufton	In attendance	In attendance	In attendance	In attendance
	Marie Cleary	In attendance	In attendance	In attendance	N/A
	Sharon Collett	In attendance	In attendance	In attendance	In attendance
	Pal Inder Dhariwal	N/A	N/A	N/A	In attendance
	Steve Dickens	N/A	N/A	N/A	In attendance
	Beryl Ezzard	In attendance	A	A	In attendance
	Richard Ferns	A	In attendance	Not in Attendance	N/A
	Rob Flux	N/A	N/A	N/A	A
	Paul Hilliard	A	A	In attendance	In attendance
	Marjorie Houghton	In attendance	In attendance	In attendance	In attendance
	Cameron Ingham	In attendance	N/A	N/A	N/A
	Susanne Lee	N/A	N/A	N/A	In attendance
	Carole Light	In attendance	In attendance	In attendance	N/A
	Andrew McLeod	In attendance	In attendance	In attendance	In attendance
	Keith Mitchell	In attendance	In attendance	In attendance	In attendance
	Markus Pettit	In attendance	A	In attendance	A
	Robin Sadler	In attendance	A	Not in Attendance	N/A
	Patricia Scott	A	In attendance	In attendance	In attendance
	Jeremy Scrivens	N/A	N/A	N/A	In attendance
	Diane Smelt	In attendance	In attendance	In attendance	In attendance
	Carrie Stone	N/A	N/A	N/A	In attendance
	Kani Trehorn	In attendance	In attendance	Not in Attendance	In attendance
	David Triplow	A	In attendance	In attendance	N/A
	Michele Whitehurst	In attendance	In attendance	In attendance	In attendance
	Sandra Wilson	In attendance	In attendance	In attendance	In attendance
In Attendance	Karen Allman	In attendance	In attendance	N/A	In attendance
	Yasmin Dossabhoy	In attendance	In attendance	N/A	In attendance
	Ewan Gauvin	In attendance	N/A	In attendance	N/A
	Peter Gill	N/A	N/A	In attendance	N/A
	Andrew Goodwin	N/A	N/A	In attendance	N/A
	Siobhan Harrington	N/A	In attendance	In attendance	In attendance
	Sarah Locke	In attendance	N/A	In attendance	N/A
	Judith May	N/A	N/A	In attendance	N/A
	Richard Moreman	N/A	In attendance	N/A	N/A
	Mark Mould	In attendance	In attendance	N/A	In attendance
	Alyson O'Donnell	In attendance	N/A	N/A	In attendance
	Pete Papworth	In attendance	N/A	N/A	In attendance
	Richard Renaut	N/A	In attendance	N/A	In attendance
	Paula Shobbrook	N/A	In attendance	In attendance	In attendance
	Caroline Tapster	N/A	In attendance	N/A	In attendance
	Matt Thomas	N/A	In attendance	N/A	N/A
	Klaudia Zwolinska	N/A	N/A	N/A	In attendance
Was the meeting quorate?		Y	N	Y	Y

Key

Not in Attendance		In attendance	
A	Apologies	N/A	
D	Delegate Sent		