INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

**Ref: DCS/TH**

**To the Members of the Board of Directors of Dorset County Hospital NHS Foundation Trust**

You are invited to attend a **public (Part 1) meeting of the Board of Directors** to be held on **29th November 2023** at **8.30 am to 11.40am** in the **Board Room, Trust Headquarters, Dorset County Hospital, Dorchester** and via **MS Teams.**

The agenda is as set out below.

Yours sincerely

**David Clayton-Smith**
**Trust Chair**

## AGENDA

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| **1.** | **Patient Story**<br>Children and Young People – 15 Step Challenge | Presentation | Jo Howarth<br>Hannah Robinson | Note | 8.30-08.55 |
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| **2.** | **FORMALITIES** to declare the meeting open. | Verbal | David Clayton-Smith<br>Trust Chair | Note | 08.55-9.00 |
| | a) Apologies for Absence: | Verbal | David Clayton-Smith | Note | |
| | b) Conflicts of Interests | Verbal | David Clayton-Smith | Note | |
| | c) Minutes of the Meeting dated 27th September 2023 | Enclosure | David Clayton-Smith | Approve | |
| | d) Matters Arising: Action Log | Enclosure | David Clayton-Smith | Approve | |
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| **3.** | **Chair's Comments** | Verbal | David Clayton-Smith | Note | 9.00-9.10 |
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| **4.** | **CEO Update** | Enclosure | Matthew Bryant | Note | 9.10-9.25 |
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| **5.** | **Balanced Scorecard**<br>• System Performance Update | Enclosure | Anita Thomas<br>Executives | Note | 9.25-9.40 |
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| **6.** | **Finance Report** | Enclosure | Chris Hearn | Note | 9.40-9.55 |
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| **Coffee Break 9.55-10.10** | | | | | |
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| **7.** | **Maternity Update**<br>Including Maternity Incentive Scheme<br>(Nov QC) | Enclosure | Jo Hartley | Note | 10.10-10.25 |
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| **8.** | **Learning from Deaths Report**<br>(Nov QC) | Enclosure | Alastair Hutchison | Approve | 10.25-10.35 |
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| **9.** | **Freedom to Speak Up Update**<br>(Nov PCC) | Enclosure | Lynn Patterson | Note | 10.35-10.50 |
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| **10.** | **Board Sub-Committee Escalation Reports**<br>(Oct 2023 and Nov 2023)<br>a) Quality Committee | Enclosures | Committee Chairs and Executive Leads | Note | 10.50-11.05 |

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| | b) Finance and Performance Committee<br>c) People and Culture Committee<br>d) Working Together Committee in Common<br>e) Charitable Funds Committee | | | | |
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| **11.** | **Social Value Action Plan and Biannual Progress Update**<br>(Nov PCC) | Enclosure | Simon Pearson | Note | 11.05-11.15 |
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| **12.** | **Strategy Update** | Enclosure | Nick Johnson | Note | 11.15-11.25 |
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| **13.** | **Questions from the Public** | Verbal | David Clayton-Smith | Note | 11.25-11.30 |
| | In addition to being able to ask questions about discussion at the meeting, members of the public are also able to submit any other questions they may have about the trust in advance of the meeting to Trevor.hughes@dchft.nhs.uk or Abigail.baker@dchft.nhs.uk | | | | |
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| | **CONSENT SECTION** | | | | All items 11.30-11.35 |
| | The following items are to be taken without discussion unless any Board Member requests prior to the meeting that any be removed from the consent section for further discussion. | | | | |
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| **14.** | **Guardian of Safe Working Quarterly Report**<br>(Nov PCC) | Enclosure | Kyle Mitchell | Approve | - |
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| **15.** | **Seasonal Surge / Winter Plan**<br>(1 Nov Board Development) | Enclosure | Anita Thomas | Approve | - |
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| **16.** | **Communications Activity Report**<br>(Oct PCC) | Enclosure | Nicola Plumb | Note | - |
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| **17.** | **Any Other Business**<br>Nil notified | Verbal | David Clayton-Smith | Note | 11.35-11.40 |
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| **18.** | **Date and Time of Next Meeting** | | | | |
| | The next part one (public) Board of Directors' meeting of Dorset County Hospital NHS Foundation Trust will take place at **8.30am** on **Wednesday 31st January 2024** in the **Board Room, Trust Headquarters, Dorset County Hospital, Dorchester** and via **MS Teams.** | | | | |

**Part 2 items**

- Stroke Service Update – move to HASU
- Fresh Eyes Review
- Consent items:
  - Contracts:
    - UHS Pathology Contract
    - Supply of Water and Associated Services
    - Approval of Waiver – Construction Contractor – East Wing Procedure Room Works
    - Post Tender Summary Ridgeway 24 Bed Works
    - Inventory Management System
    - Cardiology Pacing Contract Renewal – PPSA
  - Working Together Programme update

**Minutes of a public meeting of the Board of Directors of Dorset County NHS Foundation Trust held at 8.30am on 27th September 2023 at Board Room, Trust Headquarters, Dorset County Hospital and via MS Teams videoconferencing.**

| **Present:** | | |
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| David Clayton-Smith | DCS | Trust Chair |
| Margaret Blankson | MB | Non-Executive Director (via videoconference) |
| Matthew Bryant | MBr | Chief Executive |
| Chris Hearn | CH | Chief Finance Officer |
| Jo Howarth | JH | Chief Nursing Officer |
| Alastair Hutchison | AH | Chief Medical Officer |
| Eiri Jones | EJ | Non-Executive Director (Deputy Chair) |
| Claire Lehman | CL | Non- Executive Director |
| Stuart Parsons | SP | Non- Executive Director |
| Nicola Plumb | NP | Chief People Officer |
| Anita Thomas | AT | Chief Operating Officer |
| Stephen Tilton | ST | Non-Executive Director |
| David Underwood | DU | Non-Executive Director |
| **In Attendance:** | | |
| Phil Davis | PD | Head of Strategy and Corporate Planning (Items BoD23/071 and BoD23/072) |
| Dawn Dawson | DD | Chief Nurse, Dorset Healthcare |
| Trevor Hughes | TH | Head of Corporate Governance (Minutes) |
| Jo Hartley | JHa | Head of Midwifery (via videoconference) (item BoD23/077) |
| **Members of the Public (attending via videoconference):** | | |
| Kathryn Harrison | KH | Lead Governor (via videoconference) |
| Dr Richard Jee | RJ | Staff Member (Patient Story) |
| Jean Pierre Lambert | JPL | Governor (via videoconference) |
| Jamie Pritchard and Mrs Pritchard | | Patient (Patient Story) |
| Sally Shead | SS | Member of staff - observing |
| Lynne Taylor | LT | Governor (via videoconference) |
| Julia Terry | JT | Staff Member (Patient Story) |
| Wendy Weston | WW | Staff Member (Patient Story) |
| **Apologies:** | | |
| Nick Johnson | NJ | Deputy Chief Executive and Director of Strategy, Transformation and Partnership |

| **BoD23/064** | **Patient Story** | |
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| | Dr RJ introduced JP and his wife and explained about the ITU follow up clinic and how it came about. The follow-up clinic had been running for seven years, supporting patients and relatives that had received ITU care of three days or more, making onward referrals where these were needed. The clinic had been established to meet various guidance relating to intensive care standards, including NICE Guidance and commissioner requirements and had received excellent feedback. Limited consultant availability and nursing and administrative capacity presented challenges to operating the clinic and a business case was in development for additional support. | |

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| | Both JP and his wife had worked for the trust previously and both had contracted COVID at work. JP had become severely unwell and was admitted to hospital where he received non-invasive ventilatory support. JP was subsequently admitted to ITU where he had received a tracheostomy and had been fully ventilated, leaving him unable to speak. JP expressed that being unable to communicate had been a very dark period for him.<br><br>JP's wife had not been allowed to visit, due to COVID restrictions at that time, for a period of approximately a month. JP had been placed on the transplant list and received his operation after two 'false starts'. The waiting period had been very difficult, and JP's health had deteriorated quickly. JP recounted that he had been drinking heavily and had considered removing himself from the waiting list. The transplant procedure had been challenging and JP had been delirious post operatively for several days. JP maintained a positive approach and considered himself lucky – many other patients in ITU had not survived.<br><br>JP reported that throughout his care he had felt well looked after and had not been unduly anxious. The impact of his illness had significantly impacted a range of other aspects of his life, including his ability to work. Support was being provided by the HR team.<br><br>JP's wife reported that the time had been difficult for her also and that the ITU team support for families had been a tremendous help. The follow up clinic had provided great support as it had been reassuring and comforting for JP and his wife to know people were monitoring his ongoing progress and further support needs. Appointments at the ITU follow up clinic were provided on an open access basis should patients need further support.<br><br>The Board acknowledged both the physical and psychological impacts of JP's experience on him and his family, the importance of maintaining hydration and the measures available to patients to support their communication needs.<br><br>The Board also noted that the follow up clinic was only able to review a small percentage of patients that had received care in Itu and noted the forthcoming business case seeking additional support.<br><br>MBr thanked JP and his wife for telling their brave and emotional story that illustrated the importance of whole person care and care for families. The important contribution to the ongoing wellbeing of both patients and their families made by the ITU follow up clinic was noted. | |
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| | **Resolved that: the Patient Story be heard and noted.** | |
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| **BoD23/065** | **Formalities** | |
| | The Chair declared the meeting open and quorate and welcomed SS and governors to the meeting. | |
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| **BoD23/066** | **Conflicts of Interest** | |
| | There were no conflicts of interest declared in the business to be transacted on the agenda. | |

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| **BoD23/067** | **Minutes of the Meeting held on the 26th July 2023** | |
| | The Minutes of the meeting dated 26th July 2023 were approved as an accurate reflection of the meeting. | |
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| | **Resolved: that the minutes of the meeting held on 26th July 2023 were approved.** | |
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| **BoD23/068** | **Matters Arising: Action Log** | |
| | The action log was considered, updates received in the meeting were recorded within the log, and approval was given for the removal of completed items. | |
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| | **Resolved: that updates to the action log be noted with approval given for the removal of completed items.** | |
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| **BoD23/069** | **Chair's Comments** | |
| | DCS thanked EJ for chairing the previous meeting during his absence and noted the joint Board workshop held earlier that week with DHC colleagues which had considered the Working Together Programme and benefits of collaborative working.<br><br>The Annual General Meeting / Annual Members meeting had been held the previous evening and documented good performance during the previous year.<br><br>DCS reported that he continued to work with the local authority, UHD and the ICB and advised that the stakeholder map would be revisited going forward.<br><br>DCS commented that continued industrial action was impacting performance and finances and this would be further detailed in the reports later in the meeting. He noted that the Medium Term Financial Plan reflecting the system-wide agreed approach would also be discussed. | |
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| | **Resolved: that the Chair's Comments be noted.** | |
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| **BoD23/070** | **CEO Update** | |
| | MBr commented on the trust's continued reflections on the Lucy Letby trial verdict, emphasising the importance of growing the listening culture within the organisation, promoting professional curiousness, and using data alongside other sources of feedback such as freedom to speak up concerns.<br><br>MBr reported that the consequences of continued industrial action were significant for patients and the workforce, contributing to fatigue across the workforce. Emergency department attendance remained high and set the scene for the Performance Report and the Board noted that winter planning work was in train to keep services safe.<br><br>MBr concluded by noting that progress was being made despite the challenges with ongoing discussion regarding development of the reablement hub, the opening of the discharge lounge and delivering the | |

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| | Working Together Programme which was contributing to the delivery of the ICB strategy.<br>Discussion followed about support to staff stepping into roles to provide cover for senior medical staff during periods of industrial action. Board members noted that regular operational meetings were taking place with nursing and allied health professional groups offering debrief and feedback opportunities. Feedback had been largely positive, and actions were consequently being taken to implement learning from previous periods of industrial action.<br><br>There was a renewed focus on filling vacancies. Regular planning and review processes were in place and a 'one team' approach had been adopted. Ongoing discussions were taking place with medical staff regarding the impact on waiting lists and to maintain good working relationships. There was a general recognition that continued industrial action could be divisive with potential for relationship deterioration although DCH was not seeing divisions between staff groups there were being experienced elsewhere.<br><br>Board members acknowledged that the Freedom to Speak Up Guardian direct reporting route to the CEO sent a strong message to staff that the Board was listening to their concerns. | |
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| | **Resolved that the CEO Update be noted.** | |
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| **BoD23/071** | **Balanced Scorecard** | |
| | PD attended for this item and informed of prior discussion of respective metrics by the Board subcommittees the previous week.<br><br>The report indicated that the number of complaints had increased to 153 in August and that this represented a consistently rising trend and the highest value in three years. The Board noted that the report included a significant number of PALS enquiries, recording all activity and training was being undertaken with staff in the team to ensure consistent reporting of complaints.<br><br>Communication was a theme and included complaints about cancelled appointments. The increase was related to industrial action and the Quality Committee would maintain oversight and scrutiny of the data.<br><br>An error in the SHMI report was corrected in the meeting and noted that the SHMI was 1.12 in April, reflecting a consistently reducing trend.<br><br>The number of patients remaining in hospital with No Reason to Reside also showed a reducing trend with 17.5% of beds occupied and an average 54 patients in August.<br><br>The number of people waiting over 52 week waits for treatment was increasing, reflecting the accumulative effect of industrial action. Some improvement in theatre productivity was beginning to be reflected although the growing urgent and emergency care demand and increasing numbers of referrals were impacting elective activity. | |



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| | The Board sought assurances on data quality, noting that this would be reviewed by the Finance and Performance Committee. Specifically, the Board requested that the impact of industrial action on the waiting list be quantified and that the percentage of activity against 2019 activity be demonstrated.<br><br>Further discussion of the balanced score card indicated that the narrative needed further development to explain performance or variance and that some metrics required targets.<br><br>MBr advised of the need to link the Performance Report with the Board Assurance Framework and to set the specification for the report for the new financial year. | **To FPC**<br><br>**PD** |
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| | **Resolved that: the Balanced Scorecard and System Performance Update be received and noted.** | |
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| **BoD23/072** | **Board Assurance Framework** | |
| | Board members were reminded that the report, using the harmonised risk rating matrix and amended descriptions to better articulate the risks, had been reviewed by Board subcommittee the previous week. Further consideration of the risks given continued industrial action would be included in the next report.<br><br>Work was underway to complete a review of the people risks and corporate risks. Further benchmarking with other trusts was underway to review the presentation of strategic risks and further discussion would be had at a future Board Development session. The need to regularly monitor mitigations to ensure they remained appropriate and effective was emphasised. The Board requested greater assurance on this aspect and clarity as to whether risks were being tolerated.<br><br>The Board noted that whilst it was important to ensure an effective risk management process was in place, more Board time needed to be dedicated to discussion of the risks and mitigations. | |
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| | **Resolved: that the Board Assurance Framework be received and noted.** | |
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| **BoD23/073** | **Corporate Risk Register** | |
| | JH reminded members of the previous discussion at a previous Board Development session and of the recent risk maturity audit that had been completed resulting in a newly formatted Corporate Risk Register that aligned more closely to the Board Assurance Framework.<br><br>An action plan had been developed in response to recommendations arising from the risk maturity audit and progress would be reported via the Risk and Audit Committee. | |
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| | **Resolved: that the Corporate Risk Register be received and noted.** | |
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| **BoD23/074** | **Board Subcommittee Escalation Reports** | |



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The following subcommittee Escalation Reports were taken as read. Committee Chairs drew attention to the following key points:

**Quality Committee**

- Discussions of the Lucy Letby trial outcome noting further planned discussion by the Board.
- Externally facilitated deep dive into the reasons for the previous rise in SHMI. The SHMI was now on a downward trend.
- Regular discussion of the Maternity Safety Report. Awaiting the post inspection CQC report.
- Regular triangulation across the three committees.
- Concern expressed following the microbiology review and voluntary step down from future accreditation. Health and Safety Executive concerns had been closed. A change in accreditation requirements was noted and the forward focus would be on compliance with the new standards.
- Work was underway to review pressure ulcers incidents in depth.

**Finance and Performance Committee**

- The growing waiting list and number of patients remaining in hospital with No Reason to Reside was of concern.
- The committee discussed the Medium Term Finance Plan and further discussion in part 2 of the Board meeting
- Recommendation for Board approval of NHP enabling works.
- The committee had requested further assurances on the trust's RAAC position. Whilst no cause for concern was identified in the report, further assurances were sought.
- The committee noted discussion of oral maxilla-facial service contractual arrangements and the agreed direction of travel and had requested regular reporting on independent contractors.
- DHC overall performance was comparably good.
- Emergency Department performance continued to be strong overall. The committee recognised the impact of increased numbers of visitors on activity in August. Good practice on ambulance handovers processes was being shared with partners.

MBr emphasised that operational teams remained focussed on patients and the need to also celebrate areas of success whilst striving for further improvement. MBr highlighted that the trust's performance prior to the pandemic had been deteriorating and had improved significantly post pandemic.

**People and Culture Committee**

- No meeting was held in August.
- There had been an increase in the number of concerns raised to the Freedom to Speak Up Guardian. This was positive move following the recent refreshing of trust arrangements.
- Support had been provided to the workforce following the Letby trial.
- Committee expressed confidence that a culture of openness was developing within the organisation.
- The focus on cultural development was noted and two areas of further work around female surgical trainees, learning from the

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| | DHC Women's Network and focussing on short term sickness were noted. The underlying reason for absence remained anxiety and stress and a deep dive was being undertaken to better understand any work-related issues.<br>• Undergraduate learning feedback had been very positive and indicated that the trust was inclusive and welcoming. The learning environment was also reported to be positive including the standards of accommodation and pastoral support.<br>• The benefits of recent investment in the library team and the annual report were commended to the Board.<br><br>NP reported that there had been spikes in agency spend and that a deep dive was being undertaken to better understand the reasons. A report would be taken to the People and Culture Committee with cross discussion at the Finance and Performance and the Quality Committee as needed.<br><br>**Risk and Audit Committee**<br>• The committee noted the Health and Safety subgroup Escalation Report and requested completion of outstanding actions.<br>• The internal audit Safeguarding Report had provided limited assurance on paediatric consent place and action plans were in place.<br>• The refreshed approach to clinical audit and reporting was agreed and the committee emphasised the need to ensure that clear that actions were completed, and assurances were gained in respect of legally required and national audits. Further reports would be provided on this going forward.<br><br>**Working Together Committee in Common**<br>• First meeting of the joint committee had been held recently and members from both trusts were content with the arrangements.<br>• The committee emphasised the need to ensure regular communications from the committee and clarity on decision making in relation to both Boards.<br><br>MBr noted the need to have further discussion on the forward programme. Communications with stakeholders was an agenda item for the next meeting and included the two Boards of Directors and the two Councils of Governors. The full minutes of meetings would be reported to each Board going forward.<br><br>**Charitable Funds Committee**<br>• No significant risks or issues were raised to the Board.<br>• The Capital Appeal had been launched at the Dorset County Show and aimed to raise £2.5m. 12.% had already been pledged. | |
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| | **Resolved that: Board subcommittee Escalation Reports be received and noted.** | |
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| **BoD23/075** | **Finance Report** | |

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| | CH highlighted that the report contained more information regarding the impact of high numbers of No Reason to Reside patients remaining in hospital and outlined the key messages of the Month 5 report:<br><br>• The trust had delivered a Year-to-Date deficit of £3.2m. The drivers of this position continued to be high levels of agency expenditure, continuing high numbers of patients with Nor reason to reside requiring the opening of unfunded beds, industrial action and staff sickness absence. A deep dive was currently being undertaken and the findings would be reported back to the Board.<br>• Inflationary pressures amounted to circa £0.7m, particularly around utilities leading to increases in linked contracts also.<br>• The efficiency target was £10.9m for the current year. The Value Delivery Board was making progress identifying recurrent efficiencies, although the trust remained £1m behind the phased plan trajectory. The majority of identified schemes were being delivered, although risks around further agency expenditure reductions remained. There were good levels of engagement with clinical and operational teams and progress was being made.<br>• The half year position and forecast were in development to support planned strategic discussion with partners.<br>• The impact of industrial action was not fully clear and further information on this was being sought. A national template to calculate the net cost was in use and would be presented to the Board the following month.<br><br>ST noted the significant improvements in reporting the financial position and the drivers via the Finance and Performance Committee and advised that assurances presented to the committee on these factors were strong. CL noted the increasingly aging demographic and emphasised the importance of the prevention agenda and continued collaboration to address the issues.<br><br>The Board was reminded of the system budget allocation and the importance of partner consistency in the planning assumptions approach and understanding of the position. There was an established approach to workforce planning working with clinical leads to develop plans and the DCH Apprenticeship Programme was advanced in terms of widening participation. Good practice in this area would be shared with DHC.<br><br>The Board noted the strong work in place and that the People and Culture Committee could consider the forward strategic view further, considering data to inform modelling and future planning. A trajectory methodology was in place for the coming year and the relationship with education could be further developed to expand apprenticeships into other roles and consider new, shared roles. | **CH** |
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| | **Resolved that: the Finance Report be noted.** | |
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| **BoD23/076** | **Safe Staffing Mid-Point Review** | |
| | JH introduced the mid-year summary report advising that patient acuity and activity had remained relatively static and that the nursing establishment was adequate. | |

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| | A new Safe Staffing Lead was due to commence in post the following week and would support day to day management. A business case was in development to develop further the Healthroster system.<br><br>A ward Housekeeper role was also in development and would support realignment of Healthcare Assistant roles and responsibilities. The development of this role would be cost neutral, and the aim was to have the role in place before the winter. The report would be discussed by the People and Culture Committee also going forward and an updated position regarding Healthcare Assistant roles would be included in the January report to the committee.<br><br>Further international recruitment continued with 106 nurses being recruited in the current year. The Board heard that a reduced number of applications to universities for nurse training had been received this year, however, the trust aimed to be fully established for registered nurses by March 2024.<br><br>The Board heard that the report did not include ITU, the Emergency Department or theatres as the measurements differed. These service areas would be included in the January report. A report on skill mix and ratios would be returned to the Quality Committee.<br><br>The Board acknowledged that a robust review process had been undertaken. | |
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| | **Resolved: that the Safe Staffing Mid-Point Review be received and noted.** | |
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| **BoD23/077** | **Maternity Report** | |
| | The Board were updated on the review of maternity services taking place following receipt of the Section 29A Warning Notice from the CQC that was being externally supported Neil Tomlinson who had worked previously with the national maternity safety team.<br><br>Representations had been submitted to the CQC by the trust following their inspection and the final report was awaited.<br><br>JHa presented the Maternity Report and noted the introduction of SPC charts that provided more meaningful data. The trust was an outlier in terms of post-partum haemorrhage performance, and whilst this had been previously reviewed by the trust, further external support was welcomed. Serios incidents reported had been scrutinised by the Quality Committee and a new risk had been added to the risk register.<br><br>JHa summarised:<br>A perinatal review<br>The workforce review had identified that not all shifts were fully staffed.<br>A new complaint had been received regarding experience.<br>Challenges were being experienced in meeting training compliance indicators.<br>Reporting of neonatal ICU admissions. | |

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| | One area of risk relating to Maternity Incentive Scheme compliance and mitigations were being progressed.<br><br>The Board heard of the involvement of external agencies resulting in some overdue incident reports and that the recent appointment of a governance lead was expected to have a positive impact.<br><br>MBr concluded that the report presented a transparent view of the maternity service and that the Board needed to support strategic and funding decision-making with the service. | |
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| | **Resolved: that the Maternity Report be received and noted.** | |
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| **BoD23/078** | **Fit and Proper Persons Framework Briefing** | |
| | NP apologised for the late circulation of the paper which provided background and context to the strengthening of fit and proper persons testing arrangements nationally following the 2019 Kark review and publication of updated guidance.<br><br>The requirements would come into effect from 30th September 2023.<br><br>The new framework provided a standardised approached to employment and ongoing checks. Information would be retained in individual staff records until the individual's 75th birthday. A Leadership Competency Framework would be published later that year and an annual check would take place with a return on completion of the process for all Board members being submitted to the Regional Office.<br><br>The paper also sought agreement that the testing approach would be extended to staff reporting directly to a member of the Board.<br><br>A small working party had been established to progress arrangements and develop a standard operating procedure across both trusts.<br><br>The guidance did not apply retrospectively and a phased implementation would occur.<br><br>The Board noted the short implementation timescales resulting from the guidance and late circulation of the paper and agreed the recommendations within the paper including the following, pending any final comments from non-executive colleagues:<br>• Deputies were included in the scope of the fit and proper persons requirements,<br>• DBC checks would be undertaken for Board members and deputies on a three yearly basis. | |
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| | **Resolved: that the Fit and Proper Persons Framework Briefing be received and noted.** | |
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| **BoD23/079** | **Learning from Deaths Report** | |
| | AH presented the report and reported that the most recent SHMI was not included but that this was now at the lowest level for 14 months and was | |

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| | predicted to continue to fall. Other national and local indicators had also been reviewed and there were no indictors of concern.<br><br>AH noted the greater focus on highly rated SHMI results post Letby and advised that Structured Judgement Review (SJR) process reviewed 20% of all deaths and that Medical Examiners reviewed every death. An SJR audit was nearing completion and would be independently and externally reviewed in order to produce a report for the ICB. The Quality Committee would also review the report prior to the Board.<br><br>The SHMI demonstrated that the trust had returned to being within the expected range over the previous three months. Subsequent discussion noted the robust work to provide assurances to the Board and the differences between morbidity and mortality which differed depending on the service area i.e. death rates were significantly different in medicine vs ophthalmology.<br><br>The impact of industrial action on the completion of SJRs was noted and the Board was assured that all reviews would be undertaken and that the position was monitored monthly.<br><br>The Board noted that SHMI was a useful tool but would not immediately detect increased numbers of excess deaths. The Board noted the various routes that staff were able to raise concerns and speak up. | |
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| | **Resolved: that the Learning from Deaths Report be received and approved.** | |
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| **BoD23/080** | **GMC Survey and Action Plan** | |
| | A presented the outcome report of the most recent survey of junior doctor experience in training. The overall survey results were very good. However, the report identified that the experience of junior doctors working in obstetrics and in trauma and orthopaedics reported less favourably and action plans were in place.<br><br>Overall junior doctor satisfaction results were good and noted the supportive environment and improved induction scores. Gastroenterology services were known to be pressured and despite this were a positive outlier in terms of support. Recently recruited consultants had also recounted that the reason for their return was the friendly and supportive nature of the hospital.<br><br>Low scoring areas reflected service pressures on consultant time. The Board noted that high numbers of patients with No Reason to Reside resulted in a greater demands on juniors to undertake medical reviews due to extended stays and this was being addressed going forward. | |
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| | **Resolved: that the GMC Survey and Action Plan be received and noted.** | |
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| **BoD23/081** | **Infection Prevention and Control Annual Report 2022-23** | |

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| | JH presented the final report for 2022/23, noting prior review by the Quality Committee although there had been some gaps in the report at that time.<br><br>Key aspects of the report to note included:<br>• The trust had remained within trajectory for hospital acquired infections.<br>• Strengthened antimicrobial arrangements.<br>• Successful resetting and retraining post COVID. | |
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| | **Resolved: that the Infection Prevention and Control Annual Report 2022-23 be received and noted.** | |
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| **BoD23/082** | **Questions from the Public** | |
| | JPL enquired about capacity at the hospital and the projected time to eliminate waiting lists in the various services. A multi-year recovery plan focussed on emergency and cancer care and diagnostics. Each plan was based on extensive modelling against the ask and available capacity. Extensive modelling on future bed capacity in the context of service changes within the system was also taking place.<br><br>In response to a question about the further development of the narrative within the Performance Report the Board noted the extensive scrutiny undertaken via committees and the ongoing developing nature of thereport. | |
| | | |
| | **CONSENT SECTION** | |
| | The following items were taken usually without discussion. No questions were previously raised by Board members prior to the meeting. | |
| | | |
| **BoD23/083** | **Outpatient Assurance Letter** | |
| | | |
| | **Resolved: that the Outpatient Assurance Letter be received and noted.** | |
| | | |
| **BoD23/084** | **Guardian of Safe Working Quarterly Report** | |
| | | |
| | **Resolved: that the Guardian of Safe Working Quarterly Report be received and noted.** | |
| | | |
| **BoD23/085** | **ICB Board Minutes Part 1** | |
| | | |
| | **Resolved: that the ICB Board Minutes Part 1 be received and noted.** | |
| | | |
| **BoD23/086** | **Any Other Business** | |
| | No other business was raised or notified.<br><br>The items on the part 2 meeting agenda were summarised to promote openness and transparency. | |
| | | |
| **BoD23/087** | **Date and Time of Next Meeting** | |



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|---|---|
| | The next Part One (public) Board of Directors' meeting of Dorset County Hospital NHS Foundation Trust will take place at **8.30am** on **Wednesday 29th November 2023 in the Board Room, Trust Headquarters, Dorset County Hospital** and via **MS Teams.** |

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## Action Log – Board of Directors Part 1

**Presented on: 29th November 2023**

| Minute | Item | Action | Owner | Timescale | Outcome | Remove? Y/N |
|---|---|---|---|---|---|---|
| **Meeting Dated: 27th September 2023** | | | | | | |
| **BoD23/071** | **Balanced Scorecard** | Further narrative to be included to explain performance or variance and targets to be included with metrics. | **PD** | ~~November~~ December 2023 | BI team are adding a section to the Exceptions Report tab of the Balanced Scorecard – this will capture SRO, Actions, delivery date, current status. Execs will complete each month. Due date revised to December. | **No** |
| **BoD23/075** | **Finance Report** | A report, based of the national template to determine the net costs of industrial action to be presented to the Board. | **CH** | October 2023. | Extract from industrial action template included as appendix to finance report | **Yes** |
| **Meeting Dated: 26th July 2023** | | | | | | |
| **BoD23/049** | **Board Assurance Framework** | An updated action plan, informed by the outcomes of the risk maturity audit, to be returned to the Board via respective sub committees and RAC. | **JH / NJ** | ~~September~~ December 2023 | Not Due | **No** |
| | | | | | | |

| **Actions from Committees…(Include Date)** | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

| **Actions to Committees…(Include Date)** | | | | | | |
|---|---|---|---|---|---|---|
| **BoD23/071** | **Balanced Scorecard** | Assurances regarding data quality within the Performance report to be returned to the Finance and Performance Committee. Specifically, the Board requested that the | **AT** | November 2023 | Added to FPC Action Log. | **Yes** |

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|---|---|---|---|---|---|---|
| | | impact of industrial action on the waiting list be quantified and that the percentage of activity against 2019 activity be demonstrated. | | | | |

# Report Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors | | |
| **Date of Meeting:** | Wednesday 29th November | | |
| **Document Title:** | CEO Report | | |
| **Responsible Director:** | Matthew Bryant, CEO | Date of Executive Approval | 22.11.23 |
| **Author:** | Jonquil Williams, Corporate Manager | | |
| **Confidentiality:** | | | |
| **Publishable under FOI?** | Yes/No | | |
| **Predetermined Report Format?** | No | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| | | |
| | | |

| 3. Purpose of the Paper | Note the paper presented | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Note (✓) | x | Discuss (✓) | | Recommend (✓) | | Approve (✓) | |

**4. Key Issues**

This briefing provides the Board with information on a number of national and local topics of interest.

It is intended to supplement the verbal report from the Chief Executive.

The Board may wish to note, in particular:

National:

- NHS England wrote to all Trusts and ICBs regarding operating standards and industrial action, with associated actions underway;
- The publication of the Care Quality Commission State of Care Report 2022/23;
- The publication of the terms of reference for the Thirlwall Inquiry;
- The appointment of a new Secretary of State for Health and Social Care;
- The launch of the NHS England Sexual Safety in Healthcare Organisational Charter, which has been signed by the Trust;

Dorset Integrated Care System:

- The Dorset Integrated Care System CQC pilot assessment undertaken in September and October 2023;

Dorset County Hospital:

- New Hospital Programme has received full planning permission for the development of the new emergency department and critical care unit.
- Maternity services at Dorset County Hospital have been rated as

| | |
|---|---|
| | "requires improvement"<br>• Specialist Stroke Services to be introduced in Dorset.<br>• The NHS England South West Regional Director and Medical Director visited Dorset County Hospital and Dorset HealthCare on 16 November 2023. |
| **5. Action recommended** | 1. **NOTE** |

| **6. Governance and Compliance Obligations** | | | | |
|---|---|---|---|---|
| **Legal / Regulatory Link** | | **Yes** | **No** | If yes, please summarise the legal/regulatory compliance requirement.<br>(Please delete as appropriate) |
| **Impact on CQC Standards** | | **Yes** | **No** | If yes, please summarise the impact on CQC standards.<br>(Please delete as appropriate) |
| **Risk Link** | | **Yes** | **No** | f yes, please state the link to Board Assurance Framework and Corporate Risk Register risks (incl. reference number). Provide a statement on the mitigated risk position.<br>(Please delete as appropriate) |
| **Impact on Social Value** | | **Yes** | **No** | If yes, please summarise how your report contributes to the Trust's Social Value Pledge |
| **Trust Strategy Link** | | **How does this report link to the Trust's Strategic Objectives?**<br>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. | | |
| **Strategic Objectives** | People | | | |
| | Place | | | |
| | Partnership | | | |
| **Dorset Integrated Care System (ICS) goals** | | **Which Dorset ICS goal does this report link to / support?**<br>Please summarise how your report contributes to the Dorset ICS key goals.<br><br>(Please delete as appropriate) | | |
| Improving population health and healthcare | | **Yes** | **No** | If yes - please state how your report contributes to improving population health and health care |
| Tackling unequal outcomes and access | | **Yes** | **No** | If yes - please state how your report contributes to tackling unequal outcomes and access |
| Enhancing productivity and value for money | | **Yes** | **No** | If yes - please state how your report contributes to enhancing productivity and value for money |
| Helping the NHS to support broader social and economic development | | **Yes** | **No** | If yes - please state how your report contributes to supporting broader social and economic development |
| **Assessments** | | **Have these assessments been completed?**<br>If yes, please include the assessment in the appendix to the report..<br>If no, please state the reason in the comment box below.<br>(Please delete as appropriate) | | |
| Equality Impact Assessment (EIA) | | **Yes** | **No** | |
| Quality Impact Assessment (QIA) | | **Yes** | **No** | |

## 1. Background

1.1 This report sets out briefing information for the Board on national and local topics of interest.

## 2. National Topics of Interest

Industrial Action

2.1 On 20 October 2023 the British Medical Association (BMA) announced the postponement of any further industrial action as negotiations recommenced with the Government. On 6 November 2023 the BMA opened a ballot for its members regarding future industrial action. The ballot is due to close on 18 December 2023.

2.2 High levels of cancellations as a consequence of previous action have placed the NHS waiting time standards and elective recovery targets at increasing risk. The overall impact of industrial action over the last 10 months has seen more than 60 days of health care provision directly impacted across England.

Operational Standards: Addressing the Significant Financial Challenges Created by Industrial Action in 2023/24

2.3 On 8 November 2023 NHS England wrote a letter to all Integrated Care Boards and Trusts to provide clarity on the funding and actions the NHS has been asked to take to manage the financial and performance pressures created by industrial action following discussions with Government.

2.4 As a result of these pressures, for the remainder of the financial year the agreed national priorities are to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care.

2.5 To cover the costs of industrial action to date, NHS England will allocate £800 million to systems. It will also reduce the elective activity target for 2023/24 to a national average of 103% and will allocate the full Elective Recovery Fund to systems.

2.6 NHS England has asked systems to complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year.

2.7 An Extraordinary Part 2 Board meeting was convened on 21 November 2023 to review our response.

Care Quality Commission (CQC) State of Care 2022/23 Report

2.8 On 20 October 2023 the CQC published its annual assessment of health care and social care in England for 2022/23, the State of Care Report. In England NHS staff have faced an unprecedented combination of pressures and rising demand last year including a record 25.3 million A&E attendances, 14 million more GP appointments and tens of thousands more mental health appointments. This position is mirrored across

Dorset and reinforces the need for us to work with system partners across the Integrated Care System to deliver the operational plan, supported by winter planning, to ensure that all patients can be treated in the most effective, timely and appropriate way.

Thirlwall Inquiry

2.9 On 19 October 2023 the Department of Health and Social Care published the terms of reference for the Thirlwall Inquiry. The Inquiry has been set up to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital. This follows an engagement process led by the inquiry's independent chair, Lady Justice Thirlwall, with the affected families and other stakeholders.

2.10 The inquiry will play an important role in identifying learning and is currently setting up its infrastructure at pace so that it can begin its investigations. This will be established by 17 November 2023.

New Secretary of State for Health and Social Care

2.11 On 13 November 2023, Victoria Atkins was appointed Secretary of State for Health and Social Care, replacing Steve Barclay. She was previously Financial Secretary to the Treasury between 27 October 2022 and 13 November 2023, and Minister of State at the Ministry of Justice and Minister for Afghan Resettlement between September 2021 and 6 July 2022.

King's Speech 2023

2.12 On 7 November 2023 His Majesty King Charles III delivered a speech to parliament outlining the government's priorities for the year ahead and the laws it intends to pass in the coming year. The King's Speech had four key themes:

- Growing the economy;
- Strengthening society;
- Keeping people safe;
- Promoting our national interests.

2.13 The key health announcement was the plan to introduce the Tobacco and Vapes Bill which will restrict the sale of tobacco so that children currently aged fourteen or younger can never be sold cigarettes, as well as restricting the sale and marketing of e-cigarettes to children. The government did not set out plans to bring forward a bill to reform the Mental Health Act or legislation to ban conversion therapy.

## 3. Dorset Integrated Care System (ICS)

Dorset Integrated Care Board Priorities for 2023/24

3.1 The key system risks can be summarised as follows:

- Industrial action and its impact on the delivery of safe health care to our population;
- High agency usage, increasing costs of personal health commissioning and nonidentification of cost improvement savings;
- Delivery of the NHS medium-term financial plan;

- Primary care capacity.

3.2 In order to address these risks, Dorset Integrated Care Board has set out the following priorities for the remainder of 2023/24:

- Determine which of the operational standards can be achieved and which if not achievable still need an agreed trajectory showing continuous improvement;
- Reduce agency costs as a minimum to levels agreed in the cost improvement plan;
- Reduce the amount of non-identified cost improvement programmes with a view to achieving break-even this year;
- Submit a break-even NHS medium term financial plan with detailed transformation plan to support more efficient ways of work and improved access for communities.
- Commence delivery of the five year forward plan five pillars and the creation of integrated neighbourhood teams to to transform care and reduce the overall cost of health and social care;
- Work with local authority partners to develop their financial plans;
- Continue to support the delivery of the primary care transformation plan.

Dorset Integrated Care System CQC Pilot Assessment

3.3 During September and October 2023, Dorset ICS became the first system to participate in a CQC pilot assessment. The Trust fully supported and participated in this assessment through focus groups and interviews in line with the CQC's requirements. A draft inspection report is due to be received in December 2023, with the final inspection report expected in spring 2024. Confirmation is awaited from the Secretary of State for Health and Social care as to whether ratings will be included in the CQC's pilot assessments. The CQC intend to incorporate any learning from the pilots into its formal assessments, which are due to commence in 2024.

Bournemouth Christchurch and Poole (BCP) Council Special Educational Needs and Disabilities (SEND) Inspection

3.4 BCP Council is expecting a formal OFSTED inspection of SEND provision to take place in spring 2024. As part of the preparatory work in advance of the inspection, the Council has begun to develop a SEND improvement plan. Dorset HealthCare has fully engaged with the Council during the preparations to date and will continue to fully support and contribute to the improvement plan as a system partner.

## 4. Strategy

Working Together – Dorset County Hospital and Dorset HealthCare

4.1 The Working Together programme has agreed a roadmap for the next 12 months aligned with and feeding into the ICS objectives.

4.2 Key progress to note includes:

- Completion on a 12 month review of the programme;
- Development of a framework that will make it easier for staff to work across organisational boundaries, including University Hospitals Dorset;
- The recruitment of the new joint Director of Corporate Affairs.

4.3 Both trusts have agreed to develop a joint strategy which will form a central plank to our contribution to delivering on the ICS objectives and forward plan. The strategy will need to have a strong emphasis on improving population health and working effectively with our partners to achieve more for our communities.

4.4 An engagement programme involving staff, patients, carers and partners has begun and will run over the coming months. This looks to test our existing strategic priorities and find out what is most important to our stakeholders to support us in planning for the years ahead.

Sexual Safety in Healthcare Organisational Charter

4.5 On 4 September 2023, NHS England launched its first ever the Sexual Safety in Healthcare Organisational Charter in collaboration with key partners across the healthcare system. The Trust has signed this charter and committed to 10 core principles and actions which work to eradicate sexual harassment and abuse in the workplace. It is expected that signatories will implement all ten commitments by July 2024.

South West Regional Director and Regional Medical Director Visit

4.6 On 16 November 2023 we hosted a visit from the NHS England South West Regional Director Elizabeth O'Mahony and Regional Medical Director Dr Michael Marsh at Dorset County Hospital. Both teams were able to share the ongoing work across Dorset County Hospital and Dorset HealthCare, including the Working Together Programme and the changes planned for mental health integrated community care (MHICC).

4.7 The teams involved in the planning of the developments on the St Ann's Hospital and Alumhurst Road sites and the new Emergency Department and Critical Care Unit in Dorchester gave presentations to Elizabeth and Michael, followed by a tour of part of the Dorset County Hospital site to see the changes that had taken place since the last visit.

## 5. Operational Delivery

Autumn/Winter 2023 Vaccination Programme

5.1 Good progress has been made to vaccinate residents most at risk against both flu and COVID, with over 200,000 people vaccinated across Dorset so far this autumn. Vaccination appointments are available through a number of GP practices, pharmacies and vaccination centres across the county. 100% of care home vaccinations have now been completed. Dorset was placed in the top 3% of the country for successfully vaccinating care home residents as a priority cohort during the first month of the vaccination programme. In addition, more than 6,000 housebound-patient vaccinations have been given in people's homes in Dorset, helping the south west to be named the number one region in the country for protecting our most vulnerable patients against the virus. Dorset County Hospital staff vaccination coverage is at 38.3% for Flu and 33.7% for COVID.

## 6. Dorset County Hospital

Site Developments

6.1 09 October 2023, the New Hospital Programme at Dorset County Hospital received full planning permission to continue with the programme. This includes building a new Emergency Department (ED) and Critical Care Unit (CrCU) on the site of the former Damers First School. It will include a rooftop helipad, purpose-built spaces for both major and minor injuries and conditions, a mental health facility, a dedicated emergency paediatrics area, 24 critical care beds, and an ambulance arrivals and fast assessment area.

6.2 In October the NHS England teams visited Dorset County Hospital to see the developments at South Walks House. The aim is that the Outpatient Assessment Centre and additional clinical services will start operating from South Walks House in early 2024.

6.3 Art Students from Arts University Bournemouth visited in October. They will be supporting with the art and wayfinding for South Walks House Outpatient Centre. As part of their tour they ran a focus group with stakeholders to aid them in their designs. They returned on the 09 November to present their designs to the South Walks House programme team. We look forward to seeing the final outcome.

Care Quality Commission (CQC)

6.4 The overall rating for maternity services at Dorset County Hospital has been published as “requires improvement”. The visit was part of the National Programme of Maternity inspections. Two thirds of Trusts have been rated as “requires improvement”.

6.5 Senior leadership and maternity teams have been working through the action plan and have actioned the following:

- Secured external improvement advisor to work with the team on all recommendations and to strengthen arrangements in readiness for new CQC Single Assessment Framework
- Recruited substantive doctors to implement a 3 tier rota.
- Implemented new dashboard using Statistical Process Control (SPC).
- Quality Improvement programme to progress Postpartum Haemorrhage (PPH) reductions.
- Launched full audit programme in line with system partners.

Stroke Service Dorset County Hospital

6.6 Specialist support services are being introduced in Dorset to help people recover from the debilitating effects of a stroke. Ahead of World Stroke Day on Sunday (29 October), local NHS trusts outlined the extra resources being made available to give people the best chance of making a full recovery.

6.7 New-look stroke units are on the way in the east and west of the county, while enhanced community rehabilitation services will ensure all local stroke patients have access to expert treatment tailored to their needs. In west Dorset, next year will see the introduction of a "hyper acute stroke service" at Dorset County Hospital, providing 24/7

acute stroke care for the first time.

6.8 Patients will be monitored by a team of stroke specialists on the new unit for up to the first 72 hours (or longer if required) until they are stable enough to be transferred to the hospital's main stroke unit. And while stroke patients in north and west Dorset have previously been limited to two weeks of rehab support following discharge from hospital, a new-look community service means that people will receive specialist care to help meet their needs and achieve their goals as quickly as possible.

Celebrating Success

6.9 Congratulations to Midwife Rachel McWilliams who has won the South West regional award in the UK MUM Awards 2023. Rachel was nominated by a mum who credits her with saving her and her baby daughter's lives, going above and beyond to help her with physical and mental health issues she had during her pregnancy.

6.10 Congratulations also to Zoey Fry, Interim Paediatric Matron for Community and Specialist Nursing, who has been awarded a Queen's Nurse Award. The Queen Elizabeth the Queen Mother Award for Outstanding Service is given to community nurses who provide exceptional care to their patients and demonstrate a continuing passion and enthusiasm for community nursing. This means she joins a professional network of nurses committed to delivering and leading outstanding care in the community.

## 7. Recommendation

7.1 The Board is asked to note the report.

Matthew Bryant, Chief Executive
November 2023

# Report Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors | | |
| **Date of Meeting:** | Wednesday 29th November | | |
| **Document Title:** | Dorset County Hospital Balance Score Card | | |
| **Responsible Director:** | Anita Thomas, COO | Date of Executive Approval | 22.11.23 |
| **Author:** | Jonquil Williams, Corporate Business Manager | | |
| **Confidentiality:** | If Confidential please state rationale: | | |
| **Publishable under FOI?** | Yes/No | | |
| **Predetermined Report Format?** | No | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| | | |
| | | |

| 3. Purpose of the Paper | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Note (✓) | x | Discuss (✓) | | Recommend (✓) | | Approve (✓) | |

**4. Key Issues**

**Quality and Safety**

- Dietetic leadership required to drive improvement in MUST scores (nutritional assessment).
- Falls Group demonstrating acceleration with actions to reduce risk in the clinical setting. Evidenced by lower numbers of actual falls.
- Hospital acquired infections continue to be closely monitored with no increase noted.
- Incidents Medication: SRO AH. The upward trend of reporting of medication incidents is positive, as long as there is no increase in the level of patient harm. Increased reporting is encouraged, to provide the opportunity for shared learning, however the Medicines Incident report Q1 2023 (presented to the Medicines Committee September 2023) evidenced a substantial increase in the number of low harm incidents. Following review of all low harm incidents (June to September) by the Risk Lead and the Deputy Chief Pharmacist/Medication Safety Officer; most low harm incidents were re-graded as no harm and were attributed to a change in the validation process by the Risk department whereby no harm incidents had been graded as low harm.
- Inpatient EDS:SRO AH. Work is underway to map Ward Clerk provision out of hours to improve data entry in relation to discharges. A working group has been established to consider 7-day services At present the ICT system is unable to record a discharge summary sent before a patient is discharged on PAS system. This happens regularly at weekends. The review of workforce will form part of an overall staffing review in relation to productivity and safety.
- Over October 2023, the Trust continued to experience operational pressures. In addition, there was a sustained increase in the number of patients presenting with Mental Health needs and insufficient inpatient

capacity to accommodate them within Dorset Healthcare Trust. Whilst mitigations are in place, there are recognized indicators that are impacted when demand and associated staffing levels are under pressure, including patient experience and length of stay. The Trust remained under trajectory for lapses in care in relation to healthcare acquired infections.

- Patients attending with respiratory infections remain low. Vaccination programme in place and active for patients and staff.
- Reduction in hospital acquired Grade 2 pressure damage. Policy now in place to support action to prevent deterioration of damage to Grade 3.

**Performance**

- Diagnostic Performance - Performance of this standard has been impacted by a large cardiology backlog. This has been caused by a national workforce shortage and has been in recovery, due to insourcing, this financial year. Performance has improved from 67.1% in April 2023, to 79.9% for October, with a reduction in both the backlog and waiting list size. Performance in October was the highest it has been in a rolling 12 months and is forecasted to achieve 82% in November.
- ED Ambulance Handover Delays - Ambulance handover delays have increased (performance decreased) for a number of months now and 60 minute handover delays are now showing as special cause variation. The increase in delays correlates with the increasing number of patients in beds, with no reason to reside, which has returned to levels seen during the summer months, when annual leave across the health and social care industry are at the highest. With 21.24% of the trusts beds, occupied with patients with no reason to reside, it reduces flow and prevents those needing a bed at the front door, being admitted in a timely way. Analysis of demand, based on postcode has also been completed and reported via FPC committee. The findings are being presented to the ICB at the next provider relationship meeting.
- Inpatient: Average Number Adult Occupied Beds - For the reporting month of September, 21.24%, of the Trusts adult beds were occupied with patients who were medically fit for discharge. This is an increase of 2.53% compared to the previous month and is 5.11% higher than trajectory. The Trust were above plan for the number of occupied adult beds (average) open, in response to this increase and the increase in demand at the front door. The demand increases and the number of NRTR is being reported back to the ICB, as a whole system response is needed to shift this.
- RTT 65+ Week Waiters and Waiting List Size - The witing list growth at DCH is special cause variation. The reasons for this are multifactorial. First, referral demand is 6% up on last year. When the trajectories were written, demand was factored in as remaining flat. Second, activity levels are below plan. The two driving factors for this are industrial action, which accounts for half the gap between actual and plan for 65+ww, theatre utilisation, delays in South Walks and the Ridgeway refurbishment. Increase in demand and NRTR also reduces the level of elective activity that can be completed, thus increase the waiting times and size of the waiting list. Due to financial constraints, expanding insourcing and outsourcing to recover this lost activity is not an option and all efforts are focused on productivity. However, improved productivity will result in more patients being treated during the week, which will only be possible if there is a reduction in NRTR and demand at the front door.

People

- The actions being taken to reduce turnover and vacancies are detailed within the Recruitment and Retention Strategy and are underway. The SRO is the Interim Joint CPO. Key retention initiatives that have already been undertaken include the appointment of a retention lead using NHSE funding, the HCSW survey and creation of a staff network, IEN career conversations and the introduction of a recruitment and retention premia for some hard to fill roles.
- The essential skills compliance rate remains at the Trust target of 90%. The overall appraisal rate increased in month to 75%. Both clinical divisions reported an increase to 77%. The quality of appraisals being undertaken remains good.
- The overall sickness absence percentage increased for the third month running in month 6 (September) by 0.11% to 4.35%. Long term absence reduced in month by 0.65% to 1.77%. Short term absence increased by 0.74% to 2.58%. The top reason for absence remained as Anxiety/Stress/Depression, accounting for 23.7% of absence in month. A deep dive of this absence has been undertaken which showed that 70% of the absence was caused by personal rather than work related reasons, including bereavement and domestic distress.
- The vacancy rate increased slightly in month, from 7.13% to 7.22% due to a similar increase in turnover but has been on a downward trajectory since December last year. Turnover increased slightly in month, from 11.2% to 11.5% but remains within the currently accepted threshold.

**Finance**

- Adjusted Financial Position: Impact of inflationary pressures (gas, electric, catering supplies & maintenance contracts, blood products & drugs) above planned levels along with higher than planned agency usage providing cover during peak industrial action periods, with 23 unfunded beds also contributing to the position.
- Agency Spend: as per Adjusted Financial Position - higher than planned agency usage with allocate on arrival usage and HCA cover by RN agency continuing to be high. Cover during peak industrial action periods has impacted the year to date position as has supporting 23 unfunded beds.
- Capital Expenditure: The position is currently behind plan year to date due to timings of capital expenditure purchases made for both internally and externally funded schemes however is expected to recover throughout the year.
- Efficiency Delivery: Delivery against plan covering Corporate, Digital, Covid and Prothesis programmes, however key schemes such as Insight security reduction and reduction of high cost agency remain away from plan YTD.
- Off Framework Agency Spend: Impact of using RN agency to cover HCA gaps as well as supporting operational pressures including specialist areas ED, CrCU, SCBU, Kingfisher. Bank rates and on framework agency rate reviews currently underway to mitigate off framework usage aligned to collaborative System working.

| | |
|---|---|
| **5. Action recommended** | The Board of Directors are asked to Note this report. |

| **6. Governance and Compliance Obligations** | | | |
|---|---|---|---|
| **Legal / Regulatory Link** | **Yes** | **No** | If yes, please summarise the legal/regulatory compliance requirement.<br>(Please delete as appropriate) |
| **Impact on CQC Standards** | **Yes** | **No** | If yes, please summarise the impact on CQC standards.<br>(Please delete as appropriate) |
| **Risk Link** | **Yes** | **No** | f yes, please state the link to Board Assurance Framework and Corporate Risk Register risks (incl. reference number). Provide a statement on the mitigated risk position.<br>(Please delete as appropriate) |
| **Impact on Social Value** | **Yes** | **No** | If yes, please summarise how your report contributes to the Trust's Social Value Pledge |
| **Trust Strategy Link** | **How does this report link to the Trust's Strategic Objectives?**<br>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. | | |
| **Strategic Objectives** – People | | | |
| **Strategic Objectives** – Place | | | |
| **Strategic Objectives** – Partnership | | | |
| **Dorset Integrated Care System (ICS) goals** | **Which Dorset ICS goal does this report link to / support?**<br>Please summarise how your report contributes to the Dorset ICS key goals.<br><br>(Please delete as appropriate) | | |
| Improving population health and healthcare | **Yes** | **No** | If yes - please state how your report contributes to improving population health and health care |
| Tackling unequal outcomes and access | **Yes** | **No** | If yes - please state how your report contributes to tackling unequal outcomes and access |
| Enhancing productivity and value for money | **Yes** | **No** | If yes - please state how your report contributes to enhancing productivity and value for money |
| Helping the NHS to support broader social and economic development | **Yes** | **No** | If yes - please state how your report contributes to supporting broader social and economic development |
| **Assessments** | **Have these assessments been completed?**<br>If yes, please include the assessment in the appendix to the report..<br>If no, please state the reason in the comment box below.<br>(Please delete as appropriate) | | |
| Equality Impact Assessment (EIA) | **Yes** | **No** | |
| Quality Impact Assessment (QIA) | **Yes** | **No** | |

# Executive Dashboard November 2023 Board

<< VIEW REPORT IN FULL SCREEN >>
(opens in new window)

NHS
Dorset County Hospital
NHS Foundation Trust

## Summary of Data

### Report Reference
Executive Dashboard

### Purpose of Report
Provide insight into a broad range of DCH metrics for executive level overview and understand where processes have failed and/or improved through the use of SPC chart tool provided by the national making data count team.

### Source of Report
Data sources are primarily from the BI Data Warehouse but also includes information from manual sources as well as system data. Refer to glossary page for further information.
**This report is a snapshot report taken at an agreed point in the month in line with Committee and Board Meetings.**

### Known Data Quality Issues
Metrics that are manually collected can not be verified in the BI Data Warehouse.

### Recipients
Executives, Non-Executives, Divisional managers and operational Staff

pdf version

Executive Dashboard (Refreshed Live)

Making Data Count

Understanding and Interpreting SPC Charts

DCHFT Power BI User Guide
DCHFT BI Gateway User Guide

Business Intelligence Gateway

2023-11-13 13:23:35
data last refreshed:

30 April 2019
metric data from:

31 October 2023
to:

Report Version 2.0 (Mar-23)
**Produced by Dorset County Hospital Business Intelligence Team**

Please contact the Team if you have any questions regarding this report
BusinessIntelligence@dchft.nhs.uk

Cover Page | Executive Summary | Matrix Overview | Exception Report | Quality & Safety | Performance | People | Finance | Glossary | Useful Links | Appendix A: SPC Basics | Appendix B: SPC Icon Descriptions | Appendix C: Understanding Assurance | Appendix D: When+Why Recalculate Process Limits

# Executive Summary

Select an icon to view relating metrics

Variation: H, L, H, L

Assurance: P, ?, F

## PEOPLE

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Appraisal rate | F | | 74.85 % | 90% |
| Essential Skill Rate | F | H | 90% | 90% |
| Sickness rate (one month in arrears) | ? | | 4.35% | 3% |
| Staff Turnover Rate | P | H | 11.48 % | 12% |

## PERFORMANCE

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Cancer - 28 Day Faster Diagnosis Standard Performance | ? | | 75.77% | 75% |
| Diagnostic - Percentage of Patients waiting less than 6 weeks for a diagnostic test | F | | 79.87% | 99% |
| ED - Overall 4 Hour Performance % | ? | H | 78.54% | 76% |
| Elective Recovery - Day Case Activity vs 2019/20 | ? | H | 97.4% | 104% |
| Elective Recovery - Elective Inpatients Activity vs 2019/20 | F | | 59.06% | 104% |
| Elective Recovery - Outpatient Activity vs 2019/20 | ? | | 91.47% | 104% |
| Elective Recovery - Total Elective Activity vs 2019/20 | ? | | 93.03% | 104% |
| Inpatient - Percent Bed Occupied by No RTR | | L | 21.24% | |
| RTT - 52+ week waits | F | H | 1502 | 1007 |
| RTT - 65+ week waits | F | H | 482 | 181 |
| RTT - 78+ week waits | | L | 9 | |
| RTT - Waiting List Size | P | H | 20992 | 20038 |
| Theatre - Utilisation | F | | 74.99% | 85% |

## QUALITY

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Friends and Family - Overall - Recommend Rate | ? | | 93.22% | 94% |
| Incidents - Never Events | F | L | 0 | 0.02 |
| Incidents - Number of falls resulting in fracture or severe harm or death | | L | 0 | |
| Incidents - Number of Medication Incidents | | H | 115 | |
| Incidents - Pressure Ulcers - Hospital acquired (grade 3) confirmed avoidable | | | 1 | |
| Incidents - Serious Incidents investigated and confirmed avoidable | ? | | 0 | 0 |
| Infection Control - C-Diff Hospital Onset Healthcare Associated | ? | | 3 | 3 |
| Infection Control - Gram Negative Blood Stream Infections | ? | | 7 | 5 |
| Inpatient - % Emergency Re-Admissions (16+ & <30 Days) (1 month arrears) | P | | 9.09% | 13% |
| Inpatient - Percentage of EDS available within 24 hours of discharge | F | | 77.88% | 90% |
| Inpatient - Percentage of EDS available within 7 days of discharge | F | L | 86.36% | 100% |
| Inpatient - SHMI Value | | L | 1.12 | |

## FINANCE

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Adjusted Financial Position | ? | L | -1721 | -272 |
| Agency Spend (Monthly) | F | | 1226 | 833 |
| Capital Expenditure (Monthly) | ? | | 2091 | 1590 |
| Efficiency Delivery | P | | 431 | 900 |
| Off Framework Agency Spend | | | 100 | 83 |

# Matrix Overview

Dorset County Hospital
NHS Foundation Trust

Assurance

Variance

| | P | ? | F | | Total |
|---|---|---|---|---|---|
| H | | 2 | 1 | | 3 |
| L | | 1 | 2 | 5 | 8 |
| | 2 | 10 | 7 | 1 | 20 |
| H | 3 | 2 | 2 | 1 | 8 |
| L | | 1 | 1 | | 2 |
| | | | | 1 | 1 |
| Total | 5 | 16 | 13 | 8 | 42 |

The matrix summarises the number of metrics (at Trust level) under each variance and assurance category.

We should be aiming for top left of grid (special cause of improving nature, passing the target).

Items for escalation, based on indicators which are failing target or unstable ('Hit and Miss') and showing special cause for concern are highlighted in yellow.

Hover over the figures within the matrix to view details of the metrics.

To view SPC charts, please refer to 'Performance', 'Quality & Safety', 'People' and Finance' tabs.

For further explanation of the icons and matrix categories, please refer to the 'SPC Icon Descriptions' tab.

# Exception Report

This page is limited to metrics that are classed as "Concern" for Variation and/or "Fail" for Assurance.



## QUALITY & SAFETY

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Incidents - Never Events | F | L | 0 | 0.02 |
| Incidents - Number of Medication Incidents | | H | 115 | |
| Inpatient - Percentage of EDS available within 24 hours of discharge | F | | 77.88% | 90% |
| Inpatient - Percentage of EDS available within 7 days of discharge | F | L | 86.36% | 100% |

Commentary

Dietetic leadership required to drive improvement in MUST scores (nutritional assessment).

Falls Group demonstrating acceleration with actions to reduce risk in the clinical setting. Evidenced by lower numbers of actual falls.

Hospital acquired infections continue to be closely monitored with no increase noted.

Incidents Medication: SRO AH. The upward trend of reporting of medication incidents is positive, as long as there is no increase in the level of patient harm. Increased reporting is encouraged, to provide the opportunity for shared learning, however the Medicines Incident report Q1 2023 (presented to the Medicines Committee September 2023) evidenced a substantial increase in the number of low harm incidents. Following review of all low harm incidents (June to September) by the Risk Lead and the Deputy Chief Pharmacist/Medication Safety Officer; most low harm incidents were re-graded as no harm and were attributed to a change in the validation process by the Risk department whereby no harm incidents had been graded

## PERFORMANCE

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Diagnostic - Percentage of Patients waiting less than 6 weeks for a diagnostic test | F | | 79.87% | 99% |
| Elective Recovery - Elective Inpatients Activity vs 2019/20 | F | | 59.06% | 104% |
| RTT - 52+ week waits | F | H | 1502 | 1007 |
| RTT - 65+ week waits | F | H | 482 | 181 |
| RTT - Waiting List Size | P | H | 20992 | 20038 |
| Theatre - Utilisation | F | | 74.99% | 85% |

Commentary

RTT 65+ Week Waiters and Waiting List Size - The witing list growth at DCH is special cause variation. The reasons for this are multifactorial. First, referral demand is 6% up on last year. When the trajectories were written, demand was factored in as remaining flat. Second, activity levels are below plan. The two driving factors for this are industrial action, which accounts for half the gap between actual and plan for 65+ww, theatre utilisation, delays in South Walks and the Ridgeway refurbishment. Increase in demand and NRTR also reduces the level of elective activity that can be completed, thus increase the waiting times and size of the waiting list. Due to financial constraints, expanding insourcing and outsourcing to recover this lost activity is not an option and all efforts are focused on productivity. However, improved productivity will result in more patients being treated during the week, which will only be possible if there is a reduction in NRTR and demand at the front door.

Inpatient: Average Number Adult Occupied Beds - For the reporting month of September,

## PEOPLE

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Appraisal rate | F | | 74.85 % | 90% |
| Essential Skill Rate | F | H | 90% | 90% |
| Staff Turnover Rate | P | H | 11.48 % | 12% |

Commentary

The actions being taken to reduce turnover and vacancies are detailed within the Recruitment and Retention Strategy and are underway. The SRO is the Interim Joint CPO. Key retention initiatives that have already been undertaken include the appointment of a retention lead using NHSE funding, the HCSW survey and creation of a staff network, IEN career conversations and the introduction of a recruitment and retention premia for some hard to fill roles.

The essential skills compliance rate remains at the Trust target of 90%. The overall appraisal rate increased in month to 75%.

## FINANCE

| Metric Name | Assurance | Variation | Value | Target |
|---|---|---|---|---|
| Adjusted Financial Position | ? | L | -1721 | -272 |
| Agency Spend (Monthly) | F | | 1226 | 833 |

Commentary

Efficiency Delivery: Delivery against plan covering Corporate, Digital, Covid and Prothesis programmes, however key schemes such as Insight security reduction and reduction of high cost agency remain away from plan YTD.

# Quality and Safety

**Hover over metrics to view SPC charts**
Year to Date values under development

Group: 0 - Total

Metric Name: All

NHS
Dorset County Hospital
NHS Foundation Trust

## Commentary

Dietetic leadership required to drive improvement in MUST scores (nutritional assessment).

Falls Group demonstrating acceleration with actions to reduce risk in the clinical setting. Evidenced by lower numbers of actual falls.

Hospital acquired infections continue to be closely monitored with no increase noted.

Incidents Medication: SRO AH. The upward trend of reporting of medication incidents is positive, as long as there is no increase in the level of patient harm. Increased reporting is encouraged, to provide the opportunity for shared learning, however the Medicines Incident report Q1 2023 (presented to the Medicines Committee September 2023) evidenced a substantial increase in the number of low harm incidents. Following review of all low harm incidents (June to September) by the Risk Lead and the Deputy Chief Pharmacist/Medication Safety Officer; most low harm incidents were re-graded as no harm and were attributed to a change in the validation process by the Risk department whereby no harm incidents had been graded as low harm.

Inpatient EDS:SRO AH. Work is underway to map Ward Clerk provision out of hours to improve data entry in relation to discharges. A working group has been established to consider 7-day services At present the ICT system is unable to record a discharge summary sent before a patient is discharged on PAS system. This happens regularly at weekends. The review of workforce will form part of an overall staffing review in relation to productivity and safety.

| VariationIcon | Pass | Hit or Miss | Fail | Empty | Total |
|---|---|---|---|---|---|
| Improvement | | | 1 | 2 | 3 |
| Common Cause | 1 | 4 | 1 | 1 | 7 |
| Concern | | | 1 | 1 | 2 |
| Neither | | | | | |
| Empty | | | | | |
| **Total** | **1** | **4** | **3** | **4** | **12** |

| Metric Group | Metric | Group | Latest Month | Value | Target | Variance to Target | Mean | PY - Month Value | YTD Value | Variation | Assurance |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Effectiveness | Inpatient - % Emergency Re-Admissions (16+ & <30 Days) (1 month arrears) | 0 - Total | Sep-23 | 9.09% | 13% | -3.91% | 7.99% | 7.13% | 9.09% | | |
| Effectiveness | Inpatient - Percentage of EDS available within 24 hours of discharge | 0 - Total | Oct-23 | 77.88% | 90% | -12.12% | 78.16% | 84.3% | 77.88% | | |
| Effectiveness | Inpatient - Percentage of EDS available within 7 days of discharge | 0 - Total | Oct-23 | 86.36% | 100% | -13.64% | 88.37% | 92.51% | 86.36% | | |
| Experience | Friends and Family - Overall - Recommend Rate | 0 - Total | Oct-23 | 93.22% | 94% | -0.78% | 91.86% | 91% | 93.22% | | |
| Safety | Incidents - Never Events | 0 - Total | Oct-23 | 0 | 0.02 | -0.02 | 0.05 | 0 | 0 | | |
| Safety | Incidents - Number of falls resulting in fracture or severe harm or death | 0 - Total | Oct-23 | 0 | | | 0.22 | 0 | 0 | | |
| Safety | Incidents - Number of Medication Incidents | 0 - Total | Oct-23 | 115 | | | 57.71 | 73 | 527 | | |
| Safety | Incidents - Pressure Ulcers - Hospital acquired (grade 3) confirmed avoidable | 0 - Total | Oct-23 | 1 | | | 0.62 | 2 | 4 | | |
| Safety | Incidents - Serious Incidents investigated and confirmed avoidable | 0 - Total | Oct-23 | 0 | 0 | 0.00 | 0.47 | 0 | 2 | | |
| Safety | Infection Control - C-Diff Hospital Onset Healthcare Associated | 0 - Total | Oct-23 | 3 | 3 | 0.00 | 2.65 | 2 | 24 | | |
| Safety | Infection Control - Gram Negative Blood Stream Infections | 0 - Total | Oct-23 | 7 | 5 | 2.00 | 3.07 | 2 | 25 | | |
| Safety | Inpatient - SHMI Value | 0 - Total | May-23 | 1.12 | | | 1.15 | 1.14 | 1.12 | | |

# Performance

Group: 0 - Total

Metric Name: All

**Hover over metrics to view SPC charts**
Number of No Reason to Reside limited data.
Year to Date values under development
Cancer metrics 1 month in arrears due to finalising data 25 workings days after month end.

NHS
Dorset County Hospital
NHS Foundation Trust

## Commentary

Diagnostic Performance - Performance of this standard has been impacted by a large cardiology backlog. This has been caused by a national workforce shortage and has been in recovery, due to insourcing, this financial year. Performance has improved from 67.1% in April 2023, to 79.9% for October, with a reduction in both the backlog and waiting list size. Performance in October was the highest it has been in a rolling 12 months and is forecasted to achieve 82% in November.

ED Ambulance Handover Delays - Ambulance handover delays have increased (performance decreased) for a number of months now and 60 minute handover delays are now showing as special cause variation. The increase in delays correlates with the increasing number of patients in beds, with no reason to reside, which has returned to levels seen during the summer months, when annual leave across the health and social care industry are at the highest. With 21.24% of the trusts beds, occupied with patients with no reason to reside, it reduces flow and prevents those needing a bed at the front door, being admitted in a timely way. Analysis of demand, based on postcode has also been completed and reported via FPC committee. The findings are being presented to the ICB at the next provider relationship meeting.

Inpatient: Average Number Adult Occupied Beds - For the reporting month of September, 21.24%, of the Trusts adult beds were occupied with patients who were

| VariationIcon | Pass | Hit or Miss | Fail | Empty | Total |
|---|---|---|---|---|---|
| Improvement | | 2 | | 2 | 4 |
| Common Cause | | 3 | 3 | | 6 |
| Concern | 1 | | 2 | | 3 |
| Neither | | | | | |
| Empty | | | | | |
| **Total** | **1** | **5** | **5** | **2** | **13** |

| Metric Group | Metric | Group | Latest Month | Value | Target | Variance to Target | Mean | PY - Month Value | YTD Value | Variation | Assurance |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cancer | Cancer - 28 Day Faster Diagnosis Standard Performance | 0 - Total | Oct-23 | 75.77% | 75% | 0.77% | 67.2% | 70% | 75.77% | | |
| Elective | Elective Recovery - Day Case Activity vs 2019/20 | 0 - Total | Oct-23 | 97.4% | 104% | -6.60% | 95.25% | 108.71% | 97.4% | | |
| Elective | Elective Recovery - Elective Inpatients Activity vs 2019/20 | 0 - Total | Oct-23 | 59.06% | 104% | -44.94% | 68.44% | 59.73% | 59.06% | | |
| Elective | Elective Recovery - Outpatient Activity vs 2019/20 | 0 - Total | Oct-23 | 91.47% | 104% | -12.53% | 92.07% | 86.58% | 91.47% | | |
| Elective | Elective Recovery - Total Elective Activity vs 2019/20 | 0 - Total | Oct-23 | 93.03% | 104% | -10.97% | 92.27% | 88.17% | 93.03% | | |
| Elective | Theatre - Utilisation | 0 - Total | Oct-23 | 74.99% | 85% | -10.01% | 71.36% | 69.08% | 74.99% | | |
| Outpatient | Diagnostic - Percentage of Patients waiting less than 6 weeks for a di… | 0 - Total | Oct-23 | 79.87% | 99% | -19.13% | 77.95% | 67.03% | 79.87% | | |
| Outpatient | RTT - 52+ week waits | 0 - Total | Oct-23 | 1502 | 1007 | 495.00 | 1298.36 | 1156 | 1502 | | |
| Outpatient | RTT - 65+ week waits | 0 - Total | Oct-23 | 482 | 181 | 301.00 | 594.33 | 423 | 482 | | |
| Outpatient | RTT - 78+ week waits | 0 - Total | Oct-23 | 9 | | | 268.36 | 134 | 9 | | |
| Outpatient | RTT - Waiting List Size | 0 - Total | Oct-23 | 20992 | 20038 | 954.00 | 17422.25 | 18823 | 20992 | | |
| Urgent and Emergency Care | ED - Overall 4 Hour Performance % | 0 - Total | Oct-23 | 78.54% | 76% | 2.54% | 74.75% | 70.39% | 78.54% | | |
| Urgent and Emergency Care | Inpatient - Percent Bed Occupied by No RTR | 0 - Total | Oct-23 | 21.24% | | | 27.21% | 24.15% | 21.24% | | |

# People

Group: 0 - Total

Metric Name: All

Dorset County Hospital NHS Foundation Trust

**Hover over metrics to view SPC charts**
Missing Metrics - Rolling 12 months shortlist to hire for white: minority ethnic ratio.
Sickness Rate 1 month in arrears.
Year to Date values under development.

## Commentary

The actions being taken to reduce turnover and vacancies are detailed within the Recruitment and Retention Strategy and are underway. The SRO is the Interim Joint CPO. Key retention initiatives that have already been undertaken include the appointment of a retention lead using NHSE funding, the HCSW survey and creation of a staff network, IEN career conversations and the introduction of a recruitment and retention premia for some hard to fill roles.

The essential skills compliance rate remains at the Trust target of 90%. The overall appraisal rate increased in month to 75%. Both clinical divisions reported an increase to 77%. The quality of appraisals being undertaken remains good.

The overall sickness absence percentage increased for the third month running in month 6 (September) by 0.11% to 4.35%. Long term absence reduced in month by 0.65% to 1.77%. Short term absence increased by 0.74% to 2.58%. The top reason for absence remained as Anxiety/Stress/Depression, accounting for 23.7% of absence in month. A deep dive of this absence has been undertaken which showed that 70% of the absence was caused by personal rather than work related reasons, including bereavement and domestic distress.

The vacancy rate increased slightly in month, from 7.13% to 7.22% due to a similar increase in turnover but has been on a downward trajectory since December last year. Turnover increased slightly in month, from 11.2% to 11.5% but remains within the currently accepted threshold.

| VariationIcon | Pass | Hit or Miss | Fail | Empty | Total |
|---|---|---|---|---|---|
| Improvement | | | 1 | | 1 |
| Common Cause | | 1 | 1 | | 2 |
| Concern | 1 | | | | 1 |
| Neither | | | | | |
| Empty | | | | | |
| **Total** | **1** | **1** | **2** | | **4** |

| Metric Group | Metric | Group | Latest Month | Value | Target | Variance to Target | Mean | PY - Month Value | YTD Value | Variation | Assurance |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Growing For Our Future | Essential Skill Rate | 0 - Total | Oct-23 | 90% | 90% | 0.00% | 88.87% | 90% | 90% | | |
| Looking After Our People | Appraisal rate | 0 - Total | Oct-23 | 74.8… | 90% | -15.15% | 75.51% | 70.8% | 74.85% | | |
| Looking After Our People | Sickness rate (one month in arrears) | 0 - Total | Sep-23 | 4.35% | 3% | 1.35% | 3.97% | 4.28% | 4.35% | | |
| Looking After Our People | Staff Turnover Rate | 0 - Total | Oct-23 | 11.4… | 12% | -0.52% | 9.67% | 11.82% | 11.48% | | |

# Finance

Group: 0 - Total

Metric Name: All

**Hover over metrics to view SPC charts**
Missing Metrics - Covid-19 costs and Productivity Metric (region calculation)
Year to Date values under development

Dorset County Hospital NHS Foundation Trust

## Commentary

Adjusted Financial Position: Impact of inflationary pressures (gas, electric, catering supplies & maintenance contracts, blood products & drugs) above planned levels along with higher than planned agency usage providing cover during peak industrial action periods, with 23 unfunded beds also contributing to the position.

Agency Spend: as per Adjusted Financial Position - higher than planned agency usage with allocate on arrival usage and HCA cover by RN agency continuing to be high. Cover during peak industrial action periods has impacted the year to date position as has supporting 23 unfunded beds.

Capital Expenditure: The position is currently behind plan year to date due to timings of capital expenditure purchases made for both internally and externally funded schemes however is expected to recover throughout the year.

Efficiency Delivery: Delivery against plan covering Corporate, Digital, Covid and Prothesis programmes, however key schemes such as Insight security reduction and reduction of high cost agency remain away from plan YTD.

Off Framework Agency Spend: Impact of using RN agency to cover HCA gaps as well as supporting operational pressures including specialist areas ED, CrCU, SCBU, Kingfisher. Bank rates and on framework agency rate reviews currently underway to mitigate off framework usage aligned to collaborative System working.

| VariationIcon | Pass | Hit or Miss | Fail | Empty | Total |
|---|---|---|---|---|---|
| Improvement | | | | | |
| Common Cause | 1 | 1 | 1 | | 3 |
| Concern | | 1 | | | 1 |
| Neither | | | | | |
| Empty | | | | 1 | 1 |
| **Total** | **1** | **2** | **1** | **1** | **5** |

| Metric Group | Metric | Group | Latest Month | Value | Target | Variance to Target | Mean | PY - Month Value | YTD Value | Variation | Assurance |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Capital | Capital Expenditure (Monthly) | 0 - Total | Oct-23 | 2091 | 1590 | 501.00 | 1932.71 | 1369 | 13674 | | |
| Revenue | Adjusted Financial Position | 0 - Total | Oct-23 | -1721 | -272 | -1,449.... | -356.88 | -937 | -8532 | | |
| Value Board | Agency Spend (Monthly) | 0 - Total | Oct-23 | 1226 | 833 | 393.00 | 1212.78 | 1191 | 8785 | | |
| Value Board | Efficiency Delivery | 0 - Total | Oct-23 | 431 | 900 | -469.00 | 174.56 | -2412 | 2473 | | |
| Value Board | Off Framework Agency Spend | 0 - Total | Oct-23 | 100 | 83 | 17.00 | 158.29 | | 1108 | | |

# Glossary

MetricName

All

Dorset County Hospital NHS Foundation Trust

| MetricName | MetricDescription |
|---|---|
| Cancer - 28 Day Faster Diagnosis Standard Performance | Percentage of patients meeting the 28 day faster diagnosis cancer standard (from referral to point where given an all clear or confirmed diagnosis). Sourced from Somerset Cancer Register (SCR). |
| Cancer - 31 Day Decision to Treatment Standard Performance | Percentage of patients meeting the 31 day decision to treatment cancer standard (based Treatment for DCH treated patients). Sourced from Somerset Cancer Register (SCR). |
| Cancer - 62 Day Referral to Treatment Standard Performance | Percentage of patients (based on DCH accountability) with an urgent GP cancer referral receiving treatment with 62 Days. Sourced from Somerset Cancer Register (SCR). |
| Complaints - Number of Formal & Complex Complaints | Number of formal and complex complaints raised. Sourced from Datix. |
| Diagnostic - Percentage of Patients waiting less than 6 weeks for a diagnostic test | Percentage of Patients waiting less than 6 weeks for a diagnostic test in line with DM01 methodology. Sourced from DM01 Monthly Position. |
| ED - Ambulance Handovers > 60 minutes | Number of DCH ambulance handovers that took longer than 60 minutes. Sourced from ED SWAST information. |
| ED - Overall 4 Hour Performance % | Percentage of patients with an unplanned Emergency Department/MIU visits lasting longer than the 4 hour peformance standard. Sourced from ED Agyle/PAS and MIU information. |
| ED - Percent Ambulance Handovers <15mins | Percentage of DCH ambulance handovers that took less than 15 minutes. Sourced from ED SWAST information. |
| ED - Percent Ambulance Handovers <30mins | Percentage of DCH ambulance handovers that took less than 30 minutes. Sourced from ED SWAST information. |
| Elective Recovery - Day Case Activity vs 2019/20 | Percentage of day case elective versus financial year 2019-20 for admissions and outpatient classification. Excludes activity not against Urgent or Surgical divisions, overseas visitors and RDAs. Sourced from PAS EMPG information. |
| Elective Recovery - Elective Inpatients Activity vs 2019/20 | Percentage of elective inpatient activity versus financial year 2019-20 for admissions and outpatient classification. Excludes activity not against Urgent or Surgical divisions, overseas visitors and RDAs. Sourced from PAS EMPG information. |
| Elective Recovery - Outpatient Activity vs 2019/20 | Percentage of outpatient activity versus financial year 2019-20 for admissions and outpatient classification. Excludes activity not against Urgent or Surgical divisions, overseas visitors and RDAs. Sourced from PAS EMPG information. |
| Elective Recovery - Total Elective Activity vs 2019/20 | Percentage of total elective activity versus financial year 2019-20 for admissions and outpatient classification. Excludes activity not against Urgent or Surgical divisions, overseas visitors and RDAs. Sourced from PAS EMPG information. |
| Fin - Adjusted Financial Position | Finance Spend (£000) Adjusted financial performance surplus or deficit. Sourced from Finance team. |
| Fin - Agency Spend (Monthly) | Agency Spend (£000). Sourced from Finance team. |
| Fin - Capital Expenditure (Monthly) | Capital Expenditure (£000). Sourced from Finance team. |
| Fin - Efficiency Delivery | Paid CIP (£000) for efficiency delivery. Sourced from Finance team. |
| Fin - Off Framework Agency Spend | Off Framework Agency Spend (£000). Sourced from Finance team. |
| Friends and Family - Overall - Recommend Rate | Percentage of overall Friends and Family recommendation. Sourced from the Patient and Public Experience team. |
| Incidents - Never Events | Number of occurances of confirmed Never Events based on updated date. Sourced from Datix. |
| Incidents - Number of falls resulting in fracture or severe harm or death | Number of occurances of falls catagorised as severe or death severity of harm caused, based on updated date. Sourced from Datix. |
| Incidents - Number of Medication Incidents | Number of occurances of medicine incidents based on reported date. Sourced from Datix. |
| Incidents - Pressure Ulcers - Hospital acquired (grade 3) confirmed avoidable | Number of occurances of hospital acquired category 3 pressure ulcers confirmed as avoidable by panel date. Sourced from Datix. |
| Incidents - Serious Incidents investigated and confirmed avoidable | Number of occurances of serious incidents investigated and confirmed avoidable by panel date. Sourced from Datix. |
| Infection Control - C-Diff Hospital Onset Healthcare Associated | Number of occurances of hospital onset healthcare associated Clostridium difficile (C. diff) incidents by specimen date. Sourced from HCAI data. |
| Infection Control - Gram Negative Blood Stream Infections | Number of occurances of hospital onset gram negative blood stream infection incidents by specimen date. Sourced from HCAI data. |
| Inpatient - Average Adult General and Acute (G&A) Bed Occupancy | Average adult G&A beds occupancy (as per reported in UEC Daily SitRep). Original source BedBoss. |
| Inpatient - Percent Bed Occupied by No RTR | Percentage of total adult G&A beds occupied (as per reported in UEC Daily SitRep) by No Reason To Reside (NRTR) patients (as per reported in EPPR Daily Discharge SitRep). Original source PAS / Patient Action Tracker. |
| Inpatient - Percentage Emergency Re-Admissions (16+ & within 30 days) (1 month in arrears) | Percentage of emergency re-admissions to hospital within 30 days of previous admission. Excludes patients under the age of 16 on original admission. Sourced from Emergency Readmission reporting, original source PAS. |
| Inpatient - Percentage of EDS available within 24 hours of | Percentage of electronic discharge summaries (EDS) available for GPs to access within 24 hours of discharge from an inpatient spell. |

# Useful Links

Dorset County Hospital
NHS Foundation Trust

## FutureNHS

If you have a FutureNHS account, you can join the Making Data Count workspace at https://future.nhs.uk/MDC/grouphome.

If you do not have a FutureNHS account, you can self-register on the platform with an @nhs.net / @nhs.uk / @nhs.scot / @phe.gov.uk email address at https://future.nhs.uk.

If you have difficulties joining, send us an email at nhsi.improvementanalyticsteam@nhs.net.

## Events

A list of all future sessions to register for through Eventbrite can be found at https://future.nhs.uk/MDC/view?objectId=910865.

There are no events/courses planned for August but these will restart in September. (dates to be announced soon!)

## Guides & Cards

Our two interactive PDF guides can be downloaded from https://www.england.nhs.uk/publication/making-data-count.

To request physical copies of our mini guides and/or spuddling cards, fill in the form at https://forms.office.com/r/bhR3dMLYbF.

## SPC Surgery

If you have any questions on the national teams tools, training, or anything else SPC related, send the national team an email to nhsi.improvementanalyticsteam@nhs.net. If they do not answer immediately, you can book a virtual meeting slot.

# SPC Basics

Dorset County Hospital
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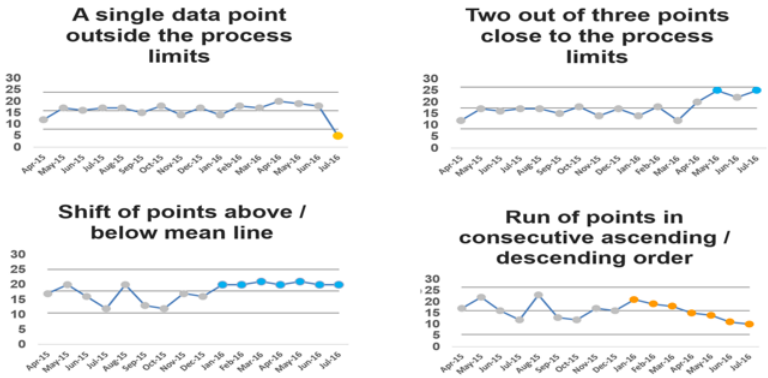
## Is Performance Changing?

Statistical process control (SPC) charts help us understand if the performance of a metric is changing significantly.

We use rules (examples seen on the right) to identify significant unusual variation, which is highlighted on the charts.

Once significant variation has been identified we can focus attention on areas that need investigation and action.




## What are Summary Icons showing?

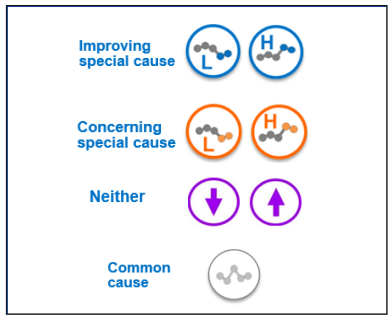
Blue icons indicate significant improvement or low pressure.

Orange icons indicate significant concern or high pressure.

Purple icons indicate direction of change, for metrics where a judgement of improvement or concern is not appropriate.

Grey icons indicate no significant change ('Hit and Miss').

For further details please refer to 'SPC Icon Descriptions' tab.




| | |
|---|---|
| | Special cause variation where **UP** is neither improvement nor concern. |
| | Special cause variation where **DOWN** is neither improvement nor concern. |
| | Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided. |

## What is a Moving Range Chart showing?

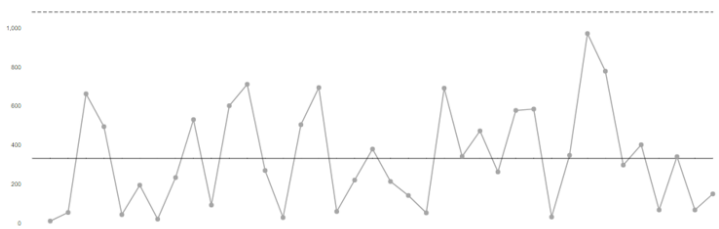
Moving range chart (seen on right) helps to assess the variation in a process by taking the absolute difference between consecutive points.

The chart can determine the data points wherein the special cause variation may be present.

The centre line is the average value of all moving ranges.

The dashed line is the upper process limit and if a point breaches this line, this is where special cause variation may be present.

The moving range chart will display below all SPC visualisations.



# SPC Icon Descriptions

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| Variance | Assurance: P | Assurance: ? | Assurance: F | Assurance: |
|---|---|---|---|---|
| H | Special cause of an improving nature where the measure is significantly **HIGHER**.<br>This process is capable and will consistently **PASS** the target. | Special cause of an improving nature where the measure is significantly **HIGHER**.<br>This process will not consistently **HIT OR MISS** the target.<br>This occurs when the target lies between process limits. | Special cause of an improving nature where the measure is significantly **HIGHER**.<br>This process is not capable. It will **FAIL** the target without process redesign. | Special cause of an improving nature where the measure is significantly **HIGHER**.<br>Assurance cannot be given as a target has not been provided. |
| L | Special cause of an improving nature where the measure is significantly **LOWER**.<br>This process is capable and will consistently **PASS** the target. | Special cause of an improving nature where the measure is significantly **LOWER**.<br>This process will not consistently **HIT OR MISS** the target.<br>This occurs when the target lies between process limits. | Special cause of an improving nature where the measure is significantly **LOWER**.<br>This process is not capable. It will **FAIL** the target without process redesign. | Special cause of an improving nature where the measure is significantly **LOWER**.<br>Assurance cannot be given as a target has not been provided. |
| | Common cause variation, no significant change.<br>This process is capable and will consistently **PASS** the target. | Common cause variation, no significant change.<br>This process will not consistently **HIT OR MISS** the target.<br>This occurs when target lies between process limits. | Common cause variation, no significant change.<br>This process is not capable. It will **FAIL** to meet target without process redesign. | Common cause variation, no significant change.<br>Assurance cannot be given as a target has not been provided. |
| H | Special cause of a concerning nature where the measure is significantly **HIGHER**.<br>The process is capable and will consistently **PASS** the target. | Special cause of a concerning nature where the measure is significantly **HIGHER**.<br>This process will not consistently **HIT OR MISS** the target.<br>This occurs when the target lies between process limits. | Special cause of a concerning nature where the measure is significantly **HIGHER**.<br>This process is not capable. It will **FAIL** the target without process redesign. | Special cause of a concerning nature where the measure is significantly **HIGHER**.<br>Assurance cannot be given as a target has not been provided. |
| L | Special cause of a concerning nature where the measure is significantly **LOWER**.<br>This process is capable and will consistently **PASS** the target. | Special cause of a concerning nature where the measure is significantly **LOWER**.<br>This process will not consistently **HIT OR MISS** the target.<br>This occurs when the target lies between process limits. | Special cause of a concerning nature where the measure is significantly **LOWER**.<br>This process is not capable. It will **FAIL** the target without process redesign. | Special cause of a concerning nature where the measure is significantly **LOWER**.<br>Assurance cannot be given as a target has not been provided. |

# Understanding Assurance

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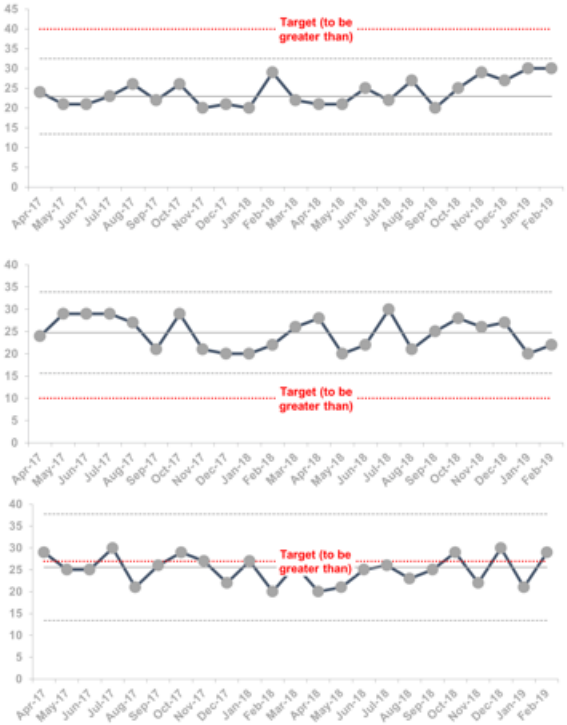
## Assurance icon

**Up is good (need to be greater than the target**




### Failing process

target way above the process limits so it's a failing process, unlikely to ever meet the target without redesign and we use an orange F for FAIL

### Capable process

target way below the process limits so it's a capable process and likely to always meet the target and we use a blue P for PASS

### Unreliable process (flip flop)

where the target falls in the middle of the process limits and is likely to flip flop and we use a grey ?
This is to show the process may or may not meet target consistently

# When+Why Recalculate Process Limits

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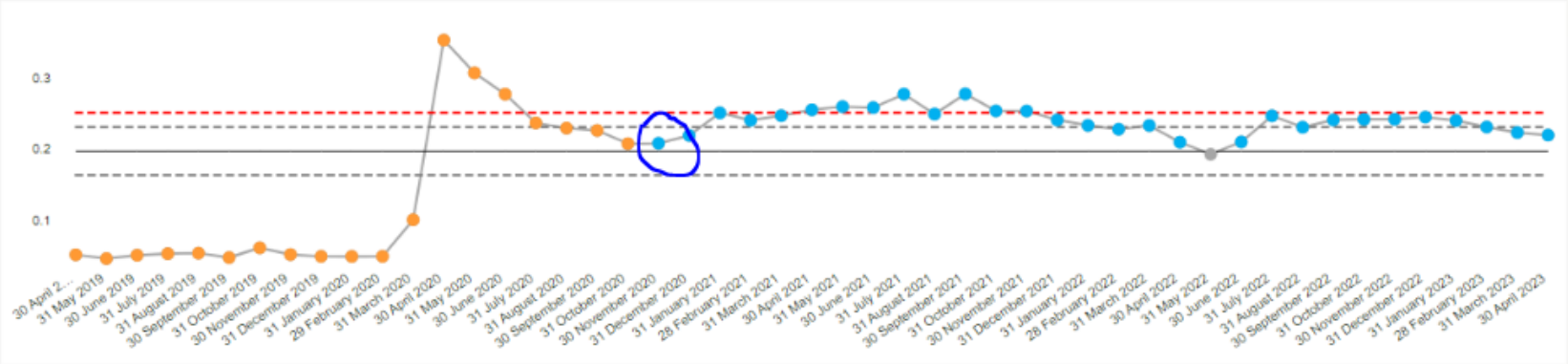


Here we see a brilliant example of the need to recalculate process limits (dashed grey lines).

There is significant change in the data from february-2020 onwards and it stabilises from the first blue dot in november-2020.

Hence to have full benefit of assurance and variation icons as well as SPC rules - we need to recalculate our process limits (dashed grey lines) at the November-2020 point, just after the change and the point it starts to stabilise.

To recalculate there needs to be plenty of points after the recalculation to have a strong SPC with enough points to know whether or not special cause variation occurs.

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

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**Report Front Sheet**

| **1. Report Details** | | | |
|---|---|---|---|
| **Meeting Title:** | *Board of Directors* | | |
| **Date of Meeting:** | *Wednesday 29th November* | | |
| **Document Title:** | *System Performance Report* | | |
| **Responsible Director:** | *Matthew Bryant, Chief Executive* | Date of Executive Approval | *22.11.23* |
| **Author:** | *Jonquil Williams, Corporate Business Manager* | | |
| **Confidentiality:** | *If Confidential please state rationale: No* | | |
| **Publishable under FOI?** | ***Yes**/No* | | |
| **Predetermined Report Format?** | *Has the format of the report been set in order to meet a regulatory or statutory requirement? i.e., to satisfy the reporting requirements following a national inquiry / been determined by NHSE/I / CQC?*<br>*Yes / No? if yes please state.* | | |

| **2. Prior Discussion** | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| | | |
| | | |

| **3. Purpose of the Paper** | *What is the paper about?*<br>*Why is the paper is being presented and what you are asking the Board / committee to do?* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Note (✓)* | *x* | *Discuss (✓)* | | *Recommend (✓)* | | *Approve (✓)* | |

**4. Key Issues**

Appendix to the Dorset County Hospital Board papers:

ICB System Board report – taken to ICB Board on 2nd November

1.1. In response to the guidance NHS Dorset submitted the system's annual operating plan for 2023/24 to NHS England Southwest at the end of April 2023. Within the submission, the system commits to achieve all standards except three:

- Reduction in total waiting list
- 25% reduction in follow-up outpatients
- 92% bed occupancy

Although the three standards will not be achieved, the system holds trajectories outlining expected performance for each and they continue to be monitored.

1.2. The submission recognised some key risks to delivery. Delivery is linked to the system achieving the planned reduction in no criteria to reside, which will support increasing flow and bed occupancy, enabling delivery of both elective recovery and the 76% four-hour emergency department standard. It is important to note the 2023/24 planning submission did not include the impact of industrial action.

1.3. The purpose of the paper is to provide an overview of performance

| | |
|---|---|
| | against the 2023/24 operating plan trajectory, identify areas of concern, detail mitigating actions, and highlight areas for additional focus. |
| **5. Action recommended** | N/A |

| **6. Governance and Compliance Obligations** | | | |
|---|---|---|---|
| **Legal / Regulatory Link** | | **No** | *If yes, please summarise the legal/regulatory compliance requirement.*<br>*(Please delete as appropriate)* |
| **Impact on CQC Standards** | | **No** | *If yes, please summarise the impact on CQC standards.*<br>*(Please delete as appropriate)* |
| **Risk Link** | | **No** | *f yes, please state the link to Board Assurance Framework and Corporate Risk Register risks (incl. reference number). Provide a statement on the mitigated risk position.*<br>*(Please delete as appropriate)* |
| **Impact on Social Value** | | **No** | If yes, please summarise how your report contributes to the Trust's Social Value Pledge |
| **Trust Strategy Link** | | **How does this report link to the Trust's Strategic Objectives?**<br>*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.* | |
| **Strategic Objectives** | People | | |
| | Place | | |
| | Partnership | | |
| **Dorset Integrated Care System (ICS) goals** | | **Which Dorset ICS goals does this report link to / support?**<br>*Please summarise how your report contributes to the Dorset ICS key goals.*<br><br>*(Please delete as appropriate)* | |
| Improving population health and healthcare | | **No** | *If yes - please state how your report contributes to improving population health and health care* |
| Tackling unequal outcomes and access | | **No** | *If yes - please state how your report contributes to tackling unequal outcomes and access* |
| Enhancing productivity and value for money | | **No** | *If yes - please state how your report contributes to enhancing productivity and value for money* |
| Helping the NHS to support broader social and economic development | | **No** | *If yes - please state how your report contributes to supporting broader social and economic development* |
| **Assessments** | | **Have these assessments been completed?**<br>*If yes, please include the assessment in the appendix to the report.*<br>*If no, please state the reason in the comment box below.*<br>*(Please delete as appropriate)* | |
| Equality Impact Assessment (EIA) | | **Yes** | **No** |
| Quality Impact Assessment (QIA) | | **Yes** | **No** |

2.5

NHS Dorset

# NHS Dorset Integrated Care Board

| | |
|---|---|
| **Meeting Title** | ICB Board |
| **Date of Meeting** | 2 November 2023 |
| **Paper Title** | System Performance Report |
| **Responsible Chief Officer** | Dean Spencer, Chief Operating Officer |
| **Author** | Natalie Violet, Head of Planning and Oversight<br>Rebekah Parrish, Planning and Oversight Officer |

| | |
|---|---|
| **Confidentiality** | Not confidential |
| **Publishable Under FOI?** | Yes |

| Prior Discussion and Consultation | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| Chief Operating Officer, NHS Dorset | 12 October 2023 | Approved |
| Deputy Director of Performance and Planning | 12 October 2023 | Approved |
| Provider Performance Leads, Chief Operating Officers, and Delivery Group Senior Responsible Officers | 06 October 2023 | Shared, comments received, and report updated. |
| Heads of Service and Deputy Directors at the ICB | September/October 2023 | Narrative for service areas has been written with the Heads of Service and/or Deputy Directors |
| Finance and Performance Committee | 19 October 2023 | Noting the update on performance against the 2023/24 operating plan trajectory |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Purpose of the Paper** | The purpose of the paper is to provide an overview of performance against the 2023/24 operating plan trajectory, identify areas of concern, detail mitigating actions, and highlight areas for additional focus. | | | | | | |
| | Note: | ✓ | Discuss: | | Recommend: | | Approve: |
| **Summary of Key Issues** | The following areas are performing as expected at the end of August 2023 when compared to the trajectories supporting the 2023/24 operating plan submission:<br>• Increase in primary care appointments.<br>• Reduction in total waiting list.<br>• Increase in patients receiving a diagnostic test within six weeks.<br>• Patients seen within four-hours in the emergency department.<br>• Category 2 ambulance response.<br>• Bed occupancy. | | | | | | |

## 2.5

The following areas are not performing as expected at the end of August 2023 when compared to the trajectories supporting the 2023/24 operating plan submission:

- Virtual ward utilisation.
- Virtual ward capacity.
- Patient waiting beyond 65-weeks for planned care.
- 106% activity, compared to 2019/20.
- Advice and guidance.
- Patient initiative follow-ups.
- Theatre utilisation.
- Day case rates.
- Reduction in follow-up outpatients.
- Cancer faster diagnosis standards.
- 62-day cancer backlog.
- Reduction in patients with no criteria to reside.
- Reducing mental health adult acute out of area placements.
- Increasing the number of adults and older people accessing psychological therapies (NHS Talking Therapies).
- Overall access to core community mental health services for adults and older adults with severe mental illness.
- Children and young people mental health service access.
- Improving access to perinatal mental health services.
- Dementia diagnosis rates.

An overview of performance can be found in Appendix 2 outlining if the standard is achieving trajectory, if performance has deteriorated, improved or maintained compared to the previous months, the details, and what the statistical process control (SPC) chart demonstrates.

There are several areas which require additional focus due to underperformance against the trajectories, these are:

- Virtual wards.
- Planned care.
- No criteria to reside.
- Mental Health

Full details can be found in section 6.

| **Action recommended** | The ICB Board is recommended to **NOTE** the report. |
|---|---|

| **Governance and Compliance Obligations** | | |
|---|---|---|
| **Legal and Regulatory** | **YES** | Under the NHS England 2023/24 Priorities and Operational Planning Guidance all systems are required to submit an annual operating plan and monitor progress against plan. |

| | | |
|---|---|---|
| **Finance and Resource** | **YES** | Financial standards are included in the operating plan and performance against these are included within the report. |
| **Risk** | **YES** | There are potential clinical risks associated with poor performance against the operating plan standards, especially in respect of ambulance response times, cancer services, and long waiting patients. |

| **Risk Appetite Statement** | |
|---|---|
| **ICB Risk Appetite Statement** | The ICB has a low to moderate appetite for risks impacting the ICB's ability to meet the required performance indicators. |

| **Impact Assessments** | | |
|---|---|---|
| **Equality Impact Assessment (EIA)** | **NO** | N/A |
| **Quality Impact Assessment (QIA)** | **NO** | N/A |

| **Fundamental Purposes of Integrated Care Systems** | |
|---|---|
| **Improving population health and healthcare** | The NHS England 2023/24 Priorities and Operational Planning Guidance outlines three key tasks – recover core services and productivity, make progress in delivering the key ambitions of the NHS Long Term Plan, and continue to transform the NHS for the future. Systems are expected to do this whilst considering the four fundamental purposes of Integrated Systems. |
| **Tackling unequal outcomes and access** | |
| **Enhancing productivity and value for money** | |
| **Helping the NHS to support broader social and economic development** | |

| **System Working** | |
|---|---|
| **System Working Opportunities** | The 2023/24 Operating Plan is a system wide plan, developed in partnership across the Dorset system. Both the ICB and providers monitor progress against the standards. |

2.5

## System Performance Report

### 1. Introduction

1.1. The NHS England 2023/24 Priorities and Operational Planning Guidance outlines three key tasks – recover core services and productivity, make progress in delivering the key ambitions of the NHS Long Term Plan, and continue to transform the NHS for the future.

1.2. In response to the guidance NHS Dorset submitted the system's annual operating plan for 2023/24 to NHS England Southwest at the end of April 2023. Within the submission, the system commits to achieve all standards except three:

- Reduction in total waiting list
- 25% reduction in follow-up outpatients
- 92% bed occupancy

Although the three standards will not be achieved, the system holds trajectories outlining expected performance for each and they continue to be monitored.

1.3. The submission recognised some key risks to delivery. Delivery is linked to the system achieving the planned reduction in no criteria to reside, which will support increasing flow and bed occupancy, enabling delivery of both elective recovery and the 76% four-hour emergency department standard. It is important to note the 2023/24 planning submission did not include the impact of industrial action.

1.4. The purpose of the paper is to provide an overview of performance against the 2023/24 operating plan trajectory, identify areas of concern, detail mitigating actions, and highlight areas for additional focus.

### 2. Performance Overview

2.1. An overview of the performance against the operating plan standards can be found in Appendix 1. This is broken down by provider, where applicable. Performance reports including statistical process control (SPC) charts can be found in Appendix 2.

2.2. It is important to note ongoing industrial action is impacting waiting times for both referral to treatment and cancer standards as well as activity levels. As mentioned above the 2023/24 planning submission did not include the impact of industrial action. Further industrial action detail can be found in section 3.

2.3. **Primary and Community Care**

Positively, primary care continues to see an increase in appointments, exceeding trajectory at the end of August, However, virtual ward performance was below trajectory.

At the end of August, 128 virtual ward beds were operational, although the Integrated Community Care Model includes 60 remote monitoring beds, not counted in the current capacity, which would raise it to 188 beds. However, only 37% of the 128 virtual ward beds were occupied. This is a deterioration in performance compared to the end of July and an underperformance against trajectory by 38.22%, equating to 102 beds fewer than the 230 expected beds. Incorporating the 60 remote monitoring beds would reduce this to 42. Utilisation information is currently taken from NHS England with a snapshot taken on one day, every two weeks, however a local dashboard is under development.

There is significant scrutiny of the Southwest region from NHS England due to the gap between planned and actual capacity when compared to other regions in England and alongside the required increases in capacity and overall utilisation.

NHS England Southwest arranged an Accelerated Change Programme and Dorset were fortunate to have inputted to the design of this programme. The programme consists of two face-to-face workshops provided by NHS Horizons and supported by the regional team. The first workshop took place on the 14 September 2023 with the purpose to explore the barriers to achieving operational goals and to co-produce an action plan to support increased utilisation and expansion of virtual ward capacity.

Challenges were identified including under-utilisation of available virtual wards and remote monitoring capacity with pushback from clinicians and lack of clinical confidence, the belief virtual wards will add additional workload and pressures to consultants, individuals being unclear if virtual wards is an organisation priority leading to slow progress and a lack of commitment, individuals being unsure whether they have permission to act, which is one of the biggest barriers, and lack of time and space to design and develop whilst managing the here and now position.

During the event, the group developed an action plan to support further development and expansion of virtual wards which included appointing an executive sponsor per organisation, fully endorsing the plan within organisations and reinforcing virtual wards as a priority, developing a focused piece of work around system culture change, and formalising the commitment between organisations to work together. A follow up workshop is arranged for 21 November 2023 to review these actions.

Virtual wards are a profound paradigm shift for the system. While many of the elements are familiar; people are already cared for at home, in the community and in an acute setting, organisations and their teams need to work in a far more collaborative fashion and break down the organisational and operational barriers to support acutely unwell people in another setting.

A paper was taken to the System Executive Group on 28 September 2023 in which the above challenges were outlined. The group recognised current processes were not working and agreed this was a priority to address. Consequently, a conversation will be held with provider Chief Executive Officers, the GP Alliance, and ICB colleagues to find a way forward.

2.4. **Planned Care**

All planned care standards, except for the reduction in the total waiting list, are underperforming against trajectory.

At the end of August, the system had 1,629 patients waiting beyond 65-weeks, 524 patients above trajectory. 336 at Dorset County Hospital (78 above trajectory) and 1,293 at University Hospitals Dorset (462 above trajectory).

The system also had 47 patients waiting beyond 78-weeks. Four at Dorset County Hospital and 43 at University Hospitals Dorset. At the end of September 2023, the system is anticipating 45 patients waiting beyond 78-weeks. Two at Dorset County Hospital and 43 at University Hospitals Dorset.

There is a significant risk associated with elective long waiters in Community Paediatrics. Conversations are currently taking place with NHS England regarding the reporting of this group nationally. There are different approaches with both acute providers. Dorset County Hospital do not report Community Paediatrics against the referral to treatment standard and University Hospitals Dorset do. Both organisations should be reporting in the same way, once resolved the number of patients waiting beyond 78-weeks and 65-weeks could increase

should these patients be included from Dorset County Hospital. The system awaits confirmation from NHS England.

The Planned Care Delivery Group agreed at the beginning of October, whilst the system is still committed to delivering the operating plan standards, five areas of focus were agreed, recognising many of the standards are interlinked. These are 78-week waiters, 65-week waiters – non-admitted, 65-week waiters – admitted, the faster diagnosis standard, and the 62-day cancer backlog. Providers have been asked to produce trajectories for these areas including what can be achieved within current financial envelopes and what more could be achieved but would create a cost pressure. This will outline the key actions required to support delivery of the standards collectively, from providers, or from the ICB. This work is due to be complete by the mid-late October.

At the end of September, the system is expecting to have 1,635 patients waiting beyond 65-weeks, 695 above trajectory. 1,234 at University Hospitals Dorset (529 above trajectory) and 221 at Dorset County Hospital (180 above trajectory).

Work continues to implement the national requirement for Patient Initiated Digital Mutual Aid System (PIDMAS) from October 2023 for all patients waiting beyond 40-weeks. PIDMAS is being developed to enable patients to proactively 'opt-in' to move provider. It is expected from September 2024 this will apply to all patients waiting beyond 18-weeks.

At the end of August, theatre utilisation was at 74%, falling short of the expected trajectory by 11%. 73% at Dorset County Hospital (12% below trajectory) and 75% at University Hospitals Dorset (10% below trajectory). In addition, at the end of May, which is the most up to date available data, day case rates were at 80.9%, falling short of the expected trajectory by 4.1%. 85.74% at Dorset County Hospital (0.74% above trajectory) and 78.17% at University Hospitals Dorset (6.83% below trajectory). Both providers have initiated Theatre Improvement Programmes and are both working towards achieving the 85% trajectories. These are monitored through the Planned Care Delivery Group governance structure.

Based on financial calculations from the NHS Futures Platform, at the end of June, the system was underperforming against the 106% activity trajectory (ERF) by 11.75%. Year to date underperformance is 8.5%. It is important to note there appears to be data issues with reporting in relation to Dorset HealthCare, which contribute to the system total, with very small numbers being published on the NHS Futures Platform. This is being resolved with Business Intelligence colleagues at Dorset HealthCare. Initial investigations have highlighted a technical issue with Dorset HealthCare's Secondary Uses Service (SUS) submission. SUS requires the Care Professional Column to be populated with a registration number and this will populate the correct treatment function code. This currently is not provided. Dorset HealthCare are updating their data for this financial year, which should resolve the situation. Barriers to achieving the trajectory include industrial action, high numbers of patients in hospital with no criteria to reside, the impact of COVID on patients' fitness for surgery, workforce gaps in key specialities, limited uptake of waiting list initiatives in some areas, and cancer demand impacting capacity for routine elective surgery. Future expected performance is to be confirmed once the reporting issues relating to Dorset HealthCare have been resolved.

From an outpatient perspective advice and guidance and patient-initiated follow-ups are underperforming against trajectory. Advice and guidance achieved 8.8%, underperforming by 3.2% and patient-initiated follow-ups achieved 4.36%, underperforming by 0.94%. Dorset HealthCare delivered 8.7% patient-initiated follow-ups which is contributing to the system

performance. Both Dorset County Hospital and University Hospitals Dorset are working towards improving performance against both standards.

Although the system did not commit to seeing a 25% reduction in follow-up outpatients the trajectory submitted illustrates the expected number of follow-ups each month across the system. The system is overperforming against the expected number of follow-ups outlined in the operating plan by 30,222. Dorset County Hospital saw 3,387 more than expected in July, totalling 13,667 more than expected year to date. University Hospitals Dorset saw 818 less than expected in July, totalling 2,441 less than expected year to date. It is important to note there appears to be an issue with the SUS data for Dorset County Hospital where all activity is being attributed to consultant led, therefore the numbers are expected to reduce once resolved. Despite this, Dorset County Hospital are expecting to be beyond expected numbers attributed to a focussed reduction in the outpatient follow-up waiting list. At the end of August, the system had 36,356 patients waiting beyond their clinical to be seen date. At Dorset County Hospital the follow up backlog decreased by 29 patients at the end of August 2023, with 8,737 patients waiting past their clinical to be seen date. The follow up backlog has now reduced by 3,801 since its peak of 12,358 in March 2022. At University Hospitals Dorset the number reduced in August to 27,619 and demonstrates consistent month on month improvement. At the end of July, the total was 29,622.

2.5. **Cancer**

The faster diagnosis standard and 62-day backlog are not meeting trajectory; however, it is important to note the system has, and continues to, see an increase in demand. At the end of July 2023, the faster diagnosis standard achieved 64.9%, which is 8.7% below the expected trajectory. Additionally, at the end of August 2023, the 62-day backlog had 110 more patients than trajectory.

Dorset County Hospital exceeded the faster diagnosis standard trajectory by 3.02% at the end of July. This is being supported by dermatology insourcing, which is scheduled until December 2023, whilst teledermatology clinics are being implemented with a system wide approach. These are expected to reduce advice and guidance requests to dermatology. For Urology, clinical competency sign-off for local anaesthetic template biopsies were completed in early October to support the faster diagnosis standard. Ad hoc clinics will run once a week in October, followed by permanent clinics once a week in November. General anaesthetic template biopsy lists will remain in place and gradually transition to local anaesthetic. Dorset County Hospital's 62-day backlog had 78 patients at the end of August, two patients less than anticipated.

University Hospitals Dorset saw a surge in dermatology two-week wait demand which impacted the faster diagnosis standard with further deterioration expected in August 2023. To manage this demand 1,400 additional dermatology two-week-wait slots were successfully delivered to aid the recovery of this standard and ensure patients were seen as quickly as possible. This achievement was discussed at University Hospitals Dorset's Touchpoint Meeting in early October, where the learning from this activity will be shared and any inappropriate referrals identified to support conversations with Primary Care. GP direct access for individuals with post-menopausal bleeding taking HRT is expected to go live at University Hospitals Dorset in the next few months. The Wessex Cancer Alliance Primary Care meeting are working with primary care to agree how to communicate this and identify which Primary Care Networks will be targeted. University Hospitals Dorset's 62-day backlog had 338 patients at the end of August, 113 patients more than trajectory. The hospital is planning an autumn focus on the 62-day backlog with weekly clinical reviews of backlog patients continuing.

Work continues across the system to increase the uptake of faecal immunochemical tests (FIT) with the aim to see two-week referrals continue to fall for colorectal services. Dorset County Hospital are undertaking a demand and capacity review of colorectal services following referrals stabilising since the introduction of FIT. The Wessex Cancer Alliance Clinical Reference Group met in September to discuss new FIT guidance with a GP incentive scheme. The FIT less than 10 pathway will likely be decommissioned from January 2024.

Following a successful pilot at University Hospitals Dorset, e-Triage is being introduced in colorectal at Dorset County Hospital which provides patients with an electronic form to complete ahead of their appointment, this is being linked to C-the-Signs and should reduce appointment times and increase clinic productivity.

A system wide approach to teledermatology clinics was agreed by the Dorset Cancer Partnership in September with two parts to the plan. The first being Community Diagnostic Centre photo hubs (to take images of skin lesions) which will be piloted with one in the east and one in the west of Dorset. The pilot hubs are expected to go live at the end of October or beginning of November. Secondly, following agreement at the Dorset Cancer Partnership Steering Group, it was agreed both Trusts will explore skin analytics AI, for which there is national funding. The Wessex Cancer Alliance will provide funding to produce the safety case.

Dorset Site-Specific Group meetings which provide expert clinical opinion on various clinical service issues, are being reinvigorated for head and neck and upper GI.

2.6. **Diagnostics**

Diagnostic performance continues to meet the trajectory in August 2023, being 3.06% above. Areas of concern continue to be echocardiography at Dorset County Hospital, and audiology at Dorset HealthCare. Both modalities have recovery plans in place and improvements are being seen.

2.7. **Urgent and Emergency Care**

Performance has been maintained against trajectory for the four-hour emergency department standard, the category 2 ambulance response times, and bed occupancy. However, bed occupancy at Dorset County Hospital remains higher than their organisational trajectory at 96.1%. This has been attributed to complexity of individuals and the number of patients with no criteria to reside. A paper regarding complex patients is being prepared for Home First and will then be taken to the Integrated Neighbourhood and Community Oversight Group.

Dorset County Hospital are overperforming against the four-hour emergency department standard, compensating for University Hospitals Dorset at 2.1% under trajectory. This has been attributed to crowding in the department, the number of patients with no criteria to reside, and the implementation of the new IT system, however the IT issues are now being resolved. Several changes are taking place to support breach avoidance including a change to the consultant model to ambulatory care, and funding being transferred to orthopaedics to put a registrar into the emergency department. Urgent and Emergency Care Delivery Group actions are in train including looking at self-presenters and un-booked 111 patients.

At the end of September, system performance is expected to deteriorate with Dorset County Hospital reaching 73.3% (2.3% above trajectory) and University Hospitals Dorset at 61.2% (5.8% below trajectory).

For no criteria to reside, there is underperformance against trajectory with 31 more patients in a hospital bed with no criteria to reside than the trajectory for the end of August 2023. The

underperformance is attributed to University Hospitals Dorset, and this continues to be an area of focus through discharge and flow cells. Following NHS Dorset's Chief Nursing Officer and Chief Operating Officer's 'fresh eyes' visit on 21 August 2023 to assess the no criteria to reside list at University Hospitals Dorset, multi-agency discharge events (MADE) have followed the review of Lulworth and Fayrewood wards and resulting actions are hoped to help improve performance. As winter approaches, the no criteria to reside position remains of concern.

At the end of September, performance is expected to improve with a total of 267 patients with no criteria to reside (24 above trajectory). 58 at Dorset County Hospital (7 above trajectory) and 209 at University Hospitals Dorset (17 above trajectory).

The Urgent and Emergency Care Delivery Group members met at the end of September for an investment scheme workshop to review allocations and ensure spending is focussed in the right areas. As part of these delivery groups, Integrated Urgent and Emergency Care Champions reviewed ten high impact interventions and four were identified as needing improvement plans: urgent care response, virtual wards, same day emergency care, and acute respiratory infections.

Following the presentation of a deep dive to August's ICB Finance and Performance Committee it was agreed additional assurance was required on the potential year end position, and the committee are returning to this issue at their October meeting.

2.8. **Mental Health**

Mental health performance, across all standards, is of concern. Performance against all standards outlined in the operating plan are under the agreed trajectory. The standards are:

- Reducing mental health adult acute out of area placements.
- Increasing the number of adults and older people accessing psychological therapies (NHS Talking Therapies).
- Overall access to core community mental health services for adults and older adults with severe mental illness.
- Children and young people mental health service access.
- Improving access to perinatal mental health services.
- Dementia diagnosis rates.

The August NHS Dorset Finance and Performance Committee received an update on performance against the mental health standards in the annual operating plan. The committee agreed additional assurance was required on the impact of the mitigating actions, risks, and underperformance. The committee agreed to return to this issue at their meeting in December. The paper will need to articulate the metrics and outcomes associated with the mitigating actions, the financial, clinical, and safety risks, any potential 'quick wins' within the Mental Health Integrated Community Care (MHICC) programme, and the overall risk to the system should the mental health operating plan standards not be achieved by March 2024.

At the end of August, out of area bed days were at 521 excluding the Marchwood Priory beds as agreed with region. At the end of September, this is expected to be 515. Consequently, this standard will not achieve the end of quarter 2 trajectory of 150. Dorset HealthCare are undertaking a significant amount of work looking at out of area placements with an associated detailed action plan. The development of a multi-disciplinary patient flow team is underway with a Consultant Psychiatrist lead. The team will incorporate the existing out of area coordinator post and oversee the Hospital to Home Service and Home Treatment Team, to ensure both admission and discharge flow is maintained. The Trust has also undertaken a

rapid review of governance and oversight of current out of area placements and produced updated standard operating procedures to reflect improved standards. These include clear standards around the recording and monitoring of repatriation plans, and the expectations in respect of face-to-face review for patients placed out of area (within one month and then 6-weekly thereafter). Improved quality assurance of out of area placements is expected to ensure length of stay is managed effectively, communication is maintained and that patients return to Dorset is not delayed unnecessarily. The national Getting it Right First Time (GIRFT) have been invited to visit Dorset HealthCare to assess the levels of assurance to make sure the organisation is compliant and have sufficient oversight.

At the end of August, the number of adults and older people accessing psychological therapies for that month, was 1,420. 197 patients below the agreed trajectory. This service is provided through Steps to Wellbeing who are involved in ongoing conversations to operationalise the future model of care for community mental health (MHICC) and are perceived as being a key element of the universal element of the future model. Other measures taken include development of internal business intelligence and performance measures aimed at improving the efficacy of psychological interventions through case management work i.e., individual based dashboards used in supervision. Other developments such as the advent of social prescribing and the introduction of schemes such as Dorset Active Monitoring (provided by (Dorset MIND) at a primary care network level are thought to be inadvertently directing people away from the Steps to Wellbeing Service. The service is now working closely with both these offers to ensure greater efficiency and people presenting for support are directed to the most appropriate evidenced based intervention.

At the end of June, Dorset HealthCare data submitted to NHS England through the quarterly assurance template demonstrates 7,350 patients were seen during quarter 1, 500 under trajectory. Although below trajectory this represents a significant improvement on previous quarters data and can be attributed to data quality improvement work over recent months. Work is continuing to ensure all data in scope of this metric is reported. Workforce supply and availability continues to be a significant challenge. Work continues, supported by initial developments associated with the Mental Health Integrated Community Care (MHICC) programme, to move the system towards achieving this standard. In addition, work is progressing to implement a test and proof of concept for the universal element of the new model within one locality within quarter 3 2023/24. Activity within this will count towards the standard and efforts are ongoing to consider the best means of capturing this data as part of the MHSDS reporting. Recruitment is also scheduled to commence in respect of supporting the implementation of a dedicated offer for complex trauma/personality disorder.

At the end of August, 5,890 people have accessed children and young people's mental health services with sustained improvement in increasing access, although not quite to the level of the operating plan standard. This is a rolling 12-month metric, when compared to the end of quarter 2 trajectory there is an underperformance of 1,085. It is important to note, mental health support for children and young people can also be accessed through Kooth, an online mental wellbeing community providing free, safe, and anonymous online support and counselling. The activity numbers associated with Kooth are not currently included in the performance numbers. For quarter 1, Kooth had 604 service users. It is completely anonymous therefore there may be patients being seen by Dorset HealthCare and utilising Kooth. Work is underway to include these numbers on the DiiS and establish a methodology to avoid any duplication where possible. Including the Kooth performance improves to 481 under trajectory.

**2.5**

Perinatal mental health service performance is showing an improving picture, however, is not performing to trajectory. Sat the end of August, 600 people have accessed perinatal mental health services underperforming by 114 patients when compared to the quarter 2 trajectory. An increase of 100 patients would be required during September 2023 to achieve this trajectory, based on previous performance, this is unlikely. Factors contributing to current performance below target include a decreased birth rate locally, a significant drop in the number of referrals received into the service from some professions which may be linked to staffing challenges within those services, and a high did not attend (DNA) rate for first appointments. Dorset HealthCare have an ambition to achieve trajectory by the end of December 2023. The service has implemented 72 initial assessment slots per month, providing 864 slots per annum. This is 150 beyond the trajectory for 2023/24. More slots have been implemented than required to allow for DNA's, sickness, and holidays. A recovery plan has been agreed and monthly progress reviews are in place which include weekly monitoring of assessment uptake, and an updated clinical pathway has been developed to ensure clarity of function and access. This now includes direct links to the referral form, website, and the perinatal pathway screening tool to assist with clinical decision making when needed. A targeted education programme is being implemented across certain settings to support improved referral rates. The referral screening threshold has been lowered to ensure moderate-to-complex cases are accepted (historically referrals have focused on severe-complex) as well as incorporating people under 12-weeks' gestation. In addition, those with a family history of serious mental illness, who are currently well, are being offered signposting and a prevention assessment appointment. To support with reducing DNA's joint research is being undertaken with Bournemouth University called "*Younger Women's Physical and Mental Health Preparedness for Motherhood*". This may provide insight to the higher rate of DNAs in the younger population.

At the end of July, the dementia diagnosis rate was 55.6%, 2.9% below the agreed trajectory. There is a System Dementia Diagnosis Rates Improvement Plan for 2023/24. The plan has several objectives including:

- Raise awareness of dementia to reduce the stigma and promote the benefits of having a diagnosis and the post diagnostic support available.
- Ensuring Health Inequalities are highlighted, addressed, and reduced for people at risk of dementia or diagnosis with dementia in Dorset.
- Work more effectively with the voluntary, community, and social enterprise (VCSE) sector to proactively encourage people to come forward.
- Target Primary Care Networks (PCNs) with lower rates to encourage initiatives to improve dementia diagnosis rates.
- Improve identification of dementia and raise awareness of dementia within care homes.
- Improve data and accuracy of dementia prevalence and incidence recording.
- Work more effectively with partner organisations to identify people with dementia at different access points to the pathway.
- Seek to resolve ongoing operational challenges in respect of enabling full implementation of diagnosis by advanced care practitioners as per model outlined within the Dementia Services Review

## 3. Industrial Action

3.1. As mentioned above, industrial action is impacting waiting times for both referral to treatment and cancer standards as well as activity levels. The 2023/24 planning submission did not include the impact of industrial action.

3.2. Business Intelligence colleagues across the system have been working to analyse the impact of industrial action on planned care recovery and have created a report to provide insight. The analysis is based on working day averages, enabling pinpointing of industrial action weeks and the likely impact. This was discussed at the Planned Care Delivery Group at the beginning of October, where system colleagues agreed the methodology and to utilise this analysis when looking at the impact of industrial action to ensure 'one version of the truth'.

3.3. The analysis illustrates the percentage impact as follows:

| | Year to Date | October (Expected) | Year to Date (inc October Expected) |
|---|---|---|---|
| System | 2.90% | 4.20% | 3.10% |
| University Hospitals Dorset | 3.10% | 4.50% | 3.30% |
| Dorset County Hospital | 2.40% | 3.50% | 3.50% |

NB – Year to date = April to August.

3.4. Full details are available in Appendix 3 detailing the impact by point of delivery and provider.

3.5. When looking at elective recovery, the table below illustrates the system position against plan if industrial action did not occur:

| System | Plan | Actual | Lost Activity | Actual + Lost Activity | Expected Position against Plan without Industrial Action |
|---|---|---|---|---|---|
| Elective Day Case | 95,737 | 88,628 | 2,811 | 91,439 | -4,298 |
| Elective Ordinary | 13,295 | 12,864 | 439 | 13,303 | 8 |
| OPFA - Consultant Led only | 229,743 | 217,584 | 6,001 | 223,585 | -6,158 |
| OPFU - Consultant Led only | 307,189 | 295,596 | 8,529 | 304,125 | -3,064 |

| DCH | Plan | Actual | Lost Activity | Actual + Lost Activity | Expected Position against Plan without Industrial Action |
|---|---|---|---|---|---|
| Elective Day Case | 11,777 | 11,523 | 223 | 11,746 | -31 |
| Elective Ordinary | 1,110 | 976 | 40 | 1,016 | -94 |
| OPFA - Consultant Led only | 22,075 | 22,436 | 251 | 22,687 | 612 |
| OPFU - Consultant Led only | 39,885 | 38,876 | 1,247 | 40,123 | 238 |

| UHD | Plan | Actual | Lost Activity | Actual + Lost Activity | Expected Position against Plan without Industrial Action |
|---|---|---|---|---|---|
| Elective Day Case | 36,089 | 32,791 | 1,182 | 33,973 | -2,116 |
| Elective Ordinary | 5,540 | 5,456 | 180 | 5,636 | 96 |
| OPFA - Consultant Led only | 92,799 | 86,356 | 2,749 | 89,105 | -3,694 |
| OPFU - Consultant Led only | 113,708 | 108,922 | 3,017 | 111,939 | -1,769 |

3.6. Nationally, work is underway to look at industrial action scenarios, impact, and the consequences for 2024/25 planning. It is believed this will include the impact against planned care operational plan standards. The outcome as expected to be communicated through regional planning lead calls.

3.7. This year, the system has already seen a reduction in the ERF activity standard from 109% to 106% based on April and May's industrial action, therefore a further reduction in this standard may occur.

## 4. Health Inequalities

From a health inequalities perspective, the system has a dedicated health inequalities programme for planned care focusing on equity of outcomes for patients in a planned care pathway and a new approach to waiting list management focusing on non-clinical factors to move towards equity of patient outcome. There is also a specific focus on those patients who do not attend (DNAs).

This group is working closely with the health inequalities and population health management team in this work. In addition, proactive identification of patients for planned care who would otherwise only seek health support at late stages of a condition and often as an emergency admission is being considered.

A Dorset Intelligence and Insights Service (DiiS) dashboard is in place to highlight health inequalities within the system and how inequalities have changed over time, focussing on planned care. This continues to evolve and enables teams to segment services, including waiting lists, by a wide range of demographic factors including ethnicity and deprivation across primary care, acute, ambulance, local authorities, linked by pseudonymised NHS numbers, overlayed with Experian and Mosaic data.

A 100-day methodology is being explored to address variances by ethnicity and deprivation in did not attends (DNAs) and waiting times. An initial scoping meeting took place on 03 October 2023 October; initial indications are that ENT would be the most appropriate speciality for the project. However, the DiiS Team will undertake a deeper dive into the data by end of October. The group will then come together and review before agreeing next steps. The 100-day element will commence once scoping has been completed and the project team has been established.

## 5. Quality and Safety

Ensuring the safety, wellbeing, and optimal outcomes of individuals on waiting lists is paramount to providing exceptional patient care. It is acknowledged current waiting times are longer than desired. While administrative validation initiatives are underway, it is also imperative to ensure quality and safety. In pursuit of this, the Performance and Planning Team collaborates closely with the Quality and Safety Team to address any concerns. Presently, focus is on understanding the implications of delays in outpatient follow-up waiting lists. Initial discussions within Planned Care forums have already commenced to gain assurance regarding the existing mechanisms in place to safeguard the safety, wellbeing, and overall outcomes for patients.

## 6. Areas of Focus

6.1. Several areas require additional focus due to underperformance against trajectory at the end of August.

**Virtual Wards:** a paper was taken to the System Executive Group on 28 September 2023 in which the challenges associated with virtual wards were outlined. The group recognised current processes were not working and agreed this was a priority to address. Consequently, a conversation will be held with provider Chief Executive Officers, the GP Alliance, and ICB colleagues to find a way forward.

**Planned Care:** all planned care standards, except for the reduction in the total waiting list, are underperforming against trajectory. The Planned Care Delivery Group agreed at the beginning of October, whilst the system is still committed to delivering the operating plan standards, five areas of additional focus were agreed, recognising many of the standards are interlinked. These are 78-week waiters, 65-week waiters – non-admitted, 65-week waiters –

admitted, the faster diagnosis standard, and the 62-day cancer backlog. Providers have been asked to produce trajectories for these areas including what can be achieved within current financial envelopes and what more could be achieved but would create a cost pressure. This will outline the key actions required to support delivery of the standards collectively, from providers, or from the ICB. This work is due to be complete by the mid-late October.

**No Criteria to Reside:** as winter approaches, the no criteria to reside position remains of concern. Following the presentation of a deep dive to August's ICB Finance and Performance Committee it was agreed additional assurance was required on the potential year end position, and the committee are returning to this issue at their October meeting.

**Mental Health**: performance, all standards, is of concern. The August NHS Dorset Finance and Performance Committee received an update on performance against the mental health standards in the annual operating plan. The committee agreed additional assurance was required on the impact of the mitigating actions, risks, and underperformance. The committee agreed to return to this issue at their meeting in December.

## 7. Conclusion

7.1 The ICB Board is recommended to **NOTE** the report.

**Author's name and title:** Natalie Violet, Head of Planning and Oversight
Rebekah Parrish, Planning and Oversight Officer

**Date:** 12 October 2023

# Report Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors, Part 1 | | |
| **Date of Meeting:** | 29th November 2023 | | |
| **Document Title:** | Finance Report | | |
| **Responsible Director:** | Chris Hearn, Chief Financial Officer | Date of Executive Approval | 13th November 2023 2023 |
| **Author:** | Claire Abraham, Deputy Chief Financial Officer | | |
| **Confidentiality:** | | | |
| **Publishable under FOI?** | Yes | | |
| **Predetermined Report Format?** | No | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| Finance and Performance Committee | 20th November 23 | Noted |

| 3. Purpose of the Paper | For Information – income & expenditure report on the finance position of the Trust to month seven 2023/24 financial year | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Note (✓)* | ✓ | *Discuss (✓)* | | *Recommend (✓)* | | *Approve (✓)* | |

**4. Key Issues**

Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a deficit position in month seven of £1.7 million after technical adjustments against a planned break even position being £1.7 million away from plan.

Year to date the Trust is £8.5 million away from plan.

The month seven and year to date performance is largely driven by:

- Under delivery of Elective recovery funding (ERF) based on national calculations based on months 1-4, and reflected up to month 7
- Ongoing industrial action
- Ongoing use of high cost agency to meet demands, largely driven by an expanded bed base
- Above planned levels of inflation and Digital licence costs
- Efficiency delivery challenges

An income risk associated with system recovery of elective activity (ERF) has been included in the position at £2.1 million shortfall backdated to the start of the financial year following NHSE draft calculations for months 1-4. These calculations are currently being validated by the Trusts Finance and BI teams.

Months 1-4 reflects a 8.4% shortfall against the required 106% target resulting in a reduction of £1.3 million of elective funding against planned levels. Based on the same treatment agreed at system level, £0.8 million has been assumed for months 5-7 in the position.

The impact of industrial action incurred continues with net costs supporting industrial action amounting to £0.9 million year to date. The opportunity cost relating to Industrial action is not included.

| | |
|---|---|
| | Agency currently stands at £2.9 million overspent against plan, with £1.1 million of this incurred with highest Off Framework agencies, and within this £0.2 million has been incurred year to date providing support to mental health patients.<br><br>Ongoing cover for vacancy and sickness gaps, heightened by operational pressures, with increased acuity and demand whilst supporting circa 23 escalated beds which continues to drive demand. The number of patients at the end of October with no criteria to reside was 68.<br><br>Continuation of increased cover for medical rota gaps in Unscheduled Care, Medicine for the Elderly, General Medicine and Urology also contribute to the agency overspend.<br><br>Above planned levels of inflation have been incurred year to date with gas over by 25% and electricity over by 65%. Drugs, catering supplies, blood product contract and other contract increases are between 8% and 13.5% above planned levels.<br><br>There is a risk to the delivery of the break even forecast outturn position noting the ongoing pressures facing the Trust, however financial recovery plans across targeted areas are being deployed. Excluding the elective recovery income shortfall, which has been agreed to be held by the ICB at this point, this risk stands at £10 million. Recovery is led by the CFO and supported by the Executive team to ensure robust financial support is in place to mitigate the risk to financial balance. The month seven forecast analysis demonstrates a risk to forecast outturn of £14 million. Following review with the Executives, further stretch targets linked to efficiency, productivity and agency have been put in place for the remainder of the financial year to reach £10 million forecast outturn.<br><br>The Trust continues to actively reviewing its sustainable energy options including strategy refresh and exploring all contract management opportunities with both cost and volume focus, for ways to mitigate inflationary pressures being incurred.<br><br>Further initiatives in relation to the high cost agency reduction project are being deployed at pace to ensure the current trend is turned around, noting the safe removal of highest cost off framework usage is planned in the coming months, aligned with System collaboration.<br><br>The Trust has delivered £2.7 million of efficiencies for the year against a year to date plan of £5.1 million.<br><br>The Trust's Value Delivery Board is actively reinforcing the accountability and deliverables of programmes across the Trust, with Exec SRO sponsorship in place to reinforce the delivery of all schemes, and links to financial recovery active.<br><br>The cash position is currently £12 million as at October, impacted by heightened expenditure and timing of recent payments which is being closely monitored. Without intervention worst case modelling indicates the Trust would need to mitigate a shortfall of cash in the region of £10 million in the last quarter of this financial year. Implications and detailed modelling are ongoing to mitigate this requirement.<br><br>The capital spend in month is broadly in line with plan at £2.1 million. The year to date position stands at £0.3 million behind plan due to timings of expenditure payments. |

| 5. Action recommended | The Board is recommended to:<br><br>1. **NOTE** the financial position to month seven for the financial year 2023/24 |
|---|---|

| 6. Governance and Compliance Obligations | | | | |
|---|---|---|---|---|
| **Legal / Regulatory Link** | | **Yes** | | *Failure to deliver the plan position could result in the Trust being put into special measures by NHSE.* |
| **Impact on CQC Standards** | | | **No** | |
| **Risk Link** | | **Yes** | | *The Trust is expected to deliver a break even position as at 31st March 2024, of which 4% (£10.9 million) of efficiencies are required.* |
| **Impact on Social Value** | | | **No** | |
| **Trust Strategy Link** | | **How does this report link to the Trust's Strategic Objectives?**<br>*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.* | | |
| **Strategic Objectives** | People | | | |
| | Place | | | |
| | Partnership | BAF references PA 2.1 and 2.2 references to financial sustainability and CIP delivery. | | |
| **Dorset Integrated Care System (ICS) Objectives** | | **Which Dorset ICS Objective does this report link to / support?**<br>*Please summarise how your report contributes to the Dorset ICS key objectives.*<br><br>*(Please delete as appropriate)* | | |
| Improving population health and healthcare | | | **No** | *If yes - please state how your report contributes to improving population health and health care* |
| Tackling unequal outcomes and access | | | **No** | *If yes - please state how your report contributes to tackling unequal outcomes and access* |
| Enhancing productivity and value for money | | **Yes** | | *Highlights current spend of the Trust.* |
| Helping the NHS to support broader social and economic development | | | **No** | *If yes - please state how your report contributes to supporting broader social and economic development* |
| **Assessments** | | **Have these assessments been completed?**<br>*If yes, please include the assessment in the appendix to the report..*<br>*If no, please state the reason in the comment box below.*<br>*(Please delete as appropriate)* | | |
| Equality Impact Assessment (EIA) | | | **No** | |
| Quality Impact Assessment (QIA) | | | **No** | |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Financial Position Update 2023/24

## October 2023 - Month 7

Chris Hearn
Chief Financial Officer

*Outstanding care for our patients in ways which matter to them*

## Financial Position Update - October 2023

# Executive Summary

A summary of progress is presented for the period to October 2023 and is compared with the plan submitted to NHSE on the 30th March 2023.

Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a deficit position for the month of October 2023 of £1.7 million against a planned break even after technical adjustments. The year to date position is £8.5 million away from plan.

The adverse position against plan includes a backdated estimate adjustment of £2.1 million relating to a risk of System income achievement for elective recovery funding (ERF). Ongoing agency costs covering vacancies & sickness, heightened by operational pressures and increased patient acuity are also key drivers. Escalated beds stand at 23 with circa 68 no criteria to reside (NCTR) patients being supported during October. Ongoing industrial action is also contributing to the adverse financial position. Above planned levels of inflation continue, with gas, electricity, catering supplies, blood products, drugs and maintenance contracts significantly above planned levels. Agency expenditure has decreased during September however still remains a significant pressure noting heightend usage linked to patient specialling and acuity challenges. Mental health nurse support has also been ongoing, with £0.2 million incurred to date within off framework spend and ongoing medical rota gaps across ED, General Medicine and Urology are being covered at higher rates than budgeted.

The Trust wide efficiency target for the year stands at £10.9 million and is circa 4% of expenditure budgets in line with peers and national planning expectations. Full year efficiency delivery so far stands at £2.7 million with the majority of the total target identified, leaving £3.2 million of opportunities requiring key actions to move into fully developed and delivered schemes. Month seven saw delivery of £0.4 million.

Pay is over plan largely due to increased costs supporting safe cover during industrial action, including agency usage to cover vacancies and to support operational pressures. This equates to a net £0.9 million year to date. Patient levels with NCTR did reduce at the start of the financial year only to increase during May and remain at similar levels thereafter, with a rise in October.
Non pay is over plan due to high consumable costs including drugs and activity volumes linked to recovery of elective services in conjunction with heightened inflationary pressures, although a mild September and October has seen a reduction in usage.

The Trust is actively reviewing its sustainable energy options including strategy refresh and exploring all contract management opportunities with both a cost and volume focus for ways to mitigate inflationary pressures being incurred.
Further initiatives are also being developed in relation to the high cost agency reduction project to ensure the successful and safe removal of highest cost off framework usage.

Capital expenditure during month seven was marginally over plan at £2.1 million. Year to date the capital position is £0.3 million behind plan due to timing of expenditure payments.

The cash position to October 2023 amounts to £12 million; an improvement from last month due to the receipt of Health Education England funding, however worse than plan due to the heightened level of expenditure being incurred and timing of payments.

## Financial Position Update - October 2023

# Key Risks

Red Risks:

**Financial Forecast Risk**
There is a risk of delivering the break even position noting the combined pressures incurred year to date. There is a forecast risk of approx. £10 million excluding elective recovery income risk (ERF). Drivers remain the escalated bed base, high cost agency usage, efficiency under delivery, inflationary costs above planned levels and the ongoing impact of Industrial action. The Trust is actively deploying targeted support towards recovery and mitigations, led by the CFO and supported by the wider Executive team in order to mitigate the risk to financial balance with stretch targets agreed for efficiencies, productivity and agency to the end of the financial year.

**System Elective Services Recovery - income performance shortfall**
The government has made Elective Services Recovery Funding (ESRF) available to each Integrated Care Board (ICBs) to eventually achieve around 30% more elective activity than was achieved before the COVID-19 pandemic. The financial year 2023-24 national target aims to reach 107% of the activity levels seen in 2019-20 (pre-pandemic).

NHS England, will set individual targets for each ICB, which in turn agrees on individual targets for each provider in its area. These targets are based on the activity recorded in the first half (H1) of 2022/23 (which was below pre-pandemic levels at 98%); the further behind an ICB is, the higher the local target is to recover its position.

Dorset County Hospitals target was set at 108% of its 2019/20 elective activity, this has since been revised down to 106% to account for Industrial Action in April and May.

For M1 - M4 DCH was at 97.6% of it's 106% target, resulting in a reduction of £1.286m in elective funding. Subject to further information being available, it has been agreed at system level to assume the same performance for M5 - M7. As at M7 a £2.1m draft income reduction relating to ESRF has been processed through the ledger. These figures are currently being validated by the Trust's Finance and BI teams.

**Cash Position**
The cash position deteriorated during the month of September due to the heightened expenditure reflected in the I&E position as well as timing of a number of payments made in month. Worse case scenario shows that without further intervention, the Trust would need to mitigate a shortfall in cash in the region of £10 million in the last quarter of the financial year. Detailled modelling is currently underway to provide mitigating solutions.

**Key Risk Status**
Red - Significant risk of non-delivery. Additional actions need to be identified urgently.
Amber - Medium risk of non-delivery which requires additional management effort to ensure success
Green -. Low risk of non-delivery – current actions should deliver.

## Financial Position Update - October 2023

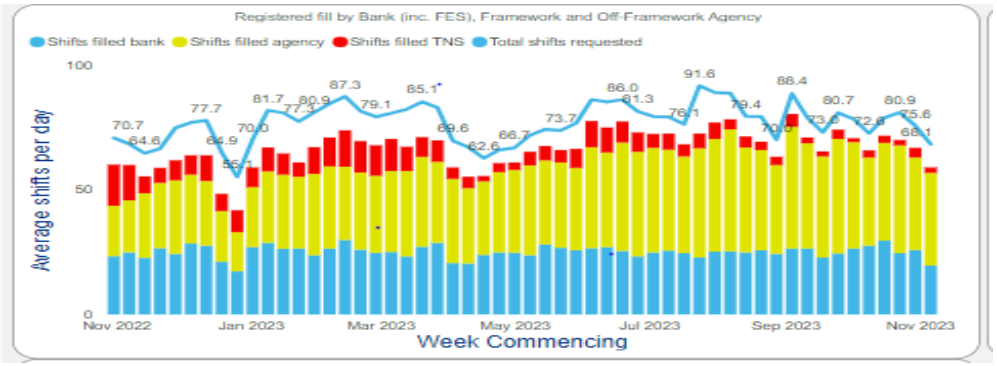
# Key Risks

**Red Risks:**

The Trust has an **efficiency delivery requirement of £10.9 million** in order to reach the planned full year break even position. £2.3 million has been delivered recored at month six. No unidentified amount remains however all efficiency schemes must move into being fully developed and delivered. Without this, the Trust's deficit position will worsen. Efficiencies delivered non recurrently where recurrent is expected will also negatively impact the Trusts underlying deficit position.

The Trusts approach to efficiency delivery including a revised governance process has recently been improved, led by the now active Value Delivery Board. This is designed to reinforce the accountability and deliverables of programmes across the Trust.

**Agency expenditure** to October is overspent against plan by £2.9 million, with £1.1 million spent with highest cost off framework suppliers. Active plans in place as part of the internal High Cost Agency Reduction group, which is primarily focusing on nursing, must be expediated to help prevent further deterioration of the position against plan. The table below shows registered nursing shift fill by bank, on framework agency and highest cost off framework agency. The Trust must increase bank usage and decrease agency usage whilst maintaining patient and staff safety and quality levels.




**Key Risk Status**
**Red** - Significant risk of non-delivery. Additional actions need to be identified urgently.
**Amber** - Medium risk of non-delivery which requires additional management effort to ensure success
**Green** -. Low risk of non-delivery – current actions should deliver.

## Financial Position Update - October 2023

# Key Risks

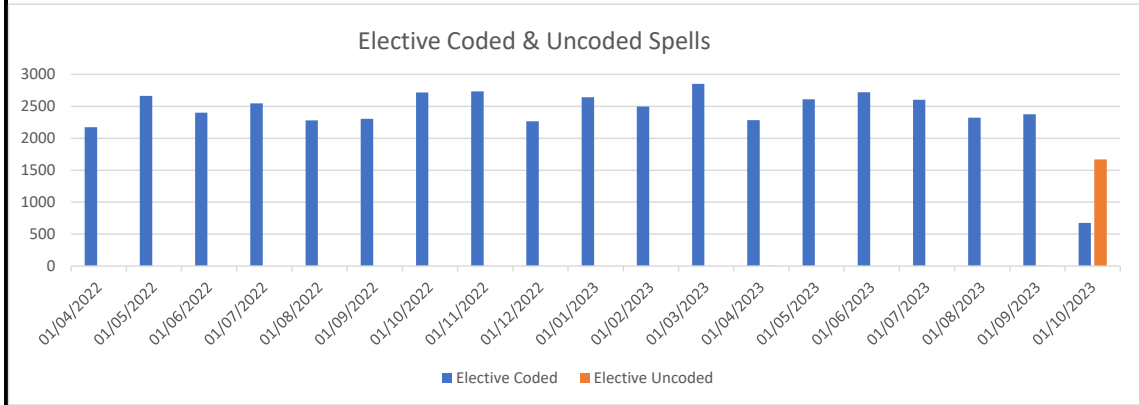
Amber Risk:

Noting Payment by Results (PbR) pays NHS healthcare providers a standard national price or tariff for each patient seen or treated, the tariff takes into account the complexity of the patient's healthcare needs. The tariff for each patient is calculated based on their clinical coding assessment. Coding is operated on a flex/freeze model where final coding must be completed by the freeze date to qualify for payment. The freeze date is typically 7 weeks after the end of the month in which the activity occurred, the full timetable is included for information.

Post COVID the Trust has been exclusively on block contracts with the exception of some Cost & Volume Drugs & Devices. For 2023/24 NHS England has introduced the Elective Services Recovery Fund, where the Trust is paid on a PbR basis for elective activity. Emergency activity remains on a block contract basis

Any elective activity that remains uncoded after the applicable freeze date represents a loss of income for the Trust.

As at October 2023 the Trust has 5,778 uncoded spells, 1,673 are for Elective activity and 4,105 are for Emergency. As demonstrated in the graph below, there is a 2 month lag at the end of each period where coding is completed to meet the applicable freeze dates. Based on coding trends captured from April 2022, no significant coding issues have been incurred to date.




**2023-24 Flex/Freeze dates**

| Month | Flex Date | Freeze Date |
|---|---|---|
| Apr-23 | Thu 18 May 23 | Mon 19 Jun 23 |
| May-23 | Mon 19 Jun 23 | Wed 19 Jul 23 |
| Jun-23 | Wed 19 Jul 23 | Thu 17 Aug 23 |
| Jul-23 | Thu 17 Aug 23 | Tue 19 Sep 23 |
| Aug-23 | Tue 19 Sep 23 | Wed 18 Oct 23 |
| Sep-23 | Wed 18 Oct 23 | Fri 17 Nov 23 |
| Oct-23 | Fri 17 Nov 23 | Mon 18 Dec 23 |
| Nov-23 | Mon 18 Dec 23 | Thu 18 Jan 24 |
| Dec-23 | Thu 18 Jan 24 | Mon 19 Feb 24 |
| Jan-24 | Mon 19 Feb 24 | Tue 19 Mar 24 |
| Feb-24 | Tue 19 Mar 24 | Thu 18 Apr 24 |
| Mar-24 | Thu 18 Apr 24 | Mon 20 May 24 |

**Key Risk Status**
Red - Significant risk of non-delivery. Additional actions need to be identified urgently.
Amber - Medium risk of non-delivery which requires additional management effort to ensure success
Green -. Low risk of non-delivery – current actions should deliver.

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Financial Position Update - October 2023
## Income & Expenditure

**Income and Expenditure**

The overall revenue position is behind plan by £1.7 million in month largely due to the ERF income risk incurred; ongoing inflationary pressures and agency usage including industrial action, with vacancy & sickness cover and demand requirements, including escalated bed base and NCTR patients.

The Operating Income from patient care activities year to date variance is due to income received outside of contracted values, the agenda for change pay award and high cost drugs, offset by the removal of an estimated £2.1 million System Elective Recovery Fund income due to adverse performance against baseline target for months 1-7. The YTD position is offset by Out of Contract income from the ICB, notably Community Diagnostic Centres, Diabetes Transition & Virtual Wards monies.

Other Non-Clinical Income is ahead of plan largely due to the phasing of Health Education England income received compared against planned levels.

Pay costs are over plan due to increased costs to cover industrial action, with ongoing bank and agency usage covering vacancies, sickness and supporting operational pressures noting increased patient acuity for Critical care and a number of patients requiring mental health support. The agenda for change pay award was transacted in June which is offset by income.

Non pay is over plan due to ongoing above plan inflationary pressures, in particular energy, catering supplies (bread, milk, dairy and oil), blood products, maintenance contracts and laundry. Drugs expenditure is also high linked to activity.

Above plan expenditure relating to the timing of Insourcing actvity supporting elective recovery contributes to the current position, although is not expected to continue at these levels based on the latest performance modelling.

An impairment relating to the medical systems staffing project was transacted in month six following confirmation that this project will not be completed this financial year.

| STATEMENT OF COMPREHENSIVE INCOME | In Month (£'000) | | | Year to Date (£'000) | | | Full Year (£'000) |
|---|---|---|---|---|---|---|---|
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan |
| Operating income from patient care activities | 20,483 | 20,915 | 432 | 143,123 | 142,873 | (250) | 239,006 |
| Private Patients | 87 | 87 | (0) | 665 | 636 | (29) | 1,008 |
| Other clinical revenue | 37 | 33 | (4) | 259 | 163 | (96) | 444 |
| Other non-clinical revenue | 2,191 | 2,192 | 0 | 14,932 | 16,113 | 1,181 | 26,377 |
| **Operating Income** | **22,799** | **23,226** | **428** | **158,979** | **159,785** | **805** | **266,835** |
| Charitable income | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Income** | **22,799** | **23,226** | **428** | **158,979** | **159,785** | **805** | **266,835** |
| Raw materials and consumables used | (3,210) | (3,939) | (729) | (22,911) | (25,081) | (2,171) | (38,455) |
| Employee benefit expenses: | | | | | | | |
| *Substantive* | (13,960) | (13,410) | 550 | (97,323) | (94,404) | 2,919 | (156,816) |
| *Bank* | (758) | (1,095) | (337) | (3,724) | (7,169) | (3,445) | (9,384) |
| *Agency* | (833) | (1,243) | (410) | (5,833) | (8,754) | (2,921) | (10,000) |
| Other operating expenses (excl. depreciation) | (2,701) | (4,040) | (1,073) | (19,842) | (24,229) | (3,853) | (35,468) |
| **Operating Expenses** | **(21,728)** | **(23,726)** | **(1,999)** | **(149,900)** | **(159,637)** | **(9,738)** | **(250,124)** |
| **Profit/(loss) from Operations (EBITDA)** | **1,338** | **(500)** | **1,838** | **9,347** | **147** | **9,199** | **16,711** |
| Other Non-Operating income (asset disposals) | (2) | 0 | 2 | (16) | 0 | 16 | (27) |
| Other Non-Operating expenses (Impairments) | 0 | 0 | 0 | 0 | (592) | (592) | 0 |
| Total Depreciation and Amortisation | (959) | (913) | 46 | (6,627) | (6,558) | 69 | (11,363) |
| PDC Dividend expense | (373) | (373) | 0 | (2,611) | (2,611) | 0 | (4,476) |
| Total finance income | 16 | 78 | 62 | 113 | 642 | 529 | 194 |
| Total interest expense | (63) | (43) | 20 | (438) | (364) | 74 | (752) |
| Total other finance costs | 0 | 0 | 0 | (2) | (1) | 1 | (2) |
| **SURPLUS/ (DEFICIT)** | **(44)** | **(1,751)** | **(1,707)** | **(234)** | **(9,337)** | **(9,103)** | **285** |
| **Technical Items Adjusted for:** | | | | | | | |
| DONATIONS CASH FOR ASSETS | 0 | (8) | (8) | 2 | (79) | (81) | (729) |
| DEPRECIATION DONATED ASSETS | 38 | 38 | 0 | 264 | 265 | 1 | 447 |
| IMPAIRMENT OF PPE | 0 | 0 | 0 | 0 | 51 | 51 | 0 |
| IMPAIRMENT OF INTANGIBLE | 0 | 0 | 0 | 0 | 542 | 542 | 0 |
| **SURPLUS/ (DEFICIT)** | **(5)** | **(1,721)** | **(1,716)** | **33** | **(8,558)** | **(8,591)** | **0** |

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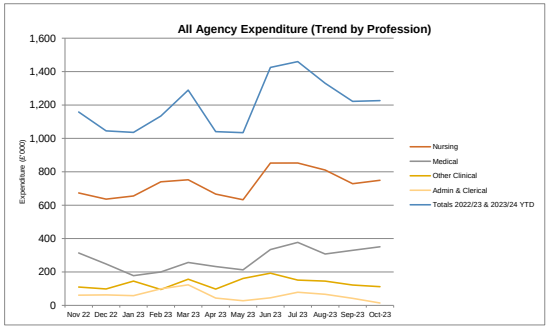
# Financial Position Update - October 2023
## Trust Wide Performance: Agency

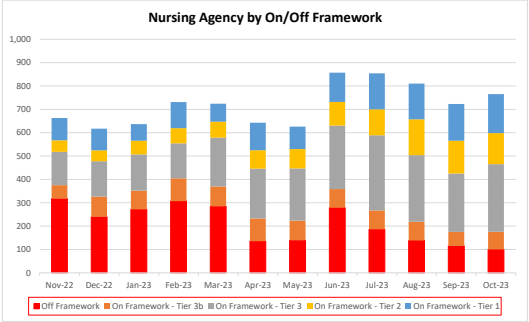
**Pay Analysis - Agency**

Agency costs equated to £1.2 million of actual expenditure in month against a plan of £0.833 million, maintaining similar levels of spend compared to last month.
Agency expenditure was 7.9% of total pay and within this highest cost off framework usage was 8.2% equating to £0.1 million in month, an improvement of £0.015 million from last month.

October continues to see agency cover due to short term sickness cover and impact of ongoing industrial action. RN agency covering Healthcare Assistant gaps and ongoing Allocate on Arrival shifts booked to support safe staffing levels have contributed to usage levels. Abbotsbury and Moreton ward in particular has seen an increase in patient specialling and trained support for mental health patients. The Trust has incured £0.160 million of off framework spend relating to supporting this patient cohort year to date. Medical agency continues at higher levels within ED, Medicine for the Elderly, General Medicine and Urology covering vacancies, outliers and rota gaps.

Actions from the internal High Cost Agency Reduction project mitigated expenditure from November 2022 onwards, however operational pressures compounded by industrial action, annual leave and acuity including mental health patient challenges have resulted in higher than planned costs.
Agency reduction remains a high priority for the Trust noting NHSE has applied a System spend cap of £42 million for Dorset for 2023/24 financial year, or 3.7% of pay budget.
A number of initiatives are planned that will help reduce and ultimately remove the usage of highest off framework agency expenditure in the coming months, aligned to System collaborative workstreams.
This includes work underway to align and improve the Dorset bank offer with a longer term view to a collaborative bank. Consistency in pay rates and use of agencies is also a key planned area for collaboration.




| Agency Spend by Profession (£'000) | Nov 22 | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug-23 | Sep-23 | Oct-23 | YTD Actual | YTD Plan | Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nursing | 673 | 636 | 655 | 740 | 752 | 666 | 633 | 852 | 853 | 811 | 728 | 749 | 5,292 | 3,801 | 1,491 |
| Medical | 314 | 248 | 178 | 200 | 257 | 233 | 213 | 334 | 377 | 308 | 329 | 351 | 2,144 | 1,267 | 877 |
| Other Clinical | 110 | 98 | 145 | 95 | 157 | 97 | 161 | 193 | 152 | 145 | 122 | 112 | 983 | 490 | 493 |
| Admin & Clerical | 61 | 63 | 58 | 99 | 123 | 43 | 28 | 45 | 78 | 67 | 42 | 14 | 318 | 273 | 45 |
| **Totals 2022/23 & 2023/24 YTD** | **1,158** | **1,045** | **1,036** | **1,134** | **1,289** | **1,040** | **1,034** | **1,425** | **1,460** | **1,330** | **1,222** | **1,226** | **8,737** | **5,831** | **2,906** |

| Nursing Agency Category | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Off Framework | 317 | 240 | 272 | 307 | 285 | 135 | 140 | 279 | 187 | 139 | 115 | 100 |
| On Framework - Tier 3b | 58 | 87 | 80 | 97 | 85 | 97 | 84 | 80 | 81 | 80 | 60 | 76 |
| On Framework - Tier 3 | 143 | 151 | 155 | 150 | 209 | 213 | 224 | 272 | 322 | 286 | 250 | 290 |
| On Framework - Tier 2 | 50 | 47 | 59 | 65 | 68 | 79 | 83 | 102 | 111 | 154 | 141 | 133 |
| On Framework - Tier 1 | 95 | 93 | 71 | 111 | 77 | 118 | 96 | 125 | 154 | 153 | 157 | 167 |
| Orders awaiting allocation | 0 | 0 | 0 | 0 | 0 | 0 | 7 | -5 | -2 | 0 | 5 | -17 |
| **Totals 2022/23 & 2023/24 YTD** | **663** | **617** | **637** | **731** | **724** | **643** | **633** | **852** | **853** | **811** | **728** | **749** |

| Pay Metrics | In Month Actual | YTD Actual |
|---|---|---|
| Agency expenditure as % of total pay | 7.9% | 7.9% |
| Off framework expenditure as % of total agency | 8.2% | 10.3% |

**Areas Using Nursing Agency including Off Framework M1 - M7 (£'000):**

| Area | On Framework | Off Framework | of which: RNMH | Total Nursing Agency |
|---|---|---|---|---|
| Crcu | £222 | £342 | £4 | £564 |
| Kingfisher Ward | £119 | £176 | £1 | £295 |
| Emergency Dept Main Dept | £829 | £157 | £30 | £986 |
| Abbotsbury Ward | £364 | £108 | £67 | £472 |
| The Mary Anning Unit | £243 | £89 | £50 | £332 |
| Day Surgery Unit | £117 | £34 | | £151 |
| Scbu | £0 | £33 | | £33 |
| Fortuneswell Ward | £222 | £21 | | £243 |
| Moreton Ward - Respiratory | £202 | £17 | | £219 |
| Ilchester Integrated Assessment | £191 | £17 | | £208 |
| Purbeck Wd | £203 | £16 | £2 | £219 |
| Ridgeway Wd | £159 | £15 | | £174 |
| Lulworth Ward | £169 | £15 | | £184 |
| Cardiology Care Ward | £129 | £14 | | £143 |
| Stroke Unit | £166 | £14 | | £180 |
| Evershot Ward | £165 | £12 | £6 | £177 |
| Prince Of Wales | £92 | £10 | | £102 |
| Surge Area | £148 | £8 | | £156 |
| Medical Day Unit | £1 | | | £1 |
| Theatre Suites | £214 | | | £214 |
| Dch Dialysis | £155 | | | £155 |
| B'Mth Dialysis | £85 | | | £85 |
| **Total Nursing Agency M1 - M7** | **£4,196** | **£1,096** | **£160** | **£5,292** |
| | **Net OF excl MH** | **£936** | | |

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# Financial Position Update - October 2023

## Insourcing

**Insourcing Narrative**

Insourcing spend is above initial budgeted levels year to date due to an acceleration of activity recovery with providers, however plans are in place to ensure activity levels across the entire year will not exceed those budgeted.

Relevant service managers have been engaging with Performance and Finance leads to review the activity levels in order to control the current projected year end overspend of £0.8 million to planned levels.

| | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Outturn |
| **Plan:** | **£546** | **£546** | **£546** | **£546** | **£546** | **£546** | **£546** | **£546** | **£546** | **£546** | **£546** | **£546** | **£6,554** |
| ***Specialty:*** | | | | | | | | | | | | | |
| Orthopaedics | £28 | £53 | £34 | £31 | £39 | £25 | £82 | £49 | £27 | £27 | £27 | £27 | **£450** |
| Ophthalmology | £62 | £48 | £113 | £57 | £58 | £59 | £21 | £15 | £11 | £11 | £0 | £0 | **£455** |
| Dermatology | £120 | £60 | £80 | £149 | £113 | £127 | £127 | £135 | £135 | £135 | £135 | £135 | **£1,451** |
| Gynaecology | £106 | £74 | £182 | £157 | £78 | £218 | £37 | £0 | £0 | £0 | £0 | £0 | **£851** |
| Urology | £29 | £42 | £51 | £0 | £14 | £0 | £15 | £3 | £3 | £15 | £15 | £15 | **£200** |
| Endoscopy & Gastro | £156 | £143 | £124 | £146 | £113 | £146 | £74 | £75 | £75 | £75 | £75 | £75 | **£1,277** |
| Breast | £1 | £19 | £0 | £0 | £19 | £38 | £19 | £0 | £10 | £10 | £10 | £10 | **£134** |
| Oral Surgery | £88 | £110 | £187 | £159 | £198 | £189 | £210 | £125 | £125 | £125 | £125 | £125 | **£1,766** |
| Cardiology | £4 | £26 | £25 | £24 | £23 | £43 | £63 | £25 | £25 | £0 | £0 | £0 | **£258** |
| Radiology/Cardio | £0 | £0 | £17 | £0 | £0 | £0 | £0 | £6 | £6 | £6 | £6 | £6 | **£49** |
| ENT | £0 | £44 | £35 | £62 | £36 | £23 | £8 | £54 | £54 | £54 | £54 | £54 | **£478** |
| **Total** | **£594** | **£620** | **£849** | **£784** | **£690** | **£867** | **£654** | **£487** | **£471** | **£458** | **£447** | **£447** | **£7,369** |
| **Surplus/(Deficit)** | **-£48** | **-£74** | **-£303** | **-£238** | **-£144** | **-£321** | **-£108** | **£59** | **£75** | **£88** | **£99** | **£99** | **-£815** |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Financial Position Update - October 2023
## COVID Expenditure

**Covid Narrative**

Covid spend decreased in October to £0.086 million from £0.119 million in September.

Pay spend decreased marginally in month refelcting the variable costs of backfilling substantive Covid related staff sickness.
Non-Pay spend decreased marginally due to security costs.

The Trust has reviewed its external security provision and is in the final stages of recruiting to an internal, more cost effective suitable approach for roaming which is anticipated will provide financial as well as improved quality and safety benefits.

This roaming usage ceased from 7th October 2023, with ward based insourcing security costs expected to continue until December 2023.

Covid funding for 2023/24 has reduced significantly to £2.3 million from £8.1 million last financial year.
The Trust is actively reviewing all Covid associated costs to ensure it strives to live within the allocation and mitigate where required.

| | Description | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | YTD |
|---|---|---|---|---|---|---|---|---|---|
| **Plan:** | | **£191** | **£91** | **£149** | **£113** | **£63** | **£93** | **£93** | **£794** |
| ***Expenditure:*** | | | | | | | | | |
| Pay | Substantive | £40 | £22 | £13 | £12 | £15 | £38 | £32 | **£172** |
| | Bank | £9 | £13 | £8 | £8 | £9 | £11 | £12 | **£70** |
| | Agency | £0 | £0 | £0 | £0 | £0 | £0 | £0 | **£0** |
| **Total Pay** | | **£49** | **£35** | **£21** | **£20** | **£25** | **£49** | **£44** | **£243** |
| Non-pay | Clinical Supplies and Services | £27 | £26 | £7 | £0 | £0 | £0 | £1 | **£61** |
| | Other Non-Pay (security) | £50 | £56 | £43 | £52 | £60 | £55 | £31 | **£347** |
| | Premises and Fixed Plant | £11 | £14 | £14 | £14 | £14 | £14 | £11 | **£92** |
| **Total Non-pay** | | **£88** | **£96** | **£64** | **£66** | **£73** | **£70** | **£42** | **£500** |
| **Total Expenditure** | | **£137** | **£131** | **£86** | **£86** | **£98** | **£119** | **£86** | **£743** |
| **Total Surplus/(Deficit)** | | **£53** | **(£40)** | **£63** | **£27** | **(£35)** | **(£25)** | **£7** | **£51** |

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# Financial Position Update - October 2023
## Sustainability & Efficiency

### Efficiency & Sustainability Programme Update

The annual efficiency target for the Trust is circa 4% which equates to £10.9 million for the financial year.

£2.7 million has been delivered full year effect, with £0.4 million delivered in month.
£3.9 million of schemes are fully developed with £1 million of schemes yet to start. £3.2 million of opportunities have been identified and are in the process of being developed into tangible schemes for delivery.
This results in the target being identified in full however key emphasis needs to be directed towards those schemes not yet started and those still in the opportunity stage.

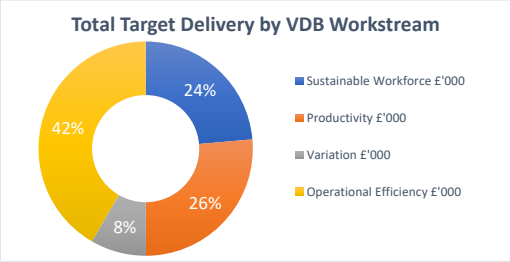
A stretch delivery target has been agreed by Executives for the remainder of the finanicial year relating to efficiency delivery, productivity improvements and agency reductions.

Efficiencies delivered so far include Covid reduction against plan, Corporate savings generated from joint posts, Digital programme delivery and Prothesis programme savings.

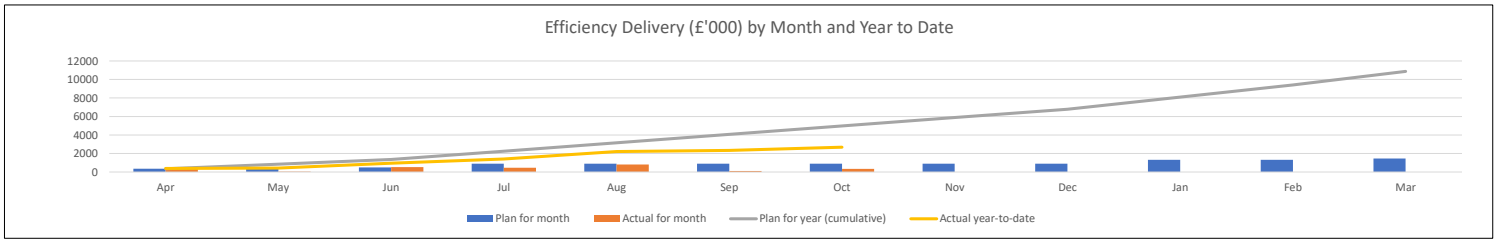
This programme of work has been shared with the Dorset System with collaborative opportunities being actively assessed and reviewed with focus on on flow, bed usage noting improvements to productivity are essential, supported by System partners.

| Area | Effciency Performance (£'000) | | |
|---|---|---|---|
| | Full Year Plan | Full Year Realised @ M7 | Variance to be Delivered |
| Division A | 3,105 | 968 | (2,137) |
| Division B | 3,070 | 652 | (2,418) |
| | **6,175** | **1,620** | **(4,555)** |
| Finance and Resources | 717 | 50 | (667) |
| Digital | 311 | 238 | (73) |
| Nursing | 315 | 0 | (315) |
| Operations | 97 | 0 | (97) |
| Human Resources | 108 | 81 | (27) |
| Corporate | 149 | 125 | (24) |
| **Sub-total** | **1,697** | **494** | **(1,203)** |
| Trust Wide schemes | 3,000 | 571 | (2,429) |
| **Total CIP** | **10,872** | **2,685** | **(8,187)** |
| **Of which:** | | | |
| Recurrent | 6,552 | 1,078 | (5,474) |
| Non-recurrent | 4,320 | 1,607 | (2,713) |
| **Total** | **10,872** | **2,685** | **(8,187)** |

| Value Delivery Board Workstream | Sustainable Workforce £'000 | Productivity £'000 | Variation £'000 | Operational Efficiency £'000 | Total £'000 | Progress |
|---|---|---|---|---|---|---|
| Delivered | 118 | 137 | 317 | 2,113 | **2,685** | ↑ |
| Identified - in progress | 1,720 | 11 | 295 | 1897 | **3,923** | ↑ |
| Identified - not started | - | 247 | 303 | 516 | **1,066** | ↑ |
| Opportunity | 730 | 2,468 | - | - | **3,198** | ↑ |
| Unidentified | | | | | - | |
| **Totals** | **2,568** | **2,863** | **915** | **4,526** | **10,872** | |




| At a glance | | |
|---|---|---|
| | £ 000 | No of schemes |
| Target | 10,872 | N/A |
| Delivered | 2,685 | 42 |
| Identified - in progre | 3,923 | |
| Identified - not yet st | 1,066 | 37 |
| Opportunity | 3,198 | 12 |
| Unidentified | 0 | N/A |

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# Financial Position Update - October 2023

## Cash

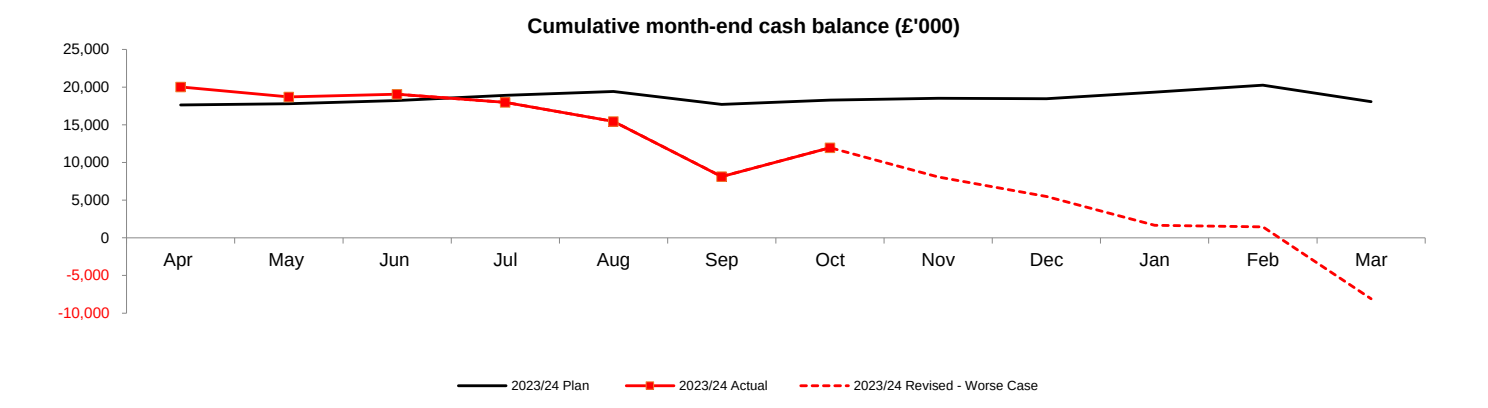
**Cash Balance incl Forecast**

The graph shows the trajectory of the actual year to date and worse case forecast cash balance during the year, with identified direct intervention required to mitigate the worse case scenario.

The cash position is currently £12 million as at 31 October 2023, having improved compared to September due to timely drawdown of PDC funding to catch up with externally funded capital schemes and the payment in advance of the Health Education England Contract up until January 2024.

The revised forecast displayed is based on a worse case scenario and indicates that with no direct intervention, the Trust would need to mitigate a shortfall in cash from January 2024 of £10 million.

Implications and detailed modelling are ongoing to mitigate this position.




| Cumulative cash balance | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2023/24 Plan** | 17,634 | 17,784 | 18,219 | 18,903 | 19,415 | 17,711 | 18,280 | 18,529 | 18,456 | 19,339 | 20,259 | 18,081 |
| **2023/24 Forecast** | | | | | | | | 16,511 | 17,001 | 19,414 | 18,384 | 17,579 |
| ***2023/24 Revised - Worse Case*** | | | | | | | | 8,076 | 5,496 | 1,657 | 1,447 | (8,087) |
| **2023/24 Actual** | 20,024 | 18,694 | 19,053 | 17,974 | 15,452 | 8,122 | 11,966 | | | | | |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

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# Financial Position Update - October 2023

## Capital

**Capital Programme Narrative**

Capital expenditure at the end of October was £0.311 million behind plan.

Internally Funded schemes are overall above plan by £0.351 million due to:

Digital Schemes are above plan year to date due timing of expenditure incurred from the firewall upgrade and devices purchases.

Medical Equipment is above plan due to timing of purchases of equipment, such as NIM monitors, operating tables and bladder scanners.

The above are offset by Estates schemes being marginally behind plan year to date due to timing of purchases to be made.

IFRS 16 Lease Additions is behind plan due to the timing of the One Dorset Pathology Lot 5 Microbiology tender process .

Externally Funded capital is below planned levels of spend by £0.427 million due to timings of the Digital EPR expenditure, offset by works on South Walks House (SWH) that have progressed ahead of plan.

Additional external capital funding of £4.6 million has been awarded to the Trust for NHP Enabling works, noting an associated increase in forecast funding and spend since the plan was submitted at the start of the financial year. Electronic Patient Record (EPR) funding has been reduced to £1 million in line with the re-phasing of this project following discussions within the Dorset System and NHS England (NHSE).

Endoscopy external funding has been removed following guidance from NHSE South West Regional Capital Team, where it has been confirmed that this funding will not be realised in 2023/24.

| CAPITAL | CURRENT MONTH | | | YEAR TO DATE | | | FULL YEAR 2023/24 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Actual | Plan | Variance | Actual | Plan | Variance | Committed Spend | Forecast | Annual Plan | Variance |
| *Estates* | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Chemo | 0 | 110 | 110 | 0 | 110 | 110 | 0 | 1,962 | 1,962 | 0 |
| Air-Handling Unit | 0 | 50 | 50 | 0 | 150 | 150 | 0 | 375 | 750 | 375 |
| Estates Schemes | 50 | **265** | 215 | 656 | **1,221** | 565 | 1,299 | 1,390 | 1,819 | 429 |
| *Digital Services* | | | | | | | | | | |
| Digital Schemes | 347 | **87** | (260) | 1,459 | **884** | (575) | 2,428 | 2,428 | 2,005 | (423) |
| *Equipment* | | | | | | | | | | |
| Digital Mammogaphy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 313 | 313 | 0 |
| Haemodialysis Machines | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 119 | 119 | 0 |
| Other Equipment | 327 | 55 | (272) | 798 | 196 | (602) | 860 | 879 | 498 | (381) |
| **Sub-Total Internally Funded Expenditure** | **725** | **567** | **(158)** | **2,912** | **2,561** | **(351)** | **4,587** | **7,466** | **7,466** | **0** |
| *Donated* | | | | | | | | | | |
| Other Donations | | 0 | 0 | 71 | 0 | (71) | 87 | 150 | 0 | (150) |
| Chemotherapy Unit Refurbishment | | 0 | 0 | | 0 | 0 | 0 | 0 | 733 | 733 |
| **Sub-Total Planned DonatedExpenditure** | **0** | **0** | **0** | **71** | **0** | **(71)** | **87** | **150** | **733** | **583** |
| *IFRS 16 Lease Additions* | | | | | | | | | | |
| Warehouse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,335 | 2,335 | 0 |
| Print Management | 0 | 0 | 0 | 397 | 600 | 203 | 397 | 526 | 600 | 74 |
| One Dorset Pathology | 0 | 250 | 250 | 0 | 250 | 250 | 0 | 250 | 250 | 0 |
| MSCP & CEF Lease remeasurement | 0 | 0 | 0 | 673 | 700 | 27 | 673 | 700 | 700 | 0 |
| Accommodation & Vehicle Lease Additions | 100 | 26 | (74) | 578 | 404 | (174) | 578 | 478 | 404 | (74) |
| **Sub-Total Planned IFRS 16 Expenditure** | **100** | **276** | **176** | **1,648** | **1,954** | **306** | **1,648** | **4,289** | **4,289** | **0** |
| **Total Internal & Leased Capital Expenditure** | **825** | **843** | **18** | **4,631** | **4,515** | **(116)** | **6,322** | **11,905** | **12,488** | **583** |
| *Additional funded schemes* | | | | | | | | | | |
| NHP Development | 125 | 197 | 72 | 2,899 | 2,919 | 20 | 3,493 | 7,884 | 3,868 | (4,016) |
| South Walks House & 24 Bedded Bay | 322 | 773 | 451 | 4,358 | 3,811 | (547) | 5,576 | 6,877 | 6,877 | 0 |
| Mental Health UEC Funding | 233 | 0 | (233) | 233 | 0 | (233) | 233 | 233 | 233 | 0 |
| Digital EPR Funding | 12 | 118 | 106 | 74 | 1,020 | 946 | 140 | 1,000 | 2,093 | 1,093 |
| CDC Funding | 554 | 0 | (554) | 1,448 | 1,440 | (8) | 1,448 | 1,646 | 1,440 | (206) |
| CDC Equipment - Dermascopes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | | (10) |
| Endoscopy | 0 | 100 | 100 | 0 | 250 | 250 | 0 | 0 | 2,000 | 2,000 |
| **Total Externally Funded Capital Expenditure** | **1,247** | **1,188** | **(59)** | **9,013** | **9,440** | **427** | **10,890** | **17,650** | **16,511** | **(1,139)** |
| **Total Capital Expenditure** | **2,071** | **2,031** | **(40)** | **13,644** | **13,955** | **311** | **17,212** | **29,555** | **28,999** | **(556)** |
| **Expenditure as a % of Plan** | | | 102% | | | 98% | | | | 102% |

*Outstanding care for our patients in ways which matter to them*

# Appendix to Finance Report: Industrial Action Backfill Costs and Salary Savings

| | £'000 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Industrial Action Staff Group** | **Junior Doctors** | **Nursing** | **Junior Doctors** | **Junior Doctors** | **Consultants** | **Radiographers** | **Junior Doctors** | **Consultants** | **Junior Doctors & Consultants** | **Junior Doctors & Consultants** | **Total** |
| **Strike Date** | **11-14 April** | **30 April - 2 May** | **14-17 June** | **13 - 17 July** | **20-21 July** | **25-26 July** | **11-15 Aug** | **24-25 Aug** | **19 - 22 Sept** | **2 - 4 October** | |
| Immediate backfill costs to cover services | £218 | £6 | £112 | £158 | £0 | £0 | £195 | £67 | £132 | £62 | **£950** |
| Salary Savings from striking staff | -£34 | -£2 | -£37 | -£20 | -£22 | £0 | -£24 | -£25 | -£45 | -£48 | **-£257** |
| **Net Cost** | **£184** | **£4** | **£75** | **£138** | **-£22** | **£0** | **£171** | **£42** | **£86** | **£14** | **£693** |
| **Number of Industrial Action Days** | 4 | 1 | 3 | 5 | 2 | 2 | 4 | 2 | 4 | 3 | 30 |

The above table details the net costs of industrial action to the Trust year to date. £0.7 million of net staff costs have been incurred so far.

Due to the process of data collection and validation there is a timing delay against each periods reported position. Regular submissions are requested by NHSE with periodic updates to previous reporting.

The above table does not include the impact on activity and performance. The financial impact of which is reflected in the reported Elective Services Recovery Fund income loss.

Impact of activity and performance is being reported via the Board Assurance Framework.

# Report Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors, Part 1 | | |
| **Date of Meeting:** | 29th November 2023 | | |
| **Document Title:** | **Maternity Quality and Safety Report** | | |
| **Responsible Director:** | Jo Howarth, CNO | Date of Executive Approval | |
| **Author:** | Jo Hartley, Director of Midwifery & Neonatal Services | | |
| **Confidentiality:** | No | | |
| **Publishable under FOI?** | Yes | | |
| **Predetermined Report Format?** | Yes | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| Quality Committee | 21/11/2023 | |
| | | |

| **Purpose of the Paper** | *Note (✓)* | ✓ | *Discuss (✓)* | ✓ | *Recommend (✓)* | | *Approve (✓)* | ✓ |
|---|---|---|---|---|---|---|---|---|

**3. Executive Summary**

This report sets out to the Trust Quality Committee the quality and safety activity covering the month of October 2023. This is to provide assurances of maternity quality and safety and effectiveness of patient care with evidence of quality improvements to the Trust Board.

- SPC charts included
  Number of stillbirths
  Rate per 1000 of postpartum haemorrhage >1500mls
  Number of neonatal deaths
  Number of neonatal transfers out
  Number of HIE incidents
  Admissions to the neonatal unit
  CO measurement at booking
  Smoking at time of delivery – remains below national average
- 137 incidents submitted – approximately 10% related to staffing and delayed elective care
- 8 incidents relating to missed medication – 5 refer to Clexane
- No PMRT reports up until the end of October 2023
- PPH monthly MDT review continues. Rate per 1000 is below national average in October
- HSIB case closed – no safety actions identified
- Risks updated – of note, opening a second theatre has an associated risk around availability of Surgical First Assistant overnight and at the weekends.
- Review of second theatre utilisation following a cluster of cases. Key learning identified is the value of having a senior midwife/coordinator available to attend the second theatre. This is challenging to facilitate as rarely second coordinator rostered particularly overnight. Agreed the senior midwife on call would be called in to provide support (she may not arrive in time to attend theatre)
- No complaints received in October

| | |
|---|---|
| | • Staffing report shows approx. 28% of al shifts in hospital not fully staffed for midwives and 68% for MSW<br>• Significant risk to achieving MIS. Specifically, 4) clinical workforce planning, 5) midwifery workforce planning, 6) SBLCBv3 8) MDT training, 9) Perinatal Quality Surveillance Model<br>• One baby transferred to a tertiary unit due to prematurity<br>• ATAIN action plan included<br>• Service user feedback provided by our MNVP<br>• Training figures show improved compliance. MIS has changed standard to 80% to reflect impact of IA |
| **4. Action recommended** | The committee is recommended to:<br>1. **NOTE** the report<br>2. **DISCUSS** any performance issues<br>3. **APPROVE** the report |

| **5. Governance and Compliance Obligations** | | | |
|---|---|---|---|
| **Legal / Regulatory Link** | **Yes** | | Providing assurance around a number of local and national metrics and KPIs |
| **Impact on CQC Standards** | **Yes** | | Integral to CQC standards |
| **Risk Link** | **Yes** | | Links to Board assurance Framework |
| **Impact on Social Value** | **Yes** | | |
| **Trust Strategy Link** | The quality of our services in providing safe, effective, compassionate, and responsive care links directly with strategic objectives | | |
| **Strategic Objectives** – People | Credibility of Trust | | |
| **Strategic Objectives** – Place | Serving the population of Dorset | | |
| **Strategic Objectives** – Partnership | System working to achieve high standards of care | | |
| **Dorset Integrated Care System (ICS) Objectives** | **Which Dorset ICS Objective does this report link to / support?** | | |
| Improving population health and healthcare | **Yes** | | |
| Tackling unequal outcomes and access | **Yes** | | |
| Enhancing productivity and value for money | | **No** | |
| Helping the NHS to support broader social and economic development | | **No** | |
| **Assessments** | **Have these assessments been completed?**<br>*If yes, please include the assessment in the appendix to the report..*<br>*If no, please state the reason in the comment box below.*<br>*(Please delete as appropriate)* | | |
| Equality Impact Assessment (EIA) | | **No** | |
| Quality Impact Assessment (QIA) | | **No** | |

Dorset County Hospital
NHS Foundation Trust

# Maternity Quality and Safety report

November 2023 (October activity)

Submitted by Jo Hartley, Director of Midwifery & Neonatal Services

Executive sponsor: Jo Howarth CNO

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## Executive Summary

This report sets out to the Trust Quality Committee the quality and safety activity covering the month of october 2023. This is to provide assurances of maternity quality and safety and effectiveness of patient care with evidence of quality improvements to the Trust Board.

- SPC charts included
  Number of stillbirths
  Rate per 1000 of postpartum haemorrhage >1500mls
  Number of neonatal deaths
  Number of neonatal transfers out
  Number of HIE incidents
  Admissions to the neonatal unit
  CO measurement at booking
  Smoking at time of delivery – remains below national average
- 137 incidents submitted – approximately 10% related to staffing and delayed elective care
- 8 incidents relating to missed medication – 5 refer to Clexane
- No PMRT reports up until the end of October 2023
- PPH monthly MDT review continues. Rate per 1000 is below national average in October
- New serious incident relating to significant delay in a patient receiving required interventions from neighbouring unit. Protracted discussions eventually saw the patient attending 48 hours later
- HSIB case closed – no safety actions identified
- Risks updated – of note, opening a second theatre has an associated risk around availability of Surgical First Assistant overnight and at the weekends.
- Review of second theatre utilisation following a cluster of cases. Key learning identified is the value of having a senior midwife/coordinator available to attend the second theatre. This is challenging to facilitate as rarely second coordinator rostered particularly overnight. Agreed the senior midwife oncall would be called in to provide support (she may not arrive in time to attend theatre)
- No complaints received in October
- Staffing report shows approx. 28% of al shifts in hospital not fully staffed for midwives and 68% for MSW
- Significant risk to achieving MIS. Specifically, 4) clinical workforce planning, 5) midwifery workforce planning, 6) SBLCBv3 8) MDT training, 9) Perinatal Quality Surveillance Model
- One baby transferred to a tertiary unit due to prematurity
- ATAIN action plan included
- Service user feedback provided by our MNVP
- Training figures show improved compliance. MIS has changed standard to 80% to reflect impact of IA

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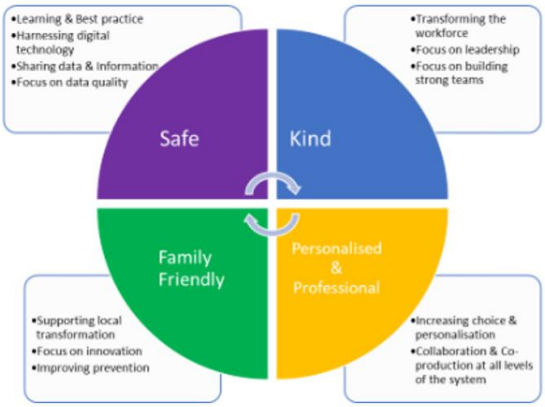
## DCH Maternity and Neonatal Safety & Quality Strategy

### Transformation model

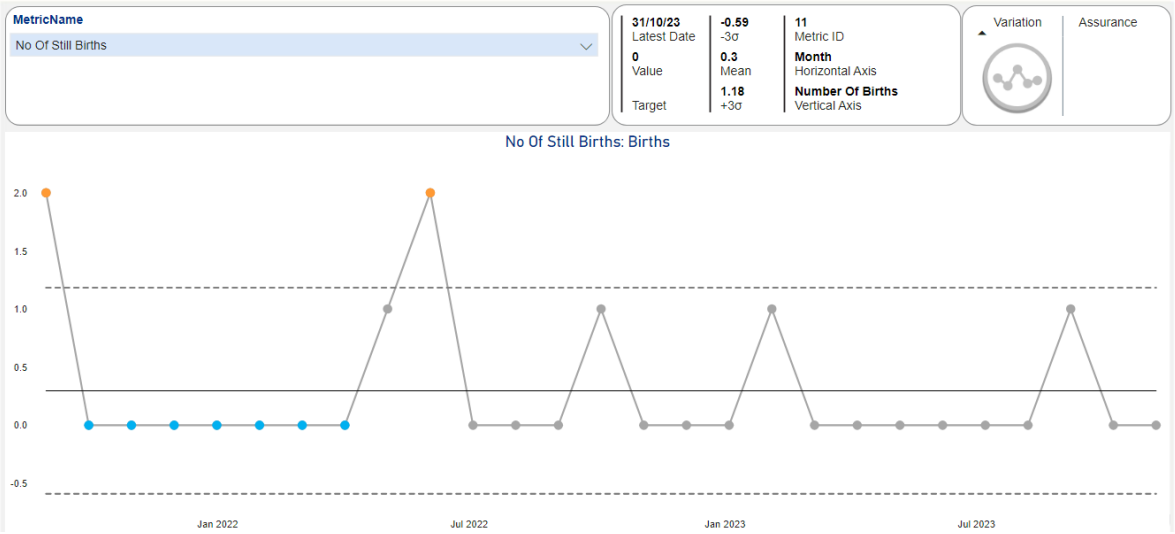


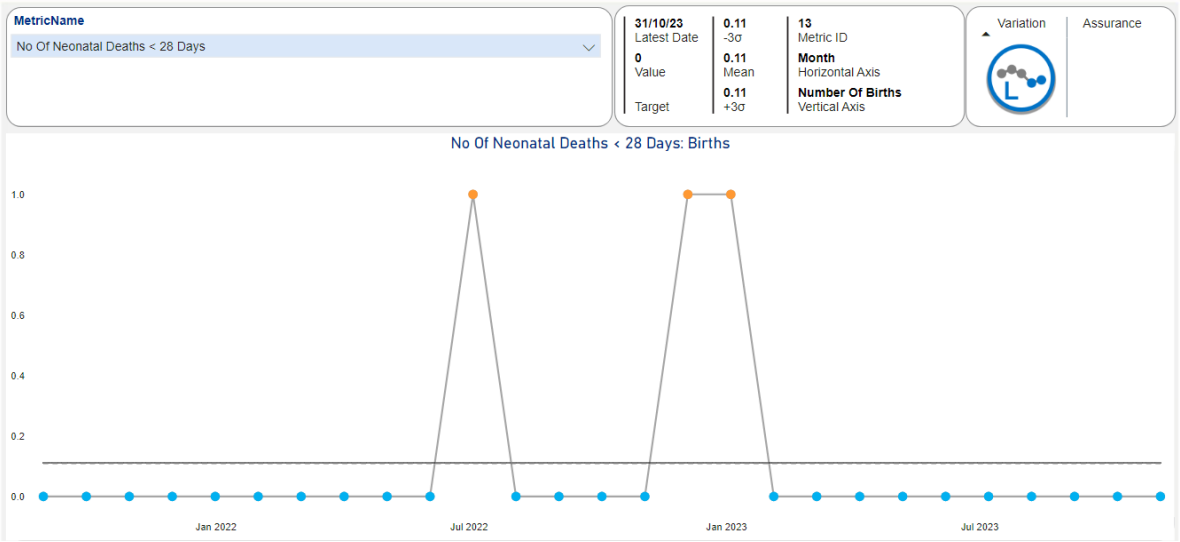

- Utilising BadgerNet functionality
- Culture & leadership Quadrumvirate, Ward to Board
- **MIS**
- Working with MNVP
- CCFv2
- SBLCBv3
- Working in collaboration
- Shared learning

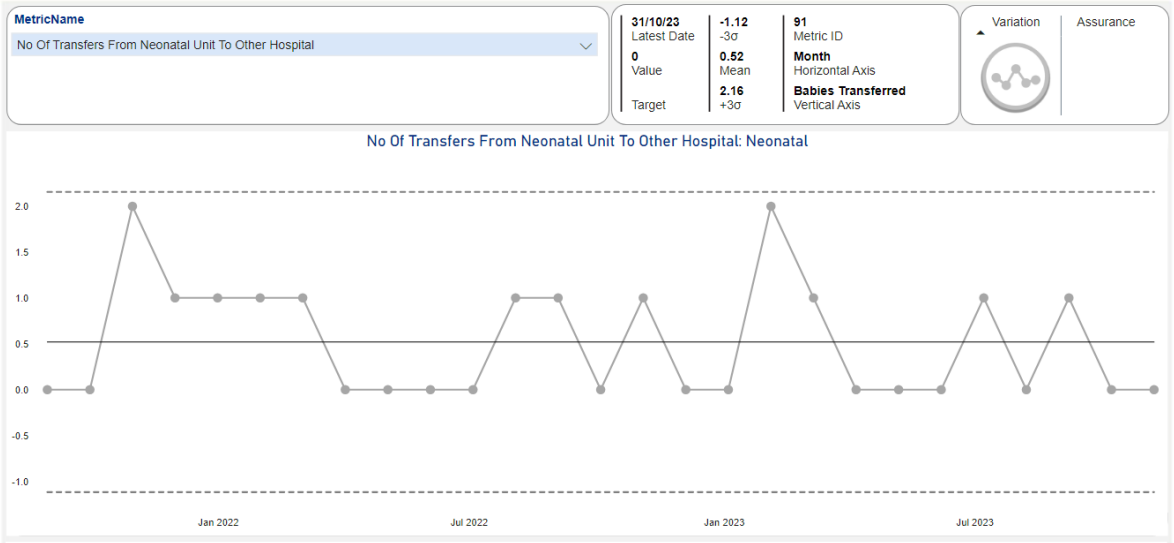
*Inspiring confidence, highlighting opportunities, harnessing system support, learning from events, and showcasing best pra*

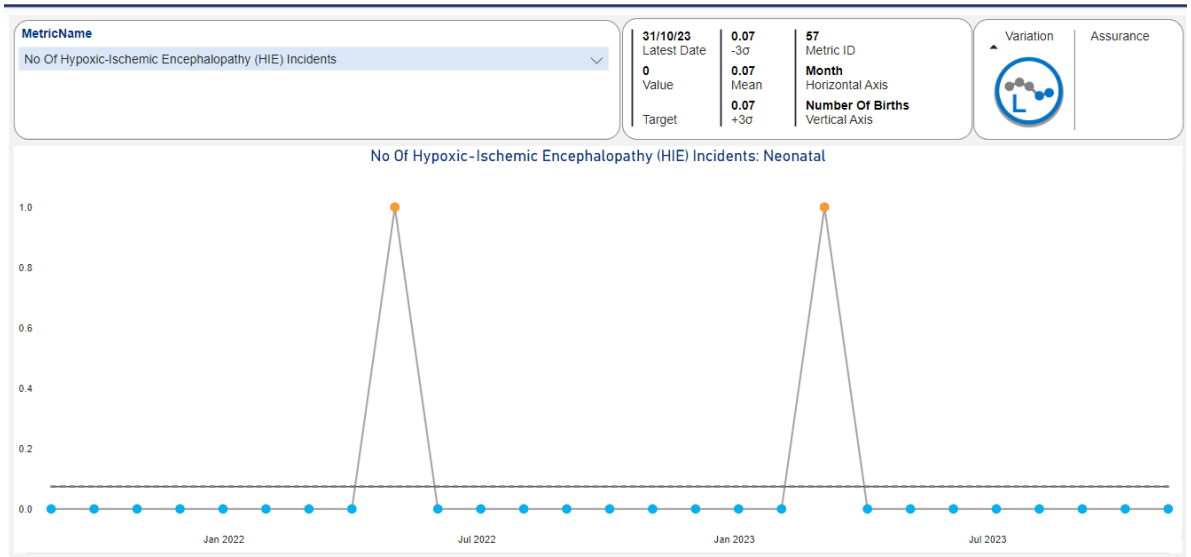
**Activity**

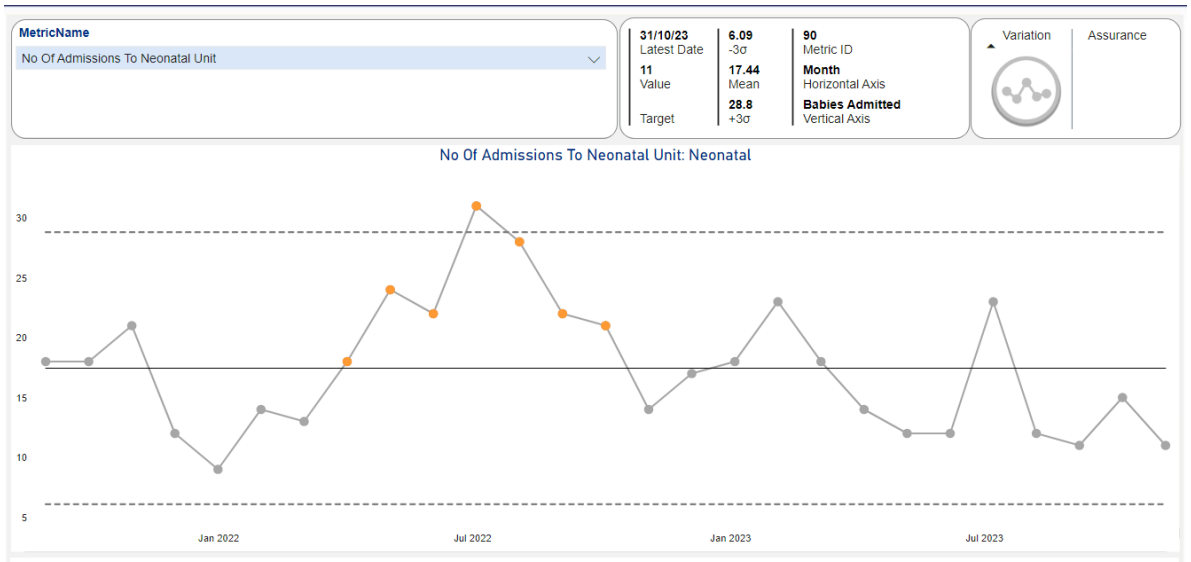
Below are a selection of SPC charts relating to specific metrics that are national KPIs or to an ongoing risk or outlier status. Ongoing work with the BI Team will see production of a Maternity Report specifically for Quality Committee and Board.

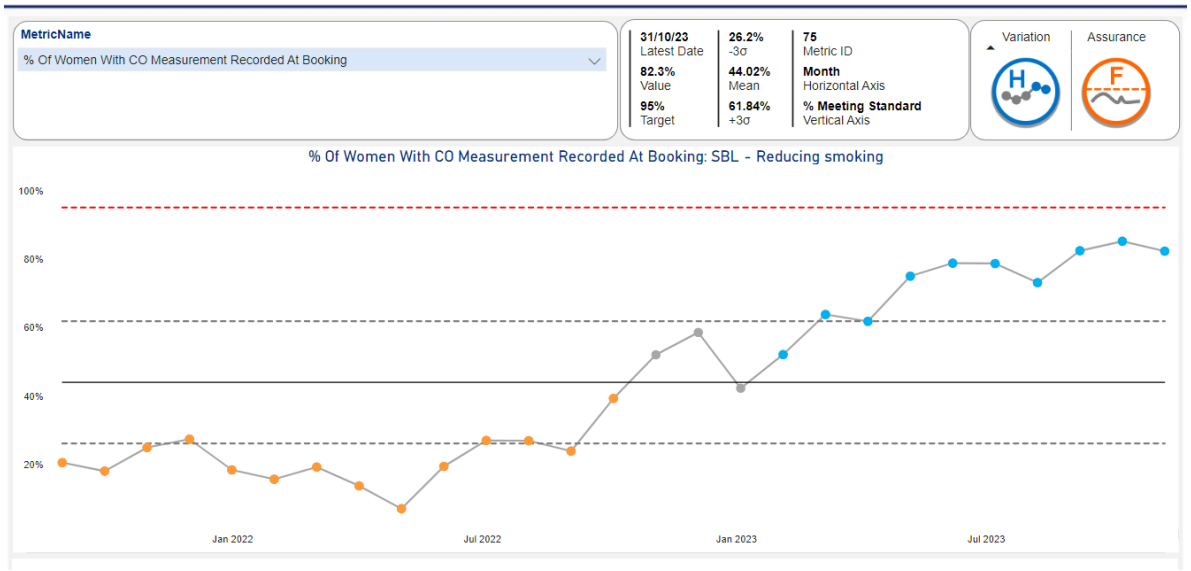


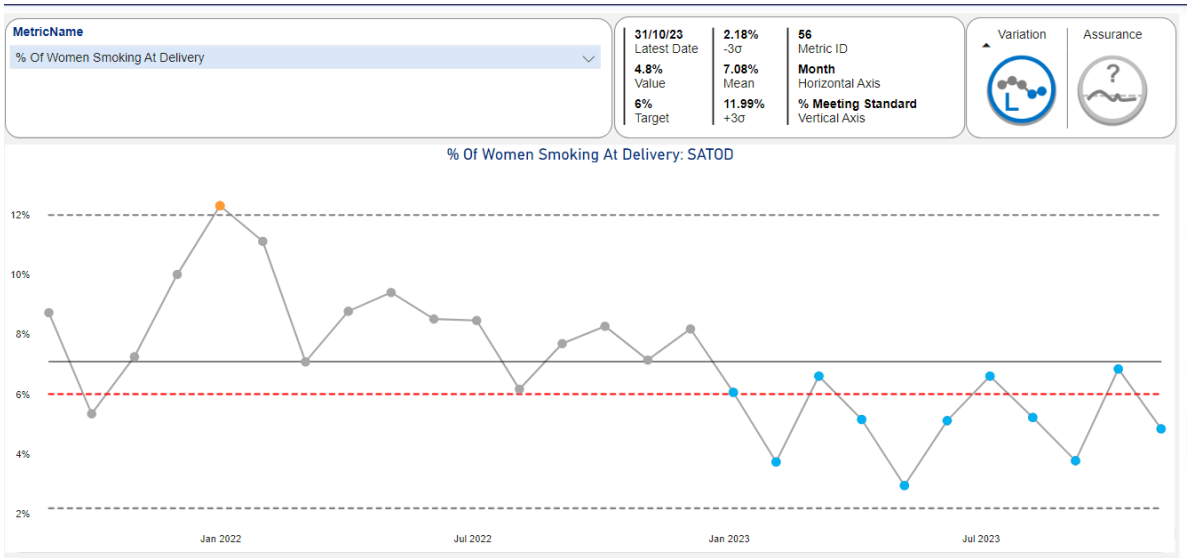

MetricName
No Of Neonatal Deaths < 28 Days
31/10/23
Latest Date
0
Value
Target
0.11
-3σ
0.11
Mean
0.11
+3σ
13
Metric ID
Month
Horizontal Axis
Number Of Births
Vertical Axis
Variation
Assurance
No Of Neonatal Deaths < 28 Days: Births
1.0
0.8
0.6
0.4
0.2
0.0
Jan 2022
Jul 2022
Jan 2023
Jul 2023

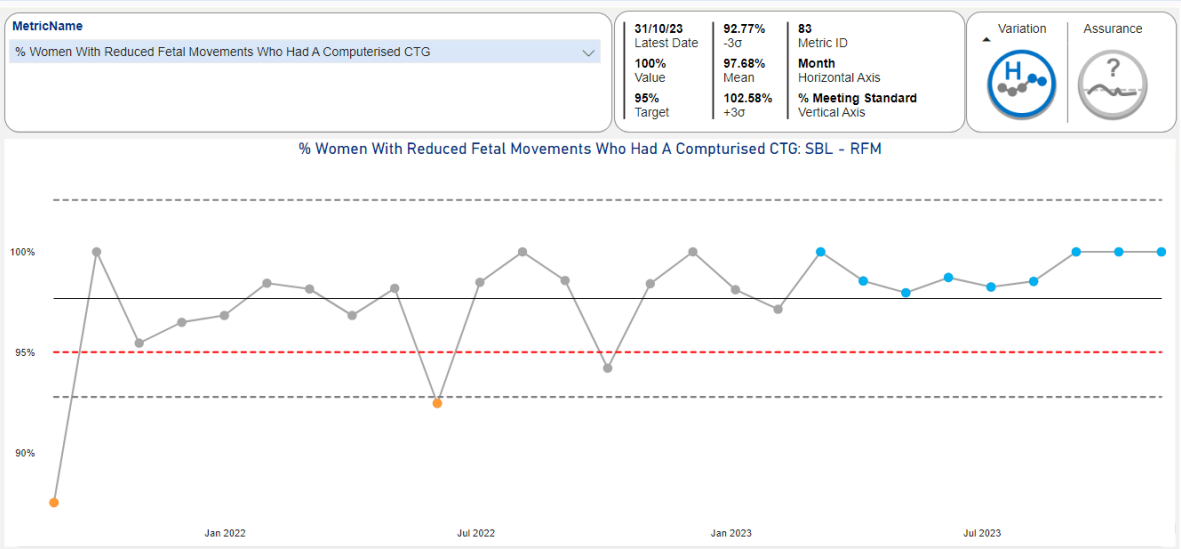

MetricName
No Of Transfers From Neonatal Unit To Other Hospital
31/10/23
Latest Date
0
Value
Target
-1.12
-3σ
0.52
Mean
2.16
+3σ
91
Metric ID
Month
Horizontal Axis
Babies Transferred
Vertical Axis
Variation
Assurance
No Of Transfers From Neonatal Unit To Other Hospital: Neonatal
2.0
1.5
1.0
0.5
0.0
-0.5
-1.0
Jan 2022
Jul 2022
Jan 2023
Jul 2023


MetricName
No Of Hypoxic-Ischemic Encephalopathy (HIE) Incidents
31/10/23
Latest Date
0
Value
Target
0.07
-3σ
0.07
Mean
0.07
+3σ
57
Metric ID
Month
Horizontal Axis
Number Of Births
Vertical Axis
Variation
Assurance
L
No Of Hypoxic-Ischemic Encephalopathy (HIE) Incidents: Neonatal
1.0
0.8
0.6
0.4
0.2
0.0
Jan 2022
Jul 2022
Jan 2023
Jul 2023


MetricName
No Of Admissions To Neonatal Unit
31/10/23
Latest Date
11
Value
Target
6.09
-3σ
17.44
Mean
28.8
+3σ
90
Metric ID
Month
Horizontal Axis
Babies Admitted
Vertical Axis
Variation
Assurance
No Of Admissions To Neonatal Unit: Neonatal
30
25
20
15
10
5
Jan 2022
Jul 2022
Jan 2023
Jul 2023

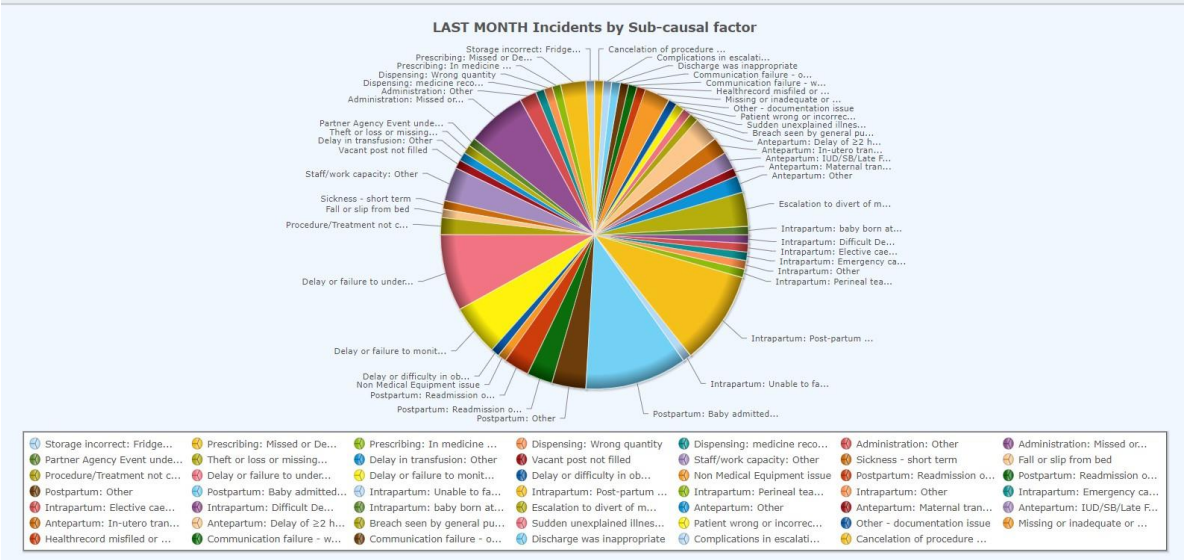

MetricName
% Of Women With CO Measurement Recorded At Booking
31/10/23 Latest Date
82.3% Value
95% Target
26.2% -3σ
44.02% Mean
61.84% +3σ
75 Metric ID
Month Horizontal Axis
% Meeting Standard Vertical Axis
Variation
Assurance
H
F
% Of Women With CO Measurement Recorded At Booking: SBL - Reducing smoking
100%
80%
60%
40%
20%
Jan 2022
Jul 2022
Jan 2023
Jul 2023


MetricName
% Of Women Smoking At Delivery
31/10/23 Latest Date
4.8% Value
6% Target
2.18% -3σ
7.08% Mean
11.99% +3σ
56 Metric ID
Month Horizontal Axis
% Meeting Standard Vertical Axis
Variation
Assurance
L
?
% Of Women Smoking At Delivery: SATOD
12%
10%
8%
6%
4%
2%
Jan 2022
Jul 2022
Jan 2023
Jul 2023


MetricName
% Women With Reduced Fetal Movements Who Had A Computerised CTG
31/10/23 Latest Date
100% Value
95% Target
92.77% -3σ
97.68% Mean
102.58% +3σ
83 Metric ID
Month Horizontal Axis
% Meeting Standard Vertical Axis
Variation
Assurance
% Women With Reduced Fetal Movements Who Had A Compturised CTG: SBL - RFM
100%
95%
90%
Jan 2022
Jul 2022
Jan 2023
Jul 2023

MetricName
Rate Per 1000 Of Women With PPH 1500ml or More (MSDS - National PPH 1500ml or More)
31/10/23 Latest Date
24.2 Value
30 Target
-7.64 -3σ
43.6 Mean
94.85 +3σ
114 Metric ID
Month Horizontal Axis
Rate Per 1000 Vertical Axis
Variation
Assurance
Rate Per 1000 Of Women With PPH 1500ml or More (MSDS - National PPH 1500ml or More): Delivery
100
80
60
40
20
0
Jan 2022
Jul 2022
Jan 2023
Jul 2023

## Incidents




Dorset County Hospital reported Maternity Patient Safety incidents using data collated from Datix Web Electronic Reporting Systems. Some reports refer to more than 1 incident (for example, 3 inductions of labour delayed) and this has been counted as 3 incidents. Likewise, 2 reports referring to the same incident will be reported as one incident

### Total Number of Incidents for Nov 2022 to Oct 2023

| Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sep | Oct |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 62 | 60 | 34 | 44 | 38 | 37 | 77 | 101 | 100 | 63 | 72 | 137 |
| Number of incidents overdue: 22<br>. | | | | | | | | | | | |

**Red Flag incidents:** A midwifery red flag event is a warning sign that something may be wrong with staffing.

| Red flag | Descriptor | Incidents for September |
|---|---|---|
| RF1 | Escalation to divert of maternity services & poor staffing numbers, including medical staffing and SCBU | 1 for SCBU<br>10 for maternity |
| RF2 | Missed medication | 8 |
| RF3 | Delay in providing or reviewing an epidural in labour | 0 |
| RF5 | Full examination not carried out when presenting in labour | 0 |
| RF6 | Delay of ≥2 hours between admission for induction of labour & starting process | 3 (unrepresentative as any shifts with low staffing will impact elective work) |
| RF7 | Delay in continuing the process of induction of labour | |
| RF8 | Unable to provide 1 to 1 care in labour | 0 |
| RF9 | Unable to facilitate homebirth | 1 (due to sickness) |
| RF10 | Delay of time critical activity | 0 |

| Babyloss statistics for october | | |
|---|---|---|
| Intrauterine death | Neonatal death | Late neonatal death |
| nil | nil | nil |

## PMRT - Perinatal Mortality Reviews Summary Report

**This report has been generated following mortality reviews which were carried out using the national Perinatal Mortality Review Tool for Dorset County Hospital NHS Foundation Trust**

**Report of perinatal mortality reviews completed for deaths which occurred in the period: 1/8/2023 to 31/10/2023**

**There are no published reviews for Dorset County Hospital NHS Foundation Trust in the period**
**from 1/8/2023 to 31/10/2023**

Report Generated

## Improvement : Reducing post-partum haemorrhage (PPH) cases with blood loss ≥1500mls

**Project team: Lindsey Burningham, Linda Deadman, Liz Passells, Jane Hall, Mamdouh Shoukrey, Katherine Barr, Vanessa Bartholomew, Frances Dubey, Sarah Dominey, Nicky Trent, Charley Scragg**

Dorset County Hospital NHS Foundation Trust

**Position statement** : DCH remains an outlier for PPH 1500mls and above at the end of Q2 2023. Local rolling average rate per 1000 births shows a declining trajectory from the start of Q1 to the end of Q2 from 46.17 to 32.50. The national rate during this period ranged from 29 -31 per 1000 births.

**SMART aim**: To reduce the incidence of PPH cases ≥1500mls to ≤ the national average by September 2024 to improve outcomes

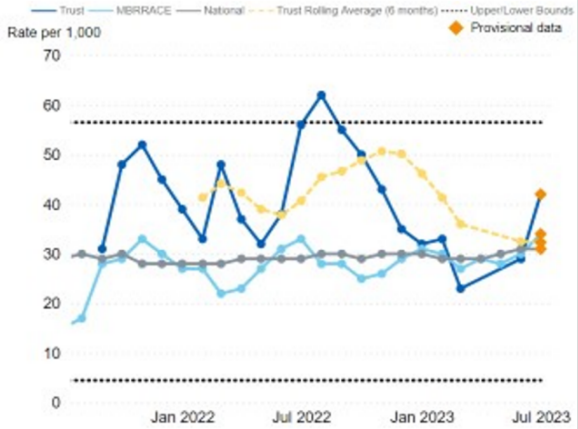
**Measures to track improvement:**

- Incidence rate of PPH cases ≥1500mls
- Timeliness of PPH detection and intervention
- Compliance with clinical guidelines
- Training and education completion rates
- Data accuracy and completeness

**Target:**

Trust rolling average (6 months) rate per 1000 births to be ≤ national rate by September 2024.

**NHS digital dashboard data – from MSDS**




**Key driver Q2 roundup themes from review:**

1. **Early detection and assessment**
   - Lack of oversight of ongoing blood loss
   - Blood loss not consistently measured until the end
2. **Clinical pathways and guidelines**
   - PPH proforma & checklist not consistently used
   - First line management not always undertaken
   - Time lag from birth to actively managing 3 rd stage
   - Management of bleeding from tear or episiotomy
3. **Staff training and education**
   - Work as done differs from work as practiced; call bell, 2222, ongoing measurement, alerting appropriate MDT at identified stages, incorrect BadgerNet usage
4. **Risk factors assessment**
   - Individual risk factors not always recognised and individualised management plan developed
5. **Communication and teamwork**
   - Appropriate escalation via call bell & 2222 often not undertaken
   - SBAR handover not well utilised in PN period
6. **Service user engagement and involvement**
   - MNVP representative for DCH joined PROMPT PPH training in the role of the birthing woman to provide feedback and insight of this experience
7. **Data collection and analysis**
   - Source of bleeding not always identified in notes
   - Clinician maths incorrect leading to incorrect blood loss total – not using BadgerNet functionality
8. **Feedback and continuous improvement**
   - Staff feedback survey designed to gather insights around human factors, equipment, systems & processes during PPH to be used to inform change and improvement interventions

**Work underway and planned work:**

- PPH staff survey link sent out to everyone involved in PPH >1500mls to seek feedback and gain insights around human factors, barriers and facilitators and ideas for change
- PROMPT scenario and SIMs training updated to incorporate learning from reviews - ongoing
- PPH guideline being reviewed and updated after feedback from staff about using it and to align with RCOG
- BadgerNet logic changed to improve user experience, safety and data capture following review findings
- Badgernet change request to disaggregate and record APH blood loss separately from Postpartum blood loss
- Focus on recognition of BMI and individuals' percentage total blood loss and Hb rather than total MBL in mls so individualised and appropriate postnatal care plans are made based on a holistic approach.
- Liaise with other units to ascertain how they account for liquor at delivery and if they make any allowance for this being included in the measured blood loss (MBL) – currently DCH do not account for any liquor

**Current Sis and HSIB cases (including cases awaiting presentation at the Perinatal Mortiality Review Committee (PMRT)**

| Serious incidents and HSIB |
|---|
| DCH87453 – 15/10/23 |
| |
| DCH85684 – 31/08/23 |
| |
| DCH86461 – 20/09/23 |
| |
| DCH79162 - 23/12/22 |
| |
| DCH85814 05/09/23 |
| |
| DCH79954 - 25/01/2023 |
| |
| DCH80360 HSIB |
| |

## Risk Register

| ID | Title | Risk Statement | Open | Risk | responsibility |
|---|---|---|---|---|---|
| **1721** | abnormal placentation pathway for delivery | Abnormal placentation is graded depending on level of invasion. These are high risk pregnancies and delivery needs to be in a unit with 24 hour intervention radiology, obstetric consultants who specialists and urologists. Wessex region does not have a funded, agreed referral pathway as none of the units have the capability to provide this service.<br>**September 2023**<br>Meeting on Thursday 5th October with LMNS, lead midwife, specialist commissioning from Southwest and Wessex, representation from UHD to continue looking at an interim solution until this service can be provided within our region. DCH will have a pathway for referral to Southmead hospital, whilst UHD will continue to refer their women to St Georges.<br>Awaiting Southmead's referral pathway<br>**Nov 2023 no update** | 05/09/23023 Managed by Jane Hall, Matron, Quarterly review | moderate | division |

| | | | | | |
|---|---|---|---|---|---|
| **1689** | Opening a second theatre in an emergency | Maternity has access to one dedicated theatre 24/7, located on the maternity unit. If theatre is in use and an emergency procedure is required - for example a category 1 caesarean, instrumental birth, obstetric haemorrhage, a second theatre is made available as a priority. This is a rare event (9 times in the last 30 months) that is always reported via datix and reviewed by the Safety Team, including if relevant, the fetal monitoring lead. Despite the challenges of this situation, knife to skin remains within the time frame for category 1 & 2 caesarean and there has not been an incident where a theatre was not made available immediately. We also do simulation training for opening a second theatre. Whilst this is rated as a moderate risk, there have been no poor outcomes related to this risk and there is no prospect of a second theatre being built for maternity in the current estates work plan.<br>**September 2023**<br>There has been a small but significant increase in cases noted. Two cases have been referenced during M&M with further review required<br>**Nov 2023**<br>Recent cases presented at Reproductive Health Clinical Governance (RHCG) 16/11/23. Two cases also reviewed at RHCG in relation to availability of a second theatre (see below). Additional risk identified in relation to the availability of appropriately trained staff to assist in a second theatre out of hours. | 29/06/2023 managed by Jo Hartley DoM, changed to monthly review | moderate | division |
| **1742** | additional obstetric consultant capacity required to meet national KPIs | **New Risk incorporating 1665 and 1623**<br>currently providing obstetric and gynae services on a 1:7 rota with 8 consultants. Unable to provide nationally mandated level of care to some high risk groups of women. Also unable to provide a consultant evening (8pm) face to face handover. Funding is available for recruitment from external bodies (LMNS, NHSE) and recruitment request soon to be submitted. Some concerns about sustainability of the funding as not all recurring. The requirement for a ninth consultant is pertinent to aspects of the recent CQC report. Risk graded as high as the lack of an evening handover/ward round happens every day and it is possible care could be compromised. The failure to address the lack of consultant clinic capacity for some high risk women, could have very significant consequences on the woman or her baby's health.<br>**Nov 2023**<br>No update | 013/10/2023, managed by James Male, service Manager, monthly review | high | Division |

| | | | | | |
|---|---|---|---|---|---|
| **1578** | Triage and the use of BSOTS Birmingham Symptom Specific Obstetric Triage System | The recent CQC inspection focused on the importance of timely triage of women attending the Maternity Day Assessment Service - ideally the use of BSOTS. The concern focuses on women being risk assessed and then seen promptly as required. DCH does not currently use BSOTS<br>**Sept 2023**<br>A BSOTS triage board for ANDAU has been designed to incorporate all the information required.<br>Finalising a poster which will be displayed in the waiting area explaining that for women attending for unscheduled care - they will be assessed within 15 minutes of arrival and triaged to determine how quickly they need to be given ongoing care/investigations.<br>Once BSOTS has been used and audited and any issues rectified we will then need to implement the training and use of BSOTS for the whole of the Maternity Unit for any woman attending for unscheduled care.<br>**Nov 2023**<br>BSOTS will go live at the end of November 2023 for women attending DAU for urgent or non-scheduled care | 08/01/2023 Managed by Jane Hall, Matron Monthly review | high | Corporate |
| **1569** | Birthing room out of use in The Cove, reducing the availability of the birthing unit by 50%. Due to a significant leak over the window | a significant leak above the window in one of the two labour rooms in the midwife-led-unit, The Cove, is severely restricting women's access to using the unit. The ceiling above the window is starting to flake off. Water pours across the floor when it rains requiring towels to mop it up. This has been ongoing for several weeks already with no prospect of a repair and returning the room to use.<br>Leak now repaired – room requires decorating before use<br>**August 2023**<br>Room still not in use as further structural concerns identified. CEO and MD aware following visit to service<br>**Nov 2023**<br>Confirmation from Estates the repair work will commence in November | 03/01/2023 Managed by Paul Daniell, Estates Monthly review | moderate | divisional |

| | | | | | |
|---|---|---|---|---|---|
| **1497** | Emergency buzzers not heard consistently throughout the Maternity unit when activated | The emergency buzzers are not heard consistently throughout the maternity unit when activated. This may lead to delay in staff response to an emergency situation. There is an upgrade planned for Maternity in Q4<br>**March 2023**<br>This issue remains challenging and the initial interim solution is not be fit for purpose<br>**June 2023**<br>Floor plan reviewed and the placement of call bell panels etc. agreed. Awaiting a start date following a ward in the hospital being completed. A datix was submitted recently relating to an emergency bell in Day Assessment not being heard in the office but instead heard on Labour Ward. It was responded to promptly but should have been audible in the Day Assessment office as well as LW<br>**July 2023**<br>Call bells tested every day 11am – recorded on daily checks checklist. Awaiting improvement work from Estates<br>**August 2023**<br>Estates attending Maternity to review location of new call bells.<br>**Nov 2023**<br>Awaiting confirmation of a start date for replacing call bell systems | 02/09/2022 Managed by Paul Daniell, Estates. Monthly review | moderate | divisional |
| **1456** | lack of capacity within the neonatal network, impacting on in-utero transfer | As a level one SCBU, we have to transfer all women who may need delivery, under 32 completed weeks of pregnancy. There is increasing difficulty to identify a neonatal unit with a cot available and then the corresponding bed on labour ward. Most transfers take between 2-4 hours phoning around hospitals, taking the time of a midwife and often a consultant obstetrician. Some transfers have been miles outside of the network and a midwife must travel with the woman, hence diminishing staff on<br>**Dec 2022**<br>**T**his remains a concerns and is linked to available neonatal cots and labour ward beds. Although risk remains, use of the QUIP app that triangulates risk recently avoided an inutero transfer that would have been required prior to the QUIP app being introduced<br>**September 2023**<br>Recent incident of no capacity for level 3 NICU. Possibility of very premature baby being born at DCH. Therefore risk remains moderate<br>**Nov 2023**<br>No update | 14/07/2022 Managed by Jo Hartley, DoM Quarterly review | moderate | Care group |

| | | | | | |
|---|---|---|---|---|---|
| **1227** | Provision of the smoking cessation service to pregnant women | All pregnant women to be tested for their CO levels at booking, at 36 weeks and ideally at any opportunity. Referral is then made to the smoking cessation service.<br>.<br>**Nov 2023**<br>82% CO measured at booking. Ongoing focus on improving figures including all midwives contacted directly by senior midwife if they fail to do so. Also, all EPR reviewed to check for accuracy | closed | moderate | Care group |
| **871** | Levels of Entonox Exposure on the maternity unit | **Mar 2023**<br>The results from our recent tests on rooms 25 and 27 showed 5 results within safe limits and 5 results over. All other rooms measured within safe levels.<br>**Nov 2023**<br>the work continues with completion date before Christmas. Once completed all rooms will be assessed again for Entonox levels | 24/12/2019 Managed by Jane Hall, Matron, monthly review | High | Corporate |
| **876** | Maternity Staffing | **Update:**<br>The majority of datix relate to vacant shifts, unsafe levels of staffing, delayed inductions of labour and occasional delayed elective caesareans. Recently, staff have been reallocated from mandatory training, directly impacting staff morale, the risk of not achieving the Maternity Incentive Scheme and the ability of the workforce to respond to an emergency or to provide the required standard of care. seven newly qualified midwives have started as well as two experienced. Recruitment for MSWs has been successful and awaiting onboarding. Specialist midwives in non-patient facing roles work regular clinical shifts and are reallocated as required but this impacts their workload and directly impacts the risk of not achieving MIS<br>**Nov 2023**<br>Business case for workforce requires re-submission. | 21/09/2021 Managed by Jo Hartley, Director of Midwifery, Monthly reviews | high | corporate |

## Review of second theatre use

**Datix review. Opening second theatre 7 cases in Sept, Oct, Nov to date.**

NHS Dorset County Hospital NHS Foundation Trust

Primip needing trial of instrumental birth for prolonged second stage. Maternity theatre in use. Woman transferred to main theatres for birth. Band 6 and st/mw attended. Miscommunication around what equipment was needed. Instrumental trolley taken to theatres. Not needed as main theatres now have everything, we need apart from resuscitaire. Lots of learning circulated – walk through on prompt to main theatre.

Multipin spontaneous labour, planned ELCS. ?PET. Decision made to open second theatre for c/s. Consultant attended. 2nd Consultant attended due to difficult birth with multiple adhesions. Neonatal team called due to difficult birth, low cord gases. Mum and baby recovered well.

Vaginal birth on maternity unit. Ongoing PPH. Maternity theatres in use. Transferred to main theatres for EUA, uterine balloon and pack. MOH of 2.1 L. Recovered on maternity.

Trial of forceps in main theatres caesarean birth. Needed conversion to GA. Needed external jugular cannula. Two midwives in attendance. Consultant attended after maternity case finished. Human factors the hospital was very busy - anaesthetics had other emergencies going on including a sick child. Feedback from patient she found the experience distressing. Postnatal support given.

31 week's gestation, known placenta previa contracting - not able to transfer out due to clinical reasons. Maternity theatres in use for category two c/s. Consultant called in, discussion with main theatre coordinator, all theatres in use but plan utilised to make one available. Transferred up to theatre within the hour. Ongoing review.

31 weeks, bleeding at home known placenta previa. Admission via 999 ambulance. Maternity theatre in use. Bought to maternity for urgent assessment. Maternity case still in theatre. Transferred to main theatres for category one caesarean section. Band 7 and scribe midwife present. Paediatric team present. Baby transferred back to SCBU on resuscitaire (further review of neonatal bleed from cord in progress, to include human factors, location and checklist prior to leaving theatre). Baby transferred to tertiary unit due to prematurity. Mother recovered on ITU. MOH 2L.

Category one caesarean section in main theatres. Bradycardia at 7cm. Prompt transfer to main theatres and birth of baby. Additional band 7 attended theatre. Neonatal team attended.

**Discussion points.**

- Human factors/civility surrounding emergency
- Staff out of "comfort zone".
- Different team and surroundings
- "Helicopter view" member of staff?
- Usually the band 7 is present for instrumental births on maternity
- Send the most senior clinical midwife to theatre. Call in second senior midwife if time.
- Clear communications and documentation
- Debrief for families and staff
- Opening a second theatre is on our risk register

## Complaints

The
**Total informal and formal**

| Month | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sep | Oct |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **total** | 1 | 0 | 1 | 2 | 1 | 0 | 1 | 2 | 0 | 1 | 2 | 0 |

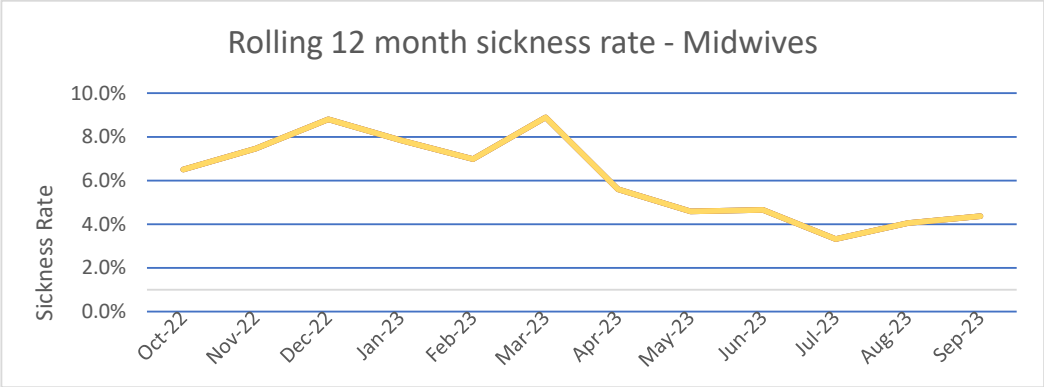
| | |
|---|---|
| | Explain carefully to women and their partners about the likely delays when induction of labour is planned and where possible, provide regular updates and apologies if there are delays expected<br><br>Remind midwives of the importance of pain relief during early labour and/or the induction process. This need can be met initially by women self-administering simple analgesia but a record must be kept of all medication taken/administered<br><br>Remind midwives of the importance of handing over care formally if they are going on a break<br><br>Remind midwives women must be able to come off a CTG monitor quickly if they wish to go to the toilet<br><br>Continue to do all we can to provide single rooms postnatally whilst also ensuring all women understand there is no guarantee a single room will be available<br><br>Where possible, arranging for postnatal women to self-administer their pain relief. Where this is not possible prioritise both formal drug-rounds and regular 'check-ins' with postnatal women |

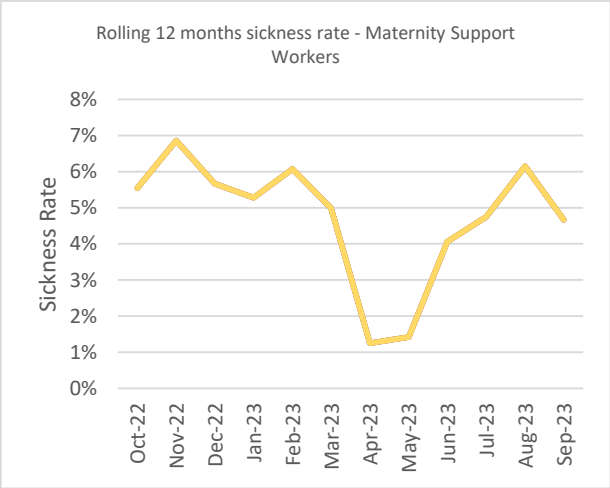
| | |
|---|---|
| | Ensure women can always reach their call bell<br><br>Discuss possible discharge dates and times with women to agree a plan suitable for the family<br><br>Overall learning is to continue to improve postnatal care and for all of us to remember how t it is to recover from a caesarean and care for a newborn on a busy postnatal ward without your r able to stay overnight. It only takes a few minutes to show kindness and compassion and it is ıtely crucial postnatal women feel cared for and heard. |
| | The guideline for babies born through meconium must be scrupulously followed at all times<br><br>Parent's concerns must be acted on including when a baby is reluctant to feed<br><br>Every effort must be made, for women who transfer to a Tertiary Unit because their baby needs a higher level of care, to arrange suitable transport for them. If she is driven by a family member, every effort must be made to ensure the woman is comfortable and able to travel |

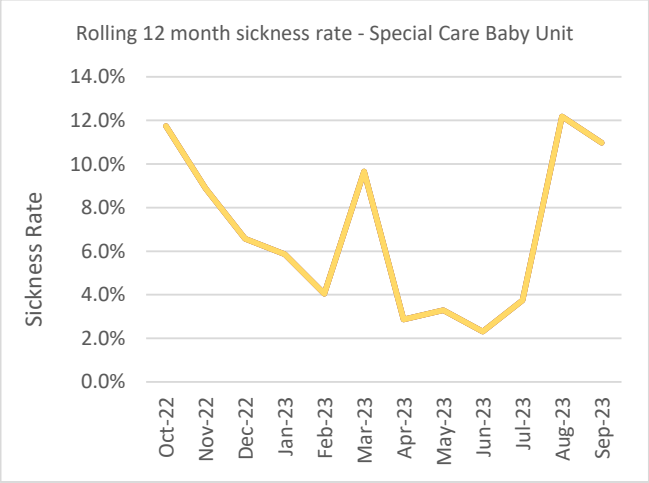
**Quadrumvirate meeting – no meeting in October as attending the Quadrumvirate Culture training**

**Workforce**

# Overall Staffing Report – September 2023



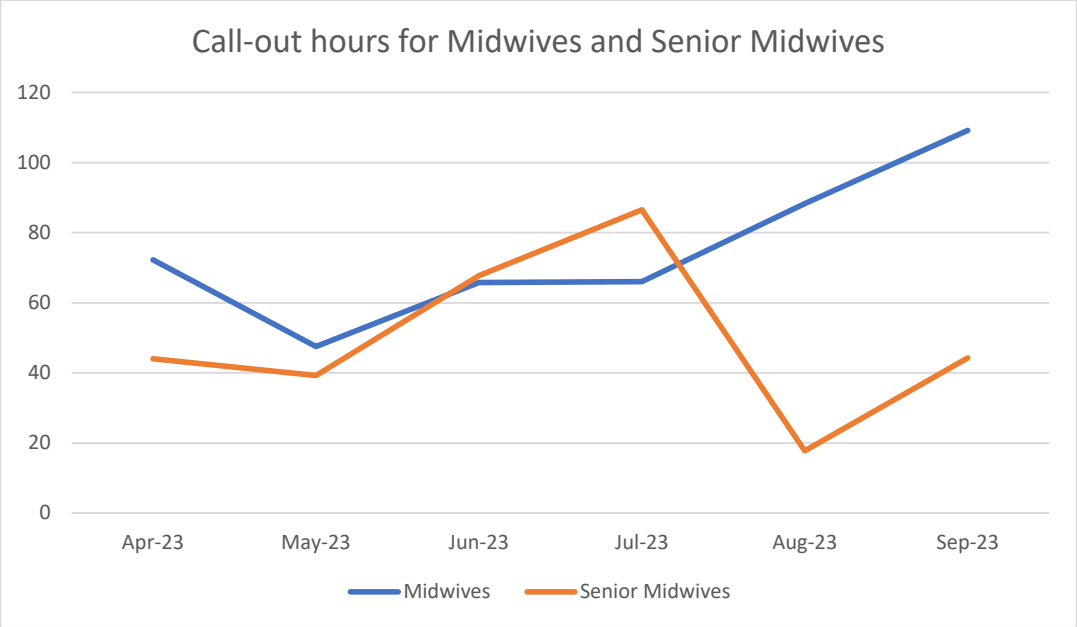



**Overall sickness rates from 1st September 2022 – 31st August 2023**
Midwives – 6.20%
Maternity Support Workers – 5.05%
Special Care Bay Unit – 7.39%

## Call-out hours

Midwife call-out for the unit – **109.16 hours**
Senior Midwives call-out – **44.25 hours**




## Bank and Excess hours

| | Maternity Unit/ DAU | Midwifery Excess/OT | Community | Band 2 MSW's | SCBU Band 5/6 | SCBU Band 2 |
|---|---|---|---|---|---|---|
| **Bank** | 285 hrs / 53.5 hrs | 113.35 hrs | 298.5 hrs | 155.3 hrs | 180 hrs | 0 hrs |
| **Excess** | | | | 76.5 hrs | 134 hrs | 0 hrs |
| **Incentives** | 8 | | | 1 | 6 | 0 |

## Shifts not covered by substantive or bank staff

| **Community** | |
|---|---|
| Chesil | 19% |
| Dorchester | 15.2 % |
| Cranberries | 30.1 % |
| Moonfleet | 13 % (83.5 % staffed by bank) |
| **Maternity Unit** | |
| Day Shift | 32.6 % |
| Night Shift | 19.3 % |
| Total | 28.2 % |
| ANDAU | 8 shifts not covered 5.47% |

| Maternity Support Workers | |
|---|---|
| Inc. PM Shifts | 68.5 % |
| Exc. PM Shifts | 46.6 % |

84 out of 180 shifts were not covered – 28.1 % of those covered were by bank/excess hours.
Band 3 – Antenatal
11 shifts not covered.

Band 3 – Postnatal
10 shifts not covered.

## Shifts covered by Specialist Midwives/Management

| | Coordinating Shifts | | Unit Shifts | |
|---|---|---|---|---|
| | **Rostered** | **Un-rostered** | **Rostered** | **Un-rostered** |
| Night | 3 | | | |
| Long Day | | | 4 | |
| Early | | | 4 | |
| Late | 1 | | 2 | |

**Total = 14 shifts / 126.5 hours**

**Maternity Incentive Scheme current predicted compliance and areas of risk November 2023**

| | | | |
|---|---|---|---|
| | Compliant | | |
| | Underway | | |
| | Non-compliant | | Highlighted risk |
| | Not currently applicable | | |

**Quick reference – MIS Year 5 current compliance (October 2023)**

| Safety Action | Current compliance | Expected compliance – brief overview and comments | Page(s) |
|---|---|---|---|
| 1.Perinatal Mortality Review Tool (PMRT) | | Full compliance verification after 7th Dec reporting period deadline – current cases verified as compliant. Quarterly PMRT reports to board commenced in August 2023. No cases in Q1. 1 case in Q2. Case on November agenda for joint PMRT review panel. No risks identified to remaining fully compliant. | 4-6 |
| 2. Maternity Services Data Set (MSDS) | | Final verification and publication occurred on 26th October – full compliance across all 11 CQUIMS (minimum standard to achieve is 10). | 7-9 |
| 3. Transitional Care (TC) & Avoiding Term Admissions into Neonatal unit (ATAIN) | | New TC guideline ready for 'go live' on December 4th. Currently working through mapping guideline standards into BadgerNet and training staff. ATAIN group continue meeting monthly. Quarterly reporting into maternity governance, quality committee, Trust Board and LMNS safety meeting established. Regional ATAIN dashboard demonstrates a reduction in term babies admitted to SCBU at Q2 end to 4.2% which is below the 5% target. Current expectation is this safety action will be compliant in year 5 validation period. | 9-12 |
| 4. Clinical workforce planning | | Neonatal nursing workforce BAPM calculations undertaken, and action plan created to address shortfall. Risks remain the same from last month around Neonatal Medical workforce. Plans to include actions to mitigate risk prior to end of MIS reporting year which include linking with UHD Neonatal Lead to understand and compare their benchmarking exercise. | 13-16 |
| 5. Midwifery workforce planning | | Business case to support maternity workforce awaiting final sign off. | 17&18 |
| 6. Saving Babies' Lives Care Bundle version Three (SBLCBv3) | | SBLv3 implementation tool completed, and evidence reviewed by LMNS lead. Overall implementation of 23% currently. Planned second review in December to achieve MIS reporting timeframe standards and board oversight. Current risks identified for not achieving 70% implementation threshold is mandatory training compliance figures outlined in SA8 below, completion of extensive audit schedule (included in October Maternity Quality & Safety Report) and currently no provision of Uterine Artery Dopplers (UAD) at DCH. Plans to | 19&20 |

| | | | |
|---|---|---|---|
| | | commence this in 2024 outside year 5 MIS reporting year.<br>***SBL board report will be submitted as a separate document.*** | |
| 7. Maternity & Neonatal Voices Partnership (MNVP) | | MNVP work plan has been finalised and additional hours for reps have been approved. Planned work next month to finalise MIS evidence which encompasses CQC survey 2022 action plan, training needs analysis and core development for outstanding content and complaints management amongst other priorities. Currently no risks identified for achieving full compliance. | 21&22 |
| 8. MDT training | | TNA and plan has been agreed by the quadrumvirate and now requires sign off by Trust Board. Mandatory training compliance threshold of 90% lowered to 80% by NHSR in recognition of the strike action of Dr's and Consultants. Compliance between 80-90% will be acceptable to be deemed compliant but must have an accompanying action plan to be over 90% within a 12-week timeframe. Current risk to compliance remains despite lowered threshold – this is due to new starters in September and staffing challenges on the ward due to sickness and gaps in the rota. | 23-26 |
| 9. Perinatal Quality Surveillance Model (PQSM) – Board assurance | | NED and ED Board level safety champions required to meet with quadrumvirate at least quarterly and twice within MIS reporting timeframe – both must attend in November (Q3) and January (Q4) to be compliant with minimum evidential requirements of MIS year 5. Regional Chief Midwife, LMNS lead and Trust representative to review PQSM by December 1st. | 27-29 |
| 10. Healthcare Safety Investigation Branch (HSIB) | | HSIB case has been completed and closed having been through CIA and presented at M&M. Case management commended by CMO & CNO at CIA. Learning disseminated. No risks identified to remaining fully compliant. | 29-31 |

## Neonatal transfer out data for October 2023

| gestation | birthweight | Discharged to hospital name | Booked place of birth | commentary |
|---|---|---|---|---|
| <32 weeks | | | DCH | |

## ATAIN action plan

The quarterly report is submitted as a separate paper.

**ATAIN Action Tracker**

Quarter 2 2023

| Area | Arising from | Action | Owner | Timescale | Outcome |
|---|---|---|---|---|---|
| Potential inaccuracies over | ATAIN review | SCBU to identify core staff member who will | KH | Jan 2024 | SCBU nurse identified, and is working with ANNP |

| | | | | | |
|---|---|---|---|---|---|
| neonatal data entry into BadgerNet | | be responsible for ensuring all data is entered correctly and in a timely manner. This will then ensure our data and end of years figures are more accurate | | | and clinical lead to ensure all ATAIN and NNAP data is entered correctly for each infant |
| Timely and effective escalation of deteriorating neonates | ATAIN review | KH to write a reminder for the maternity newsletter and GW to discuss with preceptor lead midwife about reminding preceptor midwife of the appropriate referral pathways | KH & GW | Jan 2024 | Ongoing |
| Ensure women are counselled appropriately about potential risk to baby of early delivery and conversations documented | ATAIN review | To be shared with obstetric team | AR | | Discussed at RHCG Nov 2023 |
| Importance of monitoring babies whilst they remain skin-to-skin | ATAIN review | KH to talk with Postnatal lead matron about ongoing work re: importance of midwives remaining vigilant and monitoring babies whilst they are skin to skin, to avoid any complications. This work is part of a bigger piece of work which is ongoing and feeds into BFI work also | KH | | Actioned |
| Recognising that ElLSCS infants who are born in an unexpected poor condition should have cord gases to help determine need for ongoing care | ATAIN review | NC to communicate to staff that ElLSCS <39/40 should all have cord gases, to aid in understanding if the baby needs SCBU admission. | NC | | In guideline and newsletter – to be taken to senior midwife meeting |
| The need to send the placentas to histology for ALL infants that have been admitted to SCBU | ATAIN review | KH to add to SCBU admission checklist 'Please remind Midwives to send placenta to histology. | KH | | Actioned |

| | | | | | |
|---|---|---|---|---|---|
| | | NC to discuss with antenatal lead to create SOP around this issue<br><br>NC to ensure on newsletter<br><br>NC to take to senior midwife meeting | | | |
| Use the national ATAIN proforma for reviewing cases | ATAIN review | KH to circulate new proforma | KH | Actioned | |
| Recognition that sending placentas to histology is useful, but swabbing them for infection would also be beneficial | ATAIN review | NC to take this project further and discuss with senior colleagues about how we can implement this change into practice. | NC | | Actioned – see above |
| Missed opportunities to support mothers with expressing colostrum | ATAIN review | GW to discuss with diabetes team about advice and support offered to women at diabetes clinic, to ensure the correct and safe information about antenatal colostrum harvesting is given in a timely manner. Discuss with BFI team. | GW | | Ongoing – emails sent and awaiting response, to include all diabetic team |
| Improve the standard of contemporaneous documentation on BadgerNet by paediatric medical staff | ATAIN review | KH to work with digital maternity team to provide some video training for paediatric medical team about where to document reviews and management plans and the importance of contemporaneous note taking | KH | | Ongoing |
| Pre and post ductal saturation monitoring not consistently being performed within the timeframe | ATAIN review | repeat audit of pre and post ductal saturation monitoring required<br>the establishment of a postnatal office will assist in tracking care required. Currently postnatal team working from a desk area<br>GW and postnatal matron to add to postnatal worksheet | KH & GW | | Ongoing |

## Service user feedback

Dorset Maternity Voices Partnership

**Maternity Neonatal Voices Partnership Visit**
**Dorset County Hospital**
**13th September 2023-Kelly Hickson MNVP Chair**

**Antenatal Classes-** We discussed service user feedback from a recent Facebook Post we shared on Maternity Matters Dorset Facebook Page regarding antenatal classes. The key focus was asking service users what they would like support/ advice with during Antenatal classes, looking at location and when Antenatal classes were held to make them as accessible as possible.

**Self -referral to maternity services-** I had discussions with staff about how we can ensure self referral is promoted correctly. It has come to our attention that some services such as local sexual health clinics are not providing up to date information such as to attend your GP Practice for referral. Suggested outcomes were to ask GP Practices to promote self referral on their Facebook pages, to ask the local sexual health clinic to update their information and share the link to the self referral form. Contact pharmacies to ask them to promote self referral next to key products within the pharmacies such as pregnancy tests and Iron tablets etc. From my own experiences some service users are still contacting their GP as a first point of call to ask how to refer themselves to maternity services and some are attending an appointment to simply ask for a referral unaware they can do this themselves-potentially delaying their referral.

**Walk Around-** walked around areas within the department as discussed various topics including: ○ Cove updates- New painting and room updates to make it more service user friendly and to promote the home from home feel.

○ Pictures displayed within the unit and how these need updating to be more inclusive of all service users and families

○ Family Room- Looking at how this room could be used more effectively and to make it more appealing to service users and family.

• **PROMPT-** I was asked to attend the PROMPT training being carried out that day as a service user/MNVP Rep. It was a fantastic opportunity to be able to observe two separate groups of clinicians dealing with an emergency scenario and to be able to provide feedback about how I felt as the service user. I plan to attend future PROMPT training and provide feedback on my experience.

**FEEDBACK**

Whilst visiting the Cove I did note that on multiple occasions the Doctors used the doors next to the Cove as a short cut/ walk through which could mean they come into contact with service users .

When service users opt for a Cove birthing experience the feedback we as an MNVP Team receive is that they are looking for a home from home experience, sometimes with little clinical intervention. I wonder if it should be considered that perhaps having the Doctors room so close to the C ove unit distracts from what the Cove unit is trying to offer. My suggestion would be to see if the GP room could be moved or to ask them not to use the Cove walkway as a shortcut and to use another route.

All staff I had the opportunity to speak to were positive and friendly I have to comment that every time I visit the unit there is always a sense of calm and professionalism. I hear staff talking to service users politely and with empathy . The unit was exceptionally clean and tidy.

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## Training compliance

Rolling 12-month period ending October 2023

| Key | |
|---|---|
| ≥80% compliance | |
| ≥80%-90% compliance BLS only | |
| <80% compliance | |

| Training | Role | Compliance (percentage) | Non-compliance (number) | Narrative |
|---|---|---|---|---|
| Practical Obstetric Emergency Procedure Training (PROMPT) | Obstetric Anaesthetist | 85% | 4 | 26 Obstetric Anaesthetists<br>Note reduction in compliance percentage this month adjusted by MIS. |
| | Anaesthetists rarely covering obstetrics | 10.5% | 17 | Of 19 anaesthetists that rarely cover Obstetrics. Escalated to Trust to recommend mandatory for any anaesthetists who may cover obstetrics on call. |
| | Consultant Obstetrician | 87.5% | 1 | |
| | Registrars | 100% | | |
| | ST1/F2 | 33.3% | 2 | New F2 / ST1 started in August, booked November. |
| | GP Trainees | 100% | | |
| | Midwives | 97% | 4 | |
| | MSW | 91% | 3 | One cancelled to cover ward – reassigned. 2 new starters |
| Basic life support (BLS) | Obstetric Anaesthetist | 93% | 2 | Obstetric anaesthetists. |
| | Consultant Obstetrician | 75% | 2 | |
| | Registrars | 86% | 1 | |
| | ST1/F2 | 66.6% | 1 | |
| | GP trainee | 100% | | |
| | Midwives | 93% | 9 | |
| | MSW | 94% | 3 | |
| Newborn life support (NLS) Yearly | Midwives | 92% | 10 | |
| NLS 4 Yearly | Senior & Cygnet Midwives | 100% | | |

| | | | | |
|---|---|---|---|---|
| Saving Babies Lives study day | Midwives | 81% | 22 | 2 SBL update days cancelled due to cover for clinical workload |
| | Obstetricians | 14.3% | 6 | |
| SBLv3 Element 1 | Intervention 1.8 – CO monitoring Midwives and MSWs giving AN care | 77% | | 2 SBL update days cancelled in last 12 months due to clinical workload, 2 midwives out of date as removed on other SBL days to work clinically. |
| | Intervention 1.9 – VBA all staff – m/s, obstetricians and all MSWs | 74% | | 2 SBL update days cancelled in last 12 months due to clinical workload, 1 mw out of date as removed to work clinically on a different date, 1 MSW day cancelled due to PDM MSW absence. |
| K2 CTG & IA | Consultants | 100% | | |
| | Registrars | 100% | | |
| | Midwives | 90% | 11 | Reminders sent |

## M&M obstetrics and neonatal October

| | |
|---|---|
| **Learning and Actions**<br>Appropriate decision for steroids at 28/40, discussion regarding updating our guidance to reflect the Oxford study – to repeat or not.<br><br>Pre-term birth guidance currently being updated<br>Regular peer ctg reviews and documentation essential – NC to action<br><br>Consider 2nd dose of terbutaline once decision for LSCS made<br><br>Use the QUIPP app and document<br><br>Neonatal face masks not fitting correctly, need an in-between size mask? – CH to follow up | .<br><br>**Learning and Actions**<br>Team praised for quick response to emergency and delivery of baby.<br>Resuscitation and care of baby by the scbu and paediatric team was fantastic.<br>No safety recommendations by MNSI, lots of positive findings in the report<br>MNSI findings discussed |

# Learning from Deaths Report Q2 2023/24

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors, Part 1 | | |
| **Date of Meeting:** | 29th November 2023 | | |
| **Document Title:** | Learning from Deaths Q2 2023/24 | | |
| **Responsible Director:** | Prof Alastair Hutchison | Date of Executive Approval | |
| **Author:** | Dr Julie Doherty / Prof Alastair Hutchison | | |
| **Confidentiality:** | No | | |
| **Publishable under FOI?** | Yes | | |
| **Predetermined Report Format?** | No. However formatted in line with SW Regional guidance. Breadth of data presented is recognised as an exemplar within SW Region. | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| Hospital Mortality Group | 15th Nov 2023 | Accepted |
| Quality Committee | 21st Nov 2023 | Noted |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **3. Purpose of the Paper** | To inform the Board of the learning occurring from deaths being reported,investigated and appropriate findings disseminated throughout the Trust. To alsooutline additional measures put in place to assure the Trust that unnecessary deathsare not occurring at DCH despite the elevated SHMI. Presentation of the Learning fromDeaths report at Quality Committee and Trust Board is a mandatory obligation for allTrusts. | | | | | | | |
| | *Note (✓)* | | *Discuss (✓)* | | *Recommend* | | *Approve (✓)* | |
| **4. Key Issues** | The latest published SHMI data (5 months in arrears) for DCH was within the 'Expected Range' for the rolling 12 months to April, May and June 2023 (1.125, 1.116, 1.110; page 7). No other local or national indicators suggest excess unexpected deaths are occurring at DCH, but SW Region acting through Dorset ICS, are seeking additional assurance from an external audit of Structured Judgment Reviews (SJRs). SJRs are used to examine the care of a significant sample of people who died whilst in-patients (around 20% vs national standard of 10%), and to learn from any good practice or lapses in care identified.<br>Prof Hutchison completed an internal SJR audit in Oct 2023, of 65 deaths occurring in September 2022 and June 2023 to look for unexpected events, and this report is also tabled at HMG and Quality Committee this month. This will be independently reviewed by Dr. Sean Weaver under the auspices of SW Region & Dorset ICB. | | | | | | | |
| **5. Action recommended** | The Board is recommended to:<br>1. **DISCUSS and NOTE** the findings of the report<br>2. **DISCUSS** the additional scrutiny occurring<br>3. **APPROVE** the report and escalate to Trust Board | | | | | | | |

| 6. Governance and Compliance Obligations | | | |
|---|---|---|---|
| **Legal / Regulatory Link** | **Yes** | | Learning from the care provided to patients who die is a key part of clinical governance and quality improvement work (CQC 2016). Publication on a quarterly basis is a regulatory requirement. |
| **Impact on CQC Standards** | **Yes** | | An elevated SHMI will raise concerns with NHS E&I and the CQC. The previous reduction in SHMI and improvements in coding are acknowledged, and the overall trend in DCH's SHMI is favourable. |
| **Risk Link** | **Yes** | | • Reputational risk due to higher than expected SHMI<br>• Poor data quality can result in poor engagement from clinicians, impairing the Trust's ability to undertake quality improvement<br>• Clinical coding data quality is improving, but previously adversely affected the Trust's ability to assess quality of care. |

| | | | |
|---|---|---|---|
| | | | There is currently a high level of uncoded activity relating to resources within the clinical coding dept and a national preference from coders for remote working – negatively impacted by DCH's backlog in scanned medical records. This could impact future SHMI stats.<br>• Clinical safety issues may be under-reported or unnoticed if data quality is poor<br>Other mortality data sources (primarily from national audits) are regularly checked for any evidence of unexpected deaths. |
| **Impact on Social Value** | | **No** | If yes, please summarise how your report contributes to the Trust's Social Value Pledge |
| **Trust Strategy Link** | **How does this report link to the Trust's Strategic Objectives?** | | |
| **Strategic Objectives** – People | N/A | | |
| **Strategic Objectives** – Place | Health inequalities related to 'Place' are well known to impact life expectancy and will be referenced in future reports. | | |
| **Strategic Objectives** – Partnership | N/A | | |
| **Dorset Integrated Care System (ICS) goals** | **Which Dorset ICS goal does this report link to / support?**<br>Understanding and reducing health inequalities | | |
| Improving population health and healthcare | | **No** | |
| Tackling unequal outcomes and access | **Yes** | | Health inequalities related to 'Place' are well known to impact life expectancy and will be referenced in future reports. |
| Enhancing productivity and value for money | | **No** | |
| Helping the NHS to support broader social and economic development | | **No** | |
| **Assessments** | **Have these assessments been completed?**<br>*If yes, please include the assessment in the appendix to the report..*<br>*If no, please state the reason in the comment box below.*<br>*(Please delete as appropriate)* | | |
| Equality Impact Assessment (EIA) | | **No** | Not applicable |
| Quality Impact Assessment (QIA) | | **No** | Not applicable |

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4.0 QUALITY IMPROVEMENT ARISING FROM SJRs & HMG

5.0 MORBIDITY and MORTALITY MEETINGS

6.0 LEARNING FROM CORONER'S INQUESTS

7.0 LEARNING FROM CLAIMS Q2

8.0 SUMMARY

## 1.0 DIVISIONAL LEARNING FROM DEATHS REPORTS

Each Division is asked to submit a quarterly report outlining the number of in-patient deaths, the number subjected to SJR, and the outcomes in terms of assessment and learning.

### 1.1 Family Services and Surgical Division Report - Quarter 2 2023/24 Report

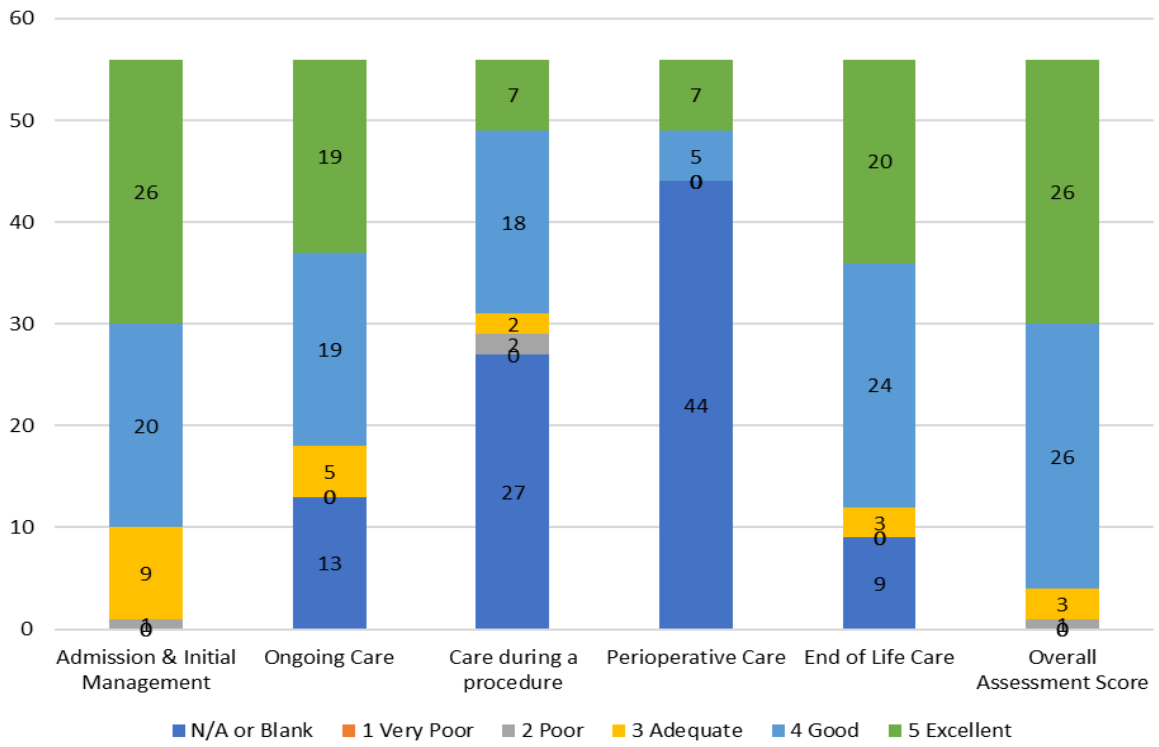
**Structured Judgement Review Results:**
The Family Services & Surgery Division had 57 deaths in quarter 2, of which 53 that require SJR's to be completed. Within quarter 2 56 SJR's have been completed from this quarter and previous months.

**Outstanding SJR's:**
The Division have completed a number of SJR's from previous quarters. The backlog of outstanding SJR's (over 2 months) for the Division as at 31/10/2023 is 15:

| June | July | August |
|---|---|---|
| 4 | 3 | 8 |

**Feedback from SJR's Completed in Quarter 2:**

| Phase Score | Admission & Initial Management | Ongoing Care | Care during a procedure | Perioperative Care | End of Life Care | Overall Assessment Score |
|---|---|---|---|---|---|---|
| N/A or Blank | 0 | 13 | 27 | 44 | 9 | 0 |
| 1 Very Poor | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Poor | 1 | 0 | 2 | 0 | 0 | 1 |
| 3 Adequate | 9 | 5 | 2 | 0 | 3 | 3 |
| 4 Good | 20 | 19 | 18 | 5 | 24 | 26 |
| 5 Excellent | 26 | 19 | 7 | 7 | 20 | 26 |



**Overall Quality of Patient Record:**

| Blank | Score 1 Very poor | Score 2 Poor | Score 3 Adequate | Score 4 Good | Score 5 Excellent |
|---|---|---|---|---|---|
| 0 | 0 | 2 | 5 | 27 | 22 |

- Clear and concise reviews, plans and interventions documented, plus the two way conversations had between staff and patients family.
- Comprehensive documentation by Drs and nursing staff.
- Documentation limited about decision to operate.
- Full ERCP report - well written.
- Good entries. Clear handwriting. Thinking of doctors is clear. Clerking was complete. Nursing entries are good.
- No Consultant documentation or written evidence that they were involved in any decision making until next morning.
- Record was good but notes loose and in wrong order.
- Some omissions in initial surgical clerking but otherwise entries are comprehensive and legible.

Ongoing issue with patients' medical records being scanned to DPR before the SJR has been completed. There is a process in place for any records with Medical Examiners notifications to have a sticker on the front not to be scanned before SJR completed, however this does not capture the records of those that do not have a ME notification but still require a SJR (Family & Surgery Division review all deaths). Quality Manager continues to monitor when the Mortuary have released the records to obtain them before they go to the scanning team to try and mitigate this.

**Avoidability of Death Judgement Score:**

| Score 1 Definitely avoidable | Score 2 Strong evidence of avoidability | Score 3 Probably avoidable (more than 50:50) | Score 4 Possibly avoidable but not very likely (less than 50:50) | Score 5 Slight evidence of avoidability | Score 6 Definitely not avoidable |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 9 | 47 |

**Action Required:**
Following completion of the 56 SJR's, 10 were highlighted as requiring actions.

Further learning via:
- 6 were for formal documented feedback to Department or clinical team – this is completed at the time of the SJR completion.

Other actions:
- Refer to ward manager for further investigation – completed - outcome fed back to reviewer.
- M and M meeting – scheduled for October meeting.
- Email out to all Consultants re need to document review at weekend – completed.
- Feedback to CT3 excellent care – completed.

**Learning from Division:**

SJRs are now routinely being completed by both Medical and Nursing staff to provide an MDT approach and ensure all aspects of a case are reviewed. Once the new Surgical ANP's have become more embedded within their positions they will undertake training to enable them to also complete SJR's along with the Critical Care Outreach Team and Theatres & Anaesthetics Matron.

**Report completed by: Richard Jee – Divisional Mortality Lead**
**Laura Symes – Quality Manager**

## 1.2 Division of Urgent & Integrated Care – Quarter 2 Report 2023/24

### Structured Judgement Reviews

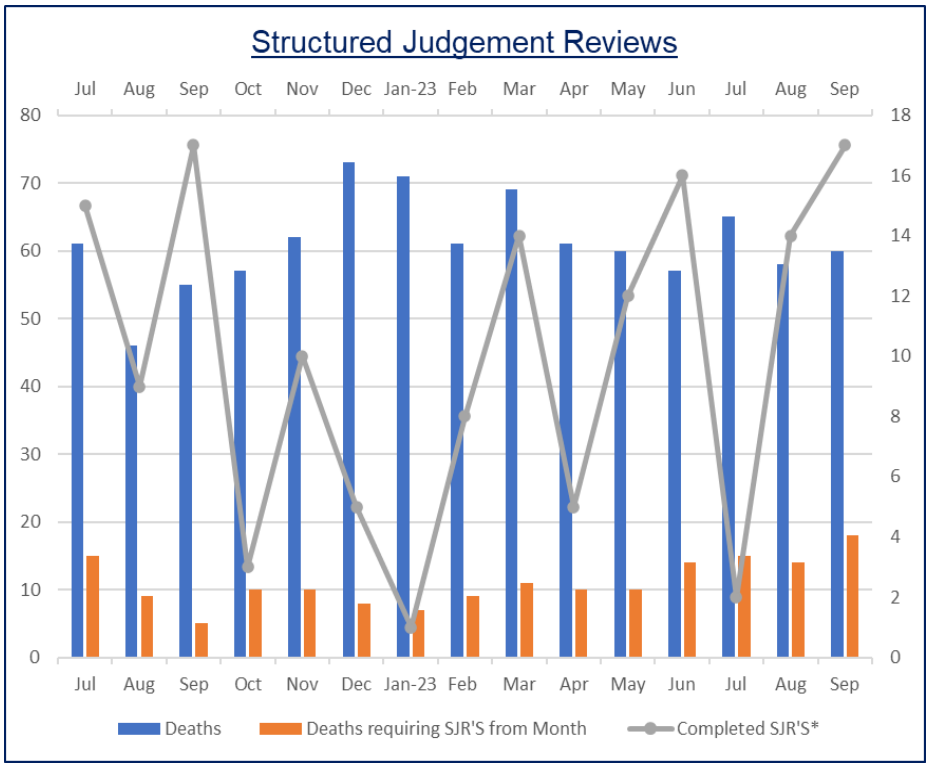
In quarter 2 there were 183 deaths, 47 SJR's were requested from these deaths and 33 SJR's were completed during this period (completed SJR's not necessarily from this quarter). There were 4 more completed SJR's, however these are yet to be closed as have outstanding actions and so these will show on the next report (Datix report pulls from date incident closed and not date SJR completed)

| | Q2 | | | Q3 | | | Q4 | | | Q1 | | | Q2 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan-23 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Total YTD |
| Deaths | 61 | 46 | 55 | 57 | 62 | 73 | 71 | 61 | 69 | 61 | 60 | 57 | 65 | 58 | 60 | 361 |
| Deaths requiring SJR'S from Month | 15 | 9 | 5 | 10 | 10 | 8 | 7 | 9 | 11 | 10 | 10 | 14 | 15 | 14 | 18 | 81 |
| *Completed SJR'S | 15 | 9 | 17 | 3 | 10 | 5 | 1 | 8 | 14 | 5 | 12 | 16 | 2 | 14 | 17 | 66 |

* Completed SJR'S not necessarily from that month's deaths

SJR data as of 23/10/2023 (not including outstanding nosocomial reviews): **45**

SJR's with an allocated clinician = **1**
Total outstanding SJR's (not including allocated) = **44**
Outstanding SJR's >2 months = **20**




### Nosocomial SJR Requests

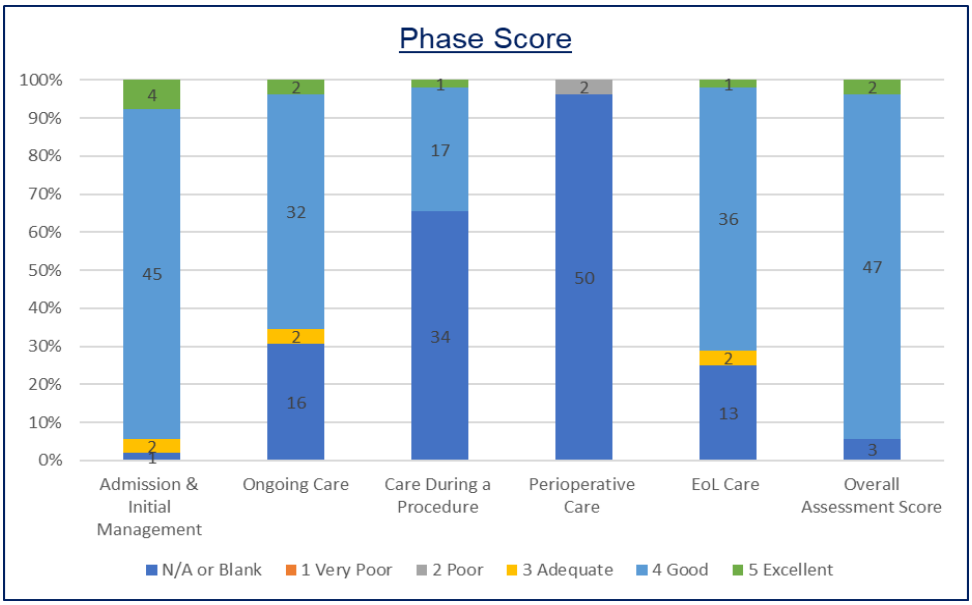
18 Nosocomial deaths (17/10/2021 – 30/04/2022), 8 reviewed by James Metcalf, 10 to review with Emma Hoyle **– Meeting in July cancelled – Still to be re-scheduled.**

**Quarter 2 Results** These results include 19 completed SJR's by the CMO as part of a random sample review during July/Aug/Sept

### Phase score from 52 completed SJR's in Quarter 1:

| Phase Score | Admission & Initial Management | Ongoing Care | Care during a procedure | Perioperative Care | EoL Care | Overall Assessment Score |
|---|---|---|---|---|---|---|
| **N/A or Blank** | 1 | ***16** | 34 | 50 | **13** | 3 |
| **1 Very Poor** | -- | -- | -- | -- | -- | -- |
| **2 Poor** | -- | -- | -- | ****2** | -- | -- |
| **3 Adequate** | 2 | 2 | -- | -- | 2 | -- |
| **4 Good** | 45 | 32 | 17 | -- | 36 | 47 |
| **5 Excellent** | 4 | 2 | 1 | -- | 1 | 2 |

*2/16 not scored for 'Ongoing Care' others documented at N/A – Not scored fed back to clinicians who completed SJR's – AH/TG 23/10/23
**Score 2 (poor) for 'Perioperative Care' – require 2nd SJR's – ongoing




### Overall quality of patient record

| Blank | Score 1 Very Poor | Score 2 Poor | Score 3 Adequate | Score 4 Good | Score 5 Excellent |
|---|---|---|---|---|---|
| *1 | -- | -- | 5 | 40 | 6 |

* Part of random sample review

### Avoidability of Death Judgement Score

| Score 1 Definitely avoidable | Score 2 Strong evidence of avoidability | Score 3 Probably avoidable (> 50:50) | Score 4 Possibly avoidable but not likely (<50:50) | Score 5 Slight evidence of avoidability | Score 6 Definitely not avoidable |
|---|---|---|---|---|---|
| 0 | 0 | 0 | *1 | 3 | 48 |

* Part of random sample review by AH - Scored 4 because of hospital acquired covid leading to pneumonitis, and likely contributed to death – Documented no further actions required – Report will be shared at Elderly Care M+M Meeting.

**SJR Key themes from Areas of Good Practice:**
- Good involvement of patient and/or family
- Good documentation

**SJR Key theme of Areas for Improvement:**
Not enough data input in SJR's to collate a key theme. Only 3 entries in total highlighted:

- Not recognised appropriate start of EoL

**Jemma Newman, Quality Manager,**
**Sonia Gamblen, Divisional Head of Nursing & Quality**
**James Metcalfe, Divisional Director**

## Divisional Morbidity and Mortality reviews

Outcomes from M&M meetings are now being provided to the monthly Hospital Mortality Group and can be obtained on request, but since they contain patient-specific details are not included in this report.

## 2.0 NATIONAL MORTALITY METRICS AND CODING ISSUES

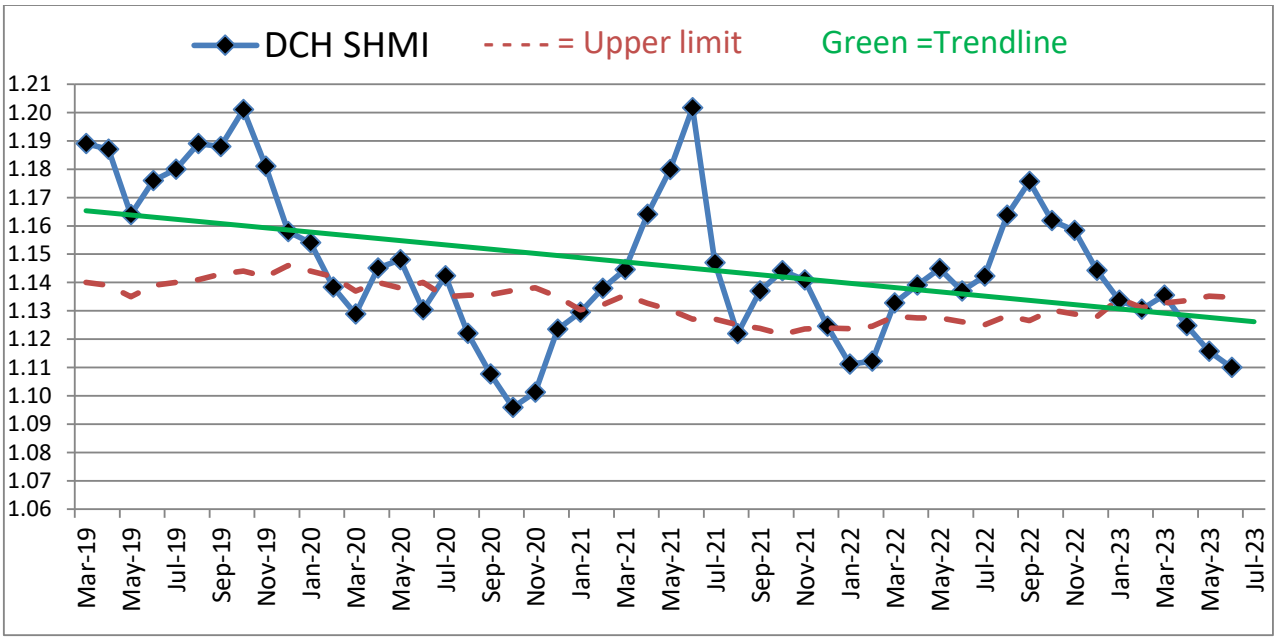
### 2.1 Summary Hospital-level Mortality Indicator (SHMI)

SHMI is published by NHS Digital for a 12-month rolling period, and 5 months in arrears. It takes into account all diagnostic groups, in-hospital deaths, and deaths occurring within 30 days of discharge.

The most recently published data for the three rolling 12-months to April, May and June 2023 were within the expected range. We are aware that our data continues to be adversely influenced by short staffing/difficulty recruiting to two posts in the Coding Department, and a possible under-reporting of 'sepsis' in the written medical record.

Victoria Stevens (Clinical Coding Dept. Manager) reports that the Clinical Coding Department cleared the coding backlog prior to the final deadline for annual HES data submission, but the IT company responsible for uploading the submission failed to meet the deadline for data from DCH and 26 other Trusts. This is likely to continue to adversely influence the accuracy of DCH's SHMI data, until it is incorporated into the publication from this month onwards. DCH has successfully appointed two apprentice coders who will be trained over the next 24 months; however, one leaver from the coding team at DCH means that the dept remains under strain due to vacancies.
The coder is leaving DCH to join a larger team with greater remote working opportunity. **Nationally there is a preference from coders to work remotely. The fact that there is a significant amount of work from coding from paper records needing to be actioned on site is impacting recruitment & retention at DCH.**

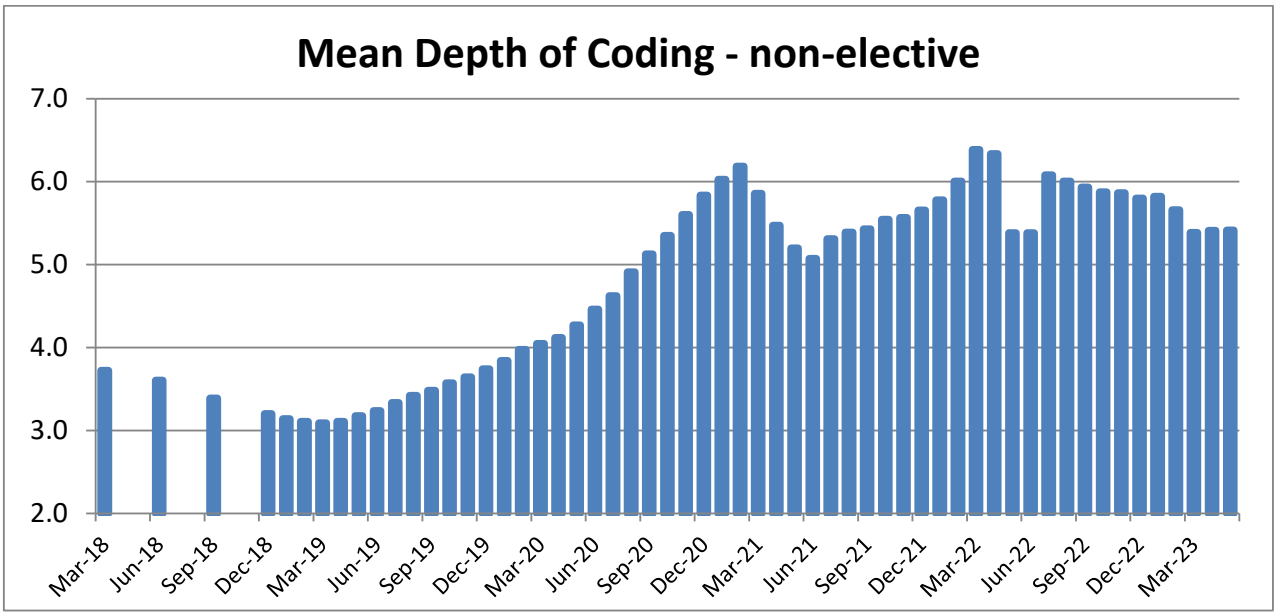
The latest published SHMI (rolling year to June 2023) is shown below:




SHMI is calculated by comparing the number of observed (actual) deaths in a rolling 12-month period to the expected deaths (predicted from coding of all admissions). From 2019 onwards there has been a steady trend of improvement in DCH's SHMI (bar one peak in June 2021) associated with focus on SJRs, M&M meetings and a full Medical Examiner service, plus investment in the coding department which will result in more accurate coding returns to NHSE (formerly NHS Digital).

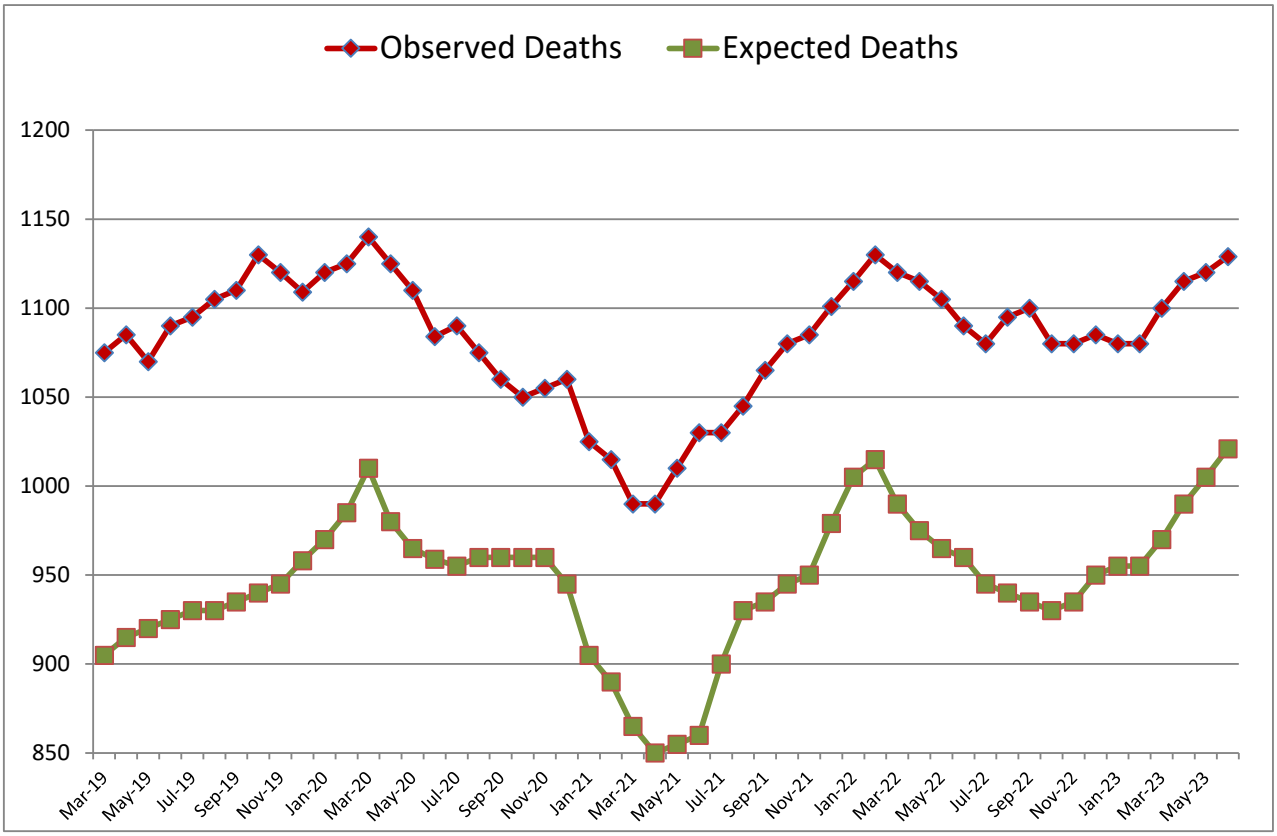
**2.2 Depth of coding:** NHS Digital states "*As well as information on the main condition the patient is in hospital for (the primary diagnosis), the SHMI data contain up to 19 secondary diagnosis codes for other conditions the patient is suffering from. This information is used to calculate the expected number of deaths. A higher mean depth of coding may indicate a higher proportion of patients with multiple conditions and/or comorbidities but may also be due to differences in coding practices between trusts.*"

DCH's depth of coding had been improving steadily up to March 2022 (see graph below), but the most recently reported months show a tendency to decrease, but with a stabilisation in the latest quarter. All data points represent 12 months of data.




**2.3 Expected Deaths** (based on diagnoses across all admissions (except covid) per rolling 12 months):

The chart below shows observed (actual) and expected (calculated by NHS Digital) deaths over the past 4+ years (rolling years from March 18 to March 23), the numbers of which are directly influenced by the number of in-patients, particularly during and immediately after the covid-19 pandemic. Whilst both observed and expected deaths tended to decrease over the 7 months to October 22 (as the total number of in-patients has tended to decrease), the expected deaths have recently increased back to their average of around 950 per 12 months.




## 3.0 OTHER NATIONAL AUDITS/INDICATORS OF CARE

The DCH Learning from Deaths Mortality Group continues to meet on a monthly basis to examine any other data which might indicate changes in standards of care. The following sections report data available from various national bodies which report on Trusts' individual performance.

For other metrics of care including complaints responses, sepsis data, AKI, patient deterioration and DNACPR data and VTE assessment data please see the Quality Report presented on a monthly basis to Quality Committee by the Chief Nursing Officer.

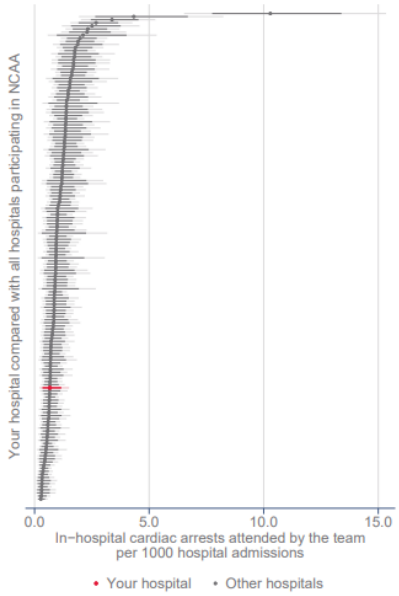
In light of various issues related to maternity units and excess deaths of both children and mothers, NHS Digital has now published the first iterations of a "National Maternity Dashboard". This data is also contained within the monthly Quality report.

### 3.1 NCAA Cardiac Arrest data

The national Cardiac Arrest audit for DCH including data from April 2023 to June 2023 (quarter 1) was published on 18/10/2023. Frequent cardiac arrest calls suggest unanticipated deteriorations in a patient's condition, whereas fewer calls suggest higher standards of ward care, although this is unproven. A total of 12 cardiac arrest calls were recorded for this 3-month period.

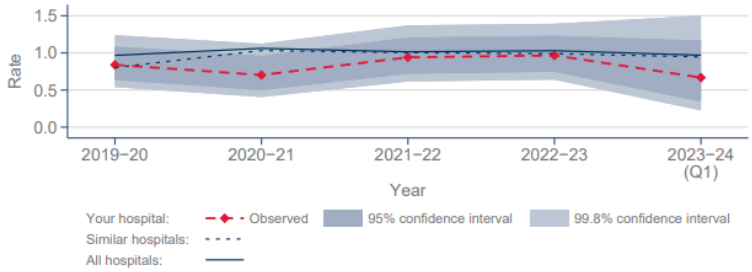
The graph below (left) represents the number of in-hospital cardiac arrest calls attended by the team per 1,000 admissions for all adult, acute care hospitals in the NCA Audit. DCH is indicated in red, and lower on the chart is better. The table to the right gives more detail by quarter year, and the graph below the table summarises the past 5 years.

## Rate of cardiac arrests per 1000 hospital admissions




Shading indicates 25th-75th percentiles (dark blue) and 10th-90th percentiles (light blue) across all hospitals participating in NCAA

| | Hospital admissions | Eligible team visits | Rate per 1000 hospital admissions | 95% confidence interval | 99.8% confidence interval |
|---|---|---|---|---|---|
| Quarter 1 | 17988 | 12 | 0.67 | (0.34, 1.17) | (0.22, 1.50) |
| Quarter 2 | | | | | |
| Quarter 3 | | | | | |
| Quarter 4 | | | | | |
| Year to date | 17988 | 12 | 0.67 | (0.34, 1.17) | (0.22, 1.50) |




**Definition**

- Hospital admissions: Total includes elective, non-elective, day cases, babies born in your hospital and neonates
- Eligible team visits: All reported in-hospital cardiac arrests attended by the team
- Observed rate: The total number of cardiac arrests attended by the team divided by the total number of admissions to your hospital multiplied by 1000 to give a rate per 1000 hospital admissions
- Confidence interval: Reflects the degree of uncertainty surrounding your observed rate, given the total number of admissions to your hospital

**Dorset County Hospital**
**NCAA Report: 1 April 2023 to 30 June 2023**

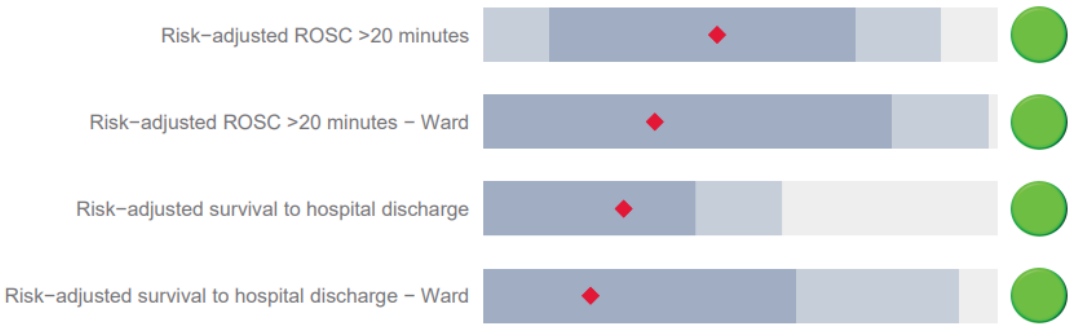
4

**Date of report: 18/10/2023**
**©Resuscitation Council (UK) & ICNARC**

The dashboard below shows two important risk-adjusted outcome measures arising from a cardiac arrest:

a) Time to 'Return of Spontaneous Circulation' (a measure of resuscitation effectiveness) and
b) Survival to Discharge.
These and all other measures in the report get a 'green' indicator for the most recently reported Quarter 1 (published 18/10/2023).

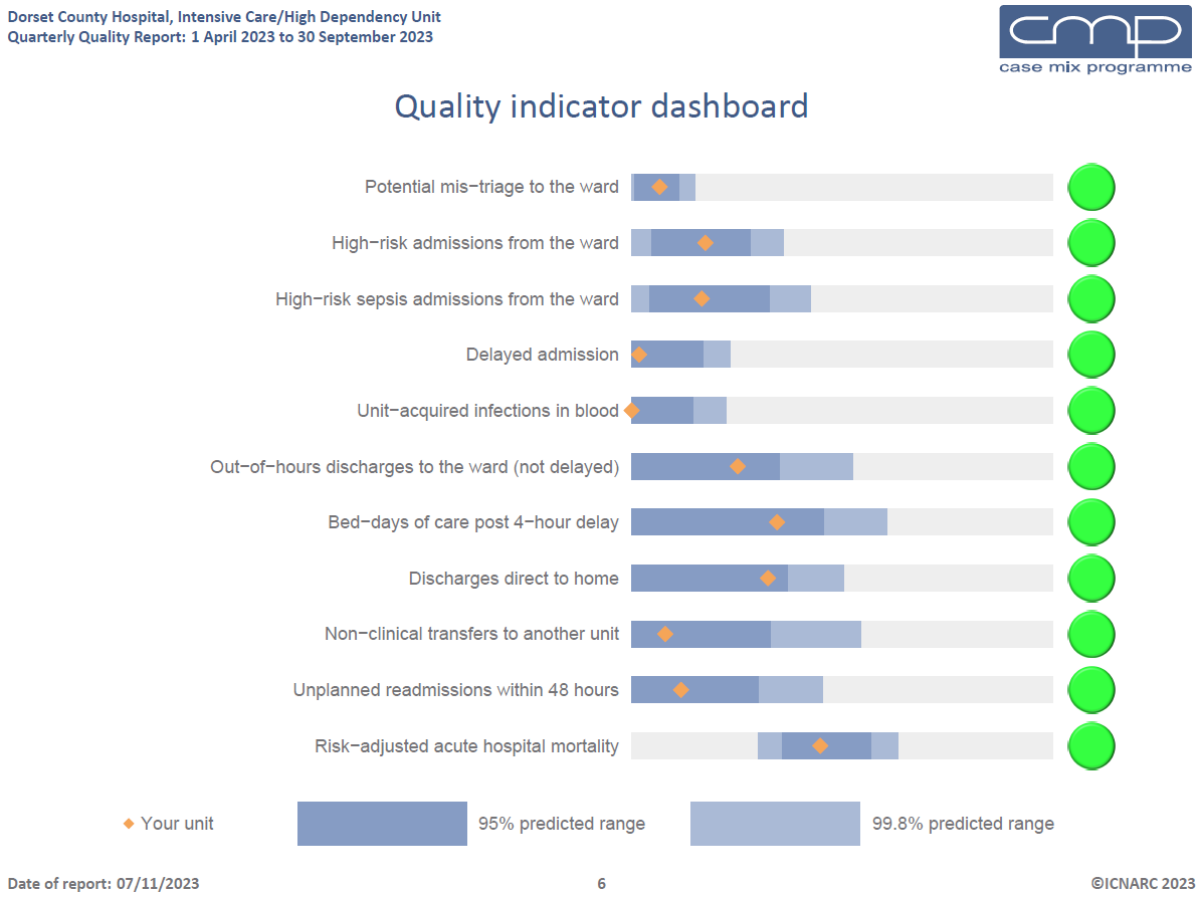
## Risk-adjusted outcomes: Dashboard



**3.2 National Adult Community Acquired Pneumonia Audit** latest data – last published Nov 2019 (see below), and not undertaken for either 2019/20 or 2020/21. Data collection restarted in Spring 2022 but it is unclear whether this has completed.

**3.3 ICNARC Intensive Care survival data** for financial year 2023/24; published 07/11/2023; n = 313 patients.

There are no amber or red indicators in this quarter's chart where previously there were delays in being able to discharge patients from ICU, with some delays being long enough that the patient was discharged direct to home. This is a welcome improvement.

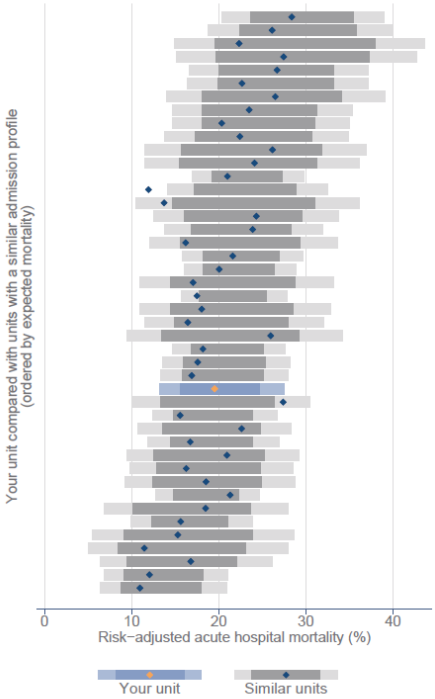



The charts below show the "risk-adjusted acute hospital mortality" following admission to the DCH Critical Care Unit in Q1 – Q4 2022/23. They compare observed and expected death rates in a similar fashion to SHMI, with expected deaths of 124 but actual deaths of only 106.

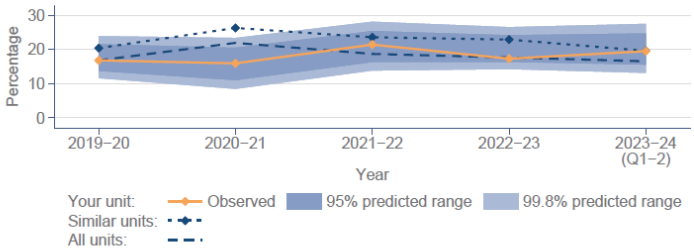
Dorset County Hospital, Intensive Care/High Dependency Unit
Quarterly Quality Report: 1 April 2023 to 30 September 2023

case mix programme

## Risk-adjusted acute hospital mortality




| | Eligible n | Complete n (%) | | Observed n (%) | Expected % | 95% predicted range | 99.8% predicted range | |
|---|---|---|---|---|---|---|---|---|
| Quarter 1 | 148 | 147 (99.3) | ● | 29 (19.7) | 22.0 | (15.1, 28.5) | (11.7, 32.7) | ● |
| Quarter 2 | 153 | 150 (98.0) | ● | 29 (19.3) | 18.5 | (12.1, 24.6) | (9.0, 28.5) | ● |
| Quarter 3 | | | | | | | | |
| Quarter 4 | | | | | | | | |
| Year to date | 301 | 297 (98.7) | ● | 58 (19.5) | 20.2 | (15.6, 24.7) | (13.2, 27.5) | ● |




**Definition**

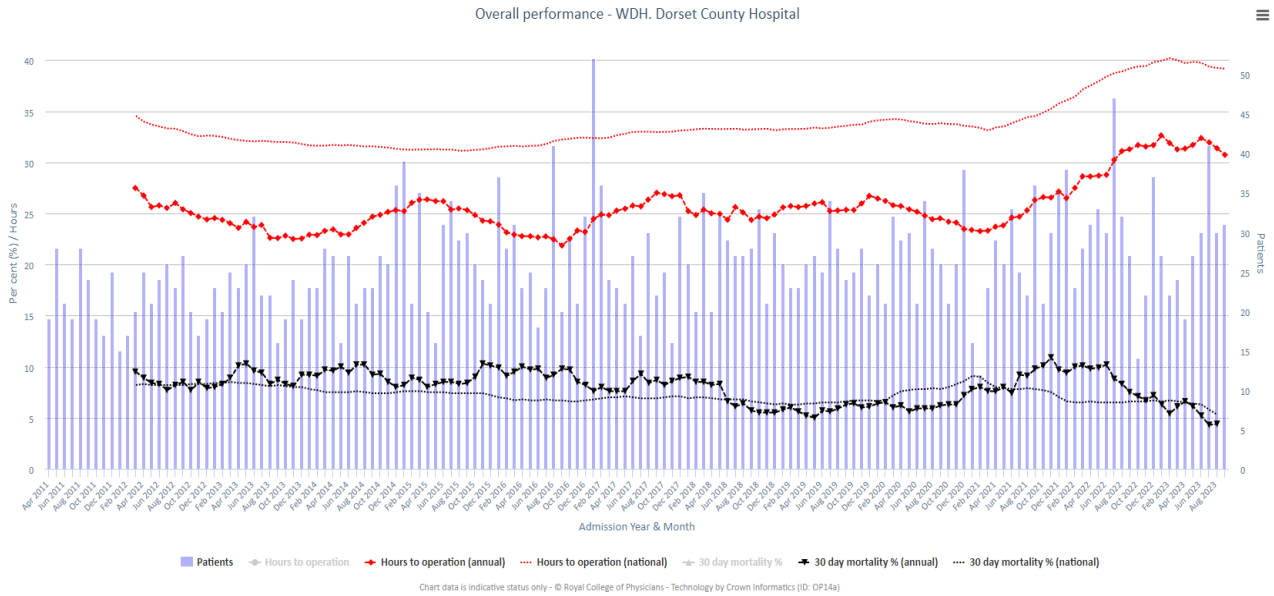
- Eligible: All critical care unit admissions, excluding readmissions, patients dead on admission and those admitted to facilitate organ donation
- Complete: The number and percentage of eligible admissions with sufficient data to calculate an ICNARC$_{H-2023}$ model risk prediction and complete status at discharge from acute hospital
- Observed percentage: The number and percentage of complete eligible admissions that died before ultimate discharge from acute hospital
- Expected percentage: The expected percentage of acute hospital deaths, calculated as the mean predicted risk of death from the ICNARC$_{H-2023}$ model, among complete eligible admissions to your unit
- Predicted range: We expect a unit's observed percentage to lie within the 95% predicted range 19 times out of 20 and within the 99.8% predicted range 998 times out of 1000

Date of report: 07/11/2023 20 ©ICNARC 2023

These results are well within the expected range.

### 3.5 National Hip Fracture database to August 2023

30 day mortality remains at or below the national average for 8 consecutive months.



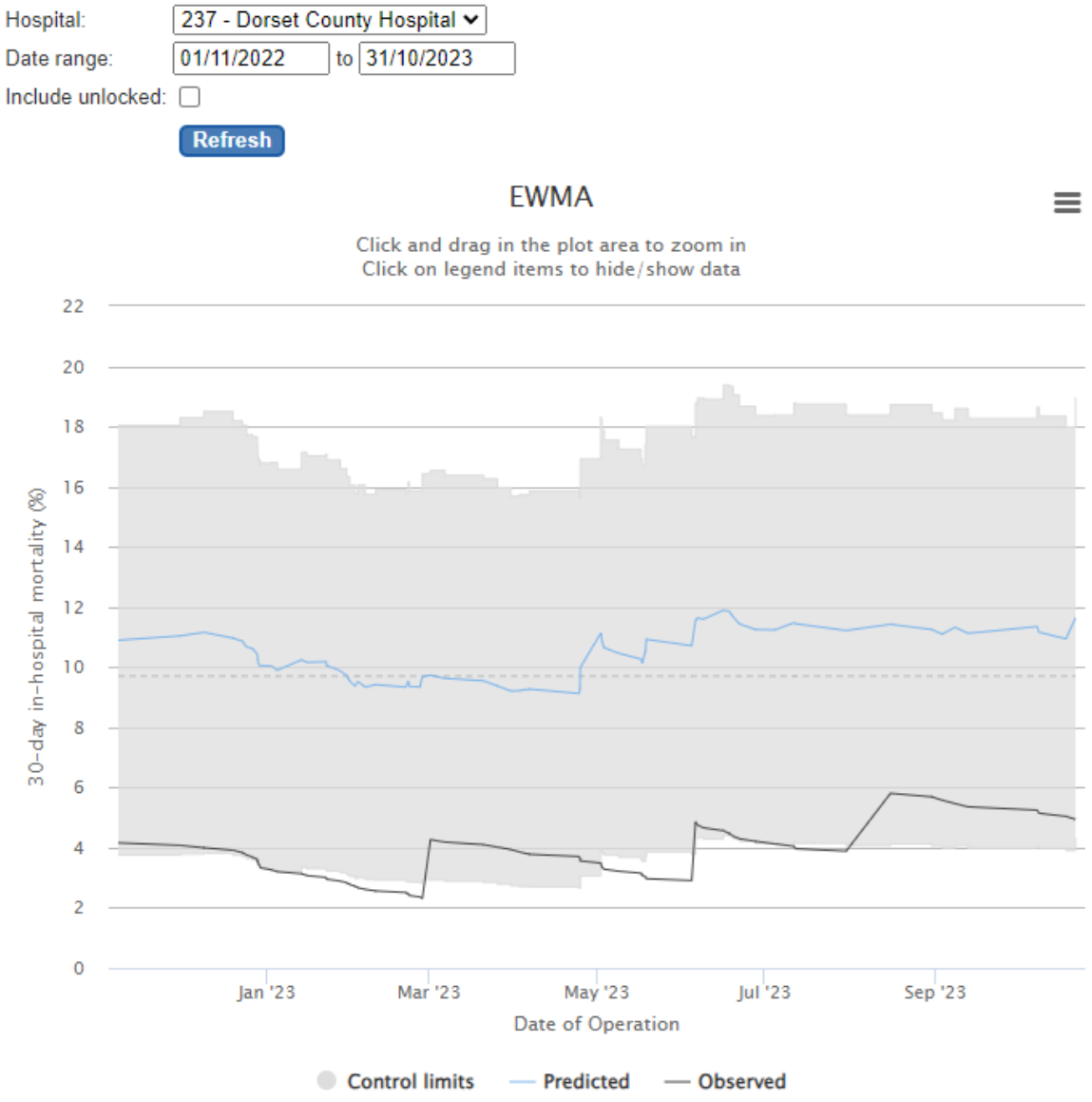

'Hours to operation' remains significantly better than the national average (30.7 vs 39.2 hours) and, after a post-covid rise from around 23 hours, is tending to decrease again.

### 3.6 National Emergency Laparotomy Audit

Patients admitted to hospital because of an acute abdominal problem will usually undergo an urgent abdominal CT scan in order to arrive at a diagnosis. They may then need a general anaesthetic and an 'emergency laparotomy' (open abdominal surgical exploration) to resolve the underlying problem. These are high risk procedures since time to optimise the patient's condition may not be available if deterioration is occurring.

A Exponentially Weighted Moving Average chart can be used to display near real-time in-hospital mortality within a single hospital . The chart below displays the expected range of mortality given the hospitals casemix, and the hospital's actual mortality. EWMAs can be used as a warning system for early detection of concerning changes in mortality rates. The light blue line is the 'expected mortality' percentage, the dotted line is the national average, the black line is the 'observed (actual DCH) mortality percentage, and the grey area denotes the upper and lower control limits.

The mortality percentage for DCH is approximately one third of the expected mortality and on occasions is below the lower control limit suggesting that DCH's results are 'statistically significantly' better than expected for this 12 month period.



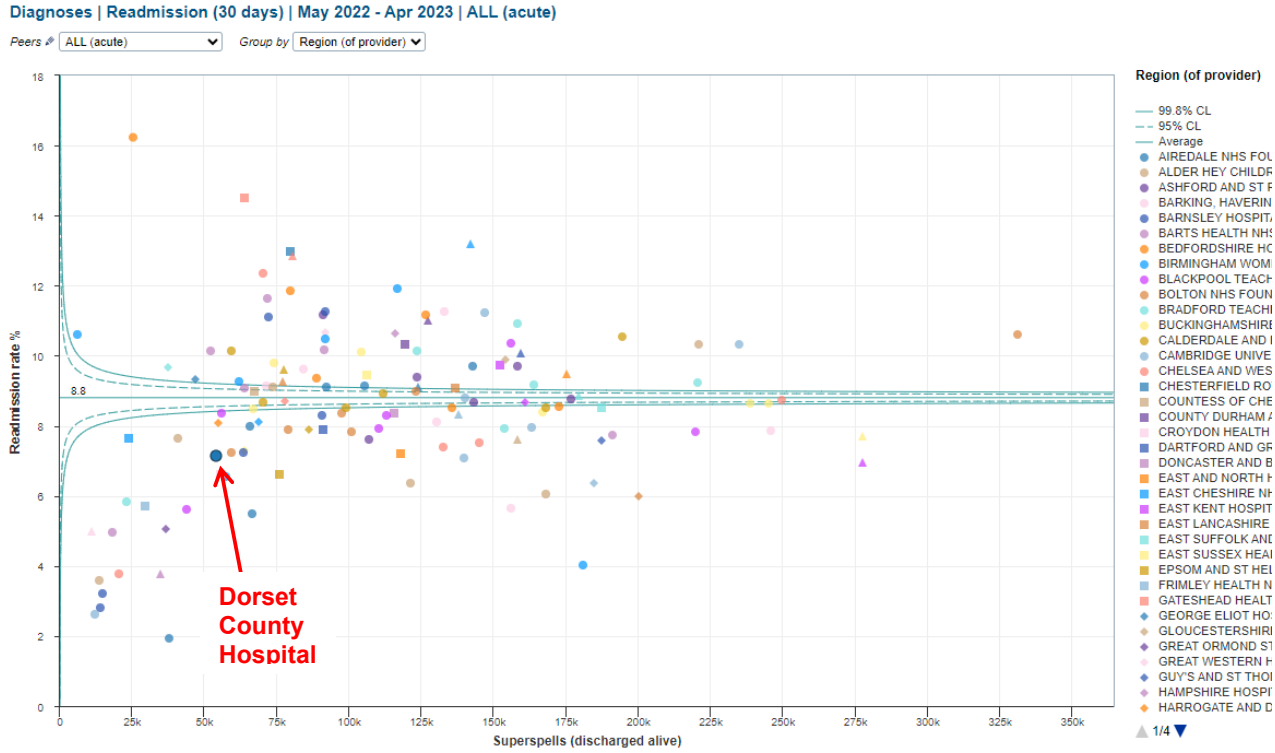
**3.7 Getting it Right First Time**; reviews in Qtr 2

GIRFT are now responsible for, and primarily focusing on, recovery of waiting lists in 6 High Volume, Low Complexity (HVLC) specialties – ophthalmology, ENT, gynaecology, general surgery, urology and orthopaedics. However, this has no direct bearing on Learning from Deaths. A GIRFT Gateway Review for Gynaecology was conducted on the 26.07.23.

**3.8 Trauma Audit and Research Network**

DCH is a designated Major Trauma Unit (TU) providing care for most injured patients, and has an active, effective trauma Quality Improvement programme. It submits data on a regular basis to TARN which then enables comparison with other TUs. No new data has been published since that reported in the previous Q2 Learning from Deaths report. The data is therefore unchanged and reports up to December 2021 only. The TARN website remains unavailable (following a cybersecurity issue).

**3.9 Readmission to hospital within 30 days**, latest available data (Dr Foster); lower is better




A readmission to hospital within 30 days suggests either inadequate initial treatment or a poorly planned discharge process. However, DCH's readmission rate continues to be significantly lower than the average of other acute Trusts.

**3.10 National Child Mortality Database**

The National Child Mortality Database (NCMD) was launched on 1 April 2019 and collates data collected by Child Death Overview Panels (CDOPs) in England from reviews of all children who die at any time after birth and before their 18th birthday.

NCMD have released data for 2023, which covers child deaths notified and reviewed up until 31 March 2023. This year's data includes 3,743 child deaths in England notified to NCMD between April 2022 and March 2023, an estimated rate of 31.8 deaths per 100,000 children.

The number of deaths increased by 8% on the previous year and was the highest number of deaths in a year since NCMD started data collection in 2019.
The data gives broad insights into when and where these deaths occurred; the characteristics of the children who died, including sex and age group; and where modifiable factors were identified. It also sets these statistics against those seen in previous years. The data will be analysed in greater detail, and with more specific focus, in a series of thematic reports, which aim to pull out key findings and recommendations.

Child death data release 2023 | National Child Mortality Database (ncmd.info)

Ethnicity and social deprivation are significantly associated with poorer outcomes / higher death rates.

The **child death rate** in each region of England ranged from 24.2 to 41.1 per 100,000 population of 0-17 year olds (Figure 2), an increase on the previous year for most regions. The South West child death rate for 2023 was 24.2 per 100,000 compared to 22.7 per 100,000 in 2022.

For children aged between 1 and 17 years, the highest death rate continued to be for children aged between 15-17 years (21.3 per 100,000 population), followed by 1-4 year olds (17.6 per 100,000 population).

The **infant death rate** was 3.8 per 1,000 live births, an increase from 3.6 in the previous year nationally. South West regional rate 2.9 per 1000 live births (2.7 in 2022). However, the estimated death rate for infants born at 24 weeks or over was 2.7 deaths per 1,000 live births of the same gestational age (national data), the same rate as the previous year.

**Neonatal deaths** (deaths of babies under 28 days of age): The estimated **neonatal death rate** was 2.7 per 1,000 live births, an increase from 2.4 in the previous year. However, the estimated neonatal death rate for babies born at 24 weeks or over was 1.6 deaths per 1,000 live births of the same gestational age, a decrease from 1.7 in the previous year. The neonatal mortality rate ambition, derived from ONS data, is 1.0 deaths per 1,000 live births of babies born at 24 weeks or over, by 2025.

See also 'Safer Maternity Care' report 2021
[Insert title of report] (england.nhs.uk)

And MBRRACE data (latest report 2021) MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU (ox.ac.uk)

**CDOP data**: 3,271 child deaths were reviewed by CDOPs in England between 1 April 2022 and 31 March 2023 (some of these deaths may have occurred in earlier years), a 19% increase on the previous year and the highest number since 2019.
The proportion of reviews that identified modifiable factors continued to rise with 39% of deaths reviewed in the year ending 31 March 2023 identifying modifiable factors. The proportion of reviews with modifiable factors varied per region from 27% to 52%.
Deaths categorised as *Deliberately inflicted injury, abuse or neglect* had the highest proportion of reviews with modifiable factors (81%), followed by *Sudden unexpected and unexplained death* (76%), *Trauma or other external factors* (71%) and *Suicide or deliberate self-inflicted harm* (50%).
South West data: 266 child death reviews completed in 2023 of which 39% were assessed as having modifiable factors.
Locally there has been lots of learning around optimisation of care for preterm babies (PeriPrem Bundle at https://www.swneonatalnetwork.co.uk/professionals-area/neonatal-guidelines-and-publications/south-west-work-programmes/periprem/) – at perinatal M&M meetings, SCBU study days with SIM practice and CDOP learning events.
There have also been local learning events from Child Safeguarding Practice Reviews (including learning in extrafamilial abuse and child exploitation).

### 3.11 National Perinatal Mortality Review tool

Case review relating to antepartum stillbirth at 30 weeks gestation in a high risk pregnancy.

Grading outcome:
The review group identified care issues which they considered *may have made a difference* to the outcome for the baby.
Learning identified:

- Updated guidance on indications for serial growth scans on GROW.
- Improved communication regarding actions arising from specialist reviews
- Improved documentation on BadgerNet for action plans

Learning from previous PMRT:

- Improved process for sending placental histology
- Excellent palliative care planning and communication

## 4.0 QUALITY IMPROVEMENT ARISING FROM SJRs & HMG

The following themes have been identified from SJRs / discussions at HMG and are being translated into quality improvement projects:

a) A Treatment Escalation Plan (TEP) / DNACPR Task group has been set up to improve pathways of care. The aim is to support staff to undertake conversations at an early stage in care and better recognize those people for whom supportive care is more appropriate than treatment escalation, to facilitate discussions with patients / relatives as appropriate to hear their view / wishes & thereby improve care for patients. The group have met twice so far; an updated TEP policy is in progress and training resources being identified / developed with learning from the region and nationally.

b) With an elevated SHMI and in the absence of any obvious flags from SJRs, an audit of 65 consecutive deaths has been undertaken to re-examine the accuracy and quality of the SJR scrutiny, in association with the Dorset ICS Learning from Deaths committee. The audit report is presented separately. Arising from this will be a QIP for palliative care – with the aim of improving access to hospice / community care to support the wishes of people provided with EoL care plans.

## 5.0 MORBIDITY and MORTALITY MEETINGS

Morbidity and mortality meetings are continuing across the Trust, with minutes collated by Divisional Quality Managers. Dates of these meetings are reported to and reviewed by the Divisional Clinical Governance meetings.

Examples of learning from the paediatric, anaesthetic and ED teams which meet regularly for Paediatric M&M (led by Dr C Hollingsworth):

- Many examples of high quality care and interdepartmental collaboration
- Gaps in service provision identified and discussions between DCH Paediatrics & UHS / SORT to facilitate care (e.g children requiring endoscopy but do not meet criteria for surgical specialty services- case by case discussions and access to surgical specialty facilitated; 16-18yr oncology pathways updated & clarified)
- Time critical transfer arrangements and discussions between SWAST / HEMS / SORT to facilitate these.
- Improved written communication regarding DCH consultant allocated to facilitate quality improvement of discharge summaries and follow up care for children returning to DCH from tertiary centre.
- Revision of triage pathways & importance of quality of referrals with access to further information where necessary.
- Guideline updates (including update of developmental delay screening investigations on ICE; guidance on shunt tap if blocked VP shunt)
- Individualised care plans documented on DPR for emergency presentations.
- Planned review of process for timely updating of long term open access forms.

## 6.0 LEARNING FROM CORONER'S INQUESTS Q2

DCH has been notified of 16 new Coroner's inquests being opened in the period 01 July 2023 – 30 September 2023.

10 inquests were held during Quarter 2. 7 inquests were heard as Documentary hearings, not requiring DCH attendance. 2 required the clinician to attend Court in person. 1 required attendance remotely from the DCH 'virtual courtroom' (in THQ) using Microsoft Teams. The Risk Team no longer have a dedicated Virtual Court Room, due to office re-configuration. 3 pre-Inquest Review hearings were held.

We currently have 44 open Inquests. The Coroner has reviewed all outstanding cases to decide whether any can be heard as documentary hearings. No Regulation 28 (Preventive Future Death Notices) have been given during this quarter.

We continue to work with the Coroner's office, and will continue to support staff before, during and after these hearings. The coroner requested that from May 2022 witnesses should attend the court room at the Town Hall, Bournemouth in person. Authority is now required if we wish the clinician to attend remotely.

No specific new learning identified: Reminders of good practice in documenting clinical discussions between clinicians in different organisations; communication & printing AGYLE records where appropriate for handover care to community hospitals.

## 7.0 LEARNING FROM CLAIMS Q2

Legal claims are facilitated by NHS Resolution, who also produce a scorecard of each Trust's claims pattern and costs. GIRFT is also requesting us to examine our pattern of claims for the past 5 years to see what learning can be gleaned – this process is currently under review.

Claims pattern Quarter 2 FY 23/24.

| | |
|---|---|
| New potential claims | 12 |
| Disclosed patient records | 28 (13 claims, 15 disclosures to the coroner) |
| Formal claims | 3 clinical negligence, 3 employee claim |
| Settled claims | 7 clinical negligence, 0 employee claims |
| Closed - no damages | 8 clinical negligence, 0 employee claims |

## 8.0 SUMMARY

SHMI improved as predicted in the rolling years to April, May and June 2023, and has been within the 'as expected' range for 5 of the last 6 months with an on-going trend to improvement.

All mortality data requires on-going scrutiny and an audit of approximately 65 deaths has been completed and is tabled for the same Quality Committee meeting as this paper. Additional external oversight has been arranged through the ICS and a link has been established with Dr Sean Weaver, mortality lead at UHD.

The coding department continues to attempt to recruit to establishment and has recruited two apprentice coders who will complete their training over the coming two years.

No other metrics of in-patient care suggest that excess mortality is occurring at DCH and much of the national data suggests better than average mortality, including the National Hip Fracture Audit. Nevertheless the Hospital Mortality Group remains vigilant and will continue to scrutinise and interrogate all available data to confirm or refute this statement on a month by month basis. At the same time internal processes around the completion and recording of SJRs, M&M meetings, Medical Examiners and Learning from Deaths are now well embedded and working effectively within the Divisional and Care Group Teams.

# Freedom to Speak Up & Whistleblowing Report Q1 & Q2 2023
## Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors, Part 1 | | |
| **Date of Meeting:** | 29th November 2023 | | |
| **Document Title:** | Freedom to Speak Up & Whistleblowing Report Q1 & Q2 | | |
| **Responsible Director:** | Nicola Plumb – Chief People Officer<br>Emma Hallett – Deputy Chief People Officer | Date of Executive Approval | 8th November 2023 (EH) |
| **Author:** | Lynn Paterson - Freedom to Speak Up Guardian<br>Catherine Youers- Head of People Services | | |
| **Confidentiality:** | No | | |
| **Publishable under FOI?** | Yes | | |
| **Predetermined Report Format?** | No | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| People & Culture Committee | 20th November 23 | |
| | | |

| 3. Purpose of the Paper | To provide a bi-annual update on the Freedom to Speak Up cases and activities and formal whistleblowing disclosures made in Quarter 1 and 2 (April-September 2023) and outline plans moving forward. | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Note (✓)* | ***X*** | *Discuss (✓)* | | *Recommend (✓)* | | *Approve (✓)* | |
| **4. Executive Summary** | This report covers the bi-annual Freedom to Speak Up (FTSU) activity and Whistleblowing arrangements. The update provides a summary of the activities of the FTSU work & formal Whistleblowing disclosures between April and September 2023 (Q1 and 2). **There were 100 cases reported to the guardian during this period and no formal whistleblowing disclosures.**<br><br>We welcome concerns raised as part of our commitment to a culture of speaking up safely. The number of concerns raised through the FTSU process in Q1 and 2 was notably higher than the previous two quarters. However, as previously discussed with the committee, the increase in activity is likely due increased visibility and communications from the FTSU Guardian (FTSUG).<br><br>Concerns involving elements that indicate a risk of adverse impact of worker wellbeing was the most prominent theme. These are mainly in relation to repeated incivility towards staff.<br><br>96% of concerns have been resolved within the timeframe set for action (3 weeks).<br><br>Development activities such as the Trust's Dignity & Respect at Work (DRW) workshops and the Inclusive Leadership Programme have raised awareness about acceptable and unacceptable behaviour. The weekly Organisational Development (OD) bulletin is regularly used to reiterate the messages about Speaking Up as well as signposting staff to training opportunities. | | | | | | | |

| | |
|---|---|
| | Next steps include raising awareness of the speaking up agenda with promotional activities including Speak Up month, increasing the Champion Networks and expanding the speak up training reach. |
| **5. Action recommended** | The Board is recommended to:<br>1. **NOTE** the update |

| **6. Governance and Compliance Obligations** | | | | |
|---|---|---|---|---|
| **Legal / Regulatory Link** | | **Yes** | | Contractual requirement to have FTSUG. Reporting follows national guidelines. |
| **Impact on CQC Standards** | | **Yes** | | Links to well-led leadership & management promoting open & fair culture. |
| **Risk Link** | | | **No** | |
| **Impact on Social Value** | | **Yes** | | Recognised as a Good Employer, ensuring employees have a positive & fulfilling experience. |
| **Trust Strategy Link** | | Looking after and investing in our staff, developing our workforce to support outstanding care and equity of access and outcomes. Creating an environment where everyone feels they belong. | | |
| **Strategic Objectives** | People | look after and invest in our staff, developing our workforce to support outstanding care and equity of access and outcomes. | | |
| | Place | create an environment where everyone feels they belong, they matter, and their voice is heard. | | |
| | Partnership | continue to create collaborative and multidisciplinary professional team working to maximise skills, knowledge, and respect. | | |
| **Dorset Integrated Care System (ICS) Objectives** | | **Which Dorset ICS Objective does this report link to / support?**<br>*Please summarise how your report contributes to the Dorset ICS key objectives.*<br>*(Please delete as appropriate)* | | |
| Improving population health and healthcare | | **Yes** | | Information and insight provided can contribute to this ecology of improving population health and healthcare |
| Tackling unequal outcomes and access | | **Yes** | | Information and insight provided can result in improvements for patient safety and the staff experience. |
| Enhancing productivity and value for money | | **Yes** | | Information and insight provided could result in improvements |
| Helping the NHS to support broader social and economic development | | **Yes** | | Information and insight provided could foster better understanding amongst staff members. |
| **Assessments** | | **Have these assessments been completed?**<br>*If yes, please include the assessment in the appendix to the report..*<br>*If no, please state the reason in the comment box below.*<br>*(Please delete as appropriate)* | | |
| Equality Impact Assessment (EIA) | | | **No** | n/a |
| Quality Impact Assessment (QIA) | | | **No** | n/a |

**Bi-annual Freedom to Speak Up and Whistleblowing Report**

## Executive Summary

The Freedom to Speak Up Guardian (FTSUG) Lynn Paterson commenced the post in January 2023. The FTSUG's key role is to support the creation of a positive, just and learning culture where our people feel listened to, and feedback is welcomed, and acted on. We welcome concerns raised as part of our commitment to a culture of speaking up safely.

There were 100 cases/concerns reported to the guardian during Quarter 1 and 2 (1 April to 30 September 2023), Q2 was higher with 59 cases. This is notably higher than the previous two quarters. The increase in activity is likely due to having a dedicated FTSUG now in place with heightened visibility and communications across the Trust. Concerns have been raised mainly by individuals, however include several staff members from the same departments.

Concerns involving elements of risk to worker safety/wellbeing, primarily worker wellbeing, remain the highest indicator, reported in 93% of cases with other behaviours such as incivility present in 60 of the cases.

Staff who express their wellbeing is affected are directed to the support available via the Health & Wellbeing Lead including Vivup. Development activities such as the Trust's Dignity and Respect at Work (DRW) workshops and the Inclusive Leadership programme have raised awareness about acceptable and unacceptable behaviour. The weekly OD bulletin is regularly used to reiterate the messages about Speaking Up as well as signposting staff to training opportunities. Whilst DRW workshops highlight ways to respectfully challenge the perpetrator, it is recognised that some staff may not yet have the confidence to do so. As such, during the workshops, staff are signposted to a variety of routes to speaking up and other sources of support.

Over the past year the foundation has been laid to develop a 'speaking up culture'. Despite significant staffing challenges, approaches and activities have started to gain momentum and staff engagement in the speaking up agenda continues to rise. The FTSUG now reports directly to the CEO which should contribute to staff being reassured in the speaking up process and reduce fear of detriment.

The Committee is recommended to note this update.

## 1.0 Introduction

1.1 It is a contractual requirement for all NHS provider Trusts to have a FTSUG. The guardian's key role is to support the creation of a positive, open learning culture where our people feel listened to, and feedback is welcomed, and acted on. 'Every Voice Counts' is one of the principles outlined in the People Plan/Promise (2020/21) which advocates for all staff to feel safe and confident to speak up with an expectation to be listened to and for appropriate action to be taken.

1.2 The FTSUG provides bi-annual updates to the Trust Board, as recommended by the National Guardian Office (NGO).

1.3 The FTSUG is supported by a network of FTSU Champions, which have increased from 16 to 19 and continues to grow. Champions work to ensure colleagues understand and can access routes to speaking up and provide a confidential source of signposting. This model follows the recommendations of the NGO and CQC.

1.4 This report also covers whistleblowing activity. Previously, an annual review of whistleblowing arrangements has been provided to the People and Culture Committee; this is now bi-annual. The review provides a summary of the formal whistleblowing disclosures made within the previous 6 months and the lessons learned.

1.5 The relevant policy to follow for those wishing to make a formal whistleblowing disclosure is the Freedom to Speak Up: Raising Concerns (Whistleblowing) policy (EM63). The policy signposts individuals to those who can support them to raise informal concerns, including their line manager, or where this is not possible, the FTSU Guardian, any other senior manager, Staff Governor, Clinical Lead, Clinical Director, Executive Director or Non-Executive Director within the Trust. The process for making a formal whistleblowing disclosure is documented within the policy. The policy was revised and ratified by Partnership Forum last year and policy aligns to the NHS standard integrated whistleblowing policy produced by NHSEI.

## 2.0 Reporting Speaking Up Cases

2.1 The FTSUG submits Quarterly DCH Speaking Up data online via the NGO Portal. This is published nationally by the NGO alongside all other NHS Trusts' data.

2.2 Quarter 1 and Quarter 2 saw a 185% increase in cases from the last reporting period (35 to 100), as such, an in-depth comparison between these may be ineffectual. This increase is likely attributed to the communication and visibility of the appointed FTSUG.

2.3 FTSU data for Q1 and Q2:

| Total concerns raised | Q1 | Q2 |
|---|---|---|
| | 41 | 59 |
| Raised anonymously | 0 | 0 |
| Elements of bullying/harrassment | 13 | 9 |
| Elements of patient safety/quality | 17 | 15 |
| Element of work safety/wellbeing | 38 | 55 |
| Other (inappropriate behaviours) | 27 | 33 |
| Detriment for speaking up | 16 | 15 |

2.4 96% of concerns have been resolved within the timeframe set for action (3 weeks) and through signposting to routes of support and supporting individuals to raise concerns directly with their line managers.

2.5 The remaining concerns are in the process of resolution. Progress has been delayed in some cases due to availability of the relevant staff members to review the concerns.

2.6 More robust triangulation of data has developed, to help identify hotspots, particularly in relation to patient safety and staff turnover/retention. Weekly Patient Safety Huddles now take place with attendance from FTSUG and relevant stakeholders. Local Intelligence meetings between HR, Workforce Business Partners (WBPs), OD and

Education are in progress. This collaboration is very helpful in providing initial context around the issues and then highlighting who to progress matters to.

2.7 **No formal whistleblowing disclosures have been made in the period covering this review**. The last formal whistleblowing disclosure made within the Trust was in July 2020. This is mirrored within the Dorset region with no formal disclosures made during Q1 and Q2. Whilst there have been no formal whistleblowing disclosures made in this period, there has been an increase in issues raised via the FTSUG. It is positive that staff are feeling able to raise issues using this mechanism rather than the formal whistleblowing process.

**3.0 Emerging Themes**

3.1 There has been a 44% increase in cases between the two quarters which sounds significant, but this is most likely attributed to the frequent communications and increased visibility of the postholder, and additionally, promotion of Speak Up month which occurs in October.

3.2 Elements that indicate a risk of adverse impact of worker wellbeing was the most prominent theme. These are mainly in relation to incivility towards staff. In these cases, staff wellbeing support information is given, and the Trust's mandatory DRW Programme recommended. Moving forward, staff safety and staff wellbeing will be separated into 2 categories to differentiate between them.

3.3 Whilst the DRW programme highlights ways to respectfully challenge unacceptable behaviour directly with the perpetrator, it is recognised that some staff may not yet have the confidence to do so. Therefore, as part of the programme, staff are signposted to a variety of routes to speaking up and other sources of support.

3.4 Other themes that featured prominently involve uncivil behaviour and poor communication/feedback/action primarily from Line Managers. Due to lack of timely feedback/action, staff report things are 'being swept under the carpet'. This is verified as 60% of cases reported they have raised the concern to someone else, prior to raising it with the FTSUG. Additionally, a poor culture and staff being treated unfairly/inconsistent management and not feeling valued were recurring themes.

3.5 Q1 and Q2 had 0% of concerns raised anonymously, which echoes the previous Q3 and Q4. This is encouraging as staff feel able to raise a concern either confidentially or openly. Additionally, there is now an anonymous postbox for staff to be able to raise concerns.

**4.0 Next Steps**

4.1 The culture around 'Psychological safety' to speak up is in the process of development. The fear of 'detriment' as a result of speaking up still features as a theme. Further questions are now being asked when dealing with a case to try to gain more understanding around staffs fear of detriment.

4.2 The Champions Network is increasing with regular drop-in sessions and meetings scheduled to share ideas for promotional activities, increase engagement which

includes encouraging staff to access the FTSU training materials on ESR. It is also an opportunity for the Champions to share any themes they might be noticing.

4.3 The FTSUG continues to drive a stronger 'speaking up' culture by attending team/department meetings, Staff Networks, Induction and preceptorship training.

4.5 Breaking Barriers has been identified as the theme for Speak Up month. Discussions will continue in identifying and tackling barriers to speaking up, to enable informing and learning to achieve improvements. A question has been incorporated into the FTSUG feedback survey to further support work in this area.

4.6 Collaborative working has already been established with the FTSUG at DHC and we are currently working together to present a joint training session for the Board.

4.7 The current FTSU Policy has been revised to incorporate the mandated NGO's Policy and is currently subject to approval from the sub-policy committee.

4.8 Following the creation and population of a new FTSU database, much more detail will be able to be available to highlight hotspots, numbers of professional groups reporting concerns, themes and outcomes.

4.9 The FTSUG's proposal to incorporate speak up training into the Ward Accreditation Programme has been agreed and will be updated to further embed the speaking up agenda.

**5.0 Conclusion**

5.1 The FTSU Guardian role supports the creation of a positive culture and environment for raising concerns. It helps protect patient safety and quality of care, improve staff experience and promote learning and development leading to continuous improvement.

5.2 Collectively, we need to be more visible in our messaging regarding our values with an emphasis on civility, improve communications around any challenges and ensure that we have people with the right expertise to tackle some issues in this report. Encouragingly, staff mainly appear to be employed in a role they enjoy; however wellbeing is being impacted by incivility and their concerns not being acted upon. Managers should be role models, setting an example by leading in the Trusts values. DRW is mandatory for all staff and the Management Matters Programme is underway. This will invariably help managers with issues such as Conflict Resolution, motivating and maintaining morale within their teams and give staff the confidence to challenge uncivil and unprofessional behaviour as it arises.

**6. Recommendation**

The Committee is recommended to note this update and the ongoing work of the Freedom to Speak Up Guardian.

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

**Escalation Report**

**Committee: Quality Committee**

**Date of Meeting: 24th October 2023**

**Presented by: Eiri Jones**

| | |
|---|---|
| **Significant risks / issues for escalation to Board for action** | • Resolution to the oncology issues have not been resolved, but mitigations are in place and no problems from those mitigations have been raised to date.<br>• The call bell issue in maternity had not yet been resolved, although this is a priority and CH is actively involved. |
| **Key issues / matters discussed at the Committee** | The committee received, discussed and noted the following reports:<br>• Quality Report noting that future progress updates on the QI strategy would include the Trust's self-assessment against the national standards. Further assurance was required around the safety of medicines management.<br>• CQC update<br>• VTE Overview and Assurance, noting good progress in this field.<br>• Divisional Updates, including updates on Nutrition Strategy, typing turnaround times, and WHO Audit Results. Of note Dr Claire Hollingsworth had been awarded Consultant of the Year. Progress was being made re the WHO checklist audit, but further assurance required that all stages of the checklist were being recorded sufficiently.<br>• Maternity Safety Report noting that all high-level risks for maternity were discussed and are being acted on.<br>• Security Incidents Deep Dive and Reducing Violence and Aggression Action Plan<br>• Transition Team Update noting the importance of youth workers and progress against the plan, but with further support needed to ensure that transition was everybody's business.<br>• Escalation Reports from the following subgroups:<br>  ○ Medicines Committee<br>  ○ Clinical Effectiveness Committee<br>  ○ Infection Prevention and Control Committee |
| **Decisions made by the Committee** | • Nil |
| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • Nil |
| **Items / issues for referral to other Committees** | • Nil |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

**Escalation Report**

**Committee: Quality Committee**

**Date of Meeting: 21st November 2023**

**Presented by: Eiri Jones**

| | |
|---|---|
| **Significant risks / issues for escalation to Board for action** | • Increase in no and low harm medication incidents noted and as result of a focus on improved reporting of omitted doses.<br>• Breaches of mixed sex accommodation due to operational bed pressures<br>• Risk of harm due to outpatient delays in Ophthalmology. Ongoing harm review and assurances sought for risk stratification and to avoid future occurrences<br>• Never-event occurred in September (to be further discussed once review complete).<br>• Positive areas to report include reduction in falls, reduction in grade 2 pressure ulcers, reduction in formal complaints, improvement in SHMI to within expected range. |

| | |
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| **Key issues / matters discussed at the Committee** | The committee received, discussed and noted the following reports:<br>• Quality Report noting:<br>  ○ Low respiratory infections, positive infection prevention and control performance, reduction in inpatient falls following continued work in this area.<br>  ○ Concerns regarding the uptake of MUST screening; increased focus on this including reinvigoration of the Nutrition Group, noting the absence of a Chief Dietician at present.<br>  ○ Verbal update regarding a never-event which occurred in September. No harm had come to the patient concerned. A full update would be shared at the December meeting.<br>• Divisional Updates noting:<br>  ○ Detailed discussion of UKAS accreditation for Microbiology. Further work to come back in next quarter.<br>  ○ The ongoing work in ophthalmology to reduce waiting times and risk of harms to patients. Further assurance required which will be returned to committee in December.<br>• Maternity Safety Report noting:<br>  ○ Work to refine the content of the report with a greater focus on learning and outcomes.<br>  ○ Discussion of the S29a warning notice action plan<br>  ○ Good assurance provided in several key areas, new dashboard under development to provide a view on a page.<br>• Learning from Deaths Report and the completed audit of 65 deaths, positive assurance provided.<br>• Transformation Update noted.<br>• Escalation Reports from the following subgroups:<br>  ○ Mental Health Steering Group<br>  ○ End of Life Committee<br>  ○ Research Steering Group<br>  ○ Safeguarding Group<br>• ICB Minutes |

| | |
|---|---|
| **Decisions made by the Committee** | • Further assurance sought in relation to ophthalmology and UKAS accreditation for microbiology. |
| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • Impact of operational pressures on quality (patient safety, experience and clinical outcomes) of care. |
| **Items / issues for referral to other Committees** | • Training Needs Analysis in maternity to be referred to People and Culture Committee. |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Escalation Report

**Executive / Committee: Finance and Performance Committee**

**Date of Meeting: Monday 23rd October 2023**

**Presented by: Stephen Tilton**

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|---|---|
| **Significant risks / issues for escalation to Committee / Board for action** | • The Month 6 Finance Report<br>• Seasonal Winter Surge Plan is recommended to the Board.<br>• The risk to Freedom of Information Act compliance. |
| **Key issues / matters discussed at the Committee** | The meeting considered the following items:<br>• The Performance Report which noted:<br>  ○ Continuing high levels of urgent and emergency care demand and referral rates.<br>  ○ Reductions in waiting list size in diagnostic services.<br>  ○ Increased levels of activity although further increases were necessary to maintain the waiting list.<br>  ○ The impact of industrial action in terms of lost opportunity.<br>  ○ Ongoing work to improve productivity.<br>  ○ Work to identify and staff escalation beds over the winter period.<br>• Finance Report noting:<br>  ○ A deteriorating position at Month 6<br>  ○ Underperformance in respect to Elective Recovery Funding<br>  ○ Implementation of additional stretch targets to bridge the cost improvement and savings gap.<br>  ○ Risk to the breakeven position of £10m by year end.<br>  ○ Risk to the cash position by year end.<br>  ○ Ongoing system-wide discussion of the financial challenges.<br>• Cyber Security and Risk Update.<br>• Business Planning 2024/25 timeline and process.<br>• Escalation Reports from the following subgroups were noted:<br>  ○ CPSUG<br>  ○ Sustainability Working Group<br>  ○ Information Governance Group noting also the addition of a risk to the corporate risk register relating to Freedom of Information Act compliance. The risk was understood by the executive team and the situation will be monitored. |
| **Decisions made by the Committee** | • Seasonal Winter Surge Plan was approved and is recommended to the Board.<br>• The following contracts were reviewed and are recommended to the Board for approval:<br>  ○ Non-Invasive Ventilation and Sleep Therapy.<br>  ○ Managed Network Service Contract Extension.<br>  ○ Waiver – Autism Assessment Psicon.<br>• The Strategic Estates Board Terms of Reference were approved. |

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| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • A risk to Freedom of Information Act compliance had been added to the corporate risk register and had been accepted by the executive team. |
| **Items / issues for referral to other Committees** | • Quality monitoring of the Autism Assessment contract to be undertaken by the Quality Committee.<br>• People and Culture committee to review posts banded at band 2 and 3 to ensure salaries were competitive and attractive. |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Escalation Report

**Executive / Committee: Finance and Performance Committee**

**Date of Meeting: Monday 20th November 2023**

**Presented by: Stephen Tilton**

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|---|---|
| **Significant risks / issues for escalation to Committee / Board for action** | • The Month 7 Finance Report<br>• NHSE Operational Plan |
| **Key issues / matters discussed at the Committee** | The meeting considered the following items:<br>• Divisional Performance reports<br>  ○ CIP revised control total to be produced with a realistic out-turn<br>• The Performance Report which noted:<br>  ○ Financial and quality implications of the changes in patient transport service. Require confirmation the ICB will resolve and is on both ICB and DCH risk registers<br>  ○ Note the impact of industrial action<br>  ○ NCTR figure increasing<br>  ○ Impact of impeded flow leading to cancellations of elective care<br>  ○ Improvement in cancer performance, diagnostics improvement and the these two waiting lists coming down<br>• Finance Report noting:<br>  ○ £8.5m YTD deficit with similar drivers to previous month causing deficit.<br>  ○ Cash position improved due to mitigations which are enacted to support until end of the year.<br>• NHSE operational Plan.<br>• Paper taken to extraordinary board on 21st Nov 2023<br>• Escalation Reports from the following subgroups were noted:<br>  ○ CPSUG.<br>  ○ Emergency Planning and Resilience Group.<br>• DCH Subco Ltd Q2 Performance Report.<br>• DCH Subco Ltd. Annual Report and Accounts.<br>• ICB Finance and Performance Committee Minutes. |
| **Decisions made by the Committee** | • The following contracts were reviewed and are recommended to the Board for approval:<br>  ○ Contract Award – Water Supply and associated services.<br>  ○ UHS Pathology Contract 2023-26.<br>  ○ Contract Award - East Wing Procedure Room<br>  ○ Inventory Management System<br>  ○ Cardiology Pacing Contract Renewal – PPSA<br>• |
| **Implications for the Corporate Risk** | • Check the impact of the changes to patient transport has been captured. |

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| **Register or the Board Assurance Framework (BAF)** | |
| **Items / issues for referral to other Committees** | • Quality impact of the Patient Transport to Quality Committee<br>• Quality impact of the NHSE Operational Plan to Quality Committee |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Escalation Report

**Executive / Committee: People and Culture Committee**

**Date of Meeting: Monday 23rd October 2023**

**Presented by: Claire Lehman (Chair)**

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| **Significant risks / issues for escalation to Board for action** | • The need to prioritise investments and resources within the digital team to ensure these are most impactful.<br>• Agency Deep Dive |
| **Key issues / other matters discussed by the Committee** | The committee considered the following items:<br>• People and Performance Report and Dashboard noting:<br>  ○ Slight increase in sickness absence rates.<br>  ○ Ongoing recruitment activity including international nurses, the inclusion lead and two consultant medical posts.<br>  ○ Slight increase in the turnover rate mainly healthcare scientists and pharmacy staff groups.<br>  ○ The Staff Survey remained open.<br>  ○ Review of the trust's reward and recognition arrangements following closure of a recent survey.<br>  ○ Improved use of bank staff<br>• Divisional Reports from<br>  ○ **Urgent and Integrated Care Division** noting:<br>  ○ International recruitment to pharmacy roles.<br>  ○ Recruitment of specialist grade doctors to support consultant vacancies.<br>  ○ Discussion and review of staff accommodation needs and availability within the county.<br>  ○ **Digital Services** noting:<br>  ○ Difficulties in recruiting to the re-banded clinical coding vacancies.<br>  ○ The appointment of a Developer, the Chief Nursing Information Officer and Head of Networking.<br>  ○ The challenges associated with the development and implementation of the electronic patient record system across the county.<br>  ○ Continued capacity issues and single points of excellence in some areas.<br>• Agency Deep Dive noting:<br>  ○ Continued high levels of agency expenditure.<br>  ○ The difference between the levels of usage and spend.<br>  ○ A reduction in the use of high-cost agencies.<br>  ○ The correlation between bed occupancy, vacancy rates and agency expenditure.<br>  ○ Forecast achievement of the nursing establishment trajectory by May 2024.<br>• Ward Accreditation and Learning from Excellence Report.<br>• Education, training and Development Report – commending apprenticeship performance in the current year.<br>• Communications Activity Report. |

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| | • There were no subgroup Escalation Reports. |
| **Decisions made by the Committee** | • There were no items for approval. |
| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • Board Assurance Framework noting review of people risks to more clearly define these.<br>• Workforce Risk Report. |
| **Items / issues for referral to other Committees** | • None |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Escalation Report

**Executive / Committee: People and Culture Committee**

**Date of Meeting: Monday 20th November 2023**

**Presented by: Dave Underwood (Chair)**

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| **Significant risks / issues for escalation to Board for action** | • The Equality, Diversity and Inclusion update is recommended to the Board noting the plan to receive the Annual Report in January 2024.<br>• The outcome of the ED&I maturity audit was noted with a request that further actions strive for continuous improvement.<br>• Freedom to Speak Up and Whistleblowing Report.<br>• The Guardian of Safe Working Report is recommended to the Board. |
| **Key issues / other matters discussed by the Committee** | The committee considered the following items:<br>• People and Performance Report and Dashboard noting:<br>  ○ Revised format, use of SPC charts and clear actions associated with the analysis.<br>  ○ Broadly static indicator performance<br>  ○ Deep dive on anxiety, stress and depression causation of staff sickness absence. 70% appeared to have homelife causation. The deep dive to be repeated.<br>• Equality, Diversity and Inclusion update.<br>• Recruitment and Retention Strategy Update.<br>• Workforce Planning Progress and Insights Report.<br>• Apprenticeships and Widening Participation Report.<br>• Workforce Health and Wellbeing Review.<br>• Freedom to Speak Up and Whistleblowing Report.<br>• There were no subgroup Escalation Reports.<br>• ICB People and Culture Committee Minutes. |
| **Decisions made by the Committee** | The following reports were approved:<br>• Guardian of Safe Working Report. |
| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • Nil new. |
| **Items / issues for referral to other Committees** | • None |

NHS

# Working Together

Dorset County Hospital NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust

# Escalation Report

**Executive / Committee: Working Together Committee**

**Date of Meeting: Monday 4th October 2023**

**Presented by: David Clayton-Smith (Joint Chair)**

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| **Significant risks / issues for escalation to Committee / Board for action** | • Further discussion of the executive operating model proposal and the need for remuneration committee meetings in both trusts in November to agree proposals going forward.<br>• The need to ensure that communications going forward were more visible.<br>• Further consideration to be given to the use of joint Board Development sessions.<br>• The draft 2024/25 plan. |
| **Key issues / matters discussed at the Committee** | The committee in common considered the following items:<br>• Highlight Report noting:<br>  ○ The positive joint Board workshop meeting held recently.<br>  ○ The need to drive benefits realisation.<br>  ○ Digital improvements facilitate efficient communication between the two trusts.<br>  ○ Development of a joint strategy<br>  ○ The Resource Plan and focus on reprioritisation of available resources.<br>• 12 Month Evaluation noting:<br>  ○ The need to improve benefit measures.<br>  ○ Continuing operational pressures and impact on capacity.<br>• Joint Strategy Proposal – setting out a high-level approach to engagement and development activity and timescales.<br>• Executive Team Update<br>• Communications and Stakeholder Engagement<br>• The draft Working Together Plan 2024/35 was noted. |
| **Decisions made by the Committee** | • |
| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • Planned resetting of the Working Together Programme Risk Register. |
| **Items / issues for referral to other committees** | • |

NHS

# Working Together

Dorset County Hospital NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust

# Escalation Report

**Executive / Committee: Working Together Committee**

**Date of Meeting: Monday 16th November 2023**

**Presented by: David Clayton-Smith (Joint Chair)**

| | |
|---|---|
| **Significant risks / issues for escalation to Committee / Board for action** | • The Executive Team Proposal to be presented to each of DCH and DHC remuneration committees for approval. |
| **Key issues / matters discussed at the Committee** | The committee in common considered the following items:<br>• Executive Team Proposal |
| **Decisions made by the Committee** | • That the Executive Team Proposal be presented to the DCH Remuneration and Terms of Service Committee and the DHC Nominations and Remuneration Committee for approval. |
| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • Nil new |
| **Items / issues for referral to other committees** | • As Above |

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

# Escalation Report

**Executive / Committee: Charitable Funds Committee**

**Date of Meeting: 28 Nov 2023**

**Presented by: Dave Underwood**

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|---|---|
| **Significant risks / issues for escalation to Committee / Board for action** | • **DCHC Annual Accounts 22/23** – Trust Board (Corporate Trustee) meeting 29.11.23 for approval. |
| **Key issues / matters discussed at the Committee** | **DCHC Charitable Funds Committee (28.11.23)**<br><br>• **DCH Charity Finance/Income 23/24** reports (M7 Oct 2023) received. Total income to date as of end Oct £287,748. Unrestricted funds were £329,572, providing a surplus of £109,572 against the reserves target of £220K. Majority of annual income including notified legacy income expected in Q3/4. DCHC Financial review (6 month) held on 31.10.23. 23/24 budget reforecast from £1040K to £710K, primarily due to c£400K for capital appeal reforecast over extended appeal period to 26/27.<br><br>• **DCHC Annual Accounts 22/23** – reviewed by CFC on 28.11.23. Submitted for Trust Board (Corporate Trustee) meeting 29.11.23 for approval.<br><br>• **DCHC Business Plan 24/25 (draft)** – reviewed by CFC. Key elements include the proposed fundraising team structure, annual budget and income targets for 24/25. The committee were content with the proposals and a final version will be presented to CFC in Jan 2024, prior to submission to Trust Board (Corporate Trustee) in Mar 2024 for final approval.<br><br>• **DCHC Risk Register** – reviewed at DCHC Financial review (6mth) on 31.10.23 and CFC 28.11.23. New Economic/cost of living risk added.<br><br>• **Capital Appeal (ED/CrCU)** report received. £382,843 income/pledges to date as of Nov 2023. Major grants – invited to submit £100K application to Garfield Weston Foundation for Trustees Jan 2024 meeting. DCH100 Jurassic Coast Challenge (May 2024) targeted to raise £100K. Corporate site visits and engagement meetings in progress. Grants funding and donor engagement programme ongoing. |

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| **Decisions made by the Committee** | • Nil |
| **Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)** | • Nil |
| **Items / issues for referral to other Committees** | • Nil |

# Report Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | DCHFT Board | | |
| **Date of Meeting:** | 29 November 2023 | | |
| **Document Title:** | Social Value Programme Report (6 month) | | |
| **Responsible Director:** | Nicholas Johnson<br>Deputy Chief Executive | Date of Executive Approval | |
| **Author:** | Simon Pearson, Head of Charity & Social Value | | |
| **Confidentiality:** | | | |
| **Publishable under FOI?** | Yes | | |
| **Predetermined Report Format?** | | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| Social Value Programme Group | 8.11.23 | Noted |
| | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **3. Purpose of the Paper** | Progress report for DCH Social Value programme. | | | | | | | |
| | Note (✓) | ✓ | Discuss (✓) | | Recommend (✓) | | Approve (✓) | |
| **4. Executive Summary** | This paper presents a six-month update on key highlights for the DCH Social Value programme, including:<br><br>- Joint Strategy (DCH/DHC) (incl. Social Value)<br>- Energy Strategy/Decarbonisation plans<br>- Sustainable Procurement Policy<br>- Living Wage Employer accreditation<br>- Estates Capital Projects<br>- Local Employment (Apprenticeships/Scholarships)<br>- Dorset Anchors Network | | | | | | | |
| **5. Action recommended** | The DCHFT Board is recommended to:<br><br>1. **NOTE** the progress of DCH's Social Value programme. | | | | | | | |

| 6. Governance and Compliance Obligations | | | |
|---|---|---|---|
| **Legal / Regulatory Link** | | **No** | If yes, please summarise the legal/regulatory compliance requirement.<br>(Please delete as appropriate) |
| **Impact on CQC Standards** | | **No** | If yes, please summarise the impact on CQC standards.<br>(Please delete as appropriate) |
| **Risk Link** | | **No** | f yes, please state the link to Board Assurance Framework and Corporate Risk Register risks (incl. reference number). Provide a statement on the mitigated risk position.<br>(Please delete as appropriate) |
| **Impact on Social Value** | **Yes** | | Supports Social Value Pledge as reports on delivery of DCH Social Value programme |

| Trust Strategy Link | | How does this report link to the Trust's Strategic Objectives?<br>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. | | |
|---|---|---|---|---|
| **Strategic Objectives** | People | Social value commitments to local employment; good employer and EDI. | | |
| | Place | Social value contributes to the social and economic health of our local communities. | | |
| | Partnership | Social value pledge aims to work with Dorset anchors across the ICS system. | | |
| **Dorset Integrated Care System (ICS) Objectives** | | **Which Dorset ICS Objective does this report link to / support?**<br>Please summarise how your report contributes to the Dorset ICS key objectives.<br><br>(Please delete as appropriate) | | |
| Improving population health and healthcare | | **Yes** | | Addressing social determinants of health. |
| Tackling unequal outcomes and access | | **Yes** | | Social value programme aims to reduce avoidable inequalities. |
| Enhancing productivity and value for money | | **Yes** | | Good employer commitment contributes to enhancing staff performance and productivity. |
| Helping the NHS to support broader social and economic development | | **Yes** | | Social value contributes to the social and economic health of our local communities, through provision of local employment and local investment in Dorset economy. |
| **Assessments** | | **Have these assessments been completed?**<br>If yes, please include the assessment in the appendix to the report..<br>If no, please state the reason in the comment box below.<br>(Please delete as appropriate) | | |
| Equality Impact Assessment (EIA) | | **Yes** | **No** | N/A |
| Quality Impact Assessment (QIA) | | **Yes** | **No** | N/A |

# DCH Social Value Programme: Progress Report (6 month) Nov 2023

**(Simon Pearson, Head of Charity & Social Value)**

**Our Social Value Pledge**
Dorset County Hospital Foundation Trust, as an anchor institution, commits to maximise the positive social value impact we have on our local communities, contributing to improving the economic, social and environmental well-being of the local population. Through our approach to delivering social value as an Acute Trust, we aim to reduce avoidable inequalities and improve health and wellbeing across our community. Our Social Value Pledge is available here: https://www.dchft.nhs.uk/about-us/social-value/

This report presents an update with key highlights, reflecting the breadth of DCH's Social Value programme.

- **IMPACT Social Value Reporting**: We continue to populate the IMPACT Social Value Reporting online platform with key DCH Social Value projects, activities and goals.

- **Strategic:** Social Value Programme Group continue work on embedding social value in the Trust's strategic planning process, integrating social value into business planning, policies and operational activities.

- **DCH/DHC Joint Executive:** Simon Pearson (DCH) and Helena Posnett (DHC) provided a presentation to the Joint Executive team on 7.11.23 on DCH's social value programme and DHC's developing work focused on their role as an anchor institution in addressing health inequalities. It was agreed the new DCH/DHC joint strategy will incorporate social value/anchor objectives. SP/HP will develop 'working together' opportunities to advance this work.

- **DCH Energy Strategy/Decarbonisation Plans:** Sustainability is one of the key objectives within DCH's Trust Strategy and the Trust recognises its social and statutory responsibilities to being Net Zero Carbon (NZC) by 2040. Currently the NHS is responsible for 5% of the national carbon footprint and climate change poses a major threat to the health of the communities we serve. Alongside this, the Trust faces pressures from rising energy prices, the need to find considerable financial efficiencies, and operational pressures around energy security. All these factors point to the need for a new Energy Strategy for the next decade, to build on the pledges we have made in our current Green Plan (2022/23-2024-25), and to plan our journey to NZC, energy efficiency and security.
  Work has commenced on this by the DCH Energy Efficiency Group. The first stage is underway working with specialist advisers to develop a whole campus Heat Decarbonisation Plan setting out efficiencies and return on investments options and

  carbon reduction options. This will consider innovative ideas including energy generation (solar, geothermal) and a 'whole building' and fabric first approach (e.g. cavity wall and roof/roof floor insulation, solar gain shading, glazing) and behaviour change across the organisation. To facilitate the development of sustainability initiatives, in November the Trust's energy group will submit a capital funding

application to the Public Sector Decarbonisation scheme (PSDS). The group are also working on a Low Carbon Dorset Grant application for a small solar scheme. A report from the British Geological Society into Ground Source and Geothermal energy is at consultation stage. The consultants and the Energy Efficiency team are preparing a detailed Carbon Footprint for the trust so we can measure progress towards decarbonisation. As coined by NHSE 'By reducing emissions we can reduce admissions.'

- **Local Investment:** DCH's social value commitment to maximise its spend with local suppliers, investing in the local economy, is measured and recorded on our Social Value Impact platform and reported on the Trust's Strategy dashboard.
  The table below compares the Trust's spend with local businesses and 3rd sector suppliers for Q1/2 22/23 with 23/24; with growth in Local and 3rd sector spend:

| Social Value pledge | Social Value activity | Measure (Apr-Sept 22) | Measure (Apr-Sept 23) |
|---|---|---|---|
| **Maximise Local Investment** | Local Supplier (DT) spend | £2,602,821 | £3,202,172 |
| **Maximise Local Investment** | Local Catering spend | £144,419 | £144,248 |
| **Maximise Local Investment** | 3rd Sector spend | £38,337 | £60,009 |

**Sustainable Procurement Policy**: This policy supports the delivery of the Trust's Sustainability Policy taking into account the whole life-cycle impacts of its products in relation to Sustainability and Social Value. The policy has recently been reviewed and updated including plans to closer align ways of working across the ICS. Please see the policy here: http://sharepointapps/clinguide/CG%20docs1/1935-Sustainable-procurement-policy.pdf

- **Living Wage Employer accreditation:** the Trust has an ambition to become a Living Wage employer, accredited through the Living Wage Foundation. (https://www.livingwage.org.uk/ ) This objective is now being taken forward at system level. Dorset ICB have included this in their People Plan. DCH Social Value Programme Group Workforce lead, Emma Hallett, will monitor/report on progress.

- **Local Employment:** DCH's Apprenticeship and Scholarship schemes reflect its social value commitment to increase local employment and widening participation.

  **DCH Apprenticeships:** DCH is working with apprenticeship providers such as Bournemouth & Poole College to provide apprenticeship schemes such as Health Care Support Worker level 3 Apprenticeship, Registered Nurse Degree Apprenticeship and Trainee Nursing Associate Apprenticeship courses. Non-clinical apprenticeships are also provided including Level 3 Business Administration, Team Leader and Manager/Supervisor courses.

  **Healthcare Support Worker Vocational Scholarships:** Three cohorts have successfully completed the scholarship, which is aimed at local people looking to start their career as a Healthcare Support Worker (HCSW). It is a three-week blended programme which includes ward visits, learning clinical skills and employability sessions and is expertly delivered by our practice education team and

subject matter experts, aligned with the standards of The Care Certificate. Out of a total of 33, we now have 29 individuals employed at DCH in HCSW roles.

- **Estate Capital Projects:** Tilbury Douglas will measure and report on the social value return on investment delivered by both the South Walks House and NHP projects. The South Walks House report is expected in early 2024 once this project is completed. Measurement of the NHP project's social return on investment will commence in due course. Tilbury Douglas Social Value Coordinator also provides bi-monthly social value activity reports for their community outreach work.

- **Social Value Activity Report:** DCH's first Social Value Activity Report was published in Sept including a broad range of social value related activities from Volunteering to Sustainability. A copy for information has been circulated with this report.

- **Dorset ICS – Dorset Anchors Network:** Our Dorset Anchor Institutions Maturity report will provide baseline information relating to four key anchor institution impact themes: Employment/Procurement/Estate/Environment. The network lead is planning to submit the report to the Dorset Integrated Care Partnership Board (Jan 2024 tbc) for consideration. Copies will be received by Dorset Anchor Network members. DCH and DHC anchor leads will work with the network lead to influence and identify opportunities for this work to support delivery of the 5 ICP strategic pillars.

- **Health Anchors Learning Network ( https://haln.org.uk/ ):** DCH Social Value lead, Simon Pearson, recently helped facilitate HALN's online webinar 'Creating Collective Impact – exploring approaches to anchor networks across the UK.

Our Social Value Pledge

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# Social Value Activity Report

## 2022 - 2023

### Volunteer Summer Tea Party

In July 2023 we hosted our annual Volunteer Tea Party to celebrate the incredible support our volunteers provide to our staff and patients. Alongside a delicious afternoon tea, volunteers also enjoyed a quiz and an arts and craft competition, both themed around the NHS' 75th birthday. Long Service certificates were all presented by Chief Executive Matthew Bryant and Interim Chief Nursing Officer Jo Howarth.

### Budmouth Sixth Form Healthcare and Medicine Project

As part of our Young Volunteer Programme we have been supporting Budmouth Sixth Form with their Employability Diplomas. As part of Aspirations Academy, Year 12 students have the opportunity to work with local employers and help improve and develop projects.

This scheme included a Healthcare and Medicine Project, which looked at improving different elements of patient experience at DCH. The project saw students work together with staff to research and develop their ideas. The winning project was a 'Hospital Navigation App' to help improve wayfinding. The winning team then travelled to London to compete against other Aspirations Academy schemes and won first prize.

## Tilbury Douglas Volunteering Day

Volunteers were joined by staff from Tilbury Douglas who supported them in their varying roles across the hospital. This included meeting and greeting patients and visitors at the main entrances, wayfinding and supporting hydration rounds on the wards.

In the afternoon, the team joined the 'Dump the Junk' session as part of the hospital's 'Reset Week' and helped clear items from the Children's Centre.

## Supported Internships

We are working in partnership with Weymouth College to offer placements to young people with Special Educational Needs or an Education and Healthcare Plan. We are now supporting five young people across the Trust, working with managers and the college to provide opportunities into continued employment.

## Work Experience

This year we relaunched our work experience programmes, providing opportunities for members of our local community to gain an insight into careers at DCH. The programme offers work experience in the following areas:

- Medical - designed with our consultants to provide a rich and meaningful experience with our medical teams
- Non-clinical – designed for people aged 15 plus as an introduction to NHS careers
- Therapies –for individuals with an interest in all therapy areas
- Bespoke Placements – individually designed to meet the career aspirations of applicants.

## Healthcare Support Worker Vocational Scholarships

Three cohorts have successfully completed the scholarship, which is aimed at local people looking to start their career as a Healthcare Support Worker.

It is a three week blended programme which includes ward visits, learning clinical skills, and employability sessions and is expertly delivered by our practice education team and subject matter experts, aligned with the standards of The Care Certificate.

Out of a total of 33, we now have 29 individuals employed at DCH in HCSW roles.

## Entry Level Maths

Multiply is a new Government funded programme to help adults improve their numeracy skills as a confidence builder prior to undertaking formal maths qualifications. This is facilitated by Weymouth College but held on the Trust site.

We have had 12 members of staff complete the programme this year.

## Employability Skills and NHS Careers

We offer structured career and employability skills sessions for staff to provide advice and guidance on the next steps in their NHS careers and have supported 16 staff members during the first quarter of 2023.

## Sustainability Day

To mark Sustainability Day we showcased a number of initiatives we currently run at the Trust. This included our environmental pledge platform 'EcoEarn' where staff can gain points for completing green activities and compete with other teams and departments for prizes.

We held a 'cycle commute selfie' competition with Mucoff prizes and our Active Hospital team ran a survey about activity in our daily lives.

We were also joined by staff from Dorset Council who provided information on local road scheme ideas and green travel. Members of the Tilbury Douglas team also highlighted their sustainable and social value initiatives.

## Ecoearn

In May 2022, along we other Trusts in Dorset, we launched a new online platform and app called 'EcoEarn'. Ecoearn encourages employees to take both positive environmental and wellbeing actions and it recognises these actions through monthly rewards.

The aim is to involve employees in sustainability and wellbeing activities, reducing our direct and indirect carbon targets.

Staff can compete with different teams and departments across DCH and our neighbouring NHS Trusts.

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

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# Report Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors, Part 1 | | |
| **Date of Meeting:** | 29 November 2023 | | |
| **Document Title:** | **Quarterly Guardian Report of Safe Working report: Doctors in Training (July 23 – Sept 23)** | | |
| **Responsible Director:** | Alastair Hutchinson, Chief Medical Officer | Date of Executive Approval | 13/11/23 |
| **Author:** | Kyle Mitchell, Guardian of Safe Working | | |
| **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 November 23 | Noted |
| | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **3. Purpose of the Paper** | The production of a quarterly Guardian of Safe Working (GoSW) report to the Board is a requirement of the 2016 Junior Doctor Contract.<br>The report is also shared with the Local Negotiating Committee for Medical and Dental staff. | | | | | | | |
| | *Note (✓)* | ✓ | *Discuss (✓)* | | *Recommend (✓)* | | *Approve (✓)* | ✓ |
| **4. Executive Summary** | A summary of key issues relating to safe working hours and rota gaps for Junior Doctors in training for quarter 2 (2023/2024) | | | | | | | |
| **5. Action recommended** | The Board is asked to:<br>1. **NOTE and APPROVE** the GoSW paper. | | | | | | | |

| 6. Governance and Compliance Obligations | | | | |
|---|---|---|---|---|
| **Legal / Regulatory Link** | | **Yes** | | National contract |
| **Impact on CQC Standards** | | | **No** | |
| **Risk Link** | | **Yes** | | Adhering to requirements of the Junior Doctor Contract 2016 |
| **Impact on Social Value** | | | **No** | |
| **Trust Strategy Link** | | **How does this report link to the Trust's Strategic Objectives?**<br>*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.* | | |
| **Strategic Objectives** | People | The guardian of safe working ensures that issues of compliance with safe working hours are addressed by the doctor and the employer or host organisation as appropriate. It provides assurance to the board of the employing organisation that doctors' working hours are safe. | | |
| | Place | | | |
| | Partnership | | | |

| **Dorset Integrated Care System (ICS) Objectives** | **Which Dorset ICS Objective does this report link to / support?**<br>*Please summarise how your report contributes to the Dorset ICS key objectives.*<br><br>*(Please delete as appropriate)* | | |
|---|---|---|---|
| Improving population health and healthcare | | **No** | |
| Tackling unequal outcomes and access | | **No** | |
| Enhancing productivity and value for money | | **No** | |
| Helping the NHS to support broader social and economic development | | **No** | |
| **Assessments** | **Have these assessments been completed?**<br>*If yes, please include the assessment in the appendix to the report..*<br>*If no, please state the reason in the comment box below.*<br>*(Please delete as appropriate)* | | |
| Equality Impact Assessment (EIA) | | **No** | |
| Quality Impact Assessment (QIA) | | **No** | |

| | |
|---|---|
| **Title of Meeting** | **Board of Directors, Part 1** |
| **Date of Meeting** | **29/11/2023** |
| **Report Title** | **Quarterly Guardian Report of Safe Working report: Doctors in Training (July 2023 – Sept 2023)** |
| **Author** | **Mr Kyle Mitchell, Guardian of Safe Working (GoSW)** |

## 1. Executive summary

- Junior Doctors, Educational Supervisors and Trust managers continue to engage with the process of delivering an effective Exception Reporting mechanism.
- Relatively small numbers of Exception Reports were submitted in this quarter, which includes the final period of rotational doctors' year, when most are efficient and familiar with their roles being ready to progress; and an initial period when new Junior Doctors may not be familiar with the Exception Reporting mechanism.
- Medicine in general, and Respiratory Medicine in particular, have seen the highest rates of Exception Reporting in this quarter but with the small overall numbers this may reflect submission patterns and engagement with the process as well as true clinical experience.
- Junior Doctors used Exception Reporting to highlight the importance of ensuring safe minimum staffing levels. This has generated discussion regarding the definition of minimum staffing levels in each clinical area and subsequent formation of a relevant working group.
- Exception Reporting has also been used to escalate the working practices of colleagues that may habitually cause late finishes. This has allowed conversations at a senior clinical level to explore ways to prevent these trends.

## 2. Introduction

All eligible doctors in training at the Trust between July and September 2023 were working under the terms of the 2016 Junior Doctors Contract with 2019 updates; all have the opportunity to submit Exception Reports; and all work schedules complied with contractual commitments under the 2016 Contract. The provision of quarterly report from the Guardian of Safe Working is a contractual requirement outline in the T&CS of the 2016 Contract.

## 3. High level data

| | |
|---|---|
| Number of training post (total): | 196 |
| Number of doctors in training post (total): | 168.7 |
| Annual average vacancy rate among this staff group: | 26.5 |

**Exception reports in order of number raised**

| Exception reports by department | | | | |
|---|---|---|---|---|
| Specialty | No. exceptions carried over from last report | **No. exceptions raised** | No. exceptions closed | No. exceptions outstanding (as of 12/11/23) |
| Respiratory Medicine | 0 | **10** | 10 | 0 |
| General Medicine | 0 | **6** | 6 | 0 |
| Geriatric Medicine | 0 | **6** | 6 | 0 |
| Cardiology | 0 | **4** | 4 | 0 |
| Acute Medicine | 0 | **3** | 3 | 0 |
| Diabetes and Endocrine | 0 | **3** | 3 | 0 |
| General Surgery | 0 | **2** | 2 | 0 |
| Trauma & Orthopaedics | 0 | **2** | 2 | 0 |
| Urology | 0 | **2** | 2 | 0 |
| ED | 0 | **2** | 0 | 2 |
| Total | 0 | **40** | 38 | 2 |

| Exception reports by grade | | | | |
|---|---|---|---|---|
| Grade | No. exceptions carried over from last report | **No. exceptions raised** | No. exceptions closed | No. exceptions outstanding |
| FY1 | 0 | **29** | 29 | 0 |
| FY2 | 0 | **7** | 7 | 0 |
| CT1 | 0 | **1** | 1 | 0 |
| ST1 | 0 | **3** | 1 | 2 |
| Total | 0 | **40** | 38 | 2 |

**4. Work schedule reviews**

Upon the submission of an Exception Report that suggests a mismatch between a junior doctor's work schedule and the actual clinical demands required in that post, it is the responsibility of that doctor's educational supervisor to trigger a *Level 1 (Work Schedule) Review*. Example outcomes of such a review include no requirement for change, a prospective requirement to adjust existing work schedules, or even institutional change. The Exception Report is closed at Level 1 if the junior doctor and educational supervisor agree an outcome or escalated to *Level 2 Review* (with involvement of Guardian/DME and service management) if the junior doctor is not in agreement with the outcome. *Level 3 Review* constitutes a formal grievance hearing with HR representation.

Exception Reports taken to Level 1 Work Schedule Review

| Specialty | Grade | Number | Rota |
|---|---|---|---|
| Geriatric Medicine | F2 | 1 | 2023 F2 (EMB - LTFT 80%)<br>02/08/23 - 10/10/23* |

**Having spoken to the doctor, it appears that moving the Report to a Level 1 Review was an error*

No work schedule reviews remain open, and none were escalated beyond Level 1.

**5. Immediate Safety Concerns.**

No Exception Reports submitted during this quarter were escalated as representing immediate safety concerns.

**6. Vacancies**

Appendix 1 is updated to include all vacancies among the medical training grades during the previous quarter reported for each month, split by specialty and grade.

**7. Fines**

There were no fines levied during this period.

**8. Other issues arising**

Regular and quorate Junior Doctors Forums continue to meet on a scheduled basis in line with contractual requirements.

Industrial Action continued into this quarter with the inevitable associated challenge for doctors of all grades and for the hospital management structures. Throughout recent IA, the Guardian of Safe Working witnessed only exemplary behavior on the part of both doctors and managers. Conduct and communication remained polite, respectful, professional, and compassionate. Both Junior Doctor representatives, and hospital managers, repeatedly highlighted that this was a national, not local, issue. The Guardian has observed colleagues across roles exercise, or respect, the right to take industrial action whilst working tirelessly to mitigate the risk to patients, and no group more so than Junior Doctors.

**9. Summary**

Junior Doctors continue to work over and above their contracted hours due to clinical demand. However, the volume of Exception Report submitted suggests that most doctors work to their hours and get appropriate rest periods most of the time. Failure to achieve the recognised minimum staffing is a contributor to a significant proportion of Exception Reports. Junior Doctors use Exception Reports appropriately and intelligently to highlight issues that detract from their ability to do their job in their contracted hours.

**10. Recommendation**

The Guardian asks the committee to note this report and to consider it to provide an assurance of compliance with the safeguarding aspects of the 2016 Junior Doctors Contract.

**APPENDICES**

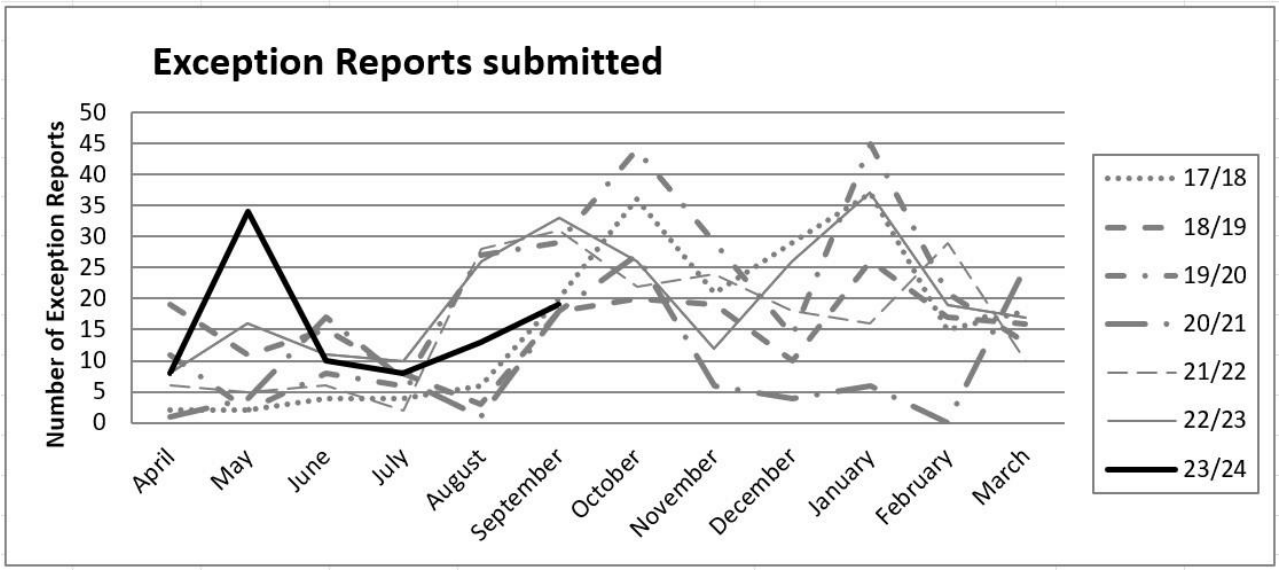
**QUARTERLY GUARDIAN REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING**

**JULY 23 – SEPT 23**

## Appendix 1 – Trainee Vacancies within the Trust

| Department | Grade | Rotation Dates | July 23 | Aug 23 | Sept 23 | Average Q2 |
|---|---|---|---|---|---|---|
| Paediatrics | ST3 | Sept | 0 | 0 | 0 | 0.0 |
| Paediatrics | ST4+ | Sept | 0.2 | 0.2 | 0.2 | 0.2 |
| O&G | ST1 | Oct | 0 | 0 | 0 | 0.0 |
| O&G | ST3+ | Oct | 1.6 | 1.6 | 1.6 | 1.6 |
| ED | ST3+ | Sept and Feb | 1.2 | 0.7 | 0.7 | 0.9 |
| Surgery | CT1 | Aug | 0 | 0 | 0 | 0.0 |
| Surgery | CT2 | Aug | 0 | 0 | 0 | 0.0 |
| Surgery | ST3+ | Oct | 1 | 1 | 1 | 1.0 |
| Orthopaedics | ST3+ | Sept | 1 | 1 | 1 | 1.0 |
| Anaesthetics | CT1/2 | Aug | 0 | 0.2 | 0.2 | 0.1 |
| Anaesthetics | ST3+ | Aug and Feb | 1 | 2 | 2 | 1.7 |
| Clinical Radiology | ST1/2 | Aug | 0 | 0.2 | 0.2 | 0.1 |
| Medicine | CT1/2 | Aug | 4.8 | 3 | 3 | 3.6 |
| Medicine COE | ST3+ | March | 0 | 0.8 | 0.4 | 0.4 |
| Medicine Diab/Endo | ST3+ | Aug | 0 | 1 | 1 | 0.7 |
| Medicine Gastro | ST3+ | Sept | 0 | 1 | 0 | 0.3 |
| Medicine Resp | ST3+ | Aug | 1 | 0.2 | 0.2 | 0.5 |
| Medicine Cardio | ST3+ | Feb | 1 | 0.2 | 0.2 | 0.5 |
| Medicine Renal | ST3+ | Aug | 0 | 0 | 0 | 0.0 |
| Haematology | ST3+ | Sept | 0 | 0 | 0.4 | 0.1 |
| Med/Surg | FY1 | Aug | 0 | 3 | 3 | 2.0 |
| Med/Surg | FY2 | Aug | 2 | 0.8 | 0.8 | 1.2 |
| GPVTS | ST1 | Aug & Feb | 3.4 | 8.8 | 8.8 | 7.0 |
| GPVTS | ST2 | Aug & Feb | 0.4 | 0.8 | 0.8 | 0.7 |
| GPVTS | ST3 | Aug & Feb | 5.4 | 1.8 | 1.8 | 3.0 |
| Orthodontics | ST3+ | March | 0 | 0 | | 0.0 |
| Ophthalmology | ST3+ | Aug | 0 | 0 | 0 | 0.0 |
| Total | | | 24 | 28.3 | 27.3 | 26.5 |

**Appendix 2 – Exception Report submission since introduction of the 2016 Contract**



NHS

# Winter planning

## Dorset County Hospital NHS Foundation Trust
## Dorset HealthCare University NHS Foundation Trust

**Board Summary Slides**
**November 2023**

NHS

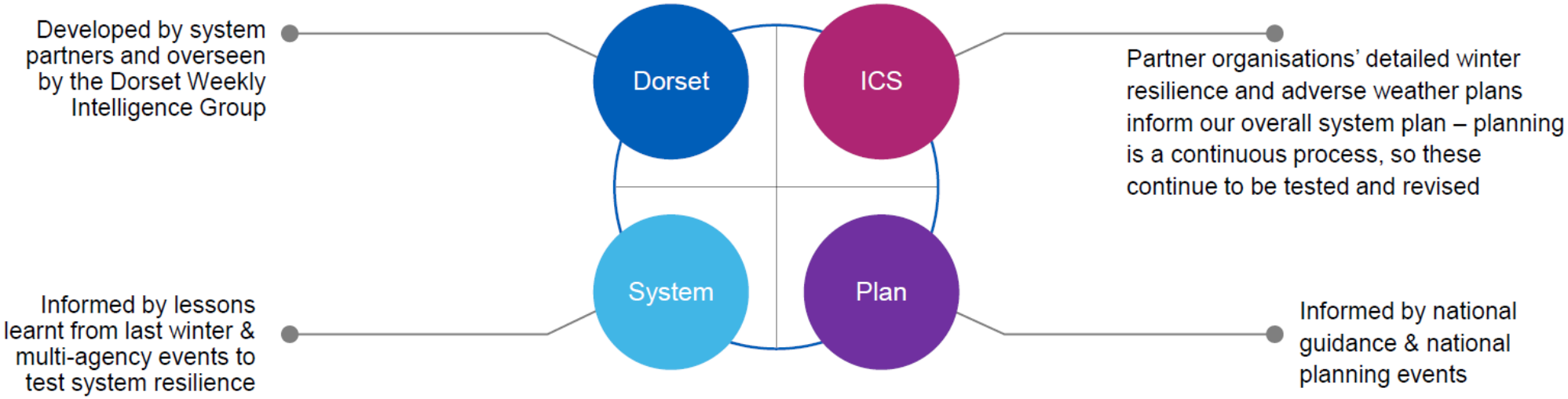
# Winter Planning 2023/24

- System – Key aspects and link to National Requirements
- DCH – Key changes to 22/23
- DHC/DCH working together
- Mental Health

# Our Integrated System approach

NHS Dorset

The Dorset ICS winter plan should be read in conjunction with the provider plans outlined on the final page of this document




**Winter Operating Model**

**Dorset Winter Planning Team**

- Named operational leads (virtual team) from each partner agency
- Winter Planning group weekly

**Local Escalation Plans & close liaison with regional/national NHSE ROC**

- Dorset system escalation framework with OPEL action cards to support Surge & Escalation – and a rolling system bed modelling tool

# Winter Improvement Plan – Key UEC Metrics

NHS Dorset

There are two key ambitions for UEC recovery outlined in the NHSE winter letter:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

| Metric | Target by end of 2023/2024 | Baseline July 2023 | System Operating Plan Trajectories by end of Q3 |
|---|---|---|---|
| **Reduce in NCTR bed days** | 50% | 329 total | 225 total |
| **Improve ambulance response times for Category 2 incidents** | 30 mins on average over 2023/24 for SWASFT not Dorset<br>(Standard – <=18 mins) | 27.8 mins | 28 mins |
| **Reduction in handover delays - total** | Average per day <40 (0.67) mins | 0.59 (32.4 mins) | N/A |
| **Improve the percentage of patients being admitted, transferred or discharged from ED within four hours** | >76% | 69.7% | 71% |
| **Reduce Adult general and acute bed Occupancy** | 92% | 95.6% | 96.07% |

NHS Dorset

# Where do we need to focus our plan?

## Dorset ICS winter plan

- Admission and attendance prevention
- 7-day system flow
- Intermediate care (D2A) flow

- Ability to flex capacity
- Early warning triggers
- Clear and effective escalation processes
- Targeted actions to de-risk position
- Ability to share risk across partners

**APPROACH DEVELOPED BY THE WINTER PLANNING GROUP WITH PARTICIPATION FROM ALL KEY PARTNERS AND FUNCTIONS**

# Winter plan approach

## 01

### Refreshed demand and capacity analysis

- Build on our BCF planning for intermediate care
- Assessing surge capacity requirements in acute and community (health, social care and VCSE)
- Impact of flow improvement (LOS reduction)

## 02

### Targeted improvement in key areas

- Mental health flow improvement
- Focus on prevention and admission prevention
- Linked to High impact change priority areas - (SDEC, UCR, Virtual Wards, ARI hubs)
- Acute and intermediate care flow – early discharge planning and streamlined transfer of care
- Optimise utilisation of what we have

## 03

### Strengthened system resilience response

- Enhanced System Co-ordination Centre response
- Refreshed escalation processes and risk share approach
- Transient Risk Assessment Tool (linked to OPEL)

## 04

### Planning ahead – foundations for next year

- End to end pathway review for UEC
- Integrated neighbourhood teams (NAPC)
- Integrated place-based intermediate care (Home First)

# BCF Demand and Capacity Modelling

NHS Dorset

The system produced a 2023/24 demand and capacity plan for intermediate care as part of the 2-year Better Care Fund plans submitted by each local authority in June 2023.

This plan sets out our overall demand and capacity profile for 2023/24 looking at the totality of step-up and step-down care available in the community and across health and social care.

The overall quantum is largely aligned but there is evidence of in-month variation that is likely to cause peaks and troughs in our ability to consistently meet demand as it presents.

Equally there are opportunity for adjustments in-year to better match the capacity available to the demand profile. This includes:

- Refocusing some of our step-down capacity to meet step-up demand in line with our ambition to shift interventions further up-stream to prevent admissions and support more people at home
- Moving to a single operating model across rehab and reablement offers which are currently managed by different providers. This is a key objective our integrated intermediate care (Home First) programme.
- Developing a more agile approach to using P0, P1 and P2 offer in conjunction with each other as part of graduated step-down approach built around a person's needs

| | BCP | DC | Response |
|---|---|---|---|
| Pathway 0 | • Demand and capacity largely aligned<br>• 79% activity (141 referrals per month) focused on step-up response | • Demand and capacity largely aligned<br>• 70% activity (358 referrals per month) focused on step-up response | • To grow and evolve offer with VCSE partners as alternative to or in conjunction with P1 support |
| Pathway 1 | • More capacity than demand but fragmented offers means that people can be seen by more than one service | • Overall P1 capacity largely aligned but disparity between reablement and rehabilitation offer<br>• Compounded by geographic disparities | • Development of integrated operating model intermediate care that brings P1 services together at place level |
| Pathway 2 | • More capacity than demand but reflective of creating headroom needed for D2A roll-out and management of backlog | • More capacity than demand but reflective of creating headroom needed for D2A roll-out and management of backlog | • Retain capacity in 2023/24 in order to embed D2A approach and integrate P1 offer<br>• Use capacity in more agile and recovery-focused way<br>• Seek to reduce commitment in 2024/2025 |
| Pathway 3 | • 4% of total intermediate care demand<br>• All brokered care – longer wait time | • 4% of total intermediate care demand<br>• All brokered care – longer wait time | • Expand core intermediate care offer to be able to support more complex needs |

Whilst there is broad alignment in our current demand and capacity profiles, the reality is that we continue to hold a large backlog of people waiting for step-down intermediate care. This is indicative of improvement that we need to make to our process and arrangements for managing capacity that enables us to optimise our utilisation and flow through these spaces.

**This has been a key area of focus in our 2023/24 operating plan delivery and where we are seeking to continue to build momentum and improvement over the winter period**

# Operating Plan Delivery and Key Investments

NHS Dorset

Our work to date in 2023/24 has centred in two key areas that are reflective of both our areas of opportunity and challenge:

- Increasing and optimising out of hospital capacity in order to increase and protect flow
- Improving and upstreaming decision-making that supports better flow and delivering this consistently over 7 days

This is reflected in our 2023/24 investment plans which accounted for both UEC and BCF funding

In the Operating Plan 23/24 NHS Dorset and partners have committed £35.9m to improve the UEC system (scheme overview)

A mid-year investment review is scheduled for September 24 to review progress and impact to date and consider plans for remainder of this year and into 2024/25

## Scheme overview:

**Objective: Increasing out of hospital capacity**

- IUCS/UTC and SDEC
- Virtual Wards
- Pathways 0+, Pathway 1 and Pathway 2
- Complex discharge (S256, EOL, Nursing D2A beds)
- Mental Health (beds)
- Surge (acute and community) – legacy from 23/23
- Enablers (equipment and transport)
- Long-term care

**Objective: Improving decision-making and 7 day flow**

- Acute Flow (Discharge Lounge, Tiger Teams, Clinical decision-making
- Community/D2A Flow (Therapists, DISCOs, Social workers, TOC hub, Trusted Assessors)
- Brokerage and Commissioning (CAT teams and additional capacity for LA commissioning)

# Priority 1: Admission and attendance prevention

*Areas of impact: More people supported at home or in non-acute settings; Reduced pressure on EDs and primary care*

| | Objective | Key actions | Baseline | Target | Provider(s) |
|---|---|---|---|---|---|
| 7 | **To optimise utilisation of IUCs capacity (111, MIU, UTC)** | • Targeted communication to direct people to best service response<br>• Areas of focus for winter tbc | Measure: Access to MIU/UTC capacity across all sites | | DHC<br>UHD |
| 8. | **To increase/optimise access to primary care (general practice, pharmacy, dental) over winter months** | • Frailty pathway in development with 2 PCNs linked to virtual wards<br>• Optimise use of Immedicare to support care homes<br>• Further areas of focus for winter tbc | Measure: Access to primary care services by geography | | General practice<br>Pharmacy<br>Dentistry |
| 9 | **To increase/optimise capacity to support mental health crisis response in the community** | • Areas of focus for winter in development | Measure: Access to community mental health support | | DHC |
| 10 | **To increase/optimise capacity to support children and young people in the community** | • Areas of focus for winter in development | Measure: Access to community CYP services | | DHC |

# Priority 2: Increasing 7-day flow

*Areas of impact: More people leaving a hospital bed when ready; fewer ambulance handover delays reduced acute LOS and NCTR*

| | Objective | Key actions | Baseline | Target | Provider(s) |
|---|---|---|---|---|---|
| 11 | **Earlier discharge planning and improved discharge pipeline over 7 days – acute and community hospitals** | • Roll-out of DRD in both acutes<br>• Implementation of pull model as part of TOC development<br>• Further education and support for teams around discharge planning and approach to choice<br>• Optimisation of transport booking and provision | Measure: use of DRDs to shape discharge planning<br>Measure: Reduction in days taken to discharge | | DHC<br>UHD<br>DCH |
| 12 | **Increased number of morning discharges – acute and community hospitals** | • Expansion of discharge lounges (acute)<br>• Implementation of tiger teams (acute)<br>• Additional discharge co-ordinators<br>• Improved pipeline for Pathway 0 discharges | Measure: Proportion of discharge pre mid day (33%) | | DHC<br>UHD<br>DCH |
| 13 | **Increased number of weekend discharges - acute and community hospitals** | | Measure: proportion of discharges Sat/Sun to be equivalent to weekday discharges | | DHC<br>UHD<br>DCH |
| 14 | **Reduced delays in ED/acute hospital for people waiting for mental health assessment** | • Areas of focus for winter in development | Measure: Time to assessment from ED | | DHC<br>UHD<br>DCH |
| 15 | **Increased capacity/utilisation of SDEC services over 7 days** | • Areas of focus for winter in development | Measure: capacity utilised across 7 days | | UHD<br>DCH |

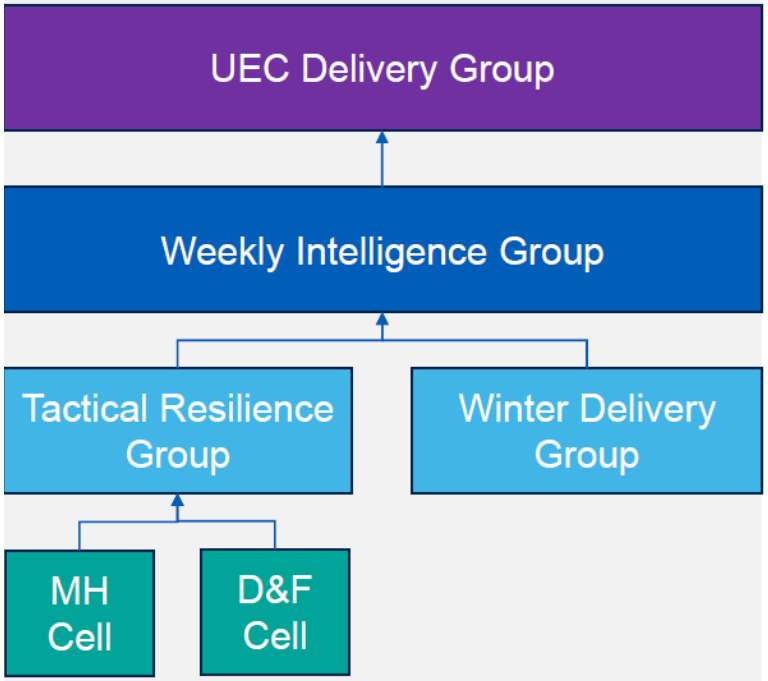
# Priority 3: Improving intermediate care (D2A) flow

*Areas of impact: More people supported to return home; Reduced LOS in intermediate care; Reduced acute and community NCTR*

| | Objective | Key actions | Baseline | Target | Provider(s) |
|---|---|---|---|---|---|
| 16 | **Increasing utilisation of intermediate care capacity across all pathway (P1-P3)** | • Single view of IC capacity at system level<br>• Transition to single leadership model for IC<br>• Revised TOC processes (streamlined)<br>• Expansion of Trusted Assessor models<br>• Targeted MADE events to support flow (next slide) | Measure: 85/90%of capacity in use daily<br>Measure: reduction in LoS within community beds | | DC<br>BCP<br>DHC<br>UHD<br>DCH |
| 17 | **Increasing capacity in core intermediate care offer for higher need patients** | • Additional D2A beds for nursing needs<br>• New pathway for delirium<br>• Review of core offer criteria with view to increasing flex in what we provide<br>• Increase end of life capacity in community | Additional beds and care hours to be confirmed in line with surge plans | | DC<br>BCP<br>DHC<br>ICB |
| 18 | **Increase uptake of supported discharge offers with VCSE partners** | • Targeted education and communication work with providers | Measure: Referrals into services | | VCSE partners |
| 19 | **Improve flow and discharge in mental health beds** | • Increase in mental health step-down capacity<br>• Targeted work with housing to improve access<br>• Implementation of 10 high impact areas for mental health focused on earlier discharge planning<br>• Commencement of additional discharge co-ordinators | Measure; Reduction in DTOC and OOA delays<br>Measure: Reduction in length of stay | | DHC<br>DC<br>BCP |

# Single system oversight of plan delivery

NHS Dorset




- Established governance framework in place
- Overall accountability for operating plan delivery at UEC Delivery Group
- Tested and refined since last winter
- Informed by operational expertise at tactical level
- Executive led direction and risk management via WIG
- Enables management of interface:
  - Day-to-day tactical response via TRG
  - Targeted improvement and delivery via WPG
  - Accountability for delivery at WIG

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# Winter Planning

DCH Key changes for winter 2023/24

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

# Winter Funding Schemes

- 7 day Complex Discharge Team
- 7 Day Discharge Lounge – Nurse led/pull model
- Full ward cover – 7 Day – Key Patient Workers
- Tiger Team – Discharge Dr weekends
- Maud Alex – 'Em Zone Trial' – GP Expected and similar cases for rapid transition to ward assessment
- Extension of Virtual Ward offer
- Patient Flow Program
- Established Operations Directorate and reviewed processes

All of the above in place by the end of Q2 2023/24

# Weymouth Manor

- Additional interim beds at Weymouth Manor for complex discharges
- Opportunity to improve joined up offer as part of revised pathway.
- Prioritisation of these beds will free up acute capacity
- Better outcomes for patients and reduced ongoing care needs
- Reduce length of stay for patients
- Improve ED time to assessment

# Extension of Front Door Pathways

- Increase in senior clinicians in ED/triage at peak times
- Increased specialities into SDEC including Oncology
- Testing of 'UTC clinic' and frailty SDEC as an alternative to ED
- Frailty admission avoidance
- Increase morale for staff with the extension of speciality support and clinical guidance
- Support reduction of patients in ED and access to specialty support earlier
- Improvement in ED performance and 4 hr safety standard.
- Reduction in time to assessment and treatment.
- Increase in admission avoidance.
- Reduction in ambulance delays

# Extending Pathways for Acute Hospital at Home (AHAH)

- Cardiology/Heart Failure pathway to commence from October 2023.
- Community Care/Admission Avoidance pathway- December 2023.
- Increase capacity for acute patients.
- Capacity to consistently extend pathways into wide range of services.
- Reduce length of stay for patients – surgical/orthopaedic pathways.
- Avoid admissions (SDEC pathway integration).

# Infection Prevention Control (IPC)

- Manage isolation of patients who are admitted with respiratory viruses (COVID-19, Flu A and B and RASV) during winter
- Maintain emergency specialty bed base for non-respiratory infected patients
- Capability to support Adult, ITU and Paediatric surge plans independently or simultaneously.
- DCH and DHC to attend all outbreak meetings to ensure collaboration and the best use of empty beds throughout the two trusts.
- DHC have agreed to admit patients to continue isolation to free up acute beds.
- Both DCH and DHC are both working to the same timeframe for stepping down the outbreaks and will be discussed as a group during outbreak meetings.
- During the winter, the IPC team will cover reduced hours over the weekends. DHC IPC team also plan to implement a similar weekend working plan.

NHS

# DHC/DCH

- Tests of change e.g. frailty model
- IPC alignment and work to maintain flow
- Mental Health flow
- UTC/MIU flow to support Winter incentive
- MADE support
- Close collaboration and learning e.g. review of discharges to CoHo for improved handover and support

NHS

# Mental Health

# Winter planning MH KLOEs

NHS England

| Area of focus | KLOE | Comment |
|---|---|---|
| System | Has demand been assessed for Winter this year within the ICS? | Yes – demand in our inpatient services for MH tends to be at its highest in the Summer, however, planning ongoing for winter requirements for MH services. |
| | Has capacity within existing services been reviewed and are they able to meet forecast demand? | Current demand outstripping capacity for most services, work continuing to look at how services can be realigned to better support the needs of the population, including the introduction of new community options through VSCE and other universal arrangements. |
| | How have discharge arrangements been reviewed in preparation for the winter period? In order to maximise available capacity for those who need it most, and to ensure patients are in the most appropriate setting, it will be important to ensure prompt patient flow at exit points. | Multiagency discharge events taking place for targeted areas within acute adult and OPMH inpatient units in order to maximise available capacity. Red2Green framework being implemented across further wards and use of discharge template being reinforced in order to improve visibility of those ready to leave, improve earlier discharge planning, and support improved conversations with system partners necessary for discharge. |
| | Have you assessed the robustness of planned capacity in local community acute mental health services, including home treatment functions with capacity to operate to fidelity, and other alternatives to admission such as crisis houses? | Staffing of Home Treatment Teams being reviewed in order to see what is required to increase capacity, criteria for Recovery Houses also being reviewed (these are supported by the Home Treatment teams) in order to increase the acuity of the people that they can support.<br>Community transformation underway in order to improve and increase support options for general population who may not meet criteria for CMHT.<br><br>It is known that local demand is currently outstripping capacity for community mental health services and work is ongoing to support this. |
| | Have services been established to meet the need of Children and Young people, particularly those presenting to urgent care settings? | CAMHS enhanced liaison crisis service available 24/7 to support acute settings. |
| | Are regular reviews taking place of the number of admissions for people under the care of community MH services to understand where there may be gaps in provision? | Admission and discharge data, including for those coming to the health based place of safety continuously reviewed in order to understand demand and capacity, any potential gaps in provision, and any areas where services/partnerships might be improved in order to provide alternatives to inpatient admission. |

NHS England

# Winter planning KLOEs cont.

| Area of Focus | KLOE | Comment |
|---|---|---|
| ED flow | Do you have system assurance that you are aware of the daily/weekly position for the below:<br>- How many patients are there in ED categorised as Mental Health<br>- Of those in ED with Mental Health how many are waiting for assessment, admission, other<br>- How many are waiting <12 hrs and >12 hours<br>- Are you aware of the reasons for those waiting more than 12 hrs<br>- Is the data breaking down the numbers of CYP, Older adults, and adults? | Psychiatric Liaison teams supporting each acute hospital including CYP and adults review this information continuously, 24/7. System information shared daily with escalations as appropriate/necessary. |
| | Is the local liaison psychiatry service able to meet demand for mental health attendances, responding face to face within 1hr of receiving referrals, 24 hours a day | Demand on Psychiatric Liaison services has increased for both acute assessments and those under DOLS within acute hospitals. This does therefore have some impact on the 1hr face-to-face response, however, this is still what we are aspiring to provide and a review of staffing for Psych Liaison is ongoing to see what is required to manage current demand |
| | Are reviews of Mental Health patients who attend ED taking place to consider whether their needs may have been met more appropriately and attendance prevented? | Yes, including discussion with SWAST and weekly meetings with Police to review cases and discuss areas for learning |

NHS England

# Winter planning KLOEs cont.

| Area of Focus | KLOE | Comment |
|---|---|---|
| Inpatients | How much inpatient capacity (adult and CYP) is available to support Mental Health patients this winter? Can capacity be increased if needed? | No surge capacity available for inpatients (adult or CYP) within the existing estate. There are no wards which can be increased and this is tied into the New Hospital Capital Build programme to achieve the bed base. Discharge capacity is being increased through the procurement of stepdown beds (8).<br>Further Out of Area bed capacity is planned at 13 (Priory Marchwood) and 4 further beds for surge capacity. |
| | Have any inpatient beds been closed and can they be reopened for Winter? | No beds closed as routine, only beds closed are due to emergency need e.g., damage/staffing and are reopened at the earliest opportunity. This is reviewed dynamically throughout the day. |
| | Which of the 10 principles of the MH Discharge challenge are being followed:<br>1. Identify the purpose of the admission, set an expected date of discharge (EDD) for when this purpose will be achieved, and communicate this with the person, family/carers and any teams involved in the person's care post-discharge, e.g. community mental health team (CMHT) or crisis resolution home treatment team (CRHTT).<br>2. Complete care formulation and care planning at the earliest opportunity with the person, and within a maximum of 72 hours of admission.<br>3. Identify any potential barriers to discharge early on in admission and take action to address these. Where appropriate action cannot be taken, escalate this to the ICB Discharge Lead.<br>4. Conduct daily reviews, such as the 'Red to Green' approach, to ensure each day is adding therapeutic benefit for the person and is in line with the purpose of admission.<br>5. Hold Multi Agency Discharge Events (MADE) with key partners on a regular basis, to review complex cases. | Work ongoing with ICB discharge and flow cell around MH discharge challenge. Ongoing review of the RAG ratings against the 10 principles in place for each and plans of how those that need development can continue to be improved.<br><br>RAG rating will be reviewed at Mental Health discharge and flow cell regularly.<br><br>1. Red2Green in addition to continuous improvement programme currently operational with increase to delivery<br>2. This is a normal function of admission, audit of compliance being undertaken by the audit team (**Q4**)<br>3. Discharge Coordinators have been appointed and have started, they are facilitating this work now. Discharge and flow cell is the reporting space for barriers as are MADE events which are now regularly scheduled.<br>4. See point 1.<br>5. See point 3. |

NHS England

# Winter planning KLOEs cont.

| Are of Focus | KLOE | Comment |
|---|---|---|
| Inpatient cont. | MH discharge Challenge cont..<br><br>6. Ensure partnership working and early engagement with the person, family/carers and teams involved in the person's post-discharge support; agree a joint action plan with key responsibilities, for example for social care, housing, primary care, CMHT, CRHTT, etc.<br>7. Apply 7-day working to enable people who are clinically ready for discharge to be discharged over weekends and bank holidays, and allow people who require admission timely access to local beds<br>8. Apply 7-day working to enable people who are clinically ready for discharge to be discharged over weekends and bank holidays, and allow people who require admission timely access to local beds<br>9. Communicate notice of discharge at least 48 hours prior to the person being discharged, to the person, their family/carers and any ongoing support services.<br>10. Follow up to be carried out with the person by the CMHT or CRHTT at the earliest opportunity and within a maximum of 72 hours of discharge, to ensure the right discharge support is in place. | 6. Linked to the discharge and flow cells & MADE events.<br>Processes improving partnership working are linked to recent Rapid Improvement event and subsequently R2G.<br>Also note that there is a system led housing symposium due to address the capacity problems and delays in MH (and more broadly).<br>7. Already in place.<br>8. Already in place and further facilitated through the Hospital2Home expansion to 7 days a week.<br>9.In place, the challenge is delay rather than advanced communication.<br>10. In place and subject to audit and further review as part of the Access Mental Health Review. |

## Winter Planning System Roles and Responsibilities for MH Providers (National Guidance):

NHS England

| Requirement | Progress |
|---|---|
| Ensure plans are in place so that individuals know how to access mental health services with access to effective assessment and help in a timely manner and that crisis alternatives are in place to help reduce reliance on A&E (recognising that A&E is still an appropriate way of seeking help and people presenting with mental health issues also may have urgent physical health care needs). This should include making reasonable adjustments to pathways and therapeutic interventions for people with a learning disability and autistic people who seek mental health support. | Covered via KLOE's<br><br>Reasonable adjustments |
| Where individuals do seek help for mental health issues via A&E, ensure processes are in place for assessment and onward support, including adjustments to meet the needs of autistic people and people with a learning disability. Ensure there are clear escalation processes for A&E where there is considerable delay in receiving specialist support. | As above |
| Mental health, learning disability and autism services should ensure maximum uptake of vaccinations for their populations, both inpatient and community. This is vital given the high incidence of COPD and other co-existing long-term conditions such as diabetes which can compromise response to flu and Covid-19. | Led by ICB with commissioned VCSE outreach support for people with SMI as an extension to the health check programme. |

NHS England

## Winter Planning System Roles and Responsibilities for MH Providers (National Guidance):

| Requirement | Progress |
|---|---|
| Ensure tools are in place to understand demand, activity, workforce and capacity in mental health provider pathways. This should be shared across the system to give a comprehensive view of mental health pressures and where support may be required that could alleviate pressure on both mental health and UEC pathways. | Power BI in use to understand activity, currently little ability to cross reference with workforce data but this remains a work in progress.<br>DMG report monitors areas of concern and planned recovery trajectories.<br>Resilience alerts shared with the system with key highlights as required including number waiting admission, number placed out of area. |
| Ensure access to emergency housing funds to enable discharge of patients with no fixed abode (NFA) to ensure that they can be supported with follow up crisis / community care and support. | DISCO's in place – with pathways into housing depts for accessing emergency funding. Process in place for when patients are admitted to understanding housing status and ensure duty to refer is met at point of admission. |
| Lead delivery of actions from the NHS Long Term Plan and Delivery Plan for Recovering Urgent and Emergency Care Services that support winter pressures, particularly:<br>o Strengthen ambulance response to mental health by deploying multidisciplinary professionals to support 999 mental health demand and preparing for the rollout of mental health response vehicles.<br>o Optimising flow through mental health inpatient settings through system-wide focus on reducing delayed discharges and avoidably long length of stay in mental health inpatient settings. Work collaboratively with social care and other system partners who play a key role in timely discharge.<br>o Continuing to raise profile of all-age 24/7 urgent mental health helplines and other complementary crisis support services – including those for people with a learning disability and autistic people, such as intensive support teams, ensuring delivery of NHS 111 'select mental health option' and working towards crisis text line implementation. | - Ambulance response being commissioned for MH in Q4 24/25<br>- Proposal for 999 ambulance desk provided via SWAST – outstanding commissioner queries remain with the paper RE intended outcomes for Dorset.<br>- Process map between SWAST, DHC and Police taking place in Sept 23 to identify process improvements and info sharing that can support better dispatch and reduce duplication amongst services.<br>- Other areas on flow covered in KLOE's.<br>- 111 option in place already<br>- Crisis Text line – not currently in place – to scope out with ICB the ask. |

## Winter Planning System Roles and Responsibilities for MH Providers (National Guidance):

NHS England

| Requirement | Progress |
|---|---|
| Supporting children and young people with mental health needs in acute paediatric settings by adopting the new integration framework for systems to support children and young people with mental health needs within acute paediatric settings, and to take up NHS England (Workforce, Training and Education directorate) commissioned CYP crisis telephone training to support crisis mental healthcare staff. | To be actioned – mapping against integration framework to commence.<br><br>CYP crisis telephone training to be arranged for Connection staff – yet to commence |
| Maximise the uptake of training on learning disability and autism appropriate to their role, to ensure preparedness to be able to meet the needs of autistic people and people with a learning disability. | Oliver McGowan training roll out remains ongoing across the organisation. |

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# Report Front Sheet

| 1. Report Details | | | |
|---|---|---|---|
| **Meeting Title:** | Board of Directors, Part 1 | | |
| **Date of Meeting:** | 29 November 2023 | | |
| **Document Title:** | Communications Activity Report | | |
| **Responsible Director:** | Nicola Plumb, Interim Chief People Officer | Date of Executive Approval | |
| **Author:** | Susie Palmer, Head of Communications | | |
| **Confidentiality:** | No | | |
| **Publishable under FOI?** | Yes | | |
| **Predetermined Report Format?** | No | | |

| 2. Prior Discussion | | |
|---|---|---|
| **Job Title or Meeting Title** | **Date** | **Recommendations/Comments** |
| People and Culture Committee | 23 October 23 | Noted |
| | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **3. Purpose of the Paper** | This report gives an overview of communications activity for the Trust. | | | | | | | |
| | *Note (✓)* | ✓ | *Discuss (✓)* | | *Recommend (✓)* | | *Approve (✓)* | |
| **4. Executive Summary** | Included in the report is information about key campaigns, initiatives and events, and analytics for our social media channels and public website. There is also a summary of news releases issued and media coverage. | | | | | | | |
| **5. Action recommended** | The Board is recommended to:<br>1. **NOTE** the report | | | | | | | |

| 6. Governance and Compliance Obligations | | | | |
|---|---|---|---|---|
| **Legal / Regulatory Link** | | | **No** | *If yes, please summarise the legal/regulatory compliance requirement. (Please delete as appropriate)* |
| **Impact on CQC Standards** | | | **No** | *If yes, please summarise the impact on CQC standards. (Please delete as appropriate)* |
| **Risk Link** | | | **No** | *f yes, please state the link to Board Assurance Framework and Corporate Risk Register risks (incl. reference number). Provide a statement on the mitigated risk position. (Please delete as appropriate)* |
| **Impact on Social Value** | | **Yes** | | **Our comms activities highlight the Trust's contribution to Social Value** |
| **Trust Strategy Link** | | **How does this report link to the Trust's Strategic Objectives?** *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.* | | |
| **Strategic Objectives** | People | A significant amount of our comms resource goes into keeping staff well informed and supporting recruitment and retention initiatives | | |
| | Place | Supporting the comms and engagement for the site development | | |
| | Partnership | The comms team works closely with system comms leads to coordinate key messages | | |
| **Dorset Integrated Care System (ICS) Objectives** | | **Which Dorset ICS Objective does this report link to / support?** *Please summarise how your report contributes to the Dorset ICS key objectives.* | | |

| | *(Please delete as appropriate)* | | |
|---|---|---|---|
| Improving population health and healthcare | **Yes** | | Health/NHS services awareness campaigns |
| Tackling unequal outcomes and access | | **No** | |
| Enhancing productivity and value for money | **Yes** | | The comms team strives to achieve value for money when there is a requirement to use external suppliers. We also generate income from advertising. |
| Helping the NHS to support broader social and economic development | | **No** | |
| **Assessments** | **Have these assessments been completed?**<br>*If yes, please include the assessment in the appendix to the report..*<br>*If no, please state the reason in the comment box below.*<br>*(Please delete as appropriate)* | | |
| Equality Impact Assessment (EIA) | | **No** | n/a |
| Quality Impact Assessment (QIA) | | **No** | n/a |

# Communications Activity Report

## Quarters 1 and 2: April 2023 – September 2023

### 1. Introduction

This report gives an overview of communications activity for the Trust. It is by no means an exhaustive account of what the communications team has been involved in, but it covers some key areas of our work and a summary of activity.

The communications team is now part of the People Division under the Interim Joint Chief People Officer, and we are working more closely with the Dorset HealthCare comms team as part of the Working Together Programme. This has already proved very positive and we will continue to explore how we can share knowledge, expertise and resources.

Our Digital Communications Specialist returned from maternity leave in August which has increased the capacity of the comms team, and we have been pleased to be able to progress some key projects, including the introduction of new e-newsletter software, a refresh of the waiting room information screens system and a redesign of our staff intranet in preparation for moving to a cloud-based SharePoint platform.

### 2. Key Campaigns, Initiatives, Events and Developments

**New E-newsletter Platform**

We were very excited to launch a new e-newsletter platform – e-Shot – for designing and circulating our regular staff bulletins in September.

The platform has already transformed how we present and analyse our staff e-bulletins.

So far we have used the platform for the Staff Bulletin, CEO Brief and Celebrating Success. We are now exploring extending use to other regular staff newsletters, including the OD Bulletin and Education Bulletin. We will need all newsletter editors to review the content and frequency of their bulletins to make best use of our new tool and improve engagement with readers.

We have already received positive feedback from staff about how much more accessible and engaging the new-style bulletins are.

We are also gaining valuable insight into how staff engage with the information we circulate, which will allow us to tailor content appropriately in future.

**Wayfinding Signage Project**

The comms team took the lead on a project to update and replace the wayfinding signs throughout the hospital as the old directional signs were out of date and causing much confusion.

Funding was secured to replace the existing signs in corridors, stairwells and outside lifts with new signs designed according to NHS guidelines. Consideration was given to future

updates required, and the materials used will be far cheaper to update and replace than the former signs.

External signs (which were replaced as part of the multi-storey car park build) have also been updated to reflect recent changes, and updated site maps have been added inside and outside as an additional wayfinding tool.

Patient and staff feedback was incorporated into the sign design, colours and wording for the outside signs, which has been reflected in the design for the internal signs. Further feedback on the draft internal signs was sought from the Patient Voice group, Health Literacy group members and hospital volunteers who act as guides.

The new signs were installed in July and incorporate references to new developments such as the new Discharge Lounge and the Mary Anning Unit.

There is scope for further wayfinding improvements across the site, and amendments/additional signs will be required as further site developments progress.

Responsibility for wayfinding signage now sits back with the estates team, but a Wayfinding Group has been established to bring together relevant staff and patient representatives to offer advice and guidance for future developments.

**Intranet Redesign and Migration**
A digital requirement to move our intranet to a cloud-based SharePoint platform has offered us a great opportunity to review the content, design and navigation structure of StaffNet.

We are working with a web designer and SharePoint specialist to create a new design and review the content and navigation structure. Our aim is to make the intranet more accessible and easier for staff to find the information they need.

The greatest benefit of the new cloud-based system is that it will allow staff to access the vast majority of the intranet content on their own devices via their Trust login details rather than being restricted to Trust devices. This will make the intranet a much more useful tool for staff communications.

**Staff App Development**
A new feature on the Staff App has enabled the digital team to decommission a legacy system accessed via the intranet. A new noticeboard function allows staff to post information to colleagues – such as items for sale and events. The functionality is similar to the former intranet noticeboard, so this has offered us a good alternative and is already being well used by staff.

The noticeboard has been a good development to encourage more staff to use the Staff App, and our downloads total now exceeds 3,300. We are exploring how we can gain more analytics from the Staff App so we can better understand how staff are using the app and what we can improve.

**Waiting Area Screens Refresh**
We have a number of information screens in waiting areas throughout the hospital. We had not been making best use of this channel due to issues with the content management system and the time required to review and maintain the system. Thankfully this has now been resolved and, with the return of our Digital Communications Specialist, we have been able to devote more time to reviewing the system and content.

A new content management system is being introduced which will be much more effective, and templates for content will be redesigned, which will allow us to use this more effectively as an additional channels to reach both a public and staff audience.

**Staff Flu and COVID-19 Vaccination Campaign**
We are taking the same approach as last year with staff vaccination, offering staff the chance to get both the flu and COVID boosters at the same time.

Our comms materials support the focus on getting 'doubly protected' and we are working closely with the vaccination comms lead at Dorset HealthCare to coordinate our staff campaigns and share resources for a consistent approach.

**Industrial Action**
Clear, consistent and coordinated comms has been required internally and externally through periods of industrial action.

A dedicated section on the intranet has been maintained to keep staff updated and bring all the relevant information and guidance together in one place.

We have created a suite of social media assets and website content for our DCH channels to keep patients informed and updated, while also coordinating with system partners to ensure messages are consistent.

**System Comms**
We have continued to work closely with system comms colleagues to create content and coordinate key messages through all available channels. Key campaigns have included encouraging families to support timely discharge and promoting the appropriate use of local NHS services to help ease pressure on emergency departments, especially during periods of industrial action.

A video we produced with NHS Dorset featuring one of our Emergency Department consultants has proved to be valuable asset for our social media channels in encouraging people to use the service appropriately.

**Your Future Hospital Programme**
We continue to support strategic estates with their major site development projects to communicate with staff, communities and other stakeholders. This has included a presentation to local councillors and updates for MPs. The dedicated area on our website continues to be updated with new schemes and our progress. Plans to engage with targeted groups of patients over the latest designs are being developed for the autumn and winter.

Here are updates on specific projects connected to Your Future Hospital:

**New Hospital Programme (NHP) -** In May, the helicopter landing site at Dorset County Hospital temporarily moved to the Army Reserve Centre to allow the Trust to prepare for enabling works and construction of the new Emergency Department and Critical Care Unit.

The comms team supported the move by writing to local residents adjacent to the Army Reserve Centre and publicised the new arrangements via our website, social media channels and via the local media.

Following outline planning permission being granted in January 2023, the reserved matters application for the new Emergency Department and Critical Care were submitted to Dorset Council in July. The comms team shared the plans with key stakeholders and publicised via the Trust's website, social media channels, a video and via the local media, including front page coverage in the Dorset Echo. The Trust's press release also featured in the national NHP team's newsletter. At the time of writing this report, the Trust was waiting to hear the outcome of the planning application.

In July, the old Damers School building was demolished to allow the Trust to prepare for enabling works which are due to begin in the autumn. This will involve access road works and the comms team are working with the strategic estates team and contractor Tilbury Douglas to keep staff in ED, local residents and other key stakeholders informed.

Nationally the scheme remains under scrutiny, and we carefully manage ongoing media interest about the programme, working closely with our system partners and the national NHP scheme comms team.

**Multi-storey car park parking barrier system -** A new automatic numberplate recognition system became live in July. The comms team have played a key role in informing patients, staff and visitors about the new system. This hasn't been without its challenges with technical issues to overcome with the barrier and staff parking portal systems.

Regular, clear comms has ensured that staff and the public have been kept up to date with developments, including how the new system works, and we have responded swiftly to queries and concerns.

We have been responding to local media enquiries and keeping local reporters informed, and media coverage has been largely positive.

**South Walks House -** The comms team have been closely involved in the project to turn two floors of South Walks House into a permanent Outpatient Assessment Centre. We worked on a video to show how construction was underway and provide building updates via our website and social media channels.

We are also involved in the wayfinding options for the new facility and are preparing communications for the grand opening in December.

**Discharge Lounge –** We updated stakeholders on the progress of the build via our main channels, including videos and publicised the opening of the new facility. We also prepared internal comms for staff ahead of 'go live' about how the new facility would work, including a poster for wards and poll to name the new building now known as the Portesham Unit. Final works are being carried out around the outside with an official opening due to be held once all work is complete.

**Reablement Centre –** Dorset Council announced its plans to build a reablement centre on the hospital site as part of our masterplan. We supported the council with their publicity by preparing a statement and updating staff ahead of the announcement. The aim of the scheme is to reduce pressure on NHS beds and help those patients who no longer need to be in hospital to be discharged more quickly. The comms team will play a part in the project going forward.

**NHS Dorset roadshows** - Over the summer our patient representatives joined us in Swanage to talk to local people about the site development plans. Over 150 people came through the doors and we hope to join additional roadshows in other parts of Dorset.

**Information boards –** the comms team prepared information boards to be placed on hoardings around key building work areas on site to provide useful information to passersby and be used at events.

**Other key events, campaigns and initiatives supported by the comms team during this period:**

- Mask guidance change
- Activities to mark NHS75
- Reset, Recycle and Refresh Week
- Staff health and wellbeing online information
- Weymouth Research Hub launch
- Mary Anning Unit renaming and official opening
- Crisis comms for hospital generator issues
- New website section to support recruitment of Locally Employed Doctors
- Governor elections
- Annual Report and AGM
- Social Value Activity Report
- Freedom to Speak Up materials and online information

## 3. Social Media

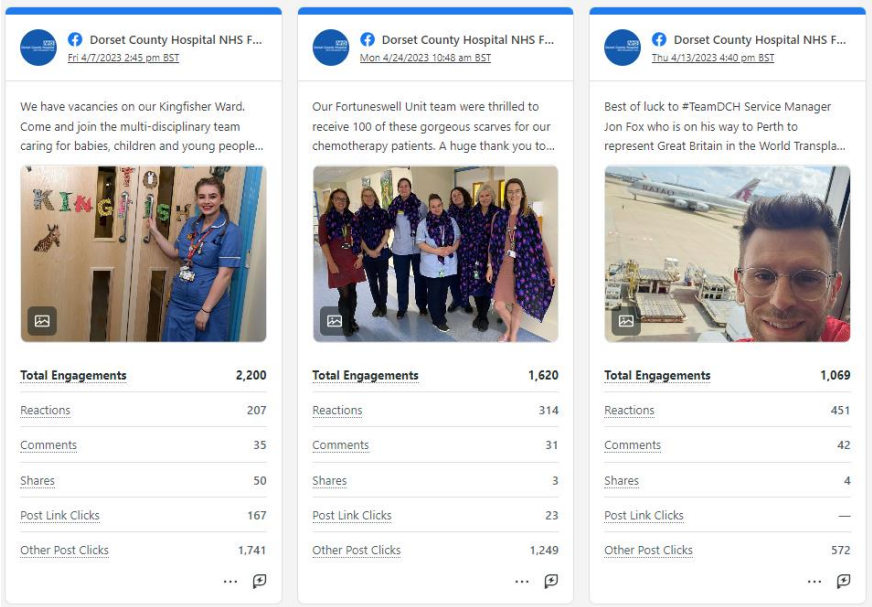
The statistics below demonstrate how many people we are reaching each quarter through each channel. Also included is a small selection of the most popular posts for each month.

### Facebook Analytics – www.facebook.com/DCHFT

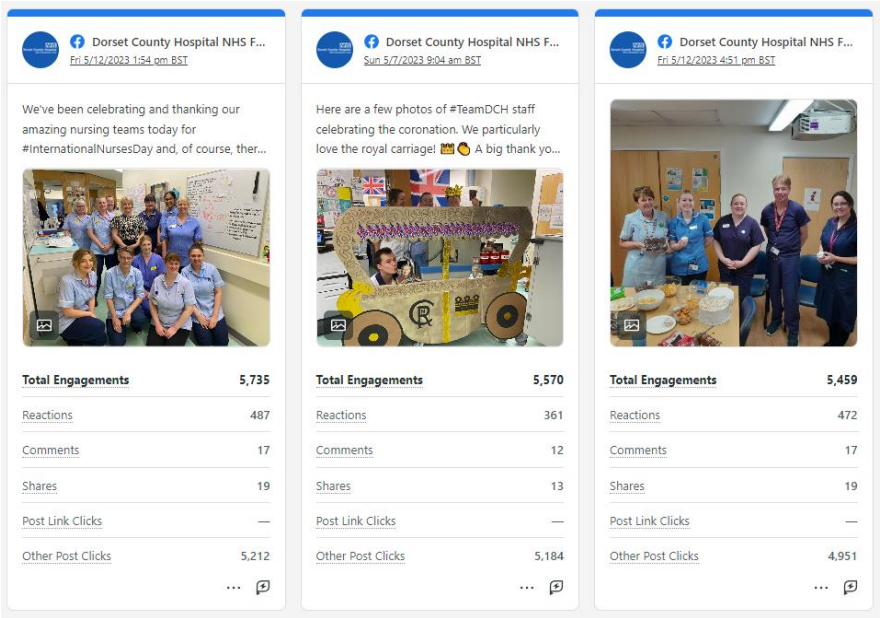
The organic reach of Facebook posts (how many people see your post without paid advertising) is cut after reaching 10,000 followers.

| | Q3 Oct-Dec 2022 | Q4 Jan-March 2023 | Q1 April-June 2023 | Q2 July- Sept 2023 |
|---|---|---|---|---|
| **Number of posts** | 204 | 142 | 192 | 159 |
| **Engaged users** | 157,716 | 117,087 | 124,081 | 112,926 |
| **Number of followers** | 12,339 | 12,451 | 12,543 | 14,116 |

**Facebook Highlights for April 2023**



## Facebook Highlights for May 2023



Dorset County Hospital NHS F...
Fri 5/12/2023 1:54 pm BST

We've been celebrating and thanking our amazing nursing teams today for #InternationalNursesDay and, of course, ther...

| | |
|---|---|
| **Total Engagements** | **5,735** |
| Reactions | 487 |
| Comments | 17 |
| Shares | 19 |
| Post Link Clicks | — |
| Other Post Clicks | 5,212 |

Dorset County Hospital NHS F...
Sun 5/7/2023 9:04 am BST

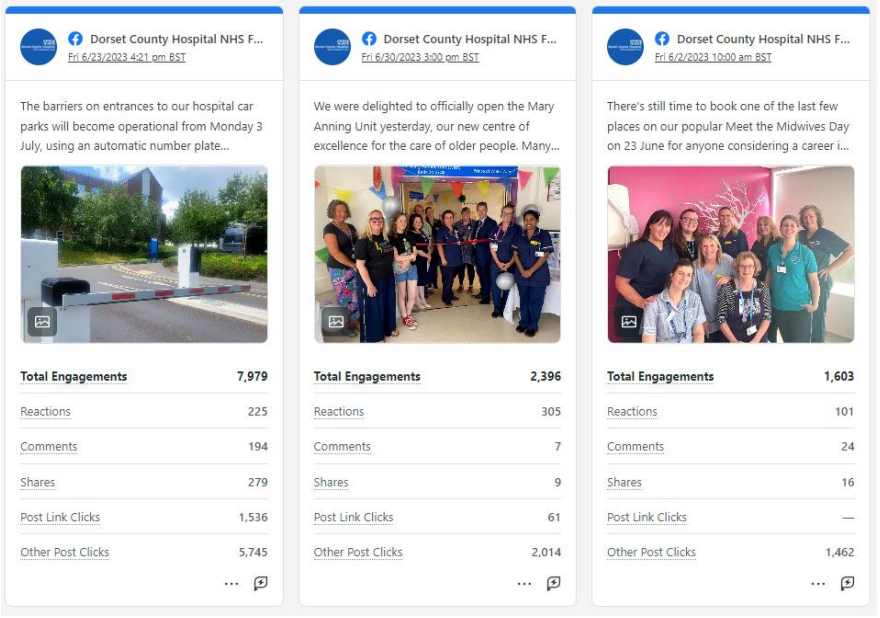
Here are a few photos of #TeamDCH staff celebrating the coronation. We particularly love the royal carriage! 👑 A big thank yo...

| | |
|---|---|
| **Total Engagements** | **5,570** |
| Reactions | 361 |
| Comments | 12 |
| Shares | 13 |
| Post Link Clicks | — |
| Other Post Clicks | 5,184 |

Dorset County Hospital NHS F...
Fri 5/12/2023 4:51 pm BST

| | |
|---|---|
| **Total Engagements** | **5,459** |
| Reactions | 472 |
| Comments | 17 |
| Shares | 19 |
| Post Link Clicks | — |
| Other Post Clicks | 4,951 |

## Facebook Highlights for June 2023



Dorset County Hospital NHS F...
Fri 6/23/2023 4:21 pm BST

The barriers on entrances to our hospital car parks will become operational from Monday 3 July, using an automatic number plate...

| | |
|---|---|
| **Total Engagements** | **7,979** |
| Reactions | 225 |
| Comments | 194 |
| Shares | 279 |
| Post Link Clicks | 1,536 |
| Other Post Clicks | 5,745 |

Dorset County Hospital NHS F...
Fri 6/30/2023 3:00 pm BST

We were delighted to officially open the Mary Anning Unit yesterday, our new centre of excellence for the care of older people. Many...

| | |
|---|---|
| **Total Engagements** | **2,396** |
| Reactions | 305 |
| Comments | 7 |
| Shares | 9 |
| Post Link Clicks | 61 |
| Other Post Clicks | 2,014 |

Dorset County Hospital NHS F...
Fri 6/2/2023 10:00 am BST

There's still time to book one of the last few places on our popular Meet the Midwives Day on 23 June for anyone considering a career i...

| | |
|---|---|
| **Total Engagements** | **1,603** |
| Reactions | 101 |
| Comments | 24 |
| Shares | 16 |
| Post Link Clicks | — |
| Other Post Clicks | 1,462 |

## Facebook Highlights for July 2023

Dorset County Hospital NHS F...
Mon 7/3/2023 8:07 am BST

It's the first day of our parking barriers being operational. Our support teams are doing their best to get everyone through the barriers...

| | |
|---|---|
| **Total Engagements** | **5,858** |
| Reactions | 138 |
| Comments | 95 |
| Shares | 38 |
| Post Link Clicks | 316 |
| Other Post Clicks | 5,271 |

Dorset County Hospital NHS F...
Wed 7/5/2023 9:59 am BST

All birthday celebrations should have cake! Staff and volunteers are busy delivering cupcakes to our teams today. Happy 75th...

| | |
|---|---|
| **Total Engagements** | **3,274** |
| Reactions | 400 |
| Comments | 42 |
| Shares | 18 |
| Post Link Clicks | — |
| Other Post Clicks | 2,814 |

Dorset County Hospital NHS F...
Tue 7/18/2023 10:32 am BST

We just love this new mural on our Kingfisher Children's Ward. We hope children and young people will enjoy looking at this beautiful...

| | |
|---|---|
| **Total Engagements** | **3,140** |
| Reactions | 686 |
| Comments | 30 |
| Shares | 22 |
| Post Link Clicks | — |
| Other Post Clicks | 2,402 |

## Facebook Highlights for August 2023

Dorset County Hospital NHS F...
Wed 8/23/2023 1:00 pm BST

We are thrilled to see our Anaesthetic and Critical Care Departments score highly on the latest GMC National Training Survey. Our...

| | |
|---|---|
| **Total Engagements** | **1,975** |
| Reactions | 375 |
| Comments | 24 |
| Shares | 9 |
| Post Link Clicks | — |
| Other Post Clicks | 1,567 |

Dorset County Hospital NHS F...
Wed 8/16/2023 11:18 am BST

Our new Discharge Lounge is open! We can now accommodate more patients who are medically fit to leave hospital, which will help...

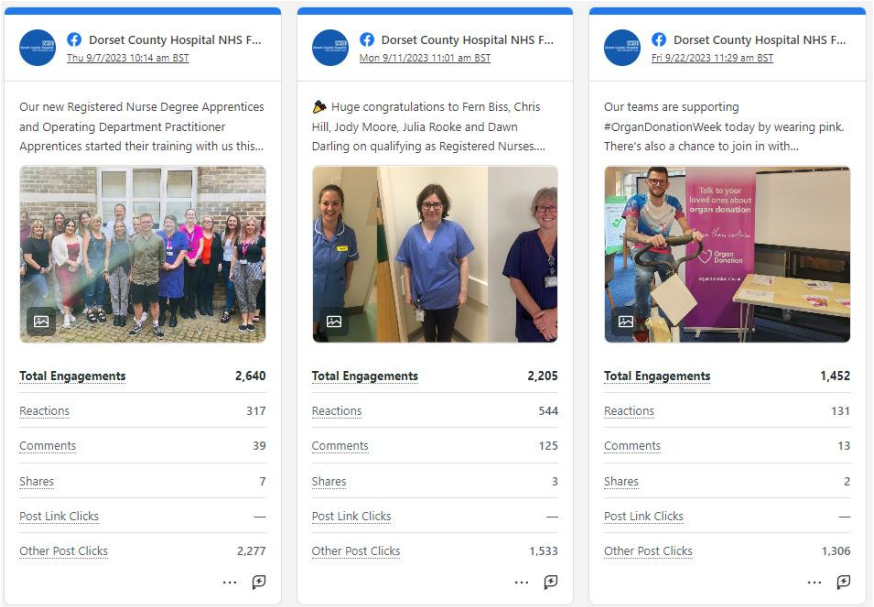
| | |
|---|---|
| **Total Engagements** | **1,925** |
| Reactions | 240 |
| Comments | 9 |
| Shares | 10 |
| Post Link Clicks | 20 |
| Other Post Clicks | 1,646 |

Dorset County Hospital NHS F...
Thu 8/3/2023 6:00 pm BST

A warm #TeamDCH welcome to the foundation year one and specialty trainee doctors joining us for the new training year....

| | |
|---|---|
| **Total Engagements** | **1,702** |
| Reactions | 233 |
| Comments | 5 |
| Shares | 4 |
| Post Link Clicks | — |
| Other Post Clicks | 1,460 |

**Facebook Highlights for September 2023**




**Twitter Analytics - @DCHFT www.twitter.com/DCHFT**

| | Q3 Oct-Dec 2022 | Q4 Jan-March 2023 | Q1 April-June 2023 | Q2 July-Sept 2023 |
|---|---|---|---|---|
| **Number of Tweets** | 233 | 176 | 221 | 169 |
| **Tweet impressions (how many times our tweets were seen)** | 190,776 | 139,982 | 149,011 | 142,683 |
| **Engagement (likes, replies, clicks, retweets)** | 7,408 | 3,847 | 4,488 | 4,839 |
| **Number of followers** | 6,958 | 7,131 | 8,288 | 9,062 |

## Twitter Highlights for April 2023

@DCHFT
Fri 4/28/2023 11:25 am BST

Colleagues gathered to say farewell to our Chairman Mark Addison this week. He has had a significant positive impact on the Trust over...

| | |
|---|---|
| **Total Engagements** | **82** |
| Likes | 23 |
| @Replies | 0 |
| Retweets | 5 |
| Post Link Clicks | — |
| Other Post Clicks | 54 |
| Other Engagements | 0 |

@DCHFT
Thu 4/13/2023 4:45 pm BST

Best of luck to #TeamDCH Service Manager Jon Fox who is on his way to Perth to represent Great Britain in the World Transpla...

| | |
|---|---|
| **Total Engagements** | **65** |
| Likes | 47 |
| @Replies | 0 |
| Retweets | 4 |
| Post Link Clicks | — |
| Other Post Clicks | 14 |
| Other Engagements | 0 |

@DCHFT
Wed 4/5/2023 1:00 pm BST

The wearing of masks will no longer be mandatory in most clinical areas of Dorset County Hospital from 11 April 2023. Patient...

| | |
|---|---|
| **Total Engagements** | **61** |
| Likes | 11 |
| @Replies | 0 |
| Retweets | 8 |
| Post Link Clicks | 23 |
| Other Post Clicks | 19 |
| Other Engagements | 0 |

## Twitter Highlights for May 2023

@DCHFT
Sun 5/7/2023 9:18 am BST

Here are a few photos of #TeamDCH staff celebrating the coronation. We particularly love the royal carriage! 👏 Thank you to...

| | |
|---|---|
| **Total Engagements** | **82** |
| Likes | 17 |
| @Replies | 0 |
| Retweets | 4 |
| Post Link Clicks | — |
| Other Post Clicks | 61 |
| Other Engagements | 0 |

@DCHFT
Sat 5/20/2023 10:42 am BST

Today we are giving a special mention to our Human Resources and people services staff at #TeamDCH, who cover everything from...

| | |
|---|---|
| **Total Engagements** | **74** |
| Likes | 17 |
| @Replies | 1 |
| Retweets | 2 |
| Post Link Clicks | — |
| Other Post Clicks | 54 |
| Other Engagements | 0 |

@DCHFT
Mon 5/8/2023 11:23 am BST

As part of #TheBigHelpOut today, we would like to thank our amazing volunteers who support us throughout the year, including...

| | |
|---|---|
| **Total Engagements** | **72** |
| Likes | 25 |
| @Replies | 5 |
| Retweets | 3 |
| Post Link Clicks | — |
| Other Post Clicks | 39 |
| Other Engagements | 0 |

## Twitter Highlights for June 2023

@DCHFT
Sun 6/11/2023 9:39 am BST

Staff from the Play Team on our Kingfisher Children's Ward have been using virtual reality software to help put children and young...

| | |
|---|---|
| Total Engagements | 114 |
| Likes | 17 |
| @Replies | 0 |
| Retweets | 4 |
| Post Link Clicks | — |
| Other Post Clicks | 93 |
| Other Engagements | 0 |

@DCHFT
Wed 6/21/2023 4:14 pm BST

It's National Healthcare Estates and Facilities Day. Thank you to our staff at #TeamDCH who cover everything from catering, housekeepin...

| | |
|---|---|
| Total Engagements | 113 |
| Likes | 30 |
| @Replies | 3 |
| Retweets | 5 |
| Post Link Clicks | — |
| Other Post Clicks | 75 |
| Other Engagements | 0 |

@DCHFT
Fri 6/30/2023 3:00 pm BST

We were delighted to officially open the Mary Anning Unit yesterday, our new centre of excellence for the care of older people. Many...

| | |
|---|---|
| Total Engagements | 79 |
| Likes | 35 |
| @Replies | 0 |
| Retweets | 10 |
| Post Link Clicks | 0 |
| Other Post Clicks | 34 |
| Other Engagements | 0 |

## Twitter Highlights for July 2023

@DCHFT
Fri 7/14/2023 11:55 am BST

Work to refurbish two floors of South Walks House in Dorchester into permanent clinical space is progressing well. @TilburySouth is...

| | |
|---|---|
| Total Engagements | 201 |
| Likes | 20 |
| @Replies | 0 |
| Retweets | 6 |
| Post Link Clicks | 6 |
| Other Post Clicks | 169 |
| Other Engagements | 0 |

@DCHFT
Thu 7/27/2023 6:06 pm BST

We've installed new signs to update our wayfinding - the first phase of ongoing work to make it easier for everyone who visits and...

| | |
|---|---|
| Total Engagements | 123 |
| Likes | 27 |
| @Replies | 1 |
| Retweets | 7 |
| Post Link Clicks | 2 |
| Other Post Clicks | 86 |
| Other Engagements | 0 |

@DCHFT
Thu 7/20/2023 3:05 pm BST

Last week, we held our annual summer party for our wonderful volunteers. Our CEO Matthew Bryant and Chief Nursing Officer Jo...

| | |
|---|---|
| Total Engagements | 116 |
| Likes | 17 |
| @Replies | 1 |
| Retweets | 2 |
| Post Link Clicks | — |
| Other Post Clicks | 96 |
| Other Engagements | 0 |

## Twitter Highlights for August 2023

@DCHFT
Wed 8/23/2023 12:26 pm BST

We are thrilled to see our Anaesthetic and Critical Care Departments score highly on the latest GMC National Training Survey. Our...

| | |
|---|---|
| **Total Engagements** | **654** |
| Likes | 48 |
| @Replies | 6 |
| Retweets | 5 |
| Post Link Clicks | 1 |
| Other Post Clicks | 594 |
| Other Engagements | 0 |

@DCHFT
Thu 8/3/2023 6:00 pm BST

A warm #TeamDCH welcome to the foundation year one and specialty trainee doctors joining us for the new training year....

| | |
|---|---|
| **Total Engagements** | **138** |
| Likes | 30 |
| @Replies | 1 |
| Retweets | 3 |
| Post Link Clicks | — |
| Other Post Clicks | 104 |
| Other Engagements | 0 |

@DCHFT
Wed 8/16/2023 11:10 am BST

Our new Discharge Lounge is open! We can now accommodate more patients who are medically fit to leave hospital, which will free...

| | |
|---|---|
| **Total Engagements** | **107** |
| Likes | 15 |
| @Replies | 0 |
| Retweets | 2 |
| Post Link Clicks | 2 |
| Other Post Clicks | 88 |
| Other Engagements | 0 |

## Twitter Highlights for September 2023

@DCHFT
Sun 9/3/2023 7:55 am BST

📢 Exciting news! Our DCH Charity team have launched their new £2.5million Emergency and Critical Appeal at the Dorset County Show thi...

| | |
|---|---|
| **Total Engagements** | **67** |
| Likes | 16 |
| @Replies | 1 |
| Retweets | 7 |
| Post Link Clicks | 12 |
| Other Post Clicks | 29 |
| Other Engagements | 2 |

@DCHFT
Wed 9/20/2023 5:00 pm BST

Our latest Inpatient Survey results are out! 📊 It's heartwarming to know patients had trust in our staff, experienced the utmost dignity and...

| | |
|---|---|
| **Total Engagements** | **56** |
| Likes | 18 |
| @Replies | 1 |
| Retweets | 2 |
| Post Link Clicks | 9 |
| Other Post Clicks | 26 |
| Other Engagements | 0 |

@DCHFT
Sun 9/17/2023 11:30 am BST

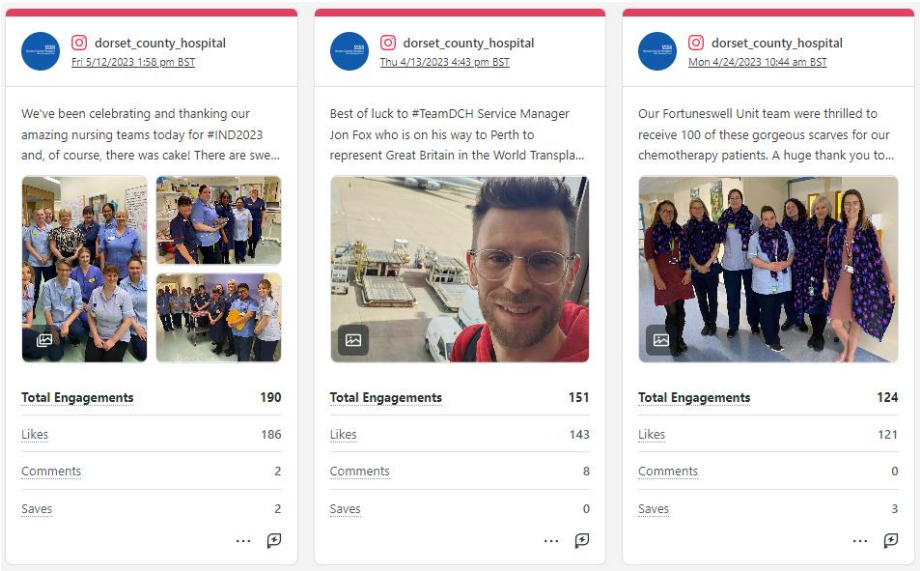
Members of our diabetes team have been raising awareness of hypoglycaemia this week, ensuring staff know the signs, symptoms and...

| | |
|---|---|
| **Total Engagements** | **45** |
| Likes | 16 |
| @Replies | 1 |
| Retweets | 3 |
| Post Link Clicks | — |
| Other Post Clicks | 25 |
| Other Engagements | 0 |

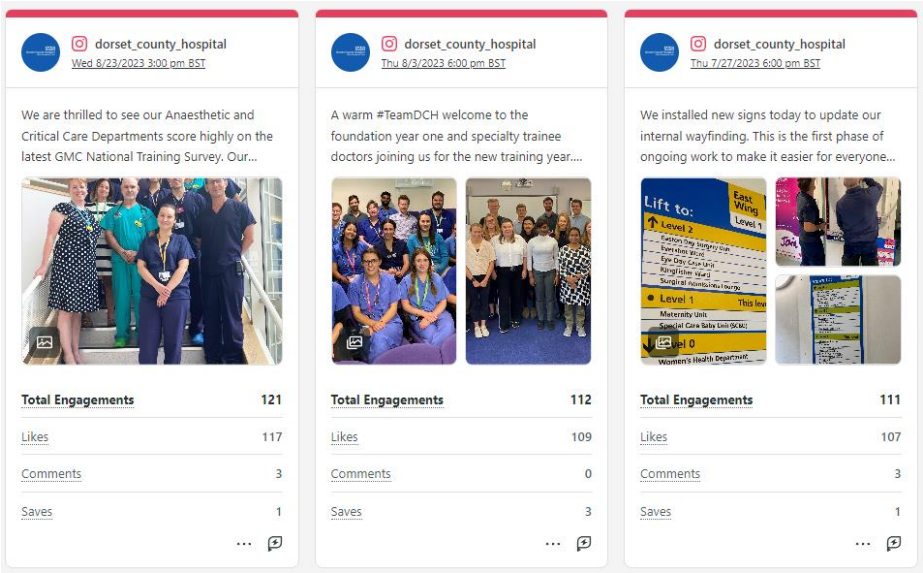
**Instagram Analytics - www.instagram.com/dorset_county_hospital/**

| | Q3 Oct-Dec 2022 | Q4 Jan-Feb 2023 | Q1 April-June 2023 | Q2 July-Sept 2023 |
|---|---|---|---|---|
| **Number of posts** | 67 | 68 | 92 | 78 |
| **Total impressions** | 77,875 | 79,406 | 104,144 | 85,327 |
| **Average impressions (number of times the post was shown) per day** | 846.47 | 882.29 | 1,144.44 | 927.47 |
| **Average daily reach per profile (unique views)** | 509.71 | 529.97 | 679.18 | 571.37 |
| **Number of followers** | 2,755 | 2,845 | 2,905 | 2,992 |

**Instagram Highlights – April to June 2023**



**Instagram Highlights – July to September 2023**




**LinkedIn Analytics -**
**www.linkedin.com/company/dorset-county-hospital-foundation-trust**

| | Q3 Oct-Dec 2022 | Q4 Jan-March 2023 | Q1 April-June 2023 | Q2 July-Sept 2023 |
|---|---|---|---|---|
| **Number of posts** | 55 | 47 | 86 | 60 |
| **Total impressions (number of views)** | 57,561 | 49,914 | 56,525 | 53,505 |
| **Total engagements (clicks, likes, replies and shares)** | 4,974 | 3,220 | 4,652 | 4,823 |
| **Organic followers gained** | 333 | 404 | 344 | 341 |
| **Number of followers** | 4,315 | 4,664 | 4,970 | 5,267 |

## LinkedIn Highlights – April to June 2023

Dorset County Hospital NHS F...
Fri 5/12/2023 1:58 pm BST

We've been celebrating and thanking our amazing nursing teams today for #IND2023 and, of course, there was cake! There are swe...

| | |
|---|---|
| Total Engagements | 401 |
| Reactions | 40 |
| Comments | 1 |
| Shares | 2 |
| Post Clicks (All) | 358 |

Dorset County Hospital NHS F...
Sat 5/20/2023 10:42 am BST

Today we are giving a special mention to our Human Resources and people services staff at #TeamDCH, who cover everything from...

| | |
|---|---|
| Total Engagements | 266 |
| Reactions | 17 |
| Comments | 0 |
| Shares | 0 |
| Post Clicks (All) | 249 |

Dorset County Hospital NHS F...
Thu 6/15/2023 2:05 pm BST

Enabling works on the former Damers School site are underway to prepare the ground for construction of a brand-new Emergency...

| | |
|---|---|
| Total Engagements | 245 |
| Reactions | 128 |
| Comments | 2 |
| Shares | 7 |
| Post Clicks (All) | 108 |

## LinkedIn Highlights – July to September 2023

Dorset County Hospital NHS F...
Wed 8/16/2023 11:12 am BST

Our new Discharge Lounge is open! We can now accommodate more patients who are medically fit to leave hospital, which will free...

| | |
|---|---|
| Total Engagements | 714 |
| Reactions | 118 |
| Comments | 1 |
| Shares | 3 |
| Post Clicks (All) | 592 |

Dorset County Hospital NHS F...
Thu 7/27/2023 6:00 pm BST

We installed new signs today to update our internal wayfinding. This is the first phase of ongoing work to make it easier for everyone...

| | |
|---|---|
| Total Engagements | 333 |
| Reactions | 54 |
| Comments | 1 |
| Shares | 0 |
| Post Clicks (All) | 278 |

Dorset County Hospital NHS F...
Wed 7/5/2023 9:59 am BST

All birthday celebrations should have cake! Staff and volunteers are busy delivering cupcakes to our teams today. Happy 75th...

| | |
|---|---|
| Total Engagements | 300 |
| Reactions | 50 |
| Comments | 0 |
| Shares | 2 |
| Post Clicks (All) | 248 |

## 4. Public Website

The analytics below show general usage of the website and the most visited pages:

**Website Analytics – www.dchft.nhs.uk**

| | Q3 Oct-Dec 2022 | Q4 Jan-March 2023 | Q1 April-June 2023 | Q2 July-Sept 2023 |
|---|---|---|---|---|
| **Sessions** | 127,744 | 194,178 | 27,370 | 169,616 |
| **Page Views** | 204,213 | 312,974 | 42,241 | 253,469 |
| **Users** | 98,124 | 145,145 | 21,370 | 122,609 |
| **Average Session Duration** | 00:00:46 | 00:00:47 | 00:00:50 | 00:00:53 |

**We saw a significant drop in visits to the website due to an issue with Google search. This was resolved in September 2022 and, as you can see, we are seeing an increase in visitors again. However, due to an update in Google Analytics we were unable to access statistics prior to 17 June 2023. This explains the significant drop in the number of sessions, page views and users in the Q1 April-June 2023 time frame.

**Most Popular Webpages (April 2023 – September 2023)**

| Page | Page Views | Average Time on Page |
|---|---|---|
| https://www.dchft.nhs.uk/working-for-us/join-team-dch/vacancies/ | 58,847 | 00:01:02 |
| https://www.dchft.nhs.uk/ | 41,103 | 00:00:18 |
| https://www.dchft.nhs.uk/patients-and-visitors/a-z-of-services/ | 10,601 | 00:00:15 |
| https://www.dchft.nhs.uk/about-us/contact-us/ | 8,634 | 00:00:41 |
| https://www.dchft.nhs.uk/working-for-us/e-rostering-links/ | 8,559 | 00:00:07 |
| https://www.dchft.nhs.uk/patients-and-visitors/getting-here/parking-at-dorset-county-hospital/ | 8,391 | 00:01:05 |
| https://www.dchft.nhs.uk/working-for-us/join-team-dch/ | 8,094 | 00:00:16 |
| https://www.dchft.nhs.uk/patients-and-visitors/visiting-guidance/ | 7,416 | 00:00:45 |

## 5. News Releases

A round-up of the news releases issued by the communications team with links to the full releases on our website. While news releases and media relations are still an important part of our comms approach, we are increasingly prioritising using our own channels to reach our audiences directly:

**Patients praise care they received at Dorset County Hospital, 30 September 2023** - Patients have praised the level the care experienced at Dorset County Hospital (DCH).

**Consultants and junior doctors' industrial action in September and October** - Consultants and junior doctors across the country are taking industrial action.

**Join us for our Annual General Meeting and Annual Members' Meeting** - Our next Annual General Meeting and Annual Members' Meeting will be held on Tuesday 26 September in the Education Centre at Dorset County Hospital.

**Consultants' industrial action on 24 and 25 August 2023** - Consultants across the country are taking industrial action on 24 and 25 August 2023.

**New Discharge Lounge opens to Dorset County Hospital patients, 16 August 2023** - A new Discharge Lounge for patients who are ready to leave hospital has opened at Dorset County Hospital (DCH).

**Junior doctor industrial action, 11-15 August 2023** - Junior doctors are taking industrial action from 7am on Friday 11 August 2023 until 7am on Tuesday 15 August 2023.

**Patients report good emergency care at Dorset County Hospital, 26 July 2023** - Dorset County Hospital (DCH) is continuing to provide good urgent and emergency care despite the unprecedented pressures faced by Emergency Departments throughout the country.

**View the latest plans for new Emergency Department and Critical Care Unit, 8 July 2023** - Following outline planning permission being granted in January 2023, the latest designs for Dorset County Hospital's new Emergency Department and Critical Care Unit have now been submitted to Dorset Council.

**New centre of excellence for the care of older patients officially opened, 30 June 2023** - Two wards at Dorset County Hospital have merged to create a centre of excellence for the care of older people.

**New car parking and payment system to go live, 23 June 2023** - A new car parking system for patients, staff and visitors will come into operation at Dorset County Hospital on Monday 3 July.

**Reaction to the Health Secretary's announcement on the New Hospital Programme, 25 May 2023** - The Government has reiterated its commitment to deliver the schemes, which include a brand new Emergency Department and Critical Care Unit at Dorset County Hospital.

**Hospital helipad landing site to temporarily move ahead of construction works, 18 May 2023** - The helicopter landing site at Dorset County Hospital will temporarily move to allow enabling works and construction of the new Emergency Department and Critical Care Unit to take place.

**Friends of Dorset County Hospital donate comfort bags for patients, 12 May 2023** - Patients who are unexpectedly admitted to hospital with no belongings will now receive a free comfort bag, thanks to the Friends of Dorset County Hospital (DCH).

**Joint Chair appointed for Dorset County Hospital and Dorset HealthCare, 14 April 2023** - Dorset County Hospital and Dorset HealthCare have appointed David Clayton-Smith as their new Joint Chair.

**Mask guidance change at Dorset County Hospital, 5 April 2023** - The wearing of masks will no longer be mandatory in most clinical areas at Dorset County Hospital from 11 April 2023.

**How you can help your local NHS during planned industrial action, 5 April 2023** - The NHS in Dorset is asking people to choose the right services for their needs as planned industrial action takes place.

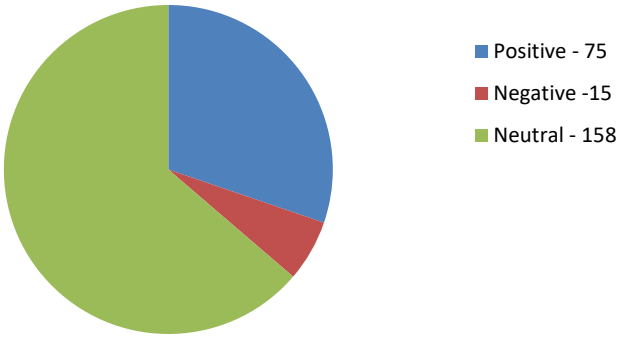
## 6. Media Coverage

Each of our news releases generated local media coverage. Further coverage was prompted by events, national statistical reports, announcements and public meetings. The chart below shows the balance of positive, negative and neutral stories for the reporting period, and the table shows each quarter.

There were very few entirely negative stories, but we did see a reduction in positive stories towards the end of this period. Most of the stories were neutral and linked to national data being localised, guidance changes and strike coverage.

| | Q3 Oct-Dec 2022 | Q4 Jan-March 2023 | Q1 April-June 2023 | Q2 July-Sept 2023 |
|---|---|---|---|---|
| **Media stories** | 100 | 139 | 143 | 105 |
| **Positive** | 37 | 36 | 46 | 29 |
| **Negative** | 13 | 23 | 14 | 1 |
| **Neutral** | 50 | 80 | 83 | 75 |

**Coverage to note April 2023 – September 2023 included:**

- Parking concerns at hospital
- Waiting list times hit new high
- Strike action
- Updates to face mask guidance
- Sunflower Trail at Maiden Castle Farm raising money for SCBU
- DCH Charity launches new £2.5million appeal for ED and CrCU
- New patient text message service

**Media Coverage - April 2023 to September 2023**
**248 stories**