Council of Governors
9.30am to 11.20am, Monday 10 October 2022
Via Lifesize Video Conferencing

Part One Agenda – Open Meeting

1.	**Formalities**		9.30-9.35	Chair
	a) Welcome **Apologies for Absence:**	Verbal		
	b) Declarations of Interest	Verbal		
	c) Minutes of Council of Governors Part One Meeting 9 May 2022	Enclosure		
	d) Actions and Matters Arising from those Minutes	Enclosure		
2.	**Governance Items:** **a) Notification of Lead Governor Selection**	Enclosure	9.35-9.40	Trevor Hughes, Head of Corporate Governance
3.	**Finance Report Q1** To receive	Enclosure	9.40-10.00	Claire Abraham, Deputy Director of Finance
4.	**Dorset Care Record**	Presentation	10.00-10.20	Ruth Gardiner, Interim Chief Information Officer
5.	**Governor Matters** **a) Draft Code of Governance** Covered in CEO/Finance report: b) Trust performance measurements c) Car park update d) Fuel costs	Verbal	10.20-10.40	David Cove
6.	**NED Feedback** • **Stuart Parsons and Stephen Tilton – Finance Sub-Group**	Verbal	10.40-10.55	NEDs
7.	**Feedback from Membership Development Committee (June and Sept)** To receive	Verbal	10.55-11.00	Kathryn Harrison, Membership Development Committee Chair
8.	**Chief Executive's Report Q1** To receive	Enclosure	11.00-11.20	Nick Johnson, Interim CEO
9.	**Date of Next Public Meeting: Council of Governors, 2pm on 13 December 2022 and Meeting Closes**		11.20	

Part one items deferred from 12 09 22 to be rebooked:

Ockenden Update including **NED Feedback from Eiri Jones**	Jo Hartley, Head of Midwifery Lindsey Burningham, Maternity Governance Lead Eiri Jones, NED

Council of Governors Meeting: Part One
Dorset County Hospital NHS Foundation Trust

Minutes of the meeting of Monday 9 May 2022
via Lifesize Video Conferencing

Present:	Mark Addison (Chair)
	Public Governors Simon Bishop (East Dorset) David Cove (West Dorset) (Lead Governor) Judy Crabb (West Dorset) Kathryn Harrison (West Dorset) Stephen Mason (Weymouth and Portland) Maurice Perks (North Dorset) Dave Stebbing (Weymouth and Portland) Lynn Taylor (North Dorset)
	Staff Governors Tracy Glen Tony Petrou
	Appointed Governors Tony Alford (Dorset Council) Annette Kent (Friends of DCH)
In Attendance:	Sue Atkinson (Non-Executive Director) Abi Baker (Governance Support Officer) (minutes) Paul Goddard (Chief Finance Officer) (CoG22/025) Trevor Hughes (Head of Corporate Governance) Nick Johnson (Interim Chief Executive Officer) (CoG22/024) Stuart Parsons (Non-Executive Director)
Apologies:	Mike Byatt (Weymouth and Portland) Sarah Carney (West Dorset) Steve Hussey (West Dorset) Davina Smith (Weldmar) Dave Thorp (Age UK)

CoG22/020 **Welcome and Apologies for Absence**
The Chair welcomed everyone to the meeting via Lifesize videoconferencing. There were apologies from Mike Byatt, Sarah Carney, Steve Hussey, Davina Smith and Dave Thorp. It was noted that the meeting was quorate.

CoG22/021 **Declarations of Interest**
The Chair reminded governors that they were free to raise declarations of interest at any point in the meeting should it be required.

CoG22/022 **Minutes of the Previous Meeting held on Monday 14 February 2022**
The minutes of the previous meeting held on Monday 14 February were accepted as a true and accurate record.

CoG22/023 **Actions and Matters Arising**

CoG22/009 DBS Requirement: TH confirmed that an update was pending, and a post-meeting note would be added to the minutes.

Simon Bishop asked if there was likely to be a subsequent pilot scheme for the DCR portal in renal services. The Chair advised that this would be explored and reported back to the governors.

ACTION: AB

Simon Bishop highlighted that there were a number of acronyms without an explanation in the papers of the meeting. The Chair asked Simon to send these to AB who would then highlight the Trust's policy around acronym use to the report authors.

ACTION: AB

All other items on the actions list were noted as complete and to be removed from the log. There were no matters arising from the minutes.

CoG22/024 **Chief Executive's Report**

The Interim Chief Executive Officer (CEO) drew the governors' attention to the previously circulated report on the Trust's performance in quarter four of 2021/22. The report also included an update on the Ockenden Report as requested by David Cove under Governor Matters. The report was taken as read and governors were invited to ask questions.

Noting the recent announcement of the physiotherapy service at Charlton Down, Judy Crabb asked if alternative arrangements were available for patients who were not able to travel to the new site. The CEO noted that transport links had been tested when the service was in development, but that alternative hospital transport was available to those who needed it. The CEO would look into the process for this and confirm the options available for patients.

ACTION: NJ

David Cove sought a view on the changes to Covid-19 monitoring and wondered about the Trust's ability to monitor the changing Covid-19 position. The CEO outlined that there had been a peak of Covid-19 inpatients in recent months, but the greater pressure had been with staff absence due to Covid-19. The CEO anticipated that spikes in prevalence would be picked up more slowly due to the national changes in monitoring. Sue Atkinson added that the public health voice had been strong in suggesting that the reduction of testing was not sensible at this stage. Additionally, charging the public for lateral flow tests had a greater health impact on those who were less able to pay for tests. The Trust had one of the highest staff vaccination rates in the country and had taken the best position possible at this time on testing staff and patients. Tracy Glenn added that the Trust's Neutralising Monoclonal Antibodies (nMABs) service was also running for clinically vulnerable patients in the Trust.

Asked about the causes of the extreme busyness of the emergency department, the CEO highlighted that GPs and ambulance trusts were doing all they could to avoid sending patients to the emergency department, but the number of walk-in patients had increased. This was driven by a lack of provision elsewhere and

included patients not being able to get a GP appointment, as well as patchy provision of urgent treatment at minor injuries services.

Kathryn Harrison asked what steps were being taken to reduce the number of patients with no reason to reside. The CEO noted that of the roughly 60 patients a day with no reason to reside only 5 to 10 were in the Trust's control and the Trust did all they could to facilities the discharge of those patients. The majority of patients with no reason to reside were awaiting onward packages of care in the community and this would continue to be a problem due to issues within social care. The Trust was working closely with the system and social care partners to encourage them to do all they could for those patients. The number of patients with no reason to reside accounted for approximately 20% of all beds in the hospital and contributed to a total bed occupancy rate of 96% to 98%. Additionally, the length of stay for patients had increased from 5.2 days to 7.1 days in the last year. The CEO reflected that Local Authority colleagues were doing all they could, but under difficult circumstances. Nonetheless the high number of patients with no reason to reside significantly affected the work of the Trust.

Tracy Glen raised concern about the patients of the rheumatology service being sent to Christchurch for appointments. The CEO recognised the need to improve communication around this situation and would take it up with Alastair Hutchison (Chief Medical Officer).

ACTION: NJ

Asked about mixed-sex accommodation, the CEO outlined that this was being driven by pressures and flow within the hospital. The used of mixed-sex accommodation was being monitored and steps were being taken to reduce its use.

The CEO left the meeting.

CoG22/025 **Finance Report Q4**

The Chief Financial Officer (CFO) drew governors' attention to the previously circulated report detailing the Trust's financial performance in quarter four of 2021/22.

The CFO highlighted the following key points from the report:

- Subject to audit the Trust delivered a small surplus of £85,000 at year end, meeting the objective of a breakeven position.
- The Trust had managed to deliver efficiencies of just below £1million.
- 2021/22 was the Trust's biggest year to date in capital expenditure (expenditure on infrastructure, IT, estates, medical devices etc.) having spent £26million.

Tony Alford recalled that in previous years a bonus would be awarded for a breakeven position and asked if this was the case this year. The CFO explained that this was not the case during the pandemic, but that the Elective Recovery Fund (ERF) incentivised Trusts to complete elective work at pre-pandemic levels. Unfortunately, the Trust had not met this target.

In response to questions from governors the CFO outlined the reasons for high agency spend, noting staff absence (primarily due to Covid-19 and isolating) and the high cost of employing senior consultants. The Trust was focused on reducing

agency spend as much as possible in 2022/23.

The CFO explained that the additional £8.2million in cash was due to the timing of the report and would balance out in the coming months; the inflow of cash (from the centre) was faster than the outflow (to suppliers).

The CFO left the meeting.

CoG22/026 **Governor Matters**

It was noted an update on the Ockenden Report as requested by David Cove was taken under the CEO's Report above (CoG22/024).

David Cove alerted the governors to the Ockenden review of maternity care at Shrewsbury and Telford Hospitals (SaTH) NHS Foundation Trust, and recommended that the governors read the report, either in full (250 pages), the executive summary (4 pages) or the summary of findings (70 pages). David highlighted the following:

- SaTH had lost sight of governance at all levels of the Trust
- Inspections from external bodies at the time had not found any major problems with the Trust; David felt this needed to be explained
- The aim of a low rate of c-sections had been dropped as this may have caused adverse consequences to mothers and babies
- The report highlighted 66 recommendations for local Trusts. The CEO report noted how these were being reviewed in the Trust and David hoped that these would be looked at objectively.

The executive summary of the Ockenden Report would be circulated to the governors.

ACTION: AB

Sue Atkinson was the NED lead for the Ockenden report and worked closely with the maternity team on the recommendations. Sue assured the governors that a maternity report came to each Quality Committee and each public Board meeting, and that in recent months the Board had a visit from Professor Dunkley-Bent, Head Midwife at NHSE/I. Sue agreed that it was concerning that various inspections had not found any concerns at SaTH. The actions set out by Ockenden were fundamental and probing and could not be brushed off. Additionally, the Quality Committee was rigorous in seeking assurance and evidence on the completion of the actions.

There was a discussion about how the governors, as individuals who were not subject matter experts, knew that the figures they were shown were true. Sue pointed to the attendance and scrutiny at committees by NEDs and governor observers, as well as the benchmarking of data with other Trusts. The Chair added that the figures were subject to discussion from internal auditors and external regulators. Of greater importance was ensuring that the interpretation of the data was correct, and this was managed through governance mechanisms at all levels which allowed people to challenge and ask questions.

CoG22/027 **NED Update**

The Chair welcomed Stuart Parsons and Sue Atkinson, two of the Trust's non-executive directors (NEDs), to the meeting. He reminded governors that two NEDs attended each of the Governor Working Group and Council of Governors'

meetings, to support governors in their statutory role of holding the NEDs to account for the performance of the Board.

a) Stuart Parsons

Stuart introduced himself to the governors, providing background on his career in financial positions and his roots in Dorchester. Stuart reflected on his induction and had observed the Executive team to be committed, unified, and focused on patient care. As the chair of Risk and Audit Committee Stuart hoped to see committee papers develop a trend-based approach to allow readers to see changes and trends over time.

With regards to the retention of staff, Lynn Taylor raised that exit interviews should be mandatory in order to know why people left the Trust. Stuart assured Lynn that this matter was focused on in People and Culture Committee, but that exit interviews could not be made mandatory. Stuart was particularly focused on understanding if any particular teams had a higher rate of staff leaving, as this may be indicative of issues in that team.

b) Sue Atkinson

Sue provided a presentation on health inequalities, highlighting the following:

- While health inequalities were experienced amongst Black and Minority Ethnic (BAME) groups, the spread of health inequalities was much wider.
- Only 20% of someone's health was to do with healthcare services. The remaining 80% were factors such as housing, employment, education, and water sanitation.
- Health inequalities had worsened in the last 10 years due to austerity. The UK was now the OECD country with the second widest instance of health inequalities.
- There was a nine-year difference in average life expectancy between the wealthiest and most deprived areas of Dorset.

Sue outlined what the Trust could do to reduce health inequalities. Firstly, support the Integrated Care System (ICS) which had a strong focus on health inequalities. Secondly, focus on the social value the Trust adds to the community. Thirdly, consider how to provide equitable access to services, rather than providing the same thing for everyone. Pages 11 and 15 of the papers outlined some of the work the Trust was undertaking in this regard.

Sue answered questions regarding hospital walk-rounds, noting that these had not been possible throughout the worst of Covid-19, but that walk-rounds had now been scheduled for 2022. Kathryn Harrison asked if these could be started up for governors again; this would be looked in to.

ACTION: MA/LB

CoG22/028 **Feedback from the Membership Development Committee (March)**

Due to the late running of the meeting Kathryn Harrison advised that she would provide feedback in writing.

CoG22/029 **Chair's Closing Remarks**

The Chair thanked everyone for their attendance and closed the meeting.

Council of Governors Meeting – Part One

Presented to the meeting of 12 September 2022

Meeting Dated: 09 May 2022				
Minute	**Action**	**Owner**	**Timescale**	**Outcome**
CoG22/023	Simon Bishop asked for an update regarding whether there was likely to be a subsequent pilot scheme for the DCR portal in renal services.	LB	Sept 2022	**Complete.** Update emailed to Simon Bishop 01 06 22. The team have confirmed that there are no current plans for a MyDCR pilot scheme in the renal department (as at 1 June 2022).
CoG22/023	The use of acronyms in the May papers be investigated and authors reminded of the Trust policy around acronym use.	AB	May 2022	**Complete.** Report authors have been reminded of the importance of spelling out acronyms on their first use in reports.
CoG22/024	The CEO to report back the process for arranging hospital transport for those not able to access physiotherapy at the Charlton Down site.	NJ/LB	Sept 2022	**Complete.** Update sent to Judy Crabb, and circulated to all governors, regarding access to Charlton Down and the alternative venues offered to physiotherapy patients.
CoG22/024	The CEO to discuss with the Chief Medical Officer the issue regarding rheumatology patients being sent to Christchurch, and the poor communication around this.	NJ/LB		**Complete.** Escalated to the Chief Medical Officer in June.
CoG22/026	The executive summary of the Ockenden Report to be circulated to the governors.	AB	May 2022	**Complete.** Circulated 13/05/2022
CoG22/027	The option of governor hospital walk-rounds starting is to be explored.	MA/LB	On hold	**On hold** due to current national COVID restrictions for healthcare settings.

Meeting Dated: 14 February 2022				
Minute	**Action**	**Owner**	**Timescale**	**Outcome**
CoG22/008	The Chair requested an update from the Chief Operating Officer for governors outside the meeting on waiting times for the paediatric autism service and whether the Trust would focus on this again post-COVID.	LB/AT	April 2022	**Complete.** Update circulated to governors 25 05 22 and details provided in the Recovery presentation at the July Governors' Working Group.
CoG22/009	The Head of Corporate Governance to check with the human resources team that DBS checks are not required for governors.	TH	On hold	**Update:** this item has been put on hold as governors have not been on site due to current national COVID restrictions for healthcare settings. Recruitment and the corporate team are looking into best practice on this issue and will come back to governors outside the meeting with an update in the autumn.

Title of Meeting	Council of Governors
Date of Meeting	Monday 12 September 2022
Report Title	Lead Governor Selection – Ratification
Author	Liz Beardsall, Deputy Trust Secretary

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

Summary
Lead Governors are required by NHS England (NHSE) so that they can have a Governor with whom to communicate, without going through the Chair or Head of Corporate Governance, if there are problems in a Trust. The functions of Lead Governor, as defined by NHSE, are very narrow. However, in addition to these statutory duties the Lead Governor role at the Trust includes a range of other duties which are listed in the Lead Governor Role Description, as agreed by the Council of Governors in August 2018.

Following the call for expressions of interest for the Lead Governor role, which opened on 12 July 2022 and closed on 10 August, two expressions of interest were received from David Cove and Kathryn Harrison. The ballot concluded on 24 August. Kathryn received the largest number of governor votes and therefore she is appointed as Lead Governor.

As the outcome of the selection has been made by ballot there is no requirement for the governors to approve the selection, however the governors are asked to formally ratify the selection.

Kathryn's term will run from 1 October 2022 to 30 September 2023.

Freedom of Information Implications – can the report be published?	Yes

Recommendation	The Council of Governors are requested to ratify the selection of Kathryn Harrison as Lead Governor for a term of one year, from 1 October 2022 to 30 September 2023.

Title of Meeting	**Council of Governors**
Date of Meeting	**12 September 2022**
Report Title	**Finance Report to 30 June 2022**
Author	Claire Abraham, Deputy Director of Finance
Responsible Executive	Paul Goddard, Chief Financial Officer

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

Summary
This report summarises the Trust's financial performance for the three months ended 30 June 2022.

This report measures the Trust's financial performance against the 2022/23 Operational plan re-submitted by the Trust as part of the Dorset System to NHS England/Improvement (NHSE/I) on the 20th of June 2022 for the period to 31st March 2023.

The initial 2022/23 Operational Plan submission was made in line with national timetable at the end of April 2022 which saw the Trust submit a £17 million deficit plan and the Dorset System submitting a combined deficit plan of £44 million.

Following this submission, NHSE/I mandated a national operational plan re-submission from all Trusts by the 20th of June, with a re-focus on delivering increased activity within a break-even position. The Trust and Dorset System complied although noted significant risk attached to reach this position.

Dorset County Hospital NHS Foundation Trust (DCHFT) delivered an overall deficit of £2.432 million against a planned deficit of £0.695 million, therefore being £1.737 million away from plan at the end of quarter one.

The adverse position against plan is predominantly a result of undelivered efficiencies against plan (£0.641 million), higher than planned agency spend (£0.703 million), additional medical sessions (£0.200 million), unfunded inflationary increases in utilities and increases in consumables (£0.193 million).

Efficiencies of 2.5% (£5.7 million) must be delivered to achieve the plan position, with 59% of this full year target identified at quarter one. £0.433 million of efficiencies have been delivered year to date against a plan of £1.074 million. Urgent plans to accelerate both delivery and further identification are in place, supported by the Trusts Transformation team.

Agency costs, and in particular Off Framework expenditure, remain high due to medical and nursing vacancies and sickness which is driving the need for safe cover, in addition to challenging patient acuity and supporting safe staffing levels.

At a System level, four Financial Improvement Programme (FIP) workstreams have been identified (Elective recovery; Hospital Flow; Agency reduction and Covid cost reduction) which have a combined expectation to deliver further financial improvements across the System as part of the 2022/23 Operational Plan

The cash balance at 30 June 2022 was £22.052 million, which is an improvement against the

planned position. Capital expenditure was £1.527 million, in line with plan.	
Paper Previously Reviewed By Paul Goddard, Chief Financial Officer	
Strategic Impact Trusts are expected to achieve a break-even financial position by the end of the financial year 2022/23.	
Risk Evaluation The Risk and Audit Committee can confirm there has been no non-audit work undertaken by the External Auditors during the current financial year to date.	
Impact on Care Quality Commission Registration and/or Clinical Quality As above	
Governance Implications (legal, clinical, equality and diversity or other): As above	
Financial Implications Failure to deliver a balanced financial position could result in the Trust being put into special measures by NHSE/I.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	To review and note the financial position as at 30 June 2022

COUNCIL OF GOVERNORS FINANCE REPORT FOR 3 MONTHS ENDED 30 JUNE 2022

	Q1 Plan 2022/23 £m	Q1Actual 2022/23 £m	Variance £m
Income	62.4	63.2	0.8
Expenditure	(63.2)	(65.7)	(2.5)
Surplus / (Deficit)	**(0.8)**	**(2.5)**	**(1.7)**
Technical Adjustment – Capital Donations	0.0	0.0	0.0
Technical Adjustment – Donated Depreciation	0.1	0.1	0.0
Adjusted Surplus/(Deficit)	**(0.7)**	**(2.4)**	**1.7**

1. YEAR TO DATE VARIANCE

1.1 The income and expenditure variance position at the end of the first quarter reflects that the Trust is worse than plan by £1.737 million.

1.2 Income levels were above plan by £0.810 million, other operating income was ahead of plan by £0.790 million primarily as a result of increases in Education and Training income of £0.391 million, COVID-19 testing of £0.135 million and other non-patient care services of £0.284 million.

1.3 Pay costs were above plan by £1.540 million year to date. Total agency costs of £3.455 million have been incurred, being £0.704 million above plan, predominantly covering medical and nursing vacancies, sickness, isolation costs and increased bed pressures. Additional medical sessions are contributing to the pay overspend in the year to date.

1.4 Drugs, clinical supplies and general non pay costs were £0.867 million more than plan for the year, primarily because of increased elective activity, bed occupancy and inflationary increases especially in utilities costs which continued to increase above levels identified at the time of the plan submission.

1.5 Efficiencies totalling £0.433 million were delivered for the quarter with 32% of this total delivered recurrently and predominantly due to Staffing reviews, procurement savings and transformation of corporate services.

1.6 Depreciation and PDC Dividend costs were higher than plan by £0.160 million for the year due to the impact of the valuation of the estate at the end of last financial year. The Trust expects to recover this variance over the remainder of the financial year.

2. CASH

2.1 At the end of June, the Trust held a cash balance of £22.052 million, being £5.3 million more than the planned position. The favourable position is due to timing of capital payments and an improvement in the working capital position.

3. CAPITAL

3.1 Capital expenditure to 30 June 2022 was £1.527 million which is in line with plan. Capital expenditure is focused on Emergency Department expansion/ refurbishment, backlog maintenance, medical equipment, investment in IT projects, and design costs for the New Hospital Programme.

Title of Meeting	Council of Governors
Date of Meeting	12 September 2022
Report Title	**Chief Executive's Report, Quarter 1 – 2022/223**
Author	Laura Symes, Corporate Business Manager to the CEO
Responsible Executive	Nick Johnson, Interim CEO

1.0 Introduction

This quarterly report provides a detailed overview of how the Trust is performing against the key operational, quality, and workforce standards and progress being made against the Trust Strategy.

2.0 Operational Performance

Our Emergency Department continues to experience an increase in attendances, seeing a 4.86% increase when compared to 2019/20 (pre-COVID). This translates to 838 more patients through the emergency department (ED) in the first 5 months of 2022/23 than in 2019/20. Due to overcrowding in the department, driven by the high number of attendees in month, the number of patients waiting over 12 hours increased. 7% of all attendances were in the department for 12 hours or more.

Admissions from the Emergency Department have decreased. The sharp reduction in July 2022, is in keeping with past summers and is driven by higher minor injuries numbers during the peak tourist season.

Performance against the 4-hour standard in July 2022 was 69.30%; an improvement of 0.5% compared to the previous month and the best since January 2022. The number of no reason to reside patients has reduced in the month of July, which has supported a slight improvement in the performance against the 4-hour standard. The projected improvement is behind plan and with trauma rates increase as the summer holiday season commences, the impact on flow will be significant.

Ambulance handover delays are a major contributing factor to the under performance of the ambulance response times. There are three, contractual standards for ambulance handover delays, these are:

- 65% of all ambulance handovers to take place within 15 minutes
- 95% within 30 minutes
- None more than an hour

In July 2022, DCH achieved 69.7% of all handovers in 15 minutes, 89.1% in 30 minutes and 55 handovers were delayed by more than an hour.

The Referral to Treatment standard was not met for July 2022, with 59.48% of patients being treated within 18 weeks. The total waiting list increased by 138 patients compared to the previous month; the total waiting list size is 468 patients larger than the 2022/23 trajectory. The 2022/23 planning guidance requires the Trust to have no patients, waiting over 78 weeks for treatment at the end of 2022/23. The Trusts trajectory meets the ask of the planning guidance.

At the end of July, the Trust had 23, 104+ week breaches against the national trajectory of 0. Locally, DCH have submitted a commitment to deliver zero 104+ week breaches by the end of September. The Trust has supported with mutual aid in Orthodontics, with 104+ breaches being

transferred to the DCH waiting list and all urgent patients being seen by the DCH team. This is while University Hospitals Dorset (UHD) continue to recruit to their vacancies.

Referral volumes in July 2022, are 103.48% of 2019/20 levels. For the financial year of 2022/23, the clock stopping target has increased to 104% of 2019/20. A clock stop is where the patient is either treated or discharged and therefore is no longer on the incomplete waiting list. The follow up backlog (patients not on an open RTT clock) has increased by 212 patients in July 2022, with 11,605 patients waiting past their clinical to be seen date.

In July 2022, 58.09 % of patients with an ethnicity code A-C, patients who identify as white, were treated within 18 weeks with the longest waiter being at 151 weeks and the average weeks wait to treatment was 19.69 weeks. 53.47% of patients with an ethnicity code D-S, patients who identify as a person of colour, were treated within 18 weeks. The longest waiter was at 86 weeks and the average weeks wait to treatment was 22.91 weeks. There are 202 patients in the D-S ethnicity category (non-white), which makes up 1.13% of the total waiting list.

In July 2022, 76.70% of patients with an ethnicity code A-C had their diagnostic procedure completed within 6 weeks. The longest waiter was at 58 weeks and the average wait to procedure was 3.33 weeks. 75% of patients with an ethnicity code D-S have had their diagnostic procedure completed within 6 weeks, the longest waiter was at 10 weeks and the average time to procedure was 3.37 weeks. There are 60 patients in the D-S ethnicity category (non-white), which makes up 1.09% of the total waiting list.

There are 150 patients on the waiting list with a learning disability flag. 57.33% of these patients have been treated within 18 weeks in July 2022, this compares to 59.50% for patients without a learning disability flag. There are 30 patients on the diagnostic waiting list with a learning disability flag, this equates to 0.54% of the waiting list. 76.67% of these patients have had their diagnostic procedure within 6 weeks in July 2022, this compares to 76.45% for patients without a learning disability flag.

Patient initiated follow ups enable the patient to activate a follow up appointment, post treatment, if it is required, rather than one being automatically booked for the patient. This is only offered where clinically appropriate and following consultant led, pathway re-design. The 2022/23 planning guidance requires the Trust to increase the uptake of Patient Initiated Follow Up (PIFU), moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023. A re-launch of the PIFU programme commences in September, to re-engage clinicians and improve update.

For July 2022, the Trust did achieve the cancer waiting times standard for 31-day first treatment but did not meet any of the other cancer targets. 2 weeks wait, suspected cancer referrals have been increasing since July 2021, with referrals year to date are 30.13% up on 2020/21 levels. The increase in referrals has impacted the overall size of the 62-day waiting list which continues to track above the size seen in the last two years. The demand will impact on the performance of the 28-day standard and the 62 day treatment standard, as cancer diagnosis and treatments are starting later in the pathway, due to the delays at the start.

For Diagnostic performance the Trust achieved 76.5% against a target of 99%. This is a decrease of 0.1% compared to the previous month caused by staff absences. The backlog increased by 13 patients and the total waiting list size increased by 6.

Key National Performance Indicators

The summary table below sets out performance against the key national indicators. The table has not been RAG rated and is to show movement, at a high level, against the headline metrics.

Metric	Threshold/ Standard	Reporting period	Apr-22	May-22	Jun-22	Jul-22
RTT *	**92%**	Monthly	58.1%	60.0%	59.2%	59.5%
Waiting List Size *	**17,421**	Monthly	17,535	17,602	17,751	17,889
52 week waits *	**0**	Monthly	1629	1591	1517	1299
Diagnostics	**99%**	Monthly	77.3%	77.1%	76.6%	76.4%
Cancer - 62 day	**85%**	Quarterly	70.7%	70.8%	77.1%	75.9%
Cancer (ALL) - 14 day from urgent GP referral to first seen	**93%**	Quarterly	51.5%	68.3%	66.6%	47.9%
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	**93%**	Quarterly	81.5%	93.1%	92.3%	96.2%
ED (DCH Only)^	**95%**	Monthly	54.4%	53.1%	52.5%	53.7%
ED (Including MIU)^	**95%**	Monthly	67.4%	67.8%	68.8%	69.0%

* Quarter / YTD position is latest month end position in the period

** Cancer Waiting Times (CWT) will continue to alter until the Quarter position is closed as reports from treating centres are updated via Open Exeter. Diagnostic waiting times included as there could be impact on RTT and Cancer pathway standards.

3.0 Quality

Highlights from July 2022 were:

Positive Quality Improvement:

- Summary Hospital Mortality Indicators (SHMI) standards for both metrics are within expected ranges for March 2022 (National delay in publication)
- There has been an increase in the number of Electronic Discharge Summaries (EDS) available to GP within 7 days for this month
- No never events for June 2022
- Medication incidents resulting in severe harm remains at zero for this reporting year

Challenges to Quality Improvement:

- Clostridium difficile cases locally. Root Cause Analysis (RCAs) continue to be undertaken
- The number of falls resulting in severe harm or death stands at 1 for this month. RCA and full investigation still underway to identify whether avoidable or unavoidable
- Zero confirmed Category 3 pressure ulcers for July 2022

Operational pressures and staffing gaps continue to have an impact on quality and safety performance. Whilst mitigations are in place there are recognised indicators that evidence based and impacted upon when staffing and demands are misaligned. Revised exception reporting to the Quality Committee provided clarity to the off-plan performance and actions being taken for assurance.

Mixed-sex accommodation levels remain a challenge this quarter due to bed flow pressures. The increase is aligned with the increased activity and fluctuation in COVID cases. Assistance with flow continues as required to support safe discharges for patients without criteria to reside.

To date the Trust has had 11 Hospital Onset Healthcare Associated (HOHA) cases and 8 Community Onset Healthcare Associated (COHA) cases. Currently one of the HOHA cases have been attributed to the Trust as trajectory cases and none of the COHA cases have been attributed to the Trust.

- 4 cases of Clostridium difficile (C. diff) for July 2022 (HOHA/COHA) currently being investigated
- 11 cases of C. diff for April/May/June are awaiting completion of PIR process
- Ongoing monitoring of the environment. All clinical areas are currently conducting a strategic cleaning review with IPC/Housekeeping.
- Ongoing monitoring of antimicrobial prescribing via weekly C. diff review by IPC Team
- Ongoing monitoring of hand hygiene. Current Trust performance is 97%

4.0 Workforce

During Month 4 the COVID staff onsite testing pod continued to offer seven day a week PCR testing for symptomatic staff testing negative via a Lateral Flow Device (LFD). An increase in staff PCR tests was seen in month, increasing from 25 to 45. This aligns to the increase in cases in the general population at that time. Regular (twice weekly) LFD testing continues to be encouraged for all patient facing NHS staff.

For those staff who were eligible for a PCR test (45), 10 were confirmed as positive, this is an increase in month of 3. Staff are no longer required to obtain a PCR test to confirm a positive result, therefore reliance is placed on sickness reporting via Healthroster. Using data from Healthroster during Month 4 an average of 45 members of staff were absent due to Covid, an increase from Month 3; for which the second half of the month averaged at 43 per day. Cases have started to decline in the month of August.

The organisation saw the overall sickness percentage increased by 0.26% in June 2022 to 4.51%. The increase was short team absence and aligns to the increase in Covid absences. Short term absence increased by 0.6% to 2.62% and long-term absence reduced by 0.33% to 1.89%. The top reason for absence in June 2022, and as expected, was Infectious diseases, followed up Anxiety/Stress/Depression. Anxiety/Stress/Depression remains the top reason for absence over a 12-month rolling period.

The on-site counselling service remains a busy service with increased uptake from staff. 207 sessions were delivered in July 2022 to 102 members of staff, with 58% of staff seen receiving two or more support sessions. The waiting time for routine onsite counselling remained at eight days and all urgent staff cases were seen within 24 of contact.

There was an encouraging increase in the proportion of applicants from minority ethnic communities shortlisted and appointed in July 2022. There was an overall reduction in the application numbers in July 2022; some of this is attributed to an increase in longlisting by the recruitment teams as application numbers are confirmed after longlisting.

The number of Freedom to Speak Up concerns raised in July 2022 increased to seven, however four members of staff raised the same concern as a collective. Ebi Sosseh, our Inclusion Lead continues to cover the Freedom to Speak Up Guardian role pending the advertisement and appointment process.

Substantive workforce capacity increased by 14 WTE in Month 4 and turnover remained static at 11.7%. There was a slight in month reduction to the vacancy rate from 8.5% to 8.4%.

Total workforce costs (substantive, bank and agency combined) increased in month by £14k. However, Agency spend decreased significantly by £185k in month and this is attributed to the equivalent reduction in nursing agency spend. Whilst it is too early to tell if this is the start of a sustained reduction, there continues to be heavy focus on this area through the Trust wide agency reduction project.

The quarterly People Pulse survey was undertaken during July 2022. The response rate increased significantly, from 274 to 508. The overall engagement score increased slightly from 6.74 to 6.8 and whilst there was a reduction in six of the nine categories, the results place DCH above the NHS average in all nine categories.

5.0 Strategy and Transformation

The Dorset Integrated Care System (ICS) "Our Dorset" gained statutory approval in July 2022 and had the first meeting of the newly formed Integrated Care Board (ICB) – from which the Strategy for Health & Social care in Dorset is expected to emerge in the coming months. The focus of the Our Dorset Strategy is to be centred around four main themes; Inequality, Population Health, Social Value and delivering Value for money. DCH's own Trust Strategy was approved in November 2021, since which time delivery has been underway. This will need to closely dovetail with the ICS Strategy as it emerges. DCH's Trust Strategy is centred on People, Place and Partnerships.

The first Quarter of 2022/23 has seen the Executive team agree the Strategic Priorities for DCH for this financial year. This is an important step, as resource and band width for trust wide change is limited and we must focus on the most pressing objectives, which are: Patient Flow, Elective Recovery, and Fiscal Sustainability. Alongside these strategic priorities are the enablers, specifically the Digital Plan and New Hospital Plan. Projects are actively ongoing supporting these strategic priorities and enablers, with delivery plans in place or under construction. A Strategy Dashboard is in advanced stages of development and roll out, which will allow all parties to see monthly highlight reports, showcasing progress in delivery of Strategic Transformation.

Since March 2022 the Transformation and Improvement Office (TIO) has been actively reviewing and testing its allocated projects and programme against the Trust strategy and its associated plans. Following the conclusion of this process, the TIO was able to make a recommendation to the Executive Team regarding the TIO's transformational priorities on behalf of the Trust. The Executive Team have now agreed that the transformational priorities for the TIO will be Fiscal sustainability, Flow and Elective Recovery. These priorities will be underpinned by a transformational approach which encompasses quality improvement and considerations to support a reduction in health inequalities, improve the social value impact of the organisation and contribute to the establishment of an effective place-based partnership.

Work is now underway to resource this revised commitment, including a significant uplift in TIO support to the cost improvement and reducing high-cost agency programmes and the establishment of the Patient Pathway Improvement Programme, whilst continuing support for Quality Improvement training/Quality Service Improvement Redesign and Getting It Right First Time (GIRFT), Patient Initiated Follow Up (PIFU), Place Based Partnership and ICS Collaboration. Team members are directly deployed to wider teams driving through change in support of the Trust Strategy.

Following external scrutiny from the regulator, work has continued to analyse productivity trends at a specialty level within DCH. The resulting insights have helped the Trust develop a narrative around where it needs to drive efficiency, which is being fed into the business planning process for 2023/24. The corporate planning process has also been redesigned, and a proposal taken back to Executives and Board for approval. This will see greater emphasis on Business Plans for next financial year, being prepared in a joined-up way between Divisions/Care Groups, HR, Finance and

Digital teams, and referenced to the Trust Strategy and emerging ICS Strategy as well as the insights we have on productivity.

The ED15 project continues to progress. Quarter 1 saw the successful handover of three zones. The first to handover in April 2022 was the creation of an arterial corridor which formed the backbone of successive zones of work. Following the completion of this corridor our new Resus and Majors area handed back to the trust – which was happily received by the emergency department (ED) team. One of which was so delighted they noted "it's like working somewhere from the telly". Having Majors and Resus returned to ED to use has allowed the ED team to vacate the Majors area to the contractor to demolish and rebuild bigger and better. This is by far the largest area of the refurbishment. In the background to the clinical areas being developed the courtyard infill works with new ED staffroom and Radiology offices are progressing well.

The Social Value Programme Group has recently implemented the new online platform for measuring and reporting social value delivered by the Trust. Over the next few months they will populate the platform with data and information related to the Trust's key social value commitments. Members of the group have been working with Trust Librarian, Morag Evans to produce information postcards explaining terms such as social value, anchor institutions et al as part of the Trust's Health Literacy programme. DCH is a member of the new Dorset ICS Anchors Network and as this group develops it will contribute to the Dorset system's work to address health inequalities.

The DCH Charity continues to promote its Greatest Need Appeal raising funds which will help fund projects across the whole of the hospital. The charity has been selected as this year's charity for the Great Dorset Steam Fair which will support the appeal. This will be an on-going relationship on a bi-annual basis. DCH staff are also fundraising for the appeal, which is tremendous support. The Charity's new major Capital Appeal aims to raise £2.5M to contribute to enhancements to the planned Emergency Department and Intensive Care Unit new build. The three-year appeal is at an early stage with the charity team working on securing major grants and donations as well as planning private invitational events to engage potential donors. There will be a public launch at a later stage of the appeal once a significant amount of the target has been secured.

To celebrate the 35th Anniversary of DCH Arts in Hospital, a special ArtMap of key artworks at DCH and an accompanying booklet has now been published. Copies are available in locations across the hospital. If you would like a copy to be sent to you, please email Suzy Rushbrook, Arts in Hospital Manager Suzy.Rushbrook@dchft.nhs.uk

The Patient Pathway Improvement Programme (PPIP) aims to improve the patient journey, experience and outcomes for both elective and unplanned care, supporting the Trust Strategic Priorities of Flow and Elective Recovery. The Programme is split in to four large Projects: The TIF Bid, Redevelopment of Southwalks House, The Pathway Home Hub (TIO) and 24 elective ringfenced beds (TIO). The TIO is supporting the entire programme and managing two of the large projects, as indicated.

The Pathway Home Hub is in its start-up phase and aims to develop an innovative space for the system on the DCH site. It will bring multi-organisation MDT's together to support patients, families and the Trust in providing a space which promotes independence and offers alternative support to avoid unnecessary hospital admissions and supports patients when they become medically fit for discharge (No Criteria to Reside). Stakeholder engagement continues to develop the operating model which will be presented to the Trust in early Q3 2022. The 24 ring-fenced beds project is also in start-up and aims to create ring-fenced facilities to support orthopaedic elective recovery.

The Agency Reduction Program has aligned teams around four workstreams for change – Grow Bank, Safe Staffing, remove Off Framework and Data/Insights. A detailed clean-up of the Trusts

data in Nursing and Medical Banks/Agency shifts has been completed, which has enabled the building of a dashboard to understand demand drivers and activity at Ward/Grade level. Further work is ongoing to automate many of the currently manual processes relating to data and reporting in Bank/Agency and improve the processes we have efficient Rostering.

Over the course of this period the focus of Health Inequalities programme has been to develop a work plan which both captures the activities that contribute to the delivery of the principal work streams but that also helps articulate the programme vision and objectives. The five principal priority areas are: awareness raising, service improvement, anchor institutions, review process and Health Equality Partnership (HEP) programme.

The commercial team has developed a new Strategy which has been approved by Executives and the Senior Leaders Group, which focuses on growing the revenue contribution it makes. Private Patient income is on track for target growth in 2022/23, with additional income expected from the SLAs the Trust holds and new schemes in development.

6.0 Digital

Office 365 next steps are concerned with moving to the 'cloud' for our email mailboxes, which will allow us to take advantage of security and resilience features that are only available in the cloud. This work is linked to our DB1596 secure email accreditation, the work for this is currently being scoped. As this is a step change from our current setup we are focusing on security (including cyber) and information governance.

At the end of September 2022, we will be undertaking our ISO 27001 accreditation for information and security management framework. We are focusing on our business as usual and project obligations in line with the Trust / ICB strategic objectives.