

## AGENDA

### PART 1 (PUBLIC SESSION)

## Outstanding care for people in ways which matter to them

- |           |   |           |              |                   |
|-----------|---|-----------|--------------|-------------------|
| <b>9</b>  | <b>Staff Survey Results and Action Plan</b><br>To approve | Enclosure | <b>10.30</b> | Mark Warner       |
| <b>10</b> | <b>Medical Education Report</b><br>To receive             | Enclosure | <b>11.00</b> | Audrey Ryan       |
| <b>11</b> | <b>Guardian of Safe Working</b><br>To receive             | Enclosure | <b>11.15</b> | Jonathan Chambers |

**STRATEGIC ITEMS**

- |           |   |              |              |                              |
|-----------|---|--------------|--------------|------------------------------|
| <b>12</b> | <b>Recycling and Sustainability</b><br>To receive | Presentation | <b>11.30</b> | Andy Morris and Paul Goddard |
|-----------|---|--------------|--------------|------------------------------|

**CONSENT SECTION**

The following items are to be taken without discussion unless any Committee Member requests prior to the meeting that any be removed from the consent section for further discussion.

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|-----------|---|-----------|--------------|------------------------------|
| <b>13</b> | <b>FRC Changes to Corporate Governance</b><br>To approve  | Enclosure |              | Patricia Miller              |
| <b>14</b> | <b>Risk Register and Board Assurance Framework</b><br>To receive  | Enclosure |              | Nicky Lucey and Paul Goddard |
| <b>15</b> | <b>Any Other Business</b>   |           | <b>12.10</b> | Chair                        |
| <b>16</b> | <b>Date of Next Meeting (open to the public): Wednesday 29 May 2019, 8.30 a.m., Seminar Room, Children's Centre, Dorset County Hospital</b> |           |              |                              |

**Questions from the Council of Governors and Members of the Public – 12.15pm to 12.30pm. Fifteen minutes will be allowed for questions, with priority being given to Governor questions submitted in advance of the meeting.**

Note: The Board will now adopt the resolution that "Governors, members of the public and representatives of the press are excluded from the next part of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted".

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*Outstanding care for people in ways which matter to them*

## BOARD OF DIRECTORS PART 1 (PUBLIC SESSION)

Minutes of the Meeting of Wednesday 20 January 2019  
Seminar Room, Children's Centre, Dorset County Hospital

**Present:**

Mark Addison (Chair)  
Judy Gillow (Non-Executive Director)  
Peter Greensmith (Non-Executive Director)  
Alastair Hutchison (Medical Director)  
Victoria Hodges (Non-Executive Director)  
Nick Johnson (Director of Strategy and Business Development)  
Nicky Lucey (Director of Nursing and Quality)  
Ian Metcalfe (Non-Executive Director)  
Patricia Miller (Chief Executive)  
Inese Robotham (Chief Operating Officer)  
Matthew Rose (Non-Executive Director)  
Mark Warner (Director of Organisational Development and Workforce)

**In Attendance:**

Lucy Howe (Consultant, Ophthalmology Clinical Lead)  
Sophie Jordan (Divisional Manager)  
Rebecca King (Deputy Director of Finance)  
Rebekah Ley (Trust Board Secretary)  
Dave Sippitt (Service Manager)  
Diane Smith (Matron, Head and Neck Specialist Medicine)

**Apologies:**

Sue Atkinson (Non-Executive Director)  
Alison Cooper (Divisional Director)  
Paul Goddard (Director of Finance)

**Observers:**

None.

**BoD19/001**

**Service Story - Ophthalmology**

The Board received a presentation from the service led by Lucy Howe.

Ophthalmology has changed enormously in the last 5 years. The service has undergone workforce redesign and care pathway changes to improve the service and meet the increased demand. Specialist clinics have been introduced which are largely delivered by nurse practitioners; there are also one-stop laser clinics and telephone clinics. The service collaborates with partners in Bournemouth to provide out of hours care and is also working with Evolutio to provide community care.

The team is small and as a consequence any changes in staffing levels can mean a drop in productivity and activity. Demand and capacity modelling using the IMAS model was shown to Board members.

Current problems are:

- Delays in follow-up appointments.
- A backlog in patients awaiting cataract surgery.
- A backlog in patients waiting for corneal procedures.

- An increase in referrals into the service. The service will see @7,000 referrals for the year.
- Difficulties in recruiting medical and nursing staff.

In terms of governance, all referrals in are triaged by a clinician. Routine referrals are seen by the consultant team and triaged appropriately. The service received 125 complaints over the last year. The prevalent themes related to admission and delays to being seen. Putting this into context, the service will have 34,000 patient contacts over the year so only a small proportion of those contacts result in complaints. Clinical incidents are also closely scrutinised. Lucy Howe said that there were two patients whose treatment was delayed and as a result they came to harm. Typing backlogs are reviewed and closely monitored. Without adequate secretarial support the service suffers. Friends and family scores are either “extremely likely” or “likely” to recommend the services.

Recommendations the service asked the Board to note are:

- Develop and submit a business case for an additional consultant to support the increased cataract activity.
- Work with the CCG and Evolutio to ensure that where possible patients are treated in the community.
- Submit a paper to OFRG for further support with for insourcing activity to reduce the elective backlog.
- Continue to evaluate new models of working.
- Continue working with partner Trusts to consider centralising some services.
- Consider closing to referrals to enable the Trust to deal with the backlog.
- Utilise the recovery funding allocated by the CCG to help reduce the backlog with a focus on cataract patients.

Lucy said that she was very proud of the eye team. All members of the team are able to speak up, suggest ideas and work collaboratively together and innovatively. She thanked Sophie Jordan in particular for her support as Divisional Manager.

The Chairman thanked Lucy for the presentation and the team for attending and invited questions from Board members.

In response to a question regarding growing demand and whether this will eventually tail off, Lucy Howe said that this was unlikely. However, the service continues to upskill the team. She highlighted that they have currently recruited two clinicians from South Africa given the problems with recruiting domestically. The service is planning for an additional consultant is part of the business planning process. Board members recognised that there is a broader question around international recruitment for hard to recruit to specialties.

The safety culture was questioned in particular the two patients who were harmed and the Board asked what was being done apart from validation of waiting lists. The Chief Executive confirmed that the two incidents mentioned took place before the clinical validation of waiting lists had taken place. Lucy Howe explained that risks have not been mitigated completely but is of paramount importance to the service. She said that NHSI are looking nationally at harm to patients waiting for ophthalmology appointments. This work is looking not just at harm in relation to sight but the additional costs that arise as a consequence of the harm. She said that it is estimated that 22 patients nationally are harmed per month because of delays in ophthalmology services.

Board members asked about closing to new referrals and how far plans for this proposal have been progressed. Sophie Jordan said that this was something that the service has discussed. The Chief Operating Officer said that if introduced this would only be a temporary measure and that the service and Trust would need to consider the potential effect that this might have on partner organisations. She said that no

decision would be taken until the work with Evolutio has been evaluated.

A question was raised about new approaches and techniques to management and how new methodologies are chosen and evaluated. Lucy Howe said that there was a College Forum for clinical leads where ideas are shared. She also visits other Trusts where possible to see first-hand new techniques and ways of working. She said that in some areas CCGs are much more proactive in initiating change and she said that although slow to be involved initially, the CCG in Dorset is now more engaged.

The Chief Executive highlighted that there is more work to be done in respect of understanding harm to patients on the waiting list not just in ophthalmology patients. She said that the Director of Nursing and Quality and the Medical Director are triangulating missed targets and what the impact is, not just in operational terms but quality and safety for patients.

The Chief Executive said that two years ago the service was a major concern to the Trust Board. She said that the service was a great example of service redesign, illustrating that it is well led and has good governance in place.

The Chairman thanked all those attending for the excellent presentation.

**BoD19/002      Welcome and Apologies for Absence**  
Apologies were noted as above.

**BoD19/003      Declarations of Interest**  
There were no declarations of interest in relation to items on the agenda. The Chair added that declarations could be raised at any time during the meeting.

**BoD19/004      Chairman's Opening Remarks**  
The Chairman said that looking at the timings on the agenda, Part 1 should finish early. The Medical Director would be covering the Guardian of Safe Working report. He noted that this is the first meeting of the New Year which is at a crucial time in the annual planning cycle. He said that it was appropriate to reflect on the good things that have been achieved in particular the opening of the Robert White Cancer Centre. However, the Trust is confronting some very difficult challenges in terms of finance and performance over the next few months.

The Chair noted that Dr Phil Parslow, Wessex Educator of the Year would be joining the Trust for lunch.

**BoD19/005      Minutes of the Previous Meeting held on 28 November 2018**  
There were minor typographical errors that the Chair had noted (for correction outside of the meeting). The Chair said that the minutes should be amended to state that the Trust Board had formally agreed the Trust's Winter Plan. Apart from these, no other changes were proposed and the minutes were approved as a true and accurate record of the meeting.

**BoD19/006      Matters Arising and Action Tracker**

Matters Arising

1. The Research Strategy had been deferred to March because of the publication of the NHS Long Term Plan.
2. UTC opening hours: The Chief Operating Officer updated. The decision regarding whether to reinstate the opening hours of the Urgent Care Centre went to a vote. The outcome was not to extend the hours. The rationale was that to reinstate the opening times would lead to a model that was outside the operating hours of other centres. A change in the hours would confuse

patients. GP cover is also being provided in the Emergency Department. If the system is moving to an integrated care model why have an old-style model of working. Board members expressed concern that the change had been made a while back and there are no transitional arrangements in place; closure had not been factored in to the Trust's Winter Plan. The Chief Operating Officer said that the out of hours centre at DCH will be funded by the CCG. The Chief Executive expressed concern about governance and said that the minutes from SLT did not indicate that a vote was taken. The Trust will review its Q4 data carefully to consider any impact to Trust activity.

3. The Director of Nursing and Quality confirmed that coding has been identified as a risk register item. The risk register contains two items (i) mortality and (ii) coding.

#### Action Tracker

BoD18/128: Development Session in August regarding Clinical Governance. This item has been pencilled in for August. Item to be closed on the action tracker.

BoD18/131: Development Session devoted to SHMI. Noted that this is an agenda item for the Trust Board today. Item to be closed on the action tracker.

BoD18/132: Timing of submission of the Charity's Annual Report and Accounts as soon as practicable after year end. This has been added to the Trust's Forward work plan for July 2019. Item to be closed on the action tracker.

There were no further matters arising or items from the action tracker.

#### QUALITY AND PERFORMANCE ITEMS

#### **BoD19/007 Chief Executive's Report**

The Chief Executive, taking the paper as read, highlighted the following:

##### **4 Hour Standard**

This is being reviewed and revised. There are likely to be different standards for those who are acutely unwell and those who are not. The Royal College of Emergency Medicine does not like the proposal and is concerned about serious patient safety issues. A consultation period had not yet started.

##### **National Patient Safety Strategy**

The Chief Executive reminded Board Members that NHS Improvement has opened a consultation on the development of a national patient safety strategy. The consultation closes on 15 February 2019 and she asked that comments are sent to the Trust Secretary who will collate comments for a corporate response.

##### **Brexit**

NHS England Director of Acute Care, Keith Willett, has been seconded to jointly lead a 200 strong team preparing the NHS for a 'no-deal' Brexit. The news follows indications in December that system leaders were building a Brexit readiness team. She noted that there would be a further discussion in Part 2 of the meeting, following the Risk and Audit Committee.

##### **NHS Long Term Plan**

The NHS Long Term Plan was published following the announcement last year of a £20.5bn annual uplift for the NHS by 2023/24. The plan sets out ambitions for ensuring the NHS is fit for the future and covers the next ten years. A consultation and engagement period will now begin running until the summer. The Chief Executive's report contains full information about the Chapter content from the plan. She said that

possible changes to provider licences have also been suggested.

### **Land Sales**

New guidance has been published. However, any disposal of land (Damers/Trust HQ) is unlikely to be an option for DCH unless a sale will improve the Trust's cash position.

Key local developments are as follows:

### **DCH performance.**

Although some improvements have been seen a number of risks continue to be evident which could compromise the ability of the Trust to deliver key performance targets:

- growing elective waiting list;
- 62 day referral to treatment cancer standard;
- staffing, in particular the use of temporary staff; a workforce planning project team has been agreed.
- finances; long term financial plan is an imperative for the organisation.
- Mortality; depth of coding and the value of this to the Trust building on the findings of the PWC report.

The Chief Executive said that there are plans in place to mitigate these risks but she said that progress needs to be made at a faster pace. From a strategic perspective it is important that the Trust continues to make progress with the delivery of its Transformation Programme, the development of the Damers site and the wider Estates Strategy as these programmes will play a key role in securing the Trust's long term future. Further work is required on the key programmes of work identified in the Trust's Finance Strategy and the Dorset ICS Transformation to ensure the Trust feels the full benefit of these programmes within the timescale required. Now that the Trust is in possession of its proposed control total for 2019/20, clarity on next year's financial settlement in light of the additional funding coming into the NHS will also play a key role in future plans.

She said that the Dorset wide operational plan submitted on behalf of the ICS to NHS England had received feedback. NHS England was disappointed with the first draft as it did not reconcile workforce, finances and activity. They were also concerned with the demand projections. The plan will be revised and resubmitted in due course.

The Chief Executive said that the Somerset CSR is picking up pace but that public consultation will not take place until after May next year; DCH will need to work out what the impact on service provision at the Trust will be.

She highlighted a number of nominations and shortlists for national and local awards for DCH staff in her report for Board members.

The Chair commended page 21 of the report and the set of priorities there. He said that they were a helpful steer from a corporate perspective.

Board members discussed the need for continued vigilance and scrutiny of the Trust's waiting lists to properly understand demand and capacity issues. The focus on transforming services while coping with increased demand is pressing. The Chair pointed out that the figures given in the ophthalmology presentation indicated that while demand had been flat for several years there had been a recent spike in activity such that making accurate predictions would be problematic.

Board members also noted the need for a Dorset wide workforce plan. The Director of Workforce and Organisational Development said that he did not think a plan that reconciled, demand, money and workforce is achievable. He welcomed the focus that the Trust's Workforce Committee has.

Board members discussed the Long Term Plan and expressed surprise at the use of



chapters and the lack of reference on the behavioural changes that will be required to drive and then manage change. The Chief Executive said that The King's Fund have agreed a development programme to be delivered to all NHSI Regional Directors which is a positive step forward. NHS Providers is also engaged with discussions with NHSI.

The Chief Executive said that she had recently been present for an innovative presentation by the Charity at the Royal Free that was looking at technology and how it will influence future healthcare. She had asked the Trust Board Secretary to invite speakers to a Board Development Session.

**Action: Trust Board Secretary to organise a speaker from this project for a Board Development Session.**

The Executive Team would be meeting on the 4<sup>th</sup> February to develop a work programme focussing on the Trust's priorities and the NHS Long Term Plan.

**Action: Executive Team to develop a Work Programme for presentation to the Trust Board in March.**

## BoD19/008

### Integrated Performance Report

The Director of Nursing and Quality introduced the quality aspects of the integrated report. She asked the Board to note that the sepsis inpatient and complaints response times in the integrated scorecard are incorrect. She said that the figures that were reviewed at the Quality Committee meeting in January were correct. It is not clear how this error occurred. Sepsis should be 92% and complaints should be 86%. She also asked the Committee to note the added comments on page 25 of the report regarding never events.

There are positive things for the Board to note following the Quality Committee:

- Acknowledgement of increased activity and effects of this on areas such as the Stroke Unit and the ability to admit patients directly. Stroke performance is at SSNAP level B.
- The Committee is supportive of the draft 2019/2020 Quality Account Priorities with further suggestions on unwarranted variation to be incorporated.
- Following a full deep dive of sepsis and antibiotic administration, the Committee were able to acknowledge the governance and improvement work on sepsis. The Committee was also able to gain assurance that any death of a patient with sepsis is reviewed and if clinically indicated goes through a full SJR, with learning feeding into the mortality review process.
- Electronic Discharge Summaries performance remains a concern. She noted that the Medical Director is doing some data validation work with the clinical leads and it may be the case that the position is revised.
- Family and Surgical Services complaints have seen very good improvement.

The Chair of the Quality Committee said that the Committee is very aware of the challenges in respect of sepsis and said that the deep dive gave great confidence around this. EDS and dementia screening remain concerns and the Committee will continue to monitor performance. She said that the mortality paper that is an agenda item for the meeting explains the background on sub-optimal performance in that area and said that the Committee will continue to focus on this.

The Chief Operating Office introduced the Performance aspect of the integrated report to the Trust Board.

December was a challenging month with increased ED attendances and ambulance conveyances resulting in an increased number of ambulance handover delays and decreased ED performance. In December the Trust's performance was just below the 95% standard at 94.97%. The Trust did achieve the 4 hour standard for Q3 in aggregate. She said that despite operational pressures the teams were managing well



and the incident control centre had not been opened. She said that this indicates a high performing organisation.

A number of winter schemes continue to be implemented to deal with seasonal pressures, namely Enhanced Domiciliary Care Service (Agincare), patient tracking pilot on elderly care wards, length of stay panels with local health economy partners and discharge follow-up telephone service. There has been a significant reduction in the number of super stranded patients (patients with length of stay of 21 days or more). The average number of patients in December was 38 compared to 52 in December 2017. She is undertaking a deep dive on patient flow and her report is due in May to the Finance and Performance Committee and her report will also evaluate the Winter Plan. Victoria Hodges said that she had been particularly impressed by the level of activity in respect of the Winter Schemes that had been presented at the FPC.

The Chief Operating Officer said that the RTT constitutional standard was not achieved. However, performance against the revised Trust trajectory of 77.70% was exceeded at 79% and for the fourth consecutive month there were no over 52 week breaches. Overall the waiting list has reduced by 164 patients from November 2018 to December 2018, however those waiting 18 weeks or more has increased by 110. She said there was still a lot of work to do on the waiting list with the most challenged specialties being ophthalmology, trauma and orthopaedics, oral surgery and dermatology. The Chair of the Finance and Performance Committee said that the Committee had been impressed that activity was being delivered at an improved level against the Trust's internal trajectory. However he cautioned that the Trust needed a long term solution to this. The Chief Executive said that the Trust will continue validating the waiting list and said that she hoped the Trust would then be in a position with the Regulator to agree to maintain the list as it is at the 31<sup>st</sup> March 2019. The Chief Operating Officer said that validation is both administrative and clinical with the latter being on the follow-up side rather than new appointments.

There was a notable improvement in performance against 2 week waits (all) cancer standards at 94.9% which meant that the Trust achieved its aggregate performance target for Quarter 3. Performance against the 62 day referral to treatment standard is improving; the forecast December position is around 82% (compared to 77.6% in October and 75.2% in November). Up to date figures are actually 84.72% against 85% for this standard. She is predicting performance for January/February at around 82%. She said that she is confident about sustainability around 82%. She said that a step change has been made but the Trust is not going to achieve 85% and be able to sustain this until March. She said that Easter will be the acid test of plans but said that the teams are looking forward and planning for this.

In response to a question regarding the improved performance the, Chief Operating Officer said that teams had a clear focus and prioritisation of cancer patients. Now that the teams have seen that they can achieve this has had a positive effect. The fact that many 2 week wait patients are being seen in less than two weeks has given headroom for other areas of the treatment pathway. She said that in January 40% of patients will be seen in less than two weeks. She said that this is good for patients whether they have malignancy or not; if they do they start on the treatment pathway more quickly and if they do not they know their results quickly and so there is less anxiety. The Chief Operating Officer said that referrals were up on average 16% and she expects to see this increase further as GPs are encouraged to refer more. She is looking closely at the Trust's processes. She said that managing cancer services it is about daily scrutiny of capacity and demand so that any fluctuations can be managed.

Performance against the 6 week diagnostic standard declined in month to 82.79% which is 16% below the standard compared to 86.31% in November 2018; there is significant capacity shortfall for endoscopy which is the main driver for this underperformance, in addition there was an urodynamic equipment failure and reduction in capacity in audiology and neurophysiology over the festive period. These

latter specialities are manageable without significant investment, endoscopy is not and there will be a further discussion in Part 2 of the meeting. Performance in endoscopy is significantly worse than neighbouring Trusts and national performance figures.

Board members noted that there was much to celebrate in terms of improved performance in key areas and asked the Chief Operating Officer to thank the teams.

The Deputy Director of Finance provided Board Members with a summary of the Trust's financial position noting that there would be a more detailed discussion in Part 2 of the meeting.

- The Trust has declared to the Regulator that it expects to fall short of the financial control total at the end of the year by £5.1m given the shortfalls on in-year CIP delivery and run rate pressures.
- It is highly likely that the Dorset wide financial position will not deliver the system wide control total. This will mean the Q4 PSF funding will not be earned by each organisation. This equates to £2.1m for the Trust and therefore the deficit figure is £8.27m.
- Agency spend is currently significantly above the target set by the regulator and it is unlikely to recover by year end.

The Chair noted that the Trust putting in a revised figure £5.1m to the Regulator is a significant step. He said that the Trust had known from the outset that a £2m shortfall was likely but being £3.1m from target is a very disappointing result. It is not clear what the regulatory impact for the Trust will be but the Deputy Director of Finance said that the Trust had been in open dialogue with the Regulator for some months about the position and it was not the case that the Trust made a late declaration of its position. The Chair said that the Trust has to deliver the £5.1m. He noted that any possibility of system support for the Trust had collapsed with the effective departure of two Trusts from the collective agreement. There is also now no prospect of any central funding.

*The Board took a Break between 10:30 and 10:45*

The Director of Organisational Development and Workforce introduced the workforce aspect of the integrated performance report to the Trust Board. He noted that at future Board meetings Workforce matters would be the first item to be discussed as part of the Performance Report. He said that not all items for escalation from the Workforce Committee had been incorporated in the report.

**Action: Director of Organisational Development and Workforce and Trust Board Secretary to ensure matters for escalation are included in the next Integrated Performance Report (March Trust Board).**

He said that total workforce capacity increased by 26 FTE in month 9 and was 264 FTE above this time last year. Agency costs increased overall by £25k in month 9. He said that this is attributable to an increased spend in Medical and Dental agency support /clinical staff. Nursing agency reduced by £21k. He reminded the Trust Board that the NHSI agency cap is 2.6% of the total annual pay budget. The Trust's total agency spend year to date is above the NHSI cap by £464k and it is unlikely that this position will be recovered before the end of the financial year.

He said that at the Workforce Committee next month he will be updating the Committee on the nursing trajectories and in turn he will report these to the Board. He asked Board members to note the increase in staff sickness levels and he expects this trend to continue and worsen in the next few months to year end. The Workforce Committee had also received deep dive reports from both Divisions regarding appraisal rates. He said that positive progress has been made against the Trust's target and that there is a commitment from Divisions to hit this by the end of March 2019. The Chair of the Workforce Committee said that while she noted the positive progress she did not feel that rates would be sustained and the Committee will continue to monitor this closely.

The Director of Organisational Development and Workforce said that clarity had been received in respect of Agenda for Change pay progression. He said that for new appointments from 1<sup>st</sup> April 2019, pay progression will be dependent upon an individual being up to date with mandatory training and having an up to date appraisal. For those already in post and not at the top of a pay band, progression will continue automatically for the next two years.

He said that the Job Planning cycle running from November to February is largely on track and he will update the Workforce Committee and Board towards the end of the year.

In respect of rostering he said that there had been much positive work in relation to the published dates for the rosters. Processes have improved significantly and opportunities to fill gaps have been enhanced such that rostering clinics have not been required.

Together with the Chief Executive, he held listening events with BAME staff. Based on feedback given during the events the Trust will be developing diversity awareness sessions which will be delivered to staff. He is also starting a process of creating a virtual BAME network and has recruited BAME Freedom to Speak up Guardians to support this group of staff. He said that he felt a positive environment had been created within which staff were able to share their experiences. They heard some very important messages. He would like to hold similar listening events for other staff groups for example those who are disabled. He said that the Workforce Committee and Trust Board will see the WRES results in March which will be triangulated with the staff survey results.

Funding has been agreed to support the Workforce Planning Project which will start in April 2019. The Workforce Committee will receive regular updates on the project and had received a useful presentation at its last meeting on new roles and how they are being utilised at the Trust. The project is ambitious and the Board will receive regular updates from the Workforce Committee who will be monitoring the Project.

The Director of Organisational Development and Workforce said that as at 10<sup>th</sup> January 2019, 77% of all staff and 81% of patient facing staff had received the flu vaccination. He said that the Trust had made a significant step forward with the latest campaign.

In terms of national work, he said that work is underway looking at a national Workforce Strategy with work streams focussing on technology, supply and demand, leadership and talent management. This work is being led by Dido Harding.

He touched on the training needs analysis being undertaken by the Education Team and said that there had been a discussion at the Workforce Committee. The Chief Executive said that she was now clear that the Trust's spend is considerably less than that spent on medical education and said that the position needed to move forward incrementally to level the playing field for non-medical staff. The spend at £85k per annum does not appear to be sufficient to match with the Trust's ambition around retention or career development of its staff.

The Chair of the Quality and Safety Committee asked about the hospital hero applications and the performance indicator that is currently red [below target]. She asked whether it is the target that is incorrect or whether there is something that should be done to engage staff. The Director of Organisational Development and Workforce said that the scheme had been reviewed last year and felt that the numbers might simply be a reflection of people being busy. He said that anecdotally there is more going on e.g., positive scheme in paediatrics but said that this is a metric to monitor in conjunction with the staff survey. The Chief Executive said that she still sees compliments coming through and she does mention this at Trust induction. However, she noted the comments and agreed that a target that showed as red all the time was

probably not appropriate. The Board also felt that this would be an opportunity to review the Integrated Performance Report and Scorecard more generally.

**Action: Executives to review and revise the integrated performance report and metrics and provide a refreshed report for consideration to the Trust Board in March.**

The Director of Nursing and Quality introduced the paper on Safe Staffing that had been reviewed by the Workforce Committee in December and had been recommended for inclusion in the Performance Report by the Committee. NHS Improvement published new guidance in October 2018 regarding 'Developing Workforce Safeguards: supporting providers to deliver high quality care through safe and effective staffing'. The guidance recognises the challenge facing NHS providers of increased demand for healthcare staff exceeding supply, alongside the financial constraints. It outlines how Boards ensure these challenges do not have an adverse impact on quality of care as well as patient/service and staff experience. In addition, Sir Ian Dalton (Chief Executive NHS Improvement) has written to all NHS providers outlining expectations of Trust Boards in the use of the guidance. It outlines key areas for changes to Board reporting and the escalation of key gaps in assurance with recommendations for the Board to consider.

The key elements are as follows:

- Clinical decision making with the expectation of wider system collaboration and working and anticipates a degree of deployment of staff to cover gaps.
- Capacity with the expectation that additional capacity is created and those financial considerations are not a barrier to opening additional beds if required.
- The expectation that patient safety remains at the forefront of an open, learning culture.

In each of those areas the Director of Nursing and Quality summarised the gaps that she had identified that linked to those areas. She explained the mitigations in place and the number of evidence based tools that the Trust is using in this regard. She had made a number of recommendations to the Workforce Committee and she reiterated these to the Trust Board:

- The Workforce Committee to continue to review the gap analysis and recommendations.
- The Trust is required to provide an annual governance statement that includes reference to staffing governance.
- The Board receives regular updates on quality and performance matters and this should include greater emphasis on staffing more generally.

The Director of Nursing and Quality said that in terms of the statement it is recommended that is made by the Director of Nursing and Medical Director, it should state that they are satisfied that staffing is safe and sustainable. She said that she does not think that this is a statement that can be made to the Trust Board and that while staffing risks are being managed, mitigated and monitored they are not sustainable.

The Chief Executive said that whilst in respect of nursing numbers, the Board is given partial assurance with the safe staffing report for nursing, there is nothing similar that reflects medical staffing (currently an extreme risk on the risk register). She said that more work needs to be done to get a better idea of rota gaps and where there is recruitment activity. The Medical Director said that the Workforce Committee is a really important step forward in this regard. He said that consistent reporting was necessary. He said the Guarding of Safe Working report highlights the gaps at junior level but accepted that some of his consultant colleagues did not see the benefits of knowing where problems are. He said that there is information that is available and that the Workforce Committee is where it will be brought together.

The Director of Nursing and Quality asked that the Board delegated authority to the

Workforce Committee to continue to review those areas highlighted in her report and for matters to be escalated to the Trust Board as required. The Board agreed this.

**Action: Trust Board Secretary to add to the Board Forward Work Plan the requirement for an Annual Statement on safe and sustainable staffing.**

The Director of Strategy introduced the ICS Performance slides that had been included in the Integrated Performance Report. He said that overall, the system is forecasting that it will miss its financial plan at year end. This is due to slippage in Social Care savings plans and cost pressures within Local Authorities. Specialised commissioning is reported in shadow form for 2018/19, but is also forecasting an overspend against the Dorset contracts for high cost drugs. The Dorset Health System is reporting that it will not meet the full system control total.

The Chair of the Risk and Audit Committee said that the Committee had discussed whether or not an emergent risk regarding any failure by the ICS to deliver its targets and objectives, should be added to the BAF or Corporate Risk Register.

Board members agreed that there was a lot of important information contained in the slides but they were difficult to interpret and it was hard to know what the Trust should do with the information and how it played into the Trust's plans and priorities.

**Action: The Director of Strategy will take the Board through the ICS report at its March meeting so that the Trust Board understands the figures and what it means for the Trust's corporate priorities.**

### **GOVERNANCE ITEMS**

**BoD19/009**

#### **The Corporate Risk Register and Board Assurance Framework**

##### Corporate Risk Register

The Director of Nursing and Quality introduced the report to the Committee. She said that the report had been considered by the Risk and Audit Committee. She said that the five most significant risks that at December 2018 were:

- Recruitment and retention of medical staff across specialties.
- Volume of patients on gastroenterology outpatient waiting list causing negative outcomes for patients.
- Facilities – the COTAG system for security access and its reliability.
- Ophthalmology service capacity.
- Financial sustainability.

She said that the Committee had also noted the inclusion of the risks related to Brexit and the split of the mortality indicator risk in to two defined areas of coding and mortality. She said that the risks are the operational risks rather than the strategic risks that are covered in the Board Assurance Framework.

The Director of Nursing and Quality said that there had been a slight delay in the risk registers being on Datix by the end of December and the date is now the end of January 2019. She said the Risk and Audit Committee will have a live update of the Datix system at its meeting in March 2019. The Committee will also be using the Trust's Risk Appetite Statement to formally record those risks that have mitigations in place but where the Trust nevertheless "tolerates" the risk.

##### Board Assurance Framework

The Deputy Director of Finance introduced the Board Assurance Framework to the Board noting that this had also been discussed at the Risk and Audit Committee. She said that the framework maps out the key controls that should be in place to manage the Trust's key strategic objectives provide the Board with assurance about the effectiveness of the controls that are in place.



The Chair of the Risk and Audit Committee said that the only things he wanted to highlight were:

- The change in the BAF to the finance rating. He said the lack of ability to invest now will impede the Trust's ability to build its strategy.
- Cyber-security: the Committee received reassurance around the work being undertaken and this tied in with audit report that the Committee had received around the Windows 10 implementation.
- Cash forecasting had received maximum assurance from the auditors.

**Action: Executives to consider whether the BAF adequately reflects the likely barriers to the Trust achieving its strategic objectives bearing in mind the financial position reported earlier in the meeting.**

## BoD19/010 Mortality Report

The Medical Director introduced the report to the Trust Board. He said that the Trust has invited NHSI to the Trust to review its processes and he anticipates that they will be at DCH at the beginning of March.

He said the Trust continues to monitor all the mortality indicators in line with the recommendations from NHS England. His report provides a more in depth analysis of the main mortality indicators for the last 12 months in conjunction with other related data quality indicators. The main findings of the report are:

- Crude mortality continues overall to be lower than peer Trusts. However from June 2018 the rate has slightly increased which is contrary to peer Trusts.
- HSMR performance has deteriorated from 104.68 (September 2016 to August 2017) to 120.06 (September 2017 to August 2018) over the previous twelve month period whereas Trust peers have seen an improvement over the same time frames 99.96 (September 2016 to August 2017) to 99.05 (September 2017 to August 2018). This needs further investigation.
- SHMI performance has deteriorated from 1.14 (Jan-17 to Dec-17) to 1.17 (Apr17 to Mar18), meaning DCH remain in the 'higher than expected band'. The current prediction for the next reporting period is that this will continue to increase.
- Geriatric Medicine and General Medicine have generated a red alert for crude mortality.
- 4 diagnosis groups generated red alerts for the latest HSMR score; pleurisy; pneumothorax; pulmonary collapse, intracranial injury and urinary tract infections and pneumonia (with exceptions in the latter).
- 11.3% decrease in the proportion of spells with a sign or symptom as primary diagnosis since the previous reporting period.
- There was a slight decrease in the average diagnosis per FCE for the Trust with a similar trend in peer Trusts. The trend is the same for elective and non-elective patients. He said that there has been a Consultant allocation pilot in Cardiology that has seen a reduction in the number of spells with a sign or symptom as primary diagnosis for those admitted towards the start of the week, with a greater depth of coding.

The Chief Executive said it would be helpful for the Board to understand the link between coding and SHMI and HSMR.

The Medical Director said that SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The HSMR is calculated as a ratio of the actual number of deaths to the expected number of deaths among patients in acute hospitals. Both figures derive their



credibility from the investigation into deaths at Mid Staffordshire Hospital.

He explained that if the Trust is not recording the full depth and range of illnesses experienced by patients then the expected death rate at the Trust will probably be calculated as lower than it should be. For example, the risk of a patient dying of pneumonia alone would be low. A patient dying of pneumonia but who has a range of other underlying conditions as well would be at a higher risk of death than that for pneumonia alone. The accurate coding of comorbidities is therefore of crucial importance in setting what should be the Trust's expected death rate.

The Trust's expected death rate is 960 and the actual rate of death is just under 1,100 therefore the Trust's position is @150 excess deaths. He believes that the Trust's expected death rate should probably be nearer to 1,100.

He said that DCH is one of the thirteen worst performing Trusts in the country and while he accepted that this is a difficult matter to tackle, the Board has recognised that this is an issue for eighteen months to two years and his focus now is on providing reassurance to NHSI that the Trust is focussed correctly on what needs to be done. He asked the Board to note the numbers in his report and reassured them that he wants to avoid complacency and the approach that this is simply a coding problem. He said that there are broader issues as to why coding is persistently a problem for the Trust and not others.

The Chief Executive agreed with the comments made by the Medical Director and said that a focus on resolving the problems needs to happen at pace. She said this needs to be the highest priority with the informatics team. The Director of Nursing and Quality said that there are additional national audits and data such as ICNARC that support the fact that there is an issue with coding.

The Director of Organisational Development and Workforce said that the recent PWC report commented on depth of coding. He noted too that the recent efforts to recruit more coders was not successful. He said that he was mindful that the coding labour market is small and unique to the NHS. He said that a two pronged approach was required (i) to grow the department and its capability but (ii) to look outside normal grades and appointments to address the immediate issue though the Trust will need to be mindful of the potential impact on the wider Dorset system in this regard. He said that coders in RBH and Poole often code remotely reviewing records digitally so it is not just about recruitment.

The Chair of the Finance and Performance Committee said that the Board would need to remember that even if coding was sorted out immediately there would still be a big lag before there is an improvement in the Trust's mortality figures.

**Action: Executive Team to give additional impetus in terms of capacity and capability to the coding team.**

**Action: To Board delegated authority to the Quality Committee to approve the Mortality Report for Q4 in April for noting by the Trust Board in May and to approve the Q2 Mortality Report in October for noting by the Trust Board in November.**

## BoD19/011

### Medical Re-validation

The Medical Director introduced the report to the Trust Board. He said the purpose of the report is to demonstrate to the Board that the Trust continues to meet all statutory duties in relation to medical revalidation. Robust systems are in place to ensure that statutory duties relating to medical revalidation are being adequately discharged. Revalidation progress reports are provided to the Board on a bi-annual basis.

He asked the Board to note the report and said that his focus was also on the quality

revalidation and appraisals.

**BoD19/012 Guardian of Safe Working Report**

The Medical Director introduced the report to the Trust Board. He said that the Board is familiar with the report and that it is the route through which the Guardian provides the required assurance to junior doctors, the Trust Board, HEE and the GMC.

The covers the period of 1 September 2018 – 30 November 2018. He said it is a detailed and helpful report.

During the period covered by the report 45 exception reports were submitted. These related to additional hours worked, missed educational opportunities, service support available and pattern of work undertaken. Of the additional hours worked the majority were returned as time in lieu. Of the 45 exception reports, 43 have been addressed and closed.

The Medical Director said that Jonathan Chambers (Guardian) continues to reiterate the importance, and value, of Exception Reporting at DCH and the level of reporting is commendable. The Medical Director reiterated the comments made by Jonathan Chambers in his report namely that with the ongoing support of the SMT, Trust Board and working alongside the DME and BMA representatives, the working lives and training environment experienced by doctors in training at DCH will continue to improve.

**CONSENT ITEMS**

**BoD19/013 Workforce Committee Terms of Reference**

The Terms of Reference were approved by the Trust Board.

**BoD19/014 7 Day Hospital Services Self-Assessment**

The Board received the assessment noting that it had previously discussed at the Quality Committee. The assessment was approved by the Trust Board.

**BoD19/015 Quarterly Activity Report Communications Team**

The Trust Board noted the activity undertaken by the Communications Team. The Director of Strategy noted the additional investment made by the Trust in the Communications function and said that this had had a part to play in the successful flu campaign.

**BoD19/016 Any Other Business**

No other business.

**BoD19/017 Questions from the Public**

There were no questions from the public.

**BoD19/018 Date of Next Meeting (open to the public): Wednesday 27 March, 8.30am Seminar Room, Children's Centre, Dorset County Hospital, 8.** The Chair said that the Vice Chair of the Trust Peter Greensmith will be Chairing this meeting as the Chair is not available.

The Board adopted the resolution that "members of the public, Governors and representatives of the press are excluded from the next part of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted".

## ACTIONS LIST – BOARD OF DIRECTORS PART ONE 20 JANUARY 2019

Minute	Action	Owner	Timescale	Outcome
<b>BoD19/007</b>	Speaker from the Charity at the Royal Free Hospital to be invited to attend to give a presentation on the impact of technology on future health care.	RL	ASAP	<i>Email invitation send to the Charity on 4 February 2019.</i>
<b>BoD19/008</b>	Develop a Work Programme focussing on the Trust's priorities and the NHS Long Term Plan.	Executive Team	March	
<b>BoD19/008</b>	Integrated Performance Report to include items for escalation from the Workforce Committee.	MW	March	
<b>BoD19/008</b>	Review and revision of the Integrated Performance Report and metrics for consideration by the Trust Board.	Executive Team	March	
<b>BoD19/008</b>	Annual statement to the Trust Board regarding safe and sustainable staffing to be added to the Board's forward work plan.	RL	ASAP	<i>Added to the Work plan on 4 February 2019.</i>
<b>BoD19/008</b>	Explanation of the ICS performance report slides for the Trust Board.	NJ	March	
<b>BoD19/009</b>	Consideration is given to whether the BAF adequately reflects the likely barriers to achieving its strategic objectives given the financial and performance pressures.	Executive Team	March	
<b>BoD19/010</b>	Additional impetus to be given to the Informatics Team regarding capacity and capability of the coding team. This links to the Trust's mortality score and the need to urgently improve this.	Executive Team	March	

<b>Title of Meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>27 March 2019</b>
<b>Report Title</b>	<b>Chief Executive's Report</b>
<b>Author</b>	<b>Chief Executive</b>
<b>Responsible Executive</b>	<b>Chief Executive</b>

**Purpose of Report (e.g. for decision, information)**  
 For information.

### **Summary**

This report provides the Board with further information on strategic developments across the NHS and more locally within Dorset. It also includes reflections on how the Trust is performing and the key areas of focus for the coming year.

Key developments nationally are as follows:

### **Brexit**

Plans continue to ensure, should the UK leave the EU without a deal, the NHS can continue to function and patient safety is not compromised. The biggest risk the service faces in the medium term will be the potential fall-out from a deterioration of the current workforce challenges being faced by the care sector. Over 70% of staff working in the domiciliary care market at present originate from EU countries.

### **Leadership changes of NHSI/E**

NHSI/E have recently announced a number of changes in their senior leadership teams. Ian Dalton is to step down. NHS England Chief Executive Simon Stevens will assume leadership of both organisations, supported by a Chief Operating Officer (COO). The organisations state that Mr Stevens is the "leader" of NHS Improvement, even though the new COO will be formally designated as NHS Improvement's Chief Executive. The COO will report to Mr Stevens on most issues but "for regulatory purposes" to NHS Improvement Chair Baroness Dido Harding. This will change will provide a single line of accountability for NHS performance

### **NHS England and Improvement seek full merger**

A number of new measures to improve collaboration across the health service have been announced by NHS England and NHS Improvement, including a request from the two bodies for permission to merge. At a joint board meeting, legislative proposals were discussed that would enable commissioners to work much more closely with each other, with providers, and with NHS England, as well as major changes to competition and procurement rules. It also called for the health and social care secretary Matt Hancock to be given new powers to "transfer or require delegation" of functions from one arm's-length body (ALB) to another, or for new ALB functions to be created altogether.

### **Kark Review**

This review was commissioned to look at the Fit and Proper Test. The review makes several significant and potentially far reaching recommendations. The Secretary of State for Health has already confirmed that the government will accept two of the recommendations: that all directors should meet specified standards of competence to sit on the board of any health providing organisation, and the creation of a central database holding relevant information about qualifications and history about each Director (including NEDs). Baroness Dido Haring (Chair, NHS Improvement) has been asked by the Health Secretary to consider the remaining recommendations and how they can be implemented. A consultation with NHS leaders will

<p>commence soon.</p> <p>Key local developments are as follows</p> <p><b>DCH performance.</b></p> <p>Although some improvements have been seen a number of risks continue to be evident which could compromise the ability of the Trust to deliver on its key commitments in the coming year:</p> <ul style="list-style-type: none"> <li>• Growing elective waiting list</li> <li>• 62 day referral to treatment cancer standard</li> <li>• Staffing, in particular the use of temporary staff</li> <li>• Finances</li> <li>• Mortality</li> </ul> <p>Plans are in place to mitigate these. But progress may need to be made at a faster pace to avoid the escalation of risk.</p> <p>From a strategic perspective it is important that the Trust continues to make progress with the delivery of its Transformation Programme, the development of the Damers site and the wider Estates Strategy as these programmes will play a key role in securing the Trust's long term future. Further work is required on the key programmes of work identified in the Trust's Finance Strategy and the Dorset ICS Transformation to ensure the Trust feels the full benefit of these programmes within the timescale required.</p>	
<p><b>Paper Previously Reviewed By</b>          Chief Executive.</p>	
<p><b>Strategic Impact</b>          In order for the Board to operate successfully, it has to understand the wider strategic and political context.</p>	
<p><b>Risk Evaluation</b>          Failure to understand the wider strategic and political context, could lead to the Board to make decisions that fail to create a sustainable organisation.</p> <p>The Board also needs to seek assurance that credible plans are developed to ensure any significant operational risks are addressed.</p>	
<p><b>Impact on Care Quality Commission Registration and/or Clinical Quality</b>          An understanding of the strategic context is a key feature in strategy development and the Well Led domain.</p> <p>Failure to address significant operational risks could place the Trust under increased scrutiny from the regulators.</p>	
<p><b>Governance Implications (legal, clinical, equality and diversity or other):</b>          Failure to address significant strategic and operational risks could lead to regulatory action.</p>	
<p><b>Financial Implications</b>          Failure to address key strategic and operational risks will place the Trust at risk.</p>	
<p><b>Freedom of Information Implications – can the report be published?</b></p>	<p>Yes</p>
<p><b>Recommendations</b></p>	<p>The Board is asked to note the information provided.</p>

## **Chief Executive's report**

### **Strategic Update**

### **National Perspective**

There have been a number of developments since the last report that will be of interest in terms of the national context or where there is a clear connection to challenges or developments locally.

### **National Context**

#### **Leadership changes of NHSI/E**

NHSI/E have recently announced a number of changes in their senior leadership teams. Ian Dalton is to step down. NHS England Chief Executive Simon Stevens will assume leadership of both organisations, supported by a Chief Operating Officer (COO). The organisations state that Mr Stevens is the "leader" of NHS Improvement, even though the new COO will be formally designated as NHS Improvement's Chief Executive. The COO will report to Mr Stevens on most issues but "for regulatory purposes" to NHS Improvement Chair Baroness Dido Harding. This will change will provide a single line of accountability for NHS performance.

#### **Appointment of Chief People Officer**

NHS Improvement has appointed a Director at the United Nations World Food Programme as its new Chief People Officer. Prerana Issar is currently director of public-private partnerships at the United Nations World Food Programme. She previously worked as the humanitarian organisation's chief HR officer for four years. She will start her NHS role at the beginning of April and will initially be commuting from Rome. Before joining the United Nations, Ms Issar worked for Unilever in its London office for seven years in various senior roles, including heading up HR for its food division and as leadership and talent director for global functions and food solutions. She also spent seven years at Unilever India in HR managerial roles and studied at Delhi University.

#### **NHS England and Improvement seek full merger**

A number of new measures to improve collaboration across the health service have been announced by NHS England and NHS Improvement, including a request from the two bodies for permission to merge. At a joint board meeting, legislative proposals were discussed that would enable commissioners to work much more closely with each other, with providers, and with NHS England, as well as major changes to competition and procurement rules. It also called for the health and social care secretary Matt Hancock to be given new powers to "transfer or require delegation" of functions from one arm's-length body (ALB) to another, or for new ALB functions to be created altogether.

#### **NHS Assembly**

Building on the collaborative approach to developing the NHS long term plan, the NHS Assembly is a new national forum that will regularly bring together a range of stakeholders from across the health and care system to advise the boards of NHS England and NHS Improvement as part of a 'guiding coalition' to support the implementation of the NHS long term plan. Two leading healthcare figures have been appointed as Co-Chairs of the Assembly, Dr Clare Gerada and Sir Chris Ham



### **NHS Finances**

Reports published at the end of quarter three indicate that the NHS Provider sector is forecasting a year-end financial deficit of £661m. This is £250m worse than planned and significantly worse than the original commitment of break-even set out by the regulator. This forecast is an improvement on quarter two, mainly following a benefit of significant donated asset income.

### **Local Relevance**

#### **NHS Satisfaction**

A survey conducted by British Social Attitudes has shown that public satisfaction with the NHS has fallen to its lowest level for over a decade. The poll of nearly 3,000 people found 53% of people in England, Scotland and Wales were satisfied with services last year. That is a three percentage point drop since 2017 and the lowest level since 2007. A peak of 70% was seen in 2010. It is believed that waiting times and a lack of staff were major concerns as ratings for GPs also dropped to an all-time low.

#### **NHS workforce strategy**

Following the publication of the NHS Long Term Plan, Baroness Dido Harding and Julian Hartley have been asked to lead the work on developing the workforce strategy. Baroness Harding and national executive lead Julian Hartley have sent a letter to Chief Executives stating that they would look to devolve more responsibility for workforce issues to sustainability and transformation partnerships and integrated care systems. There will also be a review of how national bodies regulate trusts, with the letter making clear positive leadership in the NHS was not consistently demonstrated across the system in national bodies, providers or commissioners" and there was a need to acknowledge this and "improve our leadership culture and capacity. The letter confirmed the plan will be published in early April and will include a 2019-20 action plan, with a more detailed version of how our workforce will transform over the next ten years.

#### **International nurses**

The Home Office has confirmed that nurses and other NHS workers will continue to be exempt from the minimum salary requirement for a tier 2 visa. Under tier 2 visas, which are given to skilled workers from outside the EEA, individuals are usually required to meet the minimum income requirement of £30,000 a year. However, the exception means nurses, paramedics and medical radiographers only need to meet a lower salary of £20,800. The Home Office stressed this extension will be temporary and will be reviewed ahead of the new immigration system, which is due to come in after January 2021. The government said the extension is in recognition of the need to attract overseas nurses to manage growing demand.

#### **National Death Review Service**

NHS Improvement and the Department of Health and Social Care have appointed a national Medical Examiner to oversee the introduction of the new death review service. Emergency Medicine Consultant and current lead Medical Examiner in Sheffield Alan Fletcher will take on the national role reporting to the National Patient Safety Director Aidan Fowler.

#### **Legislative Change**

NHS leaders have launched a public consultation on legislative changes to help implement the long term plan. Among the proposals, NHS England is calling for legislation changes to give CCGs and NHS providers the power to set up new joint commissioner/provider committees that would allow local health leaders to make collaborative decisions on local healthcare priorities.

### **Four-hour Standard**

As part of a review of clinical standards requested by the Government, NHS England has indicated a desire to remove this standard, which has been in place for 15 years, with the view that it does not promote the best care. The Royal College of Emergency Medicine, however, fear a "politically driven" change that could make it easier for NHS leaders to hide poor performance. New targets that focus on patients who need a hospital bed will be tested in the spring before full implementation from October.

### **Regulatory Changes**

National leaders have proposed significant curbs on the freedom of Foundation Trusts, including the ability to enforce mergers and subjecting them to controls on capital spending. NHS England and NHS Improvement have also outlined further potential changes to the national payment tariff, and provided more detail on plans to roll back key parts of the Lansley reforms on competition. In a report discussed at a joint board meeting, the arm's-length bodies outlined proposals for possible legislation to ease implementation of the NHS long term plan.

### **Kark Review**

This review was commissioned to look at the Fit and Proper Test. The review makes several significant and potentially far reaching recommendations. The Secretary of State for Health has already confirmed that the government will accept two of the recommendations: that all directors should meet specified standards of competence to sit on the board of any health providing organisation, and the creation of a central database holding relevant information about qualifications and history about each Director (including NEDs). Baroness Dido Haring (Chair, NHS Improvement) has been asked by the Health Secretary to consider the remaining recommendations and how they can be implemented. A consultation with NHS leaders will commence soon.

### **DCH Performance**

From an operational perspective challenges have continued into quarter four, particularly in relation to patient flow. The hospital has been incredibly busy. This coupled with vacancy levels have left staff feeling tired with their resilience being tested. There is lots of focus around the organisation at present on supporting staff and ensuring their wellbeing is our priority.

### **Dorset Integrated Care System**

A number of key developments will take place in the coming months:

The strategic outline business for the merger of Poole Hospital and the Royal Bournemouth and Christchurch Hospitals will be submitted on 31 March. If accepted this will allow the draw-down of the £147m capital allocation to fund the capital refurbishment required.

The ICS will be required to review and resubmit the STP in the Autumn. As the membership of the System Leadership Team has recently changed following a number of changes at Chief Executive level, this will provide an opportunity to broaden the plan away from a predominately health focus and consider how to progress population health.

### **Some Good News...**

The Cynget Homebirth Team won the Royal College of Midwives Team of the Year Award. This team has developed a wonderful service that is valued by our patients and their families. So this award is very much deserved.

**Patricia Miller, Chief Executive**  
**March 2019**

# Balanced-Score Card Performance Report

Report to Board: 27 March 2018

## Performance Summary:

February saw sustained emergency demand compared to the previous year both in terms of overall attendances (up by 396 or 11% compared to February 2018) and ambulance conveyances (up by 169 or 13% compared to February 2018) which translated into increased admissions (up by 139 or 10% compared to February 2018) and an associated decrease in ED performance. In February the Trust's performance was 91.4% against the 95% Emergency Access Standard. The Trust will not achieve Quarter 4 in aggregate; however, year to date aggregate performance is above the standard at 95.69%. A 4 hour ED performance recovery plan has been developed and a Dorset wide Multi Agency Discharge Event will be taking place the first week of April facilitated by Emergency Care Intensive Care Team (ECIST). Winter schemes continue to be implemented to deal with seasonal pressures, namely Enhanced Domiciliary Care Service (Agincare), patient tracking on elderly care wards, length of stay panels with local health economy partners and discharge follow-up telephone service. Average number of Super stranded patients has increased slightly to 47.8 in February, however continues to be below average of 52 in the previous year. The RTT constitutional standard was not achieved; however, performance against the revised trajectory of 75.68% was exceeded at 77.48% and for sixth consecutive month there were no 52+ week breaches. The overall waiting list has increased by 499 patients from January 2019 to February 2019 and the 18+ backlog increased by 233. The most challenged specialties remain Ophthalmology, Trauma and Orthopaedics, Oral Surgery and Dermatology. Final January 2019 performance against the 62 day cancer standard was 82.2%; February will not be finalised till the first week of April and it is anticipated that it will be lower than January due to a lower conversion rate and a marginally higher number of breaches. Diagnostic performance was 87.1% and whilst it remains significantly below the standard it was an improvement by 5% compared to January; both Audiology and Colonoscopy showed marked improvement, this was partially offset by deterioration in Urodynamics due to failure of equipment.

## Main Performance Risks facing the Trust in 2018/19

### Quality and Access risks:

- Underperformance against Diagnostic standard remains a significant concern, in particular for endoscopic procedures
- 62 day cancer standard remains a challenge
- RTT backlog continues to grow and there is a risk of 52 week breaches in 2019/20 in Ophthalmology and Trauma and Orthopaedics
- Increased demand and capacity gaps continue to impact overall delivery of the performance standards

### Financial risks:

- On track to hit year end forecast based on year to date results

- A degree of risk exists given current operational pressures with escalated beds and continued reliance on agency nurses
- Current use of resources score is a 4 as predicted and will not worsen from this position.

## **Workforce, Quality and FPC Recommendations**

### **Escalation Workforce Committee**

- The Trust has received its national Staff Survey Results.
- The Trust has a Leadership Development Strategy which it is planning to launch to staff in June 2019.
- Consultant Job Plans must be completed by the end of Quarter 1 of 2019/2020.

### **Escalation from Quality Committee in March**

- The Trust's Complaint response performance has significantly improved.
- Despite staffing issues, key quality indicators are being maintained.
- The Cygnet Homebirth team has won a national award.
- The Trust has a comprehensive Volunteer Strategy.
- The Quality Committee has received assurance around Trust measures to comply with recommendations from the report following the Gosport Inquiry.
- The Quality Committee has received assurance around the Trust's compliance with the recommendations from the CQC report into NHS Safety Culture "Opening the door to change."

### **Escalation from Quality Committee in February**

- NHSI will be undertaking an invited review of the Trust's mortality surveillance arrangements in March.
- The Quality Committee received a combined report regarding incidents, deaths and claims.
- The quality dashboard is being revised and aligned with the contracting monitoring dashboard and will be approved by the Committee in due course.
- The CQC action plan will be reviewed by the Quality Committee

### **Escalation from FPC**

- The Trust is on track to meet its revised Control Total for the financial year which is a testament to the hard work of all staff.
- The Emergency Department and many other specialities in the Trust have been under significant pressure.
- Budget and Operating Plans for the new financial year are being finalised.

**Are we on track to deliver the 9 Must Dos?**

	Metric	Met?
1	Produce a sustainability and transformation plan for the health economy	Yes
2	Return to "aggregate financial balance", deliver savings through the Lord Carter productivity programme and cap agency spend	Partially
3	Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.	N/A
4	Achieve waiting time targets for A&E patients and ambulance response times.	No
5	Improve and maintain performance against 18 weeks RTT target.	No
6	Deliver the 62 day cancer waiting time target including two week referral and 31 day treatment targets and make progress in improving one year survival rates by increasing the proportion of cancers diagnosed early.	No
7	Achieve and maintain the two new mental health waiting time targets.	N/A
8	Improve care for people with learning disabilities including improved community services and reducing inpatient facilities.	Yes
9	Develop and implement an affordable plan to make improvements in quality. In addition, providers will be required to publish avoidable mortality rates annually.	Partially

**Key Performance Metrics Summary**

	Metric	Standard	Jan-19	Feb-19
Quality	MRSA hospital acquired cases post 48hrs (Rate per 1000 bed days)	0	0 (0.0)	0 (0.0)
	E-Coli hospital acquired cases (Rate per 1000 bed days)	50% reduction by 2021	0 (0.0)	0 (0.0)
	C-Diff hospital acquired cases post 72 hours due to lapses in care (Rate per 1000 bed days)	13	0 (0.0)	0 (0.0)
	Never Events	0	0	0
	Serious Incidents declared on STEIS (under investigation)	51 (4 per month)	2	1
	SHMI - Rolling 12 months, 6 months in arrears (Oct-17 to Sep-18)	<1.12	1.21	
	Mortality Indicator HSMR from Dr Foster - Rolling 12 months, 3 months in arrears (Dec-17 to Nov-18)	100	113.6	
Performance	RTT incomplete pathways within 18 weeks (Quarter/Year = Lowest 'in month' position)	92%	78.4%	77.5%
	RTT Incomplete Pathway Waiting List size	11,991	13,793	14,292
	All cancers maximum 62 day wait for first treatment from urgent GP referral	85%	81.1%	73.8%
	Maximum 6 week wait for diagnostic tests	99%	82.0%	87.1%
	ED maximum waiting time of 4 hours from arrival to admission/transfer/discharge (Including MIU/UCC activity from November 2016)	95%	93.5%	91.4%
Finance	Elective levels of contracted activity (£)	2018/19 = £2,439,542/month	2,085,141	2,124,234
	Surplus/(deficit) (year to date)	2018/19 = (1,283) YTD M11 = (5,052)	(6,494)	(7,328)
	CIP - year to date (aggressive cost reduction plans)	2018/19 = 7,882 YTD M11 = 5,320	3,530	4,325
	Agency spend YTD	2018/19 = 2,929 YTD M11 = 2,520	3,223	3,588

**Rating Key**

	Achieving Standard
	Not Achieving Standard

## INTEGRATED PERFORMANCE REPORT – Exception Reports by Domain

### Safe

- **MRSA screening:** Slight deteriorations observed in General Surgery and Orthopaedics for Elective, and Colorectal and Nephrology for Non-Elective screening. No infections observed. This is being addressed with the relevant teams through the Infection Prevention and Control Group.
- **VTE assessment:** remain below standard required for fourth consecutive month. Divisional reviews of cases being undertaken.
- **Sepsis:** ED data for February has not yet been validated and therefore is not included. There has been deterioration in both screening and antibiotic administration in the inpatient areas.
- **Nutritional assessments:** Slight improvement noted in nutritional assessments. NHS Improvement Patient safety collaborative nutrition programme continues. Assessments to be incorporated onto VitalPac system with the introduction of version 3.6.

### Effective

- **Mortality:** SHMI remains a concern - NHS Improvement review is planned for 13<sup>th</sup> and 20<sup>th</sup> March 2019.
- **Stroke:** Monthly information not yet available.
- **Dementia:** Standards required are consistently not being achieved. Ongoing medical engagement and focus upon delirium with Medical Director support.
- **EDS:** remain below expected standard with no improvement noted. Medical Director leading with Divisional leadership team.

### Caring

- **Mixed sex breaches:** All cases relate to delays in discharge from Critical Care for patients who were deemed fit for discharge with no inpatient bed capacity available. This is being observed regionally.
- **Complaints:** There has been a further improvement in the timeliness of responses to complaints, with the month achieving 100% within the agreed timescale.
- **Friends and Family Test:** There has been a slight deterioration in the recommendation rates for the ED and a very small reduction in recommendation rates for outpatients. Themes are being analysed to identify any areas for improvement.

### Responsive

The access standards for February remain challenging with increased emergency activity including trauma and growth in elective referrals and fast track referrals in particular. The need to prioritise patients on cancer pathways continues to have a significant impact on routine elective performance.

The following standards were met:

- Cancer 31 days (all)
- Zero 52 week waits



#### Standards not met:

- ED – 4 hour standard combined with MIU
  - Increase in emergency activity in terms of both total attendances and ambulance conveyances were the main contributors to non-achievement of the standard.
  - Increased admission numbers resulted in prolonged utilisation of both planned and unplanned escalation capacity with associated negative impact on assessment pathways
- Cancer 62 days referral to treatment
  - Urology, Lung and Colorectal remain the main underperforming specialties
  - Weekly tracking meeting has been established and is chaired by the COO, looking at patient pathways on a patient by patient basis
  - Additional capacity plans being scoped in anticipation of additional funding via Dorset Cancer Partnership
- Cancer breast symptomatic 2 week wait
  - A significant peak in referral numbers at the beginning of January negatively impacted performance in both January and February on both 2week wait standards.
- RTT
  - Overall waiting list increased by 499 patients and the backlog of 18+ week waiters increased by 233 patients
  - Future risk of 52 week waiters in Ophthalmology and Trauma and Orthopaedics due to the size of existing backlog
  - Oral surgery and Dermatology continue to have capacity gaps and sustained increase in cancer demand
- Diagnostic 6 week wait
  - 5% improvement in performance compared to January 2019 (87.10% versus 81.96%)
  - Endoscopy recovery actions being implemented
  - Improvement in Audiology (84.58% compared to 69.16% in January 2019)
  - Continued issues with Urodynamic equipment. Loan machine on site; new equipment arriving first week of April.

#### Well Led

Overall workforce capacity increased by 39 FTE in month 11, and was 90 FTE above prior year. This has been a consistent picture during 2018/19 and despite continued vacancies demonstrates an overall increase in workforce capacity. This can be reconciled with workforce pressures through an overall growth in agreed establishments. Pleasingly we saw an increase in Bank staffing capacity in M11 and a reduction in total workforce costs. The significant reduction in agency staffing costs (-£125k) is largely a reflection of the spike in M10 costs, and is consistent with the figure for February 2018.

Sickness absence for M10 (January) increased by 0.4% and is at the highest level we have seen for a number of year at 4.54%. Considerable analysis has gone into understanding this concerning level of sickness, however the primary driver is short term sickness absence with individuals not hitting absence management triggers, which suggests the sickness is reflective of the levels of short term illness we are seeing in the community more generally.

Medical Job Planning compliance remains a concern in terms of achieving individual sign off by the end of the financial year. There is considerable activity taking place within specialties, and the focus is now on monitoring progress towards full individual sign off.

The financial position to plan in February, like January, is significantly adverse but is in line with the revised forecast signalled to the regulator at the end of quarter three. The Trust has exceeded the annual agency cap but as described above, the spend levels in February have reduced back to the normal trend after a big spike in January.

Metric	Threshold/Standard	Type of Standard	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1	Q2	Q3	Q4	YTD	Movement on Previous period	12 Month Trend
<b>Safe</b>																				
Infection Control - MRSA bacteraemia hospital acquired post 48hrs (Rate per 1000 bed days)	0	Contractual (National Quality Requirement)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔	
Infection Control - C-Diff hospital acquired post 72 hours - Due to lapses in care (Rate per 1000 bed days)	13	Contractual (National Quality Requirement)	0	0	0	0	1	0	0	2	0	0	0	0	1	2	0	3	↔	
NEW Harm Free Care (Safety Thermometer)	95%	Local Plan	96.6%	97.3%	96.5%	96.1%	94.1%	95.1%	95.4%	97.4%	95.7%	94.7%	98.4%	96.7%	94.8%	96.2%	94.7%	95.8%	↑	
Never Events	0	Contractual (National Requirement)	0	0	0	1	0	0	1	0	0	0	0	0	1	1	0	2	↔	
Serious Incidents investigated and confirmed avoidable	N/A	For monitoring purposes only	0	0	0	1	1	1	1	0	1	0	0	0	3	2	0	5	N/A	
Duty of Candour - Cases completed	N/A	For monitoring purposes only	2	2	1	2	1	0	2	1	1	0	1	5	3	4	1	13	N/A	
Duty of Candour - Investigations completed with exceptions to meet compliance	N/A	For monitoring purposes only	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A	
NRLS - Number of patient safety risk events reported resulting in severe harm or death	10% reduction 2016/17 = 21.6 (1.8 per mth)	Local Plan	2	1	1	5	1	5	3	4	2	3	0	4	11	9	3	27	↑	
Number of falls resulting in fracture or severe harm or death (Rate per 1000 bed days)	10% reduction 2016/17 = 9.9	Local Plan	2	0	0	0	0	1	0	2	0	1	0	2	1	2	1	6	↑	
Pressure Ulcers - Hospital acquired (grade 2) confirmed avoidable (Rate per 1000 bed days)	N/A	For monitoring purposes only	0	0	0	1	0	1	0	1	1	0	0	0	2	2	2	4	↔	
Pressure Ulcers - Hospital acquired (grade 3) confirmed avoidable (Rate per 1000 bed days)	N/A	For monitoring purposes only	0	0	1	0	0	0	0	1	0	0	0	1	0	1	1	2	↔	
Emergency caesarean section rate			20.6%	8.3%	18.5%	19.4%	17.6%	15.8%	17.7%	13.2%	13.8%	21.3%	12.2%	15.7%	17.6%	14.9%	17.1%	16.2%	↑	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (ED)	90%	CQUIN target	69.7%	78.7%	96.8%	90.0%	86.4%	100.0%	94.6%	84.3%	92.7%	73.1%	81.6%	78.5%	91.4%	90.2%	76.7%	84.8%	↑	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (INPATIENTS - collected from April 2017)	90%	CQUIN target	81.0%	92.2%	100.0%	97.4%	100.0%	92.3%	88.5%	92.9%	90.9%	92.1%	80.6%	90.9%	96.7%	90.8%	87.0%	91.6%	↓	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (ED)	90%	CQUIN target	73.9%	92.2%	100.0%	93.9%	88.9%	100.0%	77.8%	90.0%	80.8%	100.0%	100.0%	89.8%	94.3%	82.8%	100.0%	90.4%	↔	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (INPATIENTS - collected from April 2017)	90%	CQUIN target	84.8%	69.8%	81.8%	68.2%	73.8%	85.7%	77.1%	77.3%	73.7%	75.0%	60.0%	77.1%	74.1%	76.1%	69.0%	74.5%	↓	
<b>Effective</b>																				
SHMI Banding (deaths in-hospital and within 30 days post discharge) - Rolling 12 months (source NHSOI, 6 months in arrears (Oct-17 to Sep-18))	2 (as expected) or 3 (lower than expected)	Contractual (Local Quality Requirement)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	1	1	N/A	↔	N/A
SHMI Value (deaths in-hospital and within 30 days post discharge) - Rolling 12 months (source NHSOI, 6 months in arrears (Oct-17 to Sep-18))	<1.12 (ratio between observed deaths and expected deaths)	Contractual (Local Quality Requirement)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.14	1.17	1.18	1.21	N/A	↓	N/A
Mortality Indicator HSMR from Dr Foster - Rolling 12 months, 3 months in arrears (Dec-17 to Nov-18)	100	Contractual (Local Quality Requirement)	114.5	114.4	115.3	116.2	117.7	118.2	118.0	113.6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Mortality Indicator Weekend Non-Elective HSMR from Dr Foster - Rolling 12 months, 3 months in arrears (Dec-17 to Nov-18)	100	Contractual (Local Quality Requirement)	115.9	120.1	119.1	122.4	121.9	117.5	119.8	108.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Stroke - Overall SSNAP score (latest national published data = Sept-18). Subsequent results calculated using local predictor tool	C or above	Contractual (Local Quality Requirement)	B			C			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↓	N/A
Dementia Screening - patients aged 75 and over to whom case finding is applied within 72 hours following emergency admission	90%	Contractual (Local Quality Requirement)	46.9%	55.4%	68.5%	82.3%	54.2%	78.3%	58.8%	62.7%	70.8%	66.2%	51.4%	56.4%	71.6%	64.4%	59.1%	64.2%	↓	
Dementia Screening - proportion of those identified as potentially having dementia or delirium who are appropriately assessed	90%	Contractual (Local Quality Requirement)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	99.6%	↔	
Dementia Screening - proportion of those with a diagnostic assessment where the outcome was positive or inconclusive who are referred on to specialist services	90%	Contractual (Local Quality Requirement)	73.7%	62.5%	73.9%	76.7%	68.4%	45.0%	51.7%	64.0%	48.0%	47.8%	64.7%	69.7%	65.2%	54.4%	55.0%	61.2%	↑	
<b>Caring</b>																				
Compliance with requirements regarding access to healthcare for people with a learning disability	Compliant	For monitoring purposes only	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	↔	
Complaints - Number of formal & complex complaints	N/A	For monitoring purposes only	20	28	17	21	28	24	21	18	23	29	43	65	73	62	72	272	↓	
Complaints - Percentage response timescale met (1 month in arrears)	Dec '18 = 95%	Local Trajectory	75%	70%	79%	81%	64%	64%	85%	86.0%	95.0%	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Friends and Family - Inpatient - Recommend	96%	Mar-18 National Average	98.5%	98.8%	98.4%	98.6%	99.2%	99.0%	99.4%	99.0%	99.7%	99.1%	99.1%	98.6%	98.9%	99.4%	99.1%	98.9%	↑	
Friends and Family - Emergency Department - Recommend	84%	Mar-18 National Average	89.3%	87.9%	85.1%	83.0%	85.2%	88.5%	88.8%	83.7%	86.5%	85.0%	82.4%	87.3%	85.4%	86.5%	83.8%	85.9%	↓	
Friends and Family - Outpatients - Recommend	94%	Mar-18 National Average	93.2%	93.7%	94.9%	94.4%	92.9%	93.4%	94.1%	94.0%	94.5%	94.1%	93.9%	93.6%	94.2%	94.0%	93.9%	93.9%	↓	
Number of Hospital Hero Thank You Award applications received	2016/17 = 536 (44.6 per month)	Local Plan (2016/17 outturn)	40	23	20	19	31	21	19	23	15	14	26	83	71	57	40	251	↑	

Metric	Threshold/Standard	Type of Standard	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1	Q2	Q3	Q4	YTD	Movement on Previous period	12 Month Trend
<b>Responsive</b>																				
Referral To Treatment Waiting Times - % of incomplete pathways within 18 weeks (QTD/YTD = Latest in month position)	92%	Contractual (National Operational Standard)	87.7%	88.2%	85.9%	85.1%	82.6%	81.3%	80.2%	80.0%	79.0%	78.4%	77.5%	85.9%	81.3%	79.0%	77.5%	77.5%	↓	
RTT Incomplete Pathway Waiting List size	11,991		12,226	12,595	12,594	13,058	13,513	13,532	14,292	13,971	13,807	13,793	14,292	12,594	13,513	13,807	14,292	14,292	↓	
Cancer (ALL) - 14 day from urgent gp referral to first seen	93%	Contractual (National Operational Standard)	74.9%	74.6%	70.6%	87.2%	90.8%	92.3%	94.0%	90.8%	94.9%	95.0%	92.5%	73.3%	90.0%	93.2%	93.8%	87.1%	↓	
Cancer (Breast Symptoms) - 14 day from gp referral to first seen	93%	Contractual (National Operational Standard)	78.6%	5.3%	7.7%	93.8%	93.3%	100.0%	94.4%	72.2%	79.3%	100.0%	80.0%	23.7%	95.1%	81.5%	90.4%	70.5%	↓	
Cancer (ALL) - 31 day diagnosis to first treatment	96%	Contractual (National Operational Standard)	100.0%	100.0%	100.0%	97.4%	99.0%	99.0%	98.0%	98.2%	99.1%	99.0%	100.0%	100.0%	98.4%	98.4%	99.4%	99.0%	↑	
Cancer (ALL) - 31 day DTT for subsequent treatment - Surgery	94%	Contractual (National Operational Standard)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
Cancer (ALL) - 31 day DTT for subsequent treatment - Anti-cancer drug regimen	98%	Contractual (National Operational Standard)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
Cancer (ALL) - 31 day DTT for subsequent treatment - Other Palliative	98%	Contractual (National Operational Standard)	100.0%	-	-	100.0%	-	-	100.0%	100.0%	100.0%	-	-	100.0%	100.0%	100.0%	-	100.0%	↔	
Cancer (ALL) - 62 day referral to treatment following an urgent referral from GP (post)	85%	Contractual (National Operational Standard)	84.3%	71.6%	73.6%	73.8%	75.2%	76.5%	78.6%	77.6%	86.0%	81.1%	73.8%	75.6%	75.1%	80.6%	77.8%	77.3%	↓	
Cancer (ALL) - 62 day referral to treatment following a referral from screening service (post)	90%	Contractual (National Operational Standard)	100.0%	88.2%	100.0%	83.3%	77.8%	100.0%	100.0%	100.0%	100.0%	88.9%	87.5%	95.3%	86.4%	100.0%	88.5%	93.2%	↓	
% patients waiting less than 6 weeks for a diagnostic test	99%	Contractual (National Operational Standard)	87.4%	85.6%	87.0%	91.2%	85.7%	84.0%	84.6%	86.3%	82.8%	82.0%	87.1%	86.7%	87.2%	84.5%	82.0%	85.7%	↑	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge	95%	Contractual (National Operational Standard)	97.3%	94.5%	92.7%	90.8%	87.1%	94.5%	95.2%	92.3%	89.6%	87.0%	82.8%	94.7%	90.6%	92.4%	85.0%	91.3%	↓	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (including MI/UCU activity from November 2016)	95%	Contractual (National Operational Standard)	98.7%	97.4%	96.6%	95.7%	94.0%	97.3%	97.6%	96.2%	94.8%	93.5%	91.4%	97.5%	95.6%	96.2%	92.5%	95.8%	↓	
<b>Well Led</b>																				
Annual leave rate (excluding Ward Manager) % of weeks within threshold	11.5 - 17.5%		44.00%	33.87%	48.39%	47.58%	53.23%	50.00%	44.83%	38.79%	54.31%	32.76%	N/A	N/A	N/A	N/A	N/A	N/A		
Sickness rate (one month in arrears)	3.3%	Internal Standard reported to FPC	2.8%	2.6%	3.0%	3.3%	3.3%	3.4%	3.6%	3.9%	4.14%	4.5%	N/A	2.8%	3.3%	3.9%	4.5%	3.4%	↓	
Appraisal rate	90%	Internal Standard reported to FPC	76%	83%	84%	85%	84%	82%	81%	80%	82%	85%	86%	81%	84%	81%	86%	82%	↑	
Staff Turnover Rate	8 - 12%	Internal Standard reported to FPC	11.0%	11.6%	11.5%	10.5%	10.3%	10.2%	9.3%	9.1%	8.9%	8.8%	8.7%	11.4%	10.4%	9.2%	8.8%	10.1%	N/A	
Total Workforce Capacity	2,449.8	Internal Standard reported to FPC	2,321.3	2,298.1	2,292.6	2,291.7	2,307.6	2,297.9	2,340.9	2,336.0	2,355.6	2,376.3	2,368.9	2,304.0	2,299.1	2,344.2	2,372.6	2,325.6	N/A	
Vacancy Rate (substantive)	<5%	Internal Standard reported to FPC	5.8%	6.6%	6.8%	6.9%	6.2%	6.6%	4.4%	4.6%	3.8%	3.0%	3.3%	6.4%	6.6%	4.3%	3.2%	5.3%	↓	
Total Pay Cost	9,094.9	Internal Standard reported to FPC	9,797.9	9,515.8	9,455.7	9,653.8	10,134.2	9,756.5	9,732.5	9,822.6	9,832.9	10,069.7	9,842.0	9,589.8	9,848.2	9,796.0	9,955.9	9,783.1	↑	
Number of formal concerns raised under the Whistleblowing Policy in month	N/A	Internal Standard reported to FPC	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	N/A	
Essential Skill Rate	90%	Internal Standard reported to FPC	87%	89%	88%	84%	86%	85%	87%	86%	84%	86%	87%	88%	85%	86%	87%	86%	↑	
Elective levels of contracted activity (activity)	2018/19 = 2342/month		2,155	2,283	2,352	2,188	2,159	2,038	2,452	2,369	1,944	2,520	2,102	6,790	6,385	6,765	4,622	24,562	↓	
Elective levels of contracted activity (£) Including MFF	2018/19 = £2,439,542/month		2,347,287	2,456,219	2,378,984	2,135,425	1,999,996	1,992,687	2,357,573	2,322,934	1,940,758	2,085,141	2,124,234	7,182,490	6,128,108	6,621,265	4,209,375	24,141,238	↑	
Surplus/(deficit) (year to date)	2018/19 = (1,283) YTD M11 = (5,052)	Local Plan	(831)	(1,610)	(2,189)	(2,833)	(3,573)	(4,281)	(4,780)	(5,295)	(5,679)	(6,494)	(7,328)	(2,189)	(4,281)	(5,679)	(7,328)	(7,328)	N/A	N/A
Cash Balance	2018/19 - 2568 M11 = 1510		4,264	2,559	3,449	8,562	10,416	9,800	7,416	9,119	10,453	9,672	7,728	3,449	9,800	10,453	7,728	7,728	↓	
CIP - year to date (aggressive cost reduction plans)	2018/19 = 7,682 YTD M11 = 5,320	Local Plan	200	385	731	1,052	1,345	1,765	2,072	2,364	2,677	3,530	4,325	731	1,765	2,677	4,325	4,325	N/A	N/A
Agency spend YTD	2018/19 = 2,929 YTD M11 = 2,520		328	666	912	1,198	1,494	1,808	2,047	2,377	2,733	3,223	3,588	912	1,808	2,733	3,588	3,588	N/A	N/A
Agency % of pay expenditure	2018/19 = 2.6%		3.3%	3.5%	3.2%	3.0%	2.9%	3.2%	2.4%	3.4%	3.6%	4.9%	3.3%	3.2%	3.1%	3.1%	4.1%	3.3%	↑	

**Movement Key**  
Favourable Movement  
Adverse Movement  
No Movement

↑  
↓  
↔

**Rating Key**  
Achieving Standard  
Not Achieving Standard

<b>Title of Meeting</b>	<b>Trust Board</b>
<b>Date of Meeting</b>	<b>27<sup>th</sup> March 2019</b>
<b>Report Title</b>	<b>Summary of System Leadership Team ICS Performance Papers</b>
<b>Author</b>	Sarah Knight
<b>Responsible Executive</b>	Nick Johnson

<p><b>Purpose of Report (e.g. for decision, information)</b> For information</p>
<p><b>Summary</b> Appendix A, B and C provide a summary of the Dorset Integrated Care System financial, quality and operational performance.</p> <p>The key system highlights and key issues pertinent to DCH are as follows:</p> <p>Quality Report (Appendix A)</p> <ul style="list-style-type: none"> <li>• The current risk in relation to ambulance call stacking remains high. A further review of the actions taken to date will be followed up at a single item quality surveillance group.</li> <li>• The Continuing Health Care transformation programme Board has developed an overarching improvement plan and standardised monthly reporting will be in place from April.</li> <li>• DCH is tracking higher than PH and RBH on mortality indicators</li> <li>• DCH is tracking below PH and RBH on number of Never Events and is overall doing well on infection control metrics</li> <li>• DCH performance regarding Nutritional Risk Assessments and Mixed sex accommodation breaches is flagged.</li> <li>• DCH performance in VTE Prophylaxis and Mandatory Training are below PH and RBH</li> </ul> <p>The report has a heavy slant towards acute providers, with some information relation to urgent care provision, primary care and CCG provided services. It is suggested that for a broader picture the report should look to contain more information relating to community service quality reporting and mental health provision, particularly given that mental health is seen as one of the system's areas of high risk.</p> <p>Performance Report (Appendix B)</p> <ul style="list-style-type: none"> <li>• DCH has a higher conversion rate from Emergency Department attendance to admission than both PGH and RBH. The data also shows a greater increase in Ambulance conveyances, and ED demand (8.3% vis RBH 4.4%) than the other two acute trusts, whilst retaining the highest performance against ED 4 hour standard. The data does not show what the contributing factors to this are, it could suggest that the patients attending DCH ED are sicker and therefore proportionately more require admission and that the demand for urgent care in the West continues to increase despite the emerging work with hubs and community services to prevent acute need.</li> <li>• RTT and diagnostic performance remains below ICS partners, waiting list growth has increased by 15.2% compared to RBH (1.8%) and PH (-0.7%).</li> <li>• GP Referrals have increased at DCH by 0.8% compared to a reduction at RBH (-1.8%) and PH (-2.2%). <i>This is of note given the West ICPCS/IHCP initiatives are deemed to be more mature. It is a representative of all specialties; the details show some specialties have larger growth than others which in turn impacts on the waiting list size and RTT performance. However, outpatient attendances are down 3.1% at DCH compared to -2.9% and -2.3% at RBH and PH.</i></li> <li>• DTOCs for DCH are at 3.9% compared to PH (3.1%) and RBH (2.4%)</li> </ul>

Overall the system continues to be under pressure of increased demand across the board and the mitigating actions expected to manage demand in future have not yet had an impact. This is resulting in sustained pressures on performance targets and patient experience as it is increasing waiting times at the front door as well as in elective pathways. The option for the acute trusts to clear backlogs using additional funding is no longer available due to financial constraints and an expectation that any additional money is channeled into prevention at scale / primary care initiatives.

#### Financial Report (Appendix C)

- Dorset system reporting £22.6m underlying distance from 18/19 control total at month 10. Partly due to £8.3m unidentified CIP. This results in loss of PSF funding for the system but takes advantage of the NHSI incentive payments 2-4-1 offer which brings an additional £18m across the system (albeit not allocated across all the system partners)
- DCH and PH are both forecast to miss individual control totals, RBH is rated as Amber to achieve CT, and CCG rated as Green.
- Of the three local authorities, it is Dorset County Council with a forecast deficit now near £3m. This is of concern for DCH in light of the current performance against DTOC and super-stranded patients.
- Key system risks highlighted: Non-delivery of demand management compared to previous year levels in non-electives; Non-delivery of current Savings (CIP and QIPP) schemes and failure to tackle unidentified savings; Agency and Bank spend variance is adverse by £12.6m (bank £7.7m, agency £4.9m), (month 9 total £11.1m), with total pay variance being £14.9m adverse at month 10 (month 9 £12.3m) as well as missing the PSF funding requirements.
- The variance of agency use across the three acute trusts is significant, with PHT using the most agency and RBH and DCH seeing slightly more bank use. PHT also has a growth in WTE permanent staff which is larger than DCH and RBH.

Despite the maturity of the ICS and that Dorset is a leading system, the indicators of outcomes and in particular the CCG quality premium payments are not achieved. The system governance should maximize ways to work together to deliver these core standards.

#### Sustainability and Transformation Report (Appendix D)

##### One Acute Network

- Full Business Case (FBC) for Pathology was approved by all three Trust Boards. The risk of not getting approval has now shifted to maintaining full support from stakeholders.
- Pilot of new pan Dorset triage pathway for rheumatology begun.
- New postnatal care pathway implemented within Maternity – pilot of joint Standard Operating Procedure (SOP) between Midwifery and Health Visiting.
- The risk remains within the East Reconfiguration that the £147m may not be enough to deliver the whole portfolio which will impact on scope and quality. Alternative funding is being explored as well as looking at cost and scope reduction. System Partners are asked to continue consideration of potential sources of funding beyond the £147m.

##### Integrated Community & Primary Care Services

- Within Primary Care Estate, Outline Business Cases for Wareham Surgery (new build) and Parkstone Surgery (refurbishment) have been submitted to NHSE for consideration at the Business Case Panel in March 2019.
- Mental Health application for Wave 2 Funding to support expansion of Individual Placement Support submitted.

##### Prevention at Scale

- Progress could be delayed due to the Local Government Reorganisation (LGR) and the change in councils due to leadership changes.



<b>Digitally Transformed Dorset</b> <ul style="list-style-type: none"> <li>• Strategy: DIG have created and taken a revised Digital strategy now through OFRG and CRG to get feedback on our updated approach.</li> <li>• Health System Led Investment (HSLI) funding applications have been submitted for NHSE approval. There are risks around the funding being deferred to next financial year for some applications due to the Public Dividend Capital Dividend (PDCD) fees that will need agreement from all system partners. There is an additional risk that the deferred funding will be lost.</li> <li>• DCR total live feeds have increased to 21 (out of 86).</li> <li>• Data is now being received from acute and community hospitals to provide information for the WaitLess app. Further work is being done to enable this functionality for the 111 service.</li> </ul>	
<b>Leading and Working Differently</b> <ul style="list-style-type: none"> <li>• A formal partnership has been agreed between Our Dorset ICS and the MoD; the partnership includes use of training and development facilities in Wimborne, wider decisions are taking place about other site facilities in addition to key worker housing and career transition. A launch event to mark the opening of the Our Dorset Development Hub will be held on 4 April 2019</li> </ul> <p>The Transformation Team at DCH has a portfolio of work to support the integration agenda and in particular to ensure that the clinical teams are engaged with the ICPCS portfolio and investment. Ensuring the wider clinical and operational teams are able to contribute to system wide discussions and thinking shifts towards system outcomes, whilst maintaining the interests of the West Dorset population is integral to this work. This includes influencing and participating in decisions relating to any additional external funding made available, and the ability to be clear on priorities when these opportunities present.</p>	
<b>Paper Previously Reviewed By</b> Appendices reviewed by System Leadership Team	
<b>Strategic Impact</b> DCH has developed a strategy focused on integration and collaboration and is therefore currently committed to the development of the ICS.	
<b>Risk Evaluation</b> ICS activity and involvement is currently delivering variable benefit to DCH and DCH must balance system focus and transformation with organisational focus and transformation.	
<b>Impact on Care Quality Commission Registration and/or Clinical Quality</b> DCH retains all CQC and quality obligations as an organisation	
<b>Governance Implications (legal, clinical, equality and diversity or other):</b> As the ICS governance matures there will be an increasing expectation for 'decisions' to be made at ICS level and endorsed at the statutory/organisational level.	
<b>Financial Implications</b> DCH retains an individual control total, within a wider system control total. DCH is forecast to miss 18/19 control total. The ICS is also forecast to miss control total by £22.6m. This will impact on 19/20 financial position for the ICS and for DCH.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes

<b>Recommendations</b>	<p>It is recommended that Trust Board:</p> <ul style="list-style-type: none"> <li>a) note and comment on the report</li> <li>b) identify any issues to be raised with the ICS System Leadership Team</li> </ul>
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## Governing Body Quality Report



Updated March 2019



# Overall Quality Performance

**NHS**

Dorset

Clinical Commissioning Group

The Quality Report provides an overall summary of quality performance; outlines the quality performance exceptions of the commissioned provider organisations; outlines a summary of key issues in relation to the smaller providers and contracts for which the Clinical Commissioning Group (CCG) is an associate commissioner and outlines the performance of the CCG in relation to quality.

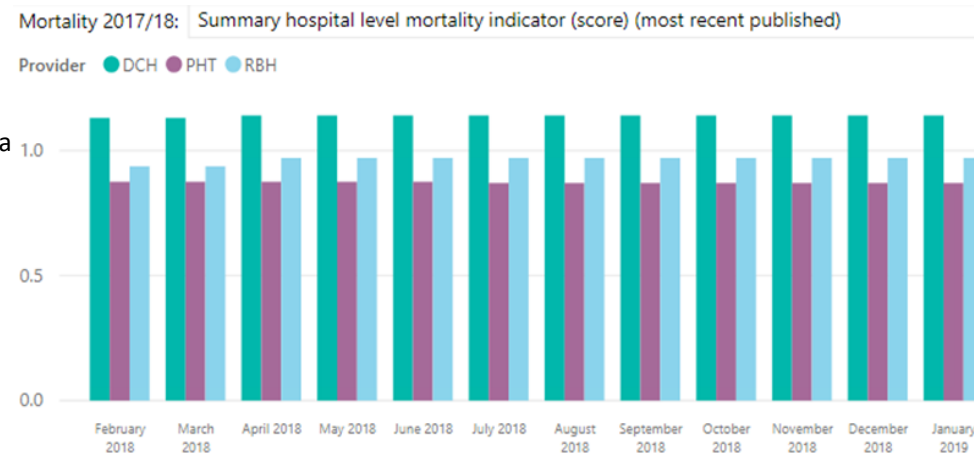
The quality of services across Dorset has improved in some areas. Concerns remain regarding the impact of operational pressures on overall performance in the providers, SWASFT call stacking and Initial Health Assessments compliance rates. These areas are being actively addressed to ensure that improvements are made.



## Mortality

All Trusts are fully engaged with the learning from deaths requirements. NHS Improvement continue to support DCH in and will revisit the trust on 13 March 2019 with the CCG to review progress. The improvement programme is led by the trust's Medical Director.

The Medical Examiner process is established at RBCH where it is planned to include Poole hospital over the coming months and DCH have scoped an Medical Examiner rota for the trust. This will support mortality reviews and contribute to improvements in learning from deaths.



## Infection Control

**Escherichia coli (E. coli) bacteraemia** - the acute Trusts continue investigating hospital onset *E. coli* bacteraemia through the root cause analysis tool and improvement actions are being implemented and shared system wide. The first Dorset wide E Coli Steering group has meet and is developing an action plan on embedding learning across Dorset with the aim to improve the reduction.

**MRSA Bacteraemia** – A case at RBCH was identified in December following admission of a patient from a Care Home. The person was previously known to have MRSA. A further case has been reported from PGH in January and is currently being reviewed through the Dorset PIR process for March

**Clostridium Difficile** – Each trust has reported cases during Quarter 3, however Poole hospital have now reached the trajectory figure of 14 cases for the year 18/19.

## Never Events

A Never Event, wrong site surgery, was reported at RBCH in January 2019. A DCH report was reviewed at the CCG panel in January 2019 and it was agreed the incident should be reclassified as a Serious Incident as the investigation confirmed the Never Event criteria were not met. NHS Improvement have conducted a review of 6 Never Event reports at Poole Hospital and have made some recommendations regarding the investigation process and report writing. These recommendations will be considered as part of a system wide response to the expected new NHS Serious Incident Framework due for publication in the Spring.



# Main Providers

## Nutritional Risk Assessments

DCH continue to work on the NHS Improvement Nutrition Improvement Collaborative. It is noted that there has been improvement but that the number of completed assessments is below the required standard set by the trust and nutritional care has been listed as one of the proposed quality priorities for 2019/20. PHT has recognised variation in paper nursing documentation and care planning used across the trust and will be embarking on a large scale piece of work to review in conjunction with RBCH. In PHT the recent local ward audit results indicated 90% compliance of adult inpatients having a completed nutritional assessment within 24 hours of admission.

## Mixed Sex Accommodation

The consistent reporting of breaches at DCH are related to operational pressures in the trust leading to critical care patients being delayed transfer to a general ward.

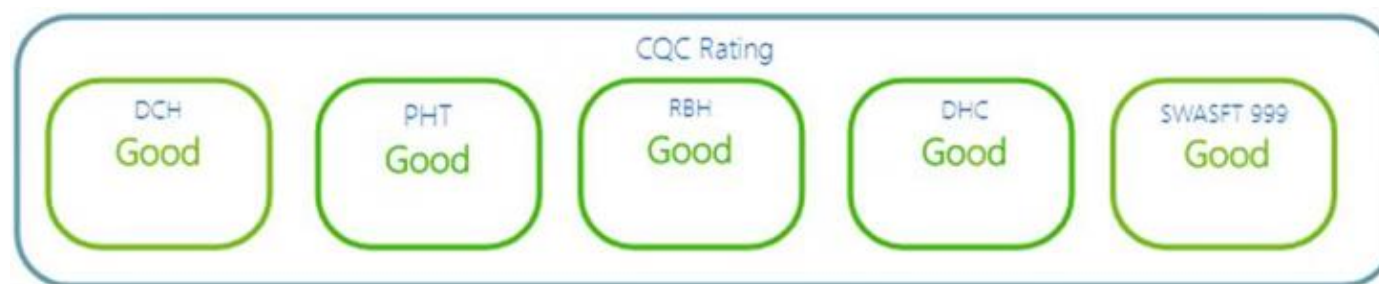
## Complaints

Timescales for investigation and response had improved at DCH however data not yet available for December and January to demonstrate this has been sustained. RBH have also improved in December however sustainable improvement is not yet achieved.

## Current Overall CQC Ratings

An inspection of services in relation to children with Special Education needs and disability in Dorset was completed in February 2019 the report of which is awaited. The CQC report of the CLAS (Children Looked After and Safeguarding) inspection was published on 11th February 2019 [https://www.cqc.org.uk/sites/default/files/20190212\\_clas\\_bournemouth\\_final\\_report.pdf](https://www.cqc.org.uk/sites/default/files/20190212_clas_bournemouth_final_report.pdf)

The action plan is being co-ordinated across health and social care in response to the findings.





# Main providers

## Surgical Checklist

Compliance with the WHO checklist was maintained at 95% at PHT. Theatre oversight meetings at PHT are monitoring the improvement plan of which this is an element. It is recognised that there is significant culture change associated with embedding the use of the checklist in clinical teams which is now being led by the new Matron for theatres and is part of a joint programme with RBCH.

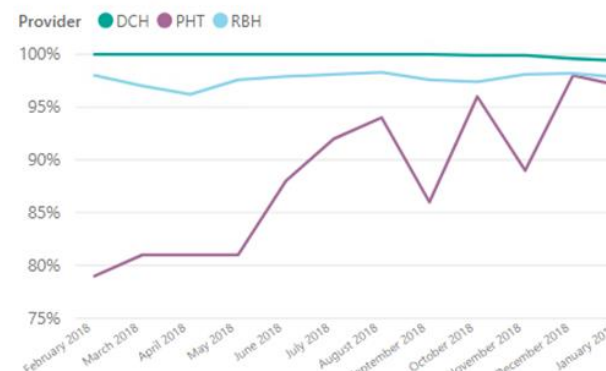
## VTE Prophylaxis

Figures for compliance with prophylaxis at DCH continue to not exclude those patients in which it is contra-indicated. The new NICE standard for VTE risk assessment includes 16 – 18 year old in patients has been identified as an additional challenge at the trust.

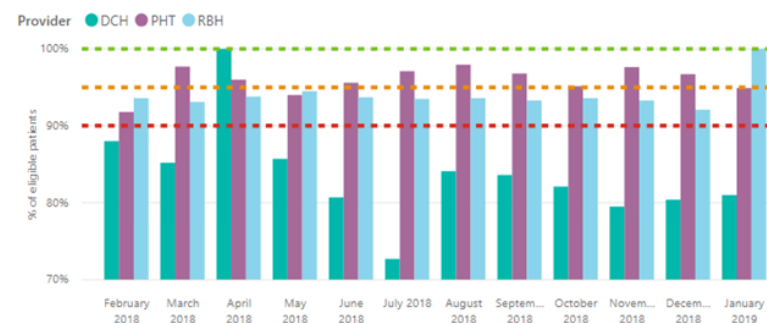
## Mandatory Training

There has been some improvement in some areas at DCH and RBCH, however a decline in the level of compliance at Poole Hospital. Human Resources at PHT has introduced a new approach to the appraisal procedure with effect from 1 April 2019. It is anticipated that compliance rates will improve throughout quarter one of 2019/20.

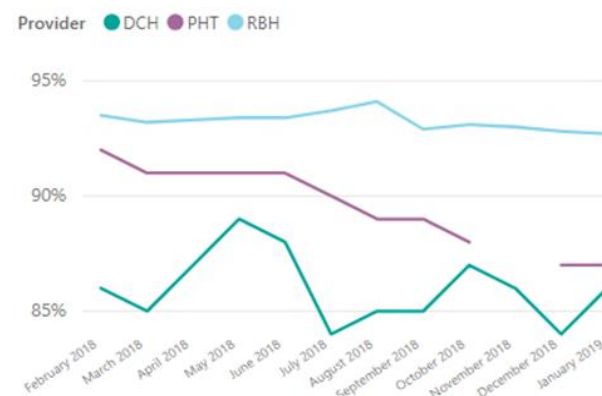
Percentage compliance with WHO checklist



VTE - % patients who receive appropriate VTE prophylaxis



Mandatory Training Rate



# Urgent and Emergency care Providers

## South Western Ambulance Service NHS Foundation Trust (SWASFT)

### Call stack risk

The current risk rating of 25 remains unchanged in relation to the call stack. Much work has happened and continues with the NHS 111 providers across the South West to support SWAST in managing the stack. Escalation plans involving 111 services were enacted on the 7<sup>th</sup> January and the system responded effectively. It has been agreed that the wider agreed mitigation responses will shortly be fully tested, after which time it is anticipated that the level of risk will be reduced.

### Care Quality Commission





Progress against improvements identified by CQC are progressing. There is acknowledgement that there are some areas of improvement which will require the support of the South West system. This is currently being explored with SWAST. An area they have identified as high risk is workforce and the service intends to commence recruiting nurses to fill paramedic vacancies.

### Culture Report

A recent external culture report identified serious concerns particularly in the Devon and Cornwall area. Dorset did not feature as an area of concern. The Trust has prepared a detailed action plan in response to the report which they are now sharing with wider stakeholders for review and comment. The delivery and impact of the action plan will be overseen with the help of an internal group as well as an external group including NHSI.

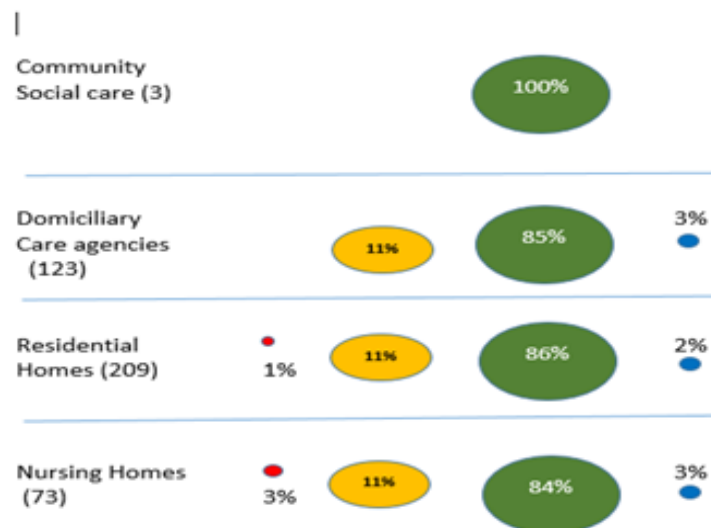
# Care Homes

There are four ratings that CQC give to health and social care services: outstanding, good, requires improvement and inadequate. The following colors correspond to the graphic presented.

-  **Outstanding** - The service is performing exceptionally well.
-  **Good** - The service is performing well and meeting CQC expectations.
-  **Requires improvement** - The service is not performing as well as it should and CQC have told the service how it must improve.
-  **Inadequate** - The service is performing badly and the CQC taken action against the person or organisation that runs it.

A number of homes have been supported through improvement forums, and this has led to visible improvement and increased assurance of our Dorset homes.

## Ratings by type of service – Dorset



## Ratings by type of service – England

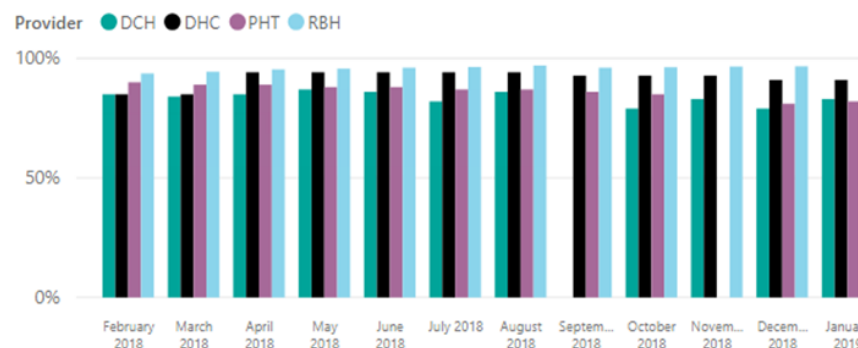


## Looked After Children

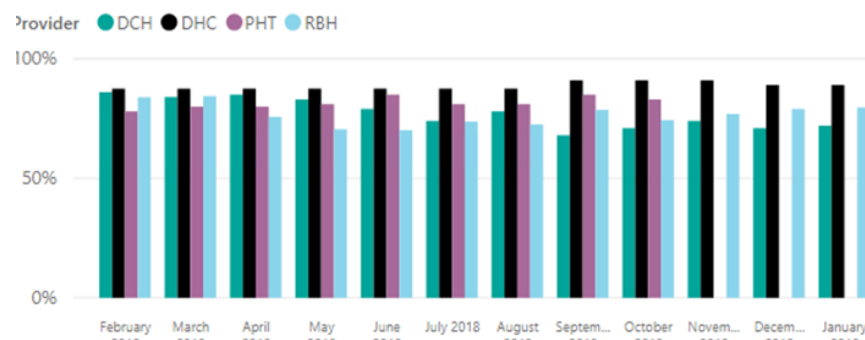
Performance in Q3 2018/19 saw IHAs completed below the agreed indicator of 95%. The Designated Doctor has agreed with all three local authorities children social care (CSC) to implement a refreshed Pan Dorset IHA Pathway, with the aim to improve communications between social care and health and give clear guidance as to statutory responsibility and time frames. The main reasons for delays continue to be late notification and providing consent for health to proceed, decline of appointment date and or non attendance of appointment by foster carers. The current trends are still showing that statutory responsibility not being met, thus preventing health from meeting theirs. The CCG will continue to monitor and escalate to the corporate parenting Board.

Indicator IHA Completed within statutory 20 working days					
Local Authority	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year End
Bournemouth	15(60%)	13 (52%)	14 (51.9%)		
Poole	14(63%)	10(37.7%)	7 (46.7%)		
Dorset	23(65.7%)	14(46.7%)	17 (44.7%)		
Pan Dorset	52 (63.4%)	37(44.6%)	38 (47.5%)		

## % staff trained in Mental Capacity Act and DOLS



## % eligible staff trained in Level 3 Safeguarding Children



## Safeguarding training compliance

DCH compliance with training for adult safeguarding and Prevent has declined whilst Safeguarding Children Level 3 remains unchanged. The trust aims to be compliant with training by the end of the year. The trust confirmed its new arrangements for child safeguarding following a change of personnel with a joint strategic lead for Adult and Child safeguarding. RBCH report significant improvement in training rates for staff working in ED and Acute medical Unit. Safeguarding Children Level 3 overall rate not improved and this will be discussed as part of the review of the content of the training for hospital staff to meet the intercollegiate requirements.

## Primary Care

All Dorset practices have now been rated by the CQC. Currently 4 are rated as outstanding, 77 are rated as good and 4 rated as requires improvement. No practices are currently rated as inadequate. Abbotsbury Road Surgery in Weymouth have served notice to end their contract from 31 March 2019, it remains that there are no significant quality and safety concerns. Support remains in place for Longfleet House Surgery, Alma Road and Leybourne.



## Maternity Services

The CQC National Maternity Survey 2018 results were published on 29 January 2019. The survey focussed on 3 main areas of experience for women; labour and birth, staff and care in hospital. Results for DCH and PHT services showed that the patients experience was 'about the same' as other trusts. RBCH was not included in the survey as trusts with small response rates are excluded. Salisbury Foundation Trust was identified as an outlier in that it was in the group of trusts with 'better than expected' results. The table below summarises the scores published out of 10.

Patient survey area	DCH 111 responses	PHT 133 responses	SFT 180 responses
Labour and Birth	9.2	9.0	9.3
Staff	9.0	8.8	9.2
Care in Hospital	8.1	7.8	7.8

# Executive Summary

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Responsible To	ToR	Area of Concern	BiD Link	Regulator Threshold	SLT Threshold	Provider Date	System Value	PHT Value	DCH Value	RBH Value	DHC Value
Urgent & Emergency Care Board		4 hour A&E Wait				Jan19	89.9% ●	88.1% ●	93.5% ●	88.3% ●	
		A & E Conversion				Jan19	34.0% ●	33.4% ●	37.7% ●	32.3% ●	
		Ambulance Conveyances vs previous financial year (YTD)				Jan19	5.8% ●	4.4% ●	6.7% ●	6.6% ●	
		ED Demand vs previous financial year (YTD)				Jan19	6.2% ●	7.1% ●	8.3% ●	4.4% ●	
		NHS111 vs previous financial year (YTD)				Jan19	1.5% ●				
		Non-Elective Admissions** vs previous financial year (YTD)				Jan19	5.6% ●	6.2% ●		4.9% ●	
Elective Care Board		Change in Activity with Criteria Based Access vs previous financial year (YTD)				Dec18	-7.9% ●	7.4% ●	-21.8% ●	-4.6% ●	
		Consultant-Led RTT Performance: 18 week wait				Dec18	83.1% ●	81.9% ●	79.0% ●	85.7% ●	93.2% ●
		Consultant-Led RTT Performance: Numbers waiting >26 weeks				Dec18	7.1% ●	8.8% ●	9.6% ●	5.0% ●	1.4% ●
		Consultant-Led RTT Performance: Numbers waiting >40 weeks				Dec18	425.0 ●	166.0 ●	141.0 ●	116.0 ●	2.0 ●
		Consultant-Led RTT Performance: Numbers waiting >52 weeks				Dec18	0.0 ●	0.0 ●	0.0 ●	0.0 ●	0.0 ●
		Consultant-Led RTT Performance: Waiting List Growth-compared to March 18				Dec18	4.1% ●	-0.7% ●	15.2% ●	1.8% ●	-0.5% ●
		Diagnostics: 6 week wait				Dec18	90.8% ●	94.0% ●	82.8% ●	93.5% ●	99.9% ●
		Elective Admissions** vs previous financial year (YTD)				Jan19	-0.4% ●	0.9% ●		-1.0% ●	
		GP Referrals (all specialties) vs previous financial year (YTD)				Jan19	-1.2% ●	-2.2% ●	0.8% ●	-1.8% ●	
		MSK Triage Performance - those that have been triaged within 48 hrs over last 7 days.				w/c: 18/02/19	80.4% ●				80.4% ●
Dorset Cancer Partnership		Cancer: 2 week wait - GP Urgent Referral to First Consultant Appointment				Dec18	95.7% ●	99.5% ●	94.9% ●	93.6% ●	
		Cancer: 62 day GP Urgent Referral to First Treatment				Dec18	87.0% ●	84.9% ●	86.0% ●	89.2% ●	

**\*\*Elective and Non-Elective Admissions:** Due to coding issues, DCH Inpatient activity has been excluded for M10 and therefore System performance for this measure will not be inclusive of DCH.

Colour Key: Positive Performance Negative Performance No Formal Target





# Executive Summary

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Responsible To	ToR	Area of Concern	BiD Link	Regulator Threshold	SLT Threshold	Provider Date	System Value	PHT Value	DCH Value	RBH Value	DHC Value
ICPCS		Delayed Transfers of Care				Dec18	3.0% ●	3.1% ●	3.9% ●	2.4% ●	
		Stranded Patients - those waiting over 21 days				as at: 24/02/19	219.0 ●	99.0 ●	46.0 ●	74.0 ●	
Community		Community Health Contacts vs previous financial year (YTD)				Jan19	-2.6% ●				-2.6% ●
		Delayed Transfers of Care				Dec18	13.0% ●				13.0% ●
		ED self referral				Jan19	19.5% ●	15.7% ●		22.5% ●	
		Occupied Beds				Dec18	91.7% ●				91.7% ●
		Over 65s Admissions (Elective, Emergency and Non-Elective Non Emergency) Rolling 12 months				Dec18	89327.0 ●				
		Re-Admissions within 30 days (all Emergency Admissions)				Dec18	14.8% ●				
Mental Health Board		CYP - Access Rate				Sep18	34.5% ●				
		IAPT - Access Rate				Sep18	4.7% ●				
		IAPT - Moving to Recovery				Dec18	54.2% ●				
		IAPT - Treated within 18 weeks				Dec18	100.0% ●				
		IAPT - Treated within 6 weeks				Dec18	97.2% ●				
		Out of Area Placement bed days				Sep18	1020.0 ●				
		SMI Physical Health Checks				Dec18	16.9% ●				

# Executive Summary

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Responsible to	Area of Concern	Commentary	BiD Links	Ext Docs
Urgent & Emergency Care Board	Conveyances	For Information: It appears that RBH may be still able to access PSF in respect of A&E performance. This will be used to support the Dorset system. No action is requested from SLT.	<a href="#">🔗</a>	
Urgent & Emergency Care Board	ED 4 hour wait	For Information: More frequent easy access visibility of the SWAST call stack would be helpful to partners. The UEC team will pursue this - though all noted this was a SWAST-wide not Dorset specific call stack. No action is requested from SLT	<a href="#">🔗</a>	
Urgent & Emergency Care Board	NHS111	For Information: Noted the 64.7% 60 second response rate for NHS 111 against the 95% target. New recruits began work in January. The impact of this should be felt in subsequent months. No action is requested from SLT.	<a href="#">🔗</a>	
Dorset Cancer Partnership	62 day Cancer Wait	For Information: OFRG noted the pressures anticipated in in 19/20 cancer services as a result of increased demand despite agreed investments. These pressures, as with those in both elective and urgent care more broadly will be mitigated in part through further transformation. No action is requested from SLT.	<a href="#">🔗</a>	
	Report Development	New indicators were included this month in respect of community services and mental health. Further work is being done to identify, develop and include indicators in respect of mental health and acute trust liaison. SLT are requested to feedback on the appropriateness of the indicators included to date in these areas.		

**NHS DORSET CLINICAL COMMISSIONING GROUP  
SYSTEM LEADERSHIP TEAM MEETING  
FINANCE REPORT**

<b>Date of the meeting</b>	21/03/2019
<b>Author</b>	M Gravelle, Assistant Director of Finance, Dorset CCG
<b>Purpose of Report</b>	The purpose of the report is to provide an update to members on the position of the collaborative organisations as at 31 January 2019 in respect of the financial position as well as the overall financial position for the health and care system.
<b>Recommendation</b>	The System Leadership Team is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	This paper has been approved by members of the OFRG.

# Dorset ICS – Collaborative – Finance Report – January 2019



## Contents

1. Executive Summary – System wide
2. Key Financial Duties – plan for 2018/19
3. Finance overview as at 31st January 2019
4. Cost Improvement
5. Workforce
6. Capital bids
7. Quality Premium



## 1. Executive Summary ICS (1)

### Dorset Integrated Care System

Overall, the system forecast is to be away from plan by **£(17.5)m** at year end before NHS provider sustainability fund (PSF).

### System Control Total / Dorset Health System

The Dorset Health System is reporting that it will **NOT** meet the **full system control total**, and currently has underlying distance from control total of **£(22.6)m** forecast for 2018/19 at month 10, which will lead to a further in-year loss of Q4 PSF. This is partly related to unidentified cost improvement savings to find within the plan of **£8.3m**. Mitigations that were being pursued have been offered towards the NHS Improvement 2-4-1 incentive offer, which will benefit the system overall by about £18m despite the loss of PSF in Q4.

### Dorset Local Authorities

For Local Authorities, Dorset County Council expects the current balanced position to deteriorate to **£(3.3)m** adverse from plan by year end. This is due to potential slippage identified in the savings programme and emerging budget pressures within Adult and Children's Social Care. Bournemouth Borough Council and Borough of Poole positions are currently reported as on plan. Joint work is continuing on Better Care Fund (BCF) projects although spend on Integrated Equipment (ICES) and increased placement costs is of concern.

### South West Ambulance Service FT

Are expected to be breakeven because NHS Improvement have confirmed that the unplanned costs incurred supporting operational resilience activities will be funded.

### Specialised Commissioning

The expectation nationally is that specialist commissioning commissioner spend will be incorporated into the health system control total from 2019/20, which if included for 2018/19 would add an additional **(£2.3)m** cost pressure to the control total to be managed.



## 1. Executive Summary (2)

### Dorset system savings (£111.9m target)

The level of **savings** required by the NHS system is **£69.1m**. There is **no identified solution** for **£8.3m**, this is known as unidentified cost improvement plans (CIP).

The level of **savings** required by the local authorities is **£42.8m**. The local authorities have not identified any savings gap in the plan, but there is slippage in the Adult & Children's Social Care plan at DCC.

### Dorset system risks

At this point in the year, the most significant risks which have impacted the whole system were:

- Non-delivery of individual or system control totals and Accident and Emergency targets leading to the non-achievement of Provider Sustainability Funds (PSF)
- Non-delivery of demand management compared to previous year levels in non-electives
- Non-delivery of current Savings (CIP and QIPP) schemes and failure to tackle unidentified savings.
- Agency and Bank spend variance is adverse by £12.6m (bank £7.7m, agency £4.9m), (month 9 total £11.1m), with total pay variance being £14.9m adverse at month 10 (month 9 £12.3m).



## 2. Key Financial Duties – plan for 2018/19

This table summarises the ICS key duties and targets on a RAG rated basis (Red / Amber / Green).

Our financial plan as approved by the SLT allows for all key financial duties and targets to be met for 2018/19 if the plan is delivered.

	ICS	DCCG	DCH	DHC	PHT	RBCH
Key financial duties	Plan for 2018/19	Plan for 2018/19	Plan for 2018/19	Plan for 2018/19	Plan for 2018/19	Plan for 2018/19
Individual Organisations within the ICS deliver own financial position	✓	✓	✓	✓	✓	✓
Remain within the NHS ICS control total	✓					
Local Authorities achieve financial position	✓					
Achieve the A&E target to receive PSF Funding	✓		✓		✓	✓
Remain within the cash limit	✓		✓	✓	✓	✓
Full utilisation of allocated capital resources	✓	✓	✓	✓	✓	✓
Agency spend within ceiling target	✓		✓	✓	✓	✓
Increase investment in Mental Health (Parity of Esteem)	✓	✓		✓		

### 3. System Position Overview – as at end January 2019

#### Finance Sector Overview

Organisation Name	Pre PSF Annual Control Total			Forecast	Key Issues
	1819 Plan £'000	1819 Forecast £'000	1819 Variance £'000	1819 PSF £'000	
Dorset NHS Providers	- 20,812	- 32,674	- 11,862	39,825	Savings Gap £8.3m. Trauma pressure. ED recovery plan. £8.4m Lost PSF Pressures in outside STP providers, CHC and Funding Out of Hospital. Retained by NHS England
Dorset Clinical Commissioning Group	1,734	1,734	-	-	
CCG Carried Forward Surplus	-	-	-	-	
<b>DORSET NHS ICS CT SURPLUS / (DEFICIT)</b>	<b>- 19,078</b>	<b>- 30,940</b>	<b>- 11,862</b>	<b>39,825</b>	
Dorset Local Authorities	-	- 3,344	- 3,344	-	Budget pressures within Adult & Children's Care Services & Refuse waste disposal. 0 Higher excluded drugs spend with Dorset providers. (Shadow report).
South West Ambulance Service FT - Dorset	-	-	-	-	
Specialised (Wessex) - Dorset Providers	-	- 2,285	- 2,285	-	
<b>DORSET ICS SURPLUS / (DEFICIT)</b>	<b>- 19,078</b>	<b>- 36,569</b>	<b>- 17,491</b>	<b>39,825</b>	Dorset System Surplus/ (Deficit)

#### Finance By Organisation

Organisation Name	Annual Position			Forecast
	1819 Plan £'000	1819 Forecast £'000	1819 Variance £'000	1819 PSF £'000
Dorset County Hospital NHS FT	- 7,198	- 12,296	- 5,098	3,817
Dorset Healthcare University NHS FT	1,622	1,622	-	6,230
Poole Hospital NHS FT	- 12,855	- 19,619	- 6,764	4,984
Royal Bournemouth & Christchurch Hospitals NHS FT	- 2,381	- 2,381	-	24,794
<b>PROVIDERS CT PRE-PSF SURPLUS / (DEFICIT)</b>	<b>- 20,812</b>	<b>- 32,674</b>	<b>- 11,862</b>	<b>39,825</b>
Dorset Clinical Commissioning Group	1,734	1,734	-	
CCG Carried Forward Surplus	-	-	-	
<b>NHS SYSTEM CT PRE-PSF SURPLUS / (DEFICIT)</b>	<b>- 19,078</b>	<b>- 30,940</b>	<b>- 11,862</b>	<b>39,825</b>
South West Ambulance Service FT - Dorset	-	-	-	-
Specialised (Wessex) - Dorset Providers	-	- 2,285	- 2,285	
<b>DORSET NHS ADJUSTED SURPLUS / (DEFICIT)</b>	<b>- 19,078</b>	<b>- 33,225</b>	<b>- 14,147</b>	<b>39,825</b>
<b>DORSET LAs SURPLUS / (DEFICIT)</b>	<b>-</b>	<b>- 3,344</b>	<b>- 3,344</b>	<b>-</b>
<b>DORSET SYSTEM LAs &amp; NHS SURPLUS / (DEFICIT)</b>	<b>- 19,078</b>	<b>- 36,569</b>	<b>- 17,491</b>	<b>39,825</b>

#### System Performance

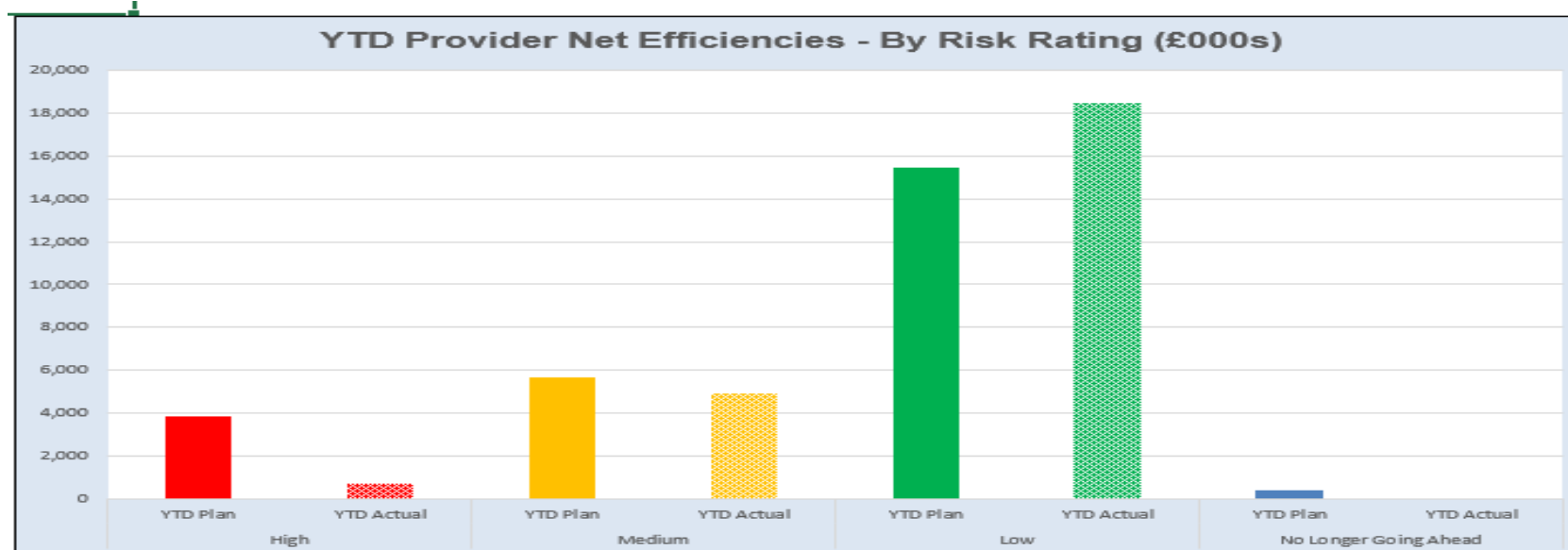
- ✓ 31 day (urgent) cancer waits for December 97.6% against a 96% Target
- ✓ 14 day (urgent) cancer waits for December 95.7% as a system against a 93% target
- ✓ Steps to wellbeing 6 weeks RTT and 50% recovery target
- ✓ Acute delayed transfers of care 3.0% bed days lost against 3.5% target (December)
- ✗ A&E 4 hour wait position 89.9% against 95% target (January)
- ✗ 62 day cancer wait for December, 87.0% for the Dorset System against 85% target
- ✗ RTT confirmed December position 82.2% against 92% target.
- ✗ December waiting list 4.14% above March baseline (CCG 7.9%)
- ✗ Diagnostics is 8.8% against a 1% target (December), 1,144 DCH patients waiting over 6 weeks (666 of these at DCH)
- ✗ Community delayed transfers of care 7.1% of bed days lost v. 7.5%
- ✗ mental health delayed transfers of care 7.93% of bed days lost v. 7.5%
  - system performance within inpatient activity areas for M10 is estimated because DCH has been excluded due to on-going coding issues

#### Activity – ICS Providers (Dorset patients) – (Year-to-Jan)

- ✓ Total Planned elective inpatients -7.2%
- ✓ Day case activity -0.5%
- ✓ First outpatients (all specialties) -2.8%
- ✓ Follow-up outpatients (all specialties) -2.6%
- ✓ GP Referrals (all specialties exc. T&O) +1.1%
- ✓ GP Referrals (9 specialties exc. T&O) +1.9%
- ✗ Non-elective admissions +3.6%

#### 4. Cost Improvement Forecast – as at end January 2019

Organisation	Code	Plan	Actual	Variance	Plan	Forecast	Variance	Non-recurrent	Variance	Unidentified	Variance		
Total Net Efficiencies		YTD	YTD	YTD	FY	FY	FY	FY	FY	FY	FY		
		M10	M10	M10				Plan	Forecast		Plan	Forecast	
		EFF1000	EFF1000	calc	EFF1000	EFF1000	calc	EFF1002	EFF1002	calc	EFF1003	EFF1003	calc
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
NHS Dorset CCG	11J	24,281	24,280	(0)	29,137	29,137	(0)	0	0	0	0	0	
Dorset County Hospital NHS Foundation Trust	RBD	3,408	3,338	(70)	7,613	4,730	(2,883)	2,588	1,316	(1,272)	1,708	0	(1,708)
Dorset Healthcare University NHS Foundation Trust	RDY	5,879	6,411	532	8,354	7,404	(950)	3,085	3,292	207	579	0	(579)
Poole Hospital NHS Foundation Trust	RD3	5,460	5,087	(373)	10,934	6,776	(4,158)	4,114	1,056	(3,058)	2,652	0	(2,652)
Royal Bournemouth and Christchurch Hospitals NHS FT	RDZ	10,599	9,297	(1,302)	12,697	11,573	(1,124)	5,209	5,687	478	3,402	0	(3,402)
Total CCG Net Efficiencies		24,281	24,280	(0)	29,137	29,137	(0)	0	0	0	0	0	0
Total Provider Net Efficiencies		25,346	24,133	(1,213)	39,598	30,483	(9,115)	14,996	11,351	(3,645)	8,341	0	(8,341)
Total System Net Efficiencies		49,627	48,414	(1,213)	68,735	59,619	(9,116)	14,996	11,351	(3,645)	8,341	0	(8,341)



## 5. Workforce (WTEs & Expenditure) at 31 December 2018

### Workforce And Expenditure Alignment

Substantive/Bank/Agency

All

Staff Group

All

Dorset County Hospital NHS Foundation Trust  
Dorset Healthcare University NHS Foundation Trust  
Poole Hospital NHS Foundation Trust  
The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust

System total

Workforce	Workforce	Workforce	Expenditure	Expenditure	Expenditure
YTD	YTD	YTD	YTD	YTD	YTD
Plan	Actual	Variance	Plan	Actual	Variance
WTE	WTE	WTE	£	£	£
2,597	2,599	0.06%	94,784	97,782	3.16%
4,931	4,920	(0.21)%	154,700	159,824	3.31%
3,513	3,693	5.12%	137,076	144,710	5.57%
4,224	4,228	0.10%	153,499	161,680	5.33%
15,265	15,440	1.15%	540,059	563,997	4.43%

### Workforce And Expenditure Alignment

Bank and Agency

Bank and agency

Staff Group

All

Dorset County Hospital NHS Foundation Trust  
Dorset Healthcare University NHS Foundation Trust  
Poole Hospital NHS Foundation Trust  
The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust

System total

All Staff Groups						
Total Bank	Total Bank	Total Bank	Total Agency	Total Agency	Total Agency	Agency Ceiling
YTD	YTD	YTD	YTD	YTD	YTD	YTD
Plan	Actual	Variance	Plan	Actual	Variance	Plan
£000	£000	£000	£000	£000	£000	£000
WRK5001	WRK5001		WRK5002	WRK5002		RR1011
2,910	5,593	2,683	2,252	3,223	971	2,252
9,090	10,171	1,081	3,085	4,063	978	5,420
6,587	7,182	595	3,449	6,798	3,349	3,472
9,422	12,758	3,336	4,021	3,600	(421)	4,463
28,009	35,703	7,694	12,807	17,684	4,877	15,607

## 6.1. Capital – 2018/19 YTD and Forecast

Organisation Name	Org Code	Total Capital Expenditure	Total Capital Expenditure	Total Capital Expenditure
<b>Providers Only</b>		<b>2018/19</b>	<b>2018/19</b>	<b>2018/19</b>
		<b>YTD Plan</b>	<b>YTD Actual</b>	<b>YTD Variance</b>
		<b>£000</b>	<b>£000</b>	<b>£000</b>
Dorset County Hospital NHS Foundation Trust	RBD	6,618	6,843	225
Dorset Healthcare University NHS Foundation Trust	RDY	13,498	6,279	(7,219)
Poole Hospital NHS Foundation Trust	RD3	9,529	7,784	(1,745)
Royal Bournemouth And Christchurch Hospitals NHS FT	RDZ	9,335	7,184	(2,151)
<b>Total</b>		<b>38,980</b>	<b>28,090</b>	<b>(10,890)</b>

Scheme Category	Total Capex	Total Capex	Total Capex
<b>Providers Only</b>	<b>2018/19</b>	<b>2018/19</b>	<b>2018/19</b>
	<b>YTD Plan</b>	<b>YTD Actual</b>	<b>YTD Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
	<b>link</b>	<b>link</b>	<b>calc</b>
New Build - Land, buildings and dwellings	9,034	2,322	(6,712)
Routine Maintenance (non-backlog) - Land, buildings and dwellings	4,514	2,894	(1,620)
Backlog Maintenance - Land, buildings and dwellings	8,204	7,396	(808)
IT	4,697	4,117	(580)
Fire Safety	288	174	(114)
Plant and machinery/equipment/transport/fittings/other	12,005	10,182	(1,823)
Other - Intangible assets	158	284	126
Other - Investment property	-	-	-
Other	80	720	640
<b>Total</b>	<b>38,980</b>	<b>28,090</b>	<b>(10,890)</b>

Total Capital Expenditure	Total Capital Expenditure	Total Capital Expenditure
<b>2018/19</b>	<b>2018/19</b>	<b>2018/19</b>
<b>FY Plan</b>	<b>FY Forecast</b>	<b>FY Variance</b>
<b>£000</b>	<b>£000</b>	<b>£000</b>
8,535	8,593	58
21,453	13,259	(8,194)
13,848	14,338	490
12,845	11,035	(1,810)
<b>56,681</b>	<b>47,225</b>	<b>(9,456)</b>

Total Capex	Total Capex	Total Capex
<b>2018/19</b>	<b>2018/19</b>	<b>2018/19</b>
<b>FY Plan</b>	<b>FY Forecast</b>	<b>YTD Variance</b>
<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>link</b>	<b>link</b>	<b>calc</b>
16,754	4,978	(11,776)
5,897	5,929	32
10,494	9,949	(545)
5,550	9,420	3,870
360	256	(104)
16,735	15,267	(1,468)
433	651	218
-	-	-
458	775	317
<b>56,681</b>	<b>47,225</b>	<b>(9,456)</b>



## 7.1 Quality Premium – Constitution Gateway Position

This table summarises the ICS health overview of quality premium. (Max available £3.8m - Achieved £0m)

Financial Gateway Achieved	YES			
Quality Gateway	YES			
2018/19				
Dorset CCG Population	766,436			
Max achieval £5 per head	3,832,180.00			
Constitutional Gateways	Value %	Amend Y or N	Comment	Potential if achieved Cancer 62-day
RTT	50.00%	N	List growth 3,145 cases	
Cancer - 62 Day	50.00%	N	Near miss - 82% need 85%	£ 1,916,090
	100.00%	0.00%		
Constitutional Achievement		-	NIL achievement - prevents reward for subsequent delivery of indicators	
Quality Indicators - 75%	Value	0.00		
Type 1 A&E	50.00%	N	A&E Growth 6%	
Non Elective admissions with (LOS 0)	50.00%		NEL 0 LoS achieved	
Non Elective admissions with (LOS 1+ Day)	50.00%	Y		£ 718,534
	100.00%	50.00%		
		-		718,533.75
National Indicators - 25%	Value	0.00		
Early Cancer Diagnosis	17.00%	N		
GP Access and Experience	17.00%	N		
Continuing Healthcare	17.00%	N	Missed 28day target	
Mental Health	17.00%	Y		£ 81,434
Bloodstream Infections	17.00%	Y		£ 81,434
Dermatology GP Referrals	15.00%	Y		£ 71,853
	100.00%	49.00%		
		-		£ 234,721
Forecast achievement		-	Potential if achieved Cancer 62-day	£ 953,254.78

# STP Highlight Report

<b>Report Date Range</b>	15 <sup>th</sup> January - 15 <sup>th</sup> February
<b>Report Author</b>	Marc Gorman, Head of PMO
<b>Report Owner</b>	Phil Richardson, Chief System Integration Officer
<b>Report Published on</b>	1 <sup>st</sup> March 2019

## 1. Introduction

- 1.1. This report contains an update on the main Transformation Portfolios and key programmes of work within the Dorset Sustainability and Transformation Plan (STP).
- 1.2. The updates below, detail the highlights within the reporting period and any escalations or actions for the System Leadership Team (SLT) that are required in order to progress the work.
- 1.3. This report is complemented by the STP Risk report and the STP Milestone Report which provides updates on the major risks in the portfolios and progress against major milestones.
- 1.4. The report is reviewed by the Implementation and Planning Group (IPG) and Section 12 of this report contains their recommendations and escalations to SLT.

## 2. One Acute Network of Services (OAN)

### What has been delivered?

#### Dorset Clinical Networks

- 2.1. Radiology
  - 2.1.1. Imaging Services Accreditation Scheme traffic light ready tool passed all sites – DHC submitted evidence for full accreditation (Acutes to follow February / March 2019).
  - 2.1.2. Draft Pan Dorset Radiographer Reporting of Plain X-ray Policy circulated radiology leads for comment.
  - 2.1.3. Proposal for External review of Dorset Medical Physics Services proposal to Medical Directors (MD) / Chief Operating Officers (COO) / Director of Nursing (DoN) Oversight Group.
- 2.2. Pathology:
  - 2.2.1. Full Business Case (FBC) was approved by all three Trust Boards.
- 2.3. Rheumatology:
  - 2.3.1. Pilot of new pan Dorset triage pathway for rheumatology begun.
  - 2.3.2. Recruitment for new posts underway for DCH site.

2.3.3. Invitations sent for forthcoming Research, Innovation and Digitally Empowered Self Care Event on 6 March 2019 at Bournemouth University (in association with Digital Dorset and National Institute for Health Research (NIHR)).

2.3.4. Feasibility process begun at DCH for selected rheumatology research trials after linking with east Dorset teams.

2.3.5. Draft pathway for Disease Modifying Anti-Rheumatic Drugs (DMARD) drug monitoring ready for comments.

2.3.6. Results of pan Dorset survey of Patients with early inflammatory arthritis collated and informing development of new pan Dorset Equality Impact Assessment (EIA) pathway.

#### 2.4. Haematology:

2.4.1. Mapping of additional cancer Pathways (Acute Myeloid Leukaemia (AML) / Acute Lymphoblastic Leukaemia (ALL)) begun – DCH pathways completed.

2.4.2. Continuing development of new pan Dorset Lymphoma pathway – identifying 'best practice'.

2.4.3. Work on feasibility of Level 2b commissioning at DCH following progress review at MD / COO / DoN Oversight group.

#### 2.5. Urology:

2.5.1. Results of Audit of last 25 RARP patients at RBCH completed – results disseminated to Service Manager. Awaiting results from DCH.

2.5.2. Review of General Anaesthetic Cystoscopy follow up lists at RBCH underway.

2.5.3. Working on Dorset Cancer Partnership Prostate Project – alignment of Prostate Cancer pathways.

2.5.4. Completed mapping of Brachytherapy pathway at Poole Hospital – detail with Cancer Nurse Specialist for ratification.

2.5.5. Review of Wessex Fast Track referral form at the Urology Site specific Group (SSG) and alternative options to address the issue of PSA criteria for older patients.

#### 2.6. Maternity:

2.6.1. Continue working groups to implement early adopter proposals;

- New postnatal care pathway implemented – pilot of joint Standard Operating Procedure (SOP) between Midwifery and Health Visiting.
- Postnatal Consultant led clinic started in the West of the county, The East clinic will start April 2019.

- Maternity support worker Passport rolled out, training ongoing.
- Stage 2 Website 'Dorset Maternity Matters' sign off; development progressed ready for soft testing and site testing during February to March. Launch planned for March 2019.
- Dorset Care Record (DCR) & personalised care planning; Requirements and design with suppliers progressing development.
- Work continues with Bournemouth University for Emotional Wellbeing learning module, script in development.

2.6.2. Bid approved for further funding to progress one maternity I.T. system that will enable phase 2 of personalised care planning and the required interface with DCR citizens portal for personalised care planning.

2.6.3. Workforce issues and solution workshop planned for April 2019.

2.6.4. Local Management System (LMS) strategic board meeting, first project board for digital workstream.

2.6.5. Two maternity / better births early adopter showcase events delivered.

2.6.6. DadPad has been made available as a local app and as hardcopies.

2.6.7. Masterclass training for large scale change.

## **East Reconfiguration**

### **2.7. Merger**

2.7.1. Positive informal discussions held with NHSI on initial draft of the Competition and Markets Authority (CMA) 2019 Service Delivery Integration paper. Further amendments to be made prior to submission. On-going discussion continues regarding corporate services for inclusion in paper. Meeting held with NHSI on 14 February 2019.

2.7.2. Meeting dates for joint Council of Governors Working Groups to consider the evaluation criteria and the constitution diarised for 29 March / 4 April.

2.7.3. Patient Benefits Case - Informal feedback shared from NHSI at a meeting on 27 November. Formal feedback from NHSI on the patient benefits case will be provided once the timescales for submission to CMA are agreed.

2.7.4. Post Transaction Integration Plans (PTIP) - The team are continuing work to incorporate the Specialty PTIPs with service integration / delivery plans. Decision required on when to complete Corporate PTIP's. The speciality level worksheets completed for the purposes of the first cut PTIP PBC specialty areas.

2.7.5. There is ongoing work to identify merger related savings as part of Long Term Financial Model development. This will form part of the ongoing work on Outline Business Case (OBC) revenue savings.

- 2.7.6. Merger timelines still being discussed with NHSI, pending meeting with CMA. Further information to be shared when available.

## 2.8. Capital and finance

- 2.8.1. Engaged McKinsey to support development of a credible revenue programme to support the capital OBC. Considerable work now ongoing to determine the revenue opportunities from the reconfiguration.
- 2.8.2. Draft OBC chapters shared with executives on 11 January 2019, this will require completion following 5 March 2019 final design review meeting to include final option and revenue consequence.
- 2.8.3. Preparation for NHSI meeting and differences between strategic outline case and outline business case underway.
- 2.8.4. Theatre application for emergency capital complete and ready for submission.
- 2.8.5. Pathology application for access to wave 4 funding in preparation, awaiting letter of support from CCG.

## 2.9. Estates

- 2.9.1. Reviews of second design iterations are being undertaken and 3rd review meetings are planned.
- 2.9.2. Planning for new road from A338 agreed subject to Secretary of State (SoS) decision.
- 2.9.3. A meeting was held with the Bournemouth planners and an action was identified to separate planning for the buildings from the highways. No initial adverse reaction with regard to massing and location of proposed buildings.
- 2.9.4. Identified that Highways are going to be a big issue even with the new road junction. Highways engineer support from WSP who carried out the work for the council is planned with cost unidentified at present. The likelihood is we will have something for the outline planning application, but not a full TIA (Traffic Impact Assessment). Forecast for this could be 6-12 months and no doubt a condition of planning will be the delivery of a suitable TIA. Funds for mitigation will need to be identified. We plan to appoint WSP for the delivery of the TIA. WSP are the councils transport planners and prepared the TIA for Wessex Fields road junction. They will deliver a short TIA summary for inclusion in the OBC and outline planning application. We can then extend their commission to include the full planning application for RBCH transformation.
- 2.9.5. Recruitment: Offer letters being issued this week. Project Manager 1 (from private practise) could start 1 April 2019; Project Manager 2 (from Great Ormond Street) requires 3 months' notice therefore 1 July 2019.

## 2.10. Clinical Design

- 2.10.1. Schedule of Accommodation (SoA) and detailed design briefs meetings for Emergency Care Centre, Critical Care, Poole Theatres, Paediatrics, Maternity, Neonatal, Haematology & Oncology and Wards have been completed during the period.
- 2.10.2. Building 1:200 design meetings have commenced and will follow through until end February 2019 for the areas included in the £147M budget ready for the OBC.
- 2.10.3. Bed and theatre model have been tested through Task and Finish Groups, Theatres and Beds Papers have been presented to Clinical Assurance Group with 6 emergency theatres for CEPOD & Trauma agreed.
- 2.10.4. Theatre model review has proposed 15 at MPH and 16 at MEH (which includes the 6 emergency theatres as above). Final tests have been applied to the data for Urology, Gynaecology and Oral, Max Fac and any variations included within the Theatre Model; the split of theatres remains as proposed. The bed split will now be updated but will not alter the model significantly.
- 2.10.5. Review for Obstetrics to potentially use a theatre outside of the maternity unit for elective work is to be undertaken.

## 2.11. Communications

- 2.11.1. Interviews have taken place with Debbie Fleming being interviewed by Hugh Pym, BBC Health Editor, on BBC News, focussing on partnership working, and the joint Chair and Chief Exec were interviewed by the Bournemouth Echo. A further piece on cancer services was also published in the Bournemouth Echo.
- 2.11.2. First Chair's drop in session was held at RBCH. David Moss was joined by Steve Killen and several colleagues from Estates. A range of staff, including from portering, prosthetics, research and nursing attended. David Moss led the discussion on our future plans. Hoping to build on this for future events across both Trusts.
- 2.11.3. Filmed Medical Director of Dorset County Hospital describing the future of services there to help allay fears/misinformation about its closure.
- 2.11.4. Wrote statement to go with BBC Radio Solent on interview with ex Poole member of staff, Dawn Singleton.
- 2.11.5. Joint statement from Poole and RBCH on the four-hour targets and winter pressures, tied in with CCG.
- 2.11.6. Production of film focussing on patient involvement with reconfiguration of stroke services to be shared on social media after stroke event at Poole on 25 February 2019.

### What are the current biggest issues, opportunities and risks?

#### **Dorset Clinical Networks**

- 2.12. The Programme's biggest current challenge, the approval of the Pathology Full Business Case, has been met by gaining the full approval of all three Trust Boards. The risk now moves to maintaining full support from all stakeholders.

#### **East Reconfiguration**

- 2.13. There is a Risk that the £147m may not be enough to deliver the whole portfolio which will impact the scope and quality that can be delivered.
- 2.14. There is a Risk that OAN objectives are not integral to departmental and individual level objectives across the organisations and conflict could impact on both time and quality of deliverables.

### What actions are being taken to address this?

#### **Dorset Clinical Networks**

- 2.15. Active engagement with stakeholders to maintain support in next stages.

#### **East Reconfiguration**

- 2.16. The Risk to funding is being addressed by exploring all funding and looking at cost and scope reduction,
- 2.17. The integrating of OAN with departmental and individual level objectives Risk is common to Dorset Clinical Networks and the East Reconfiguration with ownership by STP

### What help is needed?

- 2.18. DCN would ask IPG and SLT to continue to support the Pathology FBC as the Programme moves to its next stages.
- 2.19. System Partners are asked to continue consideration of potential sources of funding beyond the £147M for non-build change activities particularly regarding commercial opportunities where revenue generation may improve the funding shortfall.



### 3. Integrated Community & Primary Care Services (ICPCS)

#### What has been delivered?

##### **Primary Care Investment Framework:**

- 3.1. The framework for 2019/20 will be approved by the Primary Care Committee in March 2019 and implemented as of 1 April 2019. Investment covers development of network maturity, improving quality and targeting population health and demand/capacity. Investment also covers improving access and specific services in line with ICPCS and CSR strategic direction e.g. bringing phlebotomy out of hospital in East Dorset. There are currently four networks in a position to hold NHS standard contracts.

##### **Workforce GP Retention Scheme:**

- 3.2. There has been significantly increased uptake of the scheme in recent months, the Primary Care Workforce Centre has procured the GP Passport platform which is now live for GPs and Locums.

##### **Primary Care Estate:**

- 3.3. Outline business cases for Wareham Surgery (new build) and Parkstone Surgery (refurbishment) have been submitted to NHSE for consideration at the Business Case Panel in March 2019.

##### **Integrated Children's & Community Health Services:**

- 3.4. Presentation of Speech, Language and Communication Pathway Project proposal to the Joint Commissioning Board.
- 3.5. Preparation of the second Co-design event.
- 3.6. Commenced Planning of Paediatrics in Primary Care Service design 2019/20.

##### **Transforming Care: Care and Treatment Reviews**

- 3.7. Care and Treatment Reviews to avoid unnecessary admissions.
- 3.8. Meeting with Poole Local Authority to review community support needs of the current Transforming Care inpatient cohort.
- 3.9. Review of Transforming Care cohort with NHS England and Dorset Healthcare Learning Disability Service.

##### **Learning Disabilities (LD)**

- 3.10. Poole, Bournemouth and Dorset Healthcare in discussions with Practices to finalise details for LD health check clinics.
- 3.11. Existing contract with Dorset Advocacy being reviewed, with the possibility to amend the original spec to include Health check awareness training.

##### **Mental Health:**

- 3.12. Application for Wave 2 Funding to support expansion of Individual Placement Support submitted.

- 3.13. NHSE Q3 assurance template for delivery of mental health programme completed and reviewed regionally – no significant issues highlighted.

**What are the current biggest issues, opportunities and risks?**

**Primary Care Investment Framework:**

- 3.14. A whole network approach to sustainability is required as practices remain vulnerable, with some networks having more robust agreements in place than others. In respect of improving access, engagement of networks in light of the Primary Care Network DES is essential to achieve the full potential of the Integrated Urgent Care service which goes live from 1 April 2019.

**GP Retention Scheme:**

- 3.15. In light of the increased uptake, there is a need to review and better understand the application and approvals process in order that appropriate budget planning can be undertaken locally.

**Primary Care Estate:**

- 3.16. The Primary Care Estate budget is small which has the effect of limiting the speed with which projects can proceed.

**Integrated Children's & Community Health Services:**

- 3.17. Maintaining engagement of the children and young people in co-design phase of the project.
- 3.18. Capacity of practitioners to engage with service design.
- 3.19. Time frames for implementation may slip.

**Transforming Care: Care and Treatment Reviews:**

- 3.20. Delayed discharges due to lack of appropriate housing and service providers.
- 3.21. Delays in joint commissioning arrangements.
- 3.22. Increasing difficulty finding quality inpatient places for people needing admission.

**Learning Disabilities (LD)**

- 3.23. The target of 75% has changed for 2019/20. The threshold has lowered to 3009 and is no longer a percentage. The risk will remain on the Directorate risk register but will no longer be added to the strategic risk register.
- 3.24. Work now commencing with Dorset Advocacy to assist with awareness training however, this is dependent on extending the original contract and renewing the spec. Work will also be required with CCG Communications to ensure Providers are aware of Dorset Advocacy to ensure visits are booked.

**Mental Health:**

- 3.25. Lack of access to Section 12 approved doctors creating delays impacting on day to day operations across multiple partners – DHC, Local Authorities, and Police.
- 3.26. Number of Section 136 cases remains high with low conversion rate.

- 3.27. Continued challenges in relation to obtaining accommodation to support expansion of IAPT within primary care.
- 3.28. Delayed transfers of care associated with finding accommodation and support packages impacting on flow and pressure across the MH system.
- 3.29. Need for public health leadership and ownership of Suicide Prevention Work following feedback from NHSE.

#### What actions are being taken to address this?

##### **Practice sustainability:**

- 3.30. Resilience support is available, the Primary and Community Care team work to support both Practice and Locality resilience planning.

##### **Primary Care Network DES:**

- 3.31. Conversations relating to the DES and implications for the Integrated Urgent Care service are being held at collaborative and network level to maximise buy-in from primary care colleagues.

##### **Primary Care Estate:**

- 3.32. Currently out to tender for professional support in respect of business case development.

##### **Integrated Children's & Community Health Services:**

- 3.33. Investigate wider opportunities to engage/inspire children and young People e.g. during the school day, electronic formats.
- 3.34. Utilise knowledge and skills of the CCG employed clinical leads to raise awareness motivation and engagement.
- 3.35. Work with CCG Primary care colleagues to ensure ICCHS plans fit in with the wider integrated health service development plans.

##### **Transforming Care: Care and Treatment Reviews:**

- 3.36. Review of current needs and plans to develop housing and appropriate support provision with local authorities.
- 3.37. To develop local funding pathways.
- 3.38. Linking in with funding manager in the CCG to review current and potential future hospital placements.

##### **Learning Disabilities (LD)**

- 3.39. Poole, Bournemouth and Dorset Healthcare to finalise pilot clinics with GP practices.
- 3.40. In discussion with volunteer organisation Dorset Advocacy to assist CCG with priority of sharing best practice and awareness via Experts by Experience.

##### **Mental Health:**

- 3.41. Detailed piece of work to outline appraisal of options to improve coverage of Section 12 doctor rota commenced.

- 3.42. Development of Retreat and Community Front Rooms anticipated to have positive impact on number of Section 136 cases.
- 3.43. Accommodation: Linking with development of Primary Care Networks and contact made with elective care board with regard to linking to out-patient transformation work.

#### What help is needed?

##### **Sustainability and Network Maturity**

- 3.44. CCG resource to support the networks.

##### **Primary Care Network DES**

- 3.45. Clear messaging regarding commissioning intentions.

##### **Primary Care Estate**

- 3.46. Support from Procurement and Finance to ensure the most appropriate specialist external support can be commissioned in a timely manner.

##### **Integrated Children's & Community Health Services**

- 3.47. Oversight, knowledge and communication from the ICPCS portfolio board of the issues, opportunities and risks identified.
- 3.48. Communication between the ICPCS and One Acute Network portfolio boards and between boards and relevant projects and involvement of children's services.

##### **Transforming Care: Care and Treatment Reviews**

- 3.49. Support from commissioning in local authorities to support joint approaches and working.
- 3.50. Support from the Quality Assurance team to ensure safe, timely and effective services for the Transforming Care cohort.

##### **Learning Disabilities (LD)**

- 3.51. CCG Communications to assist with marketing Dorset Advocacy to ensure providers understand their role with health checks.
- 3.52. Support from Primary Care, Communications and Dorset Healthcare to ensure pilot is successful.

##### **Mental Health**

- 3.53. In lieu of NHSE feedback support efforts for Public Health leadership on suicide prevention work as part of the Prevention at Scale portfolio.

## 4. Prevention at Scale (PAS)

### What has been delivered?

- 4.1. 75 schools across Bournemouth, Poole and Dorset submitted 64 applications for funding, ranging from £500 to just over £90,000 as part of the Whole School Approach. The 49 successful applications clearly demonstrated how they would meet one or more of the project aims, and had robust and credible action plans. They focused on physical activity and wellbeing programmes (21 applications), forest schools or outdoor learning (10), support to integrate Daily Mile (6), curriculum integration and development (5) allotment and outdoor space development (4) and staff and community development (3). Money will be drawn down by the end of 18/19 with a review planned at 6 months. Evaluation will consider the impact at school level as well as the key benefits of the process used in developing the approach to funding.
- 4.2. Initial evaluation of the Beat the Street project suggests a reported 14% and 11% decrease in adult inactivity in the two games as a result. There are also partnerships developing as a result of the games e.g. 3 schools in Weymouth have been out in class groups walking in their local area and are linking with local community groups who can provide volunteers to lead walks with the children going forward. It has also generated further interest in the schools to launch the Daily Mile initiative and the children are reflecting positively on the impact of the game on their lives.
- 4.3. There was a clear peak in accessing LiveWell Dorset in January, but we have seen a more sustained rise in the later months of 2018 following the official launch of a range of new digital service offers. Weight continues to be the most common pathway, matching the prevalence of need in the population, however there has been an increase in the physical activity pathway.
- 4.4. Healthy Homes have contacted all GP practices and are working with 12 to contact appropriate patients living in housing with poor energy performance. In one large practice this has identified over 1,300 patients where cold could be impacting on their health. Letters will be sent by the practice over the next month to connect patients with Healthy Homes.

### What are the current biggest issues, opportunities and risks?

- 4.5. The biggest opportunity currently is the refocus of the Ageing Well workstream and the opportunity to align it with the NHS Long Term plan and Population Health Management work.
- 4.6. There is an opportunity to link active travel plans, and the Integrated Care System work on patient transport, to the South East Dorset transforming cities bid who were successful in securing £1.28bn funding and are currently working up plans and business cases for presentation to an investment panel.
- 4.7. A risk is LGR and the change in councils which may delay progress due to leadership changes.

**What actions are being taken to address this?**

- 4.8. Discussions with partners across the programmes including the PEG regarding the refocus of the Ageing Well workstream and the opportunity to align it with the NHS Long Term Plan.

**What help is needed?**

## 5. Digitally Transformed Dorset (DTD)

### What has been delivered?

- 5.1. Strategy: DIG have created and taken a revised Digital strategy now through OFRG and CRG to get feedback on our updated approach.
- 5.2. Digital Working Group: Terms of Reference has been written/agreed. Its purpose is to act as an assurance to DIG for the delivery of milestones over the next 12 months and improve the communication between digital networks.
- 5.3. HSLI funding applications: have been submitted; Infection Prevention & Control Surveillance system (single instance) & Diabetes IT System for Dorset. Awaiting approval from NHSE.
- 5.4. Data for WaitLess app: In a national first we have established live data feeds from our Acute and Community hospitals to provide data to the WaitLess app which will give real time ED waiting numbers and times to the public. Aim to reduce pressure on ED by allowing people to see lower wait times at an MIU / UTC. Further work is underway to enable this functionality for the 111 service.

### Shared Care Record

- 5.5. DCR total live feeds have increased to 21 (out of 86).
- 5.6. Current information available within DCR for practitioners who have a direct relationship with a citizen:
  - Demographic data from Bournemouth, Poole and Dorset Acute Hospitals
  - GP records from 83 GP Practices – only 2 GP Practices have not signed up to share information
  - Alerts from Dorset County Hospital
  - Encounter (medical appointments/attendances) from Dorset County Hospital
  - Radiology results/reports from Bournemouth, Poole and Dorset Acute Hospitals
  - Pathology results from Dorset County Hospital
  - Referrals from Dorset County Hospital
- 5.7. Hospitals:
  - Pathology results from Poole and Bournemouth Hospitals
  - Emergency Department Encounter information from Poole and Bournemouth Hospitals.

### Empowering Self Care

- 5.8. Funding: The digital team have secured £150K for new trials of technology within the Dorset ICS.



## Intelligent Working

### 5.9. Population Health Programme:

- 5.9.1. Data Feeds: The IWP stepped up to deliver the data feeds from the three primary care localities (North Dorset, Weymouth & Portland and East Bournemouth) to Optum for processing. (This work was not due to be completed for IWP until mid-May and so has been delivered three months ahead of schedule.)
- 5.9.2. Information Governance: The Data Protection Impact Assessment for DHC to support the Programme has been approved and covers data being held in the following areas: Primary Care, SUS and mental health.
- 5.9.3. IWP Proof of Concept (PoC): The Proof of Concept has been built and currently contains a single subset of primary care data. DCC, despite the ongoing uncertainty facing them with the LGR, have agreed to collate the Long-Term Care dataset and provide this to IWP for inclusion in the PoC.

## Enabling Technologies

- 5.10. HSCN circuit installations at RBCH and Poole (migration date to be scheduled).
- 5.11. HSCN circuit installations at Vespasian and Canford House (migration date to be scheduled).
- 5.12. GP Practice HSCN surveys completed.
- 5.13. Windows 10 with Advanced Threat Protection for enhanced cyber-security in deployment across all organisations.

## What are the current biggest issues, opportunities and risks?

- 5.14. DTD\_ISS\_002 – HSLI Funding deferred to next financial year for some of applications as due to the PDCD fees on capital we need to have agreement from all System Partners to proceed. This is a 3.5% fee.
- 5.15. There is a risk that our HSLI funding deferred to next financial year will be lost to us.

## Shared Care Record

- 5.16. Dorset Care Record: local government review is preventing the engagement of two local authorities in progressing the Dorset Care Record at this stage. Dorset Healthcare are struggling to deliver any feeds into DCR from their community setting due to a number of technical issues.
  - 5.16.1. Issue (No SCR Ref) - Lack of pace which means that it will be difficult to deliver all interfaces we have contracted Orion Health to deliver.
  - 5.16.2. SCR\_ISS\_010 & SCR\_ISS\_071 – Dorset HealthCare being able to deliver information from their TPP system.
  - 5.16.3. SCR\_ISS\_075 – Partners identify where they have insufficient dedicated resources to complete the work by December 2019.

5.16.4. SCR\_ISS\_085 – The functionality within the Citizen Portal is limited and may not be fit for purpose. This will further impact Maternity and Cancer Follow-up Pathways.

5.17. The DCR working group continues to progress the “game changers” to try to accelerate progress.

5.18. SCR\_RSK\_056 - Significantly less than the 86 planned data feeds will be live before end 2019. A renegotiated contract for 2020 with Orion health, following the lessons learnt from the existing difficulties in delivering these data feeds, may cost far more than the budget remaining after this financial year. The benefits expected from DCR will be reduced commensurately in line with the number of planned data feeds which are not achieved.

### **Intelligent Working**

5.19. IWP\_RSK\_001 - There is risk that there is insufficient funding to support delivery of the Programme into FY 2019/20 and beyond, into FY 2020/21.

5.20. IWP\_RSK\_002 - There is a risk that the ICS health and social care organisations are not bought into a shared ICS architecture and the need to provide a proportion of WTE time to support the programme, through technical connectivity, data expertise and business intelligence expertise.

5.21. IWP\_RSK\_003 - There is a risk that we will not be able to obtain a primary care dataset to support the development of a risk stratification tool initially and the wider BI Platform.

5.22. IWP\_RSK\_004 - There is a risk that Local Authority partners will be unable to participate fully in the Programme until after the Local Government Review (LGR) completes at the end of March.

### **Enabling Technologies**

5.23. Lack of input from Local Authorities on VC Bridge, GovRoam and at Enabling Tech Group meetings is limiting the scope of proposed solutions. This has been raised at DIG and Gary Jordan has written specifically to the Local Authority leads regarding project participation in GovRoam.

5.24. HSCN dependency on video-conferencing bridge solution to replace existing reliance on BT video via N3. Currently questions being asked of replacement supplier.

5.25. IP private addressing conflict for full integration of HSCN PoPs into core networks.

5.26. Open Reach have confirmed delays with HSCN delivery – affects those sites using Open Reach as the underlying circuit (escalated to MLL via NHS Digital).

5.27. Several Dorset Health organisations are assessing the West Moors MoD site for a number of different functions. There are opportunities to establish shared infrastructure from the outset.

5.28. Superior HSCN design delivering up to twice capacity and consolidation of existing GP Practice Internet circuits has been achieved.

- 5.29. Discussions to be held regarding 10Gbps HSCN PoPs in Dorset with HSCN supplier.
- 5.30. Additional HSCN funding of £46k for 2018/19 if:
- all GP Practice orders can be issued before end of January 2019;
  - all site surveys complete by 28 February 2019;
  - confirms deployment dates before 1 April 2019.
- 5.31. Cost pressures within organisations may lead to compromise of the HSCN network design.
- 5.32. NHS Digital re-charges for delayed HSCN.

#### What actions are being taken to address this?

- 5.33. Re HSLI funding, a mechanism needs to be found for supporting the use of capital on projects. This is not just an issue relating to Digital spend but will impact all Portfolios.

#### Shared Care Record

- 5.34. SCR\_ISS\_010 & SCR\_ISS\_071 - Options appraisal for Dorset healthcare data feeds for community services to be presented to the programme board on 18 February 2019.
- 5.35. Issue (No SCR Ref) - Each of the remaining 86 component parts have been assessed (with the exception of those parts relating to the two local authorities that are not engaging) in terms of whether they are possible or not to deliver within this calendar year. This will be discussed at the programme board on 18 February 2019 and will lead to a re-scoping of the SCR for 2019.
- 5.36. Issue (No SCR Ref) – Co-location of dedicated resources at Princes House, Dorchester – This is proving to be very difficult to achieve.

However, additional actions are to implement 'game changers' these are:

- Orion Health do the integration work currently undertaken by integration engineers at acute hospitals – this has proved difficult to implement
- No Backloads – It has been agreed we look at the need for backload on a case by case basis. However, even when it is agreed we can proceed without a backload there is cost associated with the work to deal with the resulting error messages.
- No redesign of the modules – This may result in costs changes to the software post contract.
- Additional dedicated resources – The PMO is employing additional Business Analyst to support work within the PMO and partner organisations.
- Optimise the test process – Interim test manager being employed with the task of supporting an improved test process

- 5.37. SCR\_ISS\_010 & SCR\_ISS\_071 – Richard Gore (Programme Board representative) has been tasked with escalating within Dorset HealthCare and to look at ways they can deliver information from their TPP system and look to resolve the data quality issues. DHC are also exploring the use of a HTML viewer for all TPP information. A paper will be presented to the DCR Programme Board on 18 February 2019.
- 5.38. SCR\_ISS\_075 – If partners do not have dedicated resources, they have encouraged to bid against the programme budget to support this requirement – A further request to partners to identify resource shortfalls.
- 5.39. SCR\_ISS\_085 - A gap analysis is underway to identify the limitations of the Citizen Portal against expectation and required functionality. Working with Orion Health to identify from their roadmap if, and when, functionality will be delivered.

### **Intelligent Working**

- 5.40. IWP\_RSK\_001 - Following the loss of the HSLI funding stream for 2018/19, the Programme delivery timescales are being re-planned to account for the lower spend available. This will have a direct impact on the number of resources the Programme can recruit and therefore the pace at which datasets can be brought in.
- 5.41. IWP\_RSK\_002 - In addition to engagements that have already taken place, a series of meetings are being set up with all organisations and various stakeholders within, Directors, Heads of BI and Technical leads to ensure a clear understanding of the Programme, its benefits and deliverables. These meetings are ongoing, with the NHS Trusts being more aware and able to offer support. DCC is also fully on board but further work is needed with the other two local authorities. It should be noted however that all ICS Partners remain engaged with the Programme through the Programme Board.
- 5.42. IWP\_RSK\_003 - Further to the update above, the extraction of Primary Care data will be undertaken through a SystmOne central system interface with Dorset HealthCare. There is a risk of unknown re-work required for the three Practices that remain on EMIS, as opposed to SystmOne. It has been agreed that for the Optum PHM Programme, a single data extract will be taken for these practices and no monthly updates due to the anticipated rework involved, unlike for the Practices on SystmOne.
- 5.43. IWP\_RSK\_004 - Ongoing, no change. An engagement meeting was held with the social care partners to understand their current positions, explain the timescales and required way forward and agree the next steps between the Programme and these teams. It was a useful session and all partners agreed that they would remain involved with a watching brief on development. It was agreed that the Programme would produce a paper on the benefits, outcomes and user story examples that will help the changing Executive structure of the local authorities to easily understand the need to remain engaged with the programme.

### **Enabling Technologies**

- 5.44. Business case to Directors for HSCN design.
- 5.45. Site surveys for full details on HSCN comms costs.

5.46. Written to Local Authority leads and escalated to DIG.

#### What help is needed?

##### **Shared Care Record**

- 5.47. We may need help navigating the options appraisal for Dorset healthcare through the Dorset healthcare board.
- 5.48. We need help with the two local authorities that are now disengaged with this process.
- 5.49. We may need help to reset the expectations of the System Leadership Team about the reduction in scope of the overall DCR programme for 2019.
- 5.50. Issue (No SCR Ref) – Support co-location of dedicated resources at Princes House, Dorchester.
- 5.51. SCR\_ISS\_010 & SCR\_ISS\_071 - Recognition that Dorset HealthCare have a significant issue with data quality and support any recommendation to resolve.
- 5.52. SCR\_ISS\_075 - Support the prioritisation of work for the Dorset Care Record against competing demands within partner organisations.
- 5.53. SCR\_ISS\_085 - Support the development of a business case for a follow-on project to complete those components not achieved within the contracted timescale.

## 6. Leading & Working Differently (LWD)

### What has been delivered?

- 6.1. The Leading and Working Differently revised operating model has been embedded within the STP governance arrangements. Progress has been made against key areas of delivery and a detailed stocktake position was presented and to Dorset Workforce Action Board on 29 January 2019. The Board endorsed the recommendation to extend the operating model and delivery team until March 2020.
- 6.2. Further engagement on the draft 2019/20 delivery plan will take place over the next 6 weeks to ensure alignment with system and programmes priorities.
- 6.3. A formal partnership has been agreed between Our Dorset ICS and the MoD; the partnership includes use of training and development facilities in Wimborne, wider decisions are taking place about other site facilities in addition to key worker housing and career transition. A launch event to mark the opening of the Our Dorset Development Hub will be held on 4 April 2019.
- 6.4. Partnership with MoD and wider opportunities for key worker housing and career transition, formal launch of Our Dorset Development Hub on 4 April 2019. Hosting arrangements for the hub are being worked through between partners.
- 6.5. Development of system narrative for the 2019/20 Operational Plan and outputs from the Workforce Planning and Redesign Call to Action workshop in February 2019.
- 6.6. RNDA, procurement of education providers, development of marketing plan, launch on 4 March 2019 to coincide with national apprenticeship week and collaboration across the system to make this cohort a success.

### What are the current biggest issues, opportunities and risks?

- 6.7. Dorset's ability to retain, attract, recruit and develop health and care workforce, which is compounded by:
  - Ageing workforce
  - Increased sickness absence across some organisations/services
  - Reduction in training places /opportunities
  - Staff morale
  - Changes in funding levy / bursaries
  - High cost of living
  - Scale of change (Clinical Services Review, East Reconfiguration, Local Government Review)
  - Productivity and workload pressures

- Brexit implications

#### What actions are being taken to address this?

- 6.8. A revised operating model for the Leading and Working Differently Portfolio was launched on 1 July 2018. As part of that new model a Workforce Delivery Team has been established. The team which is led by a Workforce Delivery Director works alongside and on behalf of STP partner organisations to delivery workforce support and interventions at a system level. The LWD delivery plan has been developed to mitigate the risks.

#### What help is needed?

- 6.9. Workforce, Communications and Engagement response to the NHS Long Term Plan. Tim Goodson has been invited to attend the DWAB development session on 4 April 2019 to strengthen the connection, alignment and expectations of SLT - SLT feedback to DWAB via Tim Goodson to inform 2019/20 delivery plan priorities.
- 6.10. Communications and engagement capacity and support for the Leading and Working Differently portfolio. Recognition of need for additional dedicated communications and engagement capacity (utilising NHSE investment) and alignment with the Strategic Partnership Agreement for system engagement and communications.



## 7. Urgent and Emergency Care

### What has been delivered?

#### **IUC Mobilisation**

- 7.1. Service Models incorporating routine IAGPS presented to IUC Partnership Board Agenda 15 January 2019. Model signed off by the IUC Partnership board, East IAGPS requires refining.
- 7.2. NHSE Checkpoint Assurance meeting took place on 31 January 2019. Awaiting formal letter relating to assurance.

#### **Urgent Treatment Centres**

- 7.3. 'Stretch' template produced nationally for Directory of Services being used to test out clinical cohort of UTC. Now completed for Bournemouth and Poole. Awaiting feedback from clinicians. Further work required to review provisional diagnosis codes/symptoms reflecting on previous work with Weymouth UTC and DOS profiling
- 7.4. First draft of the re-configuration report circulated for input to the operational group.
- 7.5. Patient engagement survey to test out and better understand current usage and local public understanding of existing MIU services sent to all MIUs. Currently collating responses.
- 7.6. Medicines management lead considering options for future prescribing model within UTC. Links made with national team to gain traction on addressing challenges at national level.

#### **Ambulance Transformation**

- 7.7. Conveyance Action Plan reviewed against progress via the Ambulance Pillar Group (APG) on 16 January 2019.

#### **National Ambulance Response Programme- Co-ordinating Commissioner Role**

- 7.8. NHS 111 / 999 provider and commissioner workshop scheduled took place 7 February 2019 – main purpose to review the clinical validation processes of 999 referrals from 111 and to agree a regional approach for the clinical validation of category 2 999 calls.
- 7.9. A workshop was held on the 30 January 2019 to support the codesign for the commissioning model for 999 and how the Lead Commissioner arrangements will look like from 1 April 2019; proposal to be shared with the Ambulance Strategic Partnership Board on the 11 March 2019.
- 7.10. Contract negotiations are now taking place for 2019/20 & 2020/21, process and timeline have been set up.

#### **Hospital & Hospital to Home Pillar**

- 7.11. DTOC is currently at 3.6% across the system just outside of the 3.5% target. Numbers of DTOC have improved overall from 2018 to 2019 when comparing like-for-like. (Figure from 5 February 2019).

- 7.12. RBCH ran an Action Learning Event during the week commencing 12 January resulting in an increase in discharges of 31% over the full week.

### **System Demand and Capacity Modelling**

- 7.13. SWAST and SCAS have been approached for a meeting to define and set out plan for metrics and transfer of data.

### **What are the current biggest issues, opportunities and risks?**

- 7.14. The UK exit from the European Union: Daily Local Resilience Forum Tactical and Strategic Coordination Groups are currently planned to run for the week of the EU Exit and the twelve weeks following 29 March 2019 (including weekends and bank holidays).

### **What actions are being taken to address this?**

- 7.15. A system level plan for Brexit has been shared, as well as organisational level planning via a Microsoft Team Site hosted by NHS Dorset CCG.
- 7.16. EU Exit: Trusts also are independently to address communication from The Department of Health and Social Care and anticipate any local impact.
- 7.17. All of the above activity will directly benefit the NHS EPRR Function in readiness for and beyond the EU Exit.

### **What help is needed?**

## 8. Integrated Travel Programme (ITP)

### What has been delivered?

- 8.1. The draft Strategic Outline Case executive summary was circulated to Transport Reference Group (TRG) members on 19 October 2018. Feedback is being co-ordinated by Dorset County Council.
- 8.2. A resource has been identified to start the data/finance modelling work for the NEPTS re-procurement, this work is developing and will be reported to the procurement working group (PWG) which meets at the end of February. Discussions are ongoing with DCC in relation to the other requirements of the original data modelling brief to determine what is required, now that we know the direction of travel with the Strategic Outline Case.

### What are the current biggest issues, opportunities and risks?

- 8.3. The departure of both the Programme Manager and Support Officer in September 2018 remains the ITP's most significant issue, along with TRG not having met since the summer of 2018, causing the programme to be delayed.
- 8.4. As there haven't been any TRG meetings, the timetable has not been reviewed so it is currently unknown whether the ITP programme will match the reprocurement timetable for NEPTS.

### What actions are being taken to address this?

- 8.5. Resourcing issues were discussed at the September 2018 IPG and due to LGR it was agreed that a pause on the programme is needed to clearly identify the required resource from the local authorities moving forward.
- 8.6. Following discussions at January IPG, members of the group express concern that the ITP programme has been on pause since September 2018 with no date of commencement agreed. Due to this and the increasing risk, Jane Brennan and Marc Gorman were requested to write a short report to SLT for 21 March 2019.

### What help is needed?

- 8.7. Appropriate resource for the ITP moving forward and recommencement of TRG meetings.

## 9. Communications Update

9.1. No update provided

## 10. Engagement Update

### Prevention at Scale

- 10.1. The Collaborative Practice project is taking place within 14 GP Practices across Dorset. Detailed progress reports are currently being produced by 6 of the practices involved.
- 10.2. The Ageing Well workstream was explored with the Our Dorset PEG in a workshop at their meeting in January 2019. Feedback will be used to inform current definition and scope of the workstream.
- 10.3. There is ongoing and growing engagement through the LiveWell Dorset Facebook page.

### One Acute Network

- 10.4. The OAN design principle states that engagement work will be based on the key principles of Experience Based Co-Design. This principle is at the heart of the OAN Patient Engagement (PE) strategy.
- 10.5. The strategy has been widely consulted on and aims to develop a well-trained cohort of PE champions and leads who can work together in a co-ordinated and efficient way, linking in to the NHS England Public Engagement Discovery Work (see above).
- 10.6. A bespoke co-design training package has been developed with the Point of Care Foundation and 20 public engagement champions will be trained in facilitation and co-design in March 2019.
- 10.7. The first introduction session was held in RBCH with it being replicated in PHT also in February.
- 10.8. Patient engagement champions have been selected across the OAN with staff members having the commitment from Directorate and Manager level to be released from their normal roles to facilitate co-design projects.
- 10.9. PHT and RBCH are aligning their recruitment procedure for volunteers to ensure volunteers are able to work across both sites. With the help of the Dorset workforce lead the introduction of a digital platform across all four trusts in Dorset is being explored to aid aligned recruitment. Expected to be launched before April

### Integrated Community and Primary Care Services (ICPCS)

- 10.10. Work is ongoing in line with the ICPCS Communications and Marketing plan developed by locality.
- 10.11. Two new Patient Participation Group (PPG) Coordinators have been employed to help support and develop active PPGs across Dorset.

### Digitally Enabled Dorset

- 10.12. Dorset Care Record held a Citizen's Portal engagement workshop on 23 January 2019. This was attended by a range of stakeholders including public representatives and members of Our Dorset PEG.

## STP Highlight Report

10.13. Local people are being invited to join the “Crowd in a Cloud” – a virtual digital public engagement group.

10.14. Following extensive engagement, the Maternity Matters Dorset website is currently being tested with a range of local stakeholders, including local people, ahead of its launch in early March.

### Leading and Working Differently

10.15. The need for additional dedicated system wide engagement and communications capacity has been identified. This will utilise the existing staff engagement investment from NHS England. This has the potential to align with the Strategic Partnership Agreement for Engagement and Communications (MoU) currently under development.

### Integrated Travel Programme

10.16. An engagement and communication plan is currently being developed for the re-procurement of the non-emergency patient transport scheme.

### Our Dorset Public Engagement Group (PEG)

10.17. Meeting 9 of the PEG was held on 22 January 2019.

10.18. Frances Aviss presented an update on the NHS England Public Engagement Discovery Project (see below).

10.19. One action from the Discovery Project was for the Integrated Care System (ICS) to work with community voluntary sector organisations to see how a new infrastructure can be designed and resourced to support them to work with the ICS as equal partners. PEG members strongly agreed that this is a high priority and asked that their views on this be shared with the System Leadership. They would like to be kept informed.

10.20. Colleagues from Public Health Dorset presented an update on the Living Well Website and facilitated an interactive workshop session with the PEG to inform their “Ageing Well” work stream.

10.21. Ian Gall (PEG Chair) welcomes ongoing suggestions for future agenda items from STP portfolio leads. Please e-mail [ian.gall@dorsetccg.nhs.uk](mailto:ian.gall@dorsetccg.nhs.uk).

10.22. Next 3 meetings:

- Meeting 10: 27 March 2019, Cobham Sports and Social Club, 10.00 – 12.30
- Meeting 11: 21 May 2019, The Exchange, Sturminster Newton, 18.00 – 20.00
- Meeting 12: 25 July 2019, 9.30 – 12.00, Vespasian House, Dorchester.

### NHS England ICS Public Engagement “Discovery” project

10.23. Overview of the project:

- the System Transformation Group at NHS England developed an overview of what 'good' public engagement looks like for an ICS, taken from statute guidance and system experiences
- Dorset has been the first ICS to take part in NHS England's Discovery Project - providing the opportunity to review what is working well and what could be done better and co-design local action plans, with access to national funding to support delivery

#### 10.24. Local progress:

- Stakeholders from across the system took part in a self-assessment and workshop in November 2018. They collectively reviewed what is working well and what could be done better and an action plan was presented to the Implementation Planning Group on 20 December 2018. The action plan was agreed and implementation is being coordinated by the Our Dorset Engagement Leads Network. Updates will be provided in this report

#### Our Dorset Engagement, facilitation and co-design training project

10.25. As described above, the OAN has commissioned the Point of Care Foundation to deliver bespoke engagement, facilitation and co-design training to 20 staff in March 2019.

10.26. To facilitate collaborative and consistent working across Dorset's ICS this bespoke training is to be rolled out to an additional 60 staff across the other partner organisations.

10.27. The objective is to secure a 'bank' of 80 frontline staff as public engagement champions across Dorset ICS with specific facilitation skills to be able to co-design services with local people in a consistent and meaningful way. The champions will be able to employ their engagement, facilitation and co-design skills within their service area, across their organisation and importantly across other ICS partner organisations.

10.28. To facilitate this, it is imperative that the training, approach and methodologies are the same. This will enable system wide collaborative working, skills and capacity. It will also enable standardized outcome monitoring.

10.29. Funding for this innovative piece of work has been secured from NHS England.

#### Our Dorset Supporting Stronger Voices Forum

10.30. The Supporting Stronger Voices (SSV) Forum (originally set up by Dorset CCG to support patient, carer and public representatives) has been 'refreshed'. The Our Dorset PEG has co-designed and updated the membership and objectives to reflect 'Our Dorset' ICS.

10.31. The updated objectives are to provide:

- the opportunity for public, patient, carer and voluntary/community representatives to meet together and build relationships



- information and updates to help develop a collaborative understanding of Dorset's health and care system
- opportunity for people to provide their views on areas of Dorset's health and care system, to inform service provision or change
- opportunities for training to support members of stronger voices

10.32. Our Dorset SSV will meet on 13 March 2019 at the Allendale Centre in Wimborne, 14.00 – 17.00.

## 11. Table of Abbreviations

A&E.....	Accident and Emergency
ALL.....	Acute Lymphoblastic Leukaemia
AML.....	Acute Myeloid Leukaemia
CCG.....	Clinical Commissioning Group
CEPOD.....	Confidential Enquiry into Peri-operative Deaths
CIO.....	Chief Information Officer
CMA.....	Competition and Markets Authority
COO.....	Chief Operating Officer
COPD.....	Chronic obstructive pulmonary disease
CPD.....	Continuing professional development
CRG.....	Clinical Reference Group
CSR.....	Clinical Services Review
CTR.....	Clinical Theatre Record
CYP.....	Children and Young People
DCC.....	Dorset County Council
DCH.....	Dorset County Hospital
DCN.....	Dorset Clinical Network
DCP.....	Dorset Cancer Partnership
DCR.....	Dorset Care Record
DHC.....	Dorset Healthcare
DIG.....	Digital Informatics Group
DMARD.....	Disease modifying antirheumatic drugs
DoN.....	Director of Nursing
DWAB.....	Dorset Workforce Action Board
DWG.....	Digital Working Group
E.D.....	Emergency Department
EIA.....	Equality Impact Assessment
EPRR.....	Emergency Preparedness, Resilience and Response
ETTF.....	Estates and Technology Transformation Fund
FBC.....	Full Business Case
FUR.....	Flexible Ureteroscopy
HASU.....	Hyper-acute stroke unit
HSCN.....	Health and Social Care Network
HSLI.....	Health System Led Investment
IAGPS.....	Improving Access to General Practice Services
ICCHS.....	Integrated Children's & Community Health Services
ICPCS.....	Integrated Community and Primary Care Services
ICS.....	Integrated Care System
IHP.....	Independent Healthcare Provider
IPG.....	Implementation and Planning Group
ITP.....	Integrated Travel Programme
ITT.....	Invitation to Tender
IUC.....	Integrated Urgent Care
IWP.....	Intelligent Working Programme
LD.....	Learning Disabilities
LGR.....	Local Government Review
LIMS.....	Laboratory Information Management System
LMS.....	Locum Management System
LWD.....	Leading and Working Differently
MD.....	Medical Director
MDT.....	Multi-Disciplinary Teams
MEH.....	Major Emergency Hospital
MIU.....	Minor Injuries Unit
MoD.....	Ministry of Defence

MoU.....	Memorandum of Understanding
MPH.....	Major Planned Hospital
NEPTS.....	Non-Emergency Patient Transport
NHSE.....	NHS England
NHSI.....	NHS Improvements
NIHR.....	National Institute for Health Research
OAN.....	One Acute Network
OBC.....	Outline Business Case
OD.....	Organisational Development
OFRG.....	Operational Finance and Reference Group
PDCD.....	Public Dividend Capital Dividend
PEG.....	Public Engagement Group
PHD.....	Public Health Dorset
PHT.....	Poole Hospital Trust
PMO.....	Portfolio Management Office
PoC.....	Proof of Concept
PPGs.....	Patient Participation Groups
PSA.....	Prostate-specific Antigen
PTIP.....	Post Transaction Integration Plans
PWG.....	Procurement Working Group
QI.....	Quality Improvement
RARP.....	Robot-Assisted Radical Prostatectomy
RBCH.....	Royal Bournemouth & Christchurch Hospital
RNDA.....	Registered Nurse Degree Apprentices
SCAS.....	South Central Ambulance Service
SCR.....	Shared Care Record
SLT.....	Senior Leadership Team
SMI.....	Serious Mental Illness
SoA.....	Schedule of Accommodation
SOC.....	Strategic Outline Case
SOP.....	Standard Operating Procedure
SSG.....	Site Specific Group
STP.....	Sustainability Transformation Plan
SUS.....	Secondary Uses Service
SWAST.....	South West Ambulance Service NHS Foundation Trust
TIA.....	Transient Ischaemic Attack
TRG.....	Transport Reference Group
TURBT.....	Transurethral resection of bladder tumour
TURP.....	Transurethral resection of the prostate
UEC.....	Urgent and Emergency Care
WODG.....	Workforce and Organisational Development Group

<b>Title of Meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>27 March 2019</b>
<b>Report Title</b>	<b>2018 National Staff Survey Findings</b>
<b>Author</b>	<b>Sarah Stickland, HR Manager</b>
<b>Responsible Executive</b>	<b>Mark Warner, Director of Workforce and Organisational Development</b>
<b>Purpose of Report (e.g. for decision, information)</b> For information and to note actions set out in the Action Plan.	
<b>Summary</b> The national staff survey was undertaken between September and December 2018. A full census survey was undertaken, with a 49% response rate which is above average for Acute Trusts in England (44%).  The questionnaire content is agreed nationally and covers ten themes relating to the working environment and staff experience within the workplace. The overall 2018 results showed no significant change from 2017 and high consistency with acute trust national averages.  Encouraging improvements were made in the Safety Culture theme, this theme is concerned with questions relating to errors, near misses and incidents. The 2018 results show 2 areas where staff satisfaction has marginally declined, however, these changes were not statistically significant.  Progress against the Staff Engagement Action Plan will be monitored by the Workforce Committee and success will be gauged in line with the quarterly results of the Proud of DCH Pulse Check and the 2019 national staff survey.	
<b>Paper Previously Reviewed By</b> Workforce Committee 18 March 2019	
<b>Strategic Impact</b> Staff feedback received through the national staff survey provides a source of data to inform improvements to leadership and management practices and changes to the working environment. Research suggests that staff engagement, involvement and wellbeing have direct and positive impacts upon the delivery of the Trust's strategic objectives and the delivery of quality patient care.	
<b>Risk Evaluation</b> The analysis of the survey results has assisted in identifying key areas of concern and potential risk and these were incorporated into the action plan.	
<b>Impact on Care Quality Commission Registration and/or Clinical Quality</b> The national staff survey results are used to gauge staff experience within the Trust and will strengthen the Trust's assurance to the CQC and assure that the trust can achieve an "outstanding" status for the Well-Led Domain.	
<b>Governance Implications (legal, clinical, equality and diversity or other):</b> The Trust Governance arrangements are set out to monitor all services within its remit and to provide	

assurance of the robust processes around risks and actions identified to mitigate these.	
<b>Financial Implications</b> No specific implications relating to the contents of the action plan.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes
<b>Recommendations</b>	The Board of Directors is asked to note the contents of this paper and the action plan

## 1.0 CONTEXT

- 1.1 Understanding how staff experience their work environment is critical to the success of any organisation. It is well researched that how engaged employees are at work directly affects how they perform. Positive engagement is a physical and emotional response to work which stimulates people to behave in a way that creates value for the organisation. The Trust recognises the important link between engagement and improved patient care and through the review of the People Strategy is strengthening the strategic framework to maximise this relationship by focusing on three primary factors that influence employee engagement.
- 1.2 The NHS National Staff Survey is an important tool in helping leaders understand how staff feel about working at Dorset County Hospital Foundation Trust (DCH), and also how this level of connection is changing over time in response to both focused intervention and shifting organisational priorities. As with any survey, the most critical aspect of the process is not just about reviewing the results but being clear about what needs to be done differently in future.

## 2.0 PURPOSE OF THE REPORT

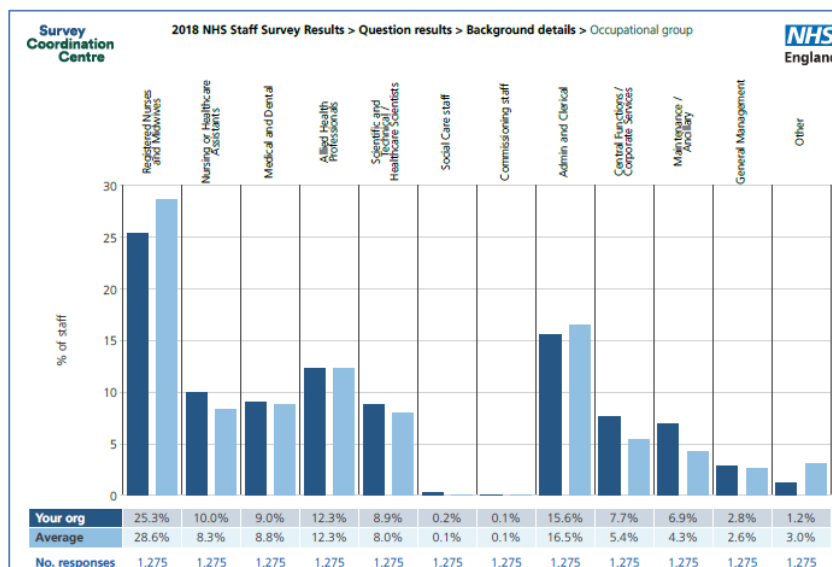
- 2.1 This report has three aims: to provide a high level analysis of the overall findings of the 2018 staff survey, to evaluate progress since the last survey and discuss implications for employee engagement going forward.

## 3.0 METHODOLOGY

- 3.1 The guiding framework for the Trust's staff survey is agreed nationally and the process is administered by Quality Health. A full census paper-based staff survey was used.
- 3.4 The survey contains an inventory of 102 questions concerned with staff perceptions of their job, their managers, their health, wellbeing and safety at work, their personal development and their organisation. The questions are organised against 10 themes. These include the four staff pledges from the NHS Constitution and three additional themes of equality and diversity, errors and incidents and patient experience measures. The survey also provides key data for measuring race equality.

## 4.0 RESPONSE RATE

- 4.1 1,321 completed responses were received giving a response rate of 49%. This remains the same as the response rate from 2017 but is still above average for acute trusts nationally.
- 4.2 A wide range of staff groupings was included within the survey.



## 5.0 WORKFORCE DEMOGRAPHICS

5.1 When benchmarked with other acute trusts in England, DCH is in line across all demographic areas. Of the staff surveyed, the demographics were as follows:

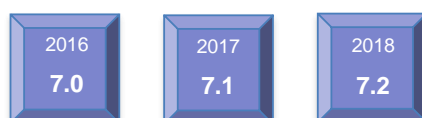
- 77% are female
- 20% are disabled
- 91% are heterosexual, 2% are gay or bisexual
- 94% are white

5.2 DCH is an organisation where many staff choose to stay. 46% have been here for 11 years or more (Appendix 2). This brings a wealth of experience but also potential challenges around the management of change and sustaining engagement.

## 6.0 MEASURING ENGAGEMENT

6.1 The staff survey has been designed to provide a useful index by which overall engagement can be gauged over time. The index is made up of nine statements which staff are asked to score and the average of these total scores forms the index (Appendix 3).

6.2 The staff engagement score is still calculated using the same questions as in previous years but adjusted to a 0-10 point scale. All historical data has been re-calculated to use the new scale so we can easily make comparisons with previous years. DCH's overall engagement score for 2018 is 7.2. This is above the national benchmark of 7.0 and 2017's recalculated score of 7.1.



6.3 Measuring levels of human attachment is notoriously difficult although there are a variety of qualitative and quantitative tools to use – a survey being just one. The Trust recognises this and uses a range of methods including 'pulse' tools and staff listening sessions to provide timely and local perspectives on priority topics.

- 6.4 The index shows positive changes in three of the specific questions asked relating to staff recommending the trust as a place to work and receive treatment. There was also an increase of staff feeling able to make suggestions to improve the work of their team/department. This positive index is likely to be some reflection of the range of planned engagement interventions put in place as part of a more strategic approach to staff engagement. It should be noted that the staff engagement score of 7.2 has increased since the last survey and is above the average for other acute trusts.

## 7.0 FINDINGS

- 7.1 The results from this survey can be looked at through two lenses: (a) internal year-on-year comparison and (b) external comparison with 88 other acute (non-specialist) trusts in England. In terms of internal comparison with 2017 results, of the 10 themes, five have shown slight improvement. This represents a picture of general stability with some positive indications (Appendix 7).
- 7.2 When the results are compared against other acute trusts, a more mixed picture emerges, although most variances are still within comparable norms. (Appendix 6 & 8)
- 7.3 In the 2017 survey there were 2 key findings in the worst 20% of acute trusts Key Finding 13 – Quality of non-mandatory training, learning or development (KF13) and Key Finding 24 (KF24). Percentage of staff/colleagues reporting most recent experience of violence. This year is the final year we will receive data relating to the key findings. This data has been published separately and is not referenced within the benchmark report. We have only received comparable data relating to one of the 2017 key findings the Trust was below average (KF 24). Figures received show the trust has improved its score in this area and is no longer in the bottom 20%.
- 7.4 Data contained within the benchmarking reports show us that the only theme we are below the national average of acute trusts is quality of care. DCH scored 7.3 compared to the national average of 7.4. The worst scoring acute trust scored 7.0
- 7.4 The positive shifts in scores since 2017 are associated with staff recommending the Trust as a place to both work and receive treatment, the reporting of errors near misses and incidents and the subsequent action the trust takes after those reports are made. The negatives relate to staff being supported with non mandatory training, the discussion of trust values at appraisal and quality of care.

### 7.5.1 Highest ranking scores

IN RELATION TO OTHER ACUTE TRUSTS, DCH STAFF APPEAR TO BE ...

- Feeling strongly there are more equal opportunities for career progression/promotion
- Working for managers who take a more positive interest in their health and wellbeing
- Experiencing discrimination at work less often
- Experiencing harassment, bullying or abuse from patients less frequently
- Reporting their experiences of violence, harassment, bullying or abuse
- Confident that patients/service users have trust and confidence in the doctors, nurses and allied health professionals working here
- Able to make suggestions to improve the work of their team
- Involved in making decisions to improve areas they work in
- Happy to recommend the trust as a place to work and receive treatment

### 7.5.2 Lowest ranking scores

IN RELATION TO OTHER ACUTE TRUSTS DCH STAFF APPEAR TO BE ...

- Feeling less able to meet the conflicting demands on their time whilst at work
- Less satisfied with having adequate materials supplies and equipment
- Thinking about leaving the organisation



- 7.6 Survey data also feeds into the Trust's metric for race equality (WRES). With regard to experiencing physical violence or bullying in the workplace, results show a difference between white staff and BME staff (Appendix 5). We have recently held a listening event and have actions planned for this group of staff.
- 7.7 The survey responses indicate that 73% of respondents had attended training, learning or development within the previous 12 months.
- 7.8 87.9% of respondents report having an appraisal in the past 12 months; this is in line with the increase we have seen overall across the trust and an increase from the 2017 survey of 1.4%.
- 7.9 Nearly half of respondents (46%) are still reporting that there is not enough staff within the trust for them to do their job properly, this has reduced declined by 4% since the last survey, but encouragingly the responses relating to team working and teams meeting and being involved in discussions relating to areas which affect them have increased.
- 7.10 The theme relating to quality of care showed a slight decrease from the previous survey. This theme is made up of three questions "I am satisfied with the quality of care I give to patients/service users", "I feel that my role makes a difference to patients/service users and "I am able to deliver the care I aspire to" Of the three questions, two had a 1% decrease in the response from the previous year, this is still in line with the national average.
- 7.11 The theme relating to Health & Wellbeing is the other area which showed a slight decrease from the previous survey. This theme is made up of five questions "The opportunities for flexible working patterns", "Does your organisation take positive action on health & wellbeing" "in the last 12 months have you experienced MSK problems as a result of work activities", "During the past 12 months have you felt unwell as a result of work related stress?" and "In the last three months have you ever come to work despite not feeling well enough to perform your duties?" Of the five questions, three had a negative response (the latter three); the results of the negative responses were all lower than the national average for acute trusts.

## 8.0 ANALYSIS OF RESULTS

- 8.1 In headline terms the survey results present a view of a resilient organisation whose large and complex workforce is generally committed, stable and proud of the work it achieves. It has a culture that is working hard to become more open and consultative and is consistent with other acute trusts, in terms of the overall view of engagement. However, there are a number of workforce tensions beneath the surface, which need to be better understood before they gain momentum.
- 8.2 Opportunities for flexible working has seen a positive shift in its responses for the second year running and areas of concern highlighted in the 2017 survey have all seen a positive increase in the response in the 2018 results; this is testament to the ongoing work relating to raising concerns and the introduction of additional Freedom To Speak Up Guardians.

## 9.0 LINKS BETWEEN THE STAFF SURVEY AND PATIENT SATISFACTION

- 9.1 In a publication by NHS England (Links between NHS staff experience and patient satisfaction, February 2018), 10 of the key findings from the staff survey were identified as predictors of overall patient satisfaction. In the 2018 results we have continued to make improvements in 3 areas (KF14, KF28 and KF30). The other areas have either remained the same or have slightly declined.

### **KF14 - Staff satisfaction with resourcing and support**

This was a new indicator replacing the previous 'Work pressure felt by staff'. The higher the satisfaction with resourcing and support, the more patients were satisfied.

### **KF28 - % staff witnessing potentially harmful errors, near misses or incidents in last month**

Negative relationship observed, the more staff witness potentially harmful incidents, the lower patients satisfaction scores.

**KF30 - Fairness and effectiveness of procedures for reporting errors, near misses or incidents**

When these procedures were perceived to be fairer and more effective, patient satisfaction was higher.

- 9.2 The findings from the latest Inpatient Survey, carried out by Picker Institute Europe, on behalf of the trust were released on 4 March 2019. A summary will be provided to this committee and the quality committee in due course.

**10.0 CONCLUSIONS**

- 10.1 The purpose of the staff survey is to provide a health check of employee engagement and identify areas of strength and weakness. This report has detailed those findings and provided commentary around likely cause and effect. Overall, the picture is a largely positive one, placing the Trust's engagement performance in the mid-range of other acute trusts. It already has a clear understanding of the areas for improvement and a strategic framework to take the work forward, but will require regular and open communications with employees to make sure engagement is developed with the workforce not for the workforce.
- 10.2 Creating and sustaining an engaged workforce also comes about by the way organisational values are positioned and embedded through behaviours and process. The Trust has made good progress in this area through its refreshed set of corporate values that are already getting some traction and are becoming embedded in Trust systems and practices.
- 10.3 Finally, a crucial aspect of managing employee engagement is having realistic plans and measures in place. The Trust's People Strategy provides the overarching framework for staff engagement and is the driving force behind it. In support of this, the Trust has a Staff Engagement Action Plan (Appendix 1), which is a tool by which engagement activities can be planned, coordinated, monitored and measured. Any changes falling out of this report should be managed and monitored within the context of the People Strategy and underlying action plan. It is also recommended that networks with other trusts are maximised to share learning and best practice in this field.

**11 RECOMMENDATION**

- 11.1 This report has identified a number of areas for further action and these are detailed in Appendix 4.
- 11.2 Some of these actions will require investigation at a local level and where this happens, it is suggested staff workshops are considered for that purpose.
- 11.3 The detailed response rates will now be shared with all departments within the organisation and teams will be asked to develop their own action plans.
- 11.4 At a corporate level, a number of areas will be further investigated through staff workshops (Appendix 1).
- 11.6 The committee is invited to consider the report and review areas of priority.

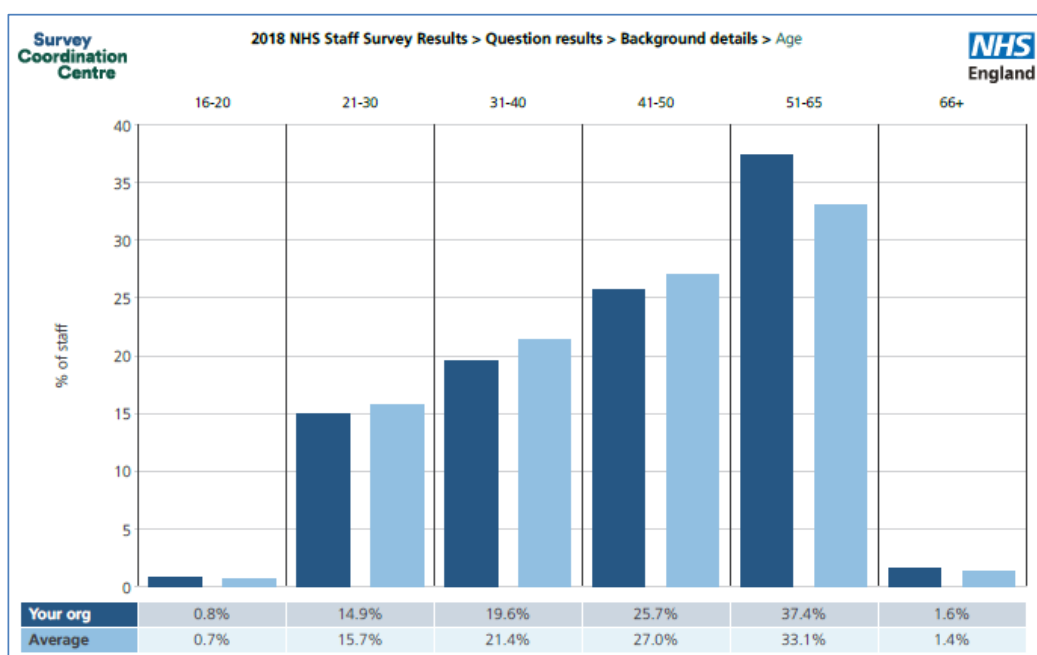
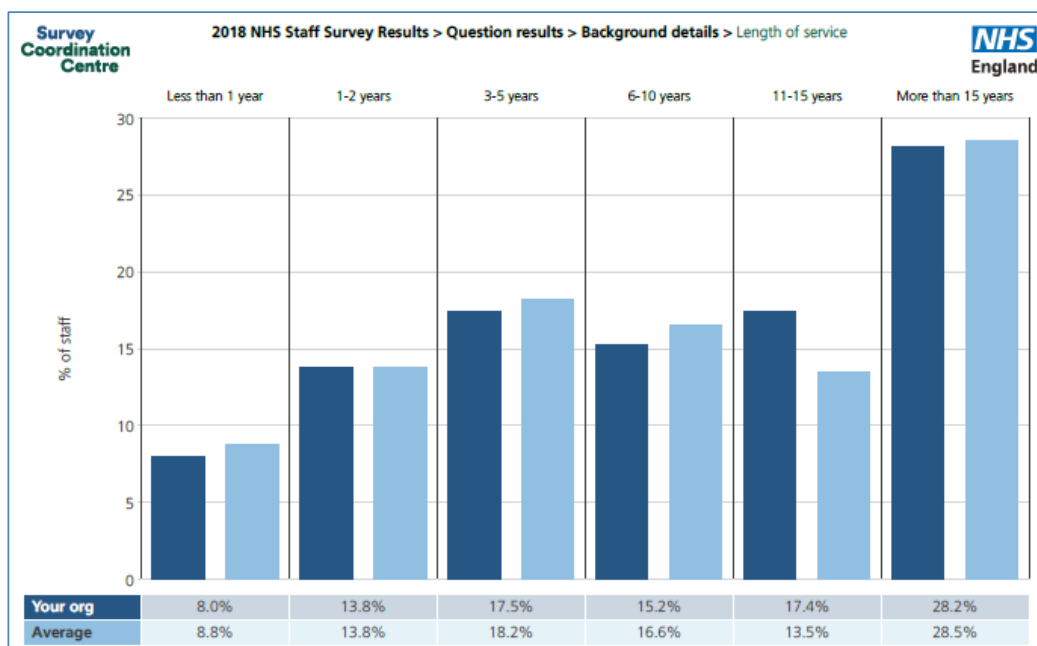
**Appendix 1 – Staff Engagement Action Plan**

Objective	Required Action	Lead Responsibility	Timescale	Progress	Outcome
<b>Translating Strategy into Practice</b>  Develop and implement plans to embed the Trust's strategic objectives into everyday practice, removing barriers and empowering staff to influence the Trust's strategic direction.	Produce divisional staff survey action plans in line with divisional staff survey feedback and local face to face briefings with staff.	Divisional Managers / HR Business Partners	June 2019		<ul style="list-style-type: none"> <li>• Identification and resolution of local issues: celebrating achievements and addressing causes for concern</li> </ul>
	Complete divisional staff survey action plans, engaging with staff at all levels across each division.	Divisional Managers / HR Business Partners	January 2020		
<b>Staff Health and Wellbeing</b>  Improve support for staff and staff health and wellbeing provision at both Trust level and departmental level, upskilling managers to promote wellbeing at work and provide appropriate support for staff. Identify and address the common reasons for staff illness and improve staff wellbeing at work.	Conduct a 'deep dive' on reasons for MSK related illness within the Trust; produce an implement an action plan to address underlying issues.	Deputy Director of Workforce	October 2019		<ul style="list-style-type: none"> <li>• Identification of the factors that influence MSK related illness within the Trust with an action plan to address these factors and mitigate their effects</li> </ul>
	Conduct a 'deep dive' on reasons for stress related illness within the Trust; produce an implement an action plan to address underlying issues.	Deputy Director of Workforce	October 2019		<ul style="list-style-type: none"> <li>• Identification of the factors that influence stress related illness within the Trust with an action plan to address these factors and mitigate their effects</li> </ul>
<b>Reward and Recognition</b>  Ensure that opportunities are	Continue to publicise the "Hospital Hero" recognition scheme. Scope further schemes which could	Patient and Public Experience Lead	October 2019		<ul style="list-style-type: none"> <li>• Awards developed to provide staff with recognition on a short-term</li> </ul>

Objective	Required Action	Lead Responsibility	Timescale	Progress	Outcome
available for all staff to receive recognition for good work.	potentially give feedback in real time.				basis, to compliment annual awards
<b>Raising Concerns</b>  Develop an open, blame free culture where staff can report concerns, errors and incidents in a safe environment that puts the needs of patients first.	Continue to promote the role of the Freedom to Speak up Guardian and governance supporting this area.	Deputy Director of Workforce	Ongoing		<ul style="list-style-type: none"> <li>• Accessible mechanism for concerns to be reported to the Board by staff from across the Trust</li> </ul>



## Appendix 2 – Characteristics of Respondents



*Outstanding care for people in ways which matter to them*

### Appendix 3 – Engagement Index

The engagement index score is calculated using the responses from the below questions

- Care of patients/service users is my organisation's top priority (2017 score 76.7%, 2018 score 77.6%)
- I would recommend my organisation as a place to work (2017 score 66.4%, 2018 score 68.6%)
- If a friend or relative needed treatment I would be happy with the standard of care provided (2017 score 75.9%, 2018 score 80.0%)
- I look forward to going to work (2017 score 59.8%, 2018 score 59.9%)
- I am enthusiastic about my job (2017 score 74.4%, 2018 score 75.6%)
- Time passes quickly when I'm working (2017 score 77.2%, 2018 score 76.2%)
- There are frequent opportunities for me to show initiative in my role (2017 score 73.5%, 2018 score 73.1%)
- I am able to make suggestions to improve the work of my team/department (2017 score 75.1%, 2018 score 78.4%)
- I am able to make improvements happen in my area of work (2017 score 56.0%, 2018 score 57.4%)

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*Outstanding care for people in ways which matter to them*

## Appendix 4 – Key Actions

### KEY ACTIONS

- Explore staff concerns relating to not being able to meet the conflicting demands on their time whilst at work
- Explore differences between responses of white and BME staff, not just limited to the WRES measures
- Explore staff concerns of not having adequate materials supplies and equipment
- Ensure senior managers to continue to be visible and accessible to all staff.
- Ensure leadership/management development training reinforces management accountability for employee engagement.
- Explore variations in overall engagement scores between functions and directorates.
- Ensure the findings of this survey are shared quickly and clearly with the workforce and where possible involve them meaningfully in finding solutions.
- Work with other trusts to share insights and best practice.

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*Outstanding care for people in ways which matter to them*



**Appendix 5 – Measures for WRES**

<b>Indicator 5 - % of staff experiencing bullying/harassment from patients or their relatives</b>				
	White Staff %	No of White staff responses	BME Staff %	No of BME staff responses
2017 Response	25.2%	1217	18.1%	72
2017 Median	27.8%		27.8%	
2018 Response	23.7%	1210	28.2%	71
2018 Median	28.2%		29.8%	

<b>Indicator 6 - % of staff experiencing bullying/harassment from staff within the past 12 months</b>				
	White Staff %	No of White staff responses	BME Staff %	No of BME staff responses
2017 Response	24.2%	1220	31.1%	74
2017 Median	24.8%		27.2%	
2018 Response	23.6%	1210	28.6%	70
2018 Median	26.4%		28.6%	

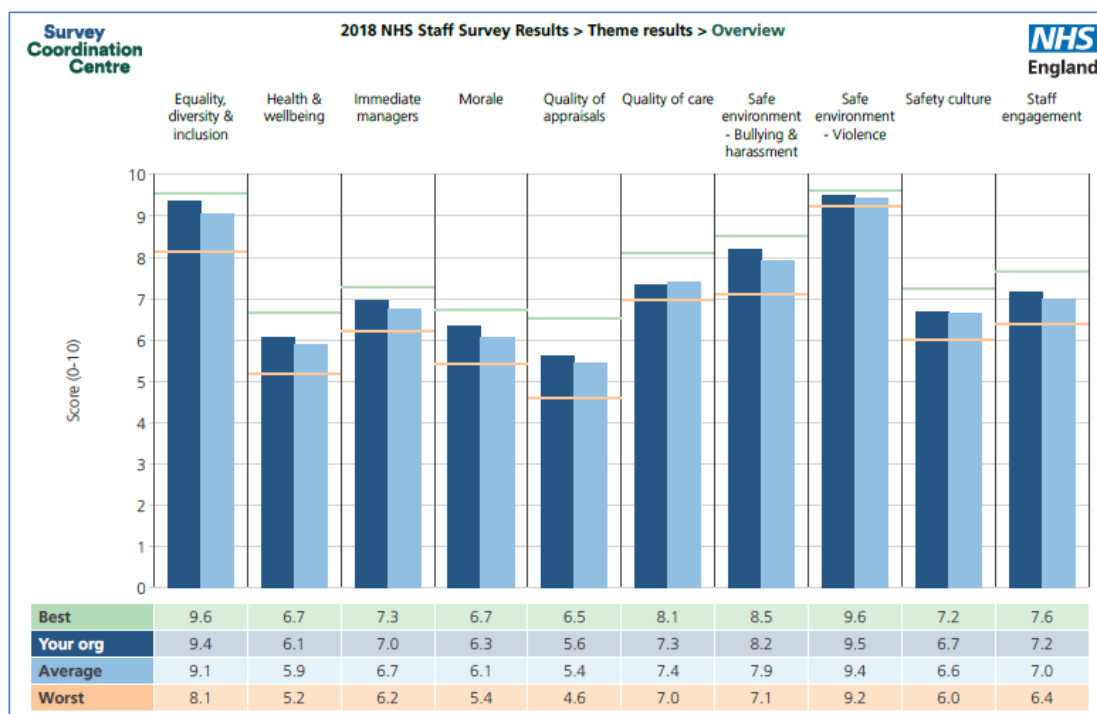
<b>Indicator 7 - % of staff believing the organisation provide equal opportunity for career progression</b>				
	White Staff %	No of White staff responses	BME Staff %	No of BME staff responses
2017 Response	91.9%	843	92.0%	50
2017 Median	86.8%		75.0%	
2018 Response	91.7%	836	81.6%	49
2018 Median	86.5%		72.3%	

<b>Indicator 8 – % of staff who in the past 12 months have personally experienced discrimination at work from their manager/team leader or other colleagues</b>				
	White Staff %	No of White staff responses	BME Staff %	No of BME staff responses
2017 Response	5.9%	1224	19.2%	73
2017 Median	6.7%		15.5%	
2018 Response	5.5%	1216	10.0%	70
2018 Median	6.6%		14.6%	

*Outstanding care for people in ways which matter to them*



## APPENDIX 6 – Theme Results – Overview



*Outstanding care for people in ways which matter to them*



## APPENDIX 7 – Theme Results – 2017 vs 2018

Survey  
Coordination  
Centre

2018 NHS Staff Survey Results > Appendices > Significance testing – 2017 v 2018 theme results

NHS

England

The table below presents the results of significance testing conducted on this year's theme scores and those from last year\*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2018 score is significantly higher than last year's, whereas ↓ indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	9.3	1317	9.4	1311	Not significant
Health & wellbeing	6.2	1321	6.1	1314	Not significant
Immediate managers	7.0	1316	7.0	1314	Not significant
Morale		0	6.3	1301	N/A
Quality of appraisals	5.5	1101	5.6	1131	Not significant
Quality of care	7.4	1134	7.3	1119	Not significant
Safe environment - Bullying & harassment	8.1	1310	8.2	1301	Not significant
Safe environment - Violence	9.5	1312	9.5	1305	Not significant
Safety culture	6.5	1311	6.7	1308	↑
Staff engagement	7.1	1321	7.2	1316	Not significant

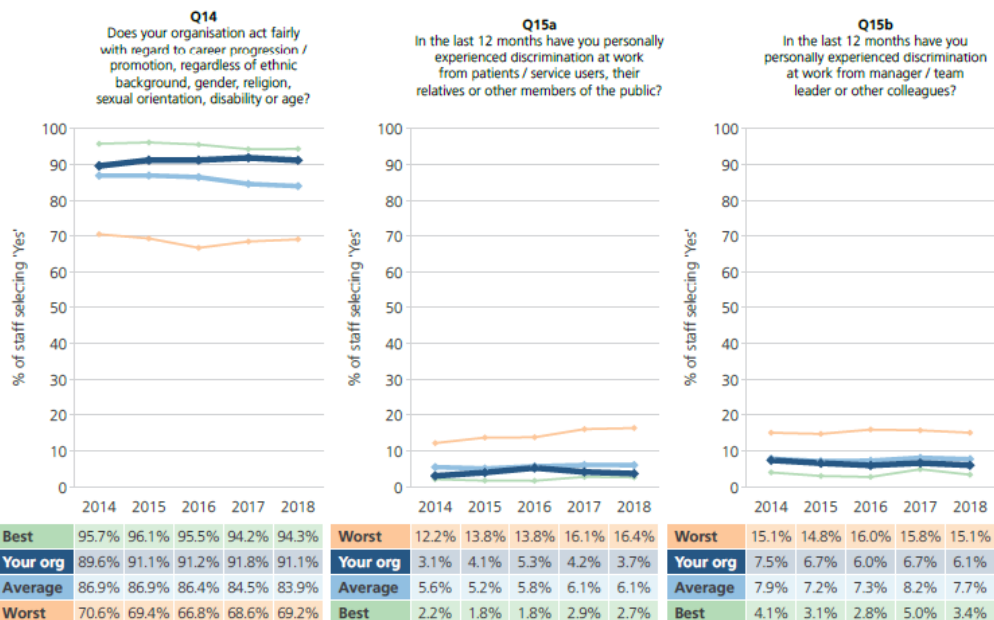
*Outstanding care for people in ways which matter to them*

## APPENDIX 8 – Theme Results – 5 Year Trends

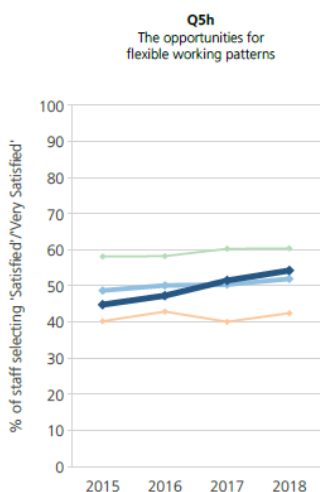
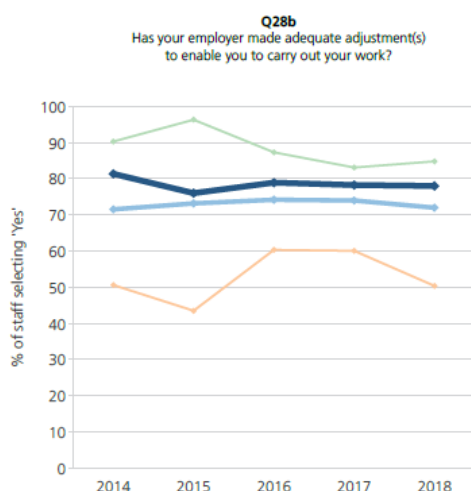
Survey  
Coordination  
Centre

2018 NHS Staff Survey Results > Theme results > Detailed information > Equality, diversity & inclusion 1/2

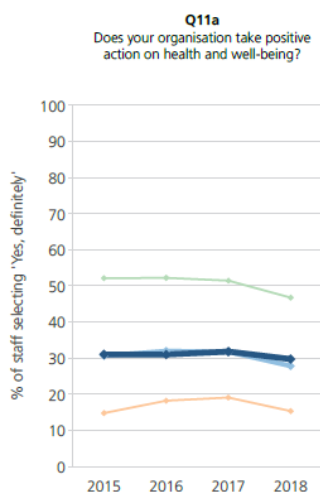
**NHS**  
England



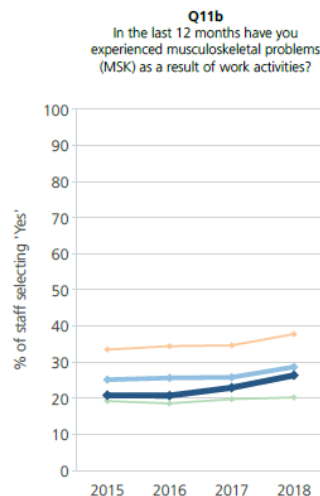
*Outstanding care for people in ways which matter to them*



Best	58.1%	58.2%	60.3%	60.4%
Your org	44.8%	47.3%	51.5%	54.3%
Average	48.7%	50.1%	50.4%	51.9%
Worst	40.2%	42.9%	40.1%	42.5%



Best	52.1%	52.2%	51.5%	46.7%
Your org	31.0%	31.0%	31.8%	29.7%
Average	30.7%	32.0%	31.7%	27.8%
Worst	14.8%	18.2%	19.1%	15.3%



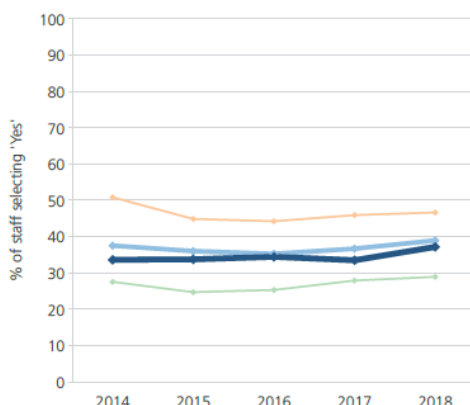
Worst	33.5%	34.4%	34.6%	37.8%
Your org	20.8%	20.7%	22.9%	26.3%
Average	25.1%	25.6%	25.8%	28.7%
Best	19.2%	18.6%	19.7%	20.2%

*Outstanding care for people in ways which matter to them*



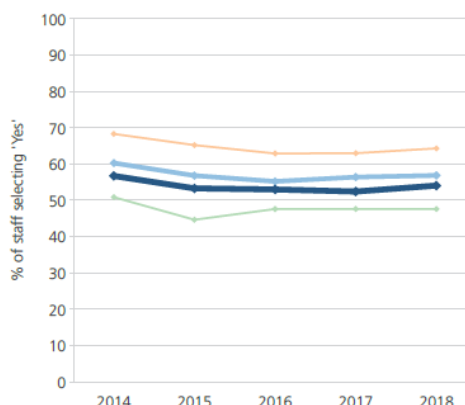
Q11c

During the last 12 months have you felt unwell as a result of work related stress?



Q11d

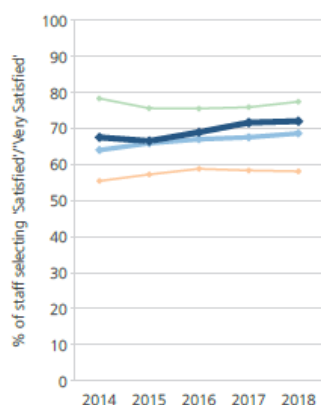
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



Worst	50.8%	44.9%	44.2%	45.9%	46.7%	Worst	68.3%	65.2%	62.9%	63.0%	64.3%
Your org	33.6%	33.7%	34.4%	33.5%	37.2%	Your org	56.7%	53.3%	53.0%	52.4%	54.1%
Average	37.5%	36.0%	35.3%	36.7%	38.9%	Average	60.3%	56.8%	55.2%	56.4%	56.9%
Best	27.5%	24.7%	25.3%	27.9%	28.9%	Best	50.9%	44.6%	47.6%	47.6%	47.6%

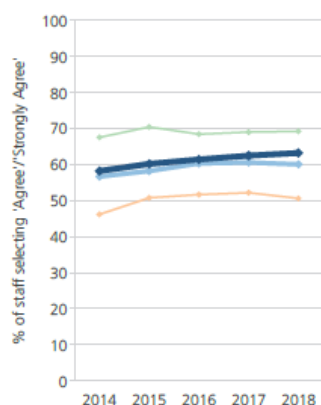
Q5b

The support I get from my immediate manager



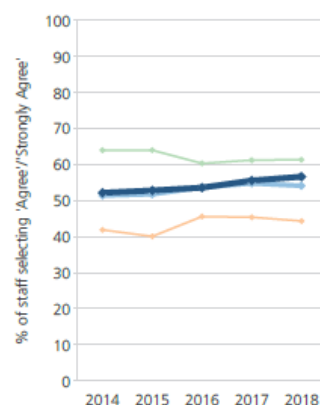
Q8c

My immediate manager gives me clear feedback on my work



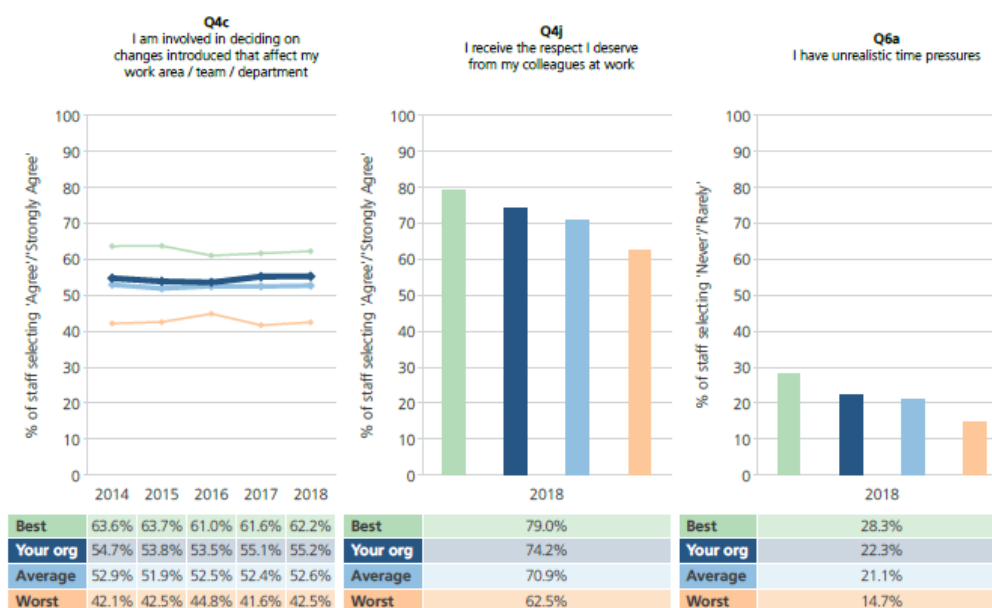
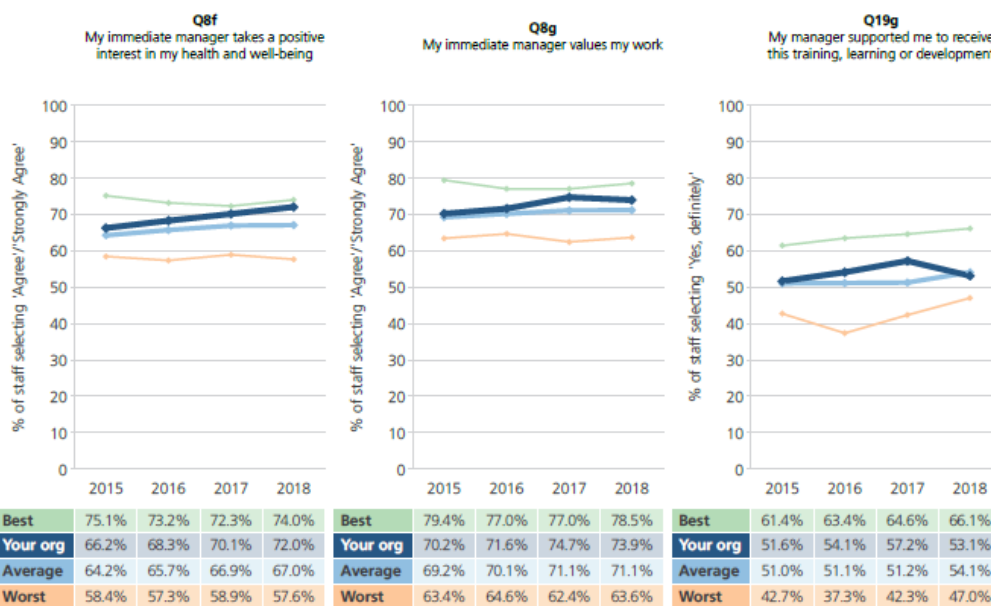
Q8d

My immediate manager asks for my opinion before making decisions that affect my work



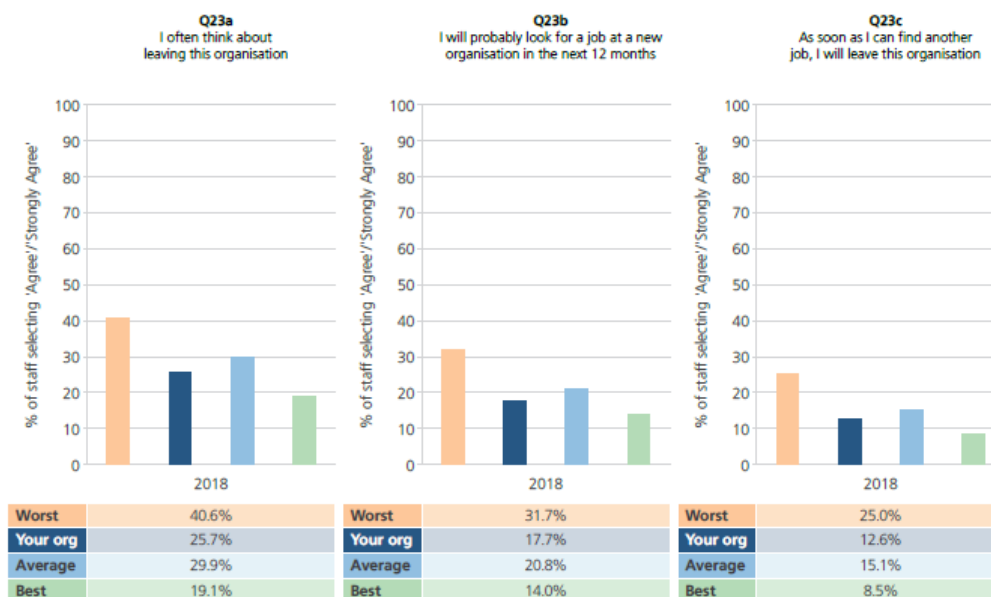
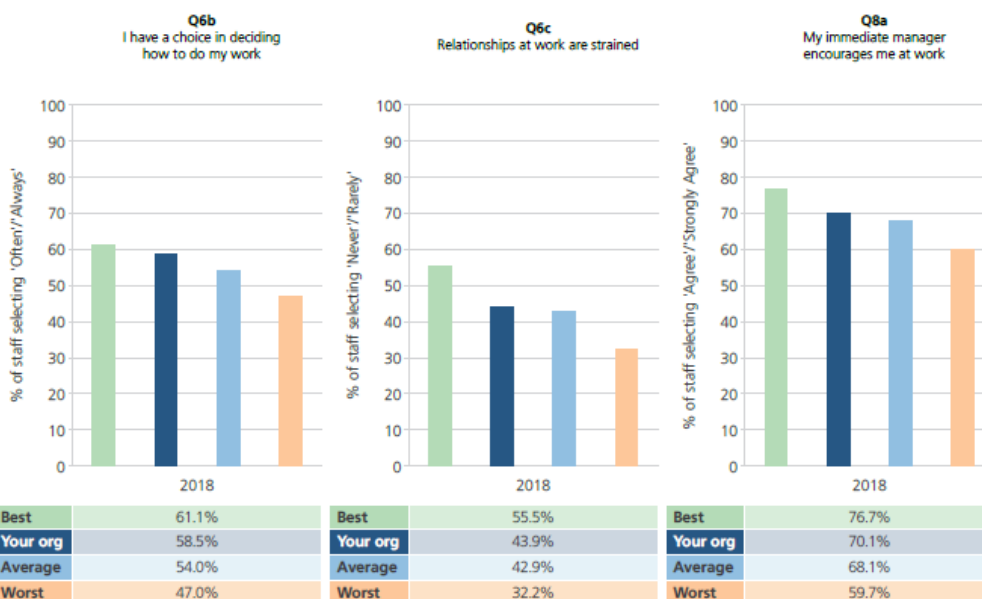
Best	78.3%	75.6%	75.5%	75.8%	77.4%	Best	67.5%	70.4%	68.4%	69.0%	69.2%	Best	63.9%	63.9%	60.3%	61.2%	61.3%
Your org	67.5%	66.5%	68.9%	71.6%	72.0%	Your org	58.2%	60.1%	61.4%	62.4%	63.2%	Your org	52.1%	52.8%	53.5%	55.5%	56.6%
Average	64.0%	65.9%	67.0%	67.5%	68.6%	Average	56.6%	58.2%	60.3%	60.5%	60.0%	Average	51.4%	51.7%	53.6%	54.7%	54.1%
Worst	55.4%	57.2%	58.8%	58.3%	58.1%	Worst	46.1%	50.7%	51.6%	52.1%	50.6%	Worst	41.8%	40.0%	45.5%	45.3%	44.3%

Outstanding care for people in ways which matter to them

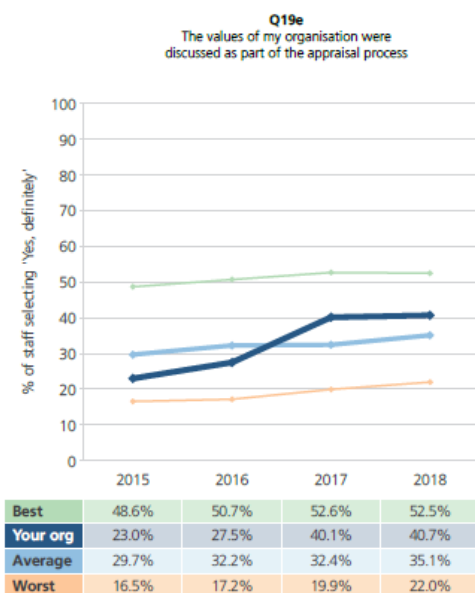
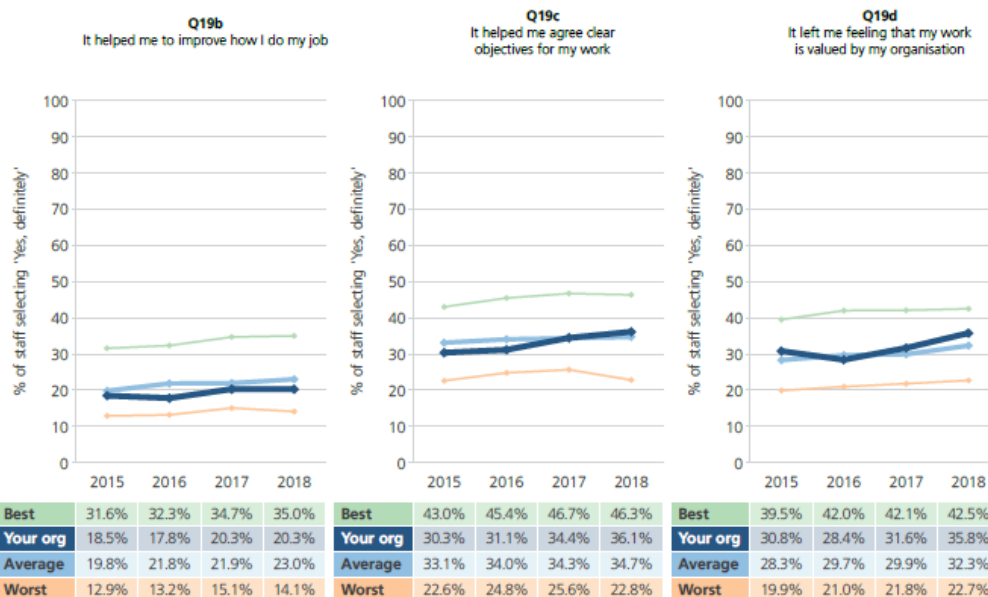


Outstanding care for people in ways which matter to them

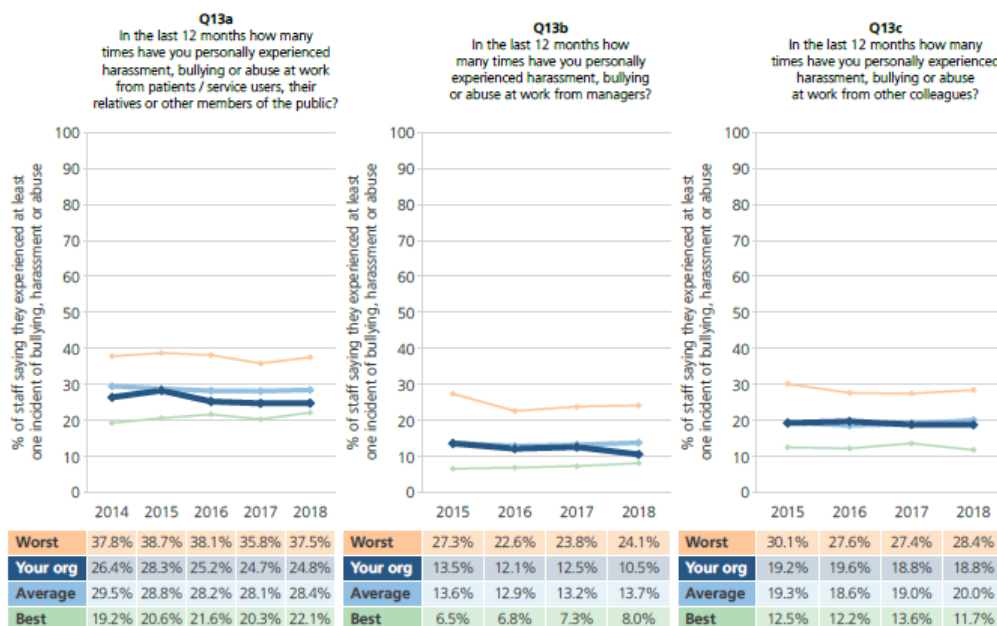
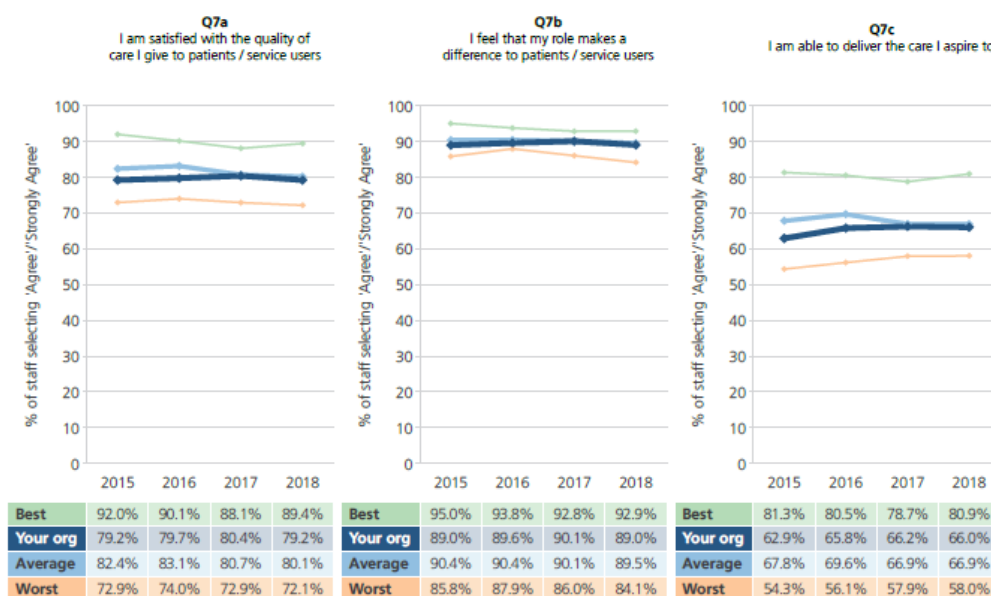




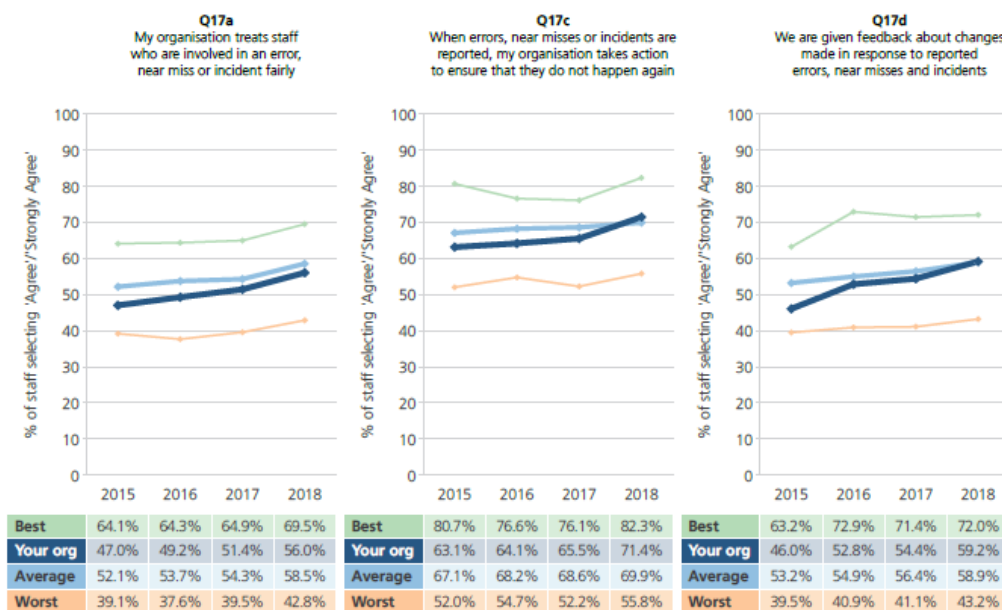
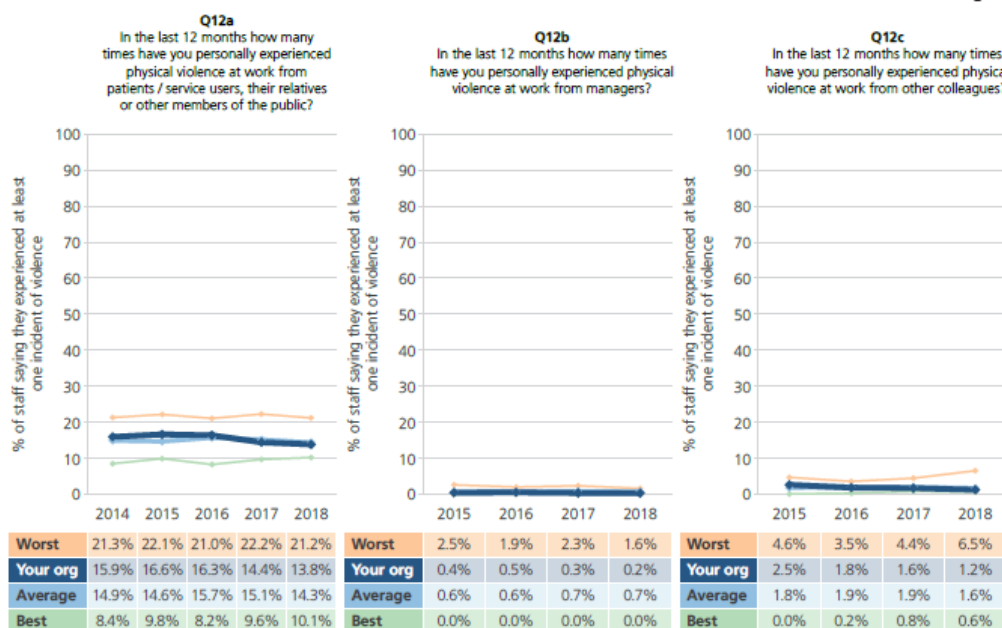
Outstanding care for people in ways which matter to them



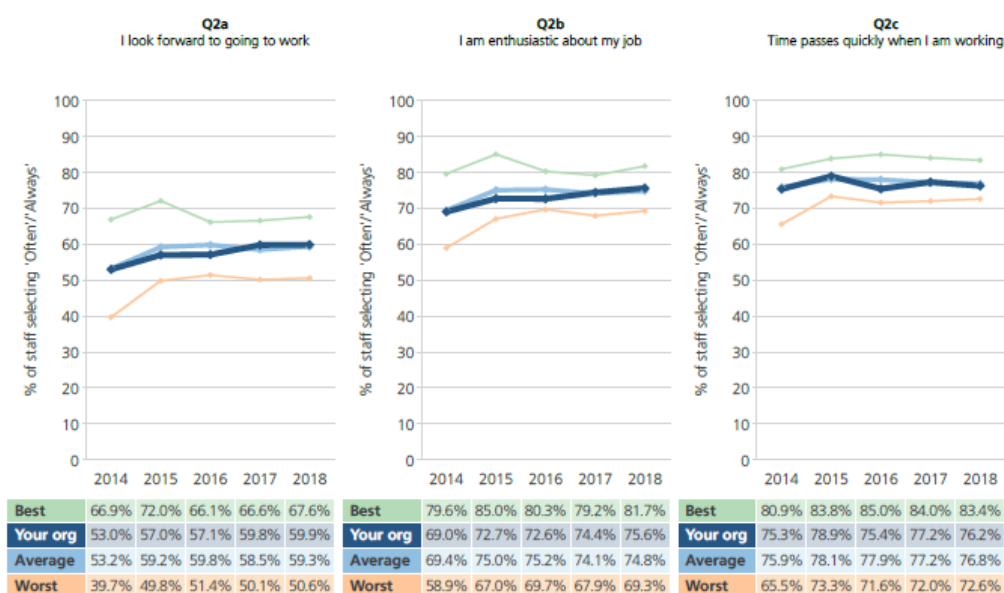
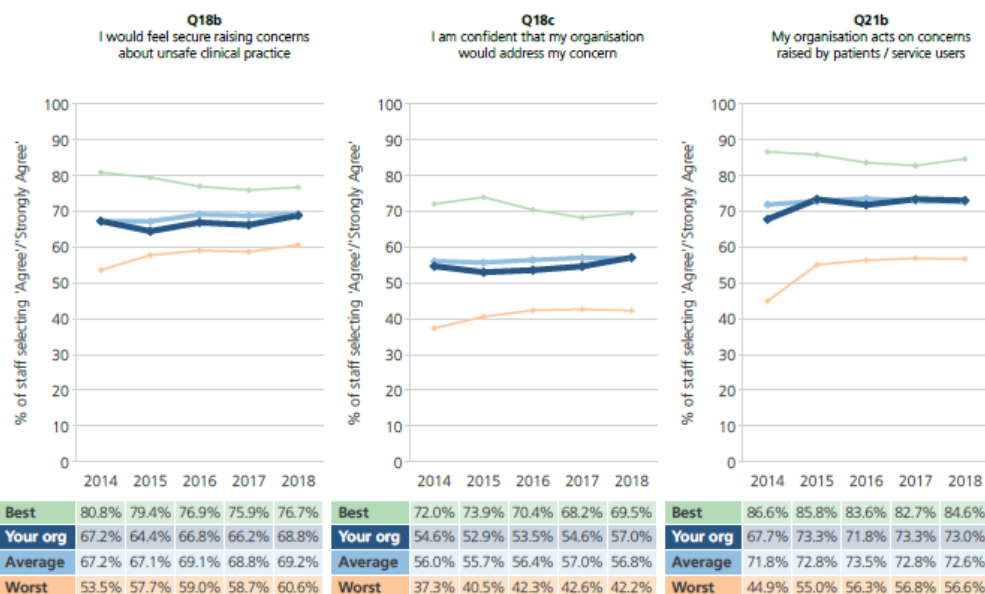
*Outstanding care for people in ways which matter to them*



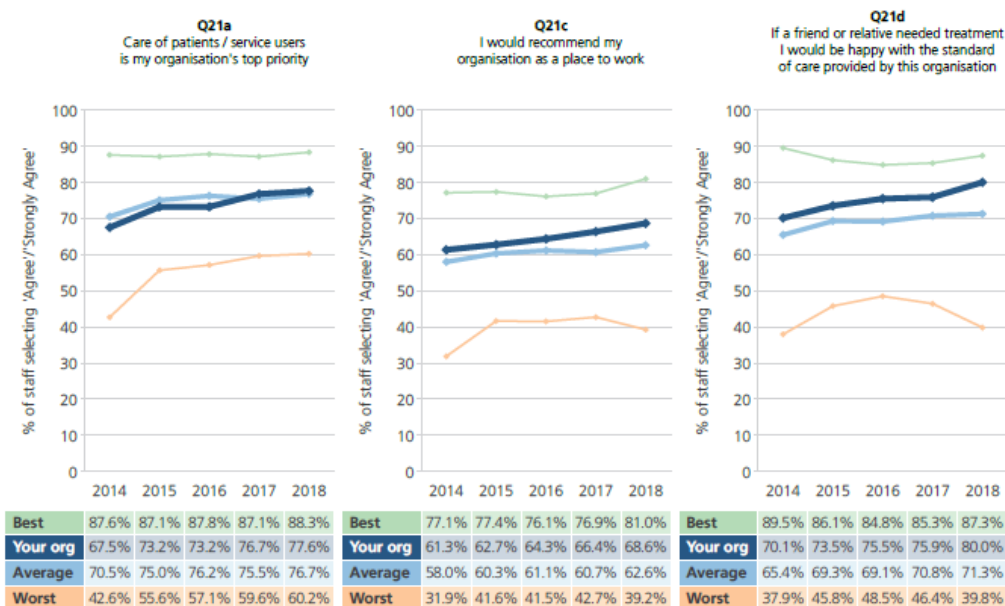
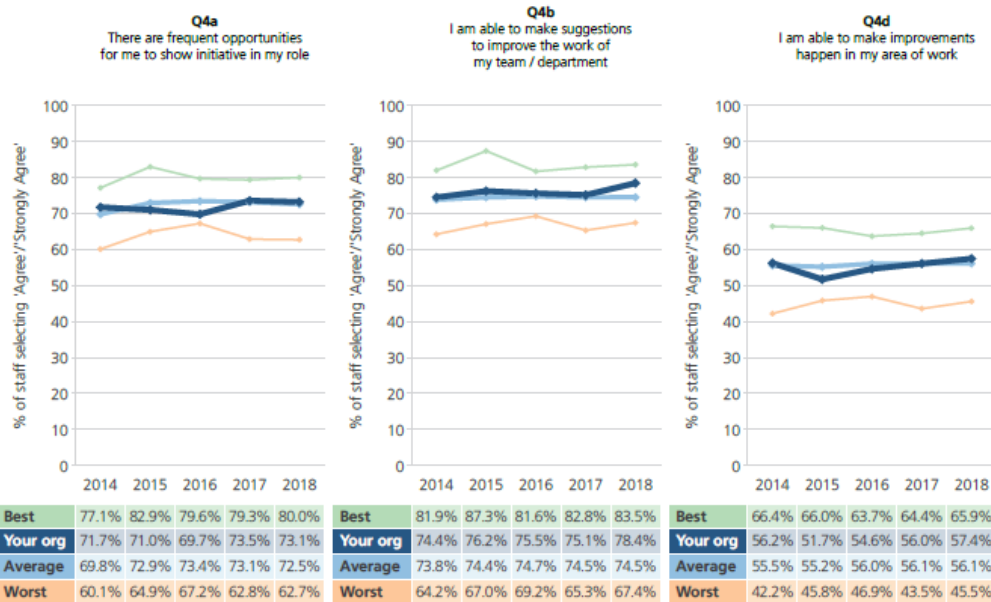
Outstanding care for people in ways which matter to them



Outstanding care for people in ways which matter to them



Outstanding care for people in ways which matter to them



Outstanding care for people in ways which matter to them



# Annual Quality Report 2018

## Dorset County Hospital NHS Foundation Trust

### Report author details

Author	
Name	Audrey Ryan
Job title	Director of Medical Education
Date completed	2.01.2019
Signature	<i>Audrey Ryan</i>

### Trust educational quality roles

Educational role	Name
Director of Medical Education:	Audrey Ryan
Medical Education Manager:	Judy Crabb
Foundation Programme Director:	Adeel Ghaffar and Paul Murray

Developing people for health and healthcare

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## Changes to HEE Wessex key quality processes

### Annual reporting process

Reports to be completed in the first instance by DMEs.

Your completed annual report will then be broken down by school and sent to HoS for triangulation.

HEE will then review the submissions and discrepancies will be reviewed at the Wessex Quality Assurance Group.



### Migration from quality ratings to risk

As communicated through the DME/HoS meetings, the post ratings system has migrated to a risk based approach in line with the rest of HEE and the [HEE Quality Framework](#).

During the migration process, we identified some issues which were still open that we would like you to either: confirm that they are now resolved and the position has been sustained; or if a concern remains, provide an update and risk score appropriately. These items can be identified in the report by 'TBC'.

Newer and more significant concerns that have previously been risk rated, can be identified by having a 'risk score', please provide an update for these and recommend a revised risk score.

For posts where we have not identified any concerns, we ask that you either 1) confirm that you as DME are not aware of concerns relating to the post or 2) provide a description of the concern and a provisional risk score.

Going forwards, progress against risks will be requested on a quarterly basis to move away from large Annual Returns.

Concerns with a risk score of 12 or greater will be included in the HEE Wessex quality risk report which is shared: within HEE (monthly basis); with the GMC via the Deans Report; with local QSGs.

### Visits

During 2018 HEE Wessex moved away from routine School visits. Future visits will be determined by level of known or potential risk and the type of visit will be proportionate to this, where feasible visits will be multi-professional. All requests for visits should be made through the Wessex quality team [quality.wx@hee.nhs.uk](mailto:quality.wx@hee.nhs.uk).

### Intensive Support Framework

The [Intensive Support Framework](#) (ISF) has now been published by HEE which is part of the Quality Framework and links to the policy on [Suspension of postgraduate medical training in relation to serious concerns](#). The ISF facilitates a graded approach to reporting of concerns and is utilised by quality teams across HEE.

## Executive summary

### Overview of the last 12 months / Trust-wide challenges / Good practice

The GMC Visit in February as part of the Regional Review provided a focus for us to pull together the evidence of the training provided at DCH. We were delighted to hear that all the trainees and trainers interviewed by the GMC panel said that they would recommend DCH as a place to train and to work. The GMC did identify a serious concern: the Trust had been aware of the issue already but acted swiftly to remedy the situation and the GMC confirmed that they were satisfied with the action taken. Our Educational Governance was praised and the DME was asked to present on this topic at the Regional Feedback Meeting. It was extremely disappointing to us that the GMC chose to release a very negative press release 7 months after the Visit. This led to negative headlines in our local paper, and felt unfair after the positive feedback we had from the GMC Visiting Team both on the day and at the Regional Feedback session. Our CEO has fed back on this to the GMC.

Our Junior Doctors' Forum and our '8 High Impact' working group, looking at implementation of the Paper published by NHSi ('8 High Impact Actions to improve the working environment for junior doctors') have been gathering momentum over the year, aided by the appointment in August of our first RCPChief Registrar. Arising from these, we are seeing increasing junior doctor involvement in other working groups and committees across the Trust. The Trust management has agreed to work towards the BMA Fatigue and Facilities Charter; we are currently auditing present standards against this. The health and wellbeing of staff is a focus in the Trust Strategy: all Trust employees have access to CareFirst, a 24/7 counselling service; the Trust funds fruit and snacks for the doctors' mess; Foundation doctors have sessions on Wellbeing in their teaching schedule.

The new Study Leave guidance has been challenging for all: admin staff, Supervisors and the junior doctors themselves. It feels as if we are slowly working our way towards clarity. The new IM3 curriculum is requiring discussion between Anaesthetics, Medicine and the Foundation Directors to ensure good training for all.

We continue to monitor the allocation of trainees. We had reason to challenge the School of Obstetrics and Gynaecology regarding this as their practice did not reflect the Deanery Paper of 2016 regarding rotations. We were reassured by the Dean's plan for a 'lessons learned' exercise with the School. As a Trust we are developing our non-Medical workforce including Physicians Associates, Specialist Nurses and Advanced Nurse Practitioners. We are developing more attractive packages for 'F3' time including looking at annualised hours contracts, and we have subscribed to LocumsNest to improve locum availability. We have recently relaunched Hospital@Night, looking to improve support for junior doctors based on feedback.

The Guardian of Safe Working presents to the Board quarterly, the DME twice per year, and we have arranged for Board presentations by one of our Foundation doctors and by our Chief Registrar. The Trust Chairman recently shadowed one of our Medical Registrars through a night shift. Board are well sighted on the challenges and successes in Education. The transparency of Education funding continues to be a hurdle. A recent project to allow clear badging of educational activity in job plans is the beginning. The Trust's current policy is to award 0.125 PA for Clinical or Educational Supervision, so we will be looking to see that this is met in all departments. The Board are aware that this allocation is half that of the recommended 0.25PA.

## Current quality risk register items

### Instructions for completion:

- For each risk identified, describe what action the organisation is taking to reduce the risk on learners.
- If you have addressed the risk and no further action is required, your response should evidence this.
- Based on your response, propose a risk score, using the Risk Score Definitions table in Appendix 1, with a *learner centred approach*.
- Your response and provisional scores will be triangulated with the school's response and reviewed and confirmed with the Wessex Quality Assurance Group.
- If you believe there are further associated risks, add a new risk table and update as appropriate.

Concerns with a risk score of 12 or greater will be included in the HEE Wessex quality risk report which is shared: within HEE (monthly basis); with the GMC via the Deans Report; with local QSGs. If you have any queries regarding this process, please contact [quality.wx@hee.nhs.uk](mailto:quality.wx@hee.nhs.uk).

### Risk Item WX017

Description of Risk	Learners affected	Likelihood score	Impact score	Risk Score
Induction not appropriate for F2s who are expected to perform significant procedures that they have not previously carried out	F2	TBC	TBC	TBC
<b>Previous Updates</b>				
<p><b>Jul-18 Trust Update:</b> Meeting in December 17 went well, suggesting improvement in the areas required. Sadly, we now have the new GMC Survey results which point to a persistent problem, so we will be investigating this as a Trust.</p> <p><b>Nov-17 Annual Review:</b> Consultant recruitment has led to changes in job planning allowing more robust clinical supervision to ensure easy access to senior staff at all times. The new consultant is keen to lead for Education; he is attending the Deanery Essentials course in order to become a named Clinical and Educational Supervisor, has taken on responsibility for local induction, and set up a new teaching timetable. There has been a review of Consent processes to ensure that only appropriate personnel take consent for procedures. The DME has attended the Urology departmental meeting to discuss the Survey results and the post grading, and to confirm the Action Plan. The Board is aware of the situation. Progress will be monitored through the year both at Medical Education Committee and by meeting with the trainees – the next meeting will be in December 17.</p>				
<b>2018 Annual Report Response</b>	Please enter a proposed risk score based on implementation of action plan.			
	Likelihood score	Impact score	Risk Score	
The surgical induction programme was completely overhauled by the Surgical College Tutor, working with one of the Foundation Doctors. They gathered feedback from the first, pilot, induction, and then altered the programme accordingly. The feedback from the programme delivered in August 18 got excellent feedback. The FPDs have been monitoring the situation in Urology and report increased satisfaction. However, the department is under stress due to staffing challenges: the consultant leading for Education is leaving and another of the consultants has been on long term sick leave. The remaining consultants are aware of the need for extra support of the juniors, and are aided in this by the Specialist Nurses who are highly praised by the juniors.	3	3	9	

## Risk review of posts

**Please either:**

- Tick the box to declare that you as DME are not aware of any risks to education and training with the associated post.  
or
- Write a summary of each issue in the fourth column, remembering to provide an initial likelihood and impact score for each risk. Should multiple risks exist for one post or a risk exist that you feel spans multiple posts, please enter each risk as a new line. Please give a summary of the risk as well as the risk score, including likelihood and impact score using the table in Appendix 1.

Post	HEE known risks	I am not aware of any further risks with this post (tick box)	If box is ticked... leave this section blank If box is unticked... provide description of risk including impact
Anaesthetics ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Core anaesthetics		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Emergency medicine ST4+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Emergency medicine F2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Foundation GP		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
ICM F2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Medicine F1		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Medicine F2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
O&G F2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Paediatrics F2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Psychiatry F1		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Surgery F1		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Surgery F2	<a href="#">WX017</a>	<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
GP emergency medicine		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
GP medicine		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
GP obstetrics and gynaecology		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
GP paediatrics		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
GP surgery		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Acute medicine ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____

Post	HEE known risks	I am not aware of any further risks with this post (tick box)	If box is ticked... leave this section blank If box is unticked... provide description of risk including impact
Cardiology ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Core medical training CT1-2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Diabetes and endocrinology mellitus ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Gastroenterology ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Geriatric medicine ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
General internal medicine ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Haematology ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Histopathology ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Respiratory medicine ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Obstetrics and gynaecology ST1-2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Obstetrics and gynaecology ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Paediatrics ST1-3		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Paediatrics ST4-8		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Core surgical training CT1-2		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
General surgery ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____
Trauma and orthopaedics ST3+		<input checked="" type="checkbox"/>	Risk score: Likelihood ____ Impact ____

## Dean's report items

The following item is currently reported by HEE Wessex to the GMC through the online Dean's Report. Please provide an update as to what action/improvements have been made, whether this has been sustained and whether the concern can be closed or not. N.B. providing a clear, evidence based response will aid in providing assurance to the GMC.

Programme / Site	Item	Last update submitted
F2 Urology	<p>Concerns with induction were noted at a visit in November 2016. The FY2 was expected to perform a number of significant procedures without a full induction, seemingly expected to learn on the job. An enhanced induction is required for posts where trainees are expected to undertake tasks of which they have no prior experience.</p> <p>The Trust provided an action plan in January 2017 noting that department are reviewing the induction process and looking to use a combination of the app-based Doctors Toolkit and a procedures logbook to ensure robust induction.</p> <p>A further update as to the trainees' experience of the new induction is expected in the Annual Trust Report towards the end of the year.</p>	<p><b>November 2017 update</b></p> <p>Consultant recruitment has led to changes in job planning allowing more robust clinical supervision to ensure easy access to senior staff at all times. The new consultant is keen to lead for Education; he is attending the Deanery Essentials course in order to become a named Clinical and Educational Supervisor, has taken on responsibility for local induction, and set up a new teaching timetable. There has been a review of Consent processes to ensure that only appropriate personnel take consent for procedures. The DME has attended the Urology departmental meeting and the Board is aware of the situation. Progress will be monitored both at Medical Education Committee and by meeting with the trainees. Next update is due Autumn 2018</p>
Annual report 2018	<p><b>Update for this Dean's Report Item will utilise the Trust and School responses to Risk Register Item <a href="#">WX017</a>. No further update required on this item unless you feel there is further information to add that is not covered by the risks.</b></p>	

## GMC National Trainee Survey 2018 – follow up

### Below outlier analysis

In July along with your GMC Survey results, we sent to you our 'below outlier analysis'. This identified which of your below outliers we wanted you to investigate and feedback on in the Annual Reports. The table below contains details of the outliers we asked you to review. Where there are multiple questions within one outlier for which we requested feedback, please ensure you provide an update for each of these.

Programme	Outlier	Outlier breakdown
Emergency Medicine F2	Work Load	60% rated intensity of work by day as heavy & very heavy, 40% about right; 80% rated intensity of work by night as heavy & very heavy; 20% about right; <b>100% work beyond rostered hours weekly;</b> 60% felt working pattern left them short of sleep weekly; 20% monthly; 20% less than once a month
Results of review / investigation		<b>Response:</b> Since the Survey the Department has recruited successfully to Trust Doctor and Consultant levels. We were visited by the School of Emergency Medicine who judged the standard of training to be good, and recommended that the Department could be recognised for ST3+ training. The Trust are working towards the BMA Fatigue and Facilities Charter. A session on 'Surviving Shift working' is being added to the Teaching Schedule both for Foundation doctors and for ED doctors. It is noteworthy that despite the answer re: working beyond rostered hours, the number of Exception Reports in ED is low. Because of this the Guardian of Safe Working has met with Departmental Leads and with Juniors in the department and the need to Exception Report has been emphasised at Junior Doctors' forum.
Risks identified (if applicable) following investigation		Enter a description of the risk (including impact on learner) ED is a busy post. We hope that the steps taken will lead to an improvement in the learning environment. <b>Risk score: 9 Likelihood 3 Impact 3</b>

Programme	Outlier	Outlier breakdown
GP Medicine	Local Teaching	66.67% rate the quality of the local/departmental teaching for this post poor, 33.33% Fair When attending local/dept teaching 33.3% had to leave multiple times a session to answer clinical calls, 33.3% had to leave some sessions, 33% never had to leave but it was not specifically protected time. 33.33% disagree that have enough protected time to attend all the local/departmental teaching I need to in this post, 33.33% neither agree or disagree, 33.33% na
Results of review / investigation		<b>Response:</b> We have bleep-free teaching for Medicine for all those other than doctors carrying Crash bleeps. The teaching schedule is being examined by the College Tutor for Medicine, asking GP trainees to feed back the ways in which the content could be improved to meet their needs.
Risks identified (if applicable) following investigation		Enter a description of the risk (including impact on learner) The Trust are working towards a local teaching programme that better meets the needs of GPVTS doctors. <b>Risk score: 6 Likelihood 2 Impact 3</b>

Programme	Outlier	Outlier breakdown
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# Annual Quality Report 2018

GP Medicine	Educational supervision	<b>Question 1: 100% do not have a training/learning agreement with your educational supervisor which sets out your respective responsibilities.</b>
Results of review / investigation of Question 1.	<b>Response:</b> The GP trainees' Educational Supervisors work under the aegis of the School of General Practice rather than with our organisation so this feedback was relayed to the GP Clinical Tutor in order that it could be discussed with GP ESs.	
Risks identified (if applicable) following investigation	Enter a description of the risk (including impact on learner) Not applicable to our LEP  <b>Risk score: Likelihood ___ Impact ___</b>	

Programme	Outlier	Outlier breakdown
Obstetrics and gynaecology	Induction	50% strongly disagree that they received all the information about the post when they started, 25% agree, 25% neither agree or disagree, 50% disagree that they had enough notice about rota in advance, 50% agree 75% did not know if roles and responsibilities were explained, 25% said yes they were <b>100% rated quality of induction as very poor / poor</b> <b>100% have agreed educational objectives with a named supervisor</b>
Results of review / investigation	<b>Response:</b> The Induction package was revised completely with the help of trainee reps from SHO and Middle grade level and the new College Tutor for Obs and gynae is aware of the previous poor feedback for induction.	
Risks identified (if applicable) following investigation	Enter a description of the risk (including impact on learner) Induction package has been completely revised.  <b>Risk score: 4 Likelihood 2 Impact 2</b>	

Programme	Outlier	Outlier breakdown
Surgery F2	Clinical supervision out of hours	66.67% never clinically supervised by someone who you felt wasn't competent to do so, 33.33% weekly <b>100% said daily they feel forced to cope with clinical problems beyond your competence or experience.</b> <b>100% never feel expected to obtain consent for procedures which they did not understand the proposed interventions and its risks.</b> 66.67 rate quality of clinical supervision as very poor/poor, 33.33% good
Results of review / investigation	<b>Response:</b> The surgical induction programme was completely overhauled by the Surgical College Tutor, working with one of the Foundation Doctors. They gathered feedback from the first, pilot, induction, and then altered the programme accordingly. The feedback from the programme delivered in August 18 got excellent feedback. The FPDs have been monitoring the situation and report increased satisfaction. In ENT there has been recruitment to a newly created Advanced Nurse Practitioner post, the job plans of the Middle Grade Doctors have been altered to allow them to provide greater support for juniors, and a new Hot Clinic has been set up on the ward, allowing better opportunity for teaching and increased supervision.	
Risks identified (if applicable) following investigation	Enter a description of the risk (including impact on learner) Risk has been mitigated  <b>Risk score:9 Likelihood 3 Impact 3</b>	

If your analysis of the survey has highlighted anything that you wish to share with us, please use the space below.

## GMC Regional Review requirements and recommendations

Please note that all GMC regional review requirements and recommendations are reported by HEE Wessex through the online GMC Deans Report.

Type	Description	Action taken by organisation since the visit	
Requirement	The trust must review and monitor out-of-hours supervision for F2 trainees and ensure F2s working at night in the specialty for the first time are appropriately supported.	The surgical induction programme was completely overhauled by the Surgical College Tutor, working with one of the Foundation Doctors. They gathered feedback from the first, pilot, induction, and then altered the programme accordingly. The feedback from the programme delivered in August 18 got excellent feedback. The FPDs have been monitoring the situation. We were pleased to see that in the most recent GMC Survey only one group of the four whose survey results were reported flagged a problem in the out-of-hours category, but we have worked on the feedback from that group, the Surgical F2s. As a result, working with junior doctor reps, we have relaunched the Hospital@Night service specifically to improve support. Guidance for safe working overnight is being introduced to the Foundation teaching schedule, including effective use of the H@N team.	
Further action planned by organisation	We will monitor feedback via Junior Doctors' forum, Exception Reporting, and feedback from ES and CS reports.		Led by DME and GOSW

Type	Description	Action taken by organisation since the visit	
Requirement	The trust must continue to develop clear and transparent systems to monitor how educational resources are allocated and used.	The project that looked at the consistency of labelling of time in job plans for Educational and Clinical Supervision has concluded, and the plan to complete Job Plans in each department has been largely finished.	
Further action planned by organisation	Next step is for the DME to review all job plans with HR to compare time allocated to Educational responsibilities, and to address discrepancy.		Led by DME

Type	Description	Action taken by organisation since the visit	
Recommendation	The trust should review the structure for local induction for postgraduate learners.	Induction has been reviewed across the Trust, with content reflecting the needs of learners including an emphasis on Health and wellbeing.	
Further action planned by organisation	We will continue to monitor feedback in the GMC Survey.		Led by DME

Type	Description	Action taken by organisation since the visit	
Recommendation	The trust should review and monitor processes for implementing less than full-time training.	We are working with the Deanery to review LTFT training support. As part of this we are recruiting a new LTFT Champion who will act as a point of reference and advice for trainees who are already, or who are considering, working LTFT. We have disseminated information regarding Return to Training as part of our support for LTFT working. It will be a topic for discussion at our upcoming Medical Education Faculty Day in February.	
Further action planned by organisation	Confirmation of appointment of new LTFT Champion.	Led by	DME

Type	Description	Action taken by organisation since the visit	
Recommendation	The trust should review the system for granting annual leave and study leave and ensure clear communication to trainees.	The system has been redesigned at Deanery level and these changes have been communicated to trainees. DME sits on Deanery Study Leave working group, and liaises with responsible Associate Dean re: individual cases where necessary.	
Further action planned by organisation	We shall continue to work with the Deanery on this.	Led by	DME

## Your feedback

Comments on this reporting process and how we could improve?

## Appendix 1: Risk score definitions

Score	Likelihood	Impact
1	<b>Rare:</b> <ul style="list-style-type: none"> <li>Will probably never happen</li> <li>Could only imagine it happening in rare circumstances</li> </ul>	<b>Negligible:</b> <ul style="list-style-type: none"> <li>Very low effect on service, project or business area</li> <li>No impact on patients, learners, public or staff</li> <li>No reputational impact (i.e. no press interest)</li> <li>No financial loss</li> </ul>
2	<b>Unlikely:</b> <ul style="list-style-type: none"> <li>Do not expect it to happen</li> <li>It is possible that it may occur</li> </ul>	<b>Minor:</b> <ul style="list-style-type: none"> <li>Minimal disruption to service, project or business area</li> <li>Limited impact on patients, learners, public or staff</li> <li>Minimal reputational impact</li> <li>Limited financial loss</li> </ul>
3	<b>Possible:</b> <ul style="list-style-type: none"> <li>Might occur</li> <li>Could happen occasionally</li> </ul>	<b>Moderate:</b> <ul style="list-style-type: none"> <li>Moderate impact on service, project or business area</li> <li>Moderate level of impact on patients, learners, public or staff</li> <li>Medium level of reputational impact</li> <li>Medium financial loss</li> </ul>
4	<b>Likely:</b> <ul style="list-style-type: none"> <li>Will probably happen in most circumstances</li> <li>Not a continuing occurrence</li> </ul>	<b>Major:</b> <ul style="list-style-type: none"> <li>Major effect on service, project or business area</li> <li>Major level of impact on patients, learners, public or staff</li> <li>Major impact on reputation (i.e. major press interest)</li> <li>Major financial loss</li> </ul>
5	<b>Almost certain:</b> <ul style="list-style-type: none"> <li>Expected to happen</li> <li>Likely to occur in most circumstances</li> </ul>	<b>Significant:</b> <ul style="list-style-type: none"> <li>Loss of service, project or business area</li> <li>Detrimental effect on patients, learners, public or staff</li> <li>National press coverage</li> <li>Significant financial loss</li> </ul>

<b>Title of Meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>27 March 2019</b>
<b>Report Title</b>	<b>Guardian of Safe Working Annual Report</b>
<b>Author</b>	<b>Dr Jonathan Chambers, Guardian of Safe Working</b>
<b>Responsible Executive</b>	<b>Alistair Hutchison, Medical Director</b>

<b>Purpose of Report (e.g. for decision, information)</b> For information	
<b>Summary</b> The Guardian is required to report to the Board on a quarterly basis and this report adheres to the nationally agreed Board report template and that of the Lead Employer template. This report is the annual report covering the period March 2018 – February 2019	
<b>Paper Previously Reviewed By</b> SMT – 20 March 2019	
<b>Strategic Impact</b> Junior Doctors are central to the Trust being able to achieve its key strategic objectives. Their service provision enables DCHFT to deliver its core functions. The 2016 contract is essential to help maintain their training requirements and the safety of their working environment	
<b>Risk Evaluation</b> Analysis of the data summarised within this report will assist in identifying key areas of concern and potential risk.	
<b>Impact on Care Quality Commission Registration and/or Clinical Quality</b> The Guardian of Safe Working role is one of the mechanisms within the 2016 contract introduced to provide assurance of safety and clinical quality.	
<b>Governance Implications (legal, clinical, equality and diversity or other):</b> No specific implications relating to the contents of the paper.	
<b>Financial Implications</b> Potential risk associated with payment due to excess hours worked. The divisions need to implement a robust system for administering time back in lieu to prevent the risk of fines.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes

<b>Recommendations</b>	a) Continue Board level support for Exception Reporting process. b) Support recruitment to improve resilience in medical rotas. c) Support the development of posts to enable the recruitment of Physicians Associates and Clinical Assistants. c) Provide support for engagement with the BMA Fatigue & Facilities Charter.
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<b>Title of Meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>27 March 2019</b>
<b>Report Title</b>	<b>Annual Guardian Report of Safe Working report: Doctors in Training (March 2018 – February 2019)</b>
<b>Author</b>	<b>Dr Jonathan Chambers, Guardian of Safe Working</b>

### 1. Executive summary

- The 2016 contract for doctors in training has been implemented and all eligible doctors in training working at Dorset County Hospital NHS Foundation Trust have been successfully transferred to the contract.
- Over the past year, working alongside the Director of Medical Education (DME), Medical HR and the Divisional Management teams, I have continued to embed the concepts of work scheduling, compliant rota design and exception reporting.
- Educational supervisors continue to play a key role in the effectiveness and oversight of exception reports - at present within the same SPA allocation as prior to the 2016 contract. In our role as Lead Employer for GP trainees we have continued working with educational supervisors in the Primary Care setting to ensure that the same processes are delivered.
- Exception reporting remains a useful tool to identify areas of challenge within the Trust. It is clear that, due to rota gaps, junior doctor rotas are stretched. This removes the resilience required to guarantee both junior doctor welfare and safe delivery of service.
- The Junior Doctor Forum has been well attended. Recent changes to the structure of the forum, alongside proactive BMA reps, the Chief Registrar and the regular attendance by members of the SMT, have led to the JDF becoming a useful route for dealing with the concerns of doctors in training .
- This is the second Annual Report to the Board by the GoSW. The report is based on a National Template and has rota gaps and vacancies as its main focus.



## 2. Introduction

This is the **annual** report covering the period of March 2018 – February 2019.

## 3. High level data

Number of doctors / dentists in training posts (total):	154
Number of doctors sat in training post (total):	141.1
Number of doctors / dentists in training on 2016 TCS (total):	141.6
Annual average vacancy rate among this staff group:	18.25 (13%)

## 4. Annual data summary

Section 5 is the annual aggregate of the relevant data from the previous four quarterly reports. This refers to all vacancies among the medical training grades (including trust doctors) during the previous year split by specialty, rota and grade.

A more detailed breakdown as featured in the quarterly reports can be found in appendix 1.

## 5. Trainee Vacancies within the Trust

Specialty	Grade	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total gaps (average WTE)
Paediatrics	ST3+	0.40	0.40	0.40	2.00	0.80
O&G	ST3+	0.30	0.30	0.50	1.00	0.52
Surgical	CT1	0.00	0.00	0.00	0.00	0.00
Surgical	CT2	0.00	0.00	0.00	0.00	0.00
Surgical	ST3+	1.00	1.00	0.33	0.00	0.00
T&O	CT2	0.00	0.00	0.00	0.00	0.00
T&O	ST3+	1.00	1.00	0.00	0.00	0.00
Anaesthetics	CT1/2	1.70	1.70	0.30	0.36	1.01
Anaesthetics	ST3+	0.00	0.00	2.40	0.93	0.83
Haematology	ST3+	0.40	0.40	0.00	0.00	0.00
Orthodontics	ST3+	0.33	1.00			Funding withdrawn
Medical	CT1/2	3.31	3.33	0.00	0.00	0.00
COE	ST3+	0.00	0.00	0.00	0.33	0.08
Diab/Endo	ST3+	1.00	1.00	0.00	1.00	0.75
Respiratory	ST3+	0.00	0.00	0.00	0.00	0.00
Gastroenterology	ST3+	0.00	0.00	0.00	0.00	0.00
Cardiology	ST3+	0.00	0.00	0.00	0.00	0.00
Renal	ST3+	0.00	0.00	1.00	2.00	0.75
Rotational	FY1	2.32	4.00	0.00	0.00	1.58
Rotational	FY2	0.99	1.00	1.98	2.00	5.97

COE	GPVTS	0.40	0.40	0.40	0.72	0.48
Emergency Medicine	GPVTS	2.00	2.00	1.00	0.73	1.43
Cardiology	GPVTS	0.00	0.00	0.66	0.00	0.16
Palliative	GPVTS	0.00	0.00	0.33	0.20	1.13
Ophthalmology	GPVTS	0.00	0.00	0.00	0.33	0.08
ENT	GPVTS	0.00	0.00	0.00	0.00	0.00
T&O	GPVTS	1.00	1.00	1.00	1.33	1.08
Paediatrics	GPVTS	0.70	0.70	2.60	1.60	1.40
O&G	GPVTS	0.00	0.00	0.40	0.40	0.20
<b>Total</b>		16.85	19.23	13.3	14.93	<b>18.25</b>

**Trainees vacancies outside the Trust overseen by the LET guardian**

General Practice	GPVTS	0.40	1.28	4.05	4.35	2.52
Public health trainees	FY1/2	00.00	0.00	0.00	0.00	0.00
<b>Total</b>		0.40	1.28	4.05	4.35	<b>2.52</b>

## 6. Key issues arising

### A) Issues Raised through Exception Reporting

#### a. Workforce Resilience & Rota Gaps

Vacancy rates remain an issue at DCH. Each vacancy leads to a rota gap or an unfilled shift. A number of exception reports have been triggered by doctors who have been required to work solo on a firm due to the limited available workforce to cover a rota gap, annual or study leave. In the short term these gaps can be absorbed and managed, but the long-term effect of the vacancies is an impact on both the training and moral of the junior doctor workforce within the hospital.

A number of repeated exception reports in Surgery (Orthopaedics and General Surgery) have highlighted the lack of resilience in these specialties. Any degree of sickness, or absence due to planned leave, causes the service to struggle. TOIL and additional payment has been accrued due to the remaining staff having to work additional hours. Temporary medical staff (as & when) are still required to maintain a safe service in orthopaedics and this will continue for the coming months due to vacancies and workload. This cost pressure is required to deliver the service.

#### b. Supervision

We continue to see exception reports from doctors in training of all grades who are moved at short notice. Transferring a doctor to cover a last minute gap in another specialty is reasonable to maintain a safe service. However, when this is required it is essential that their level of supervision is

maintained. A number of trainees expressed concern that their ability to access senior help when moving to cover an unfamiliar specialty proved difficult. A more robust system is required.

**c. Workload**

Towards the end of the year a number of exceptions were submitted as a result of the increased workload experienced on both in orthopaedics and on the junior surgical rota (FY2/CST/GPVTS). Out of hours this rota covers a number of surgical specialties within the hospital (ENT, Urology, Orthopaedics & General Surgery). The pressure of admissions through ED has had an impact on the surgical team present in the hospital out of hours and has led to concerns over the capacity of the available team to manage the workload.

**d. Escalation of Rota Gaps**

This has remained an issue. Due to a lack of resilience, rota gaps are remaining unfilled leaving the specialties understaffed. Rota teams struggle to fill all shifts in a timely manner and often rely on the good-will of doctors in training to cover the vacancies at short notice. The ongoing lack of a Divisional Director in Division A has, in my view, reduced the clinical oversight of both advanced planning and decision making in the management of rota gaps.

**7. Actions taken to resolve issues**

In response to the issues raised the following actions have been undertaken:

**A) Medical Workforce and Rota Gaps**

**1. Short Term Task & Finish Group**

Mark Warner led this group with the specific aim of addressing some of the challenges faced by Doctors in Training at DCH. The output was presented to SMT in June. I am encouraged by this work and look forward to seeing a number of changes coming into effect, namely:

- Effective escalation policies for rota gaps in both divisions
- Revised locum rates to help improve the cover of rota gaps
- Effective rota management with improved clinical oversight and greater visibility between divisions
- Effective use of software to improve accessibility of all rotas to improve communication and oversight.
- Trial of Locums Nest software to improve communication of where rota gaps need filling
- The formation of a Medical Workforce Group to regularly review rota gaps and the actions undertaken by the Trust to address the

vacancies. This group is now established to look at developing resilience within the medical staffing at DCH. The group are looking at effective rostering and sharing best practice between divisions. It is important that this work is now focused on supporting recruitment.

## **2. Clinical Assistants & Physicians Associates**

We need to deliver this work programme to help support the workload of our current medical workforce. Looking at new ways of working will be essential to developing resilience within the system over the coming few years. One Clinical Assistant has been appointed and we will continue to recruit a further two. One PA is in post and, with the arrival of PA students at DCH, further posts will need to be established to deliver the benefit of the Trust supporting this new training programme.

## **3. F3 Fellowships**

As part of the MWC output we are looking at establishing 6/12 month fellowships for doctors who have come to the end of their Foundation training. These fellowships will combine service provision with the development of a special interest and will support the needs of the organisation along with supporting the educational development of the individual doctor. These posts are awaiting financial agreement.

## **B) Surgical CST/FY2 rota**

In response to the concerns raised and in consultation with Medical Director, DME and Foundation Programme Director, the following actions have been agreed:

1. Awareness that Hospital@Night has been relaunched. It had become a version of Critical Care Outreach Team (CCOT) and this was limiting its support to the Surgical on-call team. The DME, Medical Director & CCOT agreed a new pathway for managing and co-ordinating the workload at night.
2. Activity times of Surgical admissions through ED have been monitored. There has always been an awareness that the end of GP Surgery times coincides with a rise in patient numbers, but there is a suspicion that earlier closing of Weymouth Urgent Care Centre (8pm rather than 10pm) is exacerbating this rise. The data supports this view and the division are putting together proposals to improve staffing at peak times of activity.

## **8. Other Information:**

I would like to commend two ongoing work streams for the continued support of the Board:

- a) Delivering on the recommendations within NHSE/HEE/NHS Providers/BMA document on 8 High Impact Actions to Improve the Working Lives of Junior Doctors
- b) Supporting the BMA Fatigue and Facilities Charter to which DCHFT has become a signatory

## 9. Summary

Over the past year, as Guardian of Safe Working, I have worked to support the SMT and Board in developing their strategic view of the challenges to safe working and educational opportunity of doctors in training at DCHFT. In comparison with other Trusts, I am confident that the Trust demonstrates appropriate concern and interest in these issues, notwithstanding the financial challenges present. However, due to ongoing rota gaps and vacancies, our current junior workforce is being stretched to cover the workload. This is not sustainable in the mid to long-term and has an impact on their wellbeing, training and the ability of the specialties to deliver safe and timely care. I am grateful for the ongoing support of the Board in tackling the issues underlined within this report.

## 10. For consideration:

Over the coming year I would ask the Board to:

- Continue to support the current work streams detailed in this report with a view to improving the recruitment process and the effective management of rota gaps.
- Support the development and funding of Physicians Associate posts to enable our current PA students to understand which roles will be available at DCH in the near future
- Support the Trust in delivering the changes needed to meet the requirements of the BMA Fatigue and Facilities Charter
- Prioritise the appointment of a Divisional Director in Division A
- Myself and the HR team would be grateful for any feedback from the Board into the issues raised in this report.

# APPENDICES - TRUST BOARD PAPER MARCH 2019

## ANNUAL GUARDIAN REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING

### Appendix 1 – Medical training grade vacancies full year by month and quarter

Specialty	Grade	Jan 19	Feb 19	Mar 19	Total gaps (average)
Paediatrics	ST3+	1	2	3	2
O&G	ST3+	1	1	1	1
Surgical	CT1	0	0	0	0
Surgical	CT2	0	0	0	0
Surgical	ST3+	0	0	0	0
T&O	CT2	0	0	0	0
T&O	ST3+	0	0	0	0
Anaesthetics	CT1/2	0.30	0.40	0.40	0.36
Anaesthetics	ST3+	2.40	0.20	0.20	0.93
Haematology	ST3+	0	0	0	0
Medical	CT1/2	0	0	0	0
COE	ST3+	0	0	1	0.33
Diab/Endo	ST3+	1	1	1	1
Respiratory	ST3+	0	0	0	0
Gastroenterology	ST3+	0	0	0	0
Cardiology	ST3+	0	0	0	0
Renal	ST3+	2	2	2	2
Rotational	FY1	0	0	0	0
Renal	FY2	1	1	1	1
T&O	FY2	1	1	1	1
COE	GPVTS	1.40	0.40	0.40	0.73
Emergency Medicine	GPVTS	1.40	0.40	0.40	0.73
Cardiology	GPVTS	0	0	0	0
Palliative	GPVTS	0.20	0.20	0.20	0.20
Ophthalmology	GPVTS	1	0	0	0.33
ENT	GPVTS	0	0	0	0
T&O	GPVTS	2	1	1	1.33
Paediatrics	GPVTS	4	0.40	0.40	1.60
O&G	GPVTS	0.40	0.40	0.40	0.40
<b>Total</b>		<b>20.1</b>	<b>11.4</b>	<b>13.4</b>	<b>14.94</b>

Specialty	Grade	Sep 18	Oct 18	Dec 18	Total gaps (average)
Paediatrics	ST3+	0.40	0.40	0.40	0.40
	GPVTS	2.60	2.60	2.60	2.60
Obstetrics & Gynaecology	ST3+	0.30	0.40	0.40	0.50
		0.40	0.40	0.40	0.40
Elderly Med	GPVTS	0.40	0.40	0.40	0.40
Breast	ST3+	1.00	0.00	0.00	0.33
Orthopaedics	GPVTS	1.00	1.00	1.00	1.00
Anaesthetics	CT2	0.30	0.30	0.30	0.30

	ST3+	2.40	2.40	2.40	2.40
A&E	GPVTS	1.00	1.00	1.00	1.00
Renal	ST3+	1.00	1.00	1.00	1.00
Old Age Psych	FY2	1.00	1.00	0.00	0.66
Respiratory	FY2	1.00	1.00	0.00	0.66
Renal	FY2	0.00	0.00	1.00	0.33
Diabetes & Endocrinology	ST3+	1.00	1.00	1.00	1.00
T&O	FY2	0.00	0.00	1.00	0.33
Palliative	GPVTS	1.00	0.00	0.00	0.33
Cardiology	GPVTS	0.00	1.00	1.00	0.66
GP	GPVTS	0.00	1.00	1.00	0.66
<b>Total</b>		<b>14.80</b>	<b>14.90</b>	<b>14.90</b>	<b>14.90</b>

Specialty	Grade	Jun 18	Jul 18	Aug 18	Total gaps (average)
Paediatrics	ST3+	0.40	0.40	0.40	0.40
	GPVTS	0.80	0.80	0.80	0.70
Obstetrics & Gynaecology	ST3+	0.30	0.30	0.30	0.30
Elderly Med	FY1	0.00	0.00	0.00	0.00
	GPVTS	0.40	0.40	0.40	0.40
Breast	ST3+	1.00	1.00	1.00	1.00
Orthopaedics	GPVTS	1.00	1.00	1.00	1.00
	ST3	1.00	1.00	1.00	1.00
Anaesthetics	CT2	1.70	1.70	1.70	1.70
Orthodontics	ST3+	1.00	1.00	1.00	1.00
Haematology	ST3+	0.40	0.40	0.40	0.40
A&E	GPVTS	2.00	2.00	2.00	2.00
Acute Medicine	FY1	0.00	1.00	1.00	1.00
Elderly Care	CT1	1.00	1.00	1.00	1.00
Clinical Oncology	CT1	1.00	1.00	1.00	1.00
Renal	CT1	1.00	1.00	1.00	1.00
Gastroenterology	CT1	1.00	0.00	0.00	0.33
	FY1	1.00	1.00	1.00	1.00
Diabetes & Endocrinology	CT1	0.00	0.00	0.00	0.00
	ST3+	1.00	1.00	1.00	1.00
General Surgery	FY1	1.00	1.00	1.00	1.00
ENT	FY2	0.00	0.00	0.00	0.00
Emergency Med	FY2	1.00	1.00	1.00	1.00
CAMHS	FY1	1.00	1.00	1.00	1.00
<b>Total</b>		<b>23</b>	<b>17</b>	<b>23</b>	<b>22</b>

Specialty	Grade	Mar 18	Apr 18	May 18	Total gaps (average)
Paediatrics	ST3+	0.40	0.40	0.40	0.40
	GPVTS	0.80	0.80	0.80	0.70
Obstetrics & Gynaecology	ST3+	0.30	0.30	0.30	0.30
Elderly Med	FY1	3.00	0.00	0.00	1.00
	GPVTS	0.40	0.40	0.40	
Breast	ST3+	1.00	1.00	1.00	1.00



Orthopaedics	GPVTS	1.00	1.00	1.00	1.00
	ST3	1.00	1.00	1.00	1.00
Anaesthetics	CT2	1.70	1.70	1.70	1.70
Orthodontics	ST3+	0.00	0.00	1.00	0.33
Haematology	ST3+	0.40	0.40	0.40	0.40
A&E	GPVTS	2.00	2.00	2.00	2.00
Acute Medicine	FY1	0.00	1.00	1.00	0.66
Elderly Care	CT1	0.00	1.00	1.00	0.66
Clinical Oncology	CT1	1.00	1.00	1.00	1.00
Renal	CT1	0.00	1.00	1.00	0.66
Gastroenterology	CT1	1.00	0.00	0.00	1.00
	FY1	0.00	1.00	1.00	0.66
Diabetes & Endocrinology	CT1	1.00	0.00	0.00	0.33
	ST3+	1.00	1.00	1.00	1.00
General Surgery	FY1	0.00	1.00	1.00	0.66
ENT	FY2	1.00	0.00	0.00	0.33
Emergency Med	FY2	0.00	1.00	1.00	0.66
<b>Total</b>		<b>23</b>	<b>17</b>	<b>23</b>	<b>22</b>

## Appendix 2 – Exception Reports by department, grade and rota

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Paediatrics	0	1	1	0
Obstetrics & Gynaecology	0	7	7	0
ENT	0	5	4	1
Urology	0	18	18	0
Colorectal/Breast	0	18	18	0
Upper GI/Vascular	0	4	4	0
Orthopaedics	0	42	42	0
Anaesthetics	0	1	1	0
Anaesthetics ICU	0	0	0	0
Orthodontics	0	0	0	0
Ophthalmology	0	0	0	0
Haematology	0	0	0	0
Histopathology	0	0	0	0
A&E	0	10	10	0
Acute Medicine	0	29	25	4
Elderly Care	0	10	10	0
Stroke	0	3	3	0
Clinical Oncology	0	0	0	0
Cardiology	0	13	13	0
Respiratory	0	7	3	4
Renal	0	4	4	0
Gastroenterology	0	10	10	0
Diabetes & Endocrinology	0	0	0	0
Adult Psychiatry	0	0	0	0
General Psychiatry	0	0	0	0
General Practice	0	0	0	0
<b>Total</b>	<b>0</b>	<b>182</b>	<b>173</b>	<b>9</b>

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1	0	111	106	5
F2	0	47	43	4
CT1-2/ST1-2	0	20	20	0
ST3-8	0	4	4	0
<b>Total</b>	<b>0</b>	<b>182</b>	<b>173</b>	<b>5</b>

Exception reports by rota				
Specialty	No. exceptions	No. exceptions	No. exceptions	No. exceptions

	carried over from last report	raised	closed	outstanding
Paediatrics ST3-8	0	0	0	0
Paediatrics FY2/GPVTs	0	0	0	0
Obstetrics & Gynaecology FY2/ST1-2	0	7	7	0
Obstetrics & Gynaecology ST3-8	0	0	0	0
General Surgery FY2/CT1/2/GPVTs	0	28	27	1
General Surgery ST3-8	0	0	0	0
Orthopaedics ST3-8	0	0	0	0
Anaesthetics CT1-2	0	1	1	0
Anaesthetics ICU CT1-2	0	0	0	0
Anaesthetics ICM FY2	0	0	0	0
Anaesthetics ST3-8	0	0	0	0
Orthodontics ST3-8	0	0	0	0
Haematology ST3-8	0	0	0	0
Histopathology ST1-2	0	0	0	0
A&E FY2/GPVTs	0	10	10	0
General Medicine FY2/CT1/2/GPVTs	0	8	8	0
CMT/GPVTs Cardiology	0	0	0	0
CMT – FW Clinical Oncology	0	0	0	0
General Medicine ST3-8	0	3	3	0
ST3+ Cardiology	0	1	1	0
GPVTs Palliative Care	0	0	0	0
GPVTs – GP	0	0	0	0
FY2 General Practice (AHAH – Med On Call)	0	0	0	0
FY2 AHAH	0	0	0	0
FY2 GP – Med On Call	0	0	0	0
FY2/CT Gastro	0	10	10	0

FY2/CMT – Resp/Renal	0	3	0	3
FY1 CAMHS (Gen Adult)	0	0	0	0
FY1 Geriatric/Stroke	0	6	6	0
FY1 Respiratory	0	4	3	1
FY1 Renal	0	1	1	0
FY1 Acute Internal Medicine	0	28	24	4
FY1 Cardiology	0	12	12	0
FY1 Gastroenterology	0	0	0	0
FY1 Colorectal/UGI	0	18	18	0
FY1 Urology	0	5	5	0
FY1 ENT	0	4	4	0
FY1 Breast/Vascular	0	0	0	0
FY1 Orthopaedic	0	32	32	0
Paediatric FY1	0	1	1	0
FY1 Adult Psychiatry (Surgical on call)	0	0	0	0
FY1 Child & Adolescent Psychiatry (Orthopaedic On call)	0	0	0	0
<b>Total</b>	<b>0</b>	<b>182</b>	<b>173</b>	<b>9</b>

Standard Exception Reports - response time			
	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	45	61	5
F2	12	31	4
CT1-2 / ST1-2	4	16	0
ST3-8	0	4	0
<b>Total</b>	<b>61</b>	<b>112</b>	<b>9</b>

Exception reports - Immediate safety Concern - response time				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	1	0	3	0
F2	0	0	2	0
CT1-2 / ST1-2	0	0	0	0
ST3-8	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>

### Appendix 3 – Work schedule reviews by grade and department

Work schedule reviews by grade	
F1	5
F2	9
CT1-2 / ST1-2	0
ST3+	3

Work schedule reviews by department	
Paediatrics	0
Obstetrics & Gynaecology	1
ENT	1
Urology	6
Vascular	0
Colorectal/Breast	0
Upper GI	0
Colorectal	0
Orthopaedics	1
Anaesthetics	0
Anaesthetics ICU	0
Orthodontics	0
Ophthalmology	0
Haematology	0
Histopathology	0
A&E	2
Acute Medicine	3
Elderly Care	0
Stroke	0
Clinical Oncology	0
Cardiology	0
Respiratory	0
Renal	0
Gastroenterology	3
Diabetes & Endocrinology	0
Adult Psychiatry	0
General Psychiatry	0
General Practice	0
<b>Total</b>	<b>17</b>

<b>Title of Meeting</b>	<b>Trust Board</b>
<b>Date of Meeting</b>	<b>27 March 2019</b>
<b>Report Title</b>	<b>Code of Corporate Governance</b>
<b>Author</b>	Rebekah Ley
<b>Responsible Executive</b>	Patricia Miller

**Purpose of Report (e.g. for decision, information)**

To receive and note for information and assurance.

**Summary**

The UK Corporate Governance regime has been strengthened with the introduction at the start of 2019 of increased reporting requirements and corporate governance code changes. These changes affect the National Health Service. The intention is to improve the running of companies, protect the interests of shareholders and for the NHS, demonstrate engagement with employees, customers and suppliers.

The attached paper is a summary of the 20 page Code and includes details of where this is an overlap between the code and the eight specific domains in the CQC's Well-led inspection framework. The Trust, along with most NHS organisations, in complying with the Well-led framework is already well placed against the revised Code. It is recommended that focussed work continues to look at the Trust's compliance against the Code and Well-led framework during 2019/20 and that regular updates are provided to the Board in line the scheduled well-led reviews in the Board's forward work-plan.

The requirements will apply for the financial year commencing 2019/20.

**Paper Previously Reviewed By**

Not applicable.

**Strategic Impact**

By demonstrating adherence to the Code and Well-led framework the Trust ensures that its governance structures are effective in holding to account and providing assurance. In addition, the Trust must ensure that such arrangements are clear and support the delivery of high quality care and that the Trust's values are understood and demonstrated by all.

**Risk Evaluation**

Failure to comply with the Code may result in actions being enforced on the Trust.

**Impact on Care Quality Commission Registration and/or Clinical Quality**

Leadership and improvement capability (Well-led) is one of the five key themes of NHS Improvement Single Oversight Framework.

**Governance Implications (legal, clinical, equality and diversity or other):**

To comply with the Code of Governance and also the terms of the Trust's registration with the CQC.

<b>Financial Implications</b> None.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes
<b>Recommendations</b>	a) To receive and note the attached paper. b) To note that the Board will receive regular updates throughout 2019/20 against compliance with the Code and the Well-led framework.

## SUMMARY OF CHANGES TO CORPORATE GOVERNANCE FROM 1 JANUARY 2019

The UK Corporate Governance regime is being strengthened with the introduction at the start of 2019 of increased reporting requirements and corporate governance code changes. These changes will affect listed as well as large private companies and also the National Health Service that has traditionally adopted the code. The intention is to improve the running of companies, protect the interests of shareholders and for the NHS, demonstrate engagement with employees, customers and suppliers.

The Companies (Miscellaneous Reporting) Regulations 2018 is currently passing through the approval process in Westminster and is anticipated to bring in a number of reporting changes from 1 January 2019. The new requirements will apply to financial years commencing on or after 1 January 2019 (Annual Report and Accounts 2019/20).

The Code should be read in conjunction with the CQCs Well-led inspection framework as there is inevitably an overlap between the code and the eight specific domains in the inspection framework. NHS Trusts, in complying with the Well-led framework are already well placed against the revised Code. The relevant CQC domains are included in the table below.

### What the regulations do in practice

The regulations introduce a number of amendments into the Companies Act 2006 and related accounting regulations, which for the most part, will apply to all companies save those which are medium sized companies, or which are entitled to the small companies' exemption (referred to as "relevant companies"). In practice, this will mean that large companies or listed companies will be those principally caught by the new provisions set out below.

All relevant companies must include a **Section 172 statement** setting out how the directors have had regard to the various matters set out in section 172(1) of the Companies Act 2006 ("duties to promote the success of the company"), which (among others) includes having regards to *"the likely consequences of any decision in the long term; the interests of the company's employees; the need to foster the company's business relationships with suppliers, customers and others; and the need to act fairly as between members of the company."* If the company is not quoted, the same information must be published on a free to access website.

All companies with more than 250 employees in the UK, must include in their directors' report, a **statement on employee engagement**, which describes steps taken by the company to engage with staff, including any arrangements made to: provide employees with information that concerns them; consult with them for their views on decisions affecting them; encourage their involvement in, and raising awareness of financial factors affecting, the company's performance.

All relevant companies must include a **statement of engagement with customers and suppliers** within the directors' report, detailing how directors have had regard to the need to foster relationships with suppliers, customers and others.

Any companies with 2,000 or more employees, or which have both a turnover of more than £200 million and a balance sheet total of over £2 billion (classed as "Very Large Companies"), will be required to supply a **statement setting out the corporate governance arrangements** of the company, including which corporate governance code they follow, and any departures from the code.



Quoted companies with more than 250 employees will be required to publish within the directors' remuneration report, their **pay ratio information** showing the CEO's total remuneration relative to the 25th, 50th and 75th percentile of full-time equivalent remuneration of the company's UK employees.

### General Principles for the Board to Consider and CQC Domains

General Principle	Provision in the Code	Relevant CQC Domains and detail
<b>Workforce and Stakeholders</b>	There is a new provision to promote greater board engagement with the workforce to understand their views. The code asks boards to describe how they have considered the interests of stakeholders when performing their duty to promote the success of the organisation.	<b>Domain 1:</b> leadership capacity and capability to delivery high quality sustainable care. <b>Domain 2:</b> clear vision and credible strategy to deliver high-quality sustainable care. <b>Domain 4:</b> clear roles, responsibilities and systems of accountability to support good governance and management. <b>Domain 7:</b> people who use services, the public, staff and external partners engaged are engaged and involved to support high-quality sustainable services.
<b>Culture</b>	The new code places far greater emphasis on the need for boards to create a culture which aligns the organisation's values with strategy. Importantly the code asks boards to assess how the board leads in generating and preserving value over the long-term.	<b>Domain 1:</b> as above. <b>Domain 2:</b> as above. <b>Domain 4:</b> as above <b>Domain 5:</b> there are clear and effective processes for managing risks, issues and performance. <b>Domain 8:</b> there are robust systems and processes for learning, continuous improvement and innovation.
<b>Succession and Diversity</b>	The code emphasises the need for boards to have the right mix of skills and experience to ensure constructive challenge and to promote diversity. It stresses the need to refresh Boards and for robust succession planning. It also asks that meaningful consideration is given to the length of term that Chairs remain in post, so that a clear division of power exists between Chair and Chief Executive. The new code strengthens the role of the nomination committee in succession planning and ensuring a diverse board. It stresses the importance of external board evaluation including reports to the nomination committee on details of the contact the external board evaluator has had with the board and individual directors.	<b>Domain 4:</b> as above. In addition the key evidence that the CQC would be looking for are the Committee structures that underpin the work of the Trust Board and etc (including the Nominations Committee).  External evaluation that is also mentioned by the CQC would include their own inspection findings and well-led review action plans, any views from the CCG and NHSI.

<b>Remuneration</b>	The new code emphasises that remuneration committees should take into account workforce remuneration and related policies when setting director remuneration. It also warns that formulaic calculations of performance related pay should be rejected in favour of the application of discretion when deciding pay awards.	<b>Domain 4:</b> as above.
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<b>Title of Meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>27 March 2019</b>
<b>Report Title</b>	<b>Corporate Risk Register</b>
<b>Author</b>	Mandy Ford, Head of Risk Management and Quality Assurance
<b>Responsible Executive</b>	Nicky Lucey, Director of Nursing and Quality

**Purpose of Report (e.g. for decision, information)**
**Summary**

The Corporate Risk Register assists in the assessment and management of the high level risks, escalated from the Divisions and any risks from the annual plan. The corporate risk register provides the Board with assurance that risks corporate risks are effectively being managed and that controls are in place to monitor these. All care group risk registers are being reviewed.

The most significant 5 risks which could prevent us from achieving our strategic objectives are below. There are no significant changes from the last update other than the inclusion of a new risk relating to Brexit and the plan to split the Mortality Indicator risk in to two clearly defined risks in relation to coding and mortality risks.

The risks detailed in this report are to reflect the operational risks, rather than the strategic risks reflected in the Board Assurance Framework.

All current active risks continue to be reviewed with the leads to ensure that the risks are in line with the Risk Management Framework as there is some concern that risks may have been over-scored.

The information has been taken from Datix, so it is presented in a slightly different format and grouped by current level of risk.

Detailed are risks that have been categorised as 'managed or within tolerated risk appetite' and consideration should be given as to whether these can be closed. These will be reviewed at the Risk and Audit Committee.

Final pages show the risks against the Board Assurance Framework. These will be combined in the next report.

**OBJECTIVE:**

Outstanding: Delivering outstanding services every day. We will be one of the very best performing Trusts in the country delivering outstanding services for our patients.

Risk Reference	Description	Current Risk Score	Assurance
468	Recruitment and retention of medical staff across specialities	Extreme	Work is ongoing.  <b>BAF Objective 4 risk R1- R6</b>
469	Temporary medical workforce planning and capacity	Extreme	Work is ongoing.  <b>BAF Objective 4 risk R1- R6</b>
467	Volume of patients on gastroenterology outpatients Waiting list causing negative outcomes for patients	Extreme	Information taken from Power BI FOWL on 16/01/19: Gastroenterology 1-3 months over 100 4-6 months over 99



			<p>7-9 months over 107 9 months over 159 Total 465</p> <p>The FOWL remains static. We are awaiting to see the impact of the new part time Consultant on the FOWL. There is an ongoing investigation who may have been missed to follow up on the Gastro FOWL and has potentially come to harm as a result of this.</p> <p><b>BAF Objective 1 risk R3</b></p>
474	Facilities – COTAG (Security Door Access System) Reliability	Extreme	<p>The Security Door Access System has become unreliable and difficult to manage. The system is no longer supported by its original manufacturer and parts are becoming less available. The system is in need of urgent upgrade or renewal.</p> <p>External consultant has been appointed and has requested further technical clarifications. A draft tender will then be issued, and funding will requested via capital programme.</p> <p>A number of incidents have been reported in the last week. Transaction logs have been reduced and refreshed and reconfigured the system. System took 2 hours to reboot and caused some supplementary problems which have been temporarily resolved.</p> <p>It have been requested to undertake a backup of the system to a safe drive incase cotag PC crashes. Backup needs to be undertaken regularly.</p> <p><b>BAF Objective 5 risk R4</b></p>
<p><b>OBJECTIVE:</b> Sustainable: Productive, effective and efficient. We will ensure we are productive, effective and efficient in all that we do to achieve long term financial sustainability.</p>			

449	Financial Sustainability	Extreme	<p>This has been rated as Extreme</p> <p>At the end of February, there is a deficit of £7.3 m, the Trust is forecasting this to increase to £8.5m by the end of the financial year.</p> <p>Most of this is due to the delivery of the CIP programme.</p> <p>The regulators are aware of this movement in financial position</p> <p><b>BAF Objective 5 risk R1-R5</b></p>
<p><b>Risks that have increased in severity:</b></p> <ul style="list-style-type: none"> <li>449 Financial Sustainability High to Extreme</li> <li>464 Mortality indicator Low to Moderate</li> </ul> <p><b>Risks that have decreased in severity:</b></p> <ul style="list-style-type: none"> <li>462 Ophthalmology Service Capacity High to Moderate</li> <li>470 Fire Door Maintenance High to Moderate</li> <li>454 Quality and timeliness of EDS Summaries Extreme to Moderate</li> <li>465 ENT Medical staffing High to Moderate</li> </ul> <p>All other risks remain the same score.</p> <p><b>EMERGING RISKS TO NOTE:</b></p> <p>Request to add to Corporate Risk Register:</p> <ul style="list-style-type: none"> <li>The reliability and maintenance of the lifts across the hospital.</li> <li>Breaching the 6 week diagnostic target for paediatric Audiology Assessments</li> </ul>			
<p><b>Paper Previously Reviewed By</b></p> <p>First review</p>			
<p><b>Strategic Impact</b></p> <p>The Risk Register outlines the identified risks to the achievement of the Trust's objectives. Failure to identify and control these risks could lead to the Trust failing to meet its strategic objectives.</p>			
<p><b>Risk Evaluation</b></p> <p>Each risk item is individually evaluated using the current Trust Risk Matrix.</p>			
<p><b>Impact on Care Quality Commission Registration and/or Clinical Quality</b></p> <p>It is a requirement to regularly identify, capture and monitor risks to the achievement of the Trusts strategic objectives.</p>			
<p><b>Governance Implications (legal, clinical, equality and diversity or other):</b></p> <p>The Risk registers highlights that risks have been identified and captured, that have been escalated from within the Divisions or affects the Trust's strategic objectives. The Document provides an outline of the work being undertaken to manage and mitigate each risk.</p>			



<b>Financial Implications</b> The Board Assurance Framework includes risks to long term financial stability and the controls and mitigations the Trust has in place.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes

<b>Recommendations</b>	<p>The SMT are requested to:</p> <ul style="list-style-type: none"><li>• review the current Corporate Risk Register ; and</li><li>• note the high risk areas and actions</li><li>• consider overall risks to strategic objectives and BAF</li><li>• request any further assurances</li></ul>
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## Corporate Risk Register

The Risk Items on the Corporate Risk Register have been reviewed by the appropriate risk leads and the Executive Team.

The Trust Risk Register outlines the current position regarding all of the active Risk Items which have been identified by the Trust.

ID	Title	Risk Statement	Opened	Review date	Care Groups	Service of responsibility	Risk level (initial)	Risk level (current)	Risk level (Target)	Risk Level	Approval status
Risk level (current): Extreme											
469	Temporary Medical Workforce Planning & Capacity	Temporary Medical Workforce Planning & Capacity	05/05/2017	31/03/2019	Workforce and Human Resources	Across all specialties	Extreme	Extreme	Low risk	Corporate	Active
449	Financial Sustainability	An unsustainable financial position could result in a reduced quality of both clinical and support services and reduce the autonomy the Trust has in providing high quality services to its population.	23/10/2017	31/03/2019	Finance	Finance	High risk	Extreme	Low risk	Corporate	Active
467	Volume of Patients on Gastroenterology Outpatients Waiting Lists Causing Negative Outcomes for Patients	Inadequate capacity to accommodate the demand for both new and follow-up outpatients leading to patients being placed on the outpatient waiting list (OWL) and follow-up outpatient waiting list (FOWL) leading to negative patient outcomes.	26/10/2017	31/03/2019	Surgery & Gastroenterology (B1)	Gastroenterology Service	Extreme	Extreme	Low risk	Corporate	Active
468	Recruitment and retention of Medical staff across specialties	Recruitment and retention of Medical staff across specialties	22/12/2017	31/03/2019	Workforce and Human Resources	Across all specialties	Extreme	Extreme	Low risk	Corporate	Active
474	Review of Co-Tag system and management of issuing/retrieving tags to staff	The door access system is unstable and due to its age and condition is at the end of its useful life. The Trust is experiencing regular failures of the system causing operational disruption to users and Information Governance concerns.	12/09/2018	30/03/2019	Finance	Estates Department	Extreme	Extreme	Very low	Corporate	Active



Risk level (current): High risk											
463	Workforce Planning & Capacity for Nursing/Midwifery Staff	Inability to source appropriately skilled and competent staff to meet requirements for Nursing/ Midwifery staffing	08/10/2015	31/03/2019	Workforce and Human Resources	Across all specialties	High risk	High risk	Low risk	Corporate	Active
450	Emergency Department Target, Delays to Care & Patient Flow	Inconsistent achievement of the 4-hour standard, caused by crowding, high attendance numbers, insufficient bed/assessment unit capacity, and staffing challenges, leading to external regulator scrutiny, impact on overall performance (linked to PSF package), ambulance handover delays, and patient safety risks.	26/10/2017	31/03/2019	Unscheduled Care (A3)	ED - Majors Service	High risk	High risk	Moderate risk	Corporate	Active
472	Community Paediatric Long Waits for ASD Patients	There is a vacancy within the community paediatric team, which is causing long waits for patients and an increased workload for the two consultants in post.  There has also been a significant increase in referrals to the ASD (Autism Spectrum Disorder) service, alongside ongoing commissioning issues for the service.	10/09/2018	31/03/2019	Family Services (B4)	Paediatrics Service	High risk	High risk	Moderate risk	Corporate	Active
461	Access to Care in the Community	Increased demands on DCH services and poor patient experience arising from ineffective links between community and acute service provision - resulting in increased access to acute services and delayed discharged to alternative care	29/10/2018	31/03/2019	Unscheduled Care (A3)	Across all specialties	High risk	High risk	Moderate risk	Corporate	Active
466	Fire Alarm Reliability and Capacity	There is a lack of current capacity for expanding the number of protection devices in low risk areas, which if a fire did occur it would potentially impact upon the spread risk into higher risk areas. In addition repairs are becoming more frequent as the system ages and the closed protocol nature of the system makes us reliant on the manufacturer for maintenance and repairs.	02/11/2018	31/03/2019	Finance	Across all specialties	High risk	High risk	Very low	Corporate	Active
479	BREXIT - UK Leaving the EU on 29th March 2019 without a deal	Risk to Trust services due to the implication of a 'no deal' exit from the European Union.	19/01/2019	31/03/2019	Director of Operations	Emergency Planning	High risk	High risk	Low risk	Corporate	Active



Risk level (current): Moderate risk											
464	Mortality Indicator	An increased Summary Hospital Mortality Indicator (SHMI) may indicate increased in-patient mortality, and/or a failure to code correctly patients admitted to DCH	29/02/2016	31/10/2018	Medical Director		Low risk	Moderate risk	Low risk	Corporate	Active
462	Ophthalmology Service Capacity	There is a risk of adverse patient outcomes, reputation impact and financial impact arising from delays. This relates to assessment and treatment of ophthalmology patients due to demand for service exceeding capacity, insufficient staffing levels, and challenges of prioritisation of new and chronic patients using a partial booking service. Outpatient waiting times to first appointment now unacceptably long and pose a potential patient safety risk.	22/03/2016	31/10/2018	Head & Neck and Specialist Medicine (B2)	Ophthalmology Service	High risk	Moderate risk	Moderate risk	Corporate	Active
470	Fire Door Maintenance	A significant number of fire doors throughout the site are no longer compliant and may not perform as designed in the event of a fire.	17/10/2017	31/10/2018	Finance	Estates Department	High risk	Moderate risk	Very low	Corporate	Active
454	Quality and Timeliness of Electronic Discharge Summaries	Potential for impact on post-DCH patient care and reputational impact due to incomplete, inaccurate or delayed electronic discharge summaries arising from lack of embedded EDS process	26/10/2018	01/09/2019	Director of Nursing	Across all specialties	Extreme	Moderate risk	Low risk	Corporate	Active
465	ENT Medical Staffing	Unsafe medical staffing levels within the ENT service to provide both Emergency and Routine work.	02/11/2018	31/10/2018	Head & Neck and Specialist Medicine (B2)	Ear, Nose and Throat (ENT) Service	High risk	Moderate risk	Low risk	Corporate	Active

## MANAGED RISKS FOR CONSIDERATION OF CLOSURE AT RISK AND AUDIT COMMITTEE

MANAGED											
451	Sepsis: recognition, diagnosis and early management	Risk of avoidable death or severe / prolonged ill health to patients due to delays in recognition & diagnosis of sepsis and failure to commence appropriate early treatment pathways, arising from limited awareness and effective tools to assist clinicians in this diagnosis	01/08/2016	04/07/2019	Director of Nursing	Across all specialties	High risk	High risk	Low risk	Corporate	Managed / Tolerated within Risk appetite
452	OT and Therapy Capacity	There has been a significant recruitment and retention issue in Therapy Staff (OT in particular) relating to vacancies and turnover.  Establishment of Therapy Staff has been reviewed and benchmarking provided. Priorities for the Trust are to achieve the main objectives to a) avoid admission to hospital b) effectively and timely discharge from hospital.  Further work is required to assess whether changes in models of care could deliver this within establishment.	31/08/2016	26/10/2018	Integrated and Holistic Care (A2)	Adult Occupational Therapy Service	High risk	High risk	Low risk	Corporate	Managed / Tolerated within Risk appetite
453	Medical Device Management - Training	Potential legislative impact and safety concerns arising from staff not been appropriately trained in the use of Medical Devices. Potential disruption to services if staff unable to use medical devices until they are adequately trained.	27/10/2015	07/05/2019	Director of Nursing	Across all specialties	Moderate risk	Low risk	Low risk	Corporate	Managed / Tolerated within Risk appetite
456	Patient Transport Provision & Urgent Patient Transfers	Potential delays to treatment and disruption to services arising from difficulties accessing PTS service or urgent patient transfers to other centres due to ambulance or Patient Transport service capacity	26/10/2017	29/06/2019	Partner Agency (SWSFT CCG Community hospitals etc)	Across all specialties	Low risk	Low risk	Low risk	Corporate	Managed / Tolerated within Risk appetite
458	Endoscopy Reporting Software	Significant clinical risk of using an unsupported and failing Endoscopy reporting system.	29/10/2018	15/05/2019	Surgery & Gastroenterology (B1)	Gastroenterology Service	Low risk	Low risk	Low risk	Corporate	Managed / Tolerated within Risk appetite
457	Implementation of New Financial Ledger System	Potential loss of records of financial transactions from which management accounts, final accounts and financial returns can be prepared.	16/12/2016	16/12/2017	Finance	Finance	Very low	Very low	Very low	Corporate	Managed / Tolerated within Risk appetite
460	Terrorist and Other Malicious Attacks	Risk Event - Occurrence of terrorism and other malicious attack Cause - terrorism affecting increased demand on health services. Impact - significant impact on hospital Trusts ability to provide critical services.	23/10/2017	23/02/2019	Director of Operations	Emergency Planning	Very low	Very low	Very low	Corporate	Managed / Tolerated within Risk appetite






## BOARD ASSURANCE FRAMEWORK EXTREME RISKS

ID	Risk Statement	Principle Risk - Collaborative: Joining up our services	Principle Risk - Enabling: Empowering Staff	Principle Risk - Integrated: Joining up our services	Principle Risk - Outstanding: Delivering outstanding service...	Principle Risk - Sustainable: Productive, effective and effic...
Risk level (current): Extreme						
449	An unsustainable financial position could result in a reduced quality of both clinical and support services and reduce the autonomy the Trust has in providing high quality services to its population.					Failing to be efficient as outlined in the Model Hospital, Failure to secure sufficient funding to ensure financial sustainability, Not generating 25% more commercial income with an average gross profit of 20%, Not returning to financial sustainability, with an operating surplus of 1% and self-sufficient in terms of cash, Not using our estate efficiently and flexibly to deliver safe services
468	Recruitment and retention of Medical staff across specialities		Failure to deliver flexible and appropriate support service models, Loss of training status for junior doctors, Not achieving a Dorset wide integrated electronic shared care record, Not achieving a staff engagement score in the top 20% nationally, Not being an exemplar site for clinical research and innovation, Not benefitting from the successful delivery of our People Strategy			
474	The door access system is unstable and due to its age and condition is at the end of its useful life. The Trust is experiencing regular failures of the system causing operational disruption to users and Information Governance concerns.					Not using our estate efficiently and flexibly to deliver safe services
469	Temporary Medical Workforce Planning & Capacity		Failure to deliver flexible and appropriate support service models, Loss of training status for junior doctors, Not achieving a Dorset wide integrated electronic shared care record, Not achieving a staff engagement score in the top 20% nationally, Not being an exemplar site for clinical research and innovation, Not benefitting from the successful delivery of our People Strategy			
467	Inadequate capacity to accommodate the demand for both new and follow-up outpatients leading to patients being placed on the outpatient waiting list (OWL) and follow-up outpatient waiting list (FOWL) leading to negative patient outcomes.				Not achieving national and constitutional performance and access standards	

## BOARD ASSURANCE FRAMEWORK – HIGH RISKS

Risk level (current): High risk	Risk Statement	Principle Risk - Collaborative: Joining up our services	Principle Risk - Enabling: Empowering Staff	Principle Risk - Integrated: Joining up our services	Principle Risk - Outstanding: Delivering outstanding service...	Principle Risk - Sustainable: Productive, effective and effic...
461	Increased demands on DCH services and poor patient experience arising from ineffective links between community and acute service provision - resulting in increased access to acute services and delayed discharged to alternative care.			Emergency Department admissions continuing to increase per 100,000 population, Having delayed discharges, Not achieving a minimum of 35% of our outpatient activity being delivered away from the DCH site, Not achieving an integrated community health care hub based on the DCH site, Occupied hospital beds days continue to increase per 100,000 population		
479	Risk to Trust services due to the implication of a 'no deal' exit from the European Union.				Not having effective Emergency Preparedness, Resilience and business continuity plans	
472	There is a vacancy within the community paediatric team, which is causing long waits for patients and an increased workload for the two consultants in post.  There has also been a significant increase in referrals to the ASD (Autism Spectrum Disorder) service, alongside ongoing commissioning issues for the service.	Not being at the centre of an accountable care system, commissioned to achieve the best outcomes for our patients and communities				
450	Inconsistent achievement of the 4-hour standard, caused by crowding, high attendance numbers, insufficient bed/assessment unit capacity, and staffing challenges, leading to external regulator scrutiny, impact on overall performance (linked to PSF package), ambulance handover delays, and patient safety risks.				Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality	Not generating 25% more commercial income with an average gross profit of 20%
466	There is a lack of current capacity for expanding the number of protection devices in low risk areas, which if a fire did occur it would potentially impact upon the spread risk into higher risk areas. In addition repairs are becoming more frequent as the system ages and the closed protocol nature of the system makes us reliant on the manufacturer for maintenance and repairs.					
463	Inability to source appropriately skilled and competent staff to meet requirements for Nursing/ Midwifery staffing.				Not having the appropriate workforce in place to deliver our patient needs	

## BOARD ASSURANCE FRAMEWORK – MODERATE RISKS

Risk level (current): Moderate risk	Risk Statement	Principle Risk - Collaborative: Joining up our services	Principle Risk - Enabling: Empowering Staff	Principle Risk - Integrated: Joining up our services	Principle Risk - Outstanding: Delivering outstanding service...	Principle Risk - Sustainable: Productive, effective and effic...
465	Unsafe medical staffing levels within the ENT service to provide both Emergency and Routine work. 				Not having the appropriate workforce in place to deliver our patient needs	
470	A significant number of fire doors throughout the site are no longer compliant and may not perform as designed in the event of a fire. 					Not using our estate efficiently and flexibly to deliver safe services
464	An increased Summary Hospital Mortality Indicator (SHMI) may indicate increased in-patient mortality, and/or a failure to code correctly patients admitted to DCH 				Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality	
462	There is a risk of adverse patient outcomes, reputation impact and financial impact arising from delays. This relates to assessment and treatment of ophthalmology patients due to demand for service exceeding capacity, insufficient staffing levels, and challenges of prioritisation of new and chronic patients using a partial booking service. Outpatient waiting times to first appointment now unacceptably long and pose a potential patient safety risk. 				Not achieving national and constitutional performance and access standards	
454	Potential for impact on post-DCH patient care and reputational impact due to incomplete, inaccurate or delayed electronic discharge summaries arising from lack of embedded EDS process 				Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, Not achieving an outstanding rating from the Care Quality Commission by 2020, Not achieving national and constitutional performance and access standards	