

Council of Governors
 2.00pm to 5.00pm, Monday 15 May 2023
 at Board Room, Trust Headquarters, Dorset County Hospital
 and via MS Teams

Part One Agenda – Open Meeting

1. Formalities		2.00-2.05	Chair
a) Welcome	Verbal		
Apologies for Absence:			
b) Declarations of Interest	Verbal		
c) Minutes of Council of Governors Part One Meeting 13 February 2023	Enclosure		
d) Actions and Matters Arising from those Minutes	Enclosure		
2. Chief Executive's Report Q4 To receive	Enclosure	2.05-2.25	Matthew Bryant, Chief Executive Officer
3. Finance Report Q4 To receive	Enclosure	2.25-2.40	Chris Hearn, Chief Finance Officer
4. Governor Matters			
a) Accessibility of courtyards and memorial trees	Verbal	2.40-2.50	Judy Crabb
5. NED Update, Feedback and Accountability Session	Presentation/ Questions	2.50-3.30	Sue Atkinson Margaret Blankson
• Sue Atkinson – Reflections on my time at DCH			
• Margaret Blankson – People and Culture Committee and Agency Spend			
6. Staff Survey Results	Enclosure	3.30-4.00	Emma Hallett, Deputy Chief People Officer
Date of Next Public Meeting: Council of Governors, 2pm on 11 September 2023 and meeting closes		4.00	

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

Minutes of the meeting of Monday 13 February 2023
in Trust HQ Board Room and via MS Teams

Present: Mark Addison (Chair)

Public Governors

Mike Byatt (Weymouth and Portland) (virtual)
Sarah Carney (West Dorset) (virtual)
David Cove (West Dorset)
Kathryn Harrison (West Dorset) (Lead Governor)
Steve Hussey (West Dorset) (virtual)
Stephen Mason (Weymouth and Portland)
Maurice Perks (North Dorset) (virtual)
Dave Stebbing (Weymouth and Portland) (virtual)
Lynn Taylor (North Dorset) (virtual)

Staff Governors

Tony Petrou (virtual)

Appointed Governors

Tony Alford (Dorset Council) (virtual)
Jean-Pierre Lambert (Weldmar)
Davina Smith (Weldmar)

In Attendance: Abi Baker (Deputy Trust Secretary) (minutes)
Chris Hearn (Chief Finance Officer) (CoG23/006) (virtual)
Jo Howarth (Interim Chief Nursing Officer) (up to CoG23/006)
Trevor Hughes (Head of Corporate Governance)
Stuart Parsons (Non-Executive Director)
Dave Underwood (Non-Executive Director)

Apologies: Simon Bishop (East Dorset)
Judy Crabb (West Dorset)
Tracy Glen (Staff Governor)
Nick Johnson (Interim CEO)
Barbara Purnell (Friends of DCH)

CoG23/001 Welcome and Apologies for Absence

The Chair welcomed everyone to the meeting, both in person and virtually. There were apologies from Simon Bishop, Judy Crabb, Tracy Glen, Nick Johnson, and Barbara Purnell.

The Chair welcomed Jean-Pierre Lambert to the meeting, noting that this was his first Council of Governors meeting.

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- CoG23/002** **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.
- CoG23/003** **Minutes of the Previous Meeting held on 13 December 2022**
With reference to page 4 of the papers, Mike Byatt reported that at the previous meeting he had queried the Trust's ability to interrogate qualitative and quantitative data around patient experience and engagement and whether the Trust had a coherent plan to engage and listen to patients; he felt that the minutes could better reflect this. AB would review and amend the minutes as appropriate.
ACTION: AB
Mike Byatt further noted that he had subsequently contacted the Chief Executive Officer (CEO) about this issue. JH confirmed this had been received and that she would be presenting to the Council of Governors in the coming months on the subject of patient experience and engagement.

The minutes of the previous meeting held on 13 December were otherwise accepted as a true and accurate record.
- CoG23/004** **Actions and Matters Arising**
CoG22/076.1 – Noting the update provided in the action log, Sarah Carney asked if there was any indication that those who left because of work-life balance had actually left because of rota changes. JH was not aware of any rota changes significant enough to result in staff leaving and that the Trust accommodated flexible working, in line with policy, as much as possible. The concern raised by the Governors was not a risk that JH was aware of.

CoG22/076.2 – AB updated that many patients that had been treated at a private hospital had treatment paid for by the NHS. However, the Trust was not able to identify patients that had private, self-funded procedures who then needed to access NHS care. Sarah Carney noted that she had previously been advised there was a way to recoup costs when dealing with problems arising from private procedures, and asked how those costs were measured and retrieved by the Trust. JH anticipated that the number of patients would be small but would investigate to check that the data was available and if so what they showed.
ACTION: JH

CoG22/076.3 – AB confirmed that inaccuracies on the Dorset Care Record (DCR) could be corrected at the source. DU clarified that the NHS app and the DCR app were two separate entities; if there were any inaccuracies on these they would need to be corrected at the source, for example the GP record. Maurice Perks further added that the DCR was not a real-time patient record. JH noted that the Trust had manual records so the real-time patient record would be in hard copy at the Trust, with retrospective upload to DCR and via Electronic Discharge Summary to the GP at the end of an episode of care. There were plans to implement an electronic patient record, but this was a few years away from

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implementation.

CoG22/080 – There was a plan to address the internal signage of the hospital as new building works took place. Kathryn Harrison reflected that the issue of unclear signage had been raised clearly at the Your Voice group and it would be helpful if a temporary, short term solution could be found. JH would speak to the Estates team about undertaking a signage survey to see which signage could be done ahead of the new building programme.

ACTION: JH

CoG22/027 – JH outlined that she had undertaken a fresh-eyes review of the Executive and Non-Executive Director (NED) walk-rounds and that confirmed the decision to open these up to governors. The team was currently working on the schedule for these and codifying the purpose of the walk-rounds so they added value to all involved, but governors would be invited to participate from April onwards.

CoG23/005

Chief Executive's Report Q3

JH introduced herself as the recently appointed Interim Chief Nursing Officer and drew the governors' attention to the previously circulated report on the Trust's performance in quarter three of 2022/23. JH highlighted the sustained operational pressure the Trust was experiencing, with an incredibly busy Christmas period with high levels of respiratory infections in patients consequently affecting staffing and sickness absence. A great deal of work had been undertaken to address agency spend, resulting in a reduction of £285,000 spent with high-cost off-framework agencies in November and December. While there had been a marginal increase since then, this was directly correlated to staff sickness over the busiest two weeks in January.

JH outlined the impact of industrial action from various health unions. There had been four days of strike by the Royal College of Nursing (RCN) at the Trust. It was unclear at present when further RCN strikes would take place. The Trust had maintained safe staffing levels throughout the strikes and there was no immediate impact on care for patients in the Trust on those days.

Additionally, the outcome of a number of strike ballots by other unions were awaited. Throughout any strike action the Trust would continue to plan and manage actions in the lead up to the day and on the day itself. JH reflected that there were differing views amongst staff about the industrial action. Staff were supported whatever their decision, but it was important to remember that following industrial action teams had to continue to work together.

Asked whether the Trust would roll out virtual wards JH confirmed that the Trust already had an Acute Hospital At Home (AHAH) team and virtual wards which worked to avoid admitting people to hospital in the first instance or to expedite discharge when required. A fuller update on AHAH and virtual wards would be added to the forward planner for a future governor meeting.

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ACTION: AB

Reflecting on patient experience, Mike Byatt asked what was being done to support patients while waiting for treatment, and when waiting lists would return to a normal level. JH explained that the waiting-well programme contacted individuals waiting for inpatient treatment to ensure they were not deteriorating, to ensure that they still required treatment and to stratify patients based on risk. It was not possible to provide the same service for those on outpatient waiting lists, but while on the waiting list their care remained with their GP. In terms of recovery of the waiting list, the CEO report included details about the trajectory, but it was not clear yet when the trajectory was expected to finish. There were national deadlines to reducing some aspects of the waiting list set by NHS England, but it would be some years before they fully returned to normal.

David Cove reflected on the Trust's success in maintaining staff morale under incredibly difficult circumstances. However, it was not possible to maintain morale with all the pressures the Trust and the NHS were facing. If morale were to decline there could be a risk to patients, as had been seen in the Ockenden report, and it would be difficult to raise morale again. Reflecting on his 50 years associated with the NHS David Cove said he had never seen the NHS in a worse position. JH recognised the concern but noted that many staff were feeling energised about the opportunities to grow the workforce. It was important to support staff health and wellbeing, not only at the point of crisis, but in order to prevent crisis as well, which the Trust was working hard to do. The Chair noted the remarkable ability of staff to face seemingly endless pressures, but this could not be counted on indefinitely.

Some governors questioned whether the Trust undertook insourcing work from consultants forming their own businesses, in order to avoid issues with pensions from taking on additional NHS work. JH noted that these were LLPs and had been around since before the pandemic, however she was not familiar with the arrangements in place at the Trust. JH would investigate and report back to the Council.

ACTION: JH

The Chair thanked JH for presenting the CEO report.

CoG23/006

Finance Report Q3

The Chief Financial Officer (CFO) drew the governors' attention to the previously circulated paper, outlining the Trust's financial position at the end of quarter three. The CFO highlighted a deficit of £7.4m, which was £6.8m away from plan. Key drivers for the deficit were undelivered efficiencies, the national economic climate and associated inflationary pressures, and a high level of high-cost agency spend. The Trust had a steep improvement trajectory for the final quarter of the year, with the goal being a £5m deficit. Reduction in agency spend and increased grip on the efficiency programme would support this goal. The remaining £5m deficit would be bridged with support from organisations across the Dorset system, to ensure a breakeven position for the system as a whole.

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Capital expenditure stood at £23.1m against a planned spend of £30m for the full year. The Trust expected to deliver on the capital plan due to ongoing strategic estates programmes such as the New Hospital Programme and other developments across the Trust. Asked how these expanded services would be staffed, the CFO outlined that a robust business case had been developed in order to bid for the funding, which included staffing details. Additionally, the redeveloped space would allow for more efficient workflow and greater productivity from staff.

Recognising the incremental impact of needing to find financial efficiencies, Mike Byatt asked if the year end position in the next two to three years was likely to fundamentally change. The CFO noted that financial and operational planning for 2023/24 was currently being undertaken and that over recent years the most obvious improvements to productivity had been made so it was becoming harder to deliver financial efficiencies year on year. Nonetheless the Trust had an obligation to continue to explore every opportunity to save money. It was also worth noting the new context of working as a system; historically the focus was on individual organisations, but efficiencies could now be made across the system given the focus on greater collaboration.

The CFO confirmed that funding received for specific projects, such as the New Hospital Programme, was tied to those projects and that the Trust was scrutinised throughout the process to ensure money was being spent in line with the business case.

The CFO further confirmed that any deficit in this financial year would be added to the financial challenge for next year. Asked about the impact of changing regulations, the CFO noted that this did make it difficult to deliver financial plans in the medium term, but that in order to transform financially the Trust and the system needed to look at longer term planning.

The Chair thanked the CFO for his report. The next report would provide an update on the end of financial year position.

CoG23/007

Governor Matters

a) Update on Dorset Care Record

An update would be provided in Dave Underwood's presentation.

b) Delay in treatment due to IT systems

An update to the matter raised by Steve Hussey had been provided by the Interim Chief Information Officer and would be circulated to the governors.

c) Reflections on the Trust's IT systems and risks

This would be covered by Dave Underwood's presentation.

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CoG23/008

NED Feedback

Dave Underwood – Technology at the Trust

Dave shared a presentation with the Council, reflecting on the technology and digital service at the Trust. The presentation outlined the organisational structure of the service, the general digital position of the Trust, how digital risks were managed, and key challenges to the service. The presentation would be shared with the governors following the meeting.

Dave estimated that 60-70% of digital services time was spent on day-to-day operational management and 30-40% was spent on innovation and change. The Council noted the progress made over the years to improve clinical coding and the Trust's mortality index. Further discussion was had around the importance of providing the correct amount of resource to digital services, given its increasing impact on healthcare provision.

Maurice Perks considered the digital risks on the Corporate Risk Register and felt these needed to be disaggregated into individual risks to allow the Board to fully understand the additional resource required to mitigate those risks. Dave outlined that the Corporate Risk Register contained a representative sample of two to four risks in a given area and that this was standard in a number of industries. There may be a number of risks feeding into those on the Corporate Risk Register, but all risks were reviewed routinely.

The Chair thanked Dave for his comprehensive presentation.

Stuart Parsons – Reflections on first year

Stuart provided a verbal update on his reflections from his first year in post. Stuart had a commercial finance background and qualified as an accountant 30 years ago. This was Stuart's first NED role. His induction programme had been delayed by Christmas as he started in early December; this had allowed him to attend committee and board meetings ahead of meeting colleagues at the Trust and meant he knew what needed to be discussed when he did meet them.

Stuart reflected that the Trust had a strong executive team that was being strengthened by new members of the team who were able to provide fresh perspectives, particularly when Stuart raised questions or challenges. Stuart had elected to attend all four Board sub-committees to provide him, as chair of Risk and Audit Committee, with a good overview of the Trust. Stuart further noted the benefits of the diverse backgrounds and breadth of experience of his NED colleagues.

Considering what he had learned in the last year, Stuart acknowledged the difficulties in moving in to a NED role after a career in an executive role but understood that it was for the NEDs to offer challenge to the executive team. Stuart outlined that the time demands were greater than advertised and that this

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would be improved if those working hours could be consolidated in to fewer days.

Stuart highlighted his concerns as a level of complacency around long term risks, such as finances. He also cited staffing levels and ensuring that good quality care was provided to patients as concerns.

Moving in to his second year Stuart wanted to focus more broadly on clinical risk and was looking forward to working more closely with Dorset HealthCare (DHC) particularly to improve patient experience and employee pathways.

The Chair thanked Stuart for his views, noting his demanding transition from outside the NHS and into his first NED role.

CoG23/009

Feedback from Membership Development activities

Kathryn Harrison, Chair of the Membership Development Committee (MDC) provided an update. A handful of governors had recently held a stand in Damers restaurant where they were able to meet with staff and patients to discuss membership and the governor role. Kathryn hoped to undertake further opportunities to meet staff and the public and encouraged other governors to join her in these.

The bi-annual governor e-newsletter was due to be sent out. Kathryn thanked Steve Hussey and Kathryn Cockerell who had contributed to this edition and sought volunteers to write a piece for the next edition.

CoG23/010

Chair's Closing Remarks and Date of the Next Meeting.

The Chair noted that this was Davina Smith's last meeting as a governor and offered warm thanks for her contributions and fresh perspective over the years.

The next Council of Governors meeting open to the public was scheduled for 2pm on Monday 15 May 2023, in the Trust HQ Boardroom and virtual via Teams.

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

Council of Governors Meeting – Part One

Presented to the meeting of 15 May 2023

Meeting Dated: 13 February 2023				
CoG23/003	Minute CoG22/076 of the December 2022 meeting to be reviewed and amended as appropriate, to better reflect the comments made about patient experience.	AB	May 2023	Complete: The full notes of the December meeting have been reviewed and the comments regarding patient experience have been clarified to better reflect the discussion.
CoG23/004.1	The cost of post-operative treatments for patients who had undergone private procedures to be further explored.	JH/NJ	May 2023	Complete: methods to pull this data have been explored. The Trust could pull a list of patients who have undergone a privately funded spell at DCH followed by subsequent readmissions, but there is no singular way to identify that those patients were readmitted due to complications from their private procedure without a thorough, qualitative audit of case notes. Due to the ambiguity of reason for readmission this exercise could therefore result in incorrect conclusions being drawn. No other metrics indicate that the cost of post-private-operative treatments is a cause for concern for the Trust.

CoG23/004.2	JH to speak to the Estates team about undertaking a signage survey with a view to improving internal hospital signage in the short term.	JH	May 2023	Complete: funding secured, internal wayfinding signs to be updated as soon as possible.
CoG23/005.1	An update on the Acute Hospitals at Home service and virtual wards to be added to the forward planner for a future governor meeting.	AB	May 2023	Complete: Added to forward planner.
CoG23/005.2	Clarification on the Trust's position with LLPs to be confirmed.	JH	May 2023	Complete: The Trust may decide to use LLPs where there is a clear case to do so and as determined by appropriate governance routes
Meeting Dated: 10 October 2022				
Minute	Action	Owner	Timescale	Outcome
CoG22/058	An update to be received from the Strategic Estates team on the initiatives being undertaken to reduce the Trust's fuel costs	CA/ Bev Lagden	December 2022 February 2023 May 2023	

Title of Meeting	Council of Governors
Date of Meeting	15 May 2023
Report Title	Chief Executive's Report, Quarter 3 – 2022/23
Author	Jonquil Williams, Corporate Business Manager to the CEO
Responsible Executive	Matthew Bryant, CEO

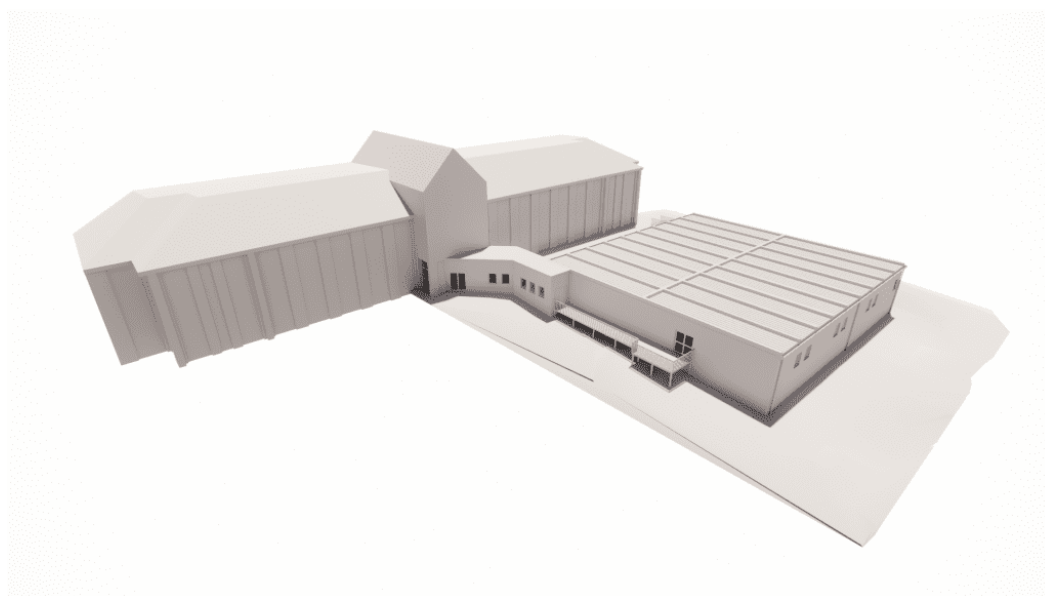
1.0 Introduction

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 Your Future Hospital

We have secured £2million from NHS England to help free up hospital beds by creating a new, larger discharge lounge facility for patients that are waiting for their medication or transport once they are medically fit to leave hospital.

We are installing a single-storey modular building that will be pre-made using modern methods of construction and then assembled on site. We are working with Premier Modular Limited, one of the UK's most experienced modular building suppliers.



Instead of the one room that the Trust currently has, the new building will provide a much larger space for patients to stay while they wait to be discharged, freeing up beds in the meantime for patients that need to be admitted.

It will be situated in the North Wing Entrance 2 Car Park, adjacent to Bridport Road, which means that some parking spaces designated for blue badge holders and chemotherapy patients will be re-allocated elsewhere on the hospital site as part of the project.

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It will provide a much larger space for patients to stay while they wait to be discharged, freeing up beds in the meantime for patients that need to be admitted. It will include a discharge lounge for 15 patients, 12 inpatient beds and four side rooms.

Dorset County Hospital received £2m for new Helipad

Plans to build a new helipad at Dorset County Hospital (DCH) have taken a major step forward thanks to a £2million pledge from the HELP Appeal – the only charity in the country that funds NHS hospital helipads.

Dorset County Hospital plans to build a brand-new Emergency Department and Critical Care Unit on the former Damers School site as part of the Government's New Hospital Programme, that will see 40 new hospitals built by 2030.

As part of the build, the Trust plans include a new helipad on the roof. This will replace the existing landing pad based at ground-level next to the current Emergency Department which would not be able to accept flights with the new building. The new helipad will also be fitted with DIFFS, a firefighting system that will, if ever needed, put out a fire within 15 seconds.

The HELP Appeal has donated over £35million in non-repayable grants to fund life-saving helipads at Major Trauma Centres and A&E hospitals around the country since 2009.

The charity has pledged its support to DCH and presented the first £1million instalment, which will fund the helipad's construction on the rooftop of the new Emergency Department and Critical Care Unit.

The new state-of-the-art rooftop helipad will allow a patient to be transferred quickly and comfortably via a lift directly into the hospital, maintaining their privacy and dignity.

3.0 Workforce

Joint Chief People Officer

Nicola Plumb has been seconded into the role of Chief People Officer at Dorset County Hospital for an interim period of 12 months, alongside continuing in her existing equivalent role for Dorset HealthCare. Nicola has been a member of the DHC executive team since 2014 and prior to that has a range of NHS experience including working for the Department of Health. With Nicola in these roles we will be able to take an overview of workforce challenges facing both trusts and start to take forward our ambitions to develop different career pathways and new workforce models together, as well as finding a common approach to supporting colleagues in a variety of ways, including our work on wellbeing. This new arrangement will start on 1 May.

2022/23 Staff Survey

The 2022 NHS Staff Survey was conducted between October and December last year. A response rate of 43.3% was achieved (1404 employees). The median response rate for our benchmarking group (Acute and Acute & Community Trusts) was 44%.

Since 2021, the questions in the NHS Staff Survey have been aligned to the People Promise and are made up of 7 People Promise elements and 2 themes (Staff Engagement & Morale). This means that for many questions, we only have comparison data over 2 years rather than 5 years.

There has been a downward trend in all but one of the nine People Promise elements/themes of the survey ('We are a team' has remained static). Our scores remain above the NHS average in eight of the nine elements/themes and equal to the national average in one element ('We are safe and healthy').

The Employee Engagement index continues to have a score out of 10. This remained static at 7.2 during 2018-20 but declined in 2021 to 7.1 and has further declined this year to 6.9. The theme of Morale has followed a similar pattern, with a decline since 2020 from 6.2 to 5.8.

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Overall, around 31% of our scores have positive increases and around 65% have had downward trajectories, with a few scores remaining static. Only around 12% of our scores are lower than the national average. Average scores are not a benchmark we aspire to. Ongoing work in the areas of inclusion, speaking up, staff health & wellbeing and leadership/management development will help make inroads into improving the staff experience at DCH.

4.0 Strategy and Transformation

Patient Pathway Improvement Programme and its candidate projects continue to progress at pace. South Walks House building works on lower ground floor and 1st floor are ongoing to create the Permanent Outpatient Assessment Centre in Dorchester Town Centre. The project team is also working closely with the divisions to finalise the services or part of the services that are able to move to the new location which should enable the Trust to uplift its activity by 30%.

24 Ringfenced Beds started an Arthroplasty pilot in November 2022 in Bay 5 in Ridgeway. This so far has seen 103 patients and was able to reduce the patients' length of stay from 4.49 to 1.79, also receiving very positive feedback from the patients. Currently the pilot is working at 46% occupancy for arthroplasty and other orthopaedic elective cases and the project is working to significantly increase this percentage through ringfencing protocol and decant work. The pilot is set to handover as business as usual by July 2023. Linked with this project is the Joint school, which works on pre-enablement for patients supporting the patients in the prior their procedure. This has now commenced and has had two training days so far, which have been very successful.

Following the recent Trust's purchase of the new modular build, Pathway Home Hub had to revise their scope and work closely together with the strategic estates team to ensure that timelines and plans are aligned. Currently the team is working on their frailty assessment model with aim to go live with this in summer.

A Greener NHS: Dorset County Hospital Green Plan and Sustainability Actions

In 2020 the NHS was the world's first health service to commit to achieving net zero carbon. This commitment was further enshrined in the Health and Care Act 2022. Greener NHS, a central NHS body with regional units, was set up to coordinate the large amount of work required to achieve the carbon reduction targets. One of the first requirements set by Greener NHS was for each NHS Trust to have a Green Plan in place by January 2022 and be valid until March 2025.

Sustainability has been on the agenda at DCH for many years. Prior to COVID-19 the Trust maintained a Sustainable Development Management Plan and invested in major initiatives such as the Combined Heat and Power plant and LED lighting. A Sustainability and Travel Working Group was established, supported by a cohort of Sustainability Champions.

DCH's Green Plan builds on this, whilst adopting the structure prescribed by Greener NHS. Actions are split between 10 themes: Workforce and System Leadership; Sustainable Models of Care; Digital Transformation; Travel & Transport; Estates & Facilities; Your Future Hospital Project; Medicines; Supply Chain and Procurement; Food and Nutrition; and Adaptation.

Here are some recent examples relating to the Green Plan themes. There are other examples across the Trust, and initiatives in development, such as looking at our building energy that forms 15.28%* of our Carbon (and equivalent) footprint. Staff, patient and visitor travel accounts for 17.63%* of Dorset County Hospital's Carbon Plus Footprint. In September 2022 the Trust launched Dorset NHS Liftshare, saving costs on this market leading app in partnership as the NHS Greener in Dorset Group of Sustainability Managers from all the Dorset NHS Trusts. Other ways to encourage active and low carbon will form part of a Green Travel Plan.

The NHS Greener in Dorset group also worked together to successfully roll-out the 'Ecoearn' app. This is an online platform available to all employees at Dorset NHS Trusts promoting activities to boost sustainability and well-being, earn Green Points, and win prizes for positive efforts. From September 2022 to February 2023 257

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staff registered with Ecoearn, 5,228 actions were completed, with competitions between teams, and an equivalent of 11.090Kg of CO2e saved.

If you would like to find out more, have a green idea or something we would like to hear about, please get in touch with Dorset County Hospital Sustainability Manager Beverley.lagden@dchft.nhs.uk

5.0 Industrial Action

Further Royal College of Nursing (RCN) strikes were planned for 1 and 2 March 2023 with different arrangements, with no emergency provision provided. However, these were paused due to discussion with the Secretary of State and on 16 March an offer was announced of 2 consolidated one off payments for the current financial year and a 5% increase for 2023/24. However this was rejected and RCN took action from 30th April to 2nd May.

On 13-16 March, the British Medical Association junior doctors staged a 72-hour walkout and the result of this was 778 cancelled appointments. BMA met with the Health Secretary to discuss a pay deal however the outcome was unsuccessful and we have just come out of our second round of BMA strike.

Teams through out the hospital pulled together and adapted to these tough times and as a hospital we performed exceptionally well however this should not cover up the amount of disruption to elective care that needed to be cancelled or postponed and this is now the repercussion we are experiencing.

6.0 Arts in Hospital

Debbie Morris – May 9 to October 3 2023

Self taught artist Debbie also has a career in the NHS. Art has become a way to help her unwind at the end of a long busy day. She works predominantly in pastels and has developed a real love for painting wildlife.



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7.0 Communication

Signage

The project has secured the funding, so the internal wayfinding signs will be updated as soon as possible.

I've supplied the designers with the content for each sign so they are currently working on drafting around 70 signs for entrances, corridors, lifts and stairwells in a simple and clear design in keeping with current NHS guidance. Once each sign is approved they will move on to manufacture and we can schedule the installation.

Susie Palmer will work with our Patient Voice group and volunteers in reviewing the sign designs and approach to wayfinding.

8.0 Operational Performance

The reporting month of March 2023 for the non-elective standards shows improvement against ambulance handover delays, the 4-hour standard and those waiting over 12 hours in the ED department. Admissions as a proportion of attendances and in terms of volume has significantly increased in March, but the Trust has managed well with these increases as demonstrated in the improved KPIs.

Performance of the elective standards improved but is slightly off trajectory. The impact of industrial action has resulted in 21, 78+ week breaches at the end of April. Patient sickness (COVID) also resulted in the cancellation of procedures contributing to this number.

Cancer performance has improved in month, with the 28-day standard recovering achieving above the standard and treatment volumes increasing. This is against a backdrop of increasing referral rates which has resulted in a growing waiting list size.

Diagnostic performance declined slightly in month, but with a small backlog increase and a total waiting list size decrease. All modalities remained static, with the exception of Audiology which has seen a sharp increase in the number of patients waiting over 6 weeks for assessment.

ED

Performance against the 4-hour standard in March 2023 was 73.90% (including MIU's); an increase of 1.5% compared to the previous month. This is comparable to every month in 2022/23, with performance peaking at 74.35% in January 2023 and with a low of 67.40% in April 2022. A trajectory for the 4-hour standard was required as part of the 2023/24 planning round (see final section of this paper), something that has been excluded since the start of the COVID-19 pandemic. An SPC chart will therefore be included in future reports tracking the performance of the 4-hour standard.

For the reporting month of March, 22.89% of the Trust's beds were occupied with patients who were medically fit for discharge, this compares to the high of 35.89% in June 2022 and is 10.44% lower than February 2022. Improvement of the 4-hour standard to the 2023/24 target of 76% is reliant on the average number of beds occupied by patients with NRTR to reduce to 45, which translates to 12%. Since October 2022, there has been positive and negative variation of no more one percentage point.

For the financial year 2022/23, ED received 51,310 attendances that are counted in the 4-hour standard. This compares to 50,038 in the previous year, an increase of 2.48%. When compared against 2019/20 (pre COVID) there has been a 4% increase.

ED attendances in March were just above median level but the increases were as expected with seasonal variation and remained within the upper control limit.

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Cancer Waiting Time Standards

For March 2023, the Trust did achieve the 31-day treatment standard and the 28 days to diagnosis standard but did not achieve any of the other cancer waiting times standard. The total waiting list size increased, with a significant spike in referrals during the month of March.

Faster Diagnosis Standard (28 days)

Performance of the 28-day standard has been impacted by the demand growth at the front of the pathway. For the reporting month of March, performance recovered to 77.9% against the required target of 75%, this will reduce as not all data is in for the reporting month.

31-day 1st treatments

In line with the National ask, regionally across the Wessex Cancer Alliance a 5% year on year uplift was forecasted for the volume of treatments done, using the year 2019/20 as a baseline.

The 31-day 1st treatment standard applies to all confirmed cancers irrespective of the route of referral. In 2021/22 DCH treated more cancers than the previous two years.

For the month of March, treatment levels recovered to the median line, as the backlog at the start of the pathway now has a decision to treat, creating the treatment waiting list.

62-day waiting list (waiting for cancer treatment)

The total backlog of patients over day 62 has decreased to 86 because of the additional treatments taking place. The backlog of patients over 104 days has increased from 17 to 23 however, all movement is within the upper and lower processing limits.

Diagnostic Waiting Times

The Trust achieved 66.9% against a target of 99%. This is a decrease of 1.8% compared to the previous month. The backlog increased by 49 patients and the total waiting list size decreased by 129 patients, to 5,093 compared to 5,876 at its highest in September 2022.

At a modality level, performance and waiting lists stayed static apart from Audiology, which has seen a growth in backlog and waiting list size. This is being driven by sickness, the department is also going through a significant change, with the service transferring to Dorset HealthCare and staff in consultation. The Cardiology action plan is referenced within the Division Exception reporting.

Balanced Score Card



Outstanding care for people in ways which matter to them

9.0 System Position

The most significant issue affecting a wide range of metrics remains the lack of system flow. The number of patients not meeting the criteria to reside remains high in both acute and community hospitals, impacting patient flow leading to delays in timely access to emergency departments with consequences in ambulance handover delays and planned inpatient activity.

The impact of Discharge to Assess (D2A) is expected to improve system flow for 2023/24 consequently improving system performance. A recent resilience alert issued due to the increasing severity of the challenge which has implications for wider system partners eg mental health patients waiting presenting at ED who subsequently require a bed.

Elective Care

The table below shows position in current performance against the 78 weeks target of zero by 31 March 2023, reflecting the impact of industrial action, patient choice and increase in covid cases. Dorset system is at 174 (138 admitted, 36 non admitted) against system projected end of year position of 123. However unvalidated data for 31 March shows an improved position of 116 (DCH: 19; UHD: 96 Spa Medica:1)- against a forecast of 123.

>78 weeks summary			
Trust	Performance at 26 March 2023	End April Forecast	Reason
Dorset County Hospital	23	0	<ul style="list-style-type: none"> 7 non admitted, 16 admitted pathways Specialities include colorectal, gynae, ophthalmology and orthopaedics
University Hospitals Dorset	148	89	<ul style="list-style-type: none"> 29 non admitted, 119 admitted pathways 160 surgical procedures were cancelled, of which 48 patients were categorised as P2s and are being rescheduled in April 2023
Spa-Medica	3	1	<ul style="list-style-type: none"> Specific lenses on order for patient with long lead time for delivery

During 2023/24 the Dorset System has planned to deliver zero 65 weeks by 31 March 2024, in line with national planning guidance. Current performance at 26 March 2023 is 1,431 patients waiting 65 weeks, breakdown is as follows:

- Dorset County Hospital- 241
- University Hospitals Dorset- 1180
- Harbour- 1
- Spa-Medica- 9

Currently the Dorset position at 26 March 2023 is 5,260 patients waiting 52 weeks, breakdown is as follows:

- Dorset County Hospital- 1165
- University Hospitals Dorset- 4083
- Harbour- 2
- Spa-Medica- 10

Urgent and Emergency Care

The numbers of patients with No Criteria to Reside continue to fluctuate with evidence of a slight improvement with 297 patients (breakdown as follows 64 Dorset County Hospital, 131 Poole Hospital, 102 Bournemouth Hospital, 33 CoHo) no longer meeting the criteria to reside at 3 April 2023. Although there is no statutory target, our system target is to deliver at least a 30% reduction by June 2023 and 50% reduction by September 2023.

Outstanding care for people in ways which matter to them

System wide plans are in place including daily discharge performance via the Tactical Resilience Group and the multi-agency discharge and flow cell continues to focus on targeted improvement and interventions in line with plans set at the Winter Implementation Group. As part of 2023/24 operational planning profiling demand and capacity for the next twelve months has taken place, including bed modelling and impact of all schemes covering pre, in and post hospital.

Integrated Care Partnership Strategy

Dorset's integrated care partnership (ICP) strategy, **Working Better Together**, is now live.

The point of a strategy document is to explain where we are now, what we hope to achieve, and how we're planning to do that. Working Better Together sets out how the NHS, councils, and other partners within our ICP will work together to make the best possible improvements in the health and wellbeing of local people. This means changing the way we work to provide the right health and care services across Dorset.

We know that different people have different experiences when using health and care services – differences in what access they have to services, how they feel when using the services, and the outcome those services have on their health and wellbeing. These differences lead to inequalities in health that are both unjust and costly for people and communities.

In this strategy we present the main things that people in Dorset have told us affect them, both good and bad. Where things aren't working, we will look at what we can do to make things fair for everyone.

10.0 Quality

March 2023 Performance Summary

Positive Quality Improvement:

- No Never Events reported for 16 consecutive months.
- No Medication Incidents with serious harm reported for 16 consecutive months.
- Trust remained within threshold for infection control targets
- DCHFT Endoscopy Unit passed annual Joint Advisory Group on Gastrointestinal Endoscopy (JAG) review
-

Challenges to Quality Improvement:

- 2 Serious Incidents reported to StEIS in February (2x pressure sores that occurred Nov and Dec 2022)
- Rate of inpatient falls remains above target, no serious harm caused by falls in March 2023
- Availability of EDS for GP's remains a challenge however 24hr reporting has improved in reporting month. Digital anomalies are contributed to an underreported position
- SHMI data reported for November 2022 shows an improvement
- Mixed Sex Accommodation breaches continue to reduce. Executive support continues.

The Trust continues to monitor incidents identifying risks to patients awaiting discharge who have no criteria to reside.

Outstanding care for people in ways which matter to them

Improvements		
Indicator	Issue	Links
Never Events	No Never Events reported since November 2021	Robust processes in place to review incidents against national definitions for Never Events
Number of Medication Incidents resulting in severe harm or death	No Medication SIs reported since November 2021	All medication incidents are reviewed, and learning applied
Number of trust apportioned C. Difficile and Gram -ve Bacteraemia	Under threshold for both indicators 2022/2023	Robust processes to review incidents and embed learning
Accredited Endoscopy Unit via Joint Advisory Group on Gastro-intestinal Endoscopy (JAG)	DCHFT Endoscopy Department has passed their annual JAG review	JAG review report – Divisionally held
Challenges		
Indicator	Issue	Links
The rate of inpatient falls remains above target	Increase in the number of inpatients/bed occupancy; use of escalation areas with decreased visibility; high numbers of patients with No	Refresh of Falls Action Group and focus on falls prevention work. Deep dive agenda item requested for revised Patient Safety Committee. Quality Priority to reduce NCTR and consequent harm
	Criteria to Reside	
Compliance with Complaint investigation response times	Revised approach to speaking with patients and families at first point of contact and promotion of early resolution via PALS	Preparation work for Public Health Service Ombudsman standards. Update to be tabled for Quality Committee on revised standards and approach.
SHMI Value and Banding	Both banding and Value are outside expected ranges but improving. (1.1584 vs normal value 1).	Most recent data published in April 2022. Targeted work on coding of sepsis to commence to address under-reporting. Junior Doctor training on record keeping has commenced to improve accuracy of coding and with a focus on denominator data.
Mixed Sex Accommodation	Data unavailable for March 2023 – verbal update	Work continues to eliminate MSA breaches in accordance with national guidance.
Serious Incidents investigated and confirmed avoidable	2 incidents reported to NHSD (2 Pressure Sore) confirmed unavoidable reported to StEIS	Clear monitoring of all Incidents and confirmation secured with NHS Dorset
Harm to patients with No Criteria to Reside	Unable to source data due to DATIX system being unavailable – to carry forward to May 2023 Quality Report	Ongoing monitoring and improvement on data measuring impact of delays
VTE Assessment Compliance	Dropped from 95% compliance. to 89.79	Preliminary investigations highlight likely due to electronic system being paused during March 2023 Junior Doctors strike.
Percentage of discharge summaries (EDS) available for GPs to access within 24 hours and 7 days of discharge.	Metrics showing an increase for February. work continues to attain the standard with potential investment requirement to increase ward clerk hours on inpatient wards.	Improvement works ongoing with Agyle system. Business case development to increase ward clerk hours for identified in-patient areas.

Outstanding care for people in ways which matter to them

CQC Single Assessment Framework

CQC Single Assessment Framework sessions were completed in March 2023. The sessions gave staff an understanding of the new regulatory approach and inspection requirements which will be implemented in the coming months. In total 70 staff attended (ESR data).

Outstanding care for people in ways which matter to them

Title of Meeting	Council of Governors
Date of Meeting	15 May 2023
Report Title	Finance Report to 31 March 2023
Author	Claire Abraham, Deputy Director of Finance
Responsible Executive	Chris Hearn, Chief Financial Officer
Purpose of Report (e.g., for decision, information) For information	
Summary This report summarises the Trust's financial performance for the financial year ended 31 March 2023. Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a draft surplus position against control total after technical adjustments of £0.043 million for the financial year, subject to audit review. The Trust developed a plan to recover the £9.5 million forecast deficit position to a £5 million deficit by the end of the financial year, with Dorset ICB providing £5 million non-recurrent funding to support the Trust to deliver a break even position for financial year end. In addition to the non recurrent funding received, the position has been delivered with focus on highest cost agency usage, efficiency delivery emphasis, maximising income opportunities and non recurrent balance sheet reviews. Included in the position are a number of standard technical adjustments, most notably: notional pension costs (offset by income), stock adjustments, donated assets and impairments. The back pay element of the pay award (although still in negotiation stage at the time of closing the accounts) has been included in the position per recent notification from NHS England (NHSE), however local assessment of this indicates a funding shortfall. This has been accounted for and raised with the national team, along with all other System partner organisations having the same issue. The full year capital spend is £39.6 million which is in line with the forecasted position reported to the Committee. The cash position as at March 2023 is £18.9 million with public dividend capital of £14.4 million received in year.	
Paper Previously Reviewed By Chris Hearn, 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.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	To review and note the draft financial position as at 31 March 2023, subject to audit review

Council of Governors Finance Report for 12 Months ended 31 March 2023

	Plan 2022/23 £m	Actual 2022/23 £m	Variance £m
Income	250.0	284.5	34.5
Expenditure	(249.8)	(289.4)	(39.6)
Surplus / (Deficit)	0.2	(4.9)	(5.1)
Technical Adjustment – Capital Donations/Depreciation	(0.2)	(0.1)	(0.0)
Technical Adjustment – Impairments	0.0	5.0	5.0
Adjusted Surplus/(Deficit)	0.0	0.0	0.0

Full Year Variance

- 1.1 The income and expenditure variance position at the end of the financial year reflects the Trust has achieved a break even position in line with plan.
- 1.2 Income levels were above plan by circa £34 million. Commissioned income is ahead of plan by £29 million, of this £6.7 million relates to additional employer pension contributions paid by NHS England, £5.5 million relates to the draft Agenda for Change pay offer, £13.9 million received NHS commissioner funding to support workforce projects, reaching the break even position and £2.9 million of additional high cost drugs. Other operating income was ahead of plan by £5.1 million primarily as a result of increases in Education and Training income (£3.4 million), COVID-19 testing (£0.4 million) and other non-patient care services (£1.3 million).
- 1.3 Pay costs were above plan by circa £24 million year to date. Agency costs of £13.9 million have been incurred, being £2.9 million above plan, predominantly covering medical and nursing vacancies, sickness costs and increased operational pressures including the response to industrial action. Additional medical sessions are also contributing to the pay overspend, along with national pension and pay award costs (which have income offsets) and make up the remainder of the pay variance – these latter elements are detailed further below in 1.5 technical adjustments section.
- 1.4 Non Pay costs were above plan by circa £15 million year to date. Impairments linked to leases based on national guidance valuations total £5 million. Drugs, clinical supplies and general non pay costs are £9.5 million above plan for the year, primarily because of recovery of elective services, operational pressures and inflationary increases. Utilities costs have continued to increase over and above levels identified at the time of the plan submission.
- 1.5 A number of technical adjustments are contained within the year end position, namely:

- Additional pension costs, (to be reimbursed by NHS England) for which spend of £6.8 million has been included, offset by matched income
- NHSE have calculated an estimate of the back pay element of the pay award (noting subject to national negotiation at the time of closing the accounts-) at £5.5 million. Local assessment of this calculation indicates a shortfall in funding of £0.2 million which has been accounted for in the position and has been raised with NHSE
- Stock adjustment benefit has been included at £0.1 million
- Total donated assets have been adjusted by £0.058 million which includes donated assets and donated depreciation and are in line with accounting guidance
- Total Impairments linked to leases result in an adjustment of £5 million largely driven by the Multi story car park (£3.4m), Barrack House (£1m) and South Walks House (£0.6m) and are in line with accounting guidance

1.6 Efficiencies totalling £4.7 million were delivered year to date with £1.5 million delivered recurrently.

1.7 Depreciation and PDC Dividend costs were higher than plan by £0.1 million for the year due to the impact of the valuation of the estate at the end of last financial year.

CASH

1.7 At the end of March, the Trust held a cash balance of £18.9 million.

CAPITAL

3.1 Capital expenditure for the period to 31st March 2023 amounted to £39.7 million which is in line with the forecast position and includes additional public dividend capital of £14.4 million.

Report Front Sheet

1. Report Details			
Meeting Title:	Council of Governors, Part 1		
Date of Meeting:	15 th May 2023		
Document Title:	2022 Staff Survey Results		
Responsible Director:	Emma Hallett – Acting Chief People Officer	Date of Executive Approval	13/03/2023
Author:	Julie Barber		
Confidentiality:	No		
Publishable under FOI?	Yes		
Predetermined Report Format?	Yes		

2. Prior Discussion		
Job Title or Meeting Title	Date	Recommendations/Comments
People and Culture Committee	20/03/2023	Noted
Board of Directors, Part 1	29/03/2023	Noted

3. Purpose of the Paper	The purpose of the paper is to provide a high-level summary of the 2022 NHS Staff Survey results and to showcase both positive and negative trajectories. The full results are also shared.							
	Note (✓)	x	Discuss (✓)		Recommend (✓)		Approve (✓)	

4. Key Issues	The 2022 NHS Staff Survey was conducted between October and December last year. A response rate of 43.3% was achieved (1404 employees). The median response rate for our benchmarking group (Acute and Acute & Community Trusts) was 44%.							
	Since 2021, the questions in the NHS Staff Survey have been aligned to the People Promise and are made up of 7 People Promise elements and 2 themes (Staff Engagement & Morale). This means that for many questions, we only have comparison data over 2 years rather than 5 years.							
	There has been a downward trend in all but one of the nine People Promise elements/themes of the survey ('We are a team' has remained static). Our scores remain above the NHS average in eight of the nine elements/themes and equal to the national average in one element ('We are safe and healthy').							
	The Employee Engagement index continues to have a score out of 10. This remained static at 7.2 during 2018-20 but declined in 2021 to 7.1 and has further declined this year to 6.9. The theme of Morale has followed a similar pattern, with a decline since 2020 from 6.2 to 5.8.							
	Overall, around 31% of our scores have positive increases and around 65% have had downward trajectories, with a few scores remaining static. Only around 12% of our scores are lower than the national average.							

Average scores are not a benchmark we aspire to. Ongoing work in the areas of inclusion, speaking up, staff health & wellbeing and leadership/management development will help make inroads into improving the staff experience at DCH.

5. Action recommended	The COG is asked to note the Report.
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6. Governance and Compliance Obligations			
Legal / Regulatory Link	Yes		The Staff Survey is a Regulatory Requirement of all NHS Trusts
Impact on CQC Standards	Yes		The results of the Staff Survey are used when assessing the Well-led element of the CQC standards
Risk Link	Yes		PL 1.1 - the risk of a continuing inability to reliably recruit or retain sufficiently skilled staff to meet patient demand
Impact on Social Value	Yes		We wish to be a local employer of choice and staff satisfaction and reputation will influence this.
Trust Strategy Link	How does this report link to the Trust's Strategic Objectives? <i>Please summarise how your report will impact one (or multiple) of the Trust's Strategic Objectives (positive or negative impact). Please include a summary of key measurable benefits or key performance indicators (KPIs) which demonstrate the impact.</i>		
Strategic Objectives	People	The Staff Survey is a key indicator of progress in relation to the DCH People Plan.	
	Place		
	Partnership		
Dorset Integrated Care System (ICS) goals	Which Dorset ICS goal does this report link to / support? <i>Please summarise how your report contributes to the Dorset ICS key goals.</i> <i>(Please delete as appropriate)</i>		
Improving population health and healthcare	Yes		An engaged and motivated workforce is required to meet the ICS system goals
Tackling unequal outcomes and access	Yes		As above
Enhancing productivity and value for money	Yes		As above
Helping the NHS to support broader social and economic development	Yes		As above
Assessments	Have these assessments been completed? <i>If yes, please include the assessment in the appendix to the report..</i> <i>If no, please state the reason in the comment box below.</i> <i>(Please delete as appropriate)</i>		
Equality Impact Assessment (EIA)		No	
Quality Impact Assessment (QIA)		No	

2022 STAFF SURVEY RESULTS

Executive Summary

The purpose of the paper is to provide a high-level summary of the 2022 NHS Staff Survey results, to showcase both positive and negative trajectories and to highlight work ongoing within the Trust which will impact on areas explored within the Survey.

The 2022 NHS Staff Survey was conducted between October and December last year. A response rate of 43.3% was achieved (1404 employees). The median response rate for our benchmarking group (Acute and Acute & Community Trusts) was 44%.

Since 2021, the questions in the NHS Staff Survey have been aligned to the People Promise and are made up of 7 People Promise elements and 2 themes (Staff Engagement & Morale). This means, for many questions we only have comparison data over 2 years rather than 5 years. This makes it more difficult to identify trends.

There has been a downward trajectory in all but one of the nine People Promise elements/themes of the survey ('*We are a team*' has remained static). Our scores remain above the NHS average in eight of the nine elements/themes and equal to the national average in one element ('*We are safe and healthy*').

The Employee Engagement index continues to have a score out of 10. This remained static at 7.2 during 2018-20 but declined in 2021 to 7.1 and has further declined this year to 6.9. The theme of Morale has followed a similar pattern, with a decline since 2020 from 6.2 to 5.8.

Results to be celebrated include those within the sub-theme of **Inclusion** (theme: '*We are compassionate & inclusive*'), where we have upwards trajectories in staff reporting that they feel valued by their team and that people they work with are understanding and kind to one another. In the sub-theme of **Autonomy & Control** (theme: '*We each have a voice that counts*'), staff continue to feel they are trusted to do their job and that there are frequent opportunities to show initiative in their roles.

There has been a downward trend in the sub-theme **Raising Concerns** (theme: '*We each have a voice that counts*'), where the % of staff reporting that they feel safe to speak up about anything that concerns them in the organisation has *incrementally declined* over 3 years. In the sub-theme of **Negative Experiences** (theme: '*We are safe and healthy*') we have a significant increase in staff reporting they are coming to work despite not feeling well enough to perform their duties.

We continue to utilise the results to identify positive outcomes, areas to improve and any trends worthy of note. A number of overall work programmes are already underway which will help to address concerns and build on successes to date. At a local level divisional leaders will be cascading results and team leads will facilitate 'time to talk' conversations with their teams to co-design, embed and own local action plans.

This paper is shorter than usual for the Staff Survey report as it follows the publication of the results on 9 March 2023 and serves as a supplement to the detailed survey report.

1. Introduction

The 2022 NHS Staff Survey was conducted between October and December last year. A response rate of 43.3% was achieved (1404 employees). The median response rate for our benchmarking group (Acute and Acute & Community Trusts) is 44%. Given this response rate, it is important that the survey results are used alongside all other sources of staff feedback including the quarterly Pulsecheck results, freedom to speak up data and the experiences of staff collated via departmental visits.

Each year we utilise the results to identify positive outcomes, areas to improve any trends worthy of note. For some questions we have up to five years of trend data, providing a much more reliable indication of whether the most recent results represent a change from the norm rather than only comparing the most recent results with the previous year. However, for many questions, we only have comparison data over 2 years.

The Board is asked to note the contents of the Report.

2. Survey Results

2.1 Overview of People Promise elements and themes

Since 2021, the questions in the NHS Staff Survey have been aligned to the People Promise and are made up of 7 People Promise elements and 2 themes (Staff Engagement & Morale).

There have been downward trajectories in all but one of the nine People Promise elements and themes (*'We are a team'* has remained static). Our scores remain above the NHS average in eight of the nine elements/themes and equal to the national average in one element (*'We are safe and healthy'*).

In **three areas** our 2022 scores are defined as **statistically significantly lower** than 2021.

People Promise/Theme	2021 Score	2022 Score	Statistically significant change?	Sector Score 2022	+/- comparison with Sector average
PP1: We are compassionate & inclusive	7.5	7.3	Significantly lower	7.2	+
PP2: We are recognised & rewarded	6.1	5.9	Significantly lower	5.7	+
PP3: We each have a voice that counts	6.9	6.8	Not significant	6.6	+
PP4: We are safe & healthy	6.0	5.9	Not significant	5.9	=
PP5: We are always learning	5.6	5.5	Not significant	5.4	+
PP6: We work flexibly	6.3	6.2	Not significant	6.0	+
PP7: We are a team	6.8	6.8	Not significant	6.6	+
Theme: Staff Engagement	7.1	6.9	Significantly lower	6.8	+
Theme: Morale	5.9	5.8	Not significant	5.7	+

2.2 Improved scores - some examples

Question No.	Statement	% positive change since 2021	% Score
5b	<i>I have a choice in deciding how to do my work</i>	1.6	58.2
6d	<i>I can approach my immediate line manager to talk openly about flexible working</i>	0.8	69.1
7b	<i>The team I work in often meets to discuss the team's effectiveness</i>	1.9	60.6
7h	<i>I feel valued by my team</i>	1.0	72.1
8b	<i>The people I work with are understanding and kind to one another</i>	1.0	71.3
22b	<i>There are opportunities for me to develop my career in this organisation</i>	1.6	58.2

The table above shows positive improvements in our staff having a level of autonomy in how they undertake their work and they continue to have opportunities for flexible working patterns. Feeling valued, benefitting from kindness within teams and discussions around team effectiveness all have positive trajectories.

2.3 Downward trajectories - some examples

Question No.	Statement	% negative change from 2021	% Score
9a	<i>My immediate manager encourages me at work</i>	2.3	71.7
7e	<i>I enjoy working with the colleagues in my team</i>	2.6	82.6
11d	<i>In the last 3 months have you ever come to work despite not feeling well enough to perform your duties?</i>	4.2	57.5
9d	<i>My immediate manager takes a positive interest in my health and wellbeing</i>	1.7	70.0
23e	<i>I feel safe to speak up about anything that concerns me in this organisation</i>	3.0	61.5

The continued consequences of coping with the ongoing impact of Covid, staff shortages, sickness absence and operational pressures are reflected in some of the results that have seen a decline since 2021. The appointment of a new Freedom to Speak Up Guardian and the increased focus on Health & Wellbeing will ensure a continued focus on these key areas.

2.4 Staff Engagement/Employee Engagement Index (EEI) score

Theme	Questions/Statements	2022 Score %	2021 Score %	2020 Score %	National Average 2022 %
Motivation	Q2a: Often/always look forward to going to work	54.7	57.4	62.3	52.5
	Q2b: Often/always enthusiastic about my job	71.4	73.1	76.7	66.7
	Q2c: Time often/always passes quickly when I am working	72.5	75.5	75.9	72.5
Involvement	Q3c: Frequent opportunities for me to show initiative in my role	78.0	77.3	74.5	72.8
	Q3d: Able to make suggestions to improve the work of my team/department	74.6	75.0	77.6	70.9
	Q3f: Able to make improvement happen in my area of work	58.0	58.7	57.8	54.7
Advocacy	Q23a: Care of patients/service users is my organisation's top priority	75.8	78.7	83.6	73.5
	Q23c: I would recommend my organization as a place to work	61.0	66.4	71.9	56.5
	Q23d: If a friend/relative needed treatment I would be happy with the standard of care provided by this organisation	65.9	74.6	80.0	61.9

The Staff Engagement theme has an overall score out of 10. The DCH score has declined from 7.1 to 6.9 in 2022. The individual question scores shown above show that only one statement had improved scores. In 8 out of 9 questions, the DCH score is significantly above the national average. On one question (Q2c) we equal the national average. Whilst it is disappointing to see a reduction in the number of staff who recommend the Trust as a place to work or to receive treatment, the national context will inevitably be playing a part in this.

2.5 Morale

The theme of Morale has followed a similar pattern to Staff Engagement, with a decline since 2020 from 6.2 to 5.8. The questions included to measure morale cover: work pressure and stressors. Whilst scores for stressors had, in the main, improved from the previous year, **work pressures** showed significant downward trends, particularly in relation to conflicting demands and staffing levels.

Question	2022 % Score	2021 % Score	2020 % Score	National Av. 2022 %
Q3g: I am able to meet all the conflicting demands on my time at work	40.3	40.8	45.4	42.9
Q3i: There are enough staff at this organisation for me to do my job properly	21.9	22.8	35.6	25.1

2.5 WRES

In comparison with the 2021 scores, there are improvements for BME staff in 2 out of 4 questions. There has been a significant and encouraging reduction in BME staff experiencing harassment, bullying or abuse from patients and relatives. However, this is still unacceptably high for all colleagues and will continue to be an area of focus.

Our Dignity and Respect at Work Programme continues to support staff to challenge unacceptable behaviour and call out bullying and harassment in all its forms.

Question – WRES data DCH	BME 2022	BME 2021	BME 2020	WHITE 2022	WHITE 2021	WHITE 2020
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	29.8	34.0	27.5	25.0	24.5	21.4
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	32.4	29.1	40.4	24.9	26.0	26.2
% of staff who feel the organisation provides equal opportunities for career progression or promotion	47.0	55.0	36.3	60.7	62.6	62.3
% of staff who experienced discrimination at work from manager/team leader or colleague in last 12 months	16.6	18.7	20.0	6.1	5.6	6.6

2.6 Workforce Disability Equality Standard (WDES)

When comparing scores to the previous year, improvements are seen on 3 questions and declines on the other 6. Non-disabled staff show improvements on only 2 questions and neither of these were for the same questions as disabled staff.

It is encouraging that there is a reduction in the number of staff experiencing bullying and harassment from patients and from managers, and that more disabled staff are reporting incidences than previous years.

Question – WDES data DCH	Disabled 2022	Disabled 2021	Disabled 2020	Non-Disabled 2022	Non-Disabled 2021	Non-Disabled 2020
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	28.8	32.4	23.5	24.5	23.4	21.5
% of staff experiencing harassment, bullying or abuse from managers in last 12 months	16.0	17.2	20.7	9.9	9.2	8.7
% of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	28.8	26.5	32.1	18.9	20.4	19.1
% of staff who reported last experience of harassment, bullying or abuse	52.0	50.8	44.1	42.8	44.2	43.3
% of staff who feel the organisation provides equal opportunities for career progression or promotion	59.1	60.7	56.0	58.6	61.7	60.6
% of staff who felt pressure from their manager to come into work when not feeling well enough	28.6	27.8	30.8	18.1	19.6	21.4
% of staff who are satisfied with the extent the organisation values their work	36.5	39.8	37.8	46.4	47.0	49.4
% of staff who say their employer has made reasonable adjustments to enable them to carry out their work	71.9	74.1	75.5	N/A	N/A	N/A
Staff Engagement Score	6.6	6.9	6.9	7.1	7.2	7.3

2.7 Further action and focus areas

2.7.1 The Management Matters Programme launched last Autumn and a range of sessions are offered to develop management competence in undertaking appraisals, safe and effective wellbeing conversations, career conversations, managing sickness absence and much more. **Developing skills and competence in all managers and supervisors supports culture change and will improve staff experience.**

2.7.2 The appointment of a new Freedom to speak Up Guardian has already reaped rewards with evidence of more staff feeling able to speak up. **Further developing the Speaking Up culture will be a key focus in 2023.**

2.7.3 An improved approach to supporting staff health and wellbeing, using a triage method has been introduced which will more effectively signpost staff to the most appropriate support. We have also recently implemented a trauma response process across the Trust to support staff who have experienced traumatic events at work. However, it is clear from the Staff Survey results that work pressures are getting worse not better. **The focus on recruiting to existing hard to fill roles alongside new workforce roles and models of care needs to continue, so that we can prevent ongoing harm to our staff.**

2.7.4 Inclusion continues to be the 'golden thread' in all that we do. Our Staff Networks continue to thrive and grow. We have secured funding to focus on recruitment and retention issues for our Overseas Staff who form an intrinsic part of our workforce. We have also developed a bespoke onboarding programme for staff joining us from overseas and a career development framework to accelerate their progression. **We must continue our focus on the representation, experience and development of staff who have protected characteristics.**

2.7.5 Following this report to PCC, our high level Staff Survey results will be presented to SLG and to the Trust Board. From mid-March onwards, survey results will be shared at Divisional and Care Group/Department level. Divisional leaders will be cascading results and team leads will facilitate 'time to talk' conversations with their teams to co-design, embed and own local actions. The focus at this local level will be on identifying small changes that can be made that have a big impact on staff experience day to day.

3. Conclusion

3.1 The purpose of the staff survey is to provide a health-check of employee engagement at DCH and identify areas of strength and weakness. Overall, the picture remains a largely positive one, with the Trust's People Promise scores being significantly better than the sector scores for similar organisations and scoring higher nationally in 8 out of 9 elements/themes of the People Promise and equaling the '*we are safe and healthy*' element.

3.2 The Trust response rate declined this year and we recognise more needs to be done to increase engagement for the 2023 survey and beyond. Increased engagement will make

the survey results more meaningful, but it is equally as important that all other sources of ongoing staff feedback are considered.

- 3.3** The survey results indicate that the experiences of disabled staff and those from minority ethnic groups are less positive than other groups of staff. Whilst we recognise there is more to do, we must also celebrate the significant progress that has been made, particularly in the reduced numbers of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months, and for disabled staff an improvement in manager behaviours.
- 3.4** Finally, the ongoing effect of the pandemic, operational pressures, industrial action and workforce shortages are impacting all NHS organisations and are likely to have influenced the general downturn in survey results. That being said, we must continue to do all we can at a local level to mitigate the ongoing and increasing pressures staff are facing.

4. Recommendation

The COG is recommended to:

1. **NOTE** the report

Name and Title of Author: Julie Barber, Head of Organisational Development
10th March 2023

Appendix A: People Promise Elements & Themes: Overview

People Promise Elements and Themes: Overview

Survey
 Coordination
 Centre 

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

